Comparison of Self-Identified Minor Attracted Persons who have and have not Successfully Refrained from Sexual Activity with Children

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Abstract

The present study compares community-based minor attracted persons (MAPs) with and without histories of sexual activity with children. MAP-Actors (N = 342) were significantly older than Non-Actors (N = 223), with longer duration of pedophilic attraction, more antisocial traits, greater attraction to boys, greater difficulty controlling their attraction and more positive attitudes towards adult-child sexual activity. Additionally, more MAP-Actors reported prior mental health treatment, nonsexual offenses, and childhood sexual and nonsexual abuse. Over 1/3 of the whole sample reported chronic suicidal ideation. These findings support the existence of MAPs who successfully refrain from sexually engaging with children, identifying multiple protective and risk factors.

Given the high incidence of childhood sexual abuse and its pernicious, long-lasting effects, an accurate and comprehensive understanding of the full heterogeneity of individuals who either desire or actually engage in sexual activity with children is critical for providing effective treatment and consequently reducing the risk of child sexual abuse. Perhaps due to the potential legal risks of self-reporting pedophilic inclinations, the vast majority of extant research concerning minor-attracted individuals has been conducted with participants identified by their past behavior (Houtepin et al., 2016; Kramer, 2011; Cantor & McPhail, 2016; Schaeffer et al., 2010; Kargel et al., 2016). In most cases this population is identified via their contact with the criminal justice system, thereby excluding pedophilic individuals who have never sexually engaged with a child. Importantly, such selection biases mask the critical distinction between pedophilic *attraction* and pedophilic *behavior*, as it is pedophilic behavior that causes harm to children. While behavior is under voluntary control, attraction is far less so (Seto, 2012).

To address this significant gap in the literature, the present study utilized a web-based survey to access minor attracted persons living in the community who have successfully refrained from acting on their pedophilic desires. This work results from a collaboration between researchers at Mount Sinai Beth Israel and an organization named B4U-ACT, which represents a collaborative effort between minor-attracted people (MAPs) who commit to living within the law and mental health professionals to improve communication and understanding. This organization provides a unique opportunity to examine a sub-group of adults with pedophilia that has not been adequately studied. In this study, we will use the term minor attracted persons (MAPs) to refer to individuals who experience persistent attraction to children as this term is preferred by individuals who self-identify as attracted to underage minors (Kramer, 2011).

There exists a limited literature on MAPs who successfully refrain from sexual activity with children. Comparison of MAPs in the community who have and have not sexually touched children show that the former were older and more likely to have a history of childhood sexual abuse, prior mental health treatment and children of their own (Schaefer et al., 2010). Both groups reported high levels of psychological difficulties as well as significant distress at their pedophilic fantasies (Schaefer et al., 2010; Neutze et al., 2012). In a brain imaging study, MAPs with child sex offenses produced more errors of commission and less recruitment of frontal and cingulate regions on a response inhibition task (Kargel et al., 2016). To our knowledge, there is only one large study that compared minor attracted adults in the community who have and have not sexually offended against children (Bailey et al., 2016). Out of ten demographic or sexual risk factors, age, child-related occupation, "falling in love" with a child, preferential attraction to children vs. adults and male vs. female children, history of childhood abuse, and struggle to avoid committing sexual offenses differentiated offenders from non-offenders. Among individuals with prior child pornography offenses, those who had also touched children sexually had a higher rate of substance abuse and prior sex offenses, more extensive use of child pornography (McCarthy, 2010), a history of poor school adjustment, and higher recidivism risk on the Static-99 (Jung et al., 2013). Other issues raised include significant experience of stigma (Cantor & McPhail, 2016) and related discomfort seeking help from the mental health profession (Houtepen et al., 2016). Nonetheless, these studies are limited by small sample size, restricted range of variables, reliance on forensic samples, poor control for social desirability bias and/or lack of validated measures.

In the interest of replicating and expanding upon these initial findings, we compare MAPs who do and do not refrain from sexually engaging with children with the aim of delineating commonalities and differences between the two groups on a broad range of variables deemed relevant in prior research on pedophilia (Houtepen et al., 2016; Cantor & McPhail, 2016; Schaefer et al., 2010; Neutze et al., 2012; Cohen et al., 2002, 2008,2010; Stein et al., 2000; Black, 2000). Specifically, we assessed demographics, clinical and legal history, sexual attitudes and history, trauma history, psychological distress, select personality traits, and impact of perceived stigma.

Methods

Online survey

The survey consisted of 8 study instruments used to assess participants' sexual attitudes and history, legal and clinical history, and personality traits. Subjects were recruited by the science director of B4U-ACT, who contacted potential subjects through the organization's mailing list and other means of contact. Potential participants were provided with the internet website address at www.surveymonkey.com where they could complete the survey. The survey link was made available on-line for a period of 7 months, from November 2014 to May 2015.

