

B4QR

B4U-ACT Quarterly Review
Volume 1, Issue 2
Spring 2021

Allen Bishop
Editor-in-Chief

Harriet Dymond
Sarah Moss
Gary Parmlee
Allen Bishop
Reviewers

Review of publications from
December 2020 to March 2021

Table of Contents

Introduction by Allen Bishop, Editor-in-Chief	3
Reviewed Publications.....	5
Understanding and Challenging Stigma Associated With Sexual Interest in Children: A Systematic Review.....	5
“I Would Report It Even If They Have Not Committed Anything”: Social Service Students’ Attitudes Toward Minor-Attracted People.	9
Meeting a person with pedophilia: Attitudes towards pedophilia among psychology students: A pilot study.	12
Changing public attitudes toward minor attracted persons: an evaluation of an anti-stigma intervention.....	15
When virtuous paedophiles meet online: A sociological study of a paedophile community.....	17
Applying desistance principles to improve wellbeing and prevent child sexual abuse among minor-attracted persons.	19
Brain structure and clinical profile point to neurodevelopmental factors involved in pedophilic disorder.	23
Idiopathic and acquired pedophilia as two distinct disorders: an insight from neuroimaging.....	27
Meet the New Generation: Kailey Roche	31
B4U-ACT Resources.....	32

Introduction by Allen Bishop, Editor-in-Chief

Welcome to this second issue of B4QR.

The first issue of our journal, published in January (b4uact.org/b4qr/1/1), received generally very favorable reviews. Your feedback reinforced our conviction that this work is important and meets a very real need, both in the scientific community and in the general population. With the support and commitment of our invaluable volunteers – such as our reviewers for this issue: Harriet Dymond, Sarah Moss and Gary Parmlee – we hope to be able to deliver these quarterly reviews for years to come.

This Spring edition presents reviews of eight articles published (usually in preprint) between December 2020 and March 2021. You will notice a general theme in the publications selected for review: many of them focus on the issue of MAP stigma and interventions for stigma reduction. This theme emerged “organically” in the review process and came to us as a pleasant surprise, since no particular theme had been preselected by our review team. This shows that the topic of MAP stigma is a very hot one in the research community right now, which is a reality that would have been unthinkable just a few years ago.

Three of the articles that we review are new studies investigating beliefs and attitudes towards MAPs in the general population or among university students. Walker et al. (2021) surveyed social service students in Utah (USA) on issues pertaining to mandated reporting and client confidentiality. The results revealed the importance of word choice when addressing the controversial topic of attraction to minors. When asked whether “being a pedophile” was sufficient to report a client to the police, the majority (54%) of students agreed, but this number decreased dramatically to 7% when the word “pedophile” was replaced with “sexually attracted to children, [who has not] committed an offence against a child”.

The other two studies, Heron et al. (2021) and Jara and Jeglic (2021), each explored the effectiveness of a particular anti-stigma intervention. The first study investigated the beliefs and attitudes of 162 Dutch psychology students before and after meeting an MAP in person. The meeting, which followed a 45-minute lecture on attraction to minors, had a profound impact on the students, whose beliefs about MAPs (as measured by the “Imhoff scale”) were much less negative after meeting an MAP in person. In contrast, the Jara and Jeglic (2021) study showed that a different intervention technique was much less successful in reducing stigmatizing and prejudicial beliefs about MAPs. Individuals from the general public took part in an online survey after having read a text that dispels myths about MAPs. This group showed a higher level of negative attitudes towards MAPs than did another group that took the same survey but did not have to read that text.

To put these three studies in a broader theoretical context, we open our journal with the perfect introduction to the literature on MAP stigma. Lawrence and Willis (2021) offers a comprehensive, theme-based review of this literature, looking at both the source of this stigma in the general population and its impact on MAPs. The review finds that “humanization narratives” about MAPs are more successful than “informative

interventions” for reducing negative attitudes – a conclusion that is perfectly reflected in the three studies reviewed here.

