Understanding Resilience Strategies Among Minor-Attracted Individuals

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UNDERSTANDING RESILIENCE STRATEGIES AMONG

MINOR-ATTRACTED INDIVIDUALS

by

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ABSTRACT

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The field of criminology generally assumes that attraction to minors is synonymous with sex offending. This erroneous and reductive assumption has led to a lack of exploration into the lives of individuals who are attracted to minors and who live their lives without offending. The lack of research on this topic reinforces the already overwhelming stigma against this population, and has limited our understanding of how individuals who are attracted to minors strategize to refrain from offending. This knowledge may also help others struggling with these attractions to remain resilient.

This dissertation is a result of efforts to learn more about the population of minor-attracted persons (MAPs) who have not committed a sexual offense against a child. In-depth, semi-structured interviews with 41 MAPs were completed between January and August of 2016. Topics of discussion during interviews included identity formation, coming out and facing stigma, coping emotionally with attractions, and motivations and strategies for refraining from offending.

Analysis of the study data yielded complex relationships between strategies for maintaining resilience to offending and strategies for maintaining emotional resilience in the face of ever-present societal stigma. Often their strategies introduced additional risks to their physical or emotional health, especially when these strategies involved seeking the help and support of others. Seeking out support from friends and family involved distinct risks, including suspicion and rejection. Seeking the support of mental health practitioners exposed participants to additional risk to their wellbeing. Participants' approaches to resilience, and the outcomes of these approaches, are explored, and implications are drawn for future research, policy, and practice.

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Chapter 1

Introduction

In March of 2016, an individual identifying themselves only as "Anonymous in America" wrote to renowned advice columnist Abigail Van Buren, also known as "Dear Abby." The writer asked:

> Dear Abby,
>
> I find myself sometimes wanting to commit the most heinous of crimes. The desire to do this has been with me my entire life. […] At 51, I have never committed any act against a young girl, but the desire is clearly there for me. The issue before me is that if I seek help for this problem, those who can provide it are required by law in this state to report me.
>
> How am I to overcome these urges when no matter what I do I am considered guilty? (Van Buren, 2016)

Anonymous was clearly afraid of committing an offense, and yet was equally clear that they found the idea of doing so to be repulsive. The advice Ms. Van Buren gave to Anonymous was to seek out a licensed mental health professional, who would not be required to make a report if they were not considered a threat. But what if a therapist deemed that Anonymous posed a threat based solely on their admitted desires? The concerns expressed by Anonymous were not surprising, given the common assumption that attractions to minors are synonymous with sex offending.

The story of Anonymous is illustrative of the challenges faced by many individuals, though the exact figure is difficult to estimate. One commonly-cited figure suggests that one to five percent of adult males in the United States are preferentially attracted to children (Seto, 2008)[1]. Larger numbers of adults have been shown to exhibit *some* attractions to children, whether preferential or not (Briere & Runtz, 1989; Hall, Hirschman, & Oliver, 1995).

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[1] This estimate is based on results from surveys of male college students (Fromuth, Burkhart, & Jones,

Individuals with attractions to minors are generally considered equivalent to individuals who commit sexual offenses against children. In reality, minor-attracted persons (MAPs) and minor-targeting sex offenders are two separate groups. Emerging evidence suggests that the majority of MAPs have not committed offenses against children (Goode, 2010). Moreover, those who have committed a sex offense against a child are not necessarily MAPs: MAPs only make up between 30 and 50% of sex offenders who target minors (Seto, 2008). While minor-targeting sex offenders have been the focus of a large body of research, MAPs who abstain from sexual activity with children throughout their lives have been neglected in empirical efforts. Recent research has revealed multiple issues that are of concern to MAPs, including the fear of being unable to control their attractions (Dark Horse, 2014), stigma (Freimond, 2009; Goode, 2010; Jahnke & Hoyer, 2013), and mental health issues related to stigma or to grappling with their attractions (Freimond, 2009).

If most research on MAPs has focused on the subpopulation of minor-attracted sex offenders, the same is true for the majority of public health responses to attractions to minors. While the United States and many other countries provide (generally mandatory) behavioral therapy to those who have committed sex offenses against children (Laws & Ward, 2010), therapy is less often available to those who have not committed a crime, despite the documented mental health concerns associated with this population (B4U-ACT, 2012; Freimond, 2009). At the time of this writing, researchers at Johns Hopkins University are in the process of developing a program targeting young MAPs in order to help them work out issues related to their attractions (Malone, 2014), yet no comprehensive programs have been developed within the United States to provide services to adult MAPs who have not committed an offense. Some US-

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1991; Smith, 1994; Templeman & Stinnett, 1991) and other men (Beier, Alhers, Schaefer, & Feelgood, 2006).

based MAPs have succeeded in finding individual mental health care providers who are willing to deliver mental health services; however, others have been turned away from care upon disclosure of their attractions. B4U-ACT, a non-profit organization based in Baltimore, Maryland, focuses on mental health care access for MAPs. The organization advocates for mental health treatment providers to acquire a better understanding of issues affecting the MAP population (B4U-ACT, 2012).

The field of criminal justice has long concerned itself with the incapacitation and/or treatment of offenders who engage in crimes of a sexual nature against children. Efforts to prevent sex offenses, however, have been less prominent in the field. Current child sexual abuse prevention programs in the United States are often focused on educating potential child victims about appropriate kinds of touch between adults and children, saying "no," and reporting abuse (National Sexual Violence Resource Center, 2011). Because the primary aim of these programs is to instruct children to report abusive incidents that have already occurred, their capacity to prevent abuse before it starts is questionable. Furthermore, these programs target potential victims rather than potential offenders, placing the burden of preventing abuse on the child.

Mandatory reporting policies are another common strategy for the prevention of child abuse. These policies require individuals in therapeutic and counseling professions to report suspected child abuse committed by their clients to child abuse reporting authorities. However, as they are currently interpreted and implemented in the United States, these policies may have unintended effects that impede the prevention of child sexual abuse. Many mental health professionals believe that mandated reporting puts them at risk of losing their professional license if they fail to produce a report disclosing attractions to minors by their clients (B4U-

ACT, 2012). As a result, many therapists refuse to provide mental health care to MAPs who may benefit from it, and some MAPs are discouraged from seeking therapy (B4U-ACT, 2012).

An alternative approach to child abuse prevention could involve encouraging behavioral resilience (i.e. non-offending behaviors) among at-risk MAPs. Strategies employed by MAPs who have been successful in maintaining behavioral resilience, however, have been unexplored in prior research. How does a population permanently abstain from sexual activity with those to whom they are attracted? How do they maintain mental health in the face of stigma and attractions that cannot be fulfilled (i.e., how do they cope)? Answers to these questions have important implications for policy aimed at the prevention of child sexual abuse, as well as mental health intervention efforts for MAPs in general.

This dissertation utilizes data from interviews conducted with 41 MAPs who have lived their lives without offending against children. It aims to acquire an understanding of their ability to maintain multiple forms of resilience. The study also explores mental health and care-seeking behaviors among MAPs, especially as they relate to social stigma. No prior research has investigated resilience strategies employed by MAPs, or has drawn upon a sample that consists exclusively of MAPs who have not committed a sexual offense against a child.

Conceptualizing Attractions to Minors

According to the American Psychiatric Association (2013a), pedophilia is an attraction to pre-pubescent children in individuals over the age of 16. Other sources document hebephilia and ephebophilia as preferential attractions toward minors in the beginning phases of puberty (generally around the ages of 11 to 14) and minors in the late stages of puberty (usually between the ages of 15 to 19), respectively. However, there is much disagreement over which categories

fit which attractions, and whether all categories are legitimate (Blanchard et al, 2009; Seto, 2008). To cover all age ranges of attractions to minors and to address the differences in definitions, the term minor-attracted person (MAP), a less-stigmatizing umbrella term used by the MAP-led group B4U-ACT and other organizations that work with this population (B4U-ACT, 2012), is employed in this dissertation to refer to all individuals preferentially attracted to children.

Sources are divided on how to best conceptualize attractions to minors. The inclusion of pedophilia in the American Psychiatric Association's (APA) Diagnostic and Statistical Manual (DSM) indicates its historical categorization as a mental illness. The DSM classified pedophilia under "psychosexual disorders" in its third edition (APA, 1980), and under "sexual and gender identity disorders" in its fourth (APA, 1994) and fourth text-revision (APA, 2000) editions. Diagnostic criteria for pedophilia changed with each iteration, with the DSM-III (APA, 1980) describing it as a preferential sexual attraction to children, and more recent editions requiring that fantasies about children be acted upon or causing distress to warrant the diagnosis. Notably, the DSM-IV (APA, 1994) did not specify the difference between pedophilia as an attraction versus an action, as evidenced by the following statement: "Pedophilia involving female victims is reported more often than Pedophilia involving male victims" (p. 527).

Despite the historical tendency of mental health treatment professionals to label pedophilia as a mental illness, a shift seems to be taking place toward the identification of attractions to minors as its own type of sexuality. Green (2002) contrasted the APA's removal of homosexuality from the DSM to its opposing treatment of pedophilia, and examined whether pedophilia may logically be classified as a mental illness. He concluded that taking into consideration historical and cross-cultural acceptability of sexual activity between adults and

children, pedophilia should not be given such a classification. Similarly, Malón (2012) asserted that pedophilia cannot properly be categorized as a mental disorder, while acknowledging that diagnoses of pedophilia can have practical significance. To that end, the DSM-V (APA, 2013a) was the first DSM to differentiate between "pedophilia" and "pedophilic disorder." According to the DSM-V, *pedophilic disorder* occurs when an individual a) has attractions to children and b) acts on them or is distressed enough by them to affect their interpersonal relationships. *Pedophilia* in the absence of distress or action, however, was identified in the DSM-V as a sexual orientation. After the American Psychiatric Association received negative press regarding this wording, however, they later issued a correction, changing the phrase "sexual orientation" to "sexual interest" (American Psychiatric Association, 2013b).

Notwithstanding the APA's response to pressure, attractions to minors have been described by multiple researchers as a sexual orientation, as they share many similarities with attractions to individuals of the same sex and attractions to multiple sexes. Seto (2012) was among the first to suggest that pedophilia is a sexual orientation (specifically, a "sexual age orientation;" p. 231), and to point out that these attractions share many similarities with gender-based sexual orientations. His review of the literature shows that the emotional histories of MAPs mirror those of other sexual minorities in terms of the age at which the awareness of attractions occurs, romantic feelings, sexual history, and persistence in attraction over time. MAPs often report becoming aware of their attractions to children during adolescence, a trend that is typical of other sexual minorities (Freimond, 2009; Freund & Kuban, 1993; Li, 1991; Marshall, Barbaree, & Eccles, 1991; Seto, 2012; Seto, Lalumière, & Blanchard, 2000; Seto, Murphy, Page, & Ennis, 2003). In addition to sexual attractions, MAPs also report feeling romantic attachments to children, which is also consistent with the discourse surrounding other

sexual minorities (Goode, 2010; Li, 1991). Based on these observations, this dissertation refers to attractions to minors alternately as "attractions" and a "sexuality."

Dissertation Outline

This dissertation is organized in the following manner: chapter two reviews the criminological literature on minor-attracted individuals and presents the theoretical framework that guides the study, borrowing from resilience, labeling, and self-control theories. Chapter three details the research process, and introduces both the sample of 41 interview respondents and their online communities. Chapter four, the first data analysis chapter, addresses identity formation and experiences coming out and facing stigma associated with attractions to minors. Chapter five presents the challenges MAPs face in remaining emotionally resilient and resilient to offending, as well as their strategies for maintaining such resilience; and chapter six details MAPs' motivations for and experiences in seeking out mental health care. Each data analysis chapter includes reviews of the relevant literature pertaining to that chapter's research questions. These topics include, for example, identity formation among sexual minorities; control theory; routine activity; and mental health care. Chapter seven concludes this dissertation with reflections on the results of this study, as well as the study's implications for research, policy, and practice.

Chapter 2

Existing Research on Minor-Attracted Persons

Relatively little has been previously studied about the population of minor-attracted individuals (Jahnke & Hoyer, 2013). This may be a result of multiple factors. Because of the stigma against MAPs, attractions to minors often remain undisclosed, thus the MAP population remains largely hidden (Seto, 2008). Research that does focus on MAPs often employs samples that are entirely comprised of sex offenders, either because non-forensic populations of MAPs are difficult to locate, funding is largely available for the study of sex offenders but not MAPs in general, or sex offenders are generally more readily available for research due to their frequent involvement in treatment programs. Existing research focusing on MAPs generally addresses three specific topics: the origins of attractions to minors, the effects of stigma, and sex offenses committed by minor-targeting offenders.

Origins of Attractions to Minors

There is no consensus among researchers regarding the origins of attractions to children, although many existing theories offer insight into this issue. Neurodevelopmental and genetic explanations of adult attractions to minors include those that derive from recent phallometric research conducted on the MAP population. Psychological explanations focus on the idea that traumatic experiences may develop into paraphilias, or "intense and persistent sexual interests outside of foreplay and genital stimulation with […] consenting adults" (American Psychiatric Association, 2013a). These explanations are explored below.

Neurodevelopmental Explanations

Several studies have suggested that neurodevelopmental factors are important in explaining attractions to minors. Research conducted at the Centre for Addiction and Mental Health (CAMH) in Toronto employed samples of MAPs identified through phallometry and sexual history, who were referred to CAMH because of substantial legal or personal issues related to their attractions. This research noted significant differences between MAPs and teleiophilic (i.e., adult-attracted) individuals who had been accused, charged, or convicted of sex offenses (Cantor et al., 2004; Cantor et al., 2007). Cantor and colleagues (2004) found that their sample of 209 MAPs (the majority of whom were sex offenders) differed from their sample of 94 teleiophilic sex offenders with regard to multiple physical and mental attributes. Multidimensional analysis results showed that MAPs had lower IQ scores (see similar findings in meta-analysis conducted by Cantor et al., 2005), as well as reduced short- and long-term memory. The MAP sample was also significantly less likely to be right-handed. IQ, memory, and handedness are indicators of neurodevelopmental condition, which prompted the research team to conclude that low cognitive functioning may contribute to attractions to minors.

Cantor and colleagues (2007) conducted a study to examine height in minor-attracted sex offenders and teleiophilic offenders. Height was used as an indicator of epigenetic change due to the fact that it reflects conditions during embryonic, fetal, and early childhood development. Employing a sample of 838 minor-attracted sex offenders, 187 teleiophilic sex offenders, and 156 teleiophilic nonoffenders, the researchers found that minor-attracted sex offenders were significantly shorter (2 cm shorter on average) than teleiophilic offenders and teleiophilic non-offenders. While minor-attracted sex offenders are merely a subpopulation of MAPs, the authors suggest that this study may provide evidence of epigenetic explanations for attractions to minors.

Given that height can also be a result of genetic predisposition, however, further evidence is needed to adequately demonstrate epigenetic origins of these attractions.

Other research has examined neurological differences between individuals with attractions to minors and teleiophilic populations. Studies have shown evidence of cognitive impairments in MAPs, including frontal lobe abnormalities, white matter anomalies, low IQ, and other irregularities (Blanchard et al., 1999; Cantor et al., 2004; Cantor et al., 2008; Graber, Hartmann, Coffman, Huey, & Golden, 1982; Hucker et al., 1986; Langevin, Wortzman, Dickey, Wright, & Handy, 1988; Martin, 1999; Mendez, Chow, Ringman, Twitchell, & Hinkin, 2000; Scott, Cole, McKay, Golden, & Liggett, 1984). Research has identified other neurodevelopmental similarities among individuals attracted to minors as well, as evidenced by non-right handedness and later fraternal birth order (Blanchard et al., 2000; Blanchard & Bogaert, 1998; Cantor et al., 2004; Lalumiére, Blanchard, & Zucker, 2000).

It is important to note that all studies examining neurology, development, and attractions to minors discussed thus far were conducted using samples that were exclusively or predominantly consisted of sex offenders. More than two decades ago, Okami and Goldberg (1992) noted that when the concepts of "pedophilia" and "sex offending against children" were decoupled, no personality correlates of pedophilia could be found in the literature. Unfortunately, despite the passage of time and significantly more research on the subject, research regarding minor-attracted individuals continues to use samples with a majority (or totality) of sex offenders. This limitation results from the lack of availability of non-forensic populations of MAPs willing to admit to their attractions and undergo testing. As there may be significant differences between the non-offending and offending populations of MAPs, it is important to

underline that this body of research may not be generalizable to all individuals with attractions to minors.

Genetics

Genetic factors can also potentially explain the origins of attractions to minors. Gaffney, Lurie, and Berlin (1984) found that 19% of families of individuals with paraphilia had a family member who also exhibited signs of paraphilia, and that those who had attractions to minors were significantly more likely to have family members who shared similar attractions. While this is the only existing study that has examined the familial prevalence of attractions to minors, sources have proposed that other minority sexual orientations may be passed through heredity as well.

For decades, theories have suggested that sexual orientation is caused by genetic factors. While the first studies of this nature (e.g. Darke, 1948) showed no evidence linking homosexuality and heredity, later studies examining siblings and twins of LGB individuals have suggested the existence of such a link (see Pillard, Poumadere, & Carretta, 1981). More recent studies have identified specific genetic markers of homosexuality (e.g. Sanders, Martin, Beecham, & Guo, 2015). Given the similarities between MAPs and other sexual minorities (as outlined above), it stands to reason that MAPs' attractions may have similar origins.

Trauma Theory

Trauma theory asserts that traumatic experiences can stimulate the development of mental illness (Ringel & Brandell, 2012).[2] A significant body of research has been dedicated to studying whether childhood sexual abuse may be a cause of attractions to minors. A meta-analysis conducted by Jespersen, Lalumière and Seto (2009) found that sex offenders were more likely to have experienced child sexual abuse than non-offenders. Some studies have shown that adult sex offenders who were sexually abused as children have higher rates of reporting attraction to children than those who were not victimized (Fedoroff & Pinkus, 1996; Freund, Watson, & Dickey, 1991). Using phallometric methods, one study has suggested that juvenile sex offenders who had been victims of sexual abuse as children were more likely to be sexually aroused by pedophilic stimuli than those who had not (Hunter & Becker, 1994). The results of these studies point to a link between child abuse early in life and post-puberty attractions to minors. However, Fromuth, Burkhart, and Jones (1991) found no difference in history of sexual abuse between male students who disclosed past sexual contact with a child versus those who did not report such contact. Similarly, a relatively more recent study conducted by Murphy, DiLillo, Haynes, & Steere (2001) did not find any significant differences in arousal by pedophilic stimuli between those with who had been previously sexually abused and those who had not.

In addition to childhood sexual trauma, early physical trauma has also been hypothesized to impact the development of attractions to children. Blanchard et al. (2003) conducted a study showing that MAPs who had committed sex offenses were more likely than other men to report

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[2] As discussed in Chapter 1, whether attraction to minors constitutes mental illness is a contested issue (see Green, 2002; Malón, 2012), and the field is moving away from such a conceptualization. Attractions to minors are referred to in the context of mental illness within this chapter for the sole purpose of conveying relevant theory.

having experienced head trauma prior to 13 years of age. Schiffer and colleagues (2007) also attempted to explore a link between attractions to minors and neurological deficits, finding neurological abnormalities in minor-attracted sex offenders.

It is important to highlight again that MAPs and minor-targeting sex offenders are two distinct groups, and the results of these studies may not be generalizable to the MAP population as a whole. No study has linked attraction to minors to early sexual abuse using a non-offending sample (Seto, 2008). Seto (2008) has also noted that no causal link has been established between trauma and attraction to minors: those who have attractions to minors in adulthood represent a minority of victims of child sexual abuse. Additionally, while the majority of individuals who commit sex offenses against children are male, most victims of child sexual abuse are female (Seto, 2008). Finally, the studies highlighted here that have investigated the link between physical and psychological trauma and sex offending against children all draw on retrospective data. Most people who experience trauma do not go on to commit sex offenses: even in studies showing higher rates of subsequent offending among those who have experienced trauma, those who went on to commit offenses were still in the minority (e.g. Ogloff et al., 2012; Widom & Maxfield, 2001). These facts suggest that if trauma does play a role in attraction to minors, other factors may play a larger role in determining the development of these attractions.

MAPs and Sex Offending

There is a large body of research on sexual offending against children. A search for scholarly articles using the search term "child molesters" yielded 20,700 results. Four major meta-analyses have been conducted on child sexual abuse. One such report provided an analysis of 37 studies on the effects of child sexual abuse (Paolucci, Genuis, & Violato, 2001). Another

provides an analysis of treatment and recidivism, including 59 studies about treatment of child abusers (Lösel & Schmucker, 2005). Jespersen, Lalumière, and Seto (2009) provided an analysis of history of child abuse among individuals who commit sex offenses, including 15 studies focusing on sex offenders against children. Finally, Hanson and Morton-Bourgon (2009) conducted an analysis of recidivism risk assessment using 102 unique studies of sex offenders convicted for child molestation. Although there exists a clear abundance of research on sex offending against children, including a large number of studies that fail to distinguish between pedophilia and child molestation, we still know very little about the offending rates of MAPs as a population.

There are no known estimates of the percent of adult MAPs who have committed a sex offense against a child, partly due to the extent to which MAPs remain a hidden population (Hall & Hall, 2007). Nonetheless, some research has suggested that attraction to minors is more prevalent than the willingness to engage in sexual activities with a minor (Beier, Alhers, Schaefer, and Feelgood, 2006, as cited in Seto, 2008; Briere & Runtz, 1989; Okami, 1994, as cited in Levine, 2002). In a 2006 study of sexuality, 9% of 363 men surveyed anonymously disclosed having sexual fantasies about children, while 4% indicated having engaged in sexual contact with a child (Beier, Alhers, Schaefer, and Feelgood, 2006, as cited in Seto, 2008). Similarly, in a survey of college students, 21% indicated having some attraction to small children, while 7% indicated that they would be likely to engage in sexual acts with a child if they believed that they could get away with it without detection (Briere & Runtz, 1989).

Despite the limited body of research investigating the offending rates of MAPs, multiple studies have shown that many minor-targeting sex offenders are not MAPs. Typically, these studies have found that 30-50% of those who have committed a sex offense against a child are

preferentially attracted to children (Blanchard, Klassen, Dickey, Kuban, & Blak, 2001; Seto, Murphy, Page, & Ennis, 2003; Maletzky & Steinhauser, 2002; Seto & Lalumière, 2001). These findings suggest that a significant proportion of all sex offenses targeting children may be a result of opportune situations that facilitate the offense rather than sexual preference.

Stigma toward MAPs

Sex offending incurs a strong social stigma, and this is especially true for offenses targeting children (Tewksbury, 2005; Tewksbury & Lees, 2006). Despite evidence that attraction to minors is *not* synonymous with sex offending (Feelgood & Hoyer, 2008; Hall & Hall, 2007), conventional wisdom persists in equating the two phenomena, resulting in significant social stigma against individuals who are attracted to minors. A study by Feldman and Crandall (2007) assessed social distance between the general population and individuals with 40 different mental illnesses, as assessed by the DSM-V. Results showed that participants least identified with pedophiles when compared with individuals with any other type of mental health issue, with the exception of antisocial personality disorder.

Two studies conducted by Jahnke & Hoyer (2013) also showed that the general public holds exceptionally negative feelings toward MAPs. In one study, 854 German participants were asked to rate their feelings toward individuals attracted to children and individuals who abuse alcohol. Results showed that while participants felt that alcohol abuse was more a result of a conscious choice when compared with attractions to children, twice as many people felt anger and fear toward MAPs than toward those who abused alcohol. Social distance measures showed that participants were significantly less likely to accept MAPs who had committed no crimes into their lives than people who abused alcohol. Thirty-eight percent of participants indicated that

they thought MAPs who had not committed a crime should nonetheless be incarcerated, and 14% thought they would be better off dead (Jahnke & Hoyer, 2013). In the second study, 201 English-speaking online participants were asked about their attitudes toward people with attractions to children, individuals with antisocial tendencies, and sexual sadists. Similarly to the first study, participants were significantly more likely to fear MAPs and to perceive greater social distance between themselves and MAPs when compared to sexual sadists or individuals presenting antisocial tendencies; 49% of participants believed that MAPs who had committed no crimes should be incarcerated, and 27% said that they "should better be dead" (Jahnke & Hoyer, 2013, p. 29).

Evidence shows that MAPs feel stigmatized through awareness of public opinion regarding attractions to minors (Freimond, 2009; Goode, 2010). In a qualitative study carried out by Freimond (2009), MAPs reported negative reactions to the disclosure of their attractions to their loved ones, including suspicion, threats and/or being labeled as "perverts" (p. 61). Some MAPs reported loss of friendships as a result of the divulgence of their attractions, and others stated that they experienced increased stress levels after they came out (Freimond, 2009).

Despite the limited research on the effects of stigma on MAPs, there exists a wealth of research on the effects of stigma on individuals more generally, and on other sexual minorities more specifically. Several studies have suggested that lesbian, gay, bisexual, and transgender (LGBT) communities exhibit emotional distress at higher rates than heterosexuals (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Bostwick, Boyd, Hughes, & McCabe, 2010; Cardom, Rostosky, & Danner, 2013). One study conducted by Almeida et al. (2010), notable for its focus on the specific effects of stigma on LGBT populations, suggested that symptoms of depression among LGBT men and women were attributable to perceived discrimination. Perceived

discrimination was also linked to a greater likelihood of self-harm and suicidal ideation among men in these communities (Almeida et al., 2010). Meyer (1995) regarded the stigma-related emotional distress experienced by sexual minorities as "minority stress." Given the prevalence of minority stress among other sexual minorities and the stigma experienced by MAPs, it is likely that MAPs are exposed to similar, or perhaps even more pronounced, levels of minority stress. The important question is, with exposure to high levels of stigma and minority stress, how do some MAPs cope emotionally and avoid offending?

A Theoretical Framework for Understanding MAP Resilience to
Emotional Distress and Offending

Research has not yet provided an explanation as to how some MAPs manage to remain resilient while others do not. In order to address this gap in the literature, studies need to better understand the potential role of stigma in explaining resilience among MAPs, as strategies that may be consciously and unconsciously utilized to sustain resilience. Three theoretical models pertain to resilience among MAPs. The first of these is resilience theory, which explores the development of positive outcomes amid risk and adversity, and may shed insight on MAPs' ability to maintain *emotional resilience*. Meanwhile, two models may be relevant to the development of understanding about *resilience to offending* among MAPs: labeling theory, which focuses on the ways in which stigma can influence an individual's resilience (or lack thereof), and self-control theory, which focuses on the individual's ability to control impulsive behavior. These three theoretical models – resilience theory, self-control theory, and labeling theory – are explored below.

Emotional Resilience

Resilience has been defined by Herrick et al (2013, p. 1424) as "the ability to overcome the negative consequences that result from exposure to risk or avoidance of the negative outcomes despite such risk exposure," thus emphasizing the potential for positive (or neutral) outcomes in response to adverse life events. The concept of resilience has its roots in the fields of developmental psychology and social work. While resilience processes have historically been overlooked in the criminological and criminal justice literatures, there has been some emerging research on the topic (Fitzpatrick, 2011). In the criminological context, resilience is defined as the ability of individuals to resist offending despite having experienced hardships or risk factors associated with crime (Murray, 2010). This framework may help to explain the strategies used by MAPs to resist acting on their attractions.

Early developments in the field of resilience stemmed from the research of Garmezy (1971), a developmental psychologist who investigated vulnerabilities in children. His research led him to examine the protective factors of children who appeared particularly resistant to stress. The first resilience theorists argued that research on children who experienced positive mental health outcomes in the face of adversity could potentially shape etiological theories of mental illness and guide interventions and policy (Anthony, 1974; Garmezy, 1971; Murphy, 1974; Murphy & Moriarty, 1976). Resilience theory, which focuses on the strengths of its subjects, provides an alternative to research in the fields of psychology, social work, and criminology centering on risk, which is generally focused on deficits (Masten & Powell, 2003).

Research in social work and psychology has suggested that individuals can demonstrate resilience to various hardships, such as war, poverty, personal or parental illness or mental illness, maltreatment in childhood, growing up in dangerous neighborhoods, and living through

natural disasters (Murray, 2010). Some resilience research in the field of criminology has

focused on deterministic traits of individuals, such as IQ and impulsivity, and mirrored

Gottfredson and Hirschi's (1990) self-control theory (Born, Chevalier, & Humblet, 1997;

Farrington, 1996; Rutter, Giller, & Hagell, 1998). More recent work, however, has shifted away

from the examination of static traits and focused more on resilience as a process (Alvord &

Grados, 2005; Degnan & Fox, 2007; Fergus & Zimmerman, 2005; Masten, 2001).

Murray (2010) identified "active resilience" as a conscious attempt by the individual to

remain resilient toward committing crime. Her work identified various strategies employed by

nonoffending youths to maintain resistance to offending. These strategies included controlling

interactions with offending peers, focusing on the future, and conceptualizing offenders as

"others." Burt, Simons, and Gibbons (2012) also investigated resilience to committing crime.

Their research examined ways African-American individuals might be more at risk of, and,

alternately, protected from, offending, finding that those who had experienced racial

discrimination were more likely to commit crime, and were those who were socialized with

individuals within their race were more resilient. Building off of this, the identification of

resilience as a process involving the development of strategies and traits that sustain

nonoffending behavior may lend insight into the methods by which many MAPs preserve their

own resilience to offending.

Resilience among LGBT populations. No research has systematically examined

resilience strategies among MAPs. Prior research has, however, explored resilience among other

sexual and gender minorities. Evidence regarding LGBT mental health resilience strategies may

shed light on those utilized by MAPs. Russell and Richards (2003) examined stressors and

resilience factors among 316 lesbian, gay, and bisexual (LGB) individuals in Colorado. Using factor analysis and drawing on 60 items, the researchers identified five resilience factors: capacity to place anti-gay acts into a political context; confrontation with internalized, anti-gay stigma; expression of negative emotions; shared witnessing of anti-gay acts; and involvement in LGB community. In a more recent study, Singh, Hays, and Watson (2011) conducted qualitative interviews with 21 transgender individuals in order to identify resilience strategies. Similarly to Russell and Richards (2003), Singh, Hays, and Watson (2011) found that awareness of oppression, active positive thinking, and involvement in some type of supportive community were strategies common to all participants. A majority of participants also identified social activism and being a positive role model as key coping strategies.