Confidentiality

Because of the sensitivity of the information gathered and in order to maximize honest self-disclosure, special precautions were taken to protect subjects' confidentiality. Outside of basic demographic data, we did not collect any identifying information. Although Survey Monkey was able to identify the IP address of the survey respondent, neither email nor IP addresses were linked to the surveys nor saved in the data. Moreover, Survey Monkey was not

able to connect IP addresses to survey content. We also encrypted the survey results. Additionally, we obtained a waiver of consent and of research authorization from the Mount Sinai Beth Israel Institutional Review Board (IRB). Finally, we obtained a Guarantee of Confidentiality from the federal government, which protects the confidentiality of the data even from subpoena.

Measures

Background Questionnaire.

The Background Questionnaire gathered basic demographic information (age, sex, gender, race/ethnicity, education), legal and clinical history. To protect confidentiality, age was reported in 5 year categories and later transformed back into years, with each age category equal to the middle year of its 5 year span, (e.g., 23 for 21--25 years).

MAP Questionnaire.

The MAP Questionnaire was developed by the first author (LJC) in collaboration with B4U-ACT to investigate subjects' personal experience of being a minor-attracted person, including their history of attraction to and sexual behavior with minors, ease or difficulty of inhibiting their attraction to children, attitudes toward and experiences of mental health care, and experiences of MAP-related stigma. Questions were either binomial (yes/no) or in 7-point Likert scales. The MAP Questionnaire is presented in Appendix A.

Baratt Impulsivity Scale-11th version (BIS-11) (Barratt & Stanford, 1995).

The BIS-11 is a 34-item questionnaire that assesses three components of impulsivity: Motor, Attentional and Non-Planning Impulsiveness. The total score was used in this analysis.

The Child Trauma Questionnaire (CTQ) (Bernstein et al., 1995).

This widely-used 25-item questionnaire assesses experiences of childhood trauma and yields 5 subscale scores, physical, emotional and sexual abuse and physical and emotional neglect. The present study used the sexual abuse subscale and a composite total non-sexual trauma score combining all subscales except sexual abuse. Because all the CTQ subscales covary, analysis of group differences in the CTQ non-sexual trauma scale was performed covarying for the sexual abuse subscale.

INTREX (Benjamin et al., 2006).

The INTREX-Long Form A (Introject) is a 36-item self-report questionnaire assessing multiple aspects of self-concept. In the present study, a PCA was performed in the interest of data reduction. The PCA yielded 7 components with eigenvalue greater than 1 but examination of the scree plot suggested a 4 factor solution. The first factor (eigenvalue = 6.55; 18.20% of variance) was termed self-love and used as a general measure of positive self-esteem.

Sexual History Questionnaire (SHQ) (Cohen et al., 2010; Cohen & Galynker, 2012).

This 94-item questionnaire was developed by the authors for prior studies on pedophilia (Cohen et al., 2010; Cohen & Galynker, 2012). The SHQ asks questions about sexual attraction, behavior, and legal history as well as subjects' own childhood sexual experiences. The present study included four binomial variables designed to capture subjects' experiences of childhood sexual abuse: whether the subject reported a first sexual experience before age 13, whether this occurred with a partner at least 5 years older than the subject, and whether the subject reported experiencing adult sexual advances as a child or as an adolescent.

Millon Clinical Multiaxial Inventory II (MCMI-II) (Millon, 1987).

This 175-item questionnaire measures all DSM-III-R personality disorders as well as several Axis I disorders and syndromes. Scale scores were calculated according to the scoring key in the MCMI-II manual (Millon, 1987). The MCMI-II was used rather than the more recent MCMI-III (Millon et al., 2009) to allow comparison with previously collected data. The current analysis included scale scores for Antisocial and Aggressive-Sadistic Personality Disorder, Anxiety and Dysthymic Disorder, plus two personality dimensions that distinguished pedophilic individuals from healthy controls in our previous work (Cohen et al., 2002, 2008; Cohen & Galynker, 2012). To assess *socially inhibited personality traits*, a PCA was conducted with Avoidant, Dependent, Self-defeating, and Passive-Aggressive Personality disorder scales which yielded a single component with eigenvalue greater than 1 (eigenvalue = 2.67), accounting for 66.64% of the variance (Cluster C-PC). Factor loadings ranged from .566 to .963. To assess *the propensity towards cognitive distortions*, a composite variable (Cluster A – PC) was calculated based on a PCA with Schizoid, Schizotypal, and Paranoid Personality disorders plus Delusional and Thought Disorder. This yielded a single component with eigenvalue greater than 1 (eigenvalue = 3.74) that accounted for 74.81% of the variance. Factor loadings ranged from .751 to .955.

MMPI-2 Lie Scale (Greene, 2000).

This widely used, 15-item validity scale assesses the tendency to minimize socially undesirable traits and present the self in a more positive light than might be warranted. The MMPI-Lie scale was interspersed with MCMI-II items on the survey.

Missing Data.

Because the problem of missing data is frequent with survey studies, Survey Monkey automatically classifies respondents as study completers or non-completers, marking if the subject discontinued before the end of the survey. In the present study this problem was likely heightened as, due to the sensitive nature of the survey, respondents were invited to leave blank any questions they felt might incriminate them or otherwise make them uncomfortable. As it is possible for a record to be coded as complete yet still have questions that are left unanswered, completer status is not an exact measure of missing data but rather serves as a proxy for it. In the interest of preserving sample size, however, all available data were entered into each analysis, resulting in varied sample sizes across analyses. The potential confound of completer status was assessed by comparing the proportion of completers in MAP Actor vs. Non-Actor groups.