The four remaining articles in this issue of B4QR are not directly focused on the topic of stigma, but two of them remain closely connected to this topic. The first is an article by Nielsen et al. (2020) which examines the online forum Virtuous Pedophiles (VP) and the support it provides for its MAP members. The authors evaluate the forum as positive overall in the help it offers its participants, and they express the view that greater public knowledge of the VP forum would help to eliminate much of the stigma facing MAPs. The other article is a more theoretical piece by Lievesley and Harper (2021). The two authors argue in favor of applying a particular method, the “Integrated Theory of Desistance from Sexual Offending” (ITDSO), for help-seeking MAPs in non-forensic contexts. As we have come to expect from them, Lievesley and Harper defend a humane, mental-health-first approach to a topic that is clearly forensic in nature.

We conclude with two articles that are not focused on stigma but which remain interesting in their own right. Abé et al. (2020) is an MRI-based study which supports the claim that attraction to minors – or more specifically, “pedophilic disorder” – has neurodevelopmental markers such as lower IQ, “impairments” in distinct brain regions, etc. The other article, Scarpazza et al. (2021), is a meta-analysis that offers an interesting contrast with the previous study, since it arrives at a very different conclusion regarding the brain “impairments” of people with “pedophilic disorder.” Unfortunately, that article is relevant to the issue of stigma in the very unfortunate sense that it itself contributes to the stigmatization of MAPs. The article, which compares “acquired pedophilia” and “idiopathic pedophilia” (i.e., pedophilia with no known etiology) opens with the claim that “[pedophiles] commit a disproportionate amount of crimes and rarely comply with psychological treatments” (p.2). This article illustrates the sad fact that the issue of MAP stigma is a “hot topic” only within a very limited circle of researchers. In the rest of academia, ignorance about MAP issues remains the dominant reality.

But we have many reasons to be optimistic about the future, and we conclude this issue of B4QR by presenting one such reason. In our “Meet the New Generation” section, we introduce Kailey Roche, a PhD student at Carleton University in Ottawa, whose work centers on MAPs, their well-being and their access to mental-health services.

We hope you enjoy this second edition of B4QR.

Allen Bishop,
B4U-ACT Science Director
B4QR Editor-in-Chief

Reviewed Publications

Understanding and Challenging Stigma Associated With Sexual Interest in Children: A Systematic Review.

Lawrence, A. L., Willis, G. M. (2021)

International Journal of Sexual Health: <https://doi.org/10.1080/19317611.2020.1865498>

This article offers a comprehensive, theme-based review of the literature on stigma concerning MAPs. Lawrence and Willis investigate both the source of MAP stigma in the general population and among professionals, as well as the impact of this stigma on MAPs. The article also reviews and compares intervention attempts to reduce the stigma experienced by MAPs.

Four scientific databases were searched using specific search terms, and all empirical studies featuring sexual attraction to children, stigma, its effects, and associated interventions were included in the final review (total of 35). The authors purposefully excluded research that dealt with perceptions of people who have committed sexual crimes involving children, except in cases where attraction to minors was distinguished from such criminal history, and perceptions about it were also asked about. Studies dealing only with how minor-attracted people cope with stigma were also excluded, for being beyond the scope of the review.

Previous reviews in the area¹ are cited throughout the article, with the authors describing how these have provided an initial, rudimentary understanding of the area. These reviews have shown that attraction to minors is highly stigmatized and laden with misinformation, stereotypes and discrimination from members of the general public and professionals within the mental health and legal sectors. The reviews have also highlighted how stigma may increase the risk of illegal sexual behavior, by increasing self-isolation and withdrawal from close relationships, in addition to other risk factors.

In their own review of the literature base concerning the source of stigma among the general public and professionals, the authors distinguish three emerging themes: Misperceptions and Stereotypes, Negative Affective Responses, and Discrimination. We discuss each in turn, before turning to the review of the impact of stigma on MAPs.

¹ Jahnke & Hoyer, 2013; Cantor & McPhail, 2016.

The first theme encompasses studies that look at inaccurate beliefs people hold about MAPs. These beliefs concern topics such as the levels of risk posed by MAPs, the perception that the attraction is a choice, uncontrollability and treatment resistiveness. Unsurprisingly, the most common belief within the samples was the supposed connection between a sexual attraction to children and committing sexual abuse. Additionally, while attraction to minors was generally acknowledged to be something that people cannot choose, this acknowledgement was associated, perhaps counterintuitively, with higher perceptions of blameworthiness and untrustworthiness. The effects of language choices on these beliefs is also discussed, including research applying labeling theory to explore how the terms “pedophile” and “pedophilia” negatively influence moral judgments.