The comparison of MAPs to LGBT groups is controversial: it is argued that the association is unwarranted due to the inability of young children to consent to sexual activity. This association is not without precedent within the social science literature, however; as cited above, Seto (2012) presented evidence that pedophilia is a sexual orientation. Walker and Panfil (2016) exhibited further evidence of parallels between MAPs and other queer groups, noting similarities in identity processes, prevalence, and perceptions of stigma. It is this last theme that is most relevant in this context. Given that stigma associated with sexualities categorized as deviant is similar across minority sexual orientations, resilience strategies among LGBT individuals may have direct implications for MAPs. It is therefore possible to apply findings from the above studies to minor-attracted individuals. Belonging to a community of other MAPs, confronting internalized anti-MAP stigma, and being a positive role model could be potential strategies, among others, for MAPs to preserve positive mental health.

Resilience to Offending

While the LGBT resilience literature offers insight into the ways in which MAPs may maintain positive mental health in the face of stigma (i.e. *emotional resilience*), it provides less understanding about MAP resilience as it relates to avoiding acting on attractions (i.e. *resilience to offending*). No study of MAPs has addressed these questions. This section presents challenges to resilience among MAPs as offered by two criminological theories: self-control theory and labeling theory. It then explores strategies for resilience among MAPs found in emerging research regarding this population.

Self-control theory. Gottfredson and Hirschi's (1990) self-control theory, also known as the general theory of crime, posits that the single greatest contributing factor to criminality is low self-control. According to their theory, the ability to self-regulate one's impulses is stable across individuals until intervention in early childhood shapes it: those with low impulse control, presented with the opportunity to commit crime, likely will do so. While many empirical studies support this theory (see Pratt & Cullen, 2000), critics argue that self-control theory neglects other psychological and personality components of individuals' characters that may contribute to offending behavior (Caspi et al., 1994).

Two prominent models explaining sex offending exhibit theoretical components of self-control theory (although one of them pre-dates the general theory of crime). Finkelhor and Araji (1986) proposed a model of sexual offending against children. They introduced the idea that four factors must be present for an individual to commit a person offense against a child: emotional congruence with a child, sexual arousal by children, blockage in ability to get sexual needs met by relationships with adults, and disinhibition (or lack of impulse control). Ward and Hudson

(2001) have critiqued this model for being too vague and including overlapping factors, and

stated that it raises further questions (such as why some individuals may commit offenses against

children rather than getting their needs met through other outlets).

Ward, Hudson, and Keenan (1998) proposed a different model, arguing that there are

three pathways through which an individual may commit a sexual offense. These pathways are

concerned with self-regulation, which would not solely be about the inhibition or disinhibition of

impulses, "but can include the enhancement, maintenance, or elicitation of behavior as well" (p.

145). The three pathways include one in which the individual neglects to self-regulate against

sex offending; the second is one in which the individual attempts to over-regulate, and

unexpectedly ends up losing control as a result. The third pathway accounts for individuals who

may not have any problem with self-regulation, but instead have socially inappropriate goals,

and act in accordance with these misguided goals.

Labeling theory. Labeling theory offers an explanation of the challenges to resilience for

individuals who are considered to be deviant. Labeling theory originated in part from the works

of Cooley (1902) and Goffman (1963). Cooley (1902) studied the place of the individual within

society. He referred to people's images of themselves as a "looking-glass self," that is, that these

images are formed through social interactions with others, and that individuals form their own

self-concept out of their understandings of how others view them. Goffman's (1963) work,

following his studies of mental health patients institutionalized in asylums, focused on the ways

in which stigma shapes identity. He examined the attitudes of those who are aligned with societal

expectations, described as "normals" (p. 10), toward stigmatized individuals. In his view, stigma

changes an individual "from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 3).

Consistent with the arguments developed by Cooley (1902) and Goffman (1963), MAPs may reflect onto themselves the societal view that pedophiles are inherently immoral, making them feel that they are immoral. A large body of work refers to this process as internalized stigma or self-stigma or more specifically in research regarding other sexual minorities, internalized homonegativity (Cox, Dewaele, Van Houtte, & Vincke, 2011; Herek, Gillis, & Cogan, 2009). Freimond (2009, p. 66) coined the phrase "internalized pedonegativity" to refer to a similar process experienced by MAPs.

Following the logic of Cooley (1902) and Goffman (1963), Becker (1963) wrote extensively about the formation of the deviant identity. In his view, society creates deviance by creating rules and labeling as outsiders those individuals who break these rules. According to Becker, rules may either be in the form of laws or informal social agreements. Once granted the deviant label, the labeled individual may feel like an outsider and as a result, may be less likely to identify with mainstream society. This in turn frees the individual from social controls that generally inhibit crime. As mainstream society alienates labeled individuals, they seek solidarity with similarly labeled people, who together rationalize and justify their deviant behavior. Applying Becker's (1963) theory to MAPs, attractions to children, as opposed to acting on these attractions, can be regarded as a form of rule breaking in society, and can be met with the "outsider" or "deviant" label. Once MAPs have been granted the deviant label, they may begin to perceive themselves as outsiders, and could seek out associations with other MAPs who may rationalize and/or justify sexual offending against minors.

Lemert (1967) has also made important contributions to the development of labeling theory. Following Becker's (1963) writings, Lemert split the concept of deviance into two distinct processes: primary and secondary deviance. Primary deviance, according to Lemert, refers to the initial act that violates societal rules. Lemert theorized that this act only exerts an impact on the individual if other members of society react to it. The societal reaction creates secondary deviance, which may lead to stigmatization. Because the individual has lost status due to the negative social reaction, he or she is no longer so tied to pressures to conform, and is thus free to engage in further deviant acts. Attractions of MAPs may be regarded as a form of primary deviance. Upon disclosure of an individual's attractions to children, a minor-attracted person may be labeled as an offender and upon accepting this deviant label, he/she may engage in secondary deviance (sexual offending). In the absence of disclosure of attractions to others, there is also the possibility that MAPs may accept a deviant label based on the knowledge of general societal reactions to their identity, as supported by Chassin and Stager (1984).

Drawing on Goffman's (1963) and Lemert's (1967) writings, Braithwaite (1989) made the distinction between two types of stigmatization: stigmatizing and reintegrative shaming. Societies that favor reintegrative shaming practices compel individuals who have committed acts of social deviance to feel remorse, but ultimately accept the offender back into society. However, some societies practice shame in a manner that is stigmatizing, failing to employ mechanisms that allow the individual to be accepted back into society, thus resulting in the offender being outcast and stigmatized. Similarly to Becker (1963), Braithwaite theorizes that once an offender feels like an outsider, he or she is more likely to join with other outsiders as part of a criminal subculture. Individuals who join such subcultures can learn offending behaviors from others around them (Sutherland, 1947).

Many MAPs seek out mental health care to help them cope with their attractions. However, MAPs are often turned away upon disclosing their attractions, or are treated with suspicion by therapists (B4U-ACT, 2012). These practices, along with negative reactions from friends, family members, and other acquaintances, may parallel the effects of stigmatizing shaming. Braithwaite's theory suggests that stigmatizing policies could place MAPs at risk of engaging in criminal behaviors.

Most empirical tests of labeling theory examine the effects of incarceration and other justice system interventions on subsequent offending. Multiple empirical studies and meta-analyses have shown that incarceration leads to further offending behaviors (Bales and Piquero, 2012; Gendreau, Goggin and Cullen, 1999; Liberman, Kirk, & Kim, 2014; Petrosino, Turpin-Petrosino, and Guckenburg, 2013; Villetaz, Killias and Zoder, 2006). While these studies showed significant support for labeling theory, research on labeling theory tends to focus on justice-involved populations. Some exceptions are noteworthy. Drawing on a sample of individuals in treatment for mental health disorders, Link, Cullen, Struening, Shrout, and Dohrenwend (1989) tested a modified version of labeling theory. They found evidence that individuals who had been labeled as mentally ill (i.e., who had previously been treated for mental illness) were less likely to associate with friends and family when compared to those who had never been treated for a mental health issue, suggesting that those who were labeled as outsiders tended to regard themselves as outsiders. Ray and Downs (1986) conducted a longitudinal study of drug use among adolescents in a drug treatment program before and after they were subjected to a deviant label. Their study yielded mixed results. While their statistical tests found support for labeling theory among their male sample, they concluded that labeling had no effect on female's use of drugs.

Multiple studies have investigated the effects of informal labeling (i.e., labeling without justice system interference) on subsequent offending. Liu (2000) found support for the idea that actual and perceived labeling by parents increases adolescent offending. Zhang and Zhang (2004) conducted a study to test Braithwaite's ideas of reintegrative shaming without justice system involvement. They used data from the National Youth Study, which captured information about youth offending, as well as parent and peer disapproval and forgiveness. Their results lacked support for Braithwaite's theory, showing that while parental and peer disapproval resulted in less delinquency later on, combinations of parental and peer disapproval and forgiveness resulted in greater delinquency. Further research is needed to examine the effects of informal social reactions to evaluate the effects of labeling on a deviant, but not necessarily criminal, population such as MAPs.

The two models regarding challenges to resilience explored in this section suggest that MAPs who remain resilient to offending may display a better ability to self-regulate, as well as more socially appropriate goals for their own behavior when compared with MAPs who do offend. In the face of preferential attractions to minors (an age group widely considered to be unable to consent to sexual activity), and a high degree of stigma that may push some MAPs towards offending, the key question remains: how do some MAPs manage to abstain from sexual contact with minors? The following section explores emerging theory regarding factors that could promote resilience among MAPs.

Strategies for maintaining resilience to offending. There is some prior evidence to suggest that MAPs get involved in therapy in order to cope with attractions and to help resist acting on their attractions (Beier et al., 2009; Dark Horse, 2014). This evidence draws on

information generated by a multi-site program in Germany known as Kein Täter werden (in English: Prevention Project Dunkelfeld), a program aimed at preventing child abuse by providing individual, group, family, and chemical treatment services to MAPs who feel they are at risk for offending (Beier et al., 2009). The project began in 2005 with a large-scale media campaign urging those with sexual attractions to children to call in and not to offend. Within the first 18 months of the program, 286 individuals called to seek help. Of these 286 individuals, 241 travelled an average of 205 km (127.4 miles) for an initial assessment interview in Berlin (for non-Berlin residents, the average was 334 km, or 207.5 miles), suggesting a high motivation for treatment among this population (Beier et al., 2009). While some participants attended the program to address suspicions of family and friends, others participated to learn ways to cope with their attractions without resorting to offending (Dark Horse, 2009). Research about the effects of the program is ongoing.

An additional potential strategy for maintaining both emotional resilience and resilience to offending is through relationships with peers who also have attractions to minors. Malone (2014) explained that MAPs may form ad hoc self-help groups online in order to support and encourage each other in efforts to avoid offending. One website that enables MAPs to provide such peer support is Virtuous Pedophiles (also known as VirPed), an online community for self-identified pedophiles who believe that sex with children is wrong, and who wish to give and receive support related to their attractions (Devin & Edwards, 2012). B4U-ACT, an advocacy organization run out of Baltimore that encourages mental health care providers to understand MAP-related issues and deliver affirming services, also provides online forums where MAPs can offer support and advice to each other (B4U-ACT, 2015).

Child pornography as a harm reduction technique has previously been theorized to be a potential strategy for MAPs to maintain abstinence from sexual contact with children. Taylor and Quayle (2003, p. 90) have suggested that individuals who view child pornography may partly choose to do so as a form of therapy, "as a way of controlling their interests," "as a form of personal survival," or as "a way of dealing with emotions such as anger that had no other outlet." Similarly, Wolak, Finkelhor, Mitchell, and Ybarra (2008, p. 120) have theorized that "among some groups of predisposed individuals, easy access to a wide variety of engrossing and high-quality child pornography could serve as a substitute for involvement with actual victims."

It has been argued that individuals who view child pornography are likely to later commit contact offenses against children. However, these arguments regarding a link between watching child pornography and committing contact offenses are based on unverified claims. The likelihood of later offending by individuals with child pornography convictions was unknown prior to a study by Seto and Eke (2005), which found that 4% of individuals with child pornography offenses later committed person offenses. Subsequent contact offending was even less likely among those whose offense histories only involved child pornography offenses. In a follow-up study of this work, Eke, Seto, and Williams (2011) found that 6% of individuals who had been convicted of a child pornography offense later engaged in a contact offense. Furthermore, only 1.3% of those with no history of offending, with the exception of viewing child pornography, were later convicted of a contact offense.

The three potential strategies for emotional resilience and resilience to offending identified in this section (engaging in therapy, forming relationships with other MAPs, and viewing child pornography) are not comprehensive: these are merely the three methods cited in previous literature. Indeed, prior to this study, the existence and extent of other methods

employed by MAPs to remain mentally and behaviorally resilient had been largely unknown, and the current study aims to address this important gap in the literature.

Summary

This chapter has presented an overview of the state of empirical knowledge about MAPs, which is very limited. Most prior work on MAPs has grouped this population with sex offenders, and has therefore focused on offending patterns. This chapter also presented a theoretical framework for the challenges confronted by MAPs to remain emotionally and behaviorally resilient. While resilience theory provides an explanatory framework for how MAPs may cope with their attractions emotionally, self-control and labeling theories help to elucidate the challenges that MAPs may encounter when attempting to remain resilient to offending. Prior literature has proposed a starting point for potential strategies in which MAPs may engage when attempting to avoid acting on their attractions, but research has not yet systematically investigated this issue. What other strategies do MAPs use to cope and to refrain from offending? How useful are these strategies? This dissertation seeks to shed some light on these questions.

Chapter 3

Research Methodology, Online Groups, and Sample Characteristics

This chapter begins by offering a description of the objectives of the current study, as well as a depiction of the two online groups from which the sample was drawn. Next, the chapter describes the methodology and procedures used to recruit, interview, and analyze data from a sample of 41 minor-attracted individuals. Finally, the chapter provides key characteristics of the study participants, and compares the study sample to other samples of minor-attracted individuals.

Objectives of the Current Study

As shown in depth in Chapter 2, prior studies about MAPs have tended to focus on offending behaviors, without exploring resilience among this population. Indeed, most previous research has failed to distinguish between sex offenders and minor-attracted individuals at all. This is problematic because it fails to let us learn from those MAPs who have successfully avoided acting on their attractions. The aim of this study is to address these gaps in the literature by asking the following research questions:

1) What strategies do MAPs employ in order to refrain from acting on their attractions?

    a.) To what extent do MAPs who have not committed a person offense feel at-risk of acting on their attractions?

2) What strategies do MAPs employ to cope emotionally with their attractions and societal stigma surrounding them?

    a.) How do MAPs perceive the state of their mental health after coming to terms with their attractions?

b.)   How does peer support compare to support provided by friends, family, or mental health professionals?

3) What are the motives for MAPs to engage (or attempt to engage) in therapy?

a.)   What barriers do MAPs experience when attempting to engage in therapy?

b.)   In what ways does therapy promote change, resilience, or both?

The study additionally offers a description of the profiles and identity formation experiences of non-offending MAPs. Research on MAPs who have not committed sex offenses is very limited in scope, to the point where scholars often fail to differentiate between non-offending MAPs and minor-targeting sex offenders who may or may not be preferentially attracted to children (Seto, 2008). The present study addresses this gap in knowledge.

Online Groups: B4U-ACT and VirPed

The study sample was recruited via two online groups, B4U-ACT and Virtuous Pedophiles (VirPed). B4U-ACT and VirPed are online organizations that seek to provide support to MAPs, though their missions, principles, and the amount to which they are used by minor-attracted individuals vary.

B4U-ACT was developed in 2003 as a partnership between MAPs and mental health professionals. Their original mandate was to provide mental health services to the MAP community through a crisis hotline as well as referrals to care providers. However, various barriers arose in the development of the hotline and referral list, and B4U-ACT shifted its mission to eliminating barriers between MAPs and mental health care. Presently, B4U-ACT operates two online peer support forums: one for MAPs and another for family members of MAPs. In mid-2016, B4U-ACT had about 100 online participants. The group also hosts annual

workshops attended by MAPs, mental health care providers, researchers, educators, and students. They also collaborate with researchers to assist with study recruitment and the development of research instruments, and share information about empirical research regarding MAPs.

VirPed is an offshoot of B4U-ACT. Founded in 2012, VirPed provides a peer support forum for MAPs,[3] although researchers, journalists, and other members of the public are permitted to join. VirPed operates a chat service for MAPs as well. As of early 2016, over 1,500 individuals were members of the VirPed forum, though not all actively post online. While VirPed leaders are willing to promote research recruitment efforts on the forum, research collaboration is not a main focus of the group. The VirPed website provides information for the general public about pedophilia, including research articles and other media on the subject, but the forums are reserved exclusively for members. In order to join the forum, individuals must submit an email to the moderators, introducing themselves and requesting membership.

After many participants in this study expressed that researchers were welcome on the forums, VirPed was accessed for purposes of recruitment and gathering information that did not arise in interviews. The forums are split into topics that are "Mostly Ideas," "Mostly People," and "More Lighthearted." The "Mostly Ideas" section includes discussions about the causes of pedophilia, dialogues about experiences in therapy, political debates, links to published research, links to requests for participants in new research, and discussions about other media (documentaries, newspaper articles, YouTube videos) regarding MAPs, among many others. The "Mostly People" section allows members to introduce themselves to one another, request and

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[3] VirPed refers to its members almost exclusively as pedophiles, specifying the distinction between pedophiles and individuals who commit sex offenses against children. The phrase MAPs is used throughout this dissertation because those VirPed members who communicated with the researcher identify as a mix of pedophiles, hebephiles, MAPs, and other labels that fall under the MAP umbrella.

provide support and advice, and discuss many other aspects of members' lives. The "More Lighthearted" section includes outlets for participants to discuss books, television, movies, humor, and other subjects that are not directly related to the experiences of MAPs.

It came to light during interviews that the VirPed forums are heavily moderated. The posts of those who are new to the forums, or who have fewer posts, are read by official moderators before they are published. This control is partly undertaken to prevent vitriolic speech (largely due to the fact that members of the public are welcome to participate on VirPed), but especially to prevent discussions about child abuse and pornography, which are forbidden on the forums. Admissions of past illegal activity not known to police are particularly prohibited. Because the aim of VirPed is to provide a safe space for MAPs to communicate, the moderators make every effort to avoid police surveillance.

The main difference between B4U-ACT and VirPed is that VirPed makes a solid stance about sexual activity between adults and children, stating that it is fundamentally wrong. B4U-ACT avoids making such claims, declining to take a moral stance on the issue. VirPed began as an offshoot of B4U-ACT, created as a response to the B4U-ACT's lack of a stance on this issue. Multiple participants in this study have speculated that VirPed's vehement stance against sexual contact between adults and minors is responsible for its relative success in attracting forum members as compared to B4U-ACT. Indeed, some VirPed members in the current study have accused B4U-ACT of being "pro-contact," a term which is explored in later chapters. Remarkably, other MAPs interviewed in this study, who belonged to neither the B4U-ACT nor VirPed forums, had the reverse view of B4U-ACT (and VirPed as well), stating that their advocacy for MAPs to follow the law indicated that they were "self-hating." B4U-ACT, however, clearly states on its website that the protection of children is part of its mission, that

stigma toward MAPs can result in both harm to MAPs and potentially to children as well, and that MAPs should abide by the law for the sake of children and themselves.

Data Collection and Analysis

Data for this study were collected and analyzed using a qualitative approach. In-depth, semi-structured interviews were conducted and explored inductively. Qualitative methods have been well-documented as the most suitable strategy when researching previously unexplored or underexplored subject matter due to their ability to gain information from participants about what is important to them rather than solely what is important to the researcher (e.g. Berkwits & Inui, 1998). The population of MAPs who have refrained from committing sexual offenses is so understudied that relatively little is understood about them. Therefore, using qualitative methods was essential for understanding aspects about this population that could not be accounted for using a quantitative approach. This section describes the qualitative methods used during the course of this study, including sampling, interviews, and analysis.

Sampling Strategy and Research Procedures

A purposive sample of 41 respondents was recruited for this study, using an advertisement distributed to two online groups of MAPs: B4U-ACT and VirPed, as described above. The recruitment strategy was prepared through a series of conversations with Luke Malone, a journalist who generated mainstream interest about on minor-attracted individuals with his April 2014 piece in *This American Life* (Malone, 2014a), as well as his follow-up article in *Medium* (Malone, 2014b). Mr. Malone made recommendations for recruitment, suggesting to get in contact with the founders of VirPed and offering to make introductions over email. In the

fall of 2014, the researcher contacted Richard Kramer (a pseudonym), the Education Director of

B4U-ACT, and was introduced by Luke Malone to Nick Devin and Ethan Edwards (also

pseudonyms), the leaders of VirPed.

Richard agreed to speak over a Skype audio call. He was optimistic and encouraging

about the research topic, which at the time was limited to the experiences of MAPs who sought

mental health services. Over the next year, he would offer his story, provide advice about

recruiting B4U-ACT participants, extend invitations to conferences and workshops, share

relevant research on the topic, participate in a pilot study, critique the initial interview protocol

with B4U-ACT participants in mind, and advertise the study on the B4U-ACT website. Nick and

Ethan at VirPed were similarly encouraging about the study, and offered valuable advice

regarding participant recruitment.

Once the pilot study was completed (see Interviews: Procedure and Consent section

below) and the final study approved by the dissertation committee members and the Human

Research Protection Program (HRPP), participant recruitment began in the first few days of

2016. The study's first participant was a prominent member of VirPed, who agreed to participate

with the understanding that he would evaluate the study before recommending it to others in the

group. The interview was conducted using Google Hangouts, a text-based online chat program.

The interaction was clumsy: both pilot study interviews had been conducted orally, and this

participant noted that the researcher came off as awkward over text messaging. The participant

also had concerns about confidentiality, worrying that mandated reporting for any reported crime

may put the members of VirPed at risk. As such, he declined to recommend the study to others

on the VirPed forum. Despite this setback, B4U-ACT posted a link to a recruitment flyer

(available in Appendix C) on their website, and emails from potential participants started coming

in. Within the first week of interviews, an individual who was a member of both B4U-ACT and VirPed posted the study to the VirPed forums on his own, and emails were received from members of that forum as well.

Participants were asked to contact the researcher either over email or telephone (all but two initiated contact over email). In order to keep participants anonymous, the recruitment flyer made it clear that those who contacted the researcher should do so without revealing their true names, and any email addresses with which they contacted the researcher should not reflect their identities. Some individuals created new email addresses just for the purpose of the study.

During the course of the interviews, participants explained that some individuals on the VirPed forums speculated that the researcher was working with the police. Prospective interviewees did some detective work to find out if the researcher was "legit" or not. Interestingly, one perceived indicator of the researcher's legitimacy (aside from profiles on university websites, the researcher's LinkedIn account, and other social media accounts) was the fact that participation in the study did not entail any monetary incentive. It was initially theorized that this would detract some potential participants from engaging in the study, but participants specified during interviews that financial incentives were generally thought to be evidence of a "honeypot," or a deception strategy seeking to make participants easily identifiable (paying these participants would have involved some link to their bank accounts, addresses, or other personal information).

All participants were interviewed between January and August of 2016. Recruitment was steady throughout the first four months of the study, tapered off, and dropped and came to a halt during the final months. Table 1 presents the number of interviews that were conducted over the

course of the study.[4] Participants were screened for age, attraction to minors, and non-offending status over email or phone (depending on the participants' original method of contacting the researcher), prior to each interview. The researcher also used email and phone exchanges to ensure that potential respondents had not initiated contact using their real names, to inform them about the procedures surrounding interviews, to schedule interviews, and to allow individuals to choose their preferred platform for the interviews. Participants were offered the possibility of engaging in interviews over the phone, Skype (video, audio, or text-based chat), or Google Hangouts. Some respondents were concerned about confidentiality over the options that had been proposed, and suggested other platforms such as TorChat (which uses The Onion Router, concealing user location), Chatzy (an online, private chat service), and CryptoCat (an open-source, encrypted chat service). While Chatzy and CryptoCat were both used for interviews, TorChat was not, due to technical issues. A breakdown of platforms participants chose for their interviews is provided in Appendix A.

Table 1	
Interviews by Month	
Month	Number of Interviews
Jan 2016	5
Feb 2016	14
Mar 2016	6
Apr 2016	12
May 2016	5
Jun 2016	3
Jul 2016	1
Aug 2016	4
Total	**50**

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[4] Some full interviews were broken into multiple parts, hence the total number is larger than the sample.

At least three individuals who originally indicated interest ultimately declined to participate in the study, due to unavailability or concerns that engaging in interviews would go against therapeutic goals. Some individuals ceased to respond to emails without providing a reason. Most individuals who emailed the researcher went on to complete the interview. The majority of the study participants (28 in total) chose to communicate for at least part of their interviews over audio platforms (either over the phone or Skype). Two respondents spoke to the researcher over Skype with video, and one participant requested an in-person interview. The other thirteen participants preferred to conduct their interviews exclusively over text-based chat platforms.

This dissertation refers to participants alternately as having refrained from sexual contact with minors; as non-offenders; as individuals who have abstained from sexual activity with minors since adulthood; etc. This is specifically meant to be understood that participants in this study, based on their own verification, have not committed a *contact* (i.e. *person*) offense against a minor. Due in part to the anonymous nature of the study, the researcher was unable to verify that participants had committed no contact offense for which they had been arrested. However, potential participants were told about the requirements for participation before contacting the researcher, and were screened for offending status in pre-interview communications. Constructing a false narrative surrounding their lack of offending would have been risky to participants since being a MAP already carries stigma, and considering that there were no direct benefits to respondents for their participation in the research, it is therefore unlikely that they would have taken the risk of participating if they had committed a contact offense. Additionally, as shown in Chapters 4-6, participants disclosed a number of socially unacceptable details about themselves, which provides supporting evidence that they endeavored to represent themselves

accurately. Importantly, all of the participants in this study had established identities for themselves as non-offenders, making their narratives relevant to other non-offending MAPs who share similar identities.

Interviews: Procedures and Content

In-depth interviews were conducted with all study respondents. These semi-structured interviews enabled participants to provide information without artificial concepts or classifications being imposed by the researcher (Becker, 1967; Bogdan & Taylor, 1998; Wright & Bennett, 1990). Participants were asked a series of screening questions to confirm their eligibility before beginning each interview. Participants were considered to be eligible if they were over eighteen years of age, identified as having preferential attractions to children, and had abstained from sexual activity with minors since the age of eighteen.

Because MAPs who have not committed sexual offenses are a largely understudied population, there existed few examples of previous interview instruments to use as templates. The phrasing of various questions in the interview guide was therefore a concern, due to reservations that they may unintentionally be interpreted as offensive, or might not be understood by the population of interest. Consequently, a pilot study was conducted in the spring of 2015 to seek advice from MAPs about the topics covered in the interviews, the wording of questions, and the flow of the interview guide. Richard was asked to be a participant; by this point, he and the researcher had met at one of the B4U-ACT's workshops, and he readily agreed to participate. He also sent an email to B4U-ACT volunteers asking for other volunteers, and one individual responded immediately. The pilot study was limited to these two participants, due to concerns about the total number of individuals that could eventually be recruited into the study. The

potential pool of willing participants was relatively small, and those who participated in a pilot study may have been uninterested in participation in a later interview.

Comments from both pilot study participants were integral to the development of the final interview guide. Prior to the pilot study, the interview instrument included questions about mental health care-seeking for purposes of remaining resilient to offending. Pilot study participants advised the researcher to include questions about mental health care-seeking behaviors for other reasons, as well. Participants in the pilot study further highlighted the rich information that would emerge from by adding in these questions. Pilot study participants additionally recommended that the researcher re-examine an assumption that attractions to minors are exclusively sexual. These participants also helped the researcher to better understand the dynamics of online forums for MAPs, and questions relevant to this topic were added to the interview guide. Finally, the pilot participants requested clarifications for certain interview questions, which provided additional insight into how best to reorder and reword various questions in order to maximize the coherence and clarity of the interview.

Subsequent to the pilot study, the finalized study's 41 participants were asked questions about identity formation, including questions about their history in figuring out their attractions for themselves and coming out to others. They were then asked about their experiences in facing stigma, including questions regarding the effects of their exposure to negative messages about minor-attracted individuals, and how they coped with stigma. Finally, they were asked about their strategies toward and motivations for remaining resilient to sexual offending, as well as more specific questions about seeking mental health services for emotional resilience and resilience to offending. The protocols ended with six basic demographic questions.

The interview guide also included 26 quantitative survey questions. These were emailed to participants after each interview was completed because it was challenging and inconvenient to do so over most of the interview platforms. The survey questions included the Center for Epidemiologic Studies Depression Scale Revised (CESD-R) to measure depression among participants. The CESD-R is a commonly-administered survey with a high degree of validity (Van Dam & Earleywine, 2011) used to measure major depression. The Brief Resilience Scale (BRS) was also included to document information about resilience. This scale has been highly rated in reliability and validity (Windle, Bennett, & Noyes, 2011). The interview instrument is unique to this study. With the exception of the CEDS-R and BRS, questions were developed by the researcher, and the interview protocol went through several iterations as a result of pilot study interviews, HRPP review, and extensive conversations with members of the dissertation committee: Professors Lila Kazemian, Valli Rajah, Karen Terry, Cynthia Calkins, and Patrick Lussier. A copy of the interview guide can be found in Appendix B.

Interviews were intended to be conversational in nature. Questions were asked in different sequences depending on the direction of the discussion, or even skipped entirely when a participant answered the questions before being asked. The researcher's personal experience with coming out as queer, and the associated stigma, helped in developing follow-up questions that were directly relevant to the experiences of participants. Indeed, many study participants actively identified as lesbian, gay, bisexual, transgender, pansexual, and/or queer. However, while disclosing the researcher's sexuality to participants increased rapport and eased discussions with some participants, others indicated feeling abandoned by queer communities due to the mainstreaming of LGBT interests, and thus the researcher selectively shared this information with participants.

In total, interview time added up to 5,139 minutes. Interview times for each participant

lasted between 30 minutes and 5.5 hours, but most were between 1.5 and 2 hours. Interviews that

took place over text-based chat took longer than others, and those that ran over two hours (and

occasionally others as well) were often conducted in segments over multiple days. Audio, video,

and in-person interviews were audio-recorded with consent, and were then transcribed.[5]

Participants were told that interviews would be transcribed by an outside source, but were given

the option of having the researcher transcribe them instead; only two indicated that they would

prefer this. Transcripts were verbatim, and included pauses, false starts, non-lexical vocables

(e.g. "um," "uh," "er"), laughter, and other sounds that might not be considered essential to the

narratives of participants but that nonetheless added context to participant narratives.

