

SELF-IDENTIFICATIONS, SEXUAL DEVELOPMENT, AND
WELLBEING IN MINOR-ATTRACTED PEOPLE: AN
EXPLORATORY STUDY

A Thesis

Presented to the Faculty of the Graduate School
of Cornell University

in Partial Fulfillment of the Requirements for the Degree of
Master of Arts

by

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August 2016

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ABSTRACT

Most research on sexual attraction to minor children and adolescents has viewed this phenomenon as a pathology, and has used clinical and forensic study populations. This study seeks to conceptualize minor attraction as a sexual orientation, and uses a sample of minor-attracted people recruited from the internet ($N = 160$). Participants' sexual identities, sexual attractions, disclosures, and wellbeing are investigated. Results indicate that minor-attracted people have varied experiences, but common themes that emerged in these areas are discussed. Regarding wellbeing, minor-attracted people in general had higher loneliness and lower self-esteem than the general public. But positive disclosure experiences and having some level of attraction towards adults were related to lower loneliness, and more accepting attitudes towards sex between adults and children were found to be related to higher self-esteem. In general, findings supported the conceptualization of minor attraction as a sexual orientation.

BIOGRAPHICAL SKETCH

Brian Cash is currently a PhD student in the Human Development department at Cornell University. He also holds a Bachelor of Science degree in Applied Economics and Management from Cornell University. Brian has worked as a research assistant in multiple laboratories in the Human Development department at Cornell for several years, beginning when he was an undergraduate. Brian's research is focused primarily on the development of human sexuality.

DEDICATION

This thesis is dedicated to my participants. Though I have never met them, they are the bravest people I have ever known. I am forever grateful for the trust they have placed in me.

ACKNOWLEDGMENTS

This project would not have been possible without the support of my advisor, Ritch Savin-Williams. You stood up for the importance of this research when others would not. I also owe a huge thanks to my mentor, Sarah Merrill, for teaching me how to be a graduate student and guiding me through this whole process.

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Introduction

Pedophilia makes most people extremely uncomfortable. It engenders feelings of disgust and hatred, both among lay people and the academic community (Imhoff, 2015; Jahnke, Imhoff, & Hoyer, 2015). These feelings strongly influence the kind of research that is done on the topic of sexual attraction to children and adolescents, promoting research that supports the narrative of the sexually deviant predator and stamping out any research that contradicts it. Not only is research that deviates from this narrative suppressed, but the researchers themselves often become targets. Take, for example, the case of Professor Ken Plummer, a renowned sociologist at the University of Essex. As part of a government-funded project to research pedophilia, among other sexual variations, from a life story perspective, Plummer joined P.I.E. (Pedophile Information Exchange), a British activist group that advocated on behalf of pedophiles in the late 1970s and early 1980s. Since this endeavor, Plummer has been questioned by law enforcement in connection to crimes against children and has recently had his picture displayed along with Jimmy Saville's, and other high-profile British sex offenders', in a major newspaper. He had no connection to the incidents, but merely having done research on pedophiles in the past has made him a repeated target of the British media and law enforcement agencies.

In this environment, it is no surprise that nearly all of the research on pedophilia is either clinical or forensic in nature. In the clinical field, pedophilia is considered a mental disorder according to the most recent edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013). The diagnostic criteria specify "recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child." There was also an attempt to include another form of minor attraction, hebephilia, as a disorder in the *DSM-5* as well.

Hebephilia refers to a sexual preference for adolescents in early to middle puberty. Several justifications are given for why pedophilia is a mental disorder. Chief among them are the fact that it is relatively rare, it is socially unacceptable, it is maladaptive, and it is believed to result from some sort of biological pathology (Seto, 2008). Because of this pathologization of minor attraction, and pedophilia in particular, much of the research in this area is directed at uncovering what sorts of developmental “perturbations” lead to the development of a minor attraction. Research has also focused on the ways pedophiles may differ, biologically, from non-pedophiles, with the hope of discovering some sort of profile of characteristics that could be attributed to them.

To this end, clinical researchers have made a variety of findings. For example, it is believed that the vast majority of pedophiles are male (Seto, 2009). However, it is also known that female pedophiles do exist (Chow & Choy, 2002). Pedophiles are also disproportionately attracted to boys. That is to say, given that most pedophiles are male, same sex attraction occurs at a much higher rate among pedophiles than it does among adult-attracted individuals (Blanchard et al., 2000). Researchers have also concluded that pedophiles have lower average IQ scores, higher rates of non-right-handedness, shorter heights, and less white matter in their brains according to fMRI scans (Cantor et al., 2004, 2005, 2007, 2008). Findings also purport to show that pedophiles have lower visuospatial and verbal memory scores, and higher rates of school failure and special education placement (Cantor et al., 2004, 2006). Given that many of these characteristics are biologically based, these findings are taken together to point to a biological basis for pedophilia. It has also been found that pedophiles are more likely to report, retrospectively, childhood head injuries resulting in unconsciousness (Blanchard et al., 2002,

2003). This is considered a potential source of the “developmental perturbations” from which pedophilia is theorized to arise.

Forensic research on pedophilia has primarily focused on assessing risk factors for committing sexual offenses, and determining which sex offenders against children are pedophilic and which ones are not. There are a variety of reasons why people commit sexual offenses against children, and an enduring sexual preference for them is but one of them. In fact, only about half of sex offenders against children are considered to be pedophiles, while the rest are referred to as situational offenders who offend for a variety of, often circumstantial, reasons (Seto, 2009). Forensic research has sought to develop accurate assessment methods, such as phallometry, to identify pedophiles and assess their risk of offending (Blanchard, Klassen, Dickey, Kuban, & Blak, 2001; Hanson & Morton-Bourgon, 2005).

This type of clinical and forensic thinking has spawned a variety of attempts to change pedophilic desires and to keep pedophiles from committing sexual offenses. However, most have been ineffective. Behavioral treatments such as aversion therapy and masturbatory reconditioning have shown some effect on arousal patterns, but do little or nothing to change underlying sexual desires (Laws & Marshall, 2003; Marshall & Laws, 2003; Seto, 2009). For the most part, cognitive-behavioral therapies designed to change the way pedophiles think, and act, have had little effect on either (Seto, 2009). However, newer therapies such as those being performed by Prevention Project Dunkelfeld in Germany have shown slightly better performance in these respects (Beier et al., 2015). More extreme treatments, such as surgical and chemical castration, have also been advocated as a response to pedophilia. Needless to say, both forms of castration have highly negative side effects for the patients (Seto, 2008).

Many of these treatments for pedophilia, and the rationales justifying their use, are remarkably similar to those used against homosexuality in the past. Homosexuality satisfies most of the same criteria used to argue that pedophilia is a mental disorder: it is relatively rare; it is maladaptive; it is thought to result from developmental perturbations; and in many parts of the world, including the West until fairly recently, it is socially unacceptable. In fact, homosexuality was also included as a mental disorder in the *DSM* until 1973, when changing social attitudes about homosexuality made its classification as a mental disorder untenable. Similarly, aversion therapy and castration were accepted treatments for homosexuality in the past (Burrows, 1946; Raymond, 1969; Weeks, 1989). And even today, forms of cognitive-behavioral therapy, often termed “reparative therapy,” are offered by some therapists to change homosexual desires (Drescher, 2015).

In the decades since homosexuality was de-pathologized, there has been a flurry of research seeking to understand how same-sex attracted people come to understand their sexuality, how they identify, and how they interact with their environments. Researchers have investigated the timing and order of important milestones in the sexual development of same-sex attracted people in order to develop models of their developmental trajectories (e.g., Cass, 1979, 1984). We know a significant amount about when same-sex attracted people discover their attractions and when/if they adopt same-sex attracted identities (e.g., Drasin et al., 2008; Dubé, 2000; Maguen, Floyd, Bakeman, & Armistead, 2002; Rosario, Schrimshaw, Hunter, & Braun, 2006; Savin-Williams & Diamond, 2000). We also know about how they, and other sexual minorities, navigate their identities in the face of stigma, and how and when they choose to disclose this to others (e.g., Balsam & Mohr, 2007; Maguen et al., 2002; Savin-Williams & Dubé, 1998; Savin-Williams, 1989). Importantly, we know how these experiences, and other

factors such as internalized homophobia, affect the wellbeing of same-sex attracted people (e.g., Herek, Cogan, Gillis, & Glunt, 1997; Juster, Smith, Ouellet, Sindi, & Lupien, 2013; Newcomb & Mustanski, 2010).

Classification, and declassification, of sexual preferences as mental disorders according to the whims of social approval severely undermines the foundation upon which pedophilia's status as a mental disorder is built. Some, such as sexologist Richard Green have argued that perhaps, as with homosexuality, it is time for pedophilia to be reconceptualized as a sexual orientation (Green, 2002). Michael Seto makes a case for this by evaluating pedophilia in terms of certain key features of sexual orientations, namely age of onset, correlations with sexual and romantic behavior, and stability over time (Seto, 2012). In regards to age of onset, pedophiles often become aware of their attractions in early adolescence (Seto, 2008). In addition to the sexual attractions they experience, pedophiles also report romantic feelings of love, affection, and intimacy towards children (Houtepen, Sijtsema, & Bogaerts, 2016; Li, 1991; Wilson & Cox, 1983). And much like any sexual orientation, pedophilia is currently considered to have a lifelong course (Grundmann, Krupp, Scherner, Amelung, & Beier, 2016; Seto, 2012). The similarities between pedophilia and other sexual orientations on these dimensions strengthen the case for its consideration as a sexual orientation.

Another fact complicating the depiction of pedophilia as a mental disorder is the relatively high proportion of people who admit at least some level of sexual interest in young children. In samples of college males, between 5% and 10% admitted to having sexual fantasies involving young children (Bagley, Wood, & Young, 1994; Briere & Runtz, 1989; Templeman & Stinnett, 1991; Wurtele, Simons, & Moreno, 2014). Community samples of men have found similar levels of sexual interest in young children (Ahlers et al., 2011; Santtila et al., 2010).

Fewer studies like this have been done with adult women, but the ones that have been done generally report that between 1% and 4% of women admit to having a sexual interest in young children (Briere, Henschel, & Smiljanich, 1992; Fromuth & Conn, 1997; Smiljanich & Briere, 1996; Wurtele et al., 2014). It is also important to note that, due to social desirability response bias, the true percentage of people who have sexual fantasies involving young children is believed to be even higher than these reported numbers. Because the rate of pedophilia, defined as a sexual *preference* for prepubescent children, is estimated to be much lower than these percentages, it may be that sexual attraction towards children exists on a continuum (Freimond, 2013). This may be similar to the continuum that is believed to exist for same-sex attraction, with there being many who experience some level of same-sex attraction but a much smaller number who experience preferential or exclusive same-sex attraction (Savin-Williams, Joyner, & Rieger, 2012; Vrangalova & Savin-Williams, 2012).

The conceptualization of pedophilia as a sexual orientation effects how it should be studied, scientifically. First, the major methodological issues of the current research need to be rectified. Most of the research cited thus far relies on either clinical or forensic populations (Capra, Forresi, & Caffo, 2014; Hall & Hall, 2007). That is, these are individuals who have been referred for clinical treatment for their desires or who have been incarcerated for committing sexual offenses against children. There are a myriad of reasons why this population is likely unrepresentative of minor-attracted people in general. It is likely that most minor-attracted people have never had any contact with the criminal justice system. In two samples of pedophiles studied in non-forensic settings, 57% and 79% of them, respectively, had never had any known sexual contact with a child (Riegel, 2004; Seto, Cantor, & Blanchard, 2006). Additionally, the intense stigma towards pedophilia makes it unlikely that non-offenders would volunteer for

research, meaning that all estimates of offending are likely to be greatly overestimated.

Additionally, only about half of incarcerated sex offenders against children are pedophilic (Seto, 2012). Nevertheless, pedophilic and non-pedophilic offenders often get lumped in together in research, despite their important differences. This complicates many of the conclusions that have been drawn about “pedophiles.”

Therefore, research on this population of non-offending pedophiles is very limited. This is partially due to the difficulty of recruiting participants, but the goals of researchers also likely have an effect. For those who are primarily interested in the phenomenon of sexual offending against children, incarcerated sex offenders are likely a more attractive sample than pedophiles who do not act on their desires given that they have already shown a propensity to engage in sexual crimes (Capra et al., 2014). Similarly, clinical researchers may see no issues with using a population of clinically-referred pedophiles. One early attempt at reaching a more general population of pedophiles was Bernard’s 1975 inquiry into members of a Dutch working group on pedophilia. He found that they contradicted many of the stereotypes about pedophiles at that time. Namely, they were generally young, highly educated, and they were not usually bisexual in their preferences for children, as was presumed at the time (Bernard, 1975). But despite recruiting from an alternative source, still 54% of his 50 participants had previously been convicted of sexual offenses against children. He attributed this to the fact that those who had already been convicted were more likely to come forward to participate in the working group given that their sexual preferences had already been made public. Wilson and Cox (1983) also sought to study a non-clinical, non-forensic sample when they recruited 77 men from a British self-help group for pedophiles. They administered personality questionnaires and several

interviews. They concluded that the most interesting thing about their findings was how normal the pedophiles' results seemed to be when compared to controls (Wilson & Cox, 1983).

More recently, Sarah Goode recruited 56 minor-attracted individuals from the internet. Through questionnaires and interviews, she elicited a variety of information about their lives and experiences. She found that her participants had a wide range of experiences, particularly regarding whether they were open about their attractions and the reactions they had experienced from others when disclosing. These reactions ranged from complete acceptance to extreme rejection. She also reported that many of her participants experienced feelings of anxiety, stigmatization, and isolation (Goode, 2010).

Perhaps the deepest look at the more personal aspects of pedophiles' sexuality comes from Freimond's work (Freimond, 2013). She refers to her participants as "minor-attracted" rather than "pedophiles," because their sexual age preferences often fall outside the specific parameters of pedophilia. Nevertheless, these individuals often have similar experiences to true pedophiles, who are attracted specifically to prepubescent children, due to the stigma surrounding attraction to anyone below the age of consent. So in order to be more comprehensive and accurate, she uses the term "minor-attracted person." For much the same reasons, from here on I will also be using the same terminology to refer to the participants in the current study. In her research, Freimond interviewed nine minor-attracted men in depth about their experiences establishing a minor-attracted identity, disclosing that identity, and coping with the stigma that surrounds it. She reports that, due to the stigma around it, adopting a minor-attracted identity was a highly complex and emotionally charged experience for her participants, and that they often were conflicted about how to describe themselves. Regarding disclosures, her participants most

often disclosed their minor attractions to friends. And much like Goode's participants, they reported a wide variety of reactions to their disclosures, both positive and negative.

While these recent studies have been a good first step towards understanding the personal aspects of being minor-attracted, they have relatively small sample sizes and are primarily qualitative in nature. Therefore, there remains a dearth of psychology research on minor-attracted people's identities, disclosures, and general wellbeing (Freimond, 2013; Seto, 2012). So if the study of minor attraction is to follow the trajectory of the study of homosexuality and other sexual orientations, now is the time to investigate these issues.

The present study seeks to address many of the deficits mentioned previously. First, by using a non-clinical, non-forensic sample of minor-attracted people recruited from the internet, I will hopefully be accessing a more representative cross-section of the minor-attracted population. This study will also have the largest sample size of this type of population to date ($N = 160$). In combination, these two features will allow me to make more generalizable observations about minor-attracted people. In this study, I will be investigating many of the previously un-touched subjects surrounding minor attraction. First, I will be exploring how minor-attracted people label themselves, and how that process may take place once they have discovered their minor attraction. I will also be investigating how minor-attracted people manage their identities in a world that highly stigmatizes them and their desires. Specifically, I will be exploring the presence of multiple identities and whether these identities are made public or kept private. I also seek to expand Goode's and Freimond's work on disclosures by investigating what proportion of minor-attracted people disclose, who they disclose to, and their subjective evaluations of those experiences. This study will also add to the existing literature on minor-attracted people's specific sexual preferences, and relate those preferences to their identities. Last, I will make a

limited examination of the mental health of minor-attracted people and how it correlates with some of the aforementioned characteristics.

Table 1. Hypotheses

Research Question	Prediction	Theoretical Foundation
Do minor-attracted people who have disclosed their preferences have higher self-esteem and lower loneliness than those who have not?	Yes	“Coming out” has been shown to have positive health benefits for other sexual minorities (Juster et al., 2013; Pachankis, 2007; Pachankis et al., 2015)
Do minor-attracted people who are exclusively attracted to minors have higher loneliness than those who are also attracted to adults?	Yes	Stigma-related stress experienced by minor-attracted people is correlated with higher loneliness. Therefore, having a non-stigmatized sexual preferences as well should mitigate some of the negative effects of this stigma (Jahnke, Schmidt, Geradt, & Hoyer, 2015)
Do minor-attracted people with more accepting attitudes towards sexual contact between adults and children have higher self-esteem?	Yes	Internalized homophobia is correlated with lower self-esteem in same-sex attracted people (Herek et al., 1997)

Method

Participants

Data from 160 participants were analyzed. The mean age was 34.25 years (range: 18-68, $SD = 12.15$). Males made up 95% of the sample, which is consistent with estimates that the overwhelming majority of minor-attracted people are male (Seto, 2009). The sample was also mostly white (84%). While 100% of the sample indicated they were attracted to minors, 74% also stated that they maintained some level of attraction to adults as well. This 74% are described as non-exclusive, while the remaining 26% are described as exclusive. In regards to sex preferences, 64% of the sample is exclusively or preferentially attracted to female minors, 34% of the sample is exclusively attracted to male minors, and the remaining 2% indicated an equal level of attraction to both male and female minors.

Procedure

Participants were recruited through the organizations Virtuous Pedophiles (virped.org) and B4U-ACT (b4uact.org), and their networks. These are both organizations dedicated to providing resources and support for individuals who are attracted to minors. The administrators of these organizations were contacted about the study, and asked to promote the study in their networks and encourage their members to participate. Participation was completely anonymous, voluntary, and no compensation was provided. Participants were asked to complete an online survey through the Qualtrics survey software. The survey could be completed on the participant's own computer at their own convenience. Data were collected between December 2015 and February 2016.

Measures

UCLA Loneliness Scale

The University of California Los Angeles (UCLA) Loneliness Scale is a 20-item questionnaire assessing positive feelings of belonging (e.g. “How often do you feel close to people?”) and negative feelings of loneliness (e.g. “How often do you feel left out?”) (Russell, Peplau, & Cutrona, 1980). Participants were asked how often they felt a certain way, and responses were given on a 4-point Likert scale ranging from “never” to “always.” Items containing positive feelings were reverse-coded, so that higher overall scores represented higher levels of loneliness. The scale has been found to have high reliability in a variety of samples, including a sample of sex offenders against children (Neutze, Grundmann, Scherner, & Beier, 2012; Russell, 1996). It also showed high reliability in the current study ($\alpha = .94$).

Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale is a 10-item measure of self-worth (Rosenberg, 1965). Participants were instructed to indicate how strongly they agreed or disagreed with a series of statements, and they responded on a 4-point Likert scale ranging from “strongly disagree” to “strongly agree.” Half of the items contain positive statements (e.g. “I feel that I have a number of good qualities”), and the other half contain negative statements (e.g. “I feel I do not have much to be proud of”). The negative items were reverse-coded, so higher overall scores represented greater levels of self-esteem. The scale had high reliability in this sample ($\alpha = .91$).

Bumby MOLEST Scale

This scale was developed to assess cognitive distortions among people who have committed sexual offenses against children (Bumby, 1996). Participants were asked how much

they agreed with a number of statements, with choices ranging from “strongly disagree” to “strongly agree” along a 7-point Likert scale. For this study, the scale was included to act as a measure of participants’ attitudes towards the appropriateness of adult-child sexual contact. In pursuit of this purpose, the scale was significantly reduced to remove items that were clearly directed towards incarcerated sex offender populations rather than minor-attracted people in general (e.g. “Many men sexually assaulted children because of stress, and molesting helped to relieve that stress”). Because the original scale was developed to evaluate sex offenders against children, it includes many items like this that are relevant to situational offenders, but not relevant to minor-attracted people. Items including negatively valenced words such as “assault” were also removed in order to maintain neutrality in soliciting participants’ attitudes towards adult-child sexual contact. The remaining items were chosen because of their relative neutrality and more specific focus on attitudes (e.g. “Society makes a much bigger deal out of sexual activity with children than it really is”). This reduced scale had an acceptable alpha in this sample ($\alpha = .90$).

Survey Questions

In addition to the scales described above, participants were asked to answer questions about their sexual orientation identities, sexual attractions, discovery experiences, and disclosure experiences. Regarding sexual orientation identities, participants were given a list to choose from (asexual, bi-curious, bisexual, boy lover, ephebophile, girl lover, hebephile, hetero-flexible, heterosexual/straight, homosexual/gay/lesbian, mostly gay/lesbian, mostly straight/heterosexual, pansexual, pedophile, polysexual, questioning, sexually fluid, unlabeled, other). They could select any or all of these, and had the option to write in an identity if they selected “other.” Participants were then asked this yes or no question: “Do you have a hierarchy of sexual

identities? Are certain identities more important to you than others?” If they answered “yes,” they received an open-response question with these instructions: “Please elaborate on this hierarchy. Which identities are more important to you than others?” They were then asked this yes or no question: “Do you have different sexual identities for your public life and your private life?” If they answered “yes,” they were instructed to “Please elaborate on your public vs. private identities” in an open-response question. Participants were then asked this yes or no question: “Has your sexual identity changed over time?” If they answered “yes,” they received the following open-response questions: “Please explain how your sexual identity changed during childhood (below age 10), if applicable”; “Please explain how your sexual identity changed during adolescence (ages 10-18), if applicable”; “Please explain how your sexual identity changed during young adulthood (ages 18-25), if applicable”; and “Please explain how your sexual identity changed during adulthood (over age 25), if applicable.”

Participants were then asked about their attractions. First, they were asked to answer this yes or no question: “Are you sexually attracted to minors (below the age of 18)?” Then they were asked “Are you also sexually attracted to adults?” They could answer that their attractions to adults were equal to or stronger than their attractions to minors, that their attractions to adults were not as strong as their attractions to minors, or that they were not attracted to adults at all. They were then asked “Are your attractions to minors towards males or females?” They could indicate that they were exclusively attracted to males, exclusively attracted to females, preferentially attracted to males, preferentially attracted to females, or that they were attracted to males and females equally. Participants were then asked to indicate the youngest age and oldest age of male minors and female minors they were attracted to, if applicable. This was followed by

an open-response question asking participants to “Please provide any additional information you can about the minors you are attracted to.”

The next section of the survey asked participants about their discovery experiences. This began with the question “How old were you when you realized that you had these attractions to minors?” Participants were given a text box to write in their age. This was followed by an open-response question asking participants to “Please describe the process of discovering that you had these attractions to minors.” Participants were then given another open-response question asking, “What thoughts and emotions can you remember having when you realized you had these attractions to minors?”

In the final section of the survey, participants were asked about their disclosure experiences. First they were asked the following yes or no question: “Have you ever disclosed your attractions to minors to someone you know personally?” If they answered “yes” to this question, they were asked to answer a series of open-response questions: “Who are the people that you have disclosed your attractions to?”; “How did these people react when you told them about your attractions to minors?”; and “How did you feel about the way they reacted?”

Open-Response

As stated above, participants were given the opportunity to answer several open-response questions. Their responses were coded for specific themes that were believed to be of importance, either because of their theoretical importance or due to the frequency with which they appeared in participants’ responses. These codes were continually evaluated to ensure their relevance and comprehensiveness.

Results

Sexual Orientation Identities

In general, participants endorsed multiple sexual orientation identities. From the list provided in the survey, and including any identities that participants elected to write-in, participants endorsed an average of 3.73 sexual orientation identities ($SD = 1.63$, range: 1-10). Specifically regarding minor attraction identities, participants endorsed an average of 2.53 identities ($SD = 1.06$, range: 0-5). The most commonly endorsed identity overall was “pedophile,” with 123 out of 160 participants identifying that way. Many participants also labeled themselves using other chronophilic labels, such as “hebephile” ($N = 82$) and “ephebophile” ($N = 55$). More colloquial minor attraction identities such as “girl lover” ($N = 84$) and “boy lover” ($N = 50$) were also popular. However, many participants also endorsed more traditional sexual orientation identities such as “heterosexual” ($N = 73$), “homosexual” ($N = 27$), and “bisexual” ($N = 31$).

Identity Hierarchies

Table 2. Do you have a hierarchy of sexual identities?

	<i>N</i> (total = 160)	Percentage
Yes	73	46%
No	87	53%

Table 3. Sexual identity hierarchy themes

	<i>N</i> (total = 69)	Percentage
Minor-attracted identity most important	51	74%
Homosexuality, heterosexuality, or bisexuality most important	18	26%
Mentions adults	23	33%
Social justification	13	19%

When asked if they viewed their sexual orientation identities in a hierarchical way, nearly half of participants answered “yes.” Of these participants, almost all of them elaborated on their hierarchies when prompted to do so. Most of these participants indicated that a minor attraction identity was atop their hierarchy, whereas the rest of them placed either homosexuality, heterosexuality, or bisexuality at the top of their hierarchy. There was no relationship between participants’ preference for male or female minors and whether participants placed a minor-attracted identity on top of their hierarchy, $\chi^2(1, N = 68) = 0.12, p = .73$. However, exclusively minor-attracted participants were significantly less likely than non-exclusives to place homosexuality, heterosexuality, or bisexuality at the top of their hierarchy, $\chi^2(1, N = 69) = 5.25, p = .022$. In fact, 100% of the exclusively minor-attracted participants who answered this question put a minor-attracted identity at the top of their hierarchy, whereas only 68% of the non-exclusives did.

In addition to specifying the identity at the top of their hierarchy, two other themes emerged from participants’ responses. First, several participants mentioned adult attractions

when describing their hierarchies. Often it was used as a reference point for comparison, such as when one participant said:

“My strongest attraction is to pre-pubescent girls. I am capable of stimulation and relationship with an adult female (and I am married with children), but my marriage is not sexually fulfilling because of my attraction/obsession with minors.” (male, 55)

But some participants made a particular effort to go out of their way to mention adult attractions, however minor they may be. For example:

“I am mostly attracted to children (young girls), but have a very minor possible attraction to adult woman.” (male, 29)

Another theme that emerged in some participants’ responses was the role of social influences in dictating the relative importance of their sexual orientation identities. For some of these participants, the fact that their minor attraction felt socially defining led them to place it at the top of their hierarchy:

“I’d say that being attracted to kids is the most important thing to me, since it’s what separates me most from my peers.” (transgender, 19)

Others specifically mentioned that they considered their minor attraction identity as most important because of the stress and preoccupation it causes them:

“Pedo/hebephilia are most important as they have the most noticeable effect in my day to day life. I am rarely bothered by attractions to adults but am constantly stressed by attraction to minors.” (male, 24)

Public and Private Identities

Table 4. Do you have different sexual identities for your public life and your private life?

	<i>N</i> (total = 160)	Percentage
Yes	125	76%
No	35	22%

Table 5. Public and private identity themes

	<i>N</i> (total = 124)	Percentage
Minor-attracted identity private	104	84%
Heterosexuality, homosexuality, or bisexuality public	87	70%
Asexuality public	9	7%
Vague public	20	16%
Risk of making minor-attracted identity public	31	25%

Participants were also asked whether they have different sexual orientation identities in public than they do in private. Most participants said that their public and private identities differed. Nearly all of these participants provided additional details about their public and private identities in an open-ended follow-up question. Of these, the vast majority specified that their minor attraction was a private identity. However, the remaining participants did not necessarily indicate that their minor attraction was public. Many of them did not specify, but from their answers it seems their minor attraction identity is kept private. In regards to public identities,

most participants indicated that they publicly identify as heterosexual, homosexual, or bisexual. A small number identify as asexual in public. Unlike with the identity hierarchies, there was no effect of whether or not participants were exclusively minor-attracted on how they identified in public, $\chi^2(1, N = 122) = .10, p = .75$.

Additionally, some participants said that they are intentionally vague about their sexuality, avoiding contexts in which they may be asked to label themselves. For example: “I prefer not to acknowledge my sexuality in any way in public most of the time,” (male, 28). Another theme mentioned by a quarter of participants was the risk associated with publically identifying as minor-attracted. This theme is typified by this response: “I can't reveal my sexual attraction to anyone because my life would be ruined,” (male, 20). This fear of consequences was a major motivating factor for why no participants indicated that their minor-attracted identity was their public identity.

Sexual Identity Trajectories

Table 6. First adoption of a minor-attracted identity

	<i>N</i> (total = 27)	Percentage
Childhood	0	0%
Adolescence	3	11%
Young adulthood	13	48%
Adulthood	11	41%

Participants were asked to talk about how their sexual identities had changed over time, specifically during the developmental periods of childhood (less than 10 years of age),

adolescence (10 to 18 years of age), young adulthood (18 to 25 years of age), and adulthood (greater than 25 years of age). Unfortunately, many participants did not answer these questions in the intended way, often talking about their specific sexual attractions or the history of their sexual development in general. Perhaps the sexual confusion that likely results from minor attractions leads to minor-attracted individuals not having strongly-held sexual orientation identities for much of their development, making this a difficult question to answer.

However, I decided to code these responses to look for indications of when minor-attracted individuals first endorse a minor-attracted identity. Looking only at participants who answered the question in the intended way and who specified a point at which they first endorsed a minor-attracted identity, most did not identify as minor-attracted until after age 18. No participants endorsed a minor-attracted identity in childhood, and only a few endorsed a minor-attracted identity while still in adolescence. Of the remaining participants, most first endorsed a minor-attracted identity in young adulthood, and slightly fewer did so later in adulthood.

Discovery Experiences

Table 7. Discovery experience themes

	<i>N</i> (total = 144)	Percentage
In-person event	59	41%
Involved media	24	17%
Age of attraction did not increase	30	21%
Comparison to attraction towards peers	37	26%
Comparison to peers' attractions	20	14%

Despite this later adoption of a minor-attracted identity, participants often first discovered their atypical minor attractions during adolescence. The average reported age of discovery was 15.45 years ($SD = 5.67$). Discovery age was unrelated to the age of minors that a participant was attracted to, $r(151) = .05, p = .54$. All participants were asked to elaborate on their discovery experiences, and most elected to do so. Of those, close to half indicated that their discovery experience was precipitated by an in-person event, such as a crush on a schoolmate or an experience with a younger individual. For example:

“I first had an attraction to girls much younger than me when I was 12-13, but I thought they were isolated incidents. Two of them were neighbors, so I figured it was just proximity and the fact they were unusually beautiful. But as I got older, I found myself looking at more and more girls around that age, about 6-8 years old. When I was 15, I met a girl who I fell in love with. That's when I knew it wasn't just a passing phase or a crush on one or two exceptional girls. It was a full-fledged sexual preference. Ever since, I've come to realize a stronger and stronger preference for children, namely girls.” (male, 21)

Several participants indicated that media played a major role in their discovery experience. For some participants, this was in the form of passively noticing an attractive younger character in a movie or TV show. For others, coming across sexually explicit material depicting minors was a catalyst for their discovery. A variety of sexually explicit material was mentioned, including written stories of sex with minors, drawn Japanese comics of children having sex, and child pornography. For example:

“When I came to have access to pornography during college, I soon realized that I was not excited by the adult women that I saw. Around 21 years of age, I discovered

lolicon—sexualized cartoon drawings of children—and found that it was intensely arousing.” (male, 31)

Many participants had discovery experiences that involved comparisons, both internal and external. The internal comparisons were usually to their own attractions towards their peers, or to their own attractions over time. The external comparisons involved comparing their own attractions to their peers’ attractions. People who did internal comparisons to their own attractions over time often made the discovery by noticing that the age of individuals they were attracted to was not increasing over time. This participant’s experience is typical of this type of discovery:

“At age 12 I realized I was very attracted to boys my age. When I turned 13, I was still attracted to 12 year olds. When I turned 14, I was still attracted to 12 and 13 year olds. At that point, I realized that I would never ‘grow out of it.’” (male, 39)

Whereas this was a more typical experience for someone who discovered their minor attraction by directly comparing it to their level of attraction to their peers:

“As a junior in high school I realized that I was not attracted as much to my peers as I was to young-looking freshmen or middle schoolers, and my friends' younger brothers in many cases.” (male, 36)

This is an example of one participant’s discovery through an external comparison to his peers’ attractions:

“Walking with friends in a mall shopping. We would have been around 14. They were commenting on cute girls around our own age as they walked by. When a cute 8 year old

girl went by, I couldn't believe how cute she was, and they didn't have any reaction. That was really the first time I realized I had an attraction that others didn't." (male, 48)

Table 8. Discovery emotion themes

	<i>N</i> (total = 144)	Percentage
Negative emotions	90	63%
Fear of being discovered	33	23%
Fear of being alone forever	12	8%
Identification with “monster” image	17	12%
Neutral emotions	34	24%
Positive emotions	17	12%

Participants were also asked to describe the thoughts and emotions they remember having upon making this discovery. The majority of the participants who answered this question recounted having negative emotions at the time of the discovery. Disgust, anger, and sadness were frequently mentioned. There were three, specific themes that emerged from participants' negative reactions: a fear of being discovered, a fear of being alone forever, and an identification with the monstrous image that society has of pedophiles.

Many participants were afraid of what might happen if someone were to discover their attractions. Some even expressed fear that they would be arrested, even though they had never acted on their attractions. This participant's reaction captures the fear that many participants recalled:

“I saw the TV shows, the vilification, and the vitriol portrayed by actors who heaped violence, intimidation, and all manner of emotional assault on people who are like me. I’ve heard people say that everyone who is like me should be murdered...one fact uncovered about me, and my life could quite literally be over. A bit much to handle as a 14 year old kid with no one to talk to or from whom to seek advice.” (male, 31)

Some participants also lamented the prospect of never having a satisfying romantic relationship. They were distressed by the thought of never being able to express love and be loved in the way they desired:

“I was afraid of being alone, not having a partner... Overall the hardest feeling associated with coming to grips with the attraction is a sense of wasted potential. There is a feeling that all this immense energy is flowing out of me trying to connect me with boys and it is all going to go to waste. I fear of never being truly fulfilled.” (male, 35)

Several participants also recounted comparing themselves to the way they had seen pedophiles and child molesters portrayed by society and the media. Many feared that, deep down, there was something defective about them, and that they would eventually become the monsters that society portrayed them to be:

“All that the popular media and social understandings presented was the idea of ‘the pedophile’ as a deranged, mentally ill criminal who abuses children for his own deviant sexual entertainment. I had no alternative to this narrative, so I was resigned to the view that this was probably what I was, or what I would become.” (male, 27)

Nevertheless, some participants reported having neutral or positive reactions to their discovery of their minor attraction. But many of those who reported having neutral reactions were simply unaware of the stigma associated with their sexual desires at the time:

“I wasn't too worried about it, really. I just remember a lot of fantasizing about these special girls. Once I realized how ostracized MAPs are, I felt scared and a bit more stressed about keeping my secret, but I never felt ashamed or sad about having this attraction.” (male, 21)

Those who had positive emotional reactions often experienced them mixed with negative emotions as well. However, those for whom it was a mostly positive experience often described the discovery as feeling natural and helping them understand themselves better:

“To me it felt very natural, almost the same as when I realized I was gay. I have always been sympathetic towards pedophiles and thought there was nothing wrong with them, so I didn't feel bad or conflicted when I realized that I was also one of them.” (male, 19)

Disclosures

Table 9. Have your ever disclosed your attractions to minors to someone you know personally?

	<i>N</i> (total = 155)	Percentage
Yes	104	67%
No	51	33%

Table 10. Who are the people that you have disclosed your attractions to?

	<i>N</i> (total = 102)	Percentage
Friend	77	76%
Family member	47	46%
Therapist	36	35%
Romantic partner	20	20%
Others	21	21%

Participants were also asked about their experiences with disclosing their minor attractions. Because most of these participants were recruited from online support groups, where many of them have likely disclosed their attractions, I asked specifically about disclosures to people they know personally. Of the participants who responded to this section, about two-thirds had disclosed their attractions to at least one person they knew personally. Of those who went on to specify who they had disclosed to, friends were the most common target of disclosure. Family members, including parents, siblings, and extended family members, were the next most common. Despite the risk that this population faces from mandatory reporting laws, several participants had also disclosed their attractions to a therapist. The remaining disclosure targets were romantic partners, and others, such as colleagues and religious leaders.

Table 11. Reactions to disclosure

	<i>N</i> (total = 100)	Percentage
Positive	65	65%
Neutral	42	42%
Negative	33	33%

Participants reported a range of reactions they received to their disclosures. But on the whole, most had at least one positive disclosure experience. These were often characterized by positive feelings of acceptance and the lifting of a psychological burden. Fewer participants reported experiencing neutral reactions to their disclosure, often characterized by confusion, denial, or ignorance. Even fewer participants reported receiving outright negative reactions to their disclosure. Those that did often reported total rejection, loss of relationship, or even threats of violence or legal action.

Attractions

Table 12. Attraction patterns

	<i>N</i> (total = 157)	Percentage
Non-exclusive attraction to minors	116	74%
Exclusive attraction to minors	41	26%
Preferential attraction to female minors	100	64%
Preferential attraction to male minors	54	34%
Equal attraction to male and female minors	3	2%

Of those who answered questions about their specific attractions, most indicated that they were attracted to adults as well as minors. The remaining participants were exclusively attracted to minors. Additionally, most participants were exclusively or preferentially attracted to female minors, but a significant minority were exclusively or preferentially attracted to male minors. Very few participants indicated equal attraction to minors of both sexes. Participants who preferred male minors were significantly more likely to be exclusively attracted to minors than participants who preferred female minors, $\chi^2(1, N = 154) = 7.214, p = .007$. Only 19% of participants who preferred female minors indicated that they were exclusively attracted to minors, whereas 39% of participants who preferred male minors did.

Table 13. Lowest age of attraction comparisons

	Prefer females	Prefer males	Non-exclusive (prefer females)	Exclusive (prefer females)	Non-exclusive (prefer males)	Exclusive (prefer males)
<i>M</i> (<i>SD</i>)	5.24* (2.89)	7.55* (3.15)				
<i>M</i> (<i>SD</i>)			5.56* (2.93)	3.89* (2.31)		
<i>M</i> (<i>SD</i>)					8.06 (3.08)	6.76 (3.18)

*statistically significant

There was also a difference in age of attraction between participants who prefer female minors and those who prefer male minors. Participants were asked to give the range of ages of minors that they were attracted to. For these analyses, I decided to use the lowest age given. This choice was made because it was believed to be less subject to being exaggerated upwards, and the upper age limit is made less precise by the fact that many participants are also attracted to

adults. With that said, participants who prefer female minors have a significantly lower age of attraction than participants who prefer male minors, $t(150) = 4.54, p < .001$.

I also investigated whether or not exclusively minor-attracted participants had lower ages of attraction than non-exclusives. It was found that there was a significant effect, but only for participants who preferred female minors. Exclusively minor-attracted participants who preferred female minors had an average lowest age of attraction that was significantly lower than the average lowest age of attraction for non-exclusives who preferred females, $t(97) = 2.31, p = .023$. For participants who preferred males, there was also a mean difference in the same direction, but it was not statistically significant, $t(51) = 1.49, p = .14$.

Participants were also asked to elaborate on what they find attractive in an open-response question. For those who did so ($N = 124$), the most commonly mentioned traits fell into two categories: physical characteristics (hair color, body type, etc.) and social/personality characteristics (curious, intelligent, etc.). Participants mentioned an average of 2.27 physical characteristics (range: 0-8, $SD = 2.17$) and an average of 1.73 social/personality characteristics (range: 0-8, $SD = 2.07$). There was no significant relationship between a participant's lowest age of attraction, $r(121) = .13, p = .16$, or gender preference, $t(120) = 1.15, p = .25$, and the number of physical or social/personality characteristics they mentioned.

Wellbeing

Participants also completed two brief assessments of their mental wellbeing to provide a glimpse of how well-adjusted they are. The average score for this sample on the UCLA Loneliness Scale was significantly higher, $t(144) = 13.90, p < .001$, than the average score from a sample of the general population, indicating that this sample of minor-attracted people had

Table 14. UCLA Loneliness comparisons

	This sample (<i>N</i> = 145)	General population (<i>N</i> = 487)	Non-exclusives (<i>N</i> = 107)	Exclusives (<i>N</i> = 38)	Prefer females (<i>N</i> = 90)	Prefer males (<i>N</i> = 52)	Disclosed (<i>N</i> = 101)	Not disclosed (<i>N</i> = 44)	Positive disclosure (<i>N</i> = 65)	No positive disclosure (<i>N</i> = 80)
<i>M</i> (<i>SD</i>)	54.49* (12.48)	40.08* (9.50)								
<i>M</i> (<i>SD</i>)			53.05* (12.15)	58.55* (12.68)						
<i>M</i> (<i>SD</i>)					53.20 (12.45)	56.38 (12.66)				
<i>M</i> (<i>SD</i>)							53.25 (12.99)	57.32 (10.86)		
<i>M</i> (<i>SD</i>)									50.68* (13.56)	57.59* (10.65)

*statistically significant

Table 15. Rosenberg Self-Esteem comparisons

	This sample (<i>N</i> = 151)	General population (<i>N</i> = 2,782)	Non-exclusives (<i>N</i> = 111)	Exclusives (<i>N</i> = 40)	Prefer females (<i>N</i> = 95)	Prefer males (<i>N</i> = 53)	Disclosed (<i>N</i> = 103)	Not disclosed (<i>N</i> = 48)	Positive disclosure (<i>N</i> = 65)	No positive disclosure (<i>N</i> = 85)
<i>M</i> (<i>SD</i>)	17.79* (6.74)	22.21* (5.01)								
<i>M</i> (<i>SD</i>)			18.10 (6.90)	16.93 (6.26)						
<i>M</i> (<i>SD</i>)					18.35 (6.53)	17.17 (6.99)				
<i>M</i> (<i>SD</i>)							18.29 (6.63)	16.71 (6.92)		
<i>M</i> (<i>SD</i>)									18.69 (7.18)	17.10 (6.34)

*statistically significant

significantly higher loneliness (Russell, 1996). On the Rosenberg Self-Esteem Scale, this sample had a significantly lower score, $t(150) = -8.60, p < .001$, than the average score from a sample of the general population, meaning that this sample of minor-attracted people had significantly lower self-esteem (Schmitt & Allik, 2005).

Within this study's sample, there is a significant difference in loneliness between those who are exclusively attracted to minors and those who are also attracted to adults, $t(143) = -2.37, p = .019$. Exclusives had higher loneliness scores than non-exclusives. However, these two groups were not significantly different on self-esteem, $t(149) = .94, p = .35$. Regarding gender preferences, participants who preferred male minors did not significantly differ from participants who preferred female minors on self-esteem, $F(1, 145) = .75, p = .39$, or loneliness, $F(1, 139) = .84, p = .36$, when controlling for exclusivity.

Regarding disclosures, those who had disclosed did not significantly differ from those who had not disclosed on loneliness, $t(143) = -1.82, p = .07$, or self-esteem, $t(149) = 1.35, p = .18$. However, these group mean differences were in the expected directions, and trended towards significance. Additionally, comparing participants who have had at least one positive disclosure experiences with participants who have not, those who have had a positive disclosure experience have significantly lower loneliness scores than those who have not. This effect was significant even when controlling for age, $F(1, 141) = 11.98, p = .001$. There was no significant effect of positive disclosure experiences on self-esteem scores, controlling for age, $F(1, 147) = 2.16, p = .14$.

Higher scores on the modified Bumby scale (representing more accepting attitudes towards sexual relationships between adults and minors) are positively correlated with self-esteem. The correlation is weak to moderate, but it is very statistically significant, $r(148) =$

.24, $p = .003$. This effect remains highly significant when controlling for the effect of age, $\beta = .227$, $t(146) = 2.85$, $p = .005$.

Discussion

The data presented here show that minor-attracted people have varied experiences. Many of them face the expected hardships associated with having a heavily stigmatized sexual preference, such as struggling to accept their sexuality and sometimes facing rejection when they disclose their minor attraction. They also show deficits in self-esteem and loneliness when compared to the general population. Nevertheless, there are several factors which are related to more positive outcomes in these areas, pointing to potential models of positive development for minor-attracted people. Two of these factors, positive disclosure experiences and more accepting attitudes towards sex between adults and children, have important implications for researchers and therapists who work with minor-attracted people. Because of the protective effect of having a positive disclosure experience, therapists should exercise restraint regarding mandatory reporting laws if their minor-attracted clients disclose to them. They should also take care to be nuanced in their approach to their minor-attracted clients' attitudes about sex between adults and children. Encouraging their minor-attracted clients to adopt the belief that sex between adults and children is inherently harmful in all contexts could be damaging to the minor-attracted person's self-esteem. Researchers seeking to design and evaluate therapies for minor-attracted people should also incorporate this information into their approach.

This also has implications for minor-attracted people themselves, as well as the broader public. These findings suggest that minor-attracted people could benefit from seeking out safe people to disclose their minor attraction to, and these people should respond with acceptance and

validation. It may also benefit minor-attracted people to refrain from adopting the dominant social and clinical narrative about the inherently harmful nature of sex between adults and children. Perhaps they could seek out historical examples of positive, socially sanctioned relationships between adults and children to act as a buffer against this narrative.

In general, the results of this study support the conceptualization of minor attraction as a sexual orientation by highlighting similarities between it and other sexual orientations. Similarities in age of onset and sexual and romantic feelings were confirmed, and more evidence was found for the existence of a continuum of minor attraction. The main implication of this is the need for the clinical and academic communities to de-pathologize minor-attraction, as they have with same-sex attraction, and to begin referring to it and studying it as a sexual orientation. This, as well as the current study's finding that minor-attracted people are a heterogeneous group, should precipitate a radical re-think of much of the existing literature on minor-attracted people. This existing literature has relied on flawed, relatively homogeneous samples of incarcerated and/or clinically-referred sex offenders, and its findings and conclusions should be questioned critically. The current study represents a major step forward in this direction.

Discovery Experiences

The discovery of a minor attraction occurred around age 15 in this sample. This is slightly older than what has been found for the age of discovery of same-sex attractions (Maguen et al., 2002). Participants made this discovery in a variety of ways, but it was usually due to a memorable attraction/arousal event involving a younger person and/or an internal or external comparison of attractions that highlighted the abnormality of their sexual preferences. Interestingly, age of discovery was not correlated with age of attraction. It had been predicted that participants with lower ages of attraction would have lower ages of discovery, given that the

age gap between themselves and the targets of their attraction would be larger, theoretically making its unusualness more noticeable. To make an extreme example, a minor-attracted person who is primarily attracted to 13 year olds would have had a harder time noticing this at age 13 than a minor-attracted person who is primarily attracted to 6 year olds. Perhaps then, even minor-attracted people who are now primarily attracted to adolescents may have, at the time of their discovery, been attracted to even younger children. A few participants specifically mentioned this phenomenon, saying that even after they discovered an attraction to significantly younger children, their age of attraction continued to increase to a point as they aged. However, this increase eventually ceased for most participants.

This discovery process was painful for the majority of participants. They feared for their safety, and the safety of those around them in case they were the monsters society portrayed them to be. They also feared that this doomed their chances of finding love and having fulfilling romantic relationships. Many reported that this sent them into a period of depression for several years while they attempted to come to terms with their minor attractions. Even those who had neutral reactions mostly did so as a result of simply being unaware of the unusualness and the stigma surrounding minor attraction. They reported going through a very similar process of fear and depression once they became aware of this stigma. The very few who had positive reactions to this discovery seemed to have already had more accepting, sympathetic views towards pedophilia beforehand. Therefore, they were seemingly unaffected by the negativity directed at minor attraction and instead saw it as an opportunity to understand themselves as unique.

It is important to keep in mind that these are primarily early/middle adolescents who are navigating these intense emotions, and the only role models they have are the child abusers they see in the news and on TV shows like *Law and Order*. It is easy to forget, or willfully ignore, the

fact that every adult who is attracted to children was once an adolescent who was attracted to children. The few minor-attracted people who had positive reactions to their discoveries may provide an example of how, in an environment that promotes tolerance and sympathy towards minor attraction, the negative effects of having a minor attraction could be mitigated for these young people.

Attractions

While there has been relatively more research on the specific attractions of minor-attracted people, the current study made some unique observations. One thing of note is that the majority of the current sample of minor-attracted people preferred female minors. The relative proportion of male-preferring and female-preferring minor-attracted people has varied widely across studies, with some finding that most prefer males and some finding that most prefer females (Blanchard et al., 1999; Blanchard et al., 2000; Bogaert, Bezeau, Kuban, & Blanchard, 1997; Hirning, 1965). This may be primarily due to different recruitment strategies and sources. The current study represents yet more variability on this question. In this sample, minor-attracted people who preferred females had a significantly lower age of attraction than those who preferred males. This was unexpected, and is all the more perplexing when coupled with the findings regarding exclusivity. In general, exclusively minor-attracted people had lower ages of attraction than those who were also attracted to adults, although this difference was only significant for minor-attracted people who preferred females. Additionally, the minor-attracted people who preferred males were significantly more likely to be exclusive than the ones who preferred females. But nevertheless, as a group the minor-attracted people who preferred males had a higher age of attraction.

One possible explanation is the influence of ancient social institutions such as pederasty. Several participants mentioned studying the socially sanctioned practice of pederasty, sexual relationships between adult males and adolescent males, in places like Ancient Greece. These relationships were historically portrayed as very loving, and they were often elevated as the ideal context for adult males to mentor young adolescent males as they developed into adulthood. This prominent historical example of positive, socially acceptable sexual relationships between adult males and adolescent males is understandably appealing to many minor-attracted people. Participants who subscribe to the ideology surrounding pederasty may have been influenced into giving higher ages of attraction, which would put them closer to adolescence. Participants who preferred female minors did not mention any sort of comparable ideology, so this effect would likely have been absent for them.

As noted above, participants who preferred male minors were more likely to be exclusively attracted to minors. One could make the case that, in some cultures, there is a larger physical difference between male children and male adults than there is between female children and female adults. Many participants who preferred female minors specifically mentioned also being attracted to adult females who were flat-chested and had slender bodies. Perhaps it is rarer for adult males to maintain the physical appearance of prepubescent or early pubescent boys, leading to higher rates of exclusivity for those who are preferentially attracted to male minors. And perhaps social factors such as the extreme importance many cultures place on youthfulness in female appearance, or the pervasive infantilization of women, lead to a situation in which adult women appear physically and socially younger than their actual age. This phenomenon would likely be absent for adult men, potentially explaining why participants who were attracted

to females were more likely to also find adults attractive than participants who were attracted to males.

Regarding exclusivity, it was expected that exclusively minor-attracted people would have lower ages of attraction than non-exclusives, with the rationale being that, since non-exclusives are also attracted to adults, the features they prefer in minors would tend to be slightly more mature and closer to adult appearances. This effect was found, but it was only significant for minor-attracted people who preferred females. This may be attributable to the smaller sample size of participants who preferred male minors, causing the mean difference to fall short of statistical significance.

Identities

Most participants in this study endorsed multiple identities. This was expected, given the complex nature of minor attraction and the interplay between age preferences and gender preferences. Interestingly, “pedophile” was the most commonly endorsed identity, despite being likely the most stigmatized identity presented in the study (Imhoff, 2015). There is also the issue of “pedophile” being conflated with “child molester” in the public lexicon. Perhaps minor-attracted people seek to reclaim the word pedophile, similar to the way same-sex attracted men have sought to reclaim terms like “fag” and “queer” (Brontsema, 2004; McCormack, Wignall, & Morris, 2015). Most participants also endorsed a sexual gender orientation identity like heterosexual, homosexual, or bisexual. Many participants also endorsed terms like “boy lover” and “girl lover,” both of which may serve the purpose of synthesizing a minor-attracted person’s age orientation and gender orientation while also evading the stigma of more clinical terms like pedophile.

While most participants endorsed multiple identities, many indicated that these identities had varying levels of importance to them. Minor attraction identities were at the top of most participants' identity hierarchies, but a significant minority placed a sexual gender orientation like homosexuality, heterosexuality, or bisexuality at the top. As expected, participants who were also attracted to adults were significantly more likely to put a sexual gender orientation at the top of their hierarchy. Perhaps this represents an attempt by some participants to elevate their more socially acceptable identities to cope with the stigma around their minor attraction. Whereas this option is less feasible for those who are exclusively attracted to minors. However, this difference in importance did not seem to affect which identities participants made public and which ones they kept private. That is, non-exclusive participants were no more likely than exclusive participants to identify publicly as homosexual, heterosexual, or bisexual. Most participants presented publicly with one of these identities, regardless of their specific sexual preferences. So it seems that the public/private nature of minor-attracted peoples' identities is largely dictated by the social context as opposed to their own sexuality. However, several participants also mentioned the role of the social context in determining their identity hierarchies, saying that their minor attraction felt defining because of the ostracism and stress that it brings them. But this social context seems to be even more influential for participants' public and private identities, unsurprisingly, with many participants mentioning the need to keep their minor attraction private for their own safety. This adoption of different identities in different contexts may be similar to the "strategic deployment" of identities that behaviorally bisexual, another often stigmatized sexual preference, men have been found to engage in (Baldwin et al., 2014).

Based on participants who specified the developmental period in which they adopted a minor-attracted identity, it would appear that most minor-attracted people do not adopt minor-

attracted identities until adulthood. Given that the average age of discovery was about 15, this leaves several years on average between when a minor-attracted person discovers their minor attraction and when they adopt it as part of their sexual orientation identity. This adoption seems to come later than for some other sexual minorities (Drasin et al., 2008; Maguen et al., 2002). This could be due to reluctance to adopt a minor-attracted identity due to the stigma, which may lessen over time as minor-attracted people learn to cope with their desires. Additionally, for the disproportionate number of minor-attracted men who are same-sex attracted, processing same-sex attraction and minor attraction simultaneously could lead to additional confusion that takes more time for them to decipher. There is also the element of relative age that may delay commitment to a minor-attracted identity. Perhaps many minor-attracted people hold out hope during their adolescence that their ages of attraction will increase to socially acceptable levels as they enter adulthood. When this does not occur, it could act as the final indication that this is an enduring sexual preference, removing the remaining barrier to the adoption of a minor attraction identity.

Disclosures

The majority of participants, around two-thirds, had disclosed their minor attraction to someone they knew personally. This was somewhat unexpected given the stigma they face. They most often disclosed to friends, as opposed to family members. This was probably a strategic choice for many minor-attracted people. Friends may be seen as the ideal people to disclose to because they offer high levels of intimacy, like family members, but with less potential downside. Friends may be more likely to keep this information to themselves than family members, who could share it with other members of the family. Friends may also be more likely to share the minor-attracted person's ideologies and worldview, given that people can choose

their friends in a way that they cannot choose their families. Additionally, minor-attracted people may see it as easier to distance themselves from a friend if they react negatively than from a family member, particularly if they are financially dependent on their family.

Many had also disclosed to therapists, despite the disincentive of mandatory reporting laws in the US and other parts of the world. This may indicate a strong desire by many minor-attracted people to seek therapy. It is impossible to say how many others would like to talk to a therapist, but are sufficiently deterred by mandatory reporting laws. And given the experiences of some participants, their fears are not unwarranted; some participants recounted that their therapists reported them to law enforcement agencies after they disclosed their minor attraction, even when they had not committed any crimes. These sorts of incidents do a major disservice to a vulnerable group, and they are a mark of shame on therapeutic professionals and the US legal system.

Nevertheless, most participants reported at least one positive disclosure experience. This was likely influenced by minor-attracted peoples' choices of to whom to disclose. That is, they probably chose to disclose to people they believed would react positively. Another factor contributing to the high rate of positive experiences may have been the low expectations that many participants had going into the disclosure. For some participants, any reaction other than rejection was perceived positively because they had been able to divulge their secret without their worst-case scenario coming to fruition. But of course, not everyone had positive reactions, and even those who did have positive reactions had often also experienced neutral or negative reactions when disclosing to other people. Neutral and negative reactions seemed to be particularly disheartening for participants. Negative reactions sometimes resulted in threats of violence, legal action, or loss of relationship. Neutral reactions often involved being ignored

which, while not explicitly negative, was still hurtful for many participants. It seems that, in the context of revealing this very intimate detail about themselves, a lack of validation was inherently invalidating for them.

Wellbeing

In this study, minor-attracted people had lower self-esteem and higher loneliness than comparison samples of the general population. This finding was expected due to the stress and stigma they face, and the finding of higher loneliness confirms the finding of another study of minor-attracted people recruited from the internet (Jahnke, Schmidt, et al., 2015). However, the current study's finding of lower self-esteem contradicts what that study found (it found that minor-attracted people had higher self-esteem). That study was conducted in Germany, had a slightly smaller sample ($N = 104$), and used a significantly smaller comparison group. Nevertheless, the correlates of self-esteem in minor-attracted people should be investigated further.

Self-esteem was unrelated to disclosure experiences in this study, indicating that this part of my hypothesis was incorrect. However, the hypothesized positive correlation between more accepting attitudes towards sex between adults and children and self-esteem was confirmed. This measure of attitudes was designed to separate minor-attracted people who believe that sexual contact with minors is inherently damaging from those who may not see it as damaging or those who primarily see it as damaging only because of the current social and legal climate. If one conceives of this measure of attitudes as an inverse measure of "internalized pedophobia," something akin to internalized homophobia, then this finding is to be expected. It is well established that internalized homophobia is correlated with lower self-esteem in sexual minorities (Herek et al., 1997). This finding also helps to explain a finding from Prevention

Project Dunkelfeld, a German program that provides therapy for self-identified pedophiles, that showed their patients had lower self-esteem after treatment than before (Beier et al., 2015).

Many modern therapies for minor-attracted people, like the ones performed by Prevention Project Dunkelfeld, attempt to reduce what are often termed “cognitive distortions” about sex between adults and children. They are also sometimes referred to as “offense-supportive attitudes,” and cognitive-behavioral therapists seek to reduce them in the hopes of reducing the likelihood that a minor-attracted person will commit a sexual offense against a minor. The scales used to measure “cognitive distortions” are very similar to the one that has been included in this study. In fact, the scale used in this study is simply a reduced version of one of the most popular measures of cognitive distortions, the Bumby MOLEST Scale.

If this positive relationship between more accepting attitudes towards sex between adults and children and higher self-esteem truly does exist for minor-attracted people, as these two findings would suggest, it raises an important ethical question regarding the therapies currently offered to minor-attracted people. As mentioned, even the more progressive treatment programs, such as Prevention Project Dunkelfeld, insist upon trying to persuade minor-attracted people to wholly reject the notion that sex between adults and children could ever be anything but harmful. The rationale is that this will make minor-attracted people less likely to act on their sexual desires, but there is limited evidence to support this notion (Beier et al., 2015). Given that this approach seems likely to reduce the minor-attracted person’s self-esteem, who is this therapy truly meant to serve, the patient or society? Up until this point, it seems therapists have convinced themselves they were serving the needs of both parties with this approach. But this apparent contradiction will require them to make a choice about serving a perceived social need, by attempting to reduce the minor-attracted person’s likelihood of committing a sexual offense,

or serving the mental health needs of their minor-attracted patients. Perhaps there is a middle ground wherein therapists could emphasize the potential for harm in the current social and legal environment without implying that the minor-attracted person's desires are inherently wrong and harmful in all contexts. The voices of minor-attracted people are often ignored in this therapeutic process, so very little is known about what aspects of therapy they personally find helpful.

Regarding loneliness, there were two main findings. First, as hypothesized, exclusively minor-attracted people were significantly lonelier than those who were also attracted to adults. This finding is intuitive, because minor-attracted people who are also attracted to adults likely have a greater chance of finding a satisfying romantic relationship. This difference was also hypothesized based on Jahnke's finding on the positive relationship between stigma-related stress and loneliness among minor-attracted people (Jahnke, Schmidt, et al., 2015). It was believed that having a non-stigmatized sexual orientation in addition to a minor attraction would mitigate some of the negative effects of stigma on loneliness.

The other finding regarding loneliness was that those who had at least one positive disclosure experience had lower loneliness than those who did not have any positive disclosure experiences. Being able to be open about themselves, without rejection, with at least one person in their life seems to be a powerful protective factor against the loneliness that minor attraction can bring about. This finding is compatible with research showing the positive mental health benefits of "coming out" for other sexual minorities (Juster et al., 2013; Pachankis, 2007; Pachankis et al., 2015). However, just comparing loneliness scores for those who have disclosed at all with those who have not, there is not a significant difference. The mere act of disclosing does not necessarily seem to have a positive effect on loneliness if the experience is neutral or negative. Therefore, the hypothesis that disclosing would be related to lower loneliness is only

partially correct. This may be due to a phenomenon of minor-attracted people feeling mistrustful towards people who they have disclosed to. In her qualitative accounts of disclosure experiences, Freimond found that some of her participants experienced increased stress and anxiety after disclosing because they were not comfortable with what the people they disclosed to may choose to do with that information (Freimond, 2013). They could spread it to other people in the minor-attracted person's life, use it against the minor-attracted person, or even potentially try to create legal trouble for them. So in the event of a neutral or negative disclosure experience, the mistrust that the minor-attracted person may feel towards the person they disclosed to may act to cancel out any benefit of having disclosed.

Limitations

This study relied on self-report, and therefore could have been subject to social desirability bias. The complete anonymity of the survey may have helped to reduce this bias, but participants still may not have felt comfortable divulging everything about their sexuality due to the severe consequences they could face if the information were to be traced back to them. Several questions were also retrospective, so participants may not have recalled everything accurately.

There are also limitations regarding the sample. While recruiting from the internet is certainly an advantage over studies that have recruited from clinical and forensic settings, it may still be unrepresentative of the general population of minor-attracted people. This may partially explain the lack of racial and ethnic diversity in the current study. Additionally, the internet communities that I recruited from often serve as support groups for their members, so this sample may over-represent minor-attracted people who are struggling with their sexuality and seeking support. However, the stigma and ostracism that accompany minor attraction make this

potential over-representation less likely, because it is probable that even relatively well-adjusted minor-attracted people would still seek out a community of peers. However, since participation was voluntary and non-random, there may also have been a self-selection bias. With no other similar contemporary samples of non-offending minor-attracted people for comparison, it is unclear how this bias may have affected the sample.

Minor Attraction as a Sexual Orientation

In this study, I aimed to conceptualize minor attraction as a sexual orientation, and study it in the way other sexual orientations have been studied. The finding that the average age of discovering a minor attraction was 15 years old bolsters evidence that, like other sexual orientations, minor attraction manifests during puberty. I also found that minor-attracted people are interested in not only the physical aspects of their partners, but also their personalities. This complements previous research showing that there is also a romantic component to minor attraction, again strengthening the case for it being a sexual orientation (Seto, 2012). While it was expected in this study that the number of physical and/or personality traits mentioned would vary as a function of the age of minors the participant was attracted to, it did not. A difference was expected due to the large developmental differences between young children and adolescents. However, the fact that participants described their attractions similarly regardless of the age of the minors they were describing may be suggestive of commonalities in attraction across the sexual age orientation spectrum.

The finding that a minority of participants were exclusively attracted to minors also supports the conceptualization of minor attraction as a sexual orientation by providing more evidence that minor attraction exists on a continuum (Freimond, 2013). As discussed previously, research suggests that non-preferential sexual interest in minors is relatively more common than

preferential sexual interest in minors (Wurtele et al., 2014). The current study suggests that, among those with a preferential sexual interest in minors, exclusive minor attraction is relatively less common than non-exclusive minor attraction. This roughly mirrors the distribution along the continuum of same-sex attraction, strengthening the conceptualization of minor attraction as a sexual orientation (Savin-Williams et al., 2012; Vrangalova & Savin-Williams, 2012).

Conclusion

Minor attraction is a complex sexual phenomenon that is best conceived of as a sexual orientation. Minor-attracted people appear to experience their sexuality in much the same way adult-attracted people do, albeit towards a socially unacceptable target. Given the somewhat arbitrary nature of this social distinction, the basis for the pathologization of minor attraction is questionable. The current study adds to evidence of similarities between minor attraction and other sexual minority orientations. It also shows that the experiences of minor-attracted people are quite varied. By using a non-forensic, non-clinical sample I have been able to capture a much broader range of experiences. This has illuminated not only the hardships that many minor-attracted people face, but also the ways in which some have succeeded in overcoming or avoiding these hardships. This provides hope that minor-attracted people are not doomed to live unhappy lives, despite the intense stigma they face.

Future research should more deeply investigate the developmental milestones and trajectories of minor-attracted people using larger, more representative samples. The heterogeneity of minor-attracted people should also be investigated further in an attempt to elucidate the ways in which different sub-groups of minor-attracted people may differ from one another. Future research should also seek to relate these findings to mental health and wellbeing in order to develop models of positive development for minor-attracted people. More attention

should be given to the voices of minor-attracted people in this process, incorporating their input on how they manage their sexuality and what policy changes and therapeutic approaches they believe would be helpful. Hopefully this will lead to a new era of research and clinical practice that seeks to improve the lives of minor-attracted people, while respecting their identities and their experiences.

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