The Negative Affective Responses theme concerns studies in which participants agreed with statements exemplifying a variety of negative responses such as fear, reduced pity, anger, or disgust. Agreement with any such statement was most prevalent within the general public and among social work and psychology students and police trainees, as well as with those who had children younger than 14 years old. Importantly, there were high levels of negative affective responses within study samples even when no illegal behavior was described. The authors note how these findings support a “social cognitive theory of attitudes,” where subconscious, affective

responses are used to form snap judgments, even in the face of empirically accurate information providing evidence against those judgments.

Finally, the Discrimination theme groups 17 studies describing the degree to which people agreed with attitudes reflecting low social acceptance, punitive action and professionals’ unwillingness to offer treatment of those who are sexually attracted to children. Agreement was high in the general public and among social work and psychology students and police trainees. That agreement was influenced not only by the conflation of sexual attraction and sexual behavior, but also by the perception that a person chooses to be attracted to children and a desire for punishment based on the attraction itself. Discriminatory attitudes were significantly related to higher social desirability scores, demonstrating that exhibiting such attitudes may be associated with a desire for social inclusion.

Concerning the impact of stigma on MAPs, three key themes were found: Mental Distress; Internalized Public Stigma; and Negative Experiences and Effects of Disclosure. The Mental Distress theme depicts feelings of depression, anxiety, despair, shame, isolation, guilt and low self-esteem experienced by MAPs. One way this was conceptualized by study participants was as a sense of grief over a loss of their perceived future, or of intimacy, love, family relationships, or professional opportunities. Eight of the fourteen studies exploring

the impacts of stigma documented elevated levels of recent or chronic suicidality, which the authors note as being concerning.

Regarding the second theme, “internalization of public stigma” is described as the process of applying external stereotypes to oneself. This process included participants identifying with the emotive, mainly negative, perceptions that society holds, such as them being “monsters” or “sexual deviants” who are inevitably going to hurt children. MAP participants expressed how this labelling made them feel ashamed, dysfunctional and unworthy of professional services, which in turn impacted their feelings of self-loathing. The authors describe how the internalization of stigma leaves participants avoiding disclosure and/or professional support as they fear exposure. Sadly, this avoidance further increases the generation of incorrect, stigmatizing beliefs held by wider society, as it reduces the opportunities for these beliefs to be corrected or challenged.

The third theme encompasses studies concerning both actual experiences of disclosing one’s attraction (to both close friends/family and professional services), and ones concerning the participants’ beliefs of what would happen should they disclose. Disclosure represented a dichotomy between both stress and relief, as participants reported having to navigate between the potentially devastating outcomes and the desire for help. Disclosing to

mental health services was often found to increase distress, but in some cases was positive or neutral, particularly when professionals were seen as knowledgeable, non-judgmental, and viewing clients in a person-centered way. The authors also describe a “Secrecy-Stigma paradox,” wherein stigma begets secrecy, but awareness of sexual attraction to children is needed to reduce stigma.

The final section in the review of the literature considered active interventions that have aimed to challenge public stigma. The authors distinguish “Informative Interventions” from “Humanization Narratives.” Informative Interventions presented fact-based information to challenge assumptions and attitudes. The results from these interventions were varied in effectiveness. Some studies found them to be effective in decreasing negative affective responses in the general population, but professionals showed no increase in willingness to work with this population following an informative intervention. The other group of interventions (Humanization Narratives) focused on increasing empathy and understanding of sexual attraction to children. These interventions presented information through narrative-based depictions of MAPs, particularly those who have never engaged in illegal sexual behavior. Humanizing approaches were found to be more effective than Informative Interventions for reducing stigmatization and punitive attitudes, though the majority of these

studies contained professional-only samples, not the general public.