Human Subjects Protections

Confidentiality is a major ethical concern in a study of this nature. To that end, as

previously noted, potential participants were asked to contact the researcher over email addresses

that did not reveal any personal information. Some participants devised email addresses with

fake names solely for the purpose of this study; often, however, participants already had

pseudonyms and email addresses that they used to communicate with each other or with other

researchers and journalists. Participants were originally requested to provide the researcher with

a pseudonym that they would like to use in the study. For instance, one individual provided the

name of an author of a book that was lying around near him, and another gave the name of a

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[5] Transcriptions were made by Rev.com, except for three: two due to participants' requests not to
have outside transcriptions, and one for financial purposes. The researcher then cleaned all
transcripts by listening the audio recordings while following along to the transcripts and making
their own edits as needed to ensure accuracy.

truck company that he encountered while driving. The latter individual, like many others in this study, participated in the interview in the privacy of his car. Others provided names that were known to others in the MAP community, or names that had some kind of connection to their real names. A new pseudonym was chosen for each study participant who had not chosen an entirely new name for the purpose of the interview.

The respondents' pseudonyms are the only names that are attached to any of the information that was provided in the context of this study. To safeguard this information, a waiver of signed informed consent was requested and granted from the City University of New York (CUNY) HRPP. Participants were explained their rights as a research participant, given further information about the study, and provided phone numbers of an on-call social worker orally in the case of oral interviews, and over email in the case of text-based interviews. Interviews only proceeded after participants acknowledged that they agreed to the terms of the consent script.

Participants were cautioned that the researcher would keep all of their information confidential, unless they disclosed committing past acts of child abuse, any current crime, or any future crime. A concern among a small number of participants was whether viewing child pornography would be regarded as an act of child abuse. This concern was addressed by the researcher: mandated reporting guidelines for New York State do not consider viewing child pornography an act of child abuse, shielding such acts from mandatory reporting (Child Welfare Information Gateway, 2016; New York State Office of Children and Family Services, 2016; NYC Administration for Children's Services, 2003).

All interviews were conducted one-on-one, and most were conducted when participants were out of the house, or during times when the family or roommates of participants were out. In

at least two cases, the family members were aware of the individual's attractions towards minors, and participants felt comfortable conducting the interview with the family members in the home (though in a separate area). Field notes and transcripts were stored on flash drives and kept in a locked cabinet.

At the start of each interview, participants were provided with the phone number of an on-call social worker. If they experienced distress during or after the interview and felt that they needed to talk to someone, they could stop the interview at any time and contact her (although this never occurred). During the interview, websites where participants could find peer support were discussed. If respondents indicated being unaware of these different support outlets and expressed interest in seeking support, the researcher provided them with further information about these sources after the interview. Because the participants were likely to experience stigma and a host of mental health concerns, providing potential sources of support was helpful and appreciated, and it afforded an added benefit to research subjects.

Method of Analysis

After the interviews were transcribed, data were analyzed using an inductive approach by open-coding for common themes, which allows themes to emerge from the data (Charmaz, 2014; Glaser & Strauss, 1967). Because the researcher conducted all of the interviews, transcribed three of them, and cleaned all of the transcriptions using audio files, some of the major themes of the interviews became clear before coding began. Interviews were transcribed and open-coded on an ongoing basis, which was concurrent with data collection. Dedoose, a software program designed for mixed methods data analysis, was used to code the data. Open-coding allowed for the identification of gaps in the data, and generated ideas about how to gather additional

information that could help flesh out key concepts. Further interviews were then conducted, with the goal of generating this new information in mind. In some cases, participants who were interviewed in different segments were asked in a subsequent section of an interview for clarification; more often, new participants were asked about emerging concepts as they were developed. The last question of the interview protocol inquired about whether there was any topic that was omitted and that was deemed important to the research. In some cases, the highlighted items were included in subsequent interviews. After completing the interviews and open-coding, focused coding was conducted, using the most frequently-occurring and important codes from the open coding process to synthesize greater amounts of data. Memos, or details about ideas and the start of analytic construction (Charmaz, 2014), were then drawn up, reflecting the researcher's thoughts about the concepts.

Compared with quantitative data, qualitative data are generally regarded as having high validity but low reliability. In other words, the data may accurately reflect the concepts that they intend to measure, but could differ depending on who collected or analyzed these data. Specifically, there might be variations across interviewers, or the data could be interpreted differently across coders. Because only one individual engaged in conducting and coding interviews for this study, it is unclear what data would have been gathered by a different interviewer, or how the data may have been interpreted by another researcher. However, triangulation occurred by gathering other sources. Triangulation is significant in qualitative methods due to its ability to increase credibility in findings: this strategy decreases "the risk of chance associations and of systematic biases due to a specific method" (Maxwell, 2009, p. 245), and adds to the richness of the data. In order to triangulate findings, materials were gathered and analyzed from both the B4U-ACT and VirPed websites, including mission statements,

educational resources, cited research, and forum discussions. As Bowen (2009) notes, document

analysis can significantly add to the ability to authenticate and substantiate data acquired in a

study. Two workshops hosted by B4U-ACT were also attended by the researcher to better

understand issues faced by MAPs. These methods of triangulation helped to provide an

additional check to verify that the experiences and opinions of study participants were present

among other MAPs as well. Themes explored at B4U-ACT conferences and on both the VirPed

and B4U-ACT websites did, indeed, reflect the data obtained during interviews.

Sample Characteristics

At the time of the interview, 29 participants lived within North America; 21 lived in the

United States, and the other 8 did not specify their specific location in North America. Most

(90%) were male; the remaining individuals identified as female and agender. One of the male

and one of the female participants were transgender. Their age ranged from 19 years old to their

mid-sixties.[6] Most participants (44%) were in their 20s. The majority (90%) were white: one

participant identified as biracial (Arab and white), one identified as Hispanic, one as Latino, and

one specified multiple racial and ethnic identities (Latino, Native American, and white). Sixty-

three percent used VirPed's forums, 32% used B4U-ACT's forums, and 54% used other forums

to communicate with other MAPs. Table 2 presents additional sample characteristics.

More detailed information about each individual participant is provided in Appendix A.

This information includes each participant's pseudonym, location, age, race/ethnicity, gender,

and the platform over which the interview was conducted. It also includes the ages and gender(s)

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[6] Due to confidentiality concerns, some participants were more comfortable providing age ranges for themselves rather than exact ages.

of the population to which participants were attracted, their relationship status to potential adult partners at the time of their latest interview, and whether or not the participant had ever had a romantic or sexual adult partner.

Table 2
Sample Demographics (N=41)

		Number	Percentage
Gender	Male	37	90%
	Female	3	7%
	Transgender	2	5%
	Other	1	2%
Age Categories	<20	1	2%
	20-29	18	44%
	30-39	12	29%
	40-49	6	15%
	50+	4	10%
Race	White	36	90%
	Other	4	90%
Location	North America	29	73%
	USA	21	53%
	Other	11	28%
Online Forums Used	B4U-ACT	13	32%
	VirPed	26	63%
	Other	22	54%
Interview Platform	Text-based	14	34%
	Oral	27	66%

Comparing the Study Sample to Other Populations of MAPs

This sample differs from two other known studies of individuals attracted to children with no emphasis on offending (Freimond, 2009; Goode, 2010). Freimond's (2009) study focused exclusively on MAPs living in Canada. Her sample included nine respondents, and all participants were male. Her study did not require respondents to have refrained from illegal contact with minors. Similarly, Goode's (2010) study included surveys with 56 MAPs, and

longer interviews with two individuals. Like the participants in the current study, the vast

majority of Goode's participants were male (96%) and in their 20s (43%). Goode did not inquire

about race.

Despite the fact that the samples included in the above two studies may have included

individuals who have offended, the current study required all respondents to be non-offenders,

for multiple reasons. First, a chief concern was confidentiality: a sample made entirely of

individuals who had not committed person offenses would ensure that the researcher would have

no reason to report participants for child abuse as a result of incriminating information disclosed

during interviews. As such, this ensured that participants could speak freely regarding their

experiences without worrying about excluding certain experiences from their narratives. A

second concern was the subject of resilience. Freimond's (2009) and Goode's (2010) studies

excluded questions regarding the subject of offending, due to the fact that they potentially

included individuals who had offended against children. Therefore, avoiding acting on

attractions could not be discussed without some risk. The experiences of those who have

managed to avoid acting out on their attractions have the potential to provide unique insight into

how others may succeed in doing so.

Summary

The data generated from interviews with 41 MAPs who have lived their lives without

offending against children are ideal to answer the study's key research questions. These

questions include how MAPs strategize to refrain from offending and to cope with their

sexualities, as well as their experiences in seeking out mental health care. Other themes explored

in the study include sexual identify formation and experiences in coming out to others.

Prior research has not focused on resilience strategies used by MAPs, nor have studies been conducted with a sample exclusively made up of MAPs who have not committed a contact offense against a child. Additionally, prior qualitative MAP research that did not focus on offending drew from very small sample sizes: Goode's (2010) study had two qualitative interviews, while Freimond's (2009) study had nine. The comparatively larger sample size in this study of 41 participants allowed for a larger body of data and a greater scope of experiences to be explored.

Chapter 4

Forming Identity, Coming Out, and Facing Stigma

Chapter 2 of this dissertation discussed the societal assumption that all MAPs are offenders, as well as the possibility that the stigma attached to attractions to minors may contribute to offending by this population. This chapter investigates the stigma that accompanies identifying as a minor-attracted individual. Specifically, the following questions are explored in this chapter: How do individuals who are attracted to minors form identity as minor-attracted in the face of societal stigma? What are minor-attracted individuals' experiences with coming out to others or staying closeted? This chapter additionally details the individual labels and identity categories that the participants of this study ascribed to themselves, and describes the ways in which stigma shapes the identities of those who are attracted to minors who have not committed offenses against children.

Sexual Identity Labels

Before presenting findings on the processes of sexual identity formation, the language used to describe these identities must be explored. Participants in this study used a variety of different labels to describe themselves in terms of their attractions to minors. Despite the fact that the term "MAP" is employed throughout this dissertation, only 13 of the study respondents used the term "minor-attracted person" to refer to themselves. Twenty-one participants (just over half of the study sample) used the term "pedophile" to designate themselves, and they were often quick to point out that this did not mean that they were offenders. For instance, when asked about labels that he used to identify himself, Strand referred to himself as a pedophile, but added, "I consider myself that in my attractions, but not my actions."

The distinction between "MAP" and "pedophile" held significance for participants. Hugo mentioned, "I'm not too afraid to call myself a pedophile," indicating that others, in fact, were quite afraid. Indeed, as Hugo's quote suggests, multiple respondents noted reluctance among themselves or others to refer to themselves as pedophiles, due to stigma associated with the term. Conversely, the term "MAP" provided some distance from the stigma accompanying the word "pedophile." Even those who used the term "pedophile" to describe themselves indicated a certain degree of conflict in doing so: Avery stated, "the description of 'pedophile' I see when I open up a dictionary describes me, though other people seem to use that term differently," referring to the common notion that "pedophile" is equivalent to "child molester." Bryan noted that, "the term 'pedophile' has too much baggage." Despite the stigma, among those who identified as pedophiles, there was talk of reclamation of the word, or resolve to educate others about the difference between pedophilia (a sexuality) and sex offending (an action). Vincent explained:

> At first I was really not into [using the word "pedophile"] at all, but that's I think mostly just because I, like most people, associated that with abuse. With committing crimes and hurting people. And I kinda thought, well, you know, maybe we should re-brand. (laughter) We better come up with another way to describe ourselves, because that's always going to kinda creep people out to use that word. But I posted about this on VirPed and got a lot of negative reactions. Everyone's like, "no, that's the right word. People are just using it wrong, and it's better to take back the word." And I guess over time I've come to agree with that. It just took some getting used to, to kind of get that old idea of what it meant out of my head.

Stigma associated with the term "pedophile" was so pervasive that it colored participants' own perceptions about the meaning of the term as well. Shawn had been reluctant to use any label for himself in conversation, but later referred to himself as a pedophile. When questioned about this, he backtracked, stating, "Well, maybe that was the wrong choice of words. Words mean something, and specifically a pedophile is somebody who collects photos of young

children. […] I don't collect photos." As no found definitions of pedophilia include any mention of the collection of photos, Shawn's statement reflects a colloquial understanding rather than any official classifications of pedophilia. Nevertheless, Shawn's account is indicative of the stigma and misunderstanding that MAPs face when forming their identities and disclosing them to others.

In addition to "MAP" and "pedophile," other common labels employed by study participants included "hebephile," "boy-lover" (BL), and "girl-lover" (GL). Like the term "MAP," participants explained that the latter labels carried less stigma. However, others took issue with these terms. Noah argued that terms such as "boy-lover" and "girl-lover" were euphemisms to cover up the desire for sexual contact between adults and children. In fact, individuals who referred to themselves as "boy-lovers" or "girl-lovers" did not express distinct beliefs with regard to the morality of sexual relations between adults and children when compared with those who employed different labels.

Other labels were less commonly cited, such as "ephebophile," "pedohebephile," "pedosexual," "gray asexual" (lacking sexual attraction in general), "androsexual" (sexual attraction to males), "parasexual" (atypical sexual attractions), and "achronophile" (lacking age preference). Additionally, several participants refused to label themselves according to their attractions to minors, preferring to refer to themselves as gay, lesbian, bisexual, queer, or homosexual. Participants also combined these terms with other designations (e.g., "homosexual pedophile," or "bisexual hebephile"). These labels were often employed strategically and deliberately. For example, for some, the term "homosexual" was not considered to be interchangeable with "gay." Mitchell detailed:

Mitchell: Oh, I would call myself […] To use clinical terminology, I would call myself a hebephile: homosexual hebephile, I guess. And I also call myself a boy-lover.

AW: So you use the term homosexual?

Mitchell: Mmhmm. Just because I'm attracted to the same gender. I'm not attracted to females at all.

AW: Gotcha. Do you ever use the term gay for yourself?

Mitchell: Well, I, I, every once in a while, I think, should I call myself gay? But I haven't, mainly because I think they, my impression is, certainly everything I've read, the gay community would reject me. So I guess I don't want to be part of a community that would reject me.

Mitchell and others felt that the gay community would reject them because of their trajectory toward acceptance by the general public: if the LGBTQ community were welcoming toward MAPs, they would risk losing that acceptance.[7] Some male participants who were attracted to boys alternatively felt that they should not be regarded as gay because they were not attracted to traits typically defined as "masculine," which they felt was a requirement of gay identity. Others were resistant to refer to themselves as gay because they felt their experiences were too disparate from those generally encountered by gay men.

Additional determining factors in the choice of language used by participants to describe their attractions included the age of the objects of the attractions, as well as exclusivity versus non-exclusivity. The average age span of those to whom participants were attracted ranged from

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[7] There is indeed a history of the gay community distancing itself from MAPs, although they had previously been aligned. Chenier (2008, p. 205-206) noted that in the 1970s, the Pedophile Information Exchange had ties to the Gay Liberation Front. Thorstad (1991, p. 252) documented that "the Stonewall Generation […] affirmed the joys of an outlaw sexuality in the face of the outmoded moral norms of the dominant society," including sex between adults and minors. However, Thorstad argued that society became more welcoming of LGBT individuals in the aftermath of the Stonewall riots, which came about at the same time as a national panic about child pornography. This resulted in a gay community that aligned itself more with mainstream values, and consequently rejected MAPs.

eight to 14. However, participants were attracted to individuals from a wide range of ages, from one year old to late adulthood. Labels such as "pedophile," "hebephile," and "ephebophile" are generally employed in the empirical literature to classify individuals based on the age of the objects of the attractions. As a reminder, "pedophile" refers to an individual who is attracted to pre-pubescent children (generally under the age of 10), "hebephile" denotes an individual who is attracted to minors in the early stages of puberty (approximately 10 to 14 years old), and "ephebophile" refers to an individual attracted to minors in the later stages of puberty (15 years to 19). While these definitions suggest mutually exclusive groups, the labels employed by study participants suggest overlap. Some participants who regarded themselves as pedophiles were attracted to individuals in the hebephilic age range and some who identified as hebephiles also had attractions to pre-pubescent children or adults. Many who identified themselves as MAPs, pedophiles, hebephiles, and ephebophiles also had attractions to adults.

Twenty-seven respondents described themselves as being "non-exclusive:" that is, they experienced attractions to both adults and children. Inversely, those who considered themselves "exclusive" were usually solely attracted to minors. Among non-exclusive individuals, attractions to adults were generally reported to be weaker than attractions to children. While three participants were equally attracted to individuals of all ages, none of the participants in the study were primarily attracted to adults. Harper, who is attracted to both girls and women noted, "I'm kind of like a bisexual person who's like 90% into one gender and 10% into the other […] Except for me, it's age, not gender – the gender's consistent." Another participant, Brooke, also drew this comparison to bisexuality, noting that bisexual individuals express confusion over straight or gay individuals having a specific attraction to one gender; similarly, she did not understand the practice of setting age restrictions on attractions.

Some participants specified that they could be attracted to adults, but only if they were young (or looked young). For example, Robin and George reported being attracted to "twinks" (young or young-looking, often effeminate, adult gay men). Participants who were interested in younger adults were able to get their sexual or emotional needs met lawfully: Zach, who is primarily attracted to girls in the age range of 11 to 15, said that he has had relationships with young women over 18 years of age "as a legal alternative." Study participants also made the distinction between romantic and sexual attractions in regard to their age of attraction. Some respondents reported having only romantic attractions to older individuals, while having sexual attractions to children. For example, Dominick, who identified as a pedophile, said he had sexual attractions to males aged from six to 15 years old, as well as "non-sexual attraction to males about ages 16 to 45, but nothing as strong as those in my main age of attraction."

Among individuals who are attracted to both males and females, they may be attracted to different age ranges within each gender. For instance, Xavier reported being attracted to girls between the ages of two and 17 years old, but to boys between the ages of two and nine years. MAPs may also be attracted to only one gender of minors, but to both male and female adults. Lucas reported attractions to girls from the ages of four to nine years old, as well as adult men and women. Charlotte similarly disclosed attractions to adult men and women, though her attractions toward minors were only toward girls. Some respondents noted a different intensity of attraction to each age range and gender. For example, Robin mentioned attractions to mainly teen boys, with a secondary attraction to younger boys, and occasionally also adult men and women. And while Victor felt sexual attractions to boys aged between seven and 12 years old, he also noted having attractions to adult women, although these attractions were of an emotional rather than sexual nature.

Although the criminological literature presumes that attractions toward children among MAPs are sexual in nature, participants described various types of attractions. Very few individuals in the study indicated feeling only sexual attraction to children; most respondents reported experiencing attractions toward minors that were romantic, aesthetic, physical, emotional, sentimental, or based on a desire for friendship in addition to, or sometimes in place of, sexual attraction. Respondents were often agitated by the societal assumption that individuals attracted to minors must be sexually predatory, and therefore only interested in children for sexual purposes. Those who were equally attracted to both adults and children therefore found it important to discredit this assumption and stated that they had the same feelings in all respects toward all age groups. Participants' fantasies about children often involved courtship rather than sexual activity. Lee seemed embarrassed to reveal:

> I would say there is sexual attraction as well but for me it's more of an emotional attraction. It's kind of silly but it's more of a romantic kind of feeling, more like I would like to be with them and have a relationship and hold hands, and those kinds of things […] It's a very, very childish way of thinking about this.

Similarly, Aiden specified:

> Aiden: I mean, as far as the nature of my attraction, I mean, I'm sexually attracted to them. I mean, do you mean like more specifically? Because I have, like, more of a romantic attraction […] More like romanticized, versus, like, objectified. Um, so, I tend to have more of a romantic notion of it. Like, wanting to be their boyfriend and have a relationship with them and for them to be my boyfriend rather than me being their boyfriend, you know what I mean? As in like, seeing them as higher status of myself. I don't know if that's confusing or not. So-
>
> AW: You said you see them as having a higher status than you?
>
> Aiden: Often, yeah, yeah. I'm, you know, shy, shy around them, yeah.

Aiden explained that his shyness around boys stemmed from the feeling that they were peers rather than younger counterparts. Several participants reported that they somewhat identified as children themselves. Erik, Aiden, Bryan, and Desmond all mentioned feeling that they had

"Peter Pan Syndrome," in that their interests and manner of thinking lined up more closely with children than adults. Erik found it pertinent that he still plays with the Legos and video games from his childhood. Desmond revealed that, even as a 35-year-old male, he still has a fear of growing up and dealing with the responsibilities that come with adulthood. Zach similarly described himself as having "chrono-dysphoria," or having "the inner identity of a young adolescent." He did not feel as though he had moved on from his youth, preferring going to malls and amusement parks rather than participating in what he regards as "adult activities."

Notably, a minority of participants refused all labels regarding their sexuality, or otherwise expressed distaste for them. Some of these participants preferred not to label themselves at all, while others were unaware of the existence of labels that may fit their sexualities. Using the term "sexual identity" to refer to the labels used by MAPs to describe their sexualities may therefore be inaccurate or misleading. Brooke exemplified this point by stating, "I would say that 'minor-attracted' is an accurate description, although I don't generally claim it as an identity label, if that makes any sense as a distinction." She further argued that, "It's not a primary identity, I guess. It's something that describes me, just as I am a prescription lens wearer." Avery provided a similar account, as described below:

> AW: So what does identifying as a pedophile mean for you?
>
> Avery: Well, I just feel like it's not really me "identifying" as one. I look at the facts of the situation and feel that the term "pedophile" most reasonably applies to me.
>
> AW: Ooh. Is there a label you identify with more?
>
> Avery: Not in regards to my sexuality. But I guess if there was a label I would most identify with it would be me being a mathematician.

Given the stigma associated with attractions to minors, it is unsurprising that some individuals would resist using labels for their attractions to children as a primary (or any) identity for themselves.

Overall, labels used by participants to describe their sexual identities were the result of careful consideration. The language used to describe these identities was developed by weighing ages and genders of attraction, level and type of attraction, and exclusivity or non-exclusivity. This was all against a backdrop of stigma that colored their knowledge and beliefs about themselves and other MAPs. The next section describes the process experienced by participants in developing these identities.

"Am I a Monster?" Identity Formation among MAPs

For the participants in this study, the realization that they were attracted to minors, either primarily or exclusively, was generally described as a frightening and confusing experience. This experience was rarely described as an epiphany; it generally unfolded as a gradual process. In Erik's words, "there wasn't a lightbulb moment. It didn't just happen overnight. It was just sort of – I just became aware." This mirrors the literature on identity formation among lesbian, gay, and bisexual individuals. Classic research on this subject describes an extended process of developing identity and coming out, involving multiple, varying, stages (e.g. Cass, 1979; Plummer, 1975; Troiden, 1989). Troiden (1989) created one of the fundamental models of identity development among gay and lesbian individuals. His model conceptualized multiple stages in the formation of gay and lesbian identities. This early model was constructed by taking into consideration an environment of near-universal stigma, and showing a pattern of growth

from early experiences of feeling different, to identity confusion, to identity assumption, to commitment. Many of his findings directly related to the narratives of study participants.

While a small minority of respondents did not become aware of their attractions until later adulthood, most could trace their attractions back to some period in adolescence. A common narrative involved noticing that their peers were attracted to older individuals, while they were attracted to same-age peers or younger. As they aged, the age of individuals to whom they were attracted remained the same (or in some cases, decreased). For most, although they may have been aware that they were attracted to different individuals when compared with their friends, this preference did not strike them as being particularly odd until later in life.

> Avery: It's hard to say when I realized exactly. I remember in high school that feeling that many of the middle school girls were much cuter than the girls in my class but I didn't think it was strange at the time. I guess the first time I realized that my sexuality was really odd was when I was about to graduate high school. I volunteered at an elementary school for my senior project. I found a bunch of girls there really attractive […] It was strange because I figured I ought to be too old by then. I was 18 so I was technically an adult. […] I don't think I was immediately anxious. I knew it was weird, but I've always been a little weird, so I didn't let it bother me.

> Jeremy: It was a long time ago now. (laughter) I remember one year when I was, because I go on a sort of annual family camping trip […] I hadn't been for a few years because I'd been studying and doing other stuff, so I finally showed up one year. A couple of my cousin's daughters, for who knows what reason, decided I'd be someone really fun to spend time with. And they were […] climbing on me and that kind of stuff. I just noticed sort of a surge of arousal and attraction and all that […] Yeah, just flooded my body, honestly. And I sort of put that away and removed myself from the situation […] And after thinking about that for awhile, then it finally triggered and I thought back to a lot of the thoughts I'd been having for a few years and I was like, "How did I miss this?" […] and I suddenly realized, looking back, I hadn't even been fantasizing about a woman this whole time. I'd been fantasizing about children but somehow never actually noticed.

> AW: Gotcha. It's interesting, it, it seems like it happened just really suddenly that you realized it.

> Jeremy: I think it's probably a gradual build up, just that that was the straw on the camel's back in a way.

> AW: Oh, I see.

> Jeremy: Yeah, that was technically the moment when I was like, "Wait a second, this isn't normal."

Neither Avery's nor Jeremy's attractions to minors made them feel immediately different. Likewise, Isaac remembered growing up thinking that everyone was attracted to girls in the same way that he was. It was only later in life when he realized that they were not.

Several researchers have documented a similarly delayed experience in connecting attractions to identity among lesbian and gay individuals, starting with the recognition that they have seemingly different attractions from others around them, but not yet connecting their identity to homosexuality (e.g., Cass, 1979; Plummer, 1975; Troiden, 1989). These researchers generally attributed this delay in the attractions-identity connection to stigma against gay men and lesbians. Conversely, participants in this study often felt that the delay in connecting their attractions to a distinct sexual identity was due to a lack of awareness that attractions to minors could be regarded as a sexuality. During youth, due to the absence of exposure to individuals who exhibited attractions towards minors (other than sex offenders), study participants expressed that they were unaware that adults could primarily be attracted to children, and therefore did not consider it a possibility for themselves. It was the connection to sex offending that frightened most respondents when they finally understood that their attractions were outside of the norm. Hugo recounted:

> Hugo: Like, when I was like, I don't know, 11, maybe, just wanting to be friends with kids who I thought were cute back in elementary school […] so that just kind of carried on through middle school and into high school, and like, I think I actually started to realize that that age that I liked started to get younger, you know, like when I was a sophomore, I liked freshman kids and everything, and it just kind of continued to lower itself. Like, I found myself looking at like non-pornographic pictures of boys online, and like I guess I just kind of […] it really hit me the most when I was, like, 17 for sure.

AW: Gotcha. Do you remember, like, what was going on when it hit you?

Hugo: Um, yeah, well, I remember, like […] masturbating to pictures of boys around that time. And thinking, like, oh, man, this, what is this? Am I a pedophile or something? Am I a monster? What the hell? And I remember once this Christmas vacation when I was 17 and […] I was going on a trip with my dad. I was at the airport and I saw a boy. He was probably like 12 or something like that, and I was just, like, I thought he was super cute and I remember that moment being like, "oh shit, I think I'm a pedophile." […] Like, "I think I'm attracted to kids." And I was, like, super sad, and didn't really want to live.

Fear of being a "monster" or turning into a child molester were common anxieties for participants at the time that they first realized that they were primarily or exclusively attracted to children. A Finnish participant, Cody, remembered divulging that he was a pedophile for the first time in an online forum and instantly feeling ashamed, believing that this made him similar to an infamous Finnish sex offender known as Jammu-setä. Cody recounted, "I took on everything, the burdens that come with the label. Everyone thinks you're a monster. Wait, is that how I'm supposed to be? Am I that already? Should I become that? I don't want to become that." The concept of being a "monster" was so prevalent that this word came up in 17 different interviews. Five participants reported feeling, when they realized their attractions, that they were (or would become) a monster, and 14 participants discussed the societal perception that they were monsters. Many more disclosed anxieties upon realizing their attractions, believing that this meant, in some way, that they were destined to commit offenses. Societal narratives about individuals with attractions to minors who live their lives without committing sexual offenses against children are absent, raising the question of whether it is possible to reconcile attractions to minors and the development of a prosocial identity. Erik noted:

The only people I'd ever seen were, you know, the only people I'd ever been aware of who felt the way I felt were in news articles when they were in sort of jail. So, and that made me kind of feel […] I never really thought that I am going

to be like them because I, I still realize that I don't have to […] but it did get me down.

Even among individuals who, upon realizing their attractions, were certain that they would not commit an offense against a child, remarked that they had been unaware of individuals with primary attractions to children who had not offended. A common narrative among these participants was the idea that they were the only moral person with an attraction to minors, and that they were determined not to become a sex offender, despite these attractions. Oliver conveyed this idea:

> I had the mentality perhaps that I was the only kind and caring one, and the other people out there were hurting and abusing kids. Which, in thinking back on it now, it doesn't really make much sense to me. I mean, statistically speaking, I wouldn't be the only nice one with these attractions. To me, it seems obvious now, but of course there would be other people born this way, who are not sociopaths or abusing children, but that's the mentality I had of it in my adolescence: that I was the only nice one and I was unique in that regard. But I didn't experience it as an urge or I didn't feel I was any danger to kids.

Depression, anxiety, or suicidal thoughts upon realizing attractions were common, even among those who were not concerned about posing a threat to children. Many participants continued to experience some or all of these mental health issues at the time of interviews. For the majority of respondents, the knowledge that they were minor-attracted meant facing a dramatically different life than the one that they had previously expected. For those exclusively attracted to minors, this meant a lifetime lack of romantic and sexual relationships with any individual to whom they could be attracted. One respondent, Aiden, reported that this feeling of loneliness became amplified with age:

> [It's hard], you know, the idea of not having a significant other in an adult relationship. Like, having an adult that I, you know, grow old with and can spend time with. I feel very alone. And don't feel like I'll ever be able to have that. I know I can't ever have what I want, so it just creates a division in me. As far as I want an adult relationship but I'm not attracted to adults.

Additionally, respondents faced constant shame regarding their attractions. While many recognized that they would never act on their attractions and were able to neutralize guilt as a result, others were constantly reminded of societal opinions of people like them. When Cody first realized that he was primarily attracted to minors, he started noticing characterizations of pedophiles in the media:

> Everyone was hunting pedophiles and others were cheering. That's how it conveyed through the papers and TV, anyway. Every time I saw one of those news, I wondered what [my parents would] say if I (I was about 15 then) would tell them that I'm attracted to kids. The dudes in the papers were always old dudes, 40-50 years old with beards. Then I just kinda thought that it was hopeless. As soon as you have the label of "pedophile," you're done. You're no longer a target for empathy. You're a monster and it is your civic duty to kill yourself before you touch a kid. No matter what age, no matter where. No matter how you convey it. Done.

Negative societal images of individuals with attractions to minors are so ubiquitous that the VirPed forum has dedicated an entire section to "comment awards," which are sarcastic rankings of the most vitriolic comments aimed at MAPs online. One participant, West, was able to laugh at these comments. Others avoided the comments sections in online articles and YouTube videos about MAPs, even when the article or video was not demeaning to MAPs, because the comments sections would invariably contain malicious messages.

Interrogating the Causes of Attractions

Part of participants' process in coming to terms with their attractions and forming sexual identities involved questioning why they had developed these attractions in the first place. Troiden (1979) identified an initial stage of identity formation as identity confusion, in which gay men and lesbians attempt to reconcile the stigma surrounding homosexuality with new self-perceptions as sexually different from others. Responses to identity confusion included denial,

repair, avoidance, and acceptance. Avoidance involves a belief that homosexual feelings are unacceptable. One of the strategies named by Troiden to avoid identifying with these unacceptable feelings was through redefining their attractions as something temporary or situational.

Similarly to Troiden's findings, some participants in this study believed their attractions were situational, and they often wanted to identify the situation that caused them. Many brought up the work of James Cantor, mentioning whether or not they possessed the characteristics of MAPs underlined in his studies about the differences between MAPs and teleiophiles, or individuals attracted adults (e.g., left-handedness, below-average IQ, or childhood sexual trauma). Isaac revealed that his father and grandfather had both committed sexual offenses against children, and he presumed that he had learned from them that attraction to children was "normal." Others offered explanations about becoming emotionally stunted or "stuck" in adolescence. For instance, Aiden fell in love with his best friend when he was twelve, and his friend moved away shortly after, which made him feel stuck at that age. Phillip detailed that his father died early in his life, which deeply affected him. He stated, "I think, you know, part of me thinks that maybe that's part of the reason. […] Because that's right at the age, right there. (sigh) I mean, that's right at the age I'm interested in, so I don't know." Whether Phillip was on to something or not about the origins of his attractions, he, along with many other participants, had clearly spent considerable time and mental energy theorizing about the "root cause" of their attractions.

One common theory debated among participants related to whether attractions to minors were caused by mental illness. Despite a shift in the scientific community toward a conceptualization of attractions to minors as a sexual orientation (e.g. APA, 2013; Seto, 2012),

participants themselves were split between those who regarded their attractions as a sexuality or sexual orientation, and those who regarded them as a problem or an illness. Three participants, Strand, Tony, and Tyler consistently referred to their attractions as their "problem" during interviews. Multiple participants had tried various techniques to "cure" themselves of their attractions, including hypnotherapy and smelling bath salts when thinking about children, among other strategies (see Chapter 6). Others lamented this viewpoint, criticizing authorities such as the American Psychiatric Association for including pedophilic disorder in the DSM, given that they had previously come under fire for making similar statements about homosexuality. For many participants, they viewed their attractions to minors as qualitatively similar to attractions to individuals of the same sex, minus the harsh and stigmatizing societal reactions. In his narrative, Aiden described his attractions as a sexuality:

> [Being minor-attracted] reaches into every facet of my life. So it, just like any human sexuality, it, it hits everywhere. I consider it part of my sexual identity. So I mean, it's pretty much a part of me, and, just as much as sexuality is part of the human condition. I almost consider it like an orientation almost, or it's, like, an age-fixed orientation. Because it feels immutable. So I mean, I consider it part of my identity […] I always want to, I have the urge to express it. You know, I have sexual expression. Um, and be able to keep it as part of myself. Kind of like being out, like a gay person would be. Like "uh!" Like out of the closet, you know? But of course, I can't do that. So, I just, it feels repressed, and it feels like a secret that I have to keep from the world and, um, and that makes me feel ostracized and alone.

Sexual Identity (Re)Formation

Notably, participants who identified as gay or lesbian had very different experiences in coming to terms with their attractions to minors from those who considered themselves to be heterosexual, although these experiences were also varied. In general, individuals who identified as gay or lesbian realized that they were attracted to individuals of the same sex long before

realizing they were primarily or exclusively attracted to minors; they came out to themselves multiple times. For some, particularly those who grew up with religious upbringings, being gay eased the transition to being minor-attracted. Brooke was raised as a male by a religious family, and identified as transgender and as a lesbian. She shared that her upbringing had discouraged her from having any sexual feelings at all; as such, having attractions to minors did not necessarily feel worse than having attractions to anyone else. Likewise, Mitchell realized he was attracted to other males in the 1970s, when there was considerably more stigma against homosexuality:

> All through middle school and high school, I labeled myself as gay. And into college. And even after I got out of college. I guess I, since this was in the 1970s and it was very stigmatized to be gay, so I thought this was a secret that no one would ever know, and I would certainly never act on it because it was shameful and embarrassing and bad and perverted. And so I thought then and there I would never have a boyfriend or a spouse or anything like that. I didn't even know that gay people could have romantic lives. […] And then it wasn't until I was about 25 that I just, I happened to notice a boy. I was working in my office and I happened to look out the window and across the street. I saw a boy coming out of a store. And he was probably 14 or 15, and I just suddenly realized that's who I'm attracted to. I'm not attracted to, to adult men. And that's when I then labeled myself as a pedophile (not knowing that there was a distinction between pedophilia and hebephilia). So that was my second labeling, but at that time, it seemed worse than being gay, but not qualitatively different. Um, this would've been in the 1980s, so homosexuality was still pretty stigmatized and so I thought this is just more of the same defective, shameful sexuality that I have, so again, I would never act on it, never let anybody know.

Others found it more challenging to confront their attractions to minors rather than their attractions to individuals of the same sex. Harper, who identified as both gay and minor-attracted, did not feel that her attractions to minors could be considered a sexual orientation. She talked about her homosexuality and attractions to minors as they relate to religion and spirituality:

> I never felt like being gay was a mistake. It was something that was almost kind of celebrated, like oh, that's awesome, that's a piece of you that God has created,

and the whole diversity of creation, including the diversity of human beings, reflects the creativity and inventiveness of our creator, and so that's kind of the theology around that. This [attraction to minors] is the part of me that I feel like is some kind of screw-up. Like something's wrong there. It feels almost, to me: see, there's a big debate about is it a sexual orientation or a mental illness, um, pedophilia. Not homosexuality, pedophilia. And I am more on the mental illness end of that spectrum. I feel like I have an illness that I have to learn to deal with.

Despite the negative feelings with which most participants wrestled regarding their attractions to minors, many participants succeeded in managing their anxiety regarding their attractions. Strategies used by respondents to cope with these negative feelings are explored in-depth in the following chapter. These individuals recognized that they were not going to be a threat to children, and have succeeded in separating in their mind their feelings from potentially harmful actions in which they have committed not to engage. For instance, Brooke, Felix, Klaus, Lucas, and Zach all described being relatively unfazed by the realizations of their attractions, understanding themselves well enough to know that their attractions would not necessarily determine their behaviors. To this point, Felix explained, "Yes, I'm attracted to children. So what? I'm not going to hurt anyone […] I wouldn't take advantage of anyone. I wouldn't manipulate or coerce. No, I'm not a rapist. I like trying to be a good, ethical person." Nonetheless, coping with their attractions did not mean that they felt that they would be accepted by others. The decision to come out to those around them, or not, was a choice that had deep consequences.

"Leading a Double Life:" Staying Closeted and Coming Out

When asked about the implications of attractions to minors for their lives, participants often responded that it meant having a secret that they could not tell anyone, or as participants Desmond and Tyler separately expressed it, "leading a double life." Despite this, many

respondents had disclosed their attractions to others in one form or another. It would be misleading to provide a hard number of participants who were "out of the closet" versus those who were not, because coming out was less of an event and more of a process. MAPs may be closeted from themselves or any number of others, including specific family members or friends, all family members, or those who know them in "real life" (as opposed to online). Conversely, they may only come out to a select number of friends or family members, or be out to almost everyone in their lives, in addition to other combinations. This is similar to LGBT individuals, who "fluctuate" in degree of openness about their sexuality, depending on the social context (Troiden, 1989, p. 65).

Clearly, everyone who participated in this study had come out to themselves. There were, however, participants who had told nobody else, or nearly no one, about their attractions. While Shawn had not told anyone in his personal life about his attractions to children, and neither had he identified himself as being attracted to minors in online forums (even in anonymous posts), he had disclosed his attractions to a hypnotherapist in an attempt to make himself be attracted to adults. Noah was the only participant who was completely closeted apart from being out to himself, choosing not even to make anonymous postings online. He explained his decision to withhold the information about his sexuality from others:

> Noah: I have thought about coming out to my immediate family for the past few years, but I can't decide if it is the right thing to do. I don't know how they will react.
>
> AW: How do you suspect they might react?
>
> Noah: I honestly don't know. They are educated, liberal-minded people, but they also hate child molesters. I can't say how they would react if they found out my brain was wired like a molester.
>
> AW: And you're just worried they'd think it was wired like that, or do you think that it is, too?

Noah: Well, if I was to tell them I was sexually attracted to children I can only assume they would make the pedophile-child molester connection. And yes, I do think my brain is wired like a molester's. I would have sex with a child if I thought it was okay.

Noah made it clear that he did not think that having sex with a child would be okay. While he was confident that he would never engage in sexual activity with a child, he described his attractions as "dangerous," and found them significantly distressing.

In addition to the two participants mentioned above, six respondents were closeted from everyone in their offline lives, but these individuals had either contributed to anonymous posts online, or had told some online friends who knew their real identities (support received by participants online is further explored in Chapter 5). These respondents cited multiple motivations for staying closeted from "real life" friends and family, including fear of being disowned, fear of physical harm, wanting to protect family members from their sexuality, and generally not knowing how others would react, among other reasons. Harper was in seminary at the time of her interview, and conveyed that the phone interview was the first time she had ever acknowledged her attractions out loud, despite having been aware of them for eight or nine years. She referred to her interview as being "the bravest thing I've done." In addition to citing heavy stigma toward her attractions, Harper felt that coming out would endanger her standing in school and believed that her family and friends would be judgmental: "I can't fathom anyone I know being understanding about that."

Even those who had told people in their "real" lives about their sexuality initially had reservations about doing so. Robin, who was out to his boyfriend and a few other acquaintances, described the power that individuals hold over MAPs after they are made aware of their attractions.

Robin: There's this fear that it'll used by against me at some point.

AW: You still have that fear?

Robin: Totally. And it's a fear that if I tell anyone else, even if I tell some of my other guy friends […] or if I tell anyone that I date that upon breaking up, like, if we have a horrible breakup, they could go on Facebook and tell everyone that I'm attracted to little boys.

AW: Yeah.

Robin: They could tell some of my roommates, or my friends or […] like, the character assassination scenario, while probably not real, it feels that, I think, extremely fearful when I talk about it, because it can always be used against me.

Despite the multitude of reasons respondents had for keeping their sexuality a secret, 33 participants (80% of the sample) had told at least one person in their "real" lives about their attractions to children. This was shared with parents, aunts, romantic partners, friends, classmates, and occasionally random acquaintances. However, these individuals were generally chosen carefully and selectively; most participants had only come out to a few individuals. Participants described reactions of others as ranging from surprisingly supportive to exceptionally negative. Reactions were nuanced, rather than being black or white: some of the more supportive reactions were nonetheless hurtful to respondents, and some reactions that were, at first, negative, became supportive. For example, when Oliver came out to his parents, he used the word pedophile. He regretted this act: his father's reaction was to say, "But [Oliver], being a pedophile is illegal." His father had misunderstood, thinking that Oliver was disclosing offending against a child, and he had to backtrack and explain that while he was attracted to children, he had never acted on his attractions. Oliver described his parents as being "understanding but not quite comfortable" with his disclosure, asking him not to tell other members of his extended family for fear of being ostracized. He explained that he had to keep it a secret from them, "to protect the other people that I cared about."

Although people's reactions often came with a mix of emotions, 28 participants (two-thirds of the sample) who came out to others in their "real" lives received reactions that were either supportive or neutral. Participants described being trusted by those they disclosed their attractions to as particularly meaningful. Desmond described the significance of receiving trust from his aunt after he came out to her:

> Desmond: Eventually I told her that I was [a pedophile]. She was really helpful and understanding […] at the same time, I started getting involved in her grandson's - my second cousin - life because his dad, my cousin, didn't really seem too interested in him, and I wanted to try and help him if I could. She knew I was involved but I gave her my word that I only wanted to help and would never hurt him and she trusted me […]

> AW: Ah, gotcha. Sounds like her trust in you was important.

> Desmond: Yeah, it was, since it was her grandson. I wanted to prove to her that I was a "good" paedophile who wouldn't harm anyone […] I genuinely cared about him and wanted to help. He was a little bit like the son I'll never have.

Another particularly helpful reaction reported by participants related to the ability of individuals to whom they had come out to joke with them about their sexuality. Eight respondents spoke about humor as being exceptionally important to them, allowing them to feel "normal," as though the individuals were comfortable with their revelation and who they were. One participant, Vincent, noted that it felt natural to talk to his brother about his attractions, "Um, to joke about it even. Like, he'll make fun of me for liking boys. And that's, that's what I want. I want to, you know, just feel like it's okay to talk about this and it doesn't have to be really weird." Another participant, Josh, described similar dynamics with a friend, "it's kind of funny too, we can be walking down the sidewalk and pass a 30-ish woman with her 7-ish daughter, and joke (after they're gone), 'we agree that we just passed a very attractive person' […] even though we had different ones in mind."

Participants sometimes came out to others in moments of desperation. When Gene was 19, he felt that he could no longer manage his attractions. He felt that he was "on the verge of suicide," and decided to come out to his friend, who was studying in college to become a therapist. His friend was non-judgmental and put him in touch with a therapist who provided help. Similarly, Jeremy was also struggling with his sexuality and had plans to commit suicide, but decided to tell his parents beforehand because he wanted them to know why. He sat them down:

> […] and I think I, I can't remember whether I mentioned I was suicidal first or just mentioned that I was attracted to kids first. But sort of both came up eventually. I said, this is what's been going on in my life, I want you to know I'm attracted to kids, um, you know, and I'm planning to kill myself in a few months' time. That was pretty much the short of it. There wasn't too much more. My parents, of course, reacted pretty badly to the suicidal part. Yeah, so for them that for them was a lot worse than me being attracted to kids. And they're quite strongly religious, so we never really talked much about the whole attraction to kids torch […] Then we just talked about praying about it and trusting God and all that […] I think it was what I needed. And I'm still here, so obviously it worked. (laughter) Yeah, I feel that […] how they reacted was pretty good. Um, especially for them and, like, knowing sort of how deeply religious they are, and how much they struggle with people being gay, and that kind of stuff. They basically, they said, "We'll always love you regardless, whether you're gay or you're attracted to kids whatever […] We're your parents. We'll still love you."

At the time of Jeremy's interview, he identified himself as being in good mental health. His parents continued to believe that Jeremy should work harder at "getting rid" of his attractions with prayer, but he had come to accept them. Since coming out to his parents, the topic had rarely been revisited.

The lack of discussion about the attractions after the initial "coming out" conversation was a common theme in the interviews. For instance, Tyler recalled revealing his attractions to an acquaintance in his friend group, who had asked him if he was a pedophile during a drunken night at a party. When Tyler saw the acquaintance a year later, "I was like, oh it's coming up, he's

definitely gonna ask questions. But no, it didn't come up. Either he was so drunk that he forgot or he just doesn't want to talk about it." Similarly, Vincent came out to a friend while both of them were drunk and high. When the topic did not come up again, Vincent had an "uneasy feeling," wondering where their friendship stood. He was unsure whether his friend remembered his confession, and felt they had to "re-talk about it" six months later. In another case, Robin's boyfriend and best friend both knew about his attractions to boys, and had initiated some conversations with him since he came out to them. This happened irregularly, however. He noted, "So I haven't I completely re-closeted, nor have…It's not like we sit down and have a tea and talk about minor attraction on a weekly basis. It doesn't happen." While Robin feels that his friend and boyfriend have both put in effort to normalize his attractions, this scenario is a challenging task.

While many of this study's respondents described supportive reactions from family and friends, eleven respondents (one-third of those who had come out to others "in real life") detailed negative reactions. These reactions had a variety of consequences for participants' lives, ranging from the fairly innocuous (e.g., hurtful comments that were later taken back upon further explanation), to the extreme (e.g., leading to break-ups, changes in living situations, and being outed to others).

Emboldened and energized by an enlightening experience in a sociology class in which the professor spoke of minor-attracted individuals compassionately, Felix went home and came out to his mother. He detailed, "let me tell you, she was absolutely livid. God, she started yelling, crying, saying all these outlandish things, trying to blame random people for it, et cetera. I told her, no, it's not a phase, it's who I am." While it took some time, Felix described his mother as being accepting of who he was.

Another participant, Quentin, described more damaging outcomes of his disclosures. Quentin had lost his wife to cancer when his boys were eight and ten years old, raising them on his own. When his sons were 18 and 20 years old, Quentin decided to come out to them, after hearing positive experiences from others who had come out to family on online forums. He described feeling that "[with] everything that has happened within our family prior to that time, one would have thought that there would have been sufficient trust […] but you never know how late teenagers are going to react." Quentin reported that his sons "reacted violently," outing him to their friend network, which resulted in public confrontations, after which he said he feared for his life. Quentin's response was to burn all of his belongings and live out of a tent, until finally moving out of the country some time later. At the time of the interview, he had not seen his sons in six years.

Isaac detailed an experience that had similarly negative consequences for his future. He had been enrolled in a Master's degree program for mental health counseling. He explained:

> I came out to a small group of students, maybe 10 or 12 students in each group. And we had an instructor and he told us to share something that we were really dealing with. And I said, "If I share mine everyone will reject me." One of the female students said, "I'm upset at that, we would not reject you." So I went ahead and told them, and they took it well at first, then they promptly distanced themselves from me, ignored me. And the teacher, the instructor, broke the confidentiality that we were assured of, and told the administration. And they […] told me I had to leave the residency […] So they sent me home. That's where I was probably most devastated. I was very stressed and anxious. I would shake without any cause for it.

Isaac took legal action against the school because their handbook stipulated that they did not discriminate on the basis of sexual orientation. In the process, he was outed to the judge, attorneys, and others involved in the case. Despite his efforts, he lost the case.

Even coming out online was not without risk. Gene and Elias were both outed to people in their personal lives based on information that they had posted online: Perverted Justice (the

online "watchdog" group that some would categorize as a vigilante organization, which collaborated with Chris Hansen on the NBC series To Catch a Predator) found Gene's information and outed him on MySpace. He had been connected to many friends, family, and other acquaintances through this platform, and was outed to all of them in one fell swoop. Elias was outed to the police based on information in his OKCupid (a dating website) profile. Although he was not charged, the police came to his house, compelling him to divulge information to the people in his life. In another case, Klaus was reported to the police by one of his romantic interests to whom he had disclosed his attractions to minors. They did not press charges, but his computer was confiscated for a day.

Summary

The narratives provided by the study participants reveal a great deal of variety in MAPs' experiences in forming identities and coming out. Nonetheless, almost all experiences were colored by stigma in some way. Even the terminology employed by participants to designate themselves reflected societal reactions to attractions to minors. Many respondents were uncomfortable with the term "pedophile," despite its potential accuracy to describe their attractions, because of a collective misunderstanding about the meaning of the term. Most individuals understood that the term referred to attractions rather than actions, but many were hesitant to align themselves with the term out of concern that others would regard them as child molesters.

For most participants, the process of coming to terms with their attractions was fraught with anxiety. The vast majority of respondents had never, before realizing their attractions, considered the possibility that individuals with attractions to children may be distinct from child

molesters. As a result, in realizing their attractions, they often echoed societal concern and worried that they may become sex offenders themselves. It is not surprising, then, to note that participants came out to very few others, if any. Despite the fact that a majority of respondents received supportive or neutral reactions from those to whom they came out, the risk of rejection that they faced was real and ongoing, and it had serious implications for their lives. The next chapter details strategies used by participants to cope with the stigma that they regularly faced, as well as strategies for remaining resilient to offending.

Chapter 5

"Enduring a Rainstorm:"

Strategies for Emotional Resilience and Resilience to Offending

Chapter 4 explored the stigma initially faced by participants upon realizing their attractions and coming out to others. Chapter 5 takes a deeper look at the day-to-day and ongoing stigma faced by MAPs, as well as other challenges to their emotional resilience. This chapter also discusses strategies developed to maintain emotional and behavioral resilience in the face of these challenges. Parallel to the challenges that MAPs face in becoming emotionally resilient, this chapter examines challenges and strategies developed by MAPs to develop resilience to offending.

Emotional Resilience

As discussed in Chapter 2, emotional resilience refers to the ability of individuals to maintain positive or neutral mental health outcomes in the face of adversity. MAPs face multiple stressors that may affect their mental health. This section explores participants' experiences and coping strategies when confronted with these stressors.

Challenges to Emotional Resilience

Interviews with study participants highlighted multiple stressors that affect the lives of MAPs, testing their abilities to maintain emotional health. The main challenges faced by participants included hearing negative messages about MAPs that equated them with child molesters, or otherwise indicated that they were dangerous; coming to terms with feelings of

loneliness; and staying closeted from friends and family. These challenges are investigated in more detail below.

Stigma. In addition to disparaging sentiments that may arise when coming out to others (explored in Chapter 4), participants noted often hearing negative messages about minor-attracted individuals in their daily lives. Those who actively read comments on articles or videos about or by MAPs described hearing negative messages ranging from multiple times a week to multiple times a day. Participants who were open about their sexuality online, in platforms such as Twitter or Tumblr, reported having experienced personal attacks. Charlotte, who wrote frequently about life as a MAP on her Tumblr page, argued that she needed a "strong stomach" to read the comments, stating, "I'm so used to all of the arguments and all of the, like, death threats, even […] we all get a lot of 'kill yourself.' You get used to that phrase." Similarly, West added, "[when you come out], your only image of pedophiles are people in the news, and the comments are like, 'he should be raped in prison,' and, 'he should be put to death,' so not a lot of support there. I always tell people never to read internet comments."

Some MAPs followed this kind of advice faithfully. Brooke, for instance, used an internet browser add-on to block comments from websites like YouTube, for the specific purpose of escaping negative messages. Nonetheless, even those who avoided comments sections in articles and videos about MAPs were faced with negative portrayals of this population with relative regularity. This often occurred when national or local news scandals broke out about child molestation cases. These cases inevitably led to sweeping generalizations about "pedophiles" as a dangerous population, expressed by coworkers, friends, or even family members. Floyd explained, "When an article comes up in the media about charges laid against a pedophile,

people are very quick to demonize with extraordinary disgust and hate." Harper explained that

this behavior was particularly hard on her:

> In the church in general, I've noticed a lot of misuse of the word "pedophile" […]
> "pedophile" does not mean "sex offender." […] Most child molesters are not
> pedophiles, and most pedophiles are not child molesters. […] So you hear the
> word "pedophile," which is a word that accurately describes me, used in place of
> people who abuse children, which are possibly rightly considered to be the worst
> kind of person that there is. […] Um, that, that bothers me a lot, and that's not just
> in church, that's, I mean, everyone misuses the word "pedophile." Or, you know,
> either doesn't understand that there's a difference, or when confronted with the
> fact that there *is* a difference, says "no there isn't," so that really bothers me. Like,
> hearing people talk about pedophiles as being the same thing as a child molester.

Multiple participants described hearing hateful messages about MAPs on Facebook or

other social media websites from friends who were unaware of their attractions. Kevin and Gene

made reference to a particular meme posted by their Facebook friends, picturing an electric chair

or other forms of the death penalty as "the cure for pedophilia" (see Figure 1, below).

Participants also detailed stigmatization in the form of fictional media representations of

MAPs. Zach reported:

> Zach: I hear negative messages almost constantly […] Every time a fictional
> novel needs a villain. […] Uh, in fact, that's even listed as a common TV trope on
> the website!
>
> AW: Oh, on TVtropes.com?
>
> Zach: Yes […] if you want a villain, and you want your viewers to hate him,
> make him a pedophile. Sure way. […] You know, how often do you see
> pedophiles or hebephiles who are good guys, or at least neutral?
>
> AW: I'm not sure I ever have.
>
> Zach: That's my point! […] But if I asked you how many you've seen portrayed as
> villains […] you know, I don't think we have enough days in the week to mention.

Figure 1: Online Images Referencing "Cures for Pedophilia"

(Untitled images a; b, n.d.)

Another participant, Aiden, raised a similar point about representations of pedophiles in fictional media coverage, stating, "I still see it [in] TV or movies or wherever and pedophiles are, like, the one class of people that it's okay to just totally bash on and hate. You know, the hate group, you can just hate them and nobody disapproves." In the words of Tyler, "I'm on most people's lists of the most hated groups in the world. It's, like, 'ISIS. Me.'"

Loneliness. In addition to stigma, another issue threatening the emotional health of participants was related to their limited or nonexistent opportunities for romantic and sexual relationships; this was particularly true for those who were exclusively attracted to minors. Twenty respondents (about half of the sample) reported experiencing intense and persistent feelings of loneliness. Harper empathized with those who were exclusive: "If you're exclusively minor-attracted, then no, you're never going to be in a relationship with someone you're attracted to. No, you're never going to experience sexual intimacy with someone you're attracted to. And that really sucks, and I'm sorry."

Respondents noted that their futures appeared much different than they had imagined when they were younger. Multiple participants expressed feeling discouraged by the idea that they would not have the marriages that they had imagined for themselves. One participant, George, felt that his life lacked purpose, because he believed he was supposed to get married to a woman and procreate in order to make a positive contribution to society. Even though he was interested in getting married to a woman, George was primarily attracted to boys aged between 10 and 14 years old (with a secondary attraction to younger-looking adult men). He detailed his frustration with his sexuality, both in terms of his attraction to minors and his same-sex attractions; his attractions precluded him from the future that he wanted to pursue with a wife

and children. George had a boyfriend three years his junior at the time of his interview, but was fatalistic about the future of his relationship, believing that his boyfriend would age out of the range to which George was attracted. He lamented that being a MAP reduced opportunities in his life. When asked about the missed opportunities to which he was referring, he replied:

> Uh, for example, my parents have a great relationship, a great marriage, and I'm quite sure that I will never have something like that. And also, um, yeah, just in general, [I have a] fear of being alone when I'm old, because I probably will not have a partner and especially will not have children, so there's this anxiety that I will be a lone man when I'm old.

While George was not alone in that he was in a romantic relationship, he nonetheless expected loneliness to be a part of his future, and felt saddened by the future loneliness he expected for himself.

When participants were asked what they would tell another MAP who was struggling with feelings of loneliness, many responded that they had not figured out this answer for themselves yet. Some suggested that exclusive MAPs need simply to focus on other aspects of life. Jeremy explained, "while sex is obviously a great part of life, there's other parts you can still pour your life energy to and get as much satisfaction." Hugo suggested that people who are exclusively attracted to minors have to "try to find other ways to be happy," but added, "I think sometimes that can be a hard pill to swallow."

Mitchell, who is exclusively attracted to teen boys, summarized that his feelings of loneliness were exacerbated by the stigma put on individuals like him:

> You have to mourn this death of part of you, of the romantic intimacy part. And […] in a way, it's more than that to me. Because what society and the mental health field generally tells me is that my sense of intimacy and desire for intimacy and romantic love is predatory and monstrous. And so that's worse than just saying I can't do it. That's saying that there's just this part of me that's monstrous or satanic or something like that.

Hiding from friends/family. Another aspect of loneliness discussed by participants was the feeling that they had few individuals with whom they could truly be themselves. For those who had not come out to family or friends "in real life," the burden of their secret weighed on them. Nonetheless, they often believed that staying hidden was in their best interests, or the best interests of their family. One respondent, Elias, feared that his safety would be compromised if he came out, naming individuals who had been killed based on false accusations of pedophilia. Another participant, Josh, expressed anger over his perceived inability to come out, preferring to be known for who he is, but doubtful of his safety if he divulged his attractions. Others feared judgement: Avery felt that his family would regard him as "mentally deranged and dangerous" if he was open with them about his attractions. Others, such as Tyler, expressed different motivations for keeping the attractions a secret:

> AW: Have you thought about telling family?
>
> Tyler: Uh, no. I, I, I don't think so. My mother is really enjoying retirement and I feel like it would just fuck it up. She wouldn't enjoy life anymore if she knew that.
>
> AW: Oh, okay. You think [her reaction] would be really negative?
>
> Tyler: Yeah. She was just a really wonderful mother and we still have a great relationship. And, you know, she's, she's proud of what I'm doing, and what I'm up to career-wise. Like, I don't want to […] she's not going to be around forever so I don't want – hell, if she lives to be my Grandma's age, she'll be around for another 30 years but, you know, I don't want those last 30 years to be plagued with something like that.

Other participants indicated that they hid their attractions to spare their family shame. Despite narratives suggesting that staying "closeted" was for the best, respondents felt strained about lying to their loved ones. They wondered how their family and friends would react if they were made aware of this secret, and this insecurity intensified their feelings of loneliness.

Other challenges. Participants discussed stressors stemming from their personal feelings about their attractions to children. Robin illustrated these stressors, referring to them as "baggage" that comes with identity of being minor-attracted. Respondents used a number of terms to describe their emotions, including "guilt," "frustration," "disgust," and even "fear." Participants felt disgust and frustration over their attractions, because they often felt that they should not have them, yet were unable to get rid of them. As Phillip noted, "I'm not okay with it. I'm not okay at all with my feelings." Others were distressed when in the presence of children. For instance, Charlotte described feeling troubled when she was near her partner's daughter because of thoughts that she could not control. She explained, "I would think inappropriate things when I was around her and I would feel guilty."

Overall, the challenges encountered by participants in their day-to-day lives were immense. Many indicated facing severe mental illness, either in addition to the challenges detailed above, or as a result of these hurdles. Robin described the outcome of these stressors on his psyche:

> I don't actually think that I'm, like, doing a particularly resilient job of this in some ways. Like I'm, I think what I know what, in some ways, I should be doing, but it's super frustrating. It kind of feels like a chronic disease. Like, what am I supposed to do? There's no fix […] there's just, like, perpetual frustration. Uh, and sometimes resilience can be seen like enduring a rainstorm. And the rainstorm [is] the stressors in your life. So, if the stressors about being minor-attracted, and being perpetually in the closet about that all the time, and having to be hypervigilant about what I say, and what I look at, and how I act, and having to be hypervigilant about my own internal thought processes, and like, constantly fearing social opprobrium because of that? Like, it's just raining all the time […] and, you know, I can put on galoshes, then I can put up my umbrella, I can wear my slicker, but it's just raining […] and it just feels, like, it's hard enough to feel sick. It's hard enough to feel exhausted.

Participants in the study identified a large number of coping mechanisms that they developed deliberately or involuntarily in order to deal with their daily challenges. These strategies are explored in-depth below.

Strategies for Emotional Resilience

To cope with stigma and other challenges related to their attractions, participants developed various strategies. Some of these approaches included seeking support from other MAPs, generally online but sometimes in person; seeking support from other individuals in their lives; finding role models with similar attractions; engaging in activism to help other MAPs or to help educate the general public about MAPs; seeking solace in religion; using drugs; and dating adults. While these strategies often provided some relief, they could also introduce some negative effects. This section investigates these coping strategies, as detailed by study participants.

Support from MAPs. Of the 41 participants in this study, 25 of them specifically mentioned seeking support from other MAPs who were committed to not offending. All but two successfully found this type of peer support in online forums. Websites used to find support included B4U-ACT and VirPed, as well as BoyChat, GirlChat, Visions of Alice, a subReddit called pedofriends (which was shut down in November of 2016), and Tumblr, among others. VirPed was by far the most frequently used website among participants.

Gaining support from other MAPs was regarded as beneficial in many ways. Tyler reported that he had realized he was attracted to minors ten years prior to discovering VirPed, but when he did (about 5 months prior to the interview), he finally began coming to terms with his

attractions. Tyler shared that he had known that there were others who were attracted to children, but not individuals who were committed to refraining from acting on these attractions. This was a common theme in interviews; upon realization of their attractions, individuals felt like the lone "good" MAP among thousands of sex offenders, but finding a community with other MAPs committed to non-offending made them feel more "normal."

Some younger MAPs, such as Victor, sought support from other MAPs to obtain guidance from those who had lived with their attractions for longer periods of time. Victor noted that he was hesitant to join VirPed at first, which requires a written introduction before access is granted to the forum. He explained:

> Victor: I didn't want to feel like a freak […]
>
> AW: Mmhmm. But you decided to join anyway.
>
> Victor: So, well, yes, my first thing was to read a lot, for a couple days, and then I armed myself of courage, and one night I wrote it all on my introductory post…and cried like a little girl while doing it. At the end of the post I was begging for help.
>
> AW: Wow. What were you asking help for?
>
> Victor: I wanted to know if a normal life was possible, if I was such a bad person as I saw myself (I had really, really low self-esteem, mixed with a tad of self-hate…yikes…), and wondering most of all if I could ever have a family. I wanted all the answers right away, and needed emotional support.
>
> AW: Ooh. What kinds of answers did you get?
>
> Victor: They were really, really kind, and parents [on the forum told] me it IS possible, they told me to calm down and relax, that it's not the end of the world, that they [went] through that alone, and congratulated me for being brave to join the conversation at my age [of 24]. They all offered me helping hands.

For most, joining an online community of MAPs was their first exposure to individuals who understood their situations and struggles. For many, it was the first evidence of the

existence of other individuals who shared both their attractions and their belief that sexual

activity between an adult and a child would be harmful to the child. For Vincent, finding online

support meant not only finding a community, but also getting in touch with a sense of self-pride:

> Before I found [VirPed], I felt very alone in this. I thought that pedophiles were
> only, like, middle-aged, creepy men that hurt kids, and I didn't feel like I belonged
> with any sort of group. Um, but now that I've got involved, it just feels great to be
> involved in a community. It kind of reaffirmed my identity, almost […] and it's a
> community that I'm proud of, too. Like, a stance that they've taken and you know,
> the strength that it takes to kind of stand up and talk about this and try to change
> the way people think. I'm proud to be a part of that.

These communities were also the first platform where many participants felt safe when

discussing their attractions. For instance, Dominick reported that although he had come out to

some friends and a therapist, the only outlet where he felt truly supported was through

interactions with other MAPs on the B4U-ACT forum. Dominick felt awkward talking to other

people about his attractions because even if they were supportive, they often remained

uncomfortable with the subject. He added, "I like being able to connect with other MAPs in a

setting […] free of hate and where I can say what I feel without fear of getting insulted."

While support from other MAPs was often regarded as integral to the ability to cope with

their attractions, participants relied less on online communities over time. For instance, Mitchell

described his process, which he believed was shared among MAPs who are coming to terms with

their attractions. First, MAPs discover online communities and become actively involved for a

period of time; for Mitchell, this period lasted a year or two. Then, MAPs make friends with

some of their online peers. As a result, they rely less on the strangers in the forums and more on

the friendships that they developed. Nine participants revealed that they had met with other

MAPs in person, sometimes finding others who lived close to them, and other times travelling

across their countries, or even internationally, to meet with their peers.

Although finding a community among MAPs was generally regarded as beneficial, some participants underlined certain difficulties in seeking out such support. As a small community with members who have varied life experiences, respondents noted that it was at times difficult to find people who shared their views on key issues. Brooke referred to support forums for MAPs as a "sausage fest;" as a queer woman with attractions to children, she found it difficult to find a community where she felt that she belonged. Additionally, MAPs often found that they had less in common with individuals who did not share their attractions toward the same age range or gender. They sometimes felt stigmatized by those who were attracted to older youths, as well as hostility toward individuals who were attracted to younger children. A minority of participants reported that the knowledge that there existed other individuals with similar attractions was initially difficult to deal with. Hugo explained that his discovery of VirPed led to depression, because finding a group of others like him compelled him to confront his sexuality. In his own words, this is "when it hit me even harder." Nonetheless, Hugo credited VirPed for his growing self-acceptance, after an initial period to process everything.

Support from non-MAP others. Although the individuals in participants' lives who did not share their attractions could generally not offer the type of understanding received from other MAPs, support from these individuals was nonetheless helpful. Seventeen participants spoke about the importance of getting support from individuals involved in their lives who were aware of their attractions, such as friends, family, and other acquaintances. Receiving support from these individuals made respondents feel more "normal," or at the very least, more accepted. Participants also reported that receiving the trust of others who knew about their attractions was helpful. Mitchell described the process of coming out to his pastor:

> He didn't see me differently, that there's something wrong with me and that I'm dangerous and should stay away from kids, as if I'm going to somehow pounce or something. That was very supportive, and the fact that he could just talk to me and I could be open with him about my feelings and thoughts and frustrations, just to have somebody to talk to.

Mitchell remarked that his pastor's support meant more to him than the support of other MAPs, because MAPs "know what it's like already" and their support is thus automatic, whereas his pastor's support revealed that he trusted Mitchell as a person.

Participants spoke of the fear of being regarded as unlovable, being disowned, or even being physically harmed by friends and family when coming out to them. It is not surprising that supportive reactions from non-MAP friends and family were an incredible relief. One participant, Hugo, had been anxious about his father's reaction to his attractions. When he told him, his father was very accepting:

> I never felt any judgement, I never felt, like, anything like that. I just felt love, basically […] And like, he just told me that it's okay. I told him I felt like a bad person inside and he goes, "well, you know, you don't act on it or anything like that, and that makes you a good person, because honestly it makes you honorable, because you don't act upon it. And, like, I don't know, it went really well and […] I know I could always come to him about it if I'm having an issue […] It was, it was awesome.

The mere knowledge that his father still loved him and did not think that his attractions were a reflection on his character made Hugo feel accepted. This was also the case for others who received these types of reactions from family and friends, and the support helped them confront the stigma to which they felt subjected by others. As Robin put it, it was important to have "the whole me being seen by other people."

Seeking out role models. As discussed previously, prior to becoming aware of their sexuality, most participants had never considered the existence of MAPs who did not act on their

attractions. As with the general population, most prior exposure to individuals attracted to minors had been in the form of news stories of child molesters, who were usually referred to (correctly or not) as pedophiles. As West explained, he grew up "without any role models at all," though he clarified, "any *decent* role models at all." It is therefore unsurprising that participants found it beneficial to find positive representations of individuals like themselves in the media.

Multiple participants brought up Todd Nickerson, who had written an article for the website Salon entitled "I'm a pedophile, not a monster." Salon has since removed the article, although pieces of it are available via a critique from The Blaze (Schallhorn, 2015). Nickerson's article was noteworthy due his lack of anonymity (Todd Nickerson is his real name), and its diffusion in a popular publication. Eight participants made reference to Todd and his article during interviews. They admired him for his courage in speaking to the media; those who had met or spoken with Todd personally were proud to point this out. One participant, Tyler, shared that reading Todd's article was more helpful and made him feel more supported than anything else up until that point (though he had been unaware of forums for non-offending MAPs). Upon reading Todd's article, Tyler identified with the author, "I was like, 'Oh, God. This guy's like me! Aah!'" His exclamation is particularly demonstrative of the rarity of MAPs encountering examples of anyone resembling themselves.

Participants also discussed other positive representations of MAPs in the media. Mitchell found role models helpful because it indicated shifting opinions about individuals with attractions to minors. Mitchell also referred to a Czech film, *Daniel's World*, about a MAP who had not acted on his attractions. In another case, Robin found it helpful to read the works of Christopher Isherwood and Allen Ginsberg, who were both known to engage in relationships with much younger men. Robin argued that reading accounts of these individuals gave him a

different understanding about people like himself, because "these were men whose intellects I respected, who had, like, a vibrant, rich, complex understanding of the world and their place in it. And who were obviously attracted to younger men and, like, even like wrote about it, or spoke about it…" He noted that being able to read their accounts was "normalizing" to him. Participants further noted that they were able to find examples of others like them in other members of B4U-ACT and VirPed. These individuals also served as role models, albeit of a less publicized variety.

Activism. Another common strategy developed by participants to cope with their attractions was to engage in activities that helped others like them. Respondents described engaging in various forms of activism. These included supporting other MAPs by posting in forums, sending messages of support to those in crisis, and volunteering for online forums in various capacities. Six participants acted in official capacities with B4U-ACT and VirPed, as chat or forum moderators or administrators, or in other roles. In another case, Isaac was not an official volunteer in any forum, but shared with other MAPs a list of therapists in various countries, which had been deemed by many as helpful in seeking out therapy. Participants from VirPed were often referred to Isaac for help. He even spoke with other MAPs on the phone to provide one-on-one peer support. Others expressed the desire to help as well. For instance, Jeremy and Vincent both intended on starting in-person support groups for MAPs. They believed that meeting and talking in person would be helpful not only to them, but to others.

For some, the mere act of coming out was a form of activism. For instance, Quentin took pride in coming out to others, viewing it as a form of activism in and of itself; in his own words, coming out was an important "way forward with my group to bring about social acceptance of

that sexuality." Others discussed educating the public, online or in person. Hugo and Tyler both engaged in online discussions with "trolls" who wrote hateful messages about MAPs on Twitter or YouTube. Hugo recalled finding this activity to be cathartic at first, but feeling triggered by such conversations later, leading him to stop reading such comments in general. Tyler, however, continued engaging with "trolls," finding that he was able to make connections to those who wrote such messages, and potentially change their viewpoints.

Social work research has long noted the usefulness of helping others in similar situations. Riessman's (1965) helper therapy principle theorized that individuals who can help those facing issues related to their own can benefit from this role. Peer supporters in mental health settings often experience increased confidence, benefits to their self-esteem, feelings of empowerment, and a reported increase in ability to cope (Solomon, 2004). Additionally, the resilience literature shows that many LGBT individuals identify activism as a strategy for emotional resilience because it leads to an increased feeling of having control over one's circumstances (Singh, Hays, & Watson, 2011; Russell & Richards, 2003).

Dating adults. Engaging in romantic relationships with adults was another coping strategy employed by many participants. Those who felt attractions to adults in addition to attractions to minors considered themselves to be privileged for being non-exclusive. Quentin reported that the time he had had with his wife was the happiest of his life, and that he had felt "normal" when he was perceived to be a heterosexual teleiophile, enjoying a romantic relationship and raising children.

Partners who were aware of participants' sexuality were often a major source of support. In one case, Kevin revealed his attractions to minors to his wife before they were married.

Although she was shocked, she was also supportive. He described her as "probably the best thing that has happened to me because she's helped me […] come to terms with [my attractions]." Another participant, Victor, got engaged during the course of this study, between his first and second interviews, to a woman who was aware of his attractions to children. He confessed to her about feeling depressed about his attractions, and she linked him to her therapist for mental health care. He credited his fiancée (and her therapist) with his mental wellbeing at the time of his interview.

Participants' partners could be instrumental in showing them trust. Isaac's wife stood by him during a police investigation, knowing full well about his attractions.[8] Charlotte was also shown a high degree of support by her boyfriend, who was a pedophile himself, and who was a father of children who split their time between their home and their mother's. While living with her partner's children made Charlotte nervous, her boyfriend told her he had full trust in her, which helped her to feel trust in herself.

Others participants had less positive experiences in their relationships with other adults. Some, such as Quentin and Harper, felt compelled to hide their attractions from their partners, which they both felt was for the best. Shawn, however, had reservations about keeping his sexuality from his wife, who had a son: although he was not worried about committing an offense, he worried about feeling awkward when her son reached his age of attraction. Additionally, some participants were left by their partners upon coming out to them. Brooke's girlfriend panicked when Brooke told her about her attractions, and talked about wanting to "fix" her. When they broke up, she outed Brooke to many of their formerly mutual friends. Klaus's

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[8] Allegations against Isaac were later recanted, and the charges against him were dropped.

girlfriend reported him to the police when he disclosed his attractions to her. He did not intend to tell any romantic partners in the future.

Multiple participants who were nonexclusive nonetheless felt that they could not pursue relationships with adults. They would feel compelled to lie to their partners about their sexualities, and felt that it would be disrespectful to a partner to pretend to be someone else. Zach argued that society applauds MAPs who choose to be in adult relationships despite their attractions to children, regardless of the fact that it can hurt the partner. Relatedly, Klaus felt that it would be "insulting" to be in a relationship with someone to whom he was not fully attracted, adding, "it's like telling her that she's undesirable." Kevin's situation illustrates Klaus's concern: although Kevin's wife provided him with support, he added, "I know it is something she struggles with. She feels inadequate, I guess." Most individuals in this study who dated adults were non-exclusive. For the MAPs study who identified as being exclusive, they generally felt that dating an adult would suggest that their entire relationships would be based on lies. Nonetheless, participants often encouraged other MAPs who were exclusive to initiate relationships with adults, if only for the emotional support.

Religion. Perhaps ironically, given strong stances in many religious communities against pedophilia, religion brought great comfort to some individuals. Hugo, who is a Mormon, credited his religion with getting him through his initial realization that he was attracted to boys. Chapter 4 details Hugo's realization of his attraction to minors: he had noticed that he was attracted to a 12-year-old boy in an airport and had a moment of understanding about a previous pattern of attractions. While at first upon his comprehension of his sexuality, he felt suicidal, he detailed:

"But then […] I'm religious so I felt like God was like, 'It's okay, you can do this. I'll take care of you.' […] So I feel like that's the only thing that pulled me through."

Xavier felt similarly comforted by his religious beliefs, maintaining that his attractions were part of God's plan. Although Xavier indicated being interested in getting married and having children, he embraced the idea that if God meant for him to be married, it would happen. Two participants were provided help and guidance through the Christian Pedophile website, which provides religious support to those who struggle with attractions to minors.

While seven participants noted feeling comforted by their religious beliefs, or by others within their faith, six experienced added shame because of their religion. William traced his feelings of guilt regarding his attractions back to his religious convictions, stating: "there's a bit in the Bible where Jesus says being attracted to someone is as bad as having sex with them, so for a while I guess I felt like I was as bad as the child molesters I heard about in the news." Similarly, Kevin, who was raised as a Seventh-Day Adventist, recalled believing that his attractions must mean that he was possessed. He finally left his church for unrelated reasons, and stated that doing so made him feel dramatically better about his sexuality.

For some participants, feelings about religion were complex. Mitchell described a disconnect between religions' purported belief systems and the behaviors of their members, which resulted in him feeling bitter about his faith. He attended a Unitarian Universalist church and although members espoused a belief in diversity, he believed that he would likely still be rejected if others in his church were aware about his attractions. Strand and Harper also detailed complex relationships between their religion and their sexuality. Strand's belief in Christianity brought him guilt over his attractions to minors, but (somewhat ironically), this guilt made him feel connected to others in his church. Strand explained the following regarding Christians:

> Christians have this whole […] belief system. They feel very guilty for having any sort of thoughts. And their view is it's all sins so you're just go to uh, you're going to go to hell. So, how am I any different than you? […] So, they already feel incredibly guilty about having the problem themselves with thoughts, so they're willing to support you.

Harper also felt guilt that was exacerbated by her religious beliefs, but she noted that her religion brought her a general sense of support throughout her life, even though it did not provide support specifically regarding her attractions. Nonetheless, she felt that her religion had a positive impact on her overall.

Curiously, slightly more participants described their faith as a source of comfort than a source of shame. However, these mixed results seem to mirror research regarding LGBT individuals: while studies have found a connection between non-affirming religiosity (i.e. participation in a religion that promotes anti-gay sentiment) and internalized homophobia (e.g. Barnes & Meyer, 2012), studies that do not distinguish between affirming and non-affirming religions have failed to show such a link (e.g. Rowan & Malcolm, 2003). Indeed, research has found that religion can give LGBT individuals a sense of meaning and purpose, despite homophobic teachings (Halkitis et al., 2009). Importantly, religion was not a main focal point of interviews in this study unless participants chose to focus on this topic, indicating a selection bias among those who discussed religion. Nonetheless, religion clearly was a source of deep meaning, whether positive or negative, for a substantial number of participants.

Drug use. Eleven participants reported that they were coping, or had previously coped, with their attractions through drug or alcohol use. Some regarded drug use as a positive way of managing their emotions. William described using "magic mushrooms" as a therapeutic experience that allowed him to put his attractions to minors "in perspective." Likewise, Shawn

related that he was "drinking to kill something within me," noting that this was a helpful

distraction for him. Gene called himself a "basket case," and said that for him, drinking was a

way to "stay sane." Drugs used by participants included alcohol, marijuana, prescription

medications, crystal methamphetamine, heroin, cocaine, and psychedelics.

Participants' reasons for engaging in substance use and abuse mirror those of individuals

within the general population. Scholars have long theorized that individuals with mental health

issues, such as anxiety and depression, are more likely to use legal or illegal drugs in order to

self-medicate, (i.e. to control their emotions or reduce emotional pain through the use of

substances) (e.g. Khantzian, 1997). Tests of this theory have shown positive relationships

between illegal drug use and unmet need for mental health care (e.g. Harris & Edlund, 2005),

with drug of choice being impacted by specific type of mental health condition (e.g. Suh,

Ruffins, Robins, Albanese, & Khantzian, 2008).

Although some participants found drug use to be helpful in managing negative emotions,

others were ashamed of their habit and had cut back, quit, or were interested in doing so.

Charlotte described her previous drug use as problematic:

> I had an alcohol abuse problem for a while. I think I probably had a marijuana
> abuse problem. Um, I think my psychiatrist would describe it that way. But I was
> definitely using it to cope, coping every single day. And those are the things I
> have stopped using as a coping mechanism and I only use them socially now.

Not only did participants feel shame about their drug use, but it occasionally had harmful

consequences. For example, while West started drinking as a way to cope with his attractions, he

was now drinking because he felt that he needed to:

> AW: Do you connect [your drinking] to your attractions or do you feel like that's
> like a separate thing?

> West:I think it started out that way and then it's just sort of taken hold. Like, I
> don't feel now that I drink because I feel bad about my attractions, because I

really don't beat myself up over it. But like, it's just becomes what I do. Like I've fallen into it and I feel trapped.

Phillip's drug use became dangerous when he received a prescription from his psychiatrist for Ambien: one night, when he was drunk, he attempted to use his medication to get high, and he accidentally overdosed, nearly dying in the process. Still, he continued to drink to excess, identifying alcohol consumption as his only means for support, because he felt unable to talk about his attractions to anyone else. While Phillip perceived alcohol as a coping strategy and a means to numb the pain, the above example illustrates that substance use did little to improve his situation.

Other coping strategies. Participants had several other ways of maintaining emotional resilience. The first was simply riding out the negative feelings about their attractions. Over time, respondents indicated getting desensitized to the stigma that they had intensely experienced when they first came out. Hugo said that his main strategy was to focus on other aspects of his life. Likewise, Josh, Mitchell, and Klaus spoke of their determination not to let others define their self-worth. Rather, they focused on their own opinions of themselves, and their belief that they were good people.

Others, in contrast, took more physical steps to cope. Jeremy moved overseas for several months when he was first dealing with his attractions, which he credited for giving him perspective on his situation. Some rejected society altogether: Elias and Desmond both discussed avoiding people in general, while Bryan talked about "retreating […] into a fantasy world" of video games, movies, and other media, in order to escape his life.

Some participants spoke about allowing themselves to feel pleasure regarding their attractions as a way of coping. These participants were steadfast in stating that although they did

not believe acting on their attractions was appropriate, they did not find the attractions

themselves to be problematic. As a result, they allowed themselves to enjoy these attractions in

the same way that teleiophiles might enjoy thinking about individuals to whom they are

attracted, without acting upon the attractions. However, these attempts were often impeded by

guilt or shame. Robin explained,

> I'm trying to get more in tune with it; just enjoying being attracted to minors.
> Like, if I see a boy on the street and I'm attracted to him […] I'm intentionally
> allowing myself to appreciate that experience […] and enjoy that experience and
> not immediately shame myself, or stigmatize myself, or judge the experience that
> I'm having, which is pleasurable […] I'm trying to enjoy the pleasure in that. Um,
> and then of course, like, the sort of apparatus of self-judgement kicks in. Uh,
> which I'm dismantling, but it reassembles quite quickly […] And it can be quite
> cruel and harsh. Um, so, my self-talk is pretty vicious, and I am trying to keep it
> in check.

Like Robin, Mitchell expressed that in order to accept himself and achieve some semblance of

mental health, he needed to "embrace [his] sexuality" and allow himself to find beauty in it.

However, also like Robin, Mitchell also felt some discomfort with this, particularly in light of

societal reactions to the idea of MAPs embracing their sexuality. Mitchell expressed frustration

with these reactions, noting:

> Self-acceptance, though, is a double-edged sword, because then it has meant
> embrace of my sexuality, and it has meant that I'm now an enemy of society.
> (laughter) Because most of society sees the acceptance of this sexuality as
> something that's horribly evil and destructive. And that includes the mental health
> system. They still would say that I have cognitive distortions for accepting my
> sexuality.

Both Mitchell and Robin exemplify a struggle faced by many MAPs: that of managing

competing goals of self-acceptance and societal acceptance. In this case, societal acceptance is

predicated on a lack of self-acceptance. While accepting oneself is generally considered to be

healthy, accepting oneself when one is attracted to minors is considered to be unacceptable, and

both Mitchell and Robin described feeling shame because of this conflict.

Despite these feelings of shame, some participants were able to avoid feeling badly about their attractions. Dominick felt social pressure to tell others that he felt guilty about his sexuality upon coming out. In reality, however, he felt comfortable with his attractions and felt that he was at no risk of offending, clarifying that while he found boys attractive, he had no interest in engaging in sexual activities with them. Similarly, Gene did not express shame regarding his attractions. However, he also was explicit in stating that he did not embrace them, that he was "not proud of it," but that it was "my cross to bear, and I bear it the best way possible, whereas when I was much younger, there was more shame about it. But, y'know, I just learned to accept it, even if I don't like it. I'm accepting." He was troubled when others accused him of embracing his sexuality, to which he would respond: "No. I'm not embracing it. I'm not celebrating it."

In sum, participants identified a number of challenges in maintaining emotional resilience, as well as a number of strategies for coping with these hurdles. However, while coping strategies were often useful, they frequently introduced their own set of unique challenges. For instance, some participants used religion as a method of finding acceptance. But while some individuals found that belief in a higher power or engagement with a religious community was helpful in managing stressors, others identified it as an additional cause of shame. Similarly, some of those who used drugs to self-medicate for negative feelings associated with their attractions encountered drawbacks to this use, including addiction and overdose. Other strategies had fewer negative effects: finding support from the MAP community and from affirming others was largely regarded as beneficial. This chapter now turns to motivations and strategies for remaining resilient to offending.

Resilience to Offending

All of the study participants had been successful in avoiding sexual contact with minors: this was a requirement for participation in the research. For some participants, refraining from committing these offenses was easier than for others. This section provides an overview of motivations for abstaining from offending, as well as a description of strategies for non-offending. As with strategies for emotional resilience, some of the approaches to maintaining resilience to offending resulted in additional difficulties, which are also discussed in this section.

Motivations for Resilience to Offending

Participants' motivations for abstaining from acting on their attractions generally fell under one, or both, of two categories: the belief that committing a person offense against a child would cause harm to the child, and concerns related to the inevitable criminal or other societal repercussions. However, these motivations were both varied and complex. Participants disagreed about why relationships between adults and minors would be harmful, and their perspectives about society and the law were diverse.

Objection to harming children. Perhaps unexpectedly, given public assumptions about MAPs, the main reason provided by participants for not acting on their attractions related to their refusal to harm a child. Thirty participants mentioned believing that acting on their attractions would cause harm to a child, and stated that this was their main reason for not doing so. When asked why he chose not to act on his attractions, one participant, Mason, reported, "It's the easiest motivation on this planet. I do not want to hurt anyone. I'm incapable of hurting people, especially a child." Multiple participants explained that it was precisely their attraction to

children that motivated them not to act out their desires. For example, Hugo detailed: "I like boys so much that like I really wouldn't ever want to hurt them […] I realize that if someone were to molest them […] they would have a lot of shit to go through." Similarly, Klaus's motivation stemmed from not wanting to betray the trust of a child. He explained:

> Do you remember the first time in your life when a child looked at you and saw an adult, and not another child? That was really intimidating the first time that happened to me. […] When you meet a child, when you come [face to face] with a child and you have to have some kind of relationship with that child […] they really trust you. They trust you and maybe, also, they love you. Then, at the same time, you have a feeling that the adult that this child is going to become is with you and is asking you, "What are you doing with me?" And I think that experience is what motivates me to not do anything inappropriate.

Klaus, along with many others, did not want to be the cause of any harm or suffering to children, nor for children to think badly of him, now or later in life.

Faced with the common viewpoint that all MAPs are child molesters or are otherwise morally corrupt, respondents were understandably interested in conveying that their moral values were not driven by their sexuality. Many drew connections between their own moral principles and those of teleiophiles. To this effect, Mitchell commented:

> There are times that I'm definitely […] extremely attracted to certain boys, but the idea of actually saying something to him about it, or asking if he's interested, is just certainly bad enough, let alone actually trying to force or pressure somebody. And that, I guess, would be true even if I were attracted to adults. I would certainly not force myself on anybody, so it's essentially the same thing, I think, that prevents people who are attracted to adults from raping.

William disclosed during the interview that he had been raped in the past and knowing what that was like, he would never put someone else through that pain. He remarked; "my attractions have a massive emotional component to them, so I want to be a good thing in the lives of any kids I come into contact with."

Despite a general agreement that sexual contact between adults and children would cause harm, respondents differed in their reasoning behind this thinking. While most participants fantasized about having romantic or sexual relationships with minors, they were adamant that these fantasies were strictly about engaging in consensual romantic and/or sexual relationships. No participant expressed a penchant for coercive relationships. Many participants felt that these fantasies of consensual relationships were unrealistic. These individuals expressed a belief that societal taboos and laws against sexual contact between adults and minors served the best interests of children, as they lack adequately developed mental faculties to properly consent. Those who ascribed to this idea often labeled themselves as *anti-contact*, because of their belief that sexual contact between adults and minors would cause harm in and of itself.

Individuals who were anti-contact were opposed to the reverse position, which they often referred to as *pro-contact*. Those who were referred to as pro-contact pushed back against this label when asked about it, preferring the term *pro-choice*. These individuals believed that some minors have the emotional capacity to consent to sex with adults, lacking only the legal capacity to do so in the current social climate.

Pro-choice participants provided multiple explanations for their reasoning. They pointed to differences in age-of-consent laws by state and nation, to illustrate that the idea of a definitive age at which an individual can consent is socially constructed. Some also discussed known points in world history when sexual activity between adults and children was tolerated, accepted, or regarded as mutually beneficial. Two participants, Brooke and Zach, believed that age of consent laws were a form of ageism, a way of denying agency to youth. Another respondent, Mitchell, made reference to research conducted by Savin-Williams (1998), which suggested that

sexual relationships between adults and older adolescents could be beneficial to the adolescents.[9]

Brooke referred to research by Levine (2002) suggesting that shielding minors from information

about sex could, in some circumstances, cause them harm.[10] Other participants argued that they

had heard stories from individuals who had experienced positive sexual encounters with adults as

youth.

Anti-contact participants critiqued the pro-choice point of view, arguing that this belief

was self-serving. Even some pro-choice participants admitted that it served their interests, and

wondered whether they would adopt this perspective if it were not favorable to them. Some

participants, namely George and Harper, argued that there could be positive romantic or sexual

relationships between adults and children, but that this possibility was so remote that it was not

worth exploring. George put the likelihood of such a positive relationship at "one in a million."

Harper further explained,

> I'm anti-contact; I don't think minors can consent to sex. […] I don't want to
> invalidate other people's experiences, I'm not going to say every episode of
> contact between a minor and a non-minor is necessarily harmful to the minor,
> because we have people saying, you know, "I had a relationship with an adult
> when I was a minor and I don't feel I was harmed by it." […] And if that's your
> experience, that's cool. So, I'm not gonna say every contact is harmful. But I *am*
> gonna say that in any situation where contact is possible, the probability of harm
> is high enough that it negates any possible benefit. […] And that's why I would
> never offend, because even with the chance of not causing harm, you're not going
> to do good, number one. Number two, the chance that you would cause harm is,
> like, 99%. […] So, no, I'm anti-contact.

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[9] This finding was based on research with 180 males aged 14 to 25, about first sexual
experiences between gay and bisexual males. Twenty-five percent of Savin-Williams's
participants had had first sexual relationships with men over five years older than they were.
Often his participants described these relationships as coming-of-age experiences that helped
them to learn how to be gay. However, when the relationship was between an adolescent and an
adult over ten years older than him, the adolescent was less likely to view the relationship as
positive.
[10] Levine's book is an exploration of a societal pattern of limiting youths' access to knowledge
about sex in general, from abstinence-only education to media censorship to categorizing sexual
behaviors among children as deviance or illness.

Despite the belief of pro-choice participants that some minors may be able to consent to sexual activity with adults, these individuals, like anti-contact participants, also expressed the belief that sexual contact between adults and minors would cause harm to minors. They argued that society takes away the choice for minors to engage in sexual activity with adults, and the harm caused as a result of consensual participation in such activity would be a result of a society that is intolerant of such acts. Bryan explained that he was motivated not to act on his attractions because of "the possibility of doing emotional harm to someone I care deeply about […] not the relationship, but the ensuing reaction by society to the perception of the relationship." Likewise, Elias believed that consensual relationships between adults and minors were possible, but the stress generated for the child as a result of keeping the relationship secret, and the risk that the child would later feel ashamed of such a relationship, was too great to consider acting on his attractions.

Legal and societal influences. Another motivator against offending raised by participants related to legal or other social ramifications. The threat of sanction was a deterrent for at least sixteen participants, who feared adjudication or prison time, and this concern was substantial enough to prevent them from acting. Isaac reported that although legal consequences were "least on the list" of his motivations against acting on his attractions, they were nonetheless relevant: "I don't want to get into trouble. I don't want to go to jail. I don't want to be looked down on by society." Others indicated that the stigma that would accompany acting out on their attractions was sufficient motivation to refrain from doing so. For example, although Aiden struggled with the morality of acting on his attractions because he was unsure whether minors

would be able to consent to sexual activity, he nonetheless said he would feel guilty about offending because of societal pressure.

Despite listing legal and societal issues as motivators against offending, most participants listed it secondarily to their motive against harming children. Therefore, most participants likely did not need the threat of criminal sanctions to deter them from offending. The only individuals who said that they were primarily motivated by legal or social reasons were those who were attracted to older minors who they believed could emotionally consent to sex. For instance, when asked about his motivations to avoid acting on his attractions, Robin responded:

> Well, I'm scared to death I'll go to jail forever and rot in prison. So, there's a deterrent effect. But I think actually what really motivates me is that I, um…I mean, I don't know, I…It's important to me that anybody that I have contact with in my life, certainly relational contact, romantic contact, sexual, physical contact, that it's a consensual experience. […] So that's like a foundational framework for any sex that I have. And, I mean I personally think that like, most sixteen-year olds are capable of consensual sex. […] Um, and I'm aware that age of consent laws are different in different states and in different countries. Uh, and if the age of consent were lowered, I would have sex with younger people in my jurisdiction tomorrow, um, or I would seek out sex, because it would be legal. […] Um, but I'm not interested in having sex with pre-pubescent boys, 'cause I really don't think that they can have, can grant sexual consent. And I'm incredibly aware of the capital-T Trauma that people have experienced in terms of sexual abuse that they've undergone in their lives. […] And that's horrifying and enraging and I have no interest in having anything to do with that whatsoever, so, so I have a pretty, like, clear, bright line, but mostly I have my own moral compass, and then the law is pretty clear. So, I follow the law.

Robin was clearly motivated not to cause harm and therefore was uninterested in nonconsensual sex. He believed, however, that older adolescents would realistically be able to consent to sex, even if the law did not allow for it. Nonetheless, he indicated that legal limits superseded his own beliefs about age of consent laws, therefore effectively preventing him from engaging in sexual activity with minors. Similarly, Zach, who was primarily attracted to adolescents, said "I admit! I'm damn straight afraid of the law! Hell, yeah!" He clarified:

> First of all, I don't think this is selfish. I think this is common sense. I don't want to go to jail for that reason, okay, because I would be thrown in with, with vicious, I mean, psychopaths and murderers and armed robbers, who don't care a thing about other people, and who will actually think they're morally superior to me! And, and consider me the "lowest of the low," as they call it. Okay? And I don't want to end up in civil commitment the rest of my life. I don't want to end up on a, on a scarlet-letter list, as I like to call it, which is public shaming, and, and everything. I, I don't want that to happen.

Zach also worried about harm that could come to a minor if he had a sexual relationship with one, but legal issues were evidently a concern for him.

Other motivations for resilience. Participants underlined additional motivations for refraining from acting on their attractions. Religion played a role for some participants. Isaac mentioned that his religious convictions were his primary motivation for not offending. Similarly, Xavier said that acting on his attractions would be an "act against God." Participants also detailed that they did not want to cause harm to their own family members, or the family members of minors. Aiden and others made reference to empathizing with the families of minors, whose lives would be greatly disrupted if they were thrown into a court case. Additionally, Hugo and Tony both said that their own families were their main motivation for remaining resilient to offending. Finally, some participants simply did not want be like the people that they had seen in the news growing up. Gene stated,

> It's just, I don't want to be that guy. […] and I told myself, when I was 14, 15 years old, when I was first going through this: I'm not going to let this make me be a child molester. It's just, I'm not. I'm not ever. I'm never gonna be that guy.

Despite their strong motivations to refrain from offending, some participants encountered challenges in remaining resilient to offending. The following section explores these challenges, as well as strategies developed to counter these hurdles.

Strategies for Resilience to Offending

Participants discussed a variety of behaviors that were helpful in seeking to avoid offending. These included seeking support from MAPs and others in their lives, interacting with children or limiting these interactions, among others. Some of these same behaviors, however, created challenges for participants attempting to avoid offending.

Importantly, 32 participants (over three-quarters of the sample) indicated that they did not feel that they were at risk of offending. Just as they indicated that their motivations for refraining from offending were the same as those of individuals attracted to adults, participants also argued that their impulse control was no different than that of teleiophiles. Brooke, who is attracted to both minor and adult females, recalled a time when her adult, female friend (who is heterosexual) was inebriated and made sexual advances towards her. Brooke declined her friend's advances for fear that she would later regret her actions: "It was a situation where I might have, or could have, acted on attraction, but didn't, because the explicitly stated arrangement was *not* acting on that attraction. […] It was kind of awkward, but it wasn't any difficulty to not act on that." She applied the same reasoning to her choice not to act on her attractions to children. Likewise, Aiden regarded the idea that he might offend as ridiculous, stating:

> I made that choice. Like, it's not like I'm going to slip and fall into a kid (laughter). […] It's something that I choose not to do and it's a very strong boundary for me. […] I just feel like I would kill myself before I acted on it, you know?

Charlotte also scoffed at the idea that her attractions made her dangerous: "we don't have these inner demons that are constantly, um, pushing us to rape, or whatever. And it's, it's an anxiety, it's not an actual threat, you know […] you know, we're not…our existence doesn't threaten your children."

Because most participants did not feel at risk of acting on their attractions, many could not identify strategies that they specifically used to abstain from offending. However, even some who felt that they were not at risk said that they consciously used behaviors to stop themselves from acting on their attractions, or identified engaging in some activities because otherwise they would feel uncomfortable or might make their attractions obvious to those around them. These strategies, and their associated challenges, are reviewed below.

Limiting interactions with children. Study participants often expressed the belief that limiting interactions with children in some way was an effective strategy for not offending, as well as a strategy for avoiding situations that would generally make them or others feel awkward. Fifteen respondents explained that they avoided being alone with children, either because they were concerned that they would feel tempted to act out if they were alone with a child or because being alone with a child would make them feel uncomfortable. Others said that they would recommend avoiding interactions with children altogether to MAPs who were feeling at risk of offending.

Participants limited their interactions with children in various ways. Several participants avoided public places with minors in the age range for which they held attractions, including malls, parks, public pools, or playgrounds. For some, this meant limiting in-person interactions with people overall; many participants discussed feeling uncomfortable at the grocery store and one participant, Strand, even avoided church. Desmond indicated that he was reclusive in general, avoiding any situation in which he might see a boy:

> Desmond: I try to avoid boys as much as possible precisely because I don't want to end up in that situation. In general, if I see a boy, I will usually end up checking him out and then I'll mentally berate myself for doing it.

AW: Oh, so you try to even avoid seeing boys? Does that get complicated?

Desmond: Yeah, hence the hermit lifestyle.

Some participants even went so far as to change career paths to accommodate their attractions. For instance, as a teenager, Bryan had wanted to be an English teacher, but he decided that teaching to boys was a bad idea for him. Although he was uncertain whether he would have acted out (stating, "I can't tell you for certain that I would've attempted to act") he was concerned about the temptations. Nonetheless, Bryan felt bitter about his decision not to become a teacher. He was unhappy with his current career path, and felt that he would have been an excellent teacher because of his desire to mentor children.

Although many participants found that limiting their contact with children was helpful, or even necessary, they often found that it led to awkward situations. Participants revealed feeling very self-aware around children, concerned that looking at them at all may be regarded as "staring." One participant, Raymond, stated that when he initially became aware of his attractions, he spent months refusing to look at children at all. This was not a helpful strategy and it rather led to feelings of sadness and frustration for him, and made him stand out in a crowd.

Notably, not all individuals who avoided interactions with children did so because they felt they would be tempted to offend. Some were merely concerned about coming off as "creepy" or being unsure about where a line should be drawn, given their attractions. For example, Lee described being present at a family gathering and not knowing whether it was appropriate for him to greet his 8-year-old niece with a hug. For Lee, avoiding children was not simply about abstaining from offending, but also about not being obvious about his attractions: "think back to high school or childhood when you were in the same room with a crush of yours. [It's] that kind of awkward. [I] keep some distance because otherwise it's embarrassing."

Respondents exhibited conflicting emotions about the choice to limit their interactions with children. Quentin, along with others, felt resentful about this choice because it precluded him from activities that he felt were natural for adults to engage in with children, such as roughhousing with his son's friends, or hugging a child. Despite feeling resentful of this (self-) imposed distance with children, participants generally agreed that this was for the best of all involved.

Routine activity theory lends credibility to this method's potential. Routine activity theory posits that in order for a crime to be committed, three criteria must be satisfied: an individual motivated to commit an offense, a suitable target for such an offense, and the lack of a guardian capable of preventing the offense (Cohen & Felson, 1979). Most participants in this study did not feel the need to limit their interactions with children because they did not feel at risk of offending (i.e., they did not consider themselves to be "motivated offenders.") However, for those who did engage in this strategy, by limiting their own interactions with minors, participants effectively removed a "suitable target" in the form of the minor child. Thus, they prevented themselves from being able to commit an offense, in the event that they did become motivated to do so.

Support from MAPs. Many participants reported that seeking support from other MAPs was a helpful strategy in remaining resilient to offending. Those who used the VirPed and B4U-ACT forums were generally very willing to offer advice about strategies to avoid offending, and to remind each other why they should not act on their attractions. Gene stated that the mere fact of belonging to VirPed was helpful to him because it was a community of individuals who supported each other and who believed that acting on their attractions was wrong. Relatedly,

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Hugo had a crush on a teenage boy and was able to talk to other MAPs on VirPed about it. He indicated that they validated his feelings and agreed that the situation was tough, but ultimately reminded him that he could not act on it. Hugo expressed that, "it was still hard because there's not really a, there's not really a good answer to that where like, where, where you're all warm and fuzzy or whatever," but added that it was good to get that type of "tough love" from individuals who understood his situation.

Two participants were offered guidance by MAPs in situations in which they were strongly tempted. Isaac described a situation in which he vacationed on a small island where children were often seen "running around naked" in public. Isaac had immediately gone online to seek help from others who would understand: "it was a bit of a challenge for me. The only thing that helped me was VirPed and B4U-ACT having the moral support. Everybody says, 'You can do it, [Isaac]!'" Relatedly, Xavier had a crush on a girl who was going to be at his grandmother's house when he was there, and he was concerned about his behavior around her. He emailed a contact at the Christian Pedophile website, stating: "'this girl is coming over tomorrow, and I'm pretty much dead set on doing something to her' […] I know it sounds stupid, but I kind of fell in love with her. Even though she's so young." He explained, "I was looking for any reason at all to not do it." Xavier said that his contact was able to talk him out of it, reminding him that acting against children would "destroy their lives," and advising him to avoid contact with any children outside of his own family.

Support from non-MAP others. Seven participants indicated getting support from non-MAP others to help them abstain from offending. This support was often in the form of simply being nearby when children were in the presence of the study participants. Cody used the term

"accountability agents" for individuals on whom MAPs could rely to remain in their presence if they were going to be around children. He reported that he knew of other MAPs who would divulge their attractions to someone with whom they were close, and use them as an accountability agent if they felt tempted to act. Several participants used this method. Aiden had come out to his parents, which he found helpful when his nephew visited during the holidays; knowing that his parents were present was valuable for him, because he would not have the opportunity to act on his attractions if he was surrounded by other people. Similarly, Isaac said that the fact that his wife was aware of his attractions was useful for the same reasons. Strand spoke to his pastor and two other individuals at his church for related support. Participants recognized that if they offended, it would hurt others in their lives, and the accountability agents could use that potential shame as a strategy.

In addition to supporting the strategy of limiting interactions with children, routine activity theory further supports the strategy of using accountability agents. Limiting interactions with children removes the "suitable target" from a setting, but the use of having accountability agents introduces a "capable guardian" who may prevent an offense from occurring. Routine activity theory suggests that the introduction of a capable guardian into a scenario neutralizes motivation to offend as it guarantees an offender would be caught. Social bond theory may also lend support to this method: this theory postulates that attachments to others (particularly family members) disincentivize crime by instilling social values (Hirschi, 1969). Involving family members as accountability agents may serve as a reminder of these attachments, and create further motivation against offending.

In addition to accessing accountability agents, getting support from family and friends could be helpful to MAPs who simply wanted validation that they were good people. Maruna

(2001) found that individuals who were able to successfully desist from crime often relied on assurances from moral role models that they were reformed. Maruna and colleagues (2004) deemed this part of the "delabeling" process. Applying the lessons of labeling theory and Maruna's work to non-offending MAPs, while labeling minor-attracted individuals as offenders without the necessity of a crime could put a MAP at risk of offending, getting the assurances of non-MAP family and friends that MAPs are not at risk of offending could encourage MAPs to resist offending.

Interacting with minors. In contrast to the viewpoint that limiting interactions with minors was the best strategy to avoid acting on attractions, some participants felt that being around children actually helped them to refrain from offending. Charlotte noted that MAPs often had romanticized ideas about children that were not realistic. Being exposed to children helped some participants to avoid idealizing their younger counterparts, and instead to view them as individuals. While Aiden used to strategically avoid places with children, he regarded this strategy as being more harmful than beneficial:

> It could be having a negative effect for me to do that. It kind of like makes them, puts them on a pedestal, where it makes them this kind of icon. You know, by me avoiding them it kind of gives them this kind of mysterious power. […] Like, one of the things about having my nephew is I kind of got to know him. You know, once you get to know him, it kind of personalizes them […] and you kind of, you kind of see what boys are really like instead of making them kind of like this like iconic, you know, imaginary character of my fantasies, my fantasy ideal. It removes them from the ideal and makes them actual people, it actualizes them.

Erik concurred with this assessment. He volunteered as a youth group leader, and said that in some ways, he felt children were more his equals than adults. This was especially due to his hobbies, which included playing video games and watching movies from his childhood. He stated,

[Children] feel like my peers in a way. They feel like they are the people, um, that I most relate to. And most of all [being a youth leader is] a constant reminder that children are not this idyllic, wonderful creature of fantasy. They can have tantrums. They can be annoying. They can not listen. They can not do what I need them to do during an event or what have you. And it's a constant reminder they're real people […] and it's a constant reminder that, this is what you would destroy if I was to act on what I was feeling […] So, yeah. It's, it's really just the reminder that these are actual people who grow into adults, and you don't want to ruin, or I don't want to ruin those lives.

Erik found his youth group experience to be invaluable to him because it helped him view children as individuals, which decreased his fantasies about them. Nonetheless, he added that he could understand why some individuals would not want MAPs to work with children. He said that he wouldn't necessarily recommend interacting with children as a strategy to others because if he didn't know them, he couldn't trust them not to offend.

Similarly to Erik's experience, Phillip worked in a professional capacity with fourth and fifth graders. While he disagreed that interacting with children limited fantasies about them (he was clear that he did have fantasies), he believed that his interactions reinforced for him the line between appropriate and inappropriate behavior with children. When asked about whether he has done anything to avoid acting on his attractions, he responded:

No, because I mean, I've never really felt like…I've never really felt like I had to avoid something. […] Like I said, I work with kids the age that I'm [attracted to] and the idea of doing something is not okay. So I feel completely comfortable in myself with the way that I deal with things, that I'm okay with it. […] Maybe some people are not like I am. And I understand that. But for me, actually having contact with kids that age, you know, it reminds me that they are human, they are people and it's not fucking okay. You know, for me, it's a huge reminder. […] You know, i-i-i- it's not okay to act on my feelings, obviously, but I think that…I think that, yeah. That. I just, like, need to keep doing what I'm doing, basically, you know, in order for me to be okay. Maybe if I didn't have…maybe if I didn't have interaction with kids, you know, maybe I'd feel differently or have different feelings. I don't know. I mean, like, thankfully I have a daily interaction, and it makes things very fucking silver clear to me, you know.

This strategy may appear counter-intuitive to many. Indeed, considering the approach used by some MAPs to limit their interactions with children, strategizing to interact with minors may seem reckless. Nonetheless, there were key differences between those who strategized by reducing exchanges with minors and those who strategically spent time with them. Individuals who avoided children in some way generally expressed feeling uncomfortable around them. In contrast, those who spent time with minors commonly did so over an extended period of time (such as Erik's youth group experience or Phillip's work with children) that may have helped them to learn appropriate boundaries, which other participants struggled with (such as Raymond, who did not know whether looking at children was appropriate, or Lee, who struggled with whether hugging an 8-year-old niece at a party would be crossing the line). Those who strategically interacted with minors also, importantly, described themselves as more comfortable around children to begin with. It is therefore unlikely that such a strategy would be effective for individuals who felt unconfident around children.

Using child pornography. The use of child pornography was a complicated topic in this study, as it was both a strategy for not committing offenses against children, as well as a (potential) offense itself. Participants were aware that viewing child pornography was illegal and could be regarded as an offense. Twelve participants disclosed past use of child pornography in interviews.

Importantly, not all participants who divulged using child pornography referred to sexual images of real children. Half of the participants who indicated viewing child pornography viewed photos of nude children that were not intended to be sexually suggestive (such as stills from mainstream movies or pictures in magazines), or drawn or computer-generated images of

children, such as *lolicon* (Japanese-style drawn images of girls, sometimes depicting sexual acts, named after the Nabokov novel, *Lolita*) and *shotacon* (drawn images of boys). *Lolicon* and *shotacon* exist in a legal gray zone in the United States. In 2002, the Supreme Court struck down a 1996 law banning virtual child pornography that was not indistinguishable from actual child pornography (Stout, 2002). Despite this ruling, federal obscenity laws, which are still on the books, ban the production, distribution, and possession of "visual representations of minors engaged in sexually explicit conduct" (United States Department of Justice, 2015). U.S.-based study participants alternately referred to such images as legal and illegal, indicating confusion, while others referred to its explicit legality in Japan and explicit illegality in Canada.

Several participants believed that using child pornography was a helpful resilience strategy. Aiden, who was in recovery for an addiction to pornography (and who proudly spoke about being five months clean), believed that his prior use of child pornography aided him in refraining from offending against children. He argued that it provided him with an outlet to fantasize about children, without involving the children that he knew "in real life." He explained:

> I would never have allowed myself to fantasize about a boy in real life, I would never fantasize about them because it feels too close to home. It feels too, um, too real, or too risky that I might act on it if I fantasize about it. […] I would never fantasize, I would never, like, see a boy at a park and then like fantasize about that boy. Like, never. I've always drawn that line where that wasn't allowed. So instead, I would look at pornography. And pornography, at least, I'll get that fix, so you know, that release. And, and not feel the guilt. The guilt of wrecking someone in real life.

Although Aiden struggled with feelings of shame when he viewed child pornography, he felt it was the lesser of two evils when compared with acting out against a child. Floyd, who lived in Japan and had access to legal images of what he described as "child models," used this legal material as a way to keep himself from offending, as explained during this exchange:

AW: Thinking back, has there ever been a specific time when you did something to avoid acting on your attractions?

Floyd: Yes, I would wait until I had full solitary privacy and view legal child model material and masturbate to relieve the energy.

AW: Oh, I see. Did you find that helpful?

Floyd: Yes. I find it useful as a regular means to manage my emotional balance.

AW: Mmhmm. And if another MAP asked you for advice because they were having difficulty avoiding acting on their attractions, what do you think you might tell them to do?

Floyd: If in Japan, I would tell them to do the same, as there is a large range of material available for legal retail sale. If in another country, I would advise them to find something similar, that was legal and did not harm anyone. But I would caution them to find out very specially what is locally regarded as legal and what is not, in order to protect themselves.

As opposed to Aiden and Floyd's experiences, Klaus used pornography as a strategy to abstain from offending, but rather than getting a "release" from the material, as Aiden described, he empathized with the children involved in the pornography and used it as a reminder that acting on his attractions would be harmful to the children.

Klaus: I think, um, I think an important reason for why people don't act on it is because they understand the consequences of it. And so, uh, the different survivors of child sexual abuse, they've done a great job in just telling their stories because it brings home to people what comes of it. I think another thing about not acting on your attractions is actually watching stuff on the internet and then just trying to identify with the child you see, and start asking the question, "What if the…what did the abuser do to that child?" Like you might start to pass judgment on their abuser. I think that does a lot to stop somebody from, from, uh, offending sexually against a child.

AW: Oh, I see. What kinds of things on the internet do you mean? What kinds of things would you watch?

Klaus: The really hard stuff.

AW: Oh, pornography.

Klaus: Yeah. […] Just the face of the childhood. And you imagine if that child was looking at you with that face. And I think doing that as an exercise, it will make you much less likely to offend.

While those who consumed child pornography (especially when depicting real children) indicated that it was helpful to them, these participants nonetheless felt conflicted about the morality of these habits. When Klaus watched pornography, he asked himself: "'Do I provide them with an incentive to do what they do?' It got to me at some point and I gave up looking at stuff on the internet for that reason." Aiden also expressed confusion over whether watching child pornography was ethically wrong:

If someone, like, masturbated to scenes of murders, then they can go and watch people getting beheaded from, um, you know, Iraq. You know when they can watch all those soldiers being beheaded and they can jack off to it and that's okay. […] But if somebody is watching a molestation video, then they should go to federal prison for many years. You know, just like not ever actually touching a boy. So I think that it's confusing, but, it seems again, I'm making this argument because I have a personal motive.

Ethics aside, participants discussed further adverse consequences to consuming child pornography, both emotionally and legally. For instance, upon realizing that she was minor-attracted, Charlotte felt that she had brought it on herself with her consumption of *lolicon* materials. Later, she realized that the pornographic material did not cause her attractions, but for a time, she described it as a "paranoia." Many participants discussed the legal consequences, worrying that the consumption of child pornography would result in incarceration, even if they only viewed porn that was considered to be legal. Gene described an incident when federal agents came to his door due to his prior involvement in a now-defunct forum for MAPs visited by several individuals who possessed illegal child pornography. Gene's home computer was searched, and drawings of children were found on his hard drive. He was not ultimately charged but as a result of this incident, he felt that viewing even legal images was too risky.

Summary

Respondents in this study faced many struggles in their attempts to remain emotionally healthy, and to refrain from offending, but demonstrated a strong motivation to do so. While participants developed a number of different strategies to maintain emotional resilience and resilience to offending, each strategy came with its own unique set of challenges. Importantly, having support from MAPs and non-MAP others was considered important for both coping with attractions and remaining resilient to offending. Additionally, both limiting interactions with minors and interacting with minors were provided as useful techniques to promote non-offending, albeit under different circumstances. A number of literatures may explain participants' strategies for emotional resilience and resilience to offending, including resilience theory, routine activity theory, and control theory.

While some participants became confident in their resilience to offending and emotional resilience, many participants struggled with feeling alone in coming to grips with their attractions towards children, which was detrimental to their mental health. The next chapter will examine the mental health challenges faced by MAPs and their experiences in seeking mental health care, either for emotional reasons or to aid them in abstaining from offending.

Chapter 6

"I Was Hoping He Could Fix Me:"

Mental Health Problems and Care-Seeking Experiences

The previous chapters have explored various challenges faced by MAPs, including hiding their sexuality from their friends and families, facing stigma, and coping with loneliness. Respondents have coped with these barriers to the best of their abilities, often alone or with limited outside support, using a range of strategies. Despite their best efforts to resolve these challenges, many respondents discussed issues that they felt warranted assistance from mental health professionals. Depression, anxiety, and suicidal ideations were common among study participants, as was fear that they would eventually commit an offense against a child. This chapter explores participants' motivations and decision-making processes for seeking mental health care. The experiences of those who chose to seek mental health care are also documented.

Motivations for Seeking Mental Health Care

Thirty-five participants either stated that they had received mental health services for their attractions, or indicated an interest in receiving such services. Participants were motivated to seek out professional help for various reasons. Some wanted services for mental health disorders, such as depression and anxiety, irrespective of whether these disorders were linked to their attractions. Others sought help to gain confidence in their ability to refrain from offending, or to learn strategies to abstain from acting out. Some participants expressed an interest in ridding themselves of their attractions to children. These motivations are described below, followed by an analysis of the rationale underlying the decision to seek out care or not.

Mental Health Problems

The first factor motivating the decision to seek out professional help pertains to mental health issues. Participants identified experiencing a variety of mental health disorders, either at the time of the interview or at some point since realizing their attractions. Of the study's 41 respondents, 24 individuals (59%) reported struggling with depression, and 15 individuals (37%) reported experiencing anxiety. These rates are much higher than those found in the general population; in the United States, 6.7% of the adult population report experiencing depression (National Institute of Mental Health, 2016a), and 18.1% report experiencing an anxiety disorder (NIMH, 2016b). While it is unknown whether these mental health issues were caused by participants' attractions (directly or indirectly), or if they were merely exacerbated by their attractions, all participants who expressed having mental health issues stated that they felt that their mental health was somehow related to their attractions. Charlotte theorized about the origins of her depression:

> And it's, it's difficult to say if my depression is caused by my sexuality or if my sexuality is just more difficult to deal with because of my depression. Um, and, and, a lot of us are depressed, so that's just the fact of it, is a lot of us have mental illness stuff, and it's probably because we experience so much stress in our teen years. That's when most of us realize that, and just all that cortisol is going to affect your brain development as well […] Yeah. So. [Thinking] of a time where I was particularly affected by an event, I think I'd have to point back to when intrusive arousal was going on with, uh, with my partner's kids. I don't know, there was just this fear that it was going to go on forever. And I mean, it was just like, I don't want to say that I was bed-ridden because of that event, but it certainly heightened my depression and anxiety for a couple of days.

Although Charlotte felt that her mental health was generally improving, she described her moods as a "roller coaster," explaining that she had some months in which she felt great, and others where she felt depressed and hopeless. Charlotte was perturbed by her attractions to her partner's 4-year-old daughter, who stayed with them on weekends, and she was concerned that her

attractions would amplify as his daughter got older. Although her partner was confident that she would not harm his daughter and she did not feel any impulses to offend, her attractions made her anxious to the point of feeling suicidal. She and her partner eventually broke up, agreeing that they each needed to focus on their own mental health.

Charlotte was not the only participant to experience thoughts of suicide. Of the study's 41 participants, 18 (43%) identified themselves as suicidal, or had suicidal ideations. Again, this rate was much higher than trends in the general population: The National Institute of Mental Health (2015) reported that 3.9% of adults had thoughts of suicide in 2014. Respondents often explained that feelings of hopelessness and anxiety regarding their attractions and stigma led to suicidal thoughts. Lee described having suicidal ideations shortly after realizing that he was attracted to minors:

> I think when I first realized my attractions […] I think it was the worst depression that I've ever had in my life. I never wanted to die so badly in my life. […] And I couldn't really do anything. I was still working, still going to school no problem. But I still couldn't really handle myself. I was feeling sick all the time. I couldn't really focus. I felt really empty inside. […] Really horrible feeling. Every little thing would get to me and every comment […] about pedophilia in general.

Lee recalled an incident at work in which he had complimented a photo of a young-looking coworker. His colleagues had teased him, asking him, "what, are you a pedophile or something?" The teasing set him off, and he remembered crying when he got home after work. He sought out a therapist shortly thereafter to help him cope with the stigma, and feelings of anxiety and alienation.

For some participants, suicidal thoughts became overwhelming. Three respondents made attempts to commit suicide. Another four participants disclosed making serious plans to do so, but sought help before attempting to carry out the acts. Two participants checked themselves into a hospital in order to avoid potential attempts. Aiden recalled making the decision to commit

suicide when he was kicked out of a drug treatment program due to liability issues after disclosing his attractions (there was a daycare center in the same building):

> So, I, um, I tried to kill myself. I'm in an area where it snows a lot in the winter, so I guess I waited until my roommate, 'til my friend, went to sleep that night and I got drunk and then I went outside into a snow storm just in shorts and t-shirt and I got lost in a swamp. (laughter) […] In the hills, you know, in a rural area and, um, during a snow storm and tried to freeze to death. […] Um, so. It was pretty serious […] I mean, it wasn't like a cry for help. I mean, it was pretty intentional. You know, um. But, after I got kind of lost and I was, like, falling down in the snow and swamp and, um, I got scared and I went tracing my steps back out. Um, after about an hour, hour and half, so I was already blue, you know I mean, I was already getting pretty- um. […] Because, you know, I was drunk, which was the intentional part, like, in essence, [freezing is] so much faster. So. If I really wanted to do it I probably would have, should have, poured a bottle of water over my head before I went out.

Aiden decided to seek help and requested to be hospitalized for psychiatric care the next day. But incongruously, the hospital refused to admit him due to the fact that he was no longer considered to be in crisis. While he eventually made it to therapy, several months passed before he met with a service provider.

Participants discussed a number of other mental health disorders for which they sought care, some potentially unrelated to their attractions to minors. Three participants had been diagnosed with autism (although two of the three expressed skepticism regarding this diagnosis), two individuals had been diagnosed with bipolar disorder, one participant had been in counseling for self-harming behaviors, and one individual was diagnosed with schizophrenia. While these disorders may have been unrelated to their attractions, participants often withheld their attractions to minors from healthcare providers, potentially imposing limits on the depth of issues covered in therapeutic sessions.

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Desire to Avoid Acting on Attractions

Another prominent reason provided by participants for seeking mental health intervention related to the need for support in remaining resilient against offending. Participants cultivated a number of strategies against offending on their own (as explored in Chapter 5), sometimes even seeking the support of other MAPs. While these strategies were often considered useful, nine participants indicated that the help of a mental health professional would be beneficial to them or others in these efforts.

Participants had a number of concerns surrounding resilience to offending that they believed could be addressed with professional counseling. Some wanted to stop watching child pornography, or to get help in resisting to start watching it in the first place, while others wanted assistance with abstaining from committing contact offenses. Some respondents were merely looking for validation that they were capable of remaining resilient to offending, and wanted to hear from a professional that they did not pose a threat to others.

As detailed in Chapter 5, some participants consumed child pornography to cope with loneliness, for sexual release, or as a way to abstain from committing a person offense. Despite this strategy, those who consumed child pornography had dual feelings about it, expressing guilt or confusion about the ethics of the act. Others worried about the potential legal ramifications. Those who consumed pornography frequently expressed the desire to stop, and some were interested in getting assistance beyond what was provided by other MAPs online. Raymond explained that quitting his addiction to child pornography was difficult. He specified, "It didn't feel okay, but I longed so much for it and that strong desire still comes back to me. […] It was the only satisfaction for my attraction." In spite of the legal and ethical motivations to stop using child pornography, the fact that it was perceived by participants as the only recourse for sexual

release made it difficult for them to stop on their own. This motivated their interest in obtaining external help.

Some participants discussed the motivation to seek therapeutic assistance in order to help them abstain from committing contact offenses. Many respondents who were interested in therapy for reasons related to resilience to offending sought validation that they did not pose a threat. Charlotte, for example, clearly expressed that her attractions to children were not impulses. Nonetheless, she was attracted to her partner's young daughter, which she described as distressing. She became interested in talking to her therapist about this, to reaffirm that her attractions alone did not mean she was dangerous. Participants reported positive experiences in therapeutic services when they received confirmation from their counselors that they were unlikely to offend against a child. While they did not believe that they would act on their attractions, some individuals lacked confidence in themselves, and it was helpful for them to speak about their fears to a mental health practitioner, to whom they felt they could be held accountable.

Desire to Alter Attractions

The final major motivator for participants to get involved in therapy was based on the belief that therapeutic intervention could alter their attractions. The majority of participants did not believe that changing their attractions was possible (and some expressed that even if they could, they would not want to); however, five participants who sought out mental health care originally did so because of an interest in changing their attractions. In contrast to individuals who thought of their attractions as a sexual orientation, these participants spoke of wanting to be "fixed" or "cured."

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Participants' hopes of being cured of their attractions to minors are not without precedent. Sexual Orientation Change Efforts (SOCE; also known as "conversion therapy" or "reparative therapy") have historically been used to supposedly "treat" unwanted attractions (including homosexuality and attractions to minors) through psychological and/or religious therapies (GLAAD, 2010). SOCE treatment, however, has not been found effective in changing sexual orientation. Rather, it has been found to lead to a range of harmful outcomes among lesbian, gay, and bisexual individuals, including depression, anxiety, suicidality, and decreased sexual functioning (American Psychological Association, 2009). As a result, the recourse to SOCE as a means of "treating" homosexuality has been condemned by the American Psychological Association and the Obama administration, and providing SOCE to minors has been made illegal in nine U.S. states and Washington, D.C. (Hauser, 2017; Movement Advancement Project, 2015). However, SOCE for MAPs have generally been tolerated by governmental parties and the media. Some of the techniques that continue to be employed include having MAPs inhale ammonia or submit to electric shocks while thinking of sexual fantasies, in an attempt to create an aversion to their own attractions (Drapeau, Körner, Granger, Brunet, & Caspar, 2005).

Gene and Jeremy explained with embarrassment their initial desire to seek therapy to get "fixed:"

> Gene: Y'know, going in, I almost didn't really have goals. I mean, I, I guess I kind of had one, which was kind of unrealistic 'cause I was naïve. Which was, like, "I hope I can go to this guy and he can help me get rid of my pedophilia." But, uh, well, obviously that was a reach. (laughter)

> Jeremy: Um, I guess when I first went, um, I wanted to somehow believe that it could somehow be cured or that it could somehow, yeah, move on from this in a way that it wouldn't be an aspect of my life at all.

It became clear to both Gene and Jeremy that their therapists did not believe that altering their sexuality was a viable option for them. Instead, Gene's therapist listened to his concerns about

his sexuality and offered support, helping Gene work through suicidal ideations resulting from his attractions. Gene credited his therapist for helping him survive this difficult period of his life. Another participant, Elias, also experienced therapy sessions with a provider whom he hoped would cure him. He explained that his therapist "got [his] hopes up" by thinking that there could be a biological cause for his attractions to minors, and she ordered MRIs and hormone tests for him. In the end, none of his test results came back as abnormal, and his treatment was discontinued, which left him feeling disappointed. One participant, Shawn, sought out alternative therapy. He consulted with a hypnotherapist to cure him of his attractions to minors. Shawn was attracted to adults as well as minors before his hypnotherapy sessions, and his therapist attempted to help him focus on his attractions to adults. Shawn recalled:

> Shawn: I don't know. I, I was hoping he could fix me somehow, that maybe he could flip a switch in me or something. Unfortunately, there is no such thing. […] As I understood, all he could do was numb it, numb the craving. And I do recall a lot of the hypnotherapy was around embracing the idea of a loving relationship, a, specifically a sexually-based relationship with another female. That's what the therapy, the hypnosis really revolved around. I do know that.

> AW: Mm, okay. Um, and do you feel like it was successful?

> Shawn: Um, [my fiancée and I] do plan on getting married, and I do have a baby, so I guess to some degree it was. I don't know, I guess it could be far more successful. […] At my age now, my sexual appetite, my sexual drive is very low. […] Um, but the definitiveness by which the defined age group, the gender, the, the fire of my sexuality is still there. It's the same thing. It hasn't changed, it's just my drive is much less than it used to be.

Shawn admitted that the effects of the therapy were not what he originally anticipated, which was to be "turned straight or gay" and no longer be attracted to minors. The therapy did not end up altering his attractions. But he did experience a decrease in his sex drive, and he partly attributed this to his hypnotherapy sessions. Additionally, while Shawn had always been romantically attracted to women, and mildly sexually attracted to them, the idea of a relationship

with an adult had seemed inaccessible to him prior to his hypnotherapy. He felt that his therapy helped him to accept the idea of a relationship with an adult woman. So, while he did not feel that he was "cured," therapy helped him feel more comfortable about being in a relationship with an adult, and that he was more "in control" of his attractions to minors.

Participants had a variety of experiences in seeking out therapy. Some were entirely unable or unwilling to find a provider, for multiple reasons. Those who found providers had different experiences when searching for therapists, disclosing their attractions, handling their therapists' reactions, and maintaining therapeutic relationships. These experiences are detailed below.

Rejecting Mental Health Care

Notably, not all individuals who believed that therapy would be useful to them for any of the above reasons sought out professional help. Eleven participants who never engaged in therapy explained that they would be interested in speaking to a professional about their attractions if circumstances were different. Participants were particularly concerned about being reported to law enforcement or being outed in some other way, citing others in online forums who had such experiences. For instance, Cody was tempted by the idea of viewing child pornography. He was in therapy for other issues, but did not feel that he could seek support from his therapist about this subject, or any subject related to his attractions. When asked if he had wanted to bring up his attractions to children during his therapy sessions, he replied:

> Sure, it has crossed my mind. It might even be beneficial to the therapy in some way. However, I don't take risks without at least an equal return. There [are] so many things that could go wrong. Even though they are not required by law to tell anyone anything about [attractions to children] unless there is someone in immediate danger, it's still a risk. That person will have that knowledge […] Actually, I talked to someone about this. A fellow Finn […] He told me the story

of how he asked his parents for a therapist […] He talked about [his attractions to children] to the therapist and she was very shocked. He talked with her for that session and then she told his parents […] Completely illegal, but there was basically nothing he could do at that point. The parents kept it under wraps and got mad at him. I'm not sure he ever got proper help. He's in some sort of boarding school now. Laws only help you after something has happened. If you're a pedophile, anyway. After something has happened, it is too late. You need to make sure you stay safe yourself, because there's no telling what could fuck you over. You simply cannot outsource a part of your safety and reliably stay safe […] I hope this brings a bit of light into what creates stress [for] people like us. This is a completely everyday thing. Out of the blue. One day you fuck something very little up. It'll bite you in the ass after eight months.

This point was echoed by many others. Participants felt that each disclosure of their sexuality to a new person brought on the possibility of compromised safety or privacy, regardless of whether or not they had broken any actual laws.

Participants who did not worry about being reported nonetheless remained concerned about being judged. Multiple respondents said that they were concerned about the reaction of their mental health provider if they discussed their sexuality. They feared that the professional may grow suspicious or regard them as dangerous, reflecting their fears about the reactions of others in their lives if they were made aware of the attractions. Harper had been in therapy for years for self-harming behaviors, which she attributed to her anxiety about her attractions to minors. Although she discussed her mental health issues with her therapist on a weekly basis, she was unwilling to disclose her sexuality in therapy. As a result, she believed that her therapy was less effective than it would be otherwise because she would "fear judgment and stigma, even just from that person." When asked if she would be willing to talk to a therapist about her attractions if she knew that they would not be judgmental, she said,

Oh, yeah, yeah! I mean, if there was a therapist that routinely dealt with minor-attracted people, who knew the difference between being minor-attracted or a pedophile versus being a sex offender, who could hear me say "I am not in danger of offending," and hear "I am not in danger of offending," yeah, absolutely, that would be awesome. I just don't know that that exists.

Harper's skepticism about the existence of nonjudgmental therapists was echoed by many participants, who recounted strategies to find therapists who would provide affirmative care. Isaac, for instance, maintained an extensive list of therapists recommended by other MAPs worldwide, which was used by many VirPed members seeking care. For those who lived too far from therapists on the list, telephone counseling was an option. Others searched for providers in their area, and made calls or sent emails "inquiring on behalf of a friend" about therapy modalities for someone with attractions to minors. These strategies took some of the risk out of the disclosure process. However, therapy remained inaccessible to some participants, in large part due to the financial costs. Some did not have insurance, and telephone counseling is often not covered by insurance companies. These barriers, including the belief that their privacy would be compromised if they spoke to a mental health provider about their sexuality, the fear of being judged of treated with suspicion, or financial costs, prevented eleven individuals who would otherwise have sought out mental health care from doing so.

Experiences with Mental Health Care

Although many participants were unwilling or unable to find mental health providers to whom they felt comfortable disclosing their attractions, 24 individuals found such providers. Respondents' experiences in therapeutic care ranged from positive to negative, from the process of finding appropriate providers and coming out to them, to attempting to meet therapeutic goals. Some participants ran into no problems with this process and were able to find providers who delivered effective, nonjudgmental mental health care. Others, however, experienced misunderstandings, suspicion, or loss of privacy based on disclosure of their attractions from their providers.

Misunderstandings commonly occurred between participants and their mental health care providers. Respondents who did not come out to their therapists before their initial session often faced awkward conversations, and providers did not always understand the nature of the participants' attractions. Charlotte qualified the experience of coming out to her therapist as "anxiety-inducing:"

> I sat down, this was like, the second session […] I just wanted to get it out there, I didn't want to waste time with someone that wasn't, that wasn't going to treat me because of prejudices. […] So I sat down at the second session and I was like, "Do you still feel comfortable treating me, um, having an attraction to children?" She stared at me for a moment and shakes her head, and she's like, "No, no." And, and I just got up. I just started to walk out and she was like, "Hang on. Hang on. I can't in good faith treat someone who is-" I forget how she phrased it. But, like, "hurting children" […] I was like, "No, no, no, I'm not doing that." And, and she was like, "Oh, well that is a pretty different thing then."

Many participants experienced similar miscommunications, with their therapists immediately assuming that they had offended. In these cases, participants had to explain that they had not. Respondents such as Charlotte were able to explain their situation to their therapists and enjoy a beneficial therapeutic relationship thereafter, although some were unable to move on from these misunderstandings.

Some therapists had rigid ideas about the types of services that they should offer to minor-attracted individuals. Several participants described interactions with providers who believed that they could cure them of their attractions, despite the fact that the individuals had not sought out therapy for this purpose. Elias engaged in therapy with practitioners who recommended aversion therapy. Elias reported that his provider "was recommending aversion therapy like it was the 1950s […] I literally walked out. […] Their intention wasn't to help me, it was to 'fix' me."

Like Elias, Hugo had a disappointing experience with the first therapist that he consulted regarding his attractions. Hugo wanted to find a therapist who would help him work through the depression and suicidal ideations that he was feeling as a result of his sexuality. He sent out emails to multiple therapists, inquiring on behalf of "a friend" about practitioners who may have experience working with minor-attracted individuals. He was referred to a provider who specialized in working with sex offenders. Hugo remembered:

> He had worked with sex offenders a lot, as, like, a mandatory thing, and I told him I'd never offended. He said that would be fine and like he would be able to help, but essentially what happened is […] he tried different things to a mold which I didn't fit in, basically. Like, I felt like he treated me like a non, like a, someone who just hadn't offended *yet*. […] And it just pissed me off, and like, in the moment I was just very like, "Uh huh, sure." But, like, after I went home and after I analyzed it and thought about it, it just made me mad and it really effed me up. Like, it really undid a lot of the progress I had made.

Hugo's therapist initially made him complete a risk analysis questionnaire, which categorized him as presenting a moderate risk of offending, based solely on his fantasies about children. He also recalled his therapist stating, "oh, we'll totally fix you," which Hugo did not believe. He decided to look for another therapist who was more focused on helping Hugo accept society's attitudes toward MAPs. Hugo felt that his therapeutic work with this second professional was helpful, and that his mental health was much improved as a result.

While some respondents were offered a type of care that differed from what they initially expected, others were turned away by providers entirely. Six participants had consulted with providers who were unwilling to work with them upon disclosure of their attractions. In some of these cases, the professionals provided recommendations for alternate mental health care providers, but others did not. In Isaac's case, he had been in sessions with a mental health counselor and was concerned about acting on his attractions. He decided to come out to his counselor to obtain help and guidance:

I was single in the late '90s, um, and I struggled again with being attracted to children. I was at greater risk of acting out on it. I went to a counselor, I was seeing a counselor, and I, when I came out to her, she immediately abandoned me without a referral […] Like, I, then I felt hopeless that I was even at more risk of acting out. Just grace of God that I didn't.

While Isaac eventually grew confident that he would not become a sex offender, first on his own and later with the help of other MAPs on VirPed and B4U-ACT, he lamented the lack of professional support available when he needed it the most, and dedicated himself to helping others in this process.

Jeremy also had an experience with a provider who discontinued care based on his sexuality. He decided to seek services for depression when he was enrolled in a Master's program in Education, and came out to a counselor at his university. Concerned that Jeremy posed a threat, the counselor coerced him into leaving the program, threatening to expose him to the school if he refused. His counselor felt unqualified to provide him with necessary care, and provided no assistance in finding someone who could:

Well, they themselves just told me to go find another [counselor], they themselves didn't want to deal with it […] They said, "you've got to talk to some other one, and if they can turn around and say that you're cured or whatever, then, yeah, I'll be happy to let you go back to teaching."

Subsequently, Jeremy dropped out of the program. Lying to his family and friends about why he dropped out of the program intensified his anxieties.

Taking the advice of his previous counselor, Jeremy found a new provider. He believed that this therapist would understand issues related to attractions to minors because he had experience working with sex offenders. Similarly to Elias' above narrative, Jeremy explained that the therapist employed sexual orientation change efforts. His therapist "had me write down thoughts [about children] I had in my head and then as I read it and got aroused by it use bath salts to try and give [my] body a shock." Jeremy recalled his therapist referring to him as a

"ticking time bomb" (an expression employed by many therapists, according to various participants). The therapist advised Jeremy to avoid children altogether, believing that if he "let his guard down," he would be in danger of offending. During the course of his therapy sessions, Jeremy became suicidal. He finally confessed his suicidal thoughts and his attractions to his parents, who convinced him to discontinue therapy, since it seemed to cause more harm than good. At the time of his interview, Jeremy was no longer involved in therapy. He preferred to engage with other MAPs on VirPed instead. He felt that the support of others who could understand what he was going through was more beneficial than therapy with a professional, and thought often about starting an in-person peer support group for MAPs.

Quentin's mental health care experiences mirrored Jeremy's in multiple ways. After his adult children reacted badly to his disclosure of his attractions, Quentin found himself without a support network. He went to his doctor for care, and he was referred to a therapist. Quentin's therapist had concerns about his attractions, and translated these concerns into action. Quentin explained:

> The only person I could turn to was my doctor, who recommended me to psychotherapy. Um, but, I then divulged my sexuality to the mental health professionals. […] Within about four interviews of me seeking help was turned into […] "we have reported you to the police." […] My whole world just disintegrated then because then I had absolutely no one to trust, no one to turn to for help.

Quentin never committed a crime and was not charged with an offense. The strain from the rejection of his sons and his experience with the mental health provider ignited in him the desire to end his life. Quentin recalled:

> […] looking down on top of the cliff down below and just about to jump. […] A member of the public was on a footpath and someone saw what I was going to do. And then all hell broke loose, at least one helicopter in the air and police on the ground. And rugby tackle and then [I was] carted off in a police car to a mental health hospital.

Quentin was treated at the hospital as a result of the suicide attempt, but his experience with

mental health care made him distrustful of care providers, and he did not seek further services.

He subsequently moved to a new country. At the time of the interview, he had not seen his sons

in six years.

Despite the fact that 16 participants described troubling experiences upon disclosing their

attractions to providers, 15 respondents were able to find a provider who helped them in some

way. Those who expressed favorable opinions of their therapists commonly said that their

providers were nonjudgmental, trusting, or that they provided them with a safe atmosphere in

which they could discuss social stigma about MAPs and their discomfort about their attractions.

Josh's therapist encouraged him to volunteer with children when he shared his fear of doing so,

reassuring him that he could trust himself. The therapist also encouraged Josh to learn about

other "celibate pedophiles who lived good lives." Similarly, Charlotte recalled the importance of

her therapist's nonjudgmental attitude when she discussed her attractions to her partner's

daughter. In another case, Victor's therapist helped him to reflect on less stigmatizing language

to denote his attractions, in order to minimize the stigma and increase his confidence in his

ability to refrain from offending:

> My therapist […] has helped me to know the roots of it and how to start […]
> referring to my attractions. So for example I was really filled with fear about it,
> and we discovered I used the term "temptation" whenever I mentioned an
> attraction […] So that made it had a really negative connotation for me, feeling at
> risk just because I saw how beautiful of handsome a specific boy is. […] He
> suggested I should use the word "admiration," or "over-admiration."

Josh, Charlotte, and Victor all felt that their mental health was improving significantly as a result

of the therapeutic work in which they were engaged with their therapists.

Descriptions of positive therapeutic care varied, but the qualities in therapists with whom participants noted having good experiences shared similarities. These therapists were informed about issues related to MAPs (either prior to the participant's disclosure of their sexuality or upon learning of it), and understood that MAPs are not interchangeable with sex offenders. Relatedly, these therapists did not show suspicion toward their clients, and even showed trust in them (as when Josh's therapist expressed the belief that he could behave appropriately around children and would not be a threat). They additionally validated the concerns of their clients: often this meant that the therapist would focus less on their client's attractions themselves, and more on issues that they had surrounding their attractions (such as dealing with stigma, fears of offending, etc). Often-used advice within the social work profession is "start where the client is," or in other words, that providers should focus on the meanings that their client is conveying rather than the concerns that they might have in their client's position (Marsh, 2002). This ability to "start where the client is" was shown in therapists with whom participants felt comfortable, and was notably absent among therapists with whom participants had negative experiences.

Some participants experienced difficulties with therapy, even when they found it to be helpful. For instance, Aiden sought therapeutic intervention for his addiction to child pornography in the form of individual therapy, sex addiction group therapy, and a separate twelve-step program for sex addicts. While he attended all three therapeutic modalities regularly, he experienced some difficulties in the group therapies; Aiden felt that he did not fit in with the other members, who were all teleiophiles. He expressed feeling bitter that other members of his group could legally watch pornography or engage in sexual relationships that satisfied them, while that was not an option for him. Nonetheless, he found the therapy effective. Aiden had

abstained from consuming child pornography for five months, though this achievement came at a cost:

> There's a lot of external force […] everyone's saying that it's wrong and it just kind of become conditioned. I've conditioned myself to feel guilt over it. So it's a double-edged sword because I feel guilt over so it keeps me from acting on it, but then it also makes me like, you know, fucking hate myself.

While Aiden appreciated that his therapy kept him clean and accountable, it was difficult for him to cope with the feelings that accompanied this abstinence. Giving up pornography was difficult for him in and of itself. He regarded pornography as his only "outlet," and without it, he had to replace that outlet by "getting [his] needs met through people rather than objects." However, he also felt that this was a positive direction for his life, and valued the encouragement received in his support network.

A Note on Mandated Reporting

MAPs' negative care-seeking experiences cannot be solely attributed to unskilled or uncaring service providers. If therapists are unfamiliar with issues relating to MAPs, an admission from a client about attractions to children may lead to genuine concerns about their professional obligations and liability. Licensing bodies for social workers, psychologists, and other mental health fields have strict confidentiality requirements for care providers, but there are exceptions to confidentiality. Mental health providers have a "duty to warn" – in other words, a mandate to report clients to law enforcement – when they believe that a client poses a danger to themselves or others.

As this dissertation has shown, MAPs do not pose a distinctive threat to children based on their sexuality, and therefore duty to warn regulations ought not to apply. Professional guidelines have strict restrictions on when a client can appropriately be reported. For example, the Code of

Ethics issued by the National Association of Social Workers (2008) requires that a client has

identified a victim, indicated serious, foreseeable risk, and demonstrated that there will be

imminent harm before a report may be made. A social worker may therefore believe that a client

demonstrates risk by disclosing attractions to children, but without identifying a potential victim

or indicating a specific, upcoming threat, there is not sufficient justification for reporting.

Nonetheless, professional bodies often protect therapists who report "in good faith," (e.g. NASW

Utah Chapter, n.d.). In other words, even if there is no justifiable reason for a report, a mental

health provider may suffer no consequences for reporting MAPs based solely on their attractions.

Therefore, upon learning that a client is attracted to minors, mental health care providers may

feel immense pressure to report the client to law enforcement. This is especially true if the

provider is, like most in the general population, unaware about the difference between attractions

to minors and offending against minors. Thus, systemic reasons may account for Quentin's

practitioner's decision to report him to law enforcement, or even Jeremy's provider's insistence

that he leave his university. This may further account for providers' behaviors in turning

participants away from care. If counselors feel that they may be liable for a client's actions but

they do not feel comfortable reporting them, refusing to provide services may be seen as a

compassionate option.

Summary

While it is possible that the study sample is not representative of the total population of

MAPs, prevalence rates of mental illness were much higher in this sample than in the general

population. Participants were confronted with stressors on a daily basis, including stigma by the

public and the media, being subjected to online death threats, the constant fear that friends and

family may abandon them if they knew about their sexuality, and feeling perturbed by their own attractions. Given this, the high prevalence rate of mental illness among MAPs is hardly surprising. Mental health care thus appears essential with this population, and many participants were eager to seek professional help. However, therapy came with many barriers. Some of these barriers were similar to affecting the general population, such as financial costs and geographic accessibility of known providers; other barriers were specific to MAPs, such as fear that providers may turn them away, treat them with suspicion, or report them to legal authorities. These fears, as evidenced by the experiences of many participants in this study, were not unfounded.

Those who had therapists who were well-educated about MAPs, not suspicious, and affirming, reported having positive experiences with mental health care professionals. Conversely, those whose therapists had their own agenda, including expressing the belief that participants were dangerous based exclusively on their attractions; trying to "cure" or "fix" participants without being asked to do so; and refusing to provide services, were unlikely to have benefited from their sessions with the providers, and indeed, often suffered negative consequences. Individuals who were able to establish a trusting relationship with a professional, however, often reported positive outcomes, both in terms of their mental health and their confidence in remaining resilient to offending.

Chapter 7

Conclusion and Future Directions

This dissertation has explored the ways in which 41 minor-attracted individuals have formed identity, coped with their sexuality, and remained resilient to offending. While their sexual identities and strategies for coping and maintaining resilience are diverse, they are united by a common struggle to uphold a positive sense of self in the face of a culture that believes they are "monsters," "ticking time bombs," doomed to lives of predation and violent crime. This study aimed to critically interrogate the assumptions inherent in the field of criminology, namely that attractions to minors are equivalent to child molestation. More specifically, this dissertation responds to McDonald's (2016, p 105) critique that the field of criminology has yet to "untangle or contextualise [pedophilia] and the cultural meanings that accompany it." It further seeks to answer the call released by Walker and Panfil (2017) to put forth research within the field of criminology that explores multidimensional aspects of MAPs' lives. Referring to prior theory from the disciplines of criminology, psychology, and social work, this research has situated its results within larger literatures of resilience and offending. The concluding chapter of this dissertation explores key findings of the study, and presents a discussion about the relevance of this study to other minor-attracted populations. It also discusses implications for research, practice, and policy that can be derived from the study's findings.

Discussion of Study Findings

Findings from this study upheld what was already known and expressed in the APA's (2013a) DSM-5, among other sources: attractions to minors do not automatically translate into offending behavior. Nevertheless, the individuals in this study were subjected to suspicion,

threats against their person, reports to law enforcement, refusal of mental health services, and forcible removal from educational programs based exclusively on admittance of their attractions, not to mention being exposed daily to societal messages that equated them to child molesters and suggested that the world wanted them dead.

In the face of so many messages indicating that they were destined to offend against a child, it is perhaps surprising that all of these participants were able to remain resilient to offending. After all, labeling theory suggests that the act of being labeled a deviant or criminal can lead to offending behaviors (Braithwaite 1989; Lemert, 1967). While the participants in this study had committed no crimes against children, they nevertheless have been consistently labeled as deviant, and even criminal, by a society that misconstrues their attraction as tantamount to offending. Even participants discussed their initial fears that they would offend based on common narratives about attractions to minors. Following the logic of labeling theory, then, study participants' ability to remain resilient to offending is remarkable. Their motivations and strategies for doing so are discussed below.

Participants indicated feeling motivated to refrain from offending against children. While legal ramifications were a concern, the most prominent motivation provided was a firm resolution that sexual contact between adults and children would result in harm to the child, and participants were morally opposed to causing such harm. Many participants felt that they were at no risk to minors given their strong motivations against offending. Others felt uncomfortable enough with their attractions that they specifically adopted a number of strategies to resist offending, including limiting their interactions with minors (or, conversely, intentionally interacting with minors), seeking out the support of MAPs, mental health professionals, and others, and using child pornography, among other approaches.

While participants were successful in their strategies for remaining resilient to offending, their strategies for coping with their attractions were a mixed bag. Some participants coped by seeking out mental health care and support from both MAPs and non-MAP others. Other respondents found comfort in religion, or were able to find strength from dating adults or engaging in activism. However, coping strategies notwithstanding, participants encountered many challenges to emotional resilience, including facing stigma and loneliness. Additionally, participants' own coping strategies were sometimes risky for their emotional health. Seeking support from friends or family in the form of coming out sometimes had negative outcomes, and participants saw coming out to mental health professionals as a gamble, because practitioners could treat them with suspicion, turn them away from care, or involve law enforcement as a result. Participants often suffered from mental illness, some even conceptualizing their attraction to minors as a mental illness in and of itself.

Attractions to Minors as Mental Illness

But can attractions to minors be fairly conceptualized as a mental illness? The scientific community is moving away from such conceptualizations, as evidenced by the current edition of the DSM, as well as multiple other scholarly works citing evidence of similarities between the development and longevity of attractions to minors and those of other sexual orientations (Freimond, 2009; Freund & Kuban, 1993; Li, 1991; Marshall, Barbaree, & Eccles, 1991; Seto, 2012; Seto, Lalumière, & Blanchard, 2000; Seto, Murphy, Page, & Ennis, 2003). Striking similarities were also found between the study sample and prior research investigating the experiences of other sexual minorities. For example, the experiences of with identity formation processes and methods of coping with stigma for the MAPs in this study mirrored, in many

ways, the experiences of lesbian, gay, and bisexual individuals (e.g. Troiden, 1989; Russell & Richards, 2003; Singh, Hays, & Watson, 2011).

Despite the similarities between MAPs and other sexual minorities found both in prior research and the current study, participants in this study were split in their belief that their attractions constituted a sexual orientation or a mental illness. However, this may say less about a factual reality regarding the nature of attractions to minors, and much more about the ways in which societal stigma has affected participants' self-image. As Hugo said of his therapist:

> He asked me what theories I had about why I had become this way, and he was like, "well, here's a theory: it doesn't matter. And here's another theory: there's nothing wrong with it, there's just something wrong with the way society sees someone that has these feelings. Like, sure, there's definitely a lot of people who act on it, but that is not your fault; it's just part of who you are, so there's nothing wrong with that […] You gotta learn to accept society's view on it."

From a therapeutic standpoint, what is to be gained by classifying attractions to minors as a mental illness? Attempts at converting participants were not effective: even Shawn, who said that his hypnotherapy sessions were helpful in helping him to accept a relationship with an adult, noted that his therapy did not reduce his desires toward children. For those like Jeremy, who are subjected to sexual orientation change efforts (SOCE), there is a risk of harm: the American Psychological Association (2009) has condemned this type of therapy for its lack of demonstrated effectiveness and risk of emotional damage. Taking into consideration the lessons from SOCE interventions used with lesbian, gay, and bisexual individuals, it becomes less important to treat pedophilia and more important to concentrate on MAPs' emotional wellbeing. Unfortunately, as this dissertation has shown, this goal is not shared among all mental health providers.

Findings about the reactions of mental health practitioners toward study participants have important implications for mental health practice and policy. Study results provide additional

implications for criminal justice practice and policy, and for future research. Before

recommendations can be discussed, however, this chapter must give consideration to the

applications of this research to other populations of MAPs. The generalizability of the findings

from this study are discussed below.

Applications to Other Populations

Using a sample of MAPs who were all resilient to offending against children provides

multiple strengths. These strengths included the ability to ask questions regarding strategies to

resist offending, as well as protecting participants' confidentiality. Other researchers have used

samples of MAPs without regard to offending status (Freimond, 2009; Goode, 2010). These

studies did not inquire about offending, and by extension, did not ask questions about strategies

to avoid offending. Such questions would pose a threat to the confidentiality of responses: if

participants admitted to committing sexual violence against a child, local regulations may

compel researchers to report these acts. By utilizing a sample of exclusively resilient MAPs, this

study explored the topic of resilience without being concerned with violating the confidentiality

of participant responses as there was no risk that offending behavior would be reported.

Strategies for refraining from sexual offending remained the primary focus of this study.

However, due to sample size and scope, the sample employed in this study is not meant

to be representative of all minor-attracted individuals. Instead, it sought to provide a descriptive

picture of how non-offending MAPs connected to each other through the internet, formed

identities, came out, coped with stigma, and avoided acting on their attractions. It may very well

be impossible to attain a representative sample of the population of MAPs, due to social taboos

regarding attractions to minors. It is important to note some characteristics of the study sample that may differ from other MAPs.

Study participants all self-identified as being attracted to minors, while also having abstained from sexual contact with any minor since they reached adulthood. The sample is comprised of MAPs who, as a result of the inclusion criteria of the current study, had the ability to stay in control of their attractions. Not only did they manage to avoid offending against children, but being a non-offender was often an important aspect of their identity. Thus, it is unclear whether their strategies for remaining resilient to offending are different from those who have committed a sexual offense against a child. While this dissertation can discuss resilience strategies employed by non-offending MAPs, it is beyond the scope of the study to make claims about causation regarding participants' resilience strategies. Additionally, participants frequently mentioned lacking "uncontrollable urges" to offend against a child. Gottfredson and Hirschi's (1990) work has suggested that those with lower impulse control are more likely to commit offenses than others. It is therefore possible that study respondents displayed a high degree of impulse control and were therefore at a lower risk of offending than other MAPs with lower levels of self-control. Selection bias could account for this: it is possible that MAPs with a lower level of impulse control did not come forward to participate in this study.

Study respondents' behaviors were also heavily influenced by the degree to which they were out to others. All participants had self-identified as having attractions to minors, and most were out to others, if only by anonymously introducing themselves online. Study participants had attractions that were significant enough in their lives to warrant seeking out some form of community. This study cannot speak to the experiences (in identity formation nor resilience) of

MAPs who have not yet accepted an identity as a minor-attracted individual, nor can it speak to the experiences of those who have not sought out the support of a community.

Although these data may not be generalizable to the population of MAPs as a whole, they illustrate key themes regarding minor-attracted populations, and provide a useful context moving forward. Additionally, participants' experiences with resilience to offending share parallels to the findings of other resilience scholars (Burt, Simons, & Gibbons, 2012; Murray, 2010). Thus, although there are many differences between the study sample and other populations in the resilience literature, there are also many similarities, some of which are surprising considering the cultural stereotypes of MAPs as *de facto* offenders.

Recommendations for Research, Policy, and Practice

The research described in this dissertation has helped to shed light on a highly understudied topic, namely MAPs' strategies for maintaining emotional and behavioral resilience. It is important for future academic research, particularly in the fields of criminology and criminal justice, to critically reassess societal presumptions about criminality among MAPs. In this way, the field of criminology (and academia in general) can better understand and serve the needs of minor-attracted populations. This chapter now explores the insights that this dissertation can contribute to these goals.

Mental Health Care

MAPs in this study identified numerous reasons for being interested in mental health care, including wanting help to cope with the stigma to which they were exposed, sometimes daily, and seeking encouragement to help them remain resilient to offending. While most

participants indicated an interest in finding mental health care to help them cope, many were unable to access services, either because they felt that seeking therapy was too big of a risk, or due to other barriers such as lack of proximity and affordability. Those who did seek mental health care ran the risk of facing negative care experiences.

Negative experiences in mental health services ranged in level of seriousness. Participants commonly encountered initially poor reactions from providers, who originally misunderstood disclosure of attractions to children as an admission of offending behavior. More serious experiences included being turned away from care with or without a referral, facing SOCE from their providers, or being generally treated as a threat. One participant was even coerced by his therapist into leaving school, and another was reported to law enforcement by his mental healthcare provider. Participants who faced negative care experiences often spoke of negative outcomes, including planning or attempting suicide, or feeling more at-risk of offending, as a result of their providers' actions.

As discussed in this dissertation, service providers must reconcile dual obligations: to their clients and to broader society. Legal requirements, varying by locality, may pressure mental health professionals to report a client who discloses attractions to minors. While professional guidelines have requirements for the specific circumstances under which reports to law enforcement are permissible or mandatory, providers who do not understand the difference between the terms "pedophile" and "sex offender" may believe that the law requires them to report *any* minor-attracted clients. Furthermore, professional organizations for mental health care workers often protect those who make reports "in good faith," loosening practitioners' perceived restrictions regarding making a report.

This may explain participants' experiences with being reported and being turned away from care. Providers who are unsure of their liability in a given situation may perceive ceasing to provide services to a client as the lesser of two evils, as opposed to reporting them. Additionally, while the mental health field is shifting away from SOCE for lesbian, gay, and bisexual individuals, no guidelines have been issued regarding SOCE practices for MAPs. This may explain providers' interest in "curing" clients who seek out their care.

This study offers several implications for solutions to the above problems. First and foremost, education is key. If mental health practitioners had a better understanding of the difference between MAPs and sex offenders, they would be less likely to report a MAP to legal authorities based solely on their clients' disclosures of attractions. Inventories of best practices, which may use information from this dissertation, in conjunction with further conversations with MAPs and mental health practitioners, should be developed. Continuing education seminars should be made widely available to mental health care providers so that they can become aware of these best practices. Agencies that accredit education for mental health professionals, such as the Council on Social Work Education and the American Psychological Association, should require universities to educate their students about MAP-related issues. Furthermore, professional guidelines for making a report about clients in mental health care services should be made more specific in regard to attractions to minors. These guidelines should be uniform, clear, and well-communicated to those in mental health care in order for MAPs to understand their rights as clients and to feel safer in seeking out help.

In addition to provider education and guidelines for reporting, standards of care should be developed for MAPs as well. MAPs whose providers validated that their attractions did not make them immoral and who helped them work through stigma reported positive outcomes of therapy,

whereas those whose providers wanted to cure them or treated them with suspicion indicated feeling further depression, anxiety, or suicidal thoughts. Mental health workers should develop best practices for providing MAPs with affirmative care focusing on the mental health care goals of the client. Mental health services for MAPs should additionally be more widely available. Participants discussed being unable to locate or afford services; providers who are willing and able to provide affirmative services to MAPs should advertise as such, perhaps via B4U-ACT, VirPed, or other websites that serve the community, or if possible, on their own professional websites.

Justice System Implications

While the participants in this study generally had limited criminal justice system involvement, a few faced interrogations by police due to reports from others based exclusively on disclosures of their attractions. Three participants had their computers confiscated and searched for child pornography by the police before being returned to them; two had been targeted by police due to online admissions of their attractions toward children, and one had been reported to the police by an ex-partner. The criminal justice policy implications arising from this study are therefore important. It is vital for the police to understand that individuals who have attractions to children have not necessarily committed a crime. Evidence that MAPs have committed or planned to commit an actual crime, rather than simply disclosing their attractions, should be mandatory before the police can interrogate MAPs or search their property.

The MAPs in this study were generally well-networked with other MAPs, and talked to each other candidly about issues that they were facing. This put them in a position to learn about any offending behaviors that others may have committed. Ideally, these individuals would feel

comfortable about going to the police upon learning about offending among other MAPs. However, participants described feeling afraid of law enforcement because of a general societal understanding about attractions toward minors. MAPs in this study also expressed concerns about their safety relating to coming out to friends and family. But again, because of apprehensions that they would be targeted due to their sexuality, they also feared police involvement in their lives. This made coming out to their families a potentially riskier experience, because MAPs might be less willing to involve law enforcement in the event of a physical conflict.

Similarly to recommendations regarding mental health care professionals, education is needed for both criminal justice professionals and the general public in order to better understand the experiences of MAPs. If the police and general public understood that MAPs do not pose a threat to minors based on their sexuality alone, MAPs would perhaps be less concerned about the criminal justice implications of reaching out to police officers upon hearing about offending by other MAPs, or upon being the targets of violence. Additionally, outreach by the police is needed to increase legitimacy of the criminal justice system among MAPs.

Legal protections for MAPs should also be considered. Several participants in this study experienced legal issues for which they had no recourse: Isaac was kicked out of school, and Jeremy was coerced into ending his education. Others were abandoned without referrals by therapists. While the justice system may not be equipped to handle all of these issues, policy-makers should at the very least give them consideration.

Further Research

The data from this dissertation may very well raise more questions than answers, revealing of a substantial lack of knowledge regarding MAPs who have remained resilient to committing person offenses against children. Indeed, much of academia equates attractions to minors with offending, signifying a lack of knowledge about the very *existence* of non-offending MAPs. This lack of knowledge is precarious, because in failing to understand that MAPs are not criminals based solely on their attractions, the criminological literature has no way of understanding what makes MAPs more or less likely to commit offenses. Future research should therefore involve samples including both MAPs who have committed offenses against children and those who have not, to determine correlates of offending among this population. Including non-offending MAPs in research is also necessary in the determination of the percentage of MAPs who do, indeed, commit offenses.

Future research should also examine ways in which MAPs have been victimized. Participants in this study often revealed concerns for their personal safety as a deterrent to coming out to others, and those who were public about their sexuality online frequently received death threats. Victimization, or the potential for victimization, was therefore a very real threat for participants. Nonetheless, very little research exists regarding victimization among MAPs. The only studies that have looked at MAPs' experiences as victims are those that have examined the effects of sex offender registration policies (Levenson & Cotter, 2005; Levenson, D'Amora, & Hern, 2007), again failing to account for the experiences of MAPs who have refrained from engaging in offending. Despite the fact that research rarely accounts for the existence of MAPs who have not committed a person offense, it is very likely that these individuals are nonetheless represented in many studies of crime and victimization, without researchers' knowledge.

Criminologists have begun to call for the inclusion of questions regarding participants' sexual orientations in surveys and interviews (Woods, 2014). Researchers could ask participants to detail their sexual age orientation to account for this population within their research as well.

Research accounting for MAPs who do not offend is necessary not only for crime prevention motives, but also for human rights concerns. Despite the fact that no participant in this study had engaged in a sexual act against a minor, respondents nonetheless expressed feelings of guilt and shame, as well as depression, anxiety, and suicidal ideations, all based on their sexuality and the stigma surrounding it. This study explored strategies employed by participants to cope with these feelings brought on by their sexuality. The investigation of whether MAPs' use of various strategies for emotional resilience can result in positive outcomes is beyond the scope of this study, and more suited for quantitative research. Such research could lead to more focused, quality care for MAPs who seek it and to positive mental health outcomes.

The two main bodies of work regarding MAPs that existed prior to this study have explored correlates of pedophilia (e.g. Blanchard et al., 1999; Cantor et al., 2004; Cantor et al., 2005; Cantor et al., 2007; Lalumiére, Blanchard, & Zucker, 2000) and offending behaviors against children (e.g. Hanson and Morton-Bourgon, 2009; Jespersen, Lalumière, and Seto, 2009; Lösel & Schmucker, 2005; Paolucci, Genuis, & Violato, 2001). Non-offending MAPs were excluded from this research. As the present study has shown, not all MAPs offend against children. While the current study cannot speak for MAPs who have offended, it is possible that those who do offend may have significant neurological, behavioral, and experiential differences from those who do not. While research looking at offending against children often employs samples consisting exclusively of those who have offended, studies looking at correlates of pedophilia do a disservice to their results by using all-offending samples, or samples of

individuals who are regarded to be at risk of offending. This practice not only serves to strengthen the idea that all MAPs are offenders (or will eventually offend), but it also lacks generalizability to the MAP community at large. Because these studies do not stipulate that their work is meant to examine correlates of pedophilia specifically among offenders, their results claiming to represent correlates among all individuals preferentially attracted to prepubescent children are questionable. While it is easier to gain access to a population of offending MAPs than a representative sample (research has not yet determined what a representative sample of MAPs would even look like), research that resorts to exclusively using offending samples should specify that their results may only be generalizable to offenders.

Importantly, this dissertation is part of an ongoing effort among many scholars to "queer" the field of criminology. This effort seeks to give representation to sexual minorities who historically have been ignored in the field, and to critically interrogate assumptions about offending and victimization experiences among individuals categorized as sexually deviant. As McDonald (2016) pointed out, even the arena of queer criminology has generally overlooked minor-attracted individuals. In maintaining the effort to queer the field, MAPs should be granted consideration as sexual minorities. Valuable findings for the fields of mental health and criminal justice will only emerge with continued research that can shed light on the experiences of MAPs, with the understanding that attractions to minors are not synonymous with sex offending.

In Closing

Of all the questions posed to participants in this study, the most consistent answer came up when respondents were asked, "what would you tell another MAP who is just coming to terms with their attractions?" Multiple participants answered verbatim, "you are not a monster."

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Participants understood that MAPs who were beginning to identify their attractions would be concerned that they would turn into offenders. They understood this because they had so often felt that concern themselves, based on social stigma and the ever-present narrative of the MAP as an offender. It has been the goal of this dissertation to make the distinction between MAPs and sex offenders, and to reaffirm that attractions are not equivalent to action.

Understandably, participants in this study were often nervous to talk about their experiences. Ultimately, however, they found it critical to speak up. In the words of West, "I've sort of come to the conclusion that it's more important for me to be heard than for me to keep hiding." MAPs may be among the most misunderstood groups in society, and it is imperative that their voices be heard and understood. In order for MAPs to continue to be understood, the knowledge base regarding this population must grow past this dissertation, in the field of criminology and beyond.

Appendix A: Participant Characteristics

Table 3
Introduction to Sample (N = 41)

Pseudonym	Location	Gender	Online Forums Used	Age	Race/ Ethnicity	Type of Interview	Age of Attractions	Gender of Attractions	Relationship Status	Ever Partnered?
Aiden	USA	Male	B4U-ACT	39	White	Phone	9-13	Male	Single	No
Avery	North America	Male	VirPed	23	Unknown	Google Hangouts	6-12	Female	Single	No
Brooke	USA	Female (trans)	GirlChat	35	White	Skype (video)	All ages	Female	Single	Yes
Bryan	USA	Male	B4U-ACT, VirPed, BoyChat, Lifeline	Early 40s	White	Skype (chat)	10-16, adult	Male	Single	No
Charlotte	USA	Female	VirPed, Tumblr	20	White	Phone	Pre-pubscent, pubescent, adult	Female children, male and female adults	Partnered	Yes
Cody	Finland	Male	VirPed, allthefallen	26	White	Cryptocat	6-35	Female	Single	No
Desmond	Africa	Male	VirPed, boylover.net	35	White	Skype (chat)	8-13, young-looking adults	Male	Single	No
Dominick	North America	Male (trans)	B4U-ACT, BoyChat	19	White	Google Hangouts	6-15, non-sexual attraction to adults	Male	Single	No
Elias	Canada	Male	B4U-ACT, PsychForums	28	White	Chatzy	All ages	Female	Single	Yes
Erik	UK	Male	VirPed	Late 20s	White	Skype (audio)	5-12	Male, female	Single	No

Table 3
Introduction to Sample (cont.)

Pseudonym	Location	Gender	Online Forums Used	Age	Race/Ethnicity	Type of Interview	Age of Attractions	Gender of Attractions	Relationship Status	Ever Partnered?
Felix	North America	Male	BoyChat	Late 30s	Latino, White, Native American	Chatzy	All ages	Male and female children, female adults	Single	Yes
Floyd	Japan	Male	VirPed, B4U-ACT	36	White	Skype (chat)	8-12, over 25	Female	Married	Yes
Gene	USA	Male	VirPed, boylover.net	40	White	Phone	7-12	Male, female	Single	No
George	Europe	Male	VirPed	24	White	Skype (audio)	10-15, young-looking adults	Male	Partnered	Yes
Harper	USA	Female	VirPed	24	Arab, White	Skype (audio)	8-14, adults	Female	Partnered	Yes
Hugo	USA	Male	B4U-ACT, VirPed	24	White	Phone	7-14	Male children, female adults	Single	No
Isaac	USA	Male	B4U-ACT, VirPed, ASAP	64	White	Phone	6-12, adults	Female	Married	Yes
Jeremy	New Zealand	Male	VirPed	29	White	Skype (audio)	Pre-teen	Female	Single	No
Josh	USA	Male	VirPed	60-65	White	Google Hangouts	3-39	Female	Divorced	Yes
Kevin	Australia	Male	Pedophiles Against Child Molestation	25	White	Skype (video)	7-13	Female	Married	Yes

Table 3
Introduction to Sample (cont.)

Pseudonym	Location	Gender	Online Forums Used	Age	Race/ Ethnicity	Type of Interview	Age of Attractions	Gender of Attractions	Relationship Status	Ever Partnered?
Klaus	Denmark	Male	PsychForum	33	White	Phone	Pre-pubescent, adults	Female	Single	Yes
Lee	North America	Male	VirPed, ASAP	28	White	Skype (audio)	8-12	Female	Single	No
Lucas	North America	Male	VirPed	21	White	Hangouts and phone	4-9, adults	Female children, male and female adults	Partnered	Yes
Mason	USA	Male	B4U-ACT, BoyChat	40-44	White	Phone	5-12	Male	Single	No
Mitchell	USA	Male	B4U-ACT, BoyChat	50	White	Skype (audio)	12-14	Male	Single	No
Noah	Unknown	Male	BoyChat, Christian Boylove Forum	36	White	Chatzy	Pre-pubescent	Male	Single	Yes
Oliver	Canada	Male	GirlChat, Visions of Alice	32	White	Skype (audio)	8-14	Female	Single	No
Philip	USA	Male	VirPed	35	White	Skype (audio)	9-13, adults	Female	Single	Yes
Quentin	Central Europe	Male	B4U-ACT, Experience Project	64	White	Phone	8-13	Male and female	Widowed	Yes
Raymond	USA	Male	VirPed, Visions of Alice	21	White	Google Hangouts	5-13	Male and female	Single	No

Table 3
Introduction to Sample (cont.)

Pseudonym	Location	Gender	Online Forums Used	Age	Race/Ethnicity	Type of Interview	Age of Attractions	Gender of Attractions	Relationship Status	Ever Partnered?
Robin	USA	Male	B4U-ACT	35	White	In person	8-18, young-looking adults	All	Partnered	Yes
Shawn	USA	Male	None	40	White	Phone	11-17, adults	Male children, female adults	Partnered	Yes
Strand	USA	Male	VirPed	33	White	Phone	All	Male and female	Single	No
Tony	USA	Male	VirPed, PsychForums	43	White	Skype (audio)	3-18	Female	Single	No
Tyler	USA	Male	VirPed	32	White	Phone	8-adult	Female	Single	Yes
Victor	Colombia	Male	VirPed	24	Hispanic	Skype (chat)	7-12	Male children, female adults	Engaged	Yes
Vincent	USA	Male	VirPed	25	White	Skype (audio)	9-12, young-looking adults	Male	Single	Yes
West	Canada	Male	VirPed	23	White	Phone	3-13	Male	Single	No

Table 3

Introduction to Sample (cont.)

Pseudonym	Location	Gender	Online Forums Used	Age	Race/Ethnicity	Type of Interview	Age of Attractions	Gender of Attractions	Relationship Status	Ever Partnered?
William	UK	Agender	VirPed, BoyZoom, YoungCity	21	White	Skype (chat)	8-13, adults	Male, masculine nonbinary	Single	Yes
Xavier	USA	Male	VirPed, B4U-ACT	20	Latino	Phone	2-17, adults	Female 2-17 and adults, male 2-9	Single	Yes
Zach	USA	Male	GirlChat, B4U-ACT	47	White	Skype (audio)	11-15, young-looking adults	Female	Single	Yes

Appendix B: Interview Guide

Thanks for agreeing to talk with me.

Would it be ok with you if I record our discussion? It's just to make sure that I capture what you say as accurately as possible. Once I transcribe our interview, the recording will be destroyed. [IF YES, RECORD VERBAL CONSENT TO AUDIO-RECORD AT THE START OF THE RECORDING]

I'd like to remind you that anything you say during this interview will be kept confidential, with the exception of you telling me about any specific crime that you are currently committing or will commit in the future. I'm required to make a report if you do tell me about committing any such crimes.

SECTION I: COMING OUT

I want to start off by having a conversation about your experiences in becoming aware of your attractions and disclosing them to others.

1. To get started, could you share with me how you define yourself in terms of your attractions? I want to make sure I'm using language during this interview that is accurate to how you view yourself. (Probe for details: ages of attractions; sexual, romantic, or other; gender of attractions; labels used by others; etc.)

2. What does identifying as a minor-attracted person [or use their terminology] mean for you?

3. Can you tell me how you first realized that you were attracted to children? (Probe for details: did this happen suddenly or over a long period of time, how old were you, what were you doing when you realized?)

4. Thinking back, what were your feelings toward your attractions when you first realized you had them?

5. Have you told any friends or family about your attractions to children?

> IF YES: Who have you told? Can you tell me about the first time you told someone else about your attractions? How would you describe the reactions of the people you've told? Were they similar to each other or very different?

> IF NO: Have you ever thought about telling friends or family about your attractions? What do you think their reactions would be?

6. Have you ever used the VirPed or B4U-ACT forums?

> IF YES: Which have you used?

> How did you find out about VirPed/B4U-ACT?

> How long have you been involved in the forums?

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How often do you go on the forums?

What do you talk about or read about on them?

Do you talk about anything on the forums that you don't feel you can talk about to other people?

7. What would you tell a minor-attracted person [or use their terminology] who is just coming to terms with their attractions?

8. What would you say to this person if they were worried that they won't be able to have a fulfilling romantic life?

9. (If this hasn't been answered by the previous question) What would you say to this person if they were worried that they won't be able to have a fulfilling sexual life?

10. What would you say to this person if they were worried that they wouldn't be able to have a fulfilling life and abide by the law?

11. Thinking about your life as a minor-attracted person [or use their terminology], can you tell me about a time when you felt disapproval from others about you or people like you?

IF YES: Are there any other times when you felt disapproval from others about you or people like you?

IF NO: Do you feel like you would face negative judgment if more people knew about them?

12. Have your feelings about your attractions changed since you first realized you were attracted to children?

IF YES: In what ways?

13. (If this has not come up before) Do you also have attractions to adults?

IF YES: Are you in a relationship with an adult right now? (Can you tell me about it?)

14. Is there anything else you'd like to share with me about becoming aware of your attractions, sharing them with others, your feelings toward them, or facing disapproval?

SECTION II: BEHAVIORAL RESILIENCE

Now I'd like to ask you some questions about how you avoid acting on your attractions.

1. First of all, what does acting on your attractions means to you?

2. Thank you for sharing that. Can you tell me what motivates you to avoid acting on your attractions? Specifically, what motivates you to avoid engaging in sexual behavior with children? (Probes: legality, relationships with family, friends, or romantic interests, feeling that acting on them would be wrong, anything else?)

3. Thinking back, have you ever used a specific strategy to help you avoid acting on your attractions?

      IF YES: What strategies have you used? (Probe: anything else?)

4. Can you think of any strategies that other MAPs you know have used to help them avoid acting on their attractions?

      IF YES: What strategies have they used? (Probe: anything else?)

5. If another MAP asked you for advice because they were having difficulty avoiding acting on their attractions, what do you think you might tell them to do?

6. Have you ever sought support from family to help you resist acting on your attractions?

      IF YES: Can you tell me about a time when you asked for support from your family to help you resist acting on your attractions?

      IF NO: If you needed support from family to help with this, do you think you could talk to someone?

            (If yes: Who would you talk to?)

6. Have you ever sought support from friends to help you resist acting on your attractions?

      IF YES: Can you tell me about a time when you asked for support from your friends to help you resist acting on your attractions?

      IF NO: If you needed support from friends to help with this, do you think you could talk to someone?

            (If yes: Who would you talk to?)

7. Have you ever sought support from someone outside family or friends to help you resist acting on your attractions? (Probes: from therapists/counselors/social workers, support groups, online forums/message boards. ASK ABOUT ALL THREE.)

      IF YES TO THERAPY/COUNSELING: What were your goals for treatment?

      Were your goals met?

      Can you tell me about the process of finding a therapist/counselor? (Probes: did you have any difficulties finding someone? How many therapists have you been to? Have you ever

been turned away for therapy?)

Have you been in any treatment programs that specifically treat minor-attracted people?

(If yes: Can you tell me about the program?)

IF YES TO SUPPORT GROUPS: Can you describe a situation in which your support group helped you to resist acting on your attractions?

IF YES TO FORUMS/MESSAGE BOARDS: What websites do you use for to help you resist acting on your attractions? (Probe: Any others?)

How are these websites helpful?

8. Have you ever felt like you were at risk for acting on your attractions?

IF YES: Can you tell me about a time when you felt that way? (Probes: what did you do? Then what? Anything else?)

9. Is there anything else you'd like to tell me?

SECTION III: EMOTIONAL RESILIENCE

Now I want to ask a few questions about resilience, which I use to mean "overcoming difficult times and experiences."

1. When you hear this word, 'resilience,' what experiences come to mind over your life as a minor-attracted person [or use their terminology]?

2. Over your life as a minor-attracted person [or use their terminology], when have you felt most resilient?

3. Over your life as a minor-attracted person [or use their terminology], when have you felt the least resilient?

4. When you think about your life as a minor-attracted person [or use their terminology], what words come to mind about your feelings toward your attractions?

5. Have you ever sought support from family to help deal with any negative feelings you may have had about your attractions?

IF YES: Can you tell me about a time when you asked for support from your family to help deal with these feelings?

IF NO: If you needed support from family to help with this, do you think you could talk to someone?

(If yes: Who would you talk to?)

6. Have you ever sought support from friends to help deal with negative feelings you may have had about your attractions?

> IF YES: Can you tell me about a time when you asked for support from your friends to help deal with these feelings?

> IF NO: If you needed support from friends to help with this, do you think you could talk to someone?

>> (If yes: Who would you talk to?)

7. Have you ever sought support from someone outside family or friends to help deal with negative feelings you may have had about your attractions? (Probes: from therapists/counselors/social workers, support groups, online forums/message boards. ASK ABOUT ALL THREE.)

> IF YES TO THERAPY/COUNSELING: Have you told your therapist/counselor/ social worker about your attractions?

>> (If yes: Can you tell me about your experience disclosing your attractions to your therapist/counselor/social worker?)

>> (If no: What kinds of topics did you discuss with your therapist/counselor/ social worker?)

> IF NO TO THERAPY/COUNSELING: Have you ever wanted to go to therapy/counseling?

>> (If yes: can you tell me more about your decision not to go to therapy/counseling?)

> IF YES TO SUPPORT GROUPS: Where did you find your support group?

> How long have you been meeting?

> Are meetings online or in person?

> What kinds of topics do you discuss in support group meetings?

> Can you tell me anything else about this group?

> IF YES TO FORUMS/MESSAGE BOARDS: What websites do you use for to help deal with your attractions? (Probe: Any others?)

> How are these websites helpful?

8. How would you characterize your mental health?

(Probe for more information: If any mental health difficulties, what symptoms do you have?

How long have you felt this way?)

9. Thinking back to before you realized that you were attracted to children, do you feel that your mental health has changed at all since then?

      IF YES: In what ways?

10. Have you ever been diagnosed with a mental illness?

      IF YES: What were you diagnosed with?

      When were you diagnosed?

11. Have you ever sought help from a mental health professional for any reason other than those discussed earlier?

      IF YES: What were your goals for treatment?

      Were your goals met?

      Can you tell me about the process of finding a therapist/counselor? (Probes: did you have any difficulties finding someone? How many therapists have you been to? Have you ever been turned away for therapy?)

SECTION IV: DEMOGRAPHIC QUESTIONS

Now I want to ask you a few basic demographic questions.

1. How old are you?
2. What is your gender?
3. How would you describe your race/ethnicity?
4. Are you, or have you ever been, in mental health treatment?
5. Do you use any drugs or alcohol?
      IF YES: What drugs or alcohol and how often?
6. How would you describe your religious identity?

SECTION V: BRS

Thanks for sharing that with me. The interview is almost over: I just have a few questions about recent mood left. For these next few questions, please answer either strongly disagree; disagree; neutral; agree; or strongly agree. [REMIND RESPONDENT ABOUT THE ANSWER CATEGORIES FOR EACH QUESTION AS NECESSARY.]

1. I tend to bounce back quickly after hard times.
2. I have a hard time making it through stressful events.
3. It does not take me long to recover from a stressful event.

4. It is hard for me to snap back when something bad happens.
5. I usually come through difficult times with little trouble
6. I tend to take a long time to get over set-backs in my life.

SECTION VI: CESD-R

Thanks so much. For the next several questions, select from the following: not at all or less than 1 day last week; one or two days last week; three to four days last week; five to seven days last week; or nearly every day for two weeks. [REMIND RESPONDENT ABOUT THE ANSWER CATEGORIES FOR EACH QUESTION AS NECESSARY.]

1. My appetite was poor.
2. I could not shake off the blues.
3. I had trouble keeping my mind on what I was doing.
4. I felt depressed.
5. My sleep was restless.
6. I felt sad.
7. I could not get going.
8. Nothing made me happy.
9. I felt like a bad person.
10. I lost interest in my usual activities.
11. I slept much more than usual.
12. I felt like I was moving too slowly.
13. I felt fidgety.
14. I wished I were dead.
15. I wanted to hurt myself.
16. I was tired all the time.
17. I did not like myself.
18. I lost a lot of weight without trying to.
19. I had a lot of trouble getting to sleep.
20. I could not focus on the important things.

SECTION VI: WRAPPING UP

We're almost finished. I just have two more questions for you.

1. Out of all the things we've talked about today— or maybe some topics we've missed— what should I pay most attention to? What should I think about when I read your interview?

2. Is there anything else I didn't ask you about that you think is important for me to know?

3. Do you have any questions for me?

Thank you so much for talking with me.

Appendix C: Recruitment Flyer

Dear B4U-ACT Member,

My name is Allyson Walker and I am a doctoral student at John Jay College in New York City. I am writing to you to invite you to participate in a study investigating issues related to mental health, stigma, and resilience among minor-attracted individuals. Results from this study are expected to contribute to the development of mental health treatment options for minor-attracted populations, so it is important to understand the opinions and experiences of minor-attracted people directly.

In order for you to participate in this research you must be 18 years or older and have abstained from sexual contact with minors since adulthood.
.
Participation is completely voluntary: you can choose to be in the study or not. If you decide to participate in this study, you will be interviewed up to three times for 60-90 minutes each. Interviews can be conducted in person, over Skype, over the phone, or through web chat: you may choose which format you feel most comfortable with. No identifying information will be asked of you if you agree to participate.

If you would like to participate in the study, please email me at allysonewalker@gmail.com using an email address that contains no identifying information, or call me at 610-442-1477.

Thank you very much,
Allyson Walker

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