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## A Closer Look at the “Minor-Attracted” Controversy

By David S. Prescott, LICSW

As I contemplated writing this blog post, I received the following email:

Subject: *I am sick and need help*

*I am a pedophile using an alias. I cant stop with my thoughts against kids and its ruining my life. Please help me*

I have no idea who this person is and a Google search on the email address provided no clue at all. Although I am a licensed clinician, I received the email via my website. Obviously, the most immediate need is to prevent children from being harmed. What is a good citizen to do in this situation?

Let's start with the facts. In the absence of any knowledge about the individual, I take them at their word that they are tortured by thoughts of children. Research has shown that there are many people who have sexual urges regarding children who don't act on that interest. Some may scoff at that notion and assume that everyone with these interests has already acted on them. In reality, most people have had some kind of sexual thoughts, urges, or fantasies that we have either managed or otherwise didn't act on. Even the sender of the email didn't want to act "against children."

Something else is happening. Consider the findings of Sandy Wurtele, Dominique Simons, and Tasha Moreno who recruited 435 people to complete an online survey. From the introduction to that [article](#):

*Among men, 6% indicated some likelihood of having sex with a child if they were guaranteed they would not be caught or punished, as did 2% of women. Nine percent of males and 3% of females indicated some likelihood of viewing child pornography on the Internet. Overall, nearly 10% of males and 4% of females reported some likelihood of having sex with children or viewing child pornography.*

Applied to the broader population, that number should concern anyone. As we have long known, the sexual abuse of children is not restricted to a few highly prolific, dangerous people who persist in hurting others. Rather, there are enough people with sexual thoughts about children to consider it a public health issue.

Returning to the email, my next question is who am I? Although I have expertise in this area, I have done no assessment or treatment of this individual. This cry for help does not contain enough information to make a report to any legal authority or child welfare agency. I am not an investigator. I could forward the email on to my local police, but there is no evidence that a crime has been committed, and all the evidence points to someone who is seeking to prevent a crime. The unfortunate reality is that our law enforcement organizations can't keep up with the numbers of detectable crimes against children. And for all I knew, he might also suffer from [pedophilic obsessive-compulsive disorder](#), in which one is afraid of being or becoming pedophilic.

What else do we know?

To start, I reside in the USA, where people cannot be charged with a crime or committed to an institution solely because of their thoughts and urges. Nonetheless, any reasonable person would want to take appropriate measures to prevent harm to children. That leads to questions about how we can all best respond to those who have sexual thoughts about children.

The first question is do we want this person to act on their interest or not? The answer to that question is clearly no.

That leads to the next question: What can we meaningfully do?

Research shows that simply trying to punish people has [no effect](#) on its own, and in some cases can make matters worse. However, [the right treatment can work](#), as evidenced in large-scale meta-analyses. While treatment doesn't work for everyone and many scientific questions remain, there's much more evidence for treatment than there is for punishment. If society wants to prevent sex crimes against children, we need to get our priorities right.

From there, the next question becomes how should professionals behave with these clients?

Decades of psychotherapy research has pointed to the importance of maintaining a strong therapeutic relationship with clients. Therapists the world over know how important it is to engage clients and accept the person even if they don't find aspects of them to be acceptable. As the saying goes, we need to love the sinner even as we hate the sin. Not every individual is a good fit for every therapist, and so some therapists understandably refer some potential clients to others.

How do professionals build the right relationship so that someone can trust them and get involved in treatment?

Entire books have been written on this topic, but for our purposes, attention to language is important. Please note that the email sender above calls himself a pedophile. On the one hand, this kind of honesty can be welcome, even refreshing. On the other hand, "pedophile" is a term almost always used in a hateful fashion. While diagnostically accurate (although current recommendations of the American Psychological and Psychiatric Association indicate that language such as "person diagnosed with a pedophilic disorder" would be optimal), it is difficult for the trained professional not to notice the tone of self-hatred in the email above. The individual describes himself as "sick" as well as a pedophile.

While it is unsurprising that people will use pejorative language to describe themselves, a central aspect of any therapy is to be careful with the use of these terms. The reason is simple: people who feel bad about who they are, who experience deep shame, who loathe themselves are [less likely to benefit from treatment](#) than those who can respect themselves even as they work to face the challenges in their life. Beyond this, there is an entire literature on [labeling](#).

Recently, a colleague posted a YouTube video. In it, she accurately stated that people with pedophilic disorders are among the most reviled people in the world. For this reason, she uses the term "minor-attracted person." By her own admission, she had not expressed this as effectively as she might in the video. The video was picked up on Twitter and immediately went viral with over 50,000 negative comments, primarily by people who had not watched the complete video or fully understood what she was saying.

Many, including myself, are ambivalent about the term "minor-attracted people." My own thinking has to do with the vagueness of the language. The "Twitterverse" felt that it "normalizes" sexual interest in children when in fact its intention is the opposite. To listen to these individuals, the common message is, "It's bad enough that we have these thoughts and urges that we don't want. Please, we need help and understanding to prevent abuse." Entire self-help networks have come into being because so few people are willing to provide treatment.

Many people with a sexual attraction to children have said that they prefer the term minor-attracted person as they work to prevent abuse. Everyone's opinion will vary. Mine is that I don't really care what's in a name if we have a shared goal of preventing child abuse. I don't need labels to describe people, tell the truth, or help people to take responsibility for their lives. Steering away from shaming language is not the same thing as enabling or normalizing. Hopefully, we can call each other by name and focus on the task of preventing sexual offenses. Public shaming and hatred of these people will only send them further underground and make matters worse.

In the classic parable of the [Good Samaritan](#), a traveler (presumed to be Jewish) is beaten and left for dead. The Samaritan (whose people were sworn enemies of the Jews) stopped to help him. This was all in accordance with the [Great Commandment](#). Within my own experience, I once watched firefighters risk their lives to put out a burning building. Their primary intention was public safety. They put the fire out first and only asked questions later.

In my view, both anecdotes illustrate the efforts of our colleagues who are involved in helping people not to act on their interests and urges towards children. They all deserve our thanks. In the moment someone is intervening to stop harm to children, does it really matter all that much what language they use as long as they are within the bounds of the law and their codes of ethics?

We live in a time when it is fashionable to call others we don't like "groomers" and "pedophiles." Too often, these insults obfuscate the realities of actual child abuse and serve to make people less informed instead of more. While society debates topics such as elementary school education and the rights and welfare of those in the LGBTQ communities, we should also support those professionals who are actually doing the work of abuse prevention.

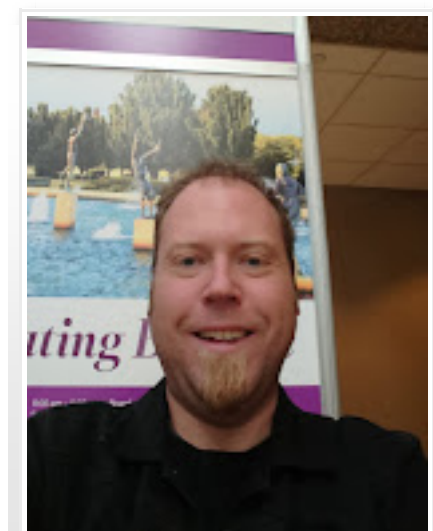
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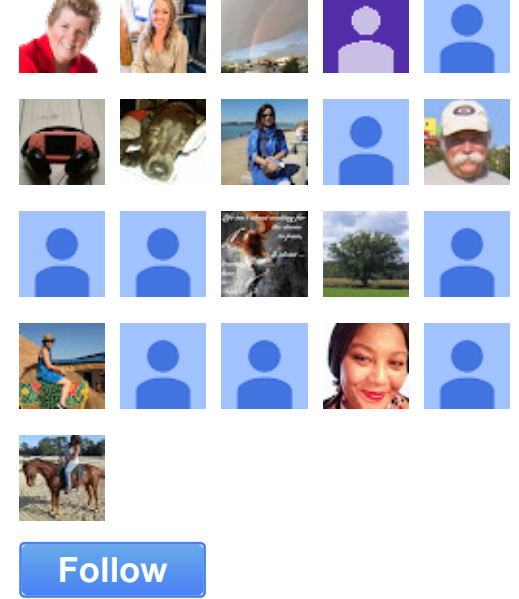
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