The present review expanded upon Jahnke and Hoyer's (2013) previous review, both in the number of studies appraised and in the content and quality of the research. This review included more diverse methodology and more representative samples, adding depth to the conclusions that can be drawn. These conclusions include support for a labeling theory perspective, which indicates how labels such as "pedophile" influence negative perceptions, and a perspective based on a modified social cognitive theory of attitudes, which indicates the need to address both nonconscious and conscious judgments that support stigmatizing views. The authors also note that literature on MAP stigma is limited by the constant conflation of terms by researchers, which makes the target population hard to define, so

researchers are encouraged to clearly define terms and avoid using non-equivalent terms interchangeably. The findings of the review also highlight how the media contributes to stigma against MAPs (such as by failing to differentiate between attraction and behavior), and it is suggested that mass media interventions could be used to decrease discriminatory beliefs and increase visibility and understanding of attraction to children.

This review highlighted two distinct interventions to target stigma, but future research is needed to understand which is more effective, and whether a combination of strategies may be more useful. Additionally, future research may consider including studies on how minor-attracted people cope with stigma, which were excluded in this review, but may also be useful in understanding the nature of the stigma and its effects.

“I Would Report It Even If They Have Not Committed Anything”: Social Service Students’ Attitudes Toward Minor-Attracted People.

Walker, A., Butters, R. P., Nichols, E. (2021)

Sexual Abuse: <https://doi.org/10.1177/1079063221993480>

The present study explores the beliefs and attitudes of students in social services (psychology, social work, gerontology, counselling) towards minor-attracted people. The study mainly focuses on the students’ understanding of mandated reporting, client confidentiality and the factors that influence these. An online survey was disseminated among university students in Utah (USA), recruiting 223 participants, 200 of whom comprised the final sample.

Walker, Butters and Nichols begin by outlining the difficulties faced by minor-attracted people when seeking mental health support: suspicion, unwanted conversion therapies and reports to legal authorities. MAPs as a population face many challenges, as the authors outline, relating to stigma, assumptions of future criminality, and poor mental health, all of which influence the help-seeking behavior of this population. The authors elaborate on the importance of appropriate, available mental health care for MAPs both for their own well-being and for the safeguarding of children (for MAPs who are concerned about their behavior).

Professionals within social services represent a viable option for MAPs seeking help, but they also

represent a risk, especially for MAPs who are in acute distress or fearful for their future behavior. The main source of this risk is the fact that this group of workers, like many others, are subject to regulations about reporting suspected child sexual abuse, which requires a person to violate confidentiality agreements between client and practitioner when it is believed that the client poses a risk of acting sexually with a child. The authors highlight the challenge with this legislation: being attracted to minors is not listed as a sufficient cause to report someone, yet practitioners often believe that it is.

The study sample exclusively contained students (at the undergraduate, masters, and doctoral levels), which arguably restricts the conclusions that can be drawn about social service practitioners as a whole, though the authors note that they were only investigating those who will be future practitioners as opposed to current workers. Most of the 223 participants were white females (80% and 82% respectively) and the most common academic discipline among the sample was social work (80% of the participants). To control for potential biases or confounds in the form of prior knowledge or beliefs about MAP issues, the authors asked

participants to state whether they had attended classes that they (the authors) had run covering these topics, which 9% admitted to, and encouraged participants to refrain from looking up research or information while answering the survey questions.

The majority of respondents (54%) agreed that a disclosure of being attracted to minors (worded as “being a pedophile”) was sufficient to warrant a police report. This percentage decreased significantly (54% to 7%) when the word “pedophile” was replaced with “sexually attracted to children, [who has not] committed an offence against a child”. Demographic and educational factors were investigated to see if they impacted responses regarding making police reports. The researchers found little influence from most variables upon likelihood of reporting, with the exception of gender: female participants were more likely to indicate that they would contact the police if a client self-disclosed pedophilia. Regarding educational factors, participants of different stages of education, or those with a history of taking courses on ethics/mandatory reporting, were not significantly more aware that reporting based solely on disclosed attraction to minors was not necessary. The only significant relationship based on education was the program level in which the student was enrolled; the higher the program level, the less likely the participant was to believe that they should report based on disclosure alone.

Qualitative data was also collected by asking participants open-ended questions pertaining to their understanding of the word “pedophile,” the criteria warranting a police report of child abuse, and what issues they would work on with an MAP client who had not acted sexually with a child. The themes (which were only coded by one of the authors, thus lacking inter-rater reliability) revealed that half of the participants correctly defined the term “pedophile” as referencing an individual’s attraction only. Forty percent of respondents incorporated sexually abusive behavior as part of their definition, with the remaining 10% stating that they were unsure of the true meaning of the term. When discussing the criteria for reporting, the majority of answers did not reflect the true definition of the duty to report. Answers revealed that being a “pedophile” was enough for some students to make a report, but others reflected that a person would have to disclose an act of abuse to warrant being reported. This clear confusion regarding confidentiality and reporting is obviously damaging to the MAP community, which may be dissuaded from pursuing professional support, but also to the clinicians themselves, whose inaccurate beliefs may negatively affect their future work.

When asked about issues to work through with MAPs, most responses highlighted the students’ own beliefs regarding what needed to be addressed, namely offense prevention, impulse and self-control, and education regarding appropriate sexual behavior.

A small number of respondents stated that they would focus on the issues that the MAP presented with, or that they would not work with any MAPs at all based on an insufficient skill set. Overall, the responses reflected the beliefs that MAPs need constant assistance to avoid committing illegal sexual behaviors, that attraction to children stems from childhood trauma, and that it is changeable – all of which are in conflict with scientific results from the literature base. A small number of respondents stated they would approach an MAP client with compassion and individuality, but most respondents believed they did not have enough knowledge about the topics covered, illuminating gaps in their academic training to date. The authors highlight how these answers reinforce the need to train a larger number of clinicians on counselling strategies for working with MAPs, such as those promoting the dignity, value and worth of the individual.

The present study is limited by the reduced generalizability of its results. The survey was created solely for the purpose of the study, thus lacking in external tests of reliability and validity. The language employed in the questions presented

may also have created an order effect due to repetition of certain phrases. Keeping these limitations in mind, this study reveals that ignorance and prejudice are still very present in the fields of social service, and that the younger generation remains largely uninformed about the reality of attraction to minors. The study also powerfully highlights the importance of word choices when discussing this controversial topic, as is revealed by the very different results obtained when the word “pedophile” was replaced with “sexually attracted to children, [who has not] committed an offence against a child”.

The article concludes by recommending improvements for policies within the criminal justice, education and child protection systems to actively protect children and encourage MAPs at risk to seek help, instead of indirectly dissuading them as current practices do. Systemic education and training are required to correct the fundamental misunderstandings held by practitioners, and to re-establish trust and security for MAPs so that they can seek support within the ethical bounds of confidentiality.

Meeting a person with pedophilia: Attitudes towards pedophilia among psychology students: A pilot study.

Heron, R. L., Schwiekert, L, Karsten, J (2021)

Current Psychology: <https://doi.org/10.1007/s12144-021-01384-5>

This article reports on a pilot study carried out to determine whether it is possible to change people's attitudes towards MAPs by attending a lecture and having personal contact with an MAP. A premise of the study is that most people are ignorant of the nature of attraction to minors and therefore strongly prejudiced against it. The resulting stigma, which exists even among mental health professionals, prevents MAPs from seeking counseling and support that would reinforce their determination to remain law-abiding.

Pointing out the distinction between pedophilia and pedophilic disorder made in the DSM-5, the authors stress the importance of helping the general public understand that a "person with pedophilia" (PWP) does not necessarily act on the attraction, and that the attraction itself is not chosen by the individual but is rather a type of permanent sexual orientation. The article is concerned principally with persons attracted to prepubescent children rather than to adolescents.

The pilot study was carried out with 162 psychology students at a Dutch university who volunteered to take part; the group was 81% female, and most of them were in their late teens or early twenties. The

participants were first administered the 30-item Imhoff scale, which measures beliefs about MAPs as regards their dangerousness, their intentionality, and their deviance; the scale also measures punitive attitudes toward MAPs. The Imhoff questionnaire asks participants to express their agreement or disagreement (on a 7-point scale) with statements such as these: "Pedophilia sooner or later always leads to child sex abuse" (dangerousness); "People can decide whether they are pedophilic or not" (intentionality); "Pedophiles are sick" (deviancy); and "Known pedophiles should be sentenced for life as deterrence" (punitive attitude).

When the questionnaire was administered the first time, the students manifested strongly punitive attitudes towards PWPs, mainly because they considered them highly deviant (mentally ill) and very dangerous. However, the students were inclined to believe that their condition was not voluntary (intentionality).

The students then heard a 45-minute lecture in which they learned to distinguish between persons who are simply attracted to minors and those who engage sexually with them. They were also informed about the influence of media in promoting misconceptions

and biases against MAPs. After 15 minutes of questions and a break, the students attended a 50-minute presentation by a 34-year-old MAP, who provided them information about “his childhood, the realization of his sexual attraction, his struggles to incorporate being a PWP into his identity, his attempts to find appropriate coping strategies, and his overall experiences.” After the presentation, the students were given 30 minutes to ask the MAP questions.

After hearing the lecture and attending the presentation, the students were again asked to take the Imhoff test to see whether their beliefs and attitudes had changed. The study found that significant change had taken place on all scales, but especially on those measuring perceptions of dangerousness and deviance (see table below). The perception of intentionality, which was already low, descended further. Punitive attitudes lessened but did not disappear. The study suggests that punitive attitudes persist because they are thought to be “socially desirable.”

Table 1 Means and Standard Deviations, Pre- and Post-measure

*The scale ranges from 1 (strong disagreement with negative view of MAPs) to 7 (strong agreement with negative view of MAPs, with the midpoint indicating neither agreement nor disagreement).

Scale*	Pre-measure		Post-measure	
	M	SD	M	SD
Dangerousness	3.98	0.93	2.38	0.72
Intentionality	2.41	0.83	2.00	0.77
Deviance	4.64	1.08	3.28	1.05
Punitive Attitude	2.93	0.61	2.30	0.50

A self-evaluation was also requested from the students at the end of the lecture, and they were surveyed as to which event had contributed more to their change of attitudes, the educational lecture or the personal contact with the MAP. A thematic analysis of the self-evaluations identified four key themes: meeting a PWP (43.2%), interest in the topic of pedophilia (18.5%), humanization (9.9%) and gratitude (11.1%). In each theme, comments were very largely positive. The experience was described by many as “eye opening”, with some students commenting that they finally saw MAPs as “normal human beings”. The results also indicated that the students deemed the combination of the lecture and the meeting with a PWP as effective in changing their attitudes (77.8%), while 16% mentioned the meeting alone and only 0.6% the lecture alone. The

study concludes that “direct contact yields the strongest effects compared to other anti-stigma interventions.” Even indirect contact with an MAP (via a video, for example) could yield positive results.

The authors comment that there was great interest on the part of the students in participating in the study, but they also note several of the study’s major limitations. The fact that the participants were volunteers could indicate a prior openness to new perspectives. Also, the changes in students’ attitudes were self-reported and might have been responding more to what they saw as the researchers’ expectations than their own convictions. Moreover, there was no follow-up survey to determine whether the change of beliefs and attitudes would persist. The most important limitation of the study was perhaps the large gender disparity, a consequence of the fact that most psychology students were female. The extent to which this disparity might have

skewed the results could have been shown by comparing the scores of males and females, but the study did not do this.

The authors conclude their article by strongly arguing for further research in this area and for promoting anti-stigma interventions, especially among mental health professionals. They express regret that significant stigma toward attraction to minors still exists among researchers and therapists, noting that one study showed that more than 95% of German psychotherapists were unwilling to treat MAPs.

The article presents a research model that makes effective use both of educational instruction and of direct encounter with an MAP. Such a model, adapted and applied to other social settings, could be a valuable instrument for combating the intense social stigma that makes the lives of MAPs more complicated than they already are.

Changing public attitudes toward minor attracted persons: an evaluation of an anti-stigma intervention.

Jara, G. A., Jeglic, E. (2021)

Journal of Sexual Aggression: <https://doi.org/10.1080/13552600.2020.1863486>

The present study aims to examine public attitudes towards minor attracted people, as well as to determine whether a brief psychoeducational intervention is effective at changing these attitudes. Throughout the paper, the authors repeatedly justify the need for anti-stigma interventions exclusively in terms of the impact these interventions can have on reducing instances of child sexual abuse. It is quite unfortunate that the authors never present the well-being and mental health of MAPs as a desirable goal in and of itself.

The article begins by providing a summary of studies on the public perceptions of MAPs, describing this literature as largely negative and often focused on individuals who have committed sexual offenses – a population that is perceived very negatively. The authors note that MAPs have reported barriers to treatment related to concerns regarding confidentiality or clinicians lacking competency to treat MAPs. They state the importance of examining stigma as a barrier to treatment for MAPs and note that past efforts dedicated to addressing stigma have been successful through increasing education and exposure to target populations.

With regards to their own study, the authors hypothesized that attitudes towards MAPs would initially be negative and that exposure to their psychoeducational intervention would result in more favorable attitudes. Participants (n = 205) were randomly assigned to either a control group (n = 40), a substance use group (n = 91), or “MAP condition” group (n = 74). The experimental conditions involved reading a short psychoeducational article on either topic (substance use or attraction to minors) that dispels common misconceptions or myths through a review of relevant research findings. In these conditions, participants also answered three reading comprehension questions based on their article topic. Participants then completed the “Attitudes Toward Minor Attracted Persons” scale.

The study gave surprising results: both hypotheses were refuted. First, all participants held generally neutral attitudes towards MAPs – neither endorsing nor rejecting negative statements about this population. Second, participants in the MAP condition (i.e., those asked to read a text dispelling myths about MAPs) endorsed more negative statements on the Attitudes Toward Minor Attracted Persons survey than did participants in the other

groups. Significant differences were apparent on items pertaining to treatment of MAPs, their ability to change, and social acceptance. The psychoeducational intervention failed to increase social acceptance as participants in the MAP condition were more likely to oppose treatment for MAPs, view these individuals as different from the general population, and believe that they could not be reasoned with. There was an average increase of 0.33 in scores compared with the substance use condition, and eleven of the items on this measure demonstrated statistically significant differences across conditions.²

These findings differ from past research, as previous studies reported significant intended change following exposure to interventions as well as initial endorsement of strong negative and punitive attitudes towards MAPs. The authors of the present study suggest that these differences may have resulted from the method used to recruit participants, the use of Amazon MTurk, and the use of the term “MAP” rather than “pedophile”. They also note that failing to include references within their interventions may have led participants to doubt the information provided, which would have worked

against the aim of the study. Finally, they mention that their study is limited due to its online format and possible selection bias.

The results of this study encourage caution when implementing anti-stigma interventions, since these initiatives, although well-intended, may have negative effects. Despite setting out to address the stigmatization of MAPs, this study may have inadvertently increased levels of stigma, as participants who received the MAP psychoeducational intervention reported more negative attitudes towards this population. Somewhat ironically, the authors themselves also unintentionally revealed that stigma towards MAPs can take very subtle forms – such as when authors justify the need to reduce MAP stigma solely for extrinsic reasons, i.e., for the sake of sexual abuse prevention and not also for the sake of MAPs’ own well-being.

² The items in questions are: “Only a few MAPs are really dangerous”; “MAPs never change”; “I think I would like a lot of MAPs”; “Trying to treat MAPs is a waste of time and money”; “MAPs do not want to be treated”; “MAPs are no better or worse than other people”; “MAPs will listen to reason”; “The values of most MAPs are about the same as the rest of us”; “In general, MAPs are basically bad people”; “Most MAPs can be treated”; and “MAPs respect only brute force”.

When virtuous paedophiles meet online: A sociological study of a paedophile community.

Nielsen M. H., Aaskov L., Larsen J. E., (2020)

Sexualities: <https://doi.org/10.1177%2F1363460720979306>

This article examines the online forum Virtuous Pedophiles (VP) and the support it provides for minor-attracted persons (MAPs) who participate in it. It evaluates the forum as positive overall in the help it offers its participants, contrasting it with other online forums that do not encourage MAPs to be “virtuous.” The authors express the view that greater public knowledge of the VP forum would help to eliminate much of the stigma that now surrounds the figure of the MAP.

Throughout the article the authors use the term “pedophile” (rather than other terms, such as “minor-attracted person”) because that is the term preferred by the VP forum itself. Since the term “pedophile” is never defined, however, it is not clear whether it is understood narrowly (as referring only to persons attracted to prepