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Development and Psychometric Properties of Stigma Measures for Minor-Attracted Persons

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Research suggests that stigma can be broken down into societal and self-stigma (Lucksted & Drapalski, 2015). *Societal stigma* includes negative social behaviour, reactions, and beliefs that are directed at a specific group (e.g., minor-attracted persons). *Self-stigma*, also known as *internalized stigma*, refers to internalized negative beliefs about oneself related to being a member of said group. Research examining self-stigma related to mental illness has found that the stigma can impact self-esteem, self-efficacy, depressive symptoms, social avoidance, and recovery confidence (Li, Gao, Long, Bai, & Zhao, 2010). Overall, stigma has been found to greatly impact treatment-seeking attitudes and behaviours (Corrigan, Druss, & Perlick, 2014).

Chronic stress due to stigma associated with being a minority group has been termed *minority stress*. A minority group is one in which group members are treated as inferior in comparison to the majority of a society, or well-defined groups (e.g., heteronormative adults; Mink, Lindley, Weinstein, 2014). The experience of stigma among such individuals depends on two factors: interactions with the dominant culture and self-identification as a member of the minority group. The resulting experiences can result in chronic minority-associated stressors that impact individuals through social stigma, social isolation, self-hatred, and family rejection (Harrison, 2009). Research has found such effects in minority groups including LGBTQ+ members and those with mental illness (e.g., Corrigan, Druss, & Perlick, 2014; Herek, Gillis, & Cogan, 2015).

Chronophilias, including attraction to minors, are increasingly being examined as sexual orientations (Seto, 2012, 2017). Limited research into minor-attracted persons has found that these individuals may be subject to high levels of societal and self-stigma. If minor attraction is considered a sexual orientation, then this stigma can be considered minority stigma. Preliminary research into sexual minority stress among lesbian and gay persons found that factors such as prejudice events, outness, and internalized stigma impact decisions regarding parenting (Scandurra et al., 2018). These findings indicate that other minority groups, such as minor-attracted persons, may be impacted in similar ways. This seems especially the case given that individuals described as having a dominant sexual interest in children (i.e., pedophilia) are reacted to negatively, even if they have not committed an offence. Jahnke, Imhoff, and Hoyer (2015) found between 14-28% of study participants rated that these (non-offending) individuals would be better off dead.

Although minor-attracted persons are likely to experience both societal- and self-stigma on a regular basis, no current measures exist to address these concerns. This study seeks to close this gap and modified existing LGBTQ+ measures to represent concerns of minor-attracted persons. The Internalized Minor-Attracted Stigma Scale (I-MAS) is a 9-item scale assessing self-stigma regarding minor attraction, and attitudes towards one's sexual

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orientation. The I-MAS was adapted from the Internalized Homophobia Scale (IHS; Meyer, 1995), which was developed to assess self-stigma among homosexual men. The IHS has been adapted in previous research to assess self-stigma of bisexuals and lesbians, and the modified scale yielded good internal consistency ($\alpha = .82$; Herek et al., 2015). The scale was modified for the present study to reflect statements about attraction to minors rather than attraction to men. The Reactions to Minor-Attracted Persons Scale (R-MAP) is a 25-item scale assessing negativity towards minor attraction. The R-MAP was adapted from the Reactions to Homosexuality Scale (RHS; Ross & Rosser, 1996), which was developed to assess internalized homonegativity. The scale was modified for the present study to reflect statements about minor attraction rather than homosexuality.

At the present time, data have been collected from 119 minor-attracted persons; although still underway, the collection of data will end in April 2019. Complete statistical analyses for the measures will be presented using factor analyses and other measures of psychometric properties (e.g., internal consistency).

Crystal Mundy has a B.Sc. (Honours) in Psychology with a forensic specialization and her M.A. in Psychological Science from the University of British Columbia Okanagan. She is currently a third-year Clinical Psychology Ph.D. student. She has extensive experience conducting independent research, and her primary research interest involves understanding minor attraction and providing empirically-supported, effective therapy. Her secondary research interests include investigating human sexuality, stigma, well-being, life after legal involvement, and community reintegration.

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