



# Providing Treatment to Minor-Attracted People

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The Radical Social Worker

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# Labels & Stigma

- Minor-attracted Person (MAP)
- Person with Pedophilia (PWP)
- Person w/ a sexual offense history

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Child Molester

Pedophile

Sex Offender



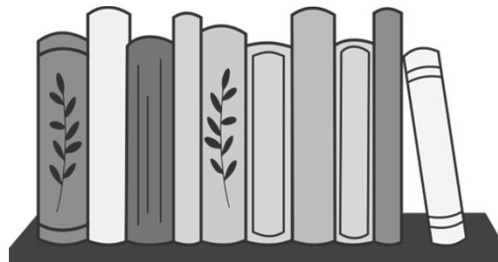
# ROAD MAP

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- Background Context: Stigma, Moral Panic, and Sexual “Deviancy.”
- Who are Minor-attracted People (MAPs)?
  - Demographic information, minor-attraction as sexual orientation, mental health symptoms & risk factors, and neurobiology.
- Prevention is secondary/tertiary--one directional.
- Treater attitudes and approaches.
- Child Sexual Abuse (CSA) impacts.
  - Identifying the importance of primary preventative approaches



# Sociocultural Background Context



# What is Stigma?

- Socially constructed categories (norm follower vs. norm deviator).
- Dependent on cultural norms
- Stigma subgroups:
  - Reintegrative Shaming
  - Stigmatic Shaming
  - Courtesy/Secondary Stigma



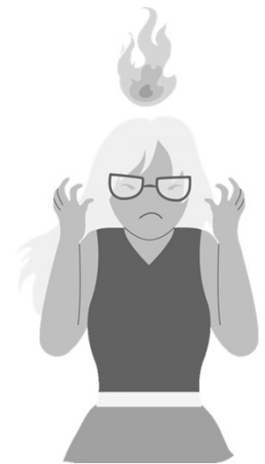
# Understanding Sexual “Deviancy”

- Highly dependent on social norms: theological, legal, psychiatry.
- Disease or "biologically normal variants of sexual variation?"
- Diagnostic and Statistical Manual (DSM) continues to influence stigma



# Moral Panic & Societal Influence

- What is moral panic?
- 1990's increase in media related to CSA
- Reported minor-attraction as homogenous--monsters.
- Community fear increases, legislation reactive to fear.
- Increases belief that MAP offending is inevitable.
  - Why bother with treatment?



# Norm-Centered Stigma Theory (NCST)

Norm Centrality

Norm deviation  
--> Stigma

Stigma-->  
corrects or excludes

- Social power is required to create norms.
- Groups with power decide who is excluded
- Gate-keeps social currency.
- Maintains social power structures.



Humanizing  
Minor-  
Attracted  
People

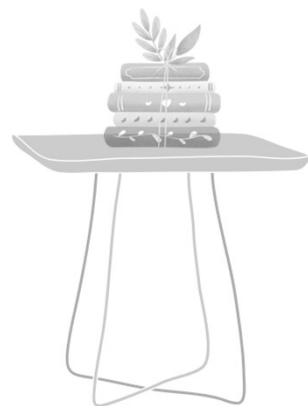
# Who are MAPs?

- People who experience romantic and sexual interest in minors.
- ~3-9% of men and ~1-4% of women.
- Typically align with one of two DSM-5 diagnoses:
  - Pedophilia
  - Pedophilic Disorder (PD)
- Experience exclusive or non-exclusive interests.
- 50-60% of child sexual abuse convictions do not meet criteria for pedophilia/PD



# Minor-Attraction as a Sexual Orientation

- Studies reviewed MAP age of onset, sexual & romantic bxs, and stability over time--similar to all other sexual orientations.
- LGBTQ+ resistance to minor-attraction as orientation.
  - Conflation of healthy LGBTQ+ identities with harmful impacts of Childhood Sexual Abuse (CSA).



# Understanding

## MENTAL HEALTH SXS

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- Suicidality
- Self-hatred
- Self-injurious behaviors
- Substance dependence
- Mood disorders
- Anxiety/social phobia



## POTENTIAL RISK FACTORS

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- Intimacy & social skill deficits
- Emotional dysregulation
- Cognitive distortions
- Distorted sexual scripts

# Neurobiological & Behavioral Research

## No Offending History

- Superior Inhibitory control
- Better attentional control.

- Experience of minor-attraction

## Offending History

- Poor behavioral control
- Temporal & prefrontal disturbances.
- Higher propensity to engage in offending bxs



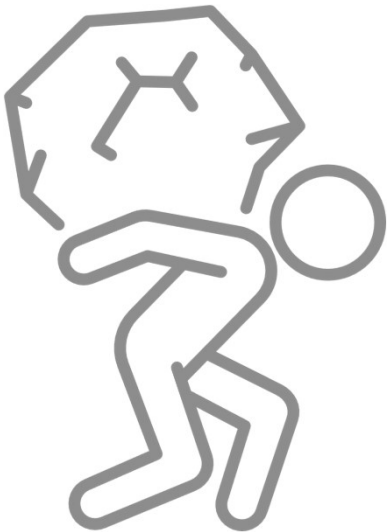
Practitioner  
Stigma  
&  
Treatment  
Barriers



# Fear of Liability:

## Mandated Reporting & Duty to Warn

- Confusion related to duty to warn requirements.
- What is reasonable decision making?
- Correlation between stigma & reporting decisions.
- Fear offending will happen if report is not made.
- Students request further ethics courses/trainings.



# Popular Media & Misinformation

- Media leverage, higher ratings = increase fear/anxiety/reactivity.
- Influences help-seeking behaviors.
- Manipulation of pedophilia terminology.





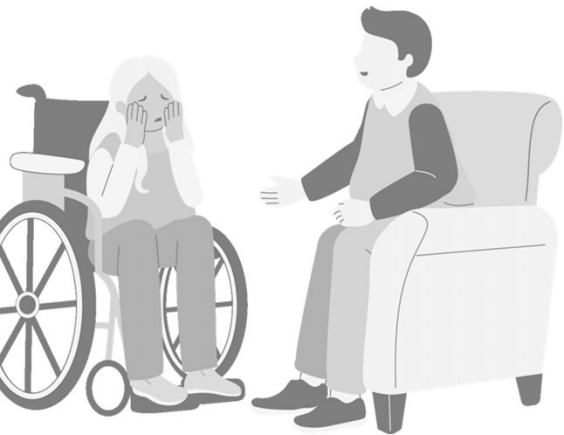
# Clinician Experiences of Trauma

- Vicarious trauma, Personal trauma hx, secondary stigma trauma.
- Avoidance of discussing sexual interests/harmful behaviors.
  - survivors vs folx who have perpetrated.
- Therapist trauma history/childhood abuse--75%.
- Fear of exclusion and ostracization.



# Treatment Competency

- Refusal to work with population due to lack of competency.
- Fear of making a mistake.
- Treater responsibility & NASW Code of Ethics
- Harm perpetrated by practitioners towards help-seeking MAPs;  
discontinuing tx (40%).



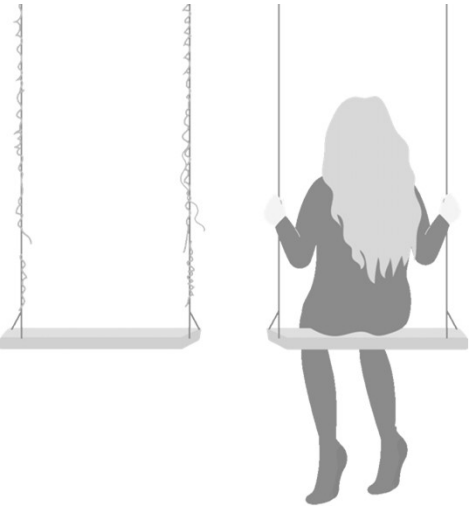
# Problem Breakdown



# Problem Breakdown

- Everyone deserves access to competent and client-centered tx.
  - NASW code of ethics: Service, Dignity & Worth of a Person, & Social Justice.
- Prevention has been secondary or tertiary--one directional.
- Treater attitudes create barriers to primary prevention and prehabilitation.





## Community Impact

- Between 1993 and 2008, reduction in CSA cases.
  - No conclusive data as to why.
- Lifetime cost of fatal & non-fatal cases of CSA, ~9.3 billion.
  - Per survivor, ~ \$122,261.
- Sex Offender Registry
  - Tax payer cost: tens of thousands of dollars.

Centers for Disease Control and Prevention., 2021; Crimes Against Children Research Center, 2023; Cubellis, Evans, & Fera, 2019; Lasher & Stinson, 2017; Letourneau et al., 2018

# Alternative Approaches

- Germany & the Prevention Project Dunkelfeld (PPD or Dunkelfeld):
  - Rewriting social narratives related to minor-attraction.
  - Approached as sexual orientation (management not conversion).
  - Different mandated reporting/duty to warn laws.

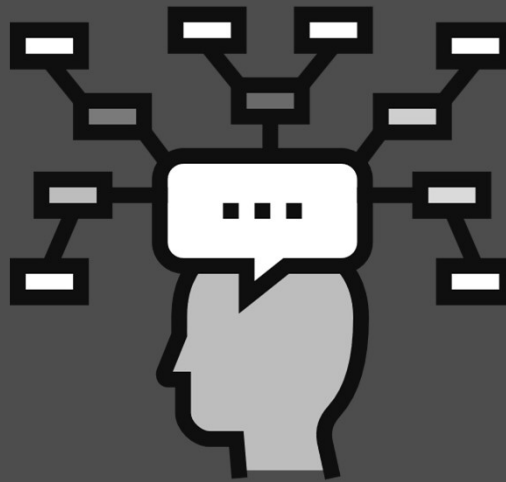


Beggs Christofferson, 2019; Bieir et al., 2014

# Theoretical Approaches

Narrative  
Humanization

Intersectionality



# Narrative Humanization

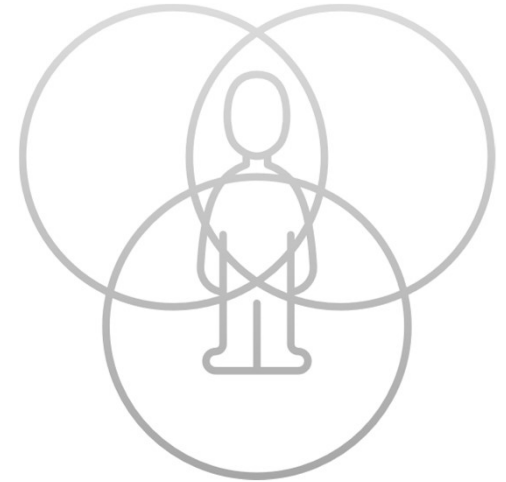
- In-person, most effective:
  - Narratives directly from group members.
  - Difficult for highly stigmatized groups--too risky.
- Second option:
  - Narrative-based depictions and/or recording of interviews/discussions.
  - Support learner's needs and protects highly stigmatized MAPs.





# Intersectionality

- Individuals can only be fully understood by all their parts.
- Requires seeing beyond one identity
- Client-centered approach
- Additional marginalized identities?



Q&A