Data Analysis

Identification of MAP Actors and Non-Actors.

Once survey data collection was completed, the subjects' responses were reviewed for categorization into MAP Actor and Non-Actor groups. Subjects were classified as MAP Non-Actors if they met *both* of the following criteria:

- Consistently answering in the negative to all questions about past pedophilic behavior and relevant legal history,

- No evidence to the contrary in narrative response fields.

Subjects were classified as MAP Actors if they met *any* of the following criteria:

- Answering "yes" to any question inquiring whether they had ever sexually engaged with either children or underage adolescents as an adult.

- Reporting having been arrested, convicted or incarcerated for a sexual offense against a minor.

- Referencing their own adulthood sexual activity with a minor in any narrative response field.

Subjects who met criteria for neither group were excluded from analysis. To the extent such information was available, MAP Actors were further divided into three groups, those who acted with children only, adolescents only and both children and adolescents.[1]

After classification, groups were compared on all variables using bivariate logistic regression analyses. To identify independent predictors, a multivariate logistic regression analysis was then conducted with non-redundant, significant predictors from bivariate analyses. In secondary analyses, MAP Actors with children only were compared to those with adolescents only and then to those with both children and adolescents. As this investigation was intended as an exploratory study, significance was set at $p<.05$, although Bonferroni corrected alphas are noted in each table.

Results

Descriptive Data

[1] One subject was classified as an Actor with children only but marked as missing data for Actor vs. Non-Actor status because he inconsistently reported having been charged for sexual offenses against children while denying ever acting on his attractions.

Out of a total of 780 subjects who initiated the survey, 565 provided sufficient data for classification as MAP Actors (N = 223) or Non-Actors (N = 342) and were included in the study. Of Actor subtypes, 76 (33.6%) respondents were classified as child only, 36 (16.1%) as adolescent only, 91 (40.8%) as both child and adolescent, and 21 (9.4%) as not enough information. The mean age of the study sample was 36.63 ± 15.1 years of age (range 18--83) and the mean level of education was 5.81 ± 1.9 (5 = some college, 6 = associates degree). The vast majority of the respondents were male (535, 95.4%), with 18 (3.2%) female, 5 (0.9%) male to female transgender, and 3 (0.5%) female to male transgender. Likewise the great majority of the sample were white (466, 83.2%), with 9 (1.6%) self-identifying as black, 12 (2.1%) as Asian/Pacific Islander, 29 (5.2%) as Hispanic, 5 (0.9%) as Native American, 15 (2.7%) as more than one race/ethnicity), 6 (1.1%) as Other, and 18 (3.2%) as Prefer Not to Answer. More than half the sample (328; 58.1%) reported living in the Unites States.

Completer vs. Noncompleter status

MAP Actors vs. Non-Actors did not differ as to completer status (62.3% vs. 60.5%) ($\square^2$ = .185, p = .724).

Validity Scale

Scores on the MMPI Lie scale were compared across MAP Actors and Non-Actors. A significant group difference was found (F(1,299) = 4.0, p = .046), with Non-Actors (4.44 ± 2.2, T = 54) scoring higher than Actors (3.91 ± 2.2, T = 52), although both groups' scores fell solidly in the normal range. Because the Lie Scale was administered at the end of the survey after considerable respondent attrition, we elected to address this group difference in a follow-up analysis rather than the primary analysis in order to preserve sample size.

Comparison of MAP Actors with MAP Non-Actors (Tables 1--3)

In bivariate comparisons, the groups significantly differed on age, with MAP Actors approximately 11 years older than MAP Non-Actors, but not on any other demographic variable. With regard to non-sexual legal history, the groups significantly differed on all variables, with MAP Actors reporting more arrests, convictions and incarceration for both nonviolent and violent offenses. The groups also differed on clinical history with more MAP Actors reporting a history of psychotherapy and psychiatric hospitalization than Non-actors (See Table 1).

With regard to sexual attraction, MAP Actors reported significantly longer duration of attraction to minors, greater attraction to boys and greater difficulty controlling their pedophilic attraction. The groups did not differ on age of onset or attraction to men, women or girls. Additionally, the groups reported no difference on the variables of felt stigma, specifically how subjects' MAP status affected their self esteem, social confidence and distancing from friends. Nor did a measure of general self-esteem, the INTREX Self Love-PC, distinguish the groups. Likewise, both groups showed similarly high levels of emotional distress. Dramatically, approximately 1/3 of subjects in both groups reported chronic or recent suicidal ideation. The groups did differ on attitudes toward adult-child sexual engagement, however, with MAP Non-Actors rating such activity to have a more negative impact on children and as more immoral vs. just illegal (See Table 2).

The groups also differed on multiple indicators of childhood sexual abuse. More MAP Actors reported adult sexual advances as a child, adult sexual advances as an adolescent and first sexual encounter at age 12 or younger. MAP Actors also scored higher on the CTQ sexual abuse and CTQ non-sexual trauma scales. With regard to personality traits, MAP Actors scored higher

on antisocial and aggressive-sadistic traits but groups did not differ on impulsivity, propensity towards cognitive distortions (Cluster A -PC), or socially inhibited personality traits (Cluster C-PC) (See Table 3).

When all analyses in Tables 1--3 were repeated covarying for the MMPI-Lie scale (N = 300), the great majority of results remained unchanged. Group comparisons for prior psychiatric admissions and for convictions and incarceration for nonsexual violent crimes lost significance. The cell size for nonsexual violent crimes was greatly reduced, however (N = 4). Group differences in attitudes towards adult-child sex reduced to marginal significance.

To test for independent predictors, a multivariate logistic regression (n = 249) was conducted including 8 non-redundant, significant predictors from bivariate analyses. Younger age, difficulty controlling attraction, adult advances as children, and antisocial traits were all significant, independent predictors of MAP-Actor status (See Table 4).

Comparison of MAP Actors with Adolescents to those with Children

Comparison of MAP's who acted only with children to those who acted only with adolescents yielded relatively few differences (See Table 5). This may have been due in part to lack of power as the cell size for MAPs who preferentially acted with adolescents was often quite small. Compared to MAP Actors with children only, Actors with adolescents only had significantly more education, an older age of onset, stronger attraction to adult men, and weaker attraction to girls. They were also less likely to report psychiatric hospitalization and more likely to report adult advances as an adolescent.

Comparison of MAP Actors with both Children and Adolescents to those with Children only

Comparison of MAP Actors with children only to those with both children and adolescents also yielded few significant differences. MAP Actors with both children and adolescents were older and better educated, with longer duration of pedophilic attraction, weaker attraction to girls, and greater difficulty controlling pedophilic sexual urges. They were also more likely to report a history of psychotherapy and psychiatric medication (See Table 5).

Discussion

The purpose of this paper was to compare MAPs living in the community who had successfully refrained from sexually engaging with underage minors (MAP Non-Actors) to those who have not (MAP Actors) on a broad range of relevant variables. While the literature comparing these two populations is quite limited, our findings were remarkably consistent with available reports showing MAP Actors (typically recruited from forensic settings) to report stronger sexual attraction to minors (Schaefer et al., 2010; Bailey et al., 2016), higher levels of antisocial behavior (Neutze et al., 2012; Jung et al., 2013), greater incidence of childhood sexual abuse histories (Neutze et al., 2012; Bailey et al., 2016), and, paradoxically, more frequent utilization of mental health services (Schaefer et al., 2010) compared to MAP Non-Actors or MAPs outside the forensic setting. Although self-report bias presented a potential confound, the great majority (88%) of our findings remained unchanged after covarying for the MMPI-Lie scale.

It is important to note that the two MAP groups were comparable in multiple domains. Aside from age, there were no demographic differences. This differs from prior reports that

found non-contact MAPs to be more educated and of higher socioeconomic status (Neutze et al., 2012; Jung et al., 2013). However, those findings included forensic MAPs while our sample was community-based. Regarding sexual orientation, both groups reported age of onset in the early teens along with comparable levels of attraction to men, women and to girls (but not boys). The early age of onset coupled with the decades-long duration underscores the stable nature of pedophilic attraction, consistent with the notion of pedophilia as a distinct sexual orientation (Seto, 2012). This statement should be qualified, however, by the oft-noted finding that a large proportion of convicted child molesters do not meet criteria for pedophilia, in that they do not show a persistent and focused sexual attraction to children (Seto, 2008). Such individuals have variably been termed opportunistic, situational or regressed pedophiles (Prentky et al., 2008; Lanning, 2001; McConnaughy, 1998) or non-pedophilic child molesters (Suchy et al., 2009). In these cases sexual engagement with children might be attributable to substance abuse, personality pathology, impaired social skills or other factors outside of a specific sexual attraction. We conclude that subjects in the present study are unlikely to fall into this category, however, as supported by 1) their self-ratings of strong sexual attraction to children, 2) self-reported early age of onset and decades-long duration of pedophilic attraction, and 3) self-selection to participate in a study on minor attracted persons. Thus for these individuals, pedophilia appears to represent a stable sexual orientation.

In our study, both MAP groups reported comparable levels of emotional distress, felt stigma, socially inhibited personality traits, impulsivity, and propensity towards cognitive distortions. Remarkably, across groups approximately 1/3 of respondents reported either recent or chronic suicidal ideation, which is consistent with prior reports of high suicidal risk in the

MAP population, particularly after actual or threatened public exposure or legal consequences (Walter & Pridmore, 2012; Pritchard & King, 2005). Given the intense stigma associated with pedophilia (Cantor & McPhail, 2016), the illegal nature of their desired sexual activity, and the fact that full expression of their sexual desires can cause long-lasting psychobiological harm to children (Putnam & Trickett, 1997; Fry et al., 2012), it is not surprising that individuals with persistent sexual attraction to pre- or pubescent children experience intense emotional distress (Schaefer et al., 2010) regardless of whether or not they have acted on those desires.

The primary aim of this study, however, was to identify differences between MAPs who do and do not act upon their desire to sexually engage with children (or underage adolescents) in order to distinguish between the correlates of pedophilic attraction vs. actions. As predicted the two groups do differ in important ways. Unsurprisingly, MAP Actors report greater difficulty controlling sexual urges and more ego-syntonic attitudes towards adult-child sexual activity, though the latter finding was diminished after controlling for social desirability bias. MAP Actors' greater reported sexual attraction to boys is consistent with the findings of Bailey et al. (2016) as well as repeated findings of pedophilic sex offenders against boys having more victims and greater phallometric response to pedophilic stimuli than offenders against girls (Seto, 2008). Our robust findings of greater incidence of sexual abuse in MAP Actors vs. Non-Actors may be related to this finding, supporting the oft-proposed role of childhood sexual experience in shaping later sexual development (i.e., the abused abuser theory) (Cohen et al., 2002, 2010; Cohen & Galynker, 2012; Seto, 2008; Freund & Kuban, 1994). In effect, early sexual experience may imprint the child's own age and gender onto the later object of sexual desire (Cohen et al., 2002; Cohen & Galynker, 2012). That Actors with adolescents reported higher incidence of adult

advances as an adolescent further supports this theory. However, a large proportion of subjects did not report sexual experiences in childhood, suggesting that, despite a documented tendency in sexual abuse victims towards under-reporting (Williams, 1994), premature exposure to sexual activity may not be the only pathway to pedophilic attractions in adulthood.

Our findings also show higher levels of antisocial personality traits and non-sexual criminal offenses in MAP-Actors, consistent with past findings showing elevated antisocial traits in forensic MAPs vs. healthy controls (Cohen et al., 2002, 2008; Black, 2000; Cohen & Galynker, 2000). In fact, antisocial traits were the only personality traits differentiating the groups, suggesting that, with regard to personality traits, antisocial tendencies may be the main risk factor for failure to inhibit pedophilic behavior. In our 2002 model, we suggested that premature sexual exposure caused alterations in sexual neurodevelopment resulting in pedophilic attraction while personality pathology, such as antisocial traits, facilitated behavioral disinhibition (Cohen et al., 2002). These findings offer support for this model but further suggest that premature sexual exposure also contributes to behavioral disinhibition. Taken together, our findings suggest that more severely traumatic childhoods, including greater exposure to sexual abuse, both exacerbate pedophilic inclinations and impede behavioral control.

Our discussion so far suggests that MAP Actors and Non-Actors are distinguished by stable traits, such that Non-Actors are unlikely to become Actors. The findings that Actors were older than Non-Actors with longer duration of pedophilic attraction, however, may suggest otherwise and are consistent with prior reports (Bailey et al., 2016). These findings raise the question of whether younger MAP Non-Actors might become Actors over time, although the cross-sectional nature of the data precludes any conclusion about change over time. It is also

possible that such findings are related to a sampling bias; for example, younger Actors may have been less interested in participating in research than their older counterparts. Regardless, any possibility of young Non-Actors eventually acting on their pedophilic attractions underscores the urgent need for improved access to mental health care for the MAP population (Houtepen et al., 2016; Cantor & McPhail, 2016). That Non-Actors are less likely to seek out mental health care is of significant concern in this regard. Importantly, the distinction in help-seeking behavior appears to be due to contact with the criminal justice system, where treatment is often mandated. More than twice the subjects with a past arrest for a sexual offense against a minor endorsed having received psychotherapy compared to those without (64.9% vs. 29.5%). As such, future research to examine barriers to care among non-acting MAPs would be of great importance.

Our findings should be interpreted in the context of several limitations. As with any anonymous survey study, we cannot guarantee the accuracy or reliability of the subjects' responses. Moreover, the sensitivity of the topic likely increases the risk for a social desirability bias. The variability of sample size across instruments as well as the lack of information about use of child pornography also present study limitations. Additionally, the study did not evaluate specific aspects of subjects' sexual feelings and behaviors, such as the nature of sexual fantasies or behaviors or the age and number of victims. Likewise, we did not examine legal sublimatory behaviors, such as dating adults that look younger. The methodology utilized also presents the potential for self-selection bias; not all eligible subjects are computer literate, likely to join on-line forums, nor comfortable disclosing potentially incriminating information. Thus there may be limitations to the generalizability of the findings. Relatedly, our sample may overlap with that used in the Bailey et al. (2016) report, as that study also recruited through B4U-ACT.

Nonetheless, this methodology allowed us to access a population that is otherwise very difficult to reach and the comprehensive nature of the survey allowed us to review each record for consistency. Moreover, to our knowledge, this is the first comprehensive, large-sample study to compare community-based MAPs on a broad range of pertinent variables. Taken within its limitations, the present study adds valuable information to the sparse literature on minor attracted persons who refrain from sexually engaging with underage minors and how they compare to their counterparts who have engaged in such activity. A comprehensive understanding of the heterogeneity of individuals with pedophilia as well as of relevant risk and protective factors is essential for both the prevention of child sexual abuse and the effective mental health treatment of minor attracted persons.

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Minor Attracted Persons Questionnaire

1. How old were you when you first realized that you were sexually attracted to underage children that were not same-age peers? If you were under 18 at the time, only include attraction to children that were at least 5 years younger than you.

_____ yrs

2. Are you sexually attracted to children of both sexes or only of one sex?

Males only ____ Females only ____ Both Males and Females_____

3. How attracted are you to adult males or females, aged 18 or older? Please rate on the 1 – 7 scale listed below.

1 = Not at all attracted, 4 = Somewhat attracted, 7 = Intensely attracted

Adult Males _____ Adult Females_____

4. How intense is your sexual attraction to underage children? Please rate on the 1 – 7 scale.

1 = Not at all attracted, 4 = Somewhat attracted, 7 = Intensely attracted

Boys _____ Girls_____

5. Have you told anyone about your sexual attraction to underage children? Y or N

6. Whom did you tell? Please check all that apply.

Family___ Friends_____ Mental Health Clinician_____Other MAP_____

Clergy _____ Member of Criminal Justice System_____

Other (Please specify) _____

_____

7. How comfortable do you feel disclosing your sexual attraction to children to other people? Please rate on the 1--7 scale for each of the situations listed below.

   1 = completely comfortable, 4 = somewhat comfortable, 7 = Not at all comfortable

   Anonymously: _____ To family: _____To friends: _____

   To clergy:_____ To mental health clinicians:_____To other MAPs_____

   Comments: _____

_____

8. If you feel discomfort disclosing your sexual attraction to children to other people, what are the reasons? Please circle all that apply.

   a. Fear of possible legal consequences

   b. Fear of negative social consequences (loss of job, family, friends)

   c. Fear of social stigma

   d. Feelings of shame

   e. Fear of violence from others

f. Fear of moral condemnation

g.

Other_____

_____

9. How do you think your sexual attraction to underage children has affected your self esteem? Has it hurt your self esteem? Please rate on the 1 – 7 scale listed below.

1 = No negative effect on self esteem, 4 = somewhat hurt self esteem, 7 = Badly hurt self esteem

_____

10. Has your sexual attraction to underage children affected your social confidence? Has it made your feel insecure or anxious in relating to other people? Please rate on the 1--7 scale listed below.

    1 = Has caused no social anxiety, 4 = Causes some social anxiety, 7 = Has caused very intense social anxiety

_____

11. Has your sexual attraction to children caused you to keep friends and acquaintances at a distance?

    1 = Has not affected social life, 4 = has somewhat reduced social circle, 7 = Has led to strong social isolation

_____

12. Are you able to successfully refrain from engaging sexually with children? Can you stop yourself from acting on your sexual desires towards children?

Y or N

13. How easy is it for you to control your sexual desires for children? How easy is it for you to not act on such feelings or desires? Please rate on the 1 – 7 scale listed below.

    1 = Can inhibit behavior with no problem, 4 = Can inhibit behavior with effort, 7 = Intensely difficult to inhibit behavior

_____

14. Have you ever engaged sexually with an underage child? This is defined as aged 13 or younger when you were at least 18 or 5 years younger than you when you were younger than 18.

Y or N

15. Have you ever engaged in sexual activity with an underage adolescent (age 14--17) when you were at least 5 years older than the adolescent?

Y or N

16. If you have ever engaged sexually with an underage child or adolescent, have you stopped any such behavior?

Y or N

17. What led you to stop engaging in sexual behavior with children? Please circle all that apply.

    a. I was never caught but I stopped out of fear of the potential legal consequences

    b. I was caught and experienced direct legal consequences. I did not want to be in further legal danger

    c. I was never caught but I was afraid of negative social consequences (loss of job, marriage, or family relationships) if was ever caught.

    d. I was morally disturbed that I was harming children.

    e. Other:

    _____

18. Please list the most important reason (a through e) that you stopped engaging in sexual behavior with children.

_____

19. What impact do you believe sexual activity with an adult has on a child?

    Please rate on the 1 – 7 scale: 1 = Has no negative impact, 4 = Has some negative impact, 7 = Has intensely negative impact

_____

20. Do you believe sexual activity between adults and children is only wrong because it is illegal or that it is morally wrong no matter what the law says? Please rate on the 1 – 7 scale:

    1 = I believe it is not morally wrong, only illegal, 4 = I'm not sure if it is morally wrong, 7 = I believe it is morally wrong regardless of legal status

_____

21. What would you like the mental health field and the public at large to understand about your experiences as a Minor Attracted Person? What do you feel is not understood? Please comment below:

_____

_____

_____

_____

_____

Table 1 Demographics, Legal and Clinical History of MAP Actors and Non-Actors

	MAP Actors		**MAP Non-Actors**		**O.R.**	**95%CI**	**p value**
	N	%	N	%			
Demographics	N = 201		N = 338				
Age (mean/s.d)	43.30	16.2	32.31	13.4	1.05	1.04-1.06	<.001***a
Male Gender	193	96.5	321	94.4	1.81	0.75-4.38	.188
Education (mean/s.d)	5.92	2.0	5.75	1.9	1.05	0.96- 1.14	.312
White Race/Ethnicity	169	84.1	291	86.1	0.89	0.55-1.44	.643
In USA	125	62.2	191	56.2	1.26	0.89-1.78	.193
Non-Pedophilic Legal Hx	N = 200		N = 341				
Arrested nonsex offense	45	22.5	33	9.7	3.16	1.97-5.05	<.001***a
Arrested nonsex violent	8	4.0	2	0.6	9.70	2.15-43.79	.003**a
Convicted nonsex offense	20	10.0	11	3.2	3.87	1.86-8.03	<.001***a
Convict. nonsex, violent	4	2.0	1	0.3	9.67	1.11-80.87	.036*
Incarcerated nonsex	21	10.6	4	1.2	11.91	4.11-34.55	<.001***a
Incarcer. nonsex, violent	4	2.0	1	0.3	9.67	1.16-80.87	.036*
Clinical History	N = 220		N = 339				

Psychotherapy	83	41.5	103	30.4	1.68	1.18-2.39	.004**
Psychiatric Medication	74	38.3	113	33.2	1.27	0.89-1.81	.193
Psychiatric Hospitalization	35	18.2	32	9.6	2.05	1.24-3.40	.005**

Note. s.d. = standard deviation, O.R. = Odds Ratio,

*p≤.01,

***p≤.001,

[a]p≤ Bonferroni corrected alpha of .05/15 = .003.

Table 2 Pedophilic Attraction, Felt Stigma, and Attitudes about Adult-Child Sex in MAP Actors and Non-Actors

	MAP Actors		**MAP Non-Actors**		**Odds Ratio**	**95%CI**	**p value**
	Mean	s.d.	Mean	s.d.			
Pedophilic Attraction	N = 218		N = 336				
Age of Onset	13.09	4.7	13.00	3.8	1.01	0.97-1.05	.792
Years of Duration	27.07	15.7	15.93	12.9	1.05	1.04-1.07	<.001***[b]
Attraction to Men	2.97	1.9	2.73	1.9	1.07	0.98-1.17	.155
Attraction to Women	3.34	2.0	3.35	2.1	1.00	0.92-1.08	.947
Attraction to Girls	3.51	2.3	3.80	2.5	0.95	0.89-1.02	.167
Attraction to Boys	5.30	2.1	4.67	2.4	1.13	1.04-1.22	.002***[b]
Difficulty of Controlling Attraction	2.64	1.5	1.77	1.2	1.56	1.37-1.79	<.001***[b]
Felt Stigma	N = 217		N = 339				
MAP impacted Self Esteem	3.53	2.2	3.59	2.1	0.99	0.91-1.07	.763
MAP Impacted Social Confidence	3.58	2.0	3.67	2.1	0.98	0.90-1.07	.626
MAP Impacted Friends at a Distance	3.44	2.0	3.38	2.2	1.01	0.94-1.10	.737
INTREX Self Love-PC[a]	0.06	1.0	-0.04	1.0	1.11	0.87-1.41	.413
Attitudes	N = 207		N = 313				
Negative Impact of Adult-Child Sex	3.73	1.8	4.22	2.0	0.87	0.79-0.96	.005**
Adult-child sex Immoral not just Illegal	3.18	2.1	3.73	2.2	0.89	0.82-0.97	.005**

Note.

[a]N for INTREX = 105 for Actors and 174 for Non-actors,

[b]p≤ Bonferroni corrected alpha of .05/13 = .004,

**p≤.01,

***p≤.001

Table 3 Emotional Distress, Childhood Sexual Abuse, and Personality Traits in MAP Actors and Non-Actors

	MAP Actors		**MAP Non-Actors**		**Odds Ratio**	**95%CI**	**p value**
	Mean or (N)	s.d. or (%)	Mean or (N)	s.d. or (%)			
Emotional Distress	N = 128		N = 205				
Dysthymic Disorder	23.41	19.0	24.69	18.1	1.00	0.98-1.01	.566
Anxiety Disorder	12.00	11.0	12.20	10.5	1.00	0.98-1.02	.876
Suicidality Chronic	(46)	(36.5)	77	(37.7)	1.02	0.65-1.60	.950
Suicidality Recent	(41)	(32.0)	67	(32.7)	1.05	0.83-1.05	.832
Childhood Sexual Abuse	N = 145-156		N = 155-225				
CTQ Sexual Abuse[a]	9.00	5.5	6.99	4.3	1.09	1.04-1.13	<.001[***b]
CTQ Non-sexual Abuse[a]	40.23	16.8	33.84	12.3	1.02	1.00-1.04	<.011[*c]
1 st Sex age < 13	(86)	(58.1)	69	(44.5)	1.73	1.10-2.73	.018[*]
1st Sex, < age 13, partner 5± yrs older	(27)	(18.6)	17	(11.1)	1.83	0.95-3.52	.070[#]
Adult Advances as Child	(53)	(34.0)	30	(13.3)	3.35	2.01-5.56	<.001[*** b]
Adult Advances as Adolescent	(47)	(31.8)	31	(15.4)	2.55	1.52-4.28	<.001[*** b]
Personality Traits	N = 100		N = 172				
Antisocial PD	28.14	13.9	22.84	11.9	1.03	1.01-1.05	.001[*** b]
Aggressive Sadistic PD	27.50	11.5	23.63	10.6	1.03	1.01-1.06	.004[**]
Impulsivity	63.56	12.9	62.12	11.4	1.01	0.99-1.03	.241
Cluster A Traits (Cl. A-PC)	0.01	1.1	0.003	0.9	1.01	0.78-1.29	.955
Cluster C Traits (Cl C-PC)	0.01	1.1	0.003	1.0	1.01	0.79-1.30	.933

Note.

[a]N = 170 Actors and 263 Non-actors,

[b]p≤ Bonferroni corrected alpha of .05/15 = .003, [c]CTQ Non-sexual Abuse score analysis covaried for CTQ sex abuse score. Without covarying, OR = 1.03 (95%CI: 1.02-1.04, p<.001),

[#]p≤.1,

[*]p≤.05,

[**]p≤.01,

[***]p≤.001.

Table 4 Multivariate Logistic Regression Analysis Comparing 96 MAP Actors and 153 Non-Actors on Significant, Non-redundant Predictors from Bivariate Analyses

	Adjusted Odds Ratio	95% CI	P value
Age	1.08	1.06-1.11	<.001***
Attraction to Boys	1.10	0.95-1.27	.228
Difficulty Controlling Attraction	1.67	1.31-2.14	<.001***
Believe Adult Child-Sex has Negative Impact	0.90	0.75-1.08	.250
Experienced Adult Advances as Child	2.33	1.02-5.33	.046*
Antisocial Personality Disorder Traits	1.03	1.01-1.06	.020*
Arrested Nonsexual Offense	2.09	0.88-4.98	.095#
MMPI-Lie Scale	0.96	0.81-1.14	.654

Note.

#p≤.10,

*p≤.05,

***p≤.001

Table 5: Significant Differences among MAPs Who Sexually Engaged with Children, Adolescents or both Children and Adolescents

	Child Only (N = 76)		**Adolescent Only (N = 36)**		**Child and Adolescent (N = 91)**		**OR Adol vs Child**	**95%CI**	**OR Both vs. Child**	**95%CI**
	Mean (N)	s.d. (%)	Mean (N)	s.d. (%)	Mean (N)	s.d. (%)				
Demographics										
Age	37.65	15.0	40.50	14.0	47.60	15.6	1.01	0.99-1.04	1.04 *** b	1.02-1.07
Education	5.39	1.8	6.44	1.8	6.04	2.1	1.39 **	1.10-1.77	1.19 *	1.01-1.40
Clinical History										
Psychotherapy	(25)	(32.9)	(12)	(34.3)	(46)	(1.1)	1.06	0.46-2.48	2.13 *	1.13-4.01
Psychiatric Medication	(22)	(30.1)	(13)	(37.1)	(40)	(46.5)	1.37	0.59-3.20	2.02 *	1.05-3.88
Psychiatric Hosp.	(14)	(19.7)	(1)	(.03)	(20)	(23.0)	0.12 *	0.02-0.95	1.22	0.56-2.62
Pedophilic Attraction										
Age of Onset	12.00	3.2	14.57	6.2	13.01	4.0	1.15 *	1.03-1.27	1.08 #	0.99-1.19
Duration	21.80	14.1	23.53	14.7	32.03	15.9	1.01	0.98-1.04	1.05 *** b	1.02-1.07
Attraction to Men	2.59	1.9	3.56	2.2	3.02	1.8	1.26 *	1.03-1.54	1.14	0.96-1.36
Attraction to Girls	4.14	2.3	2.84	2.2	3.16	2.2	0.78 *	0.64-0.94	0.83 **	0.72-0.95
Difficulty of Controlling	2.49	1.5	2.08	1.3	3.01	1.7	0.81	0.60-1.09	1.24 *	1.01-1.51
Felt Stigma										
Affect Social Confidence	3.36	2.1	3.11	2.0	3.92	2.0	0.94	0.78-1.15	1.15 #	0.99-1.34
INTREX Self Love-PC[a]	0.20	1.0	-0.40	0.9	0.11	0.9	0.51 #	0.26-1.00	0.90	0.58-1.41
Childhood Sex Abuse	(N = 63)		(N = 20)		(N = 67)					
Adult Adv. as Adolescent	(13)	(22.8)	(10)	(50.0)	(22)	(33.8)	3.39 *	1.16-9.90	1.73	0.78-3.87

Note.

[a]N for Intrex is 42, 15, and 45 across the three groups,

[b]p≤ Bonferroni corrected alpha of .05/15 = .003,

$^{\#}p \leq .1$,

$^{*}p \leq .05$,

$^{**}p \leq .01$,

$^{***}p \leq .001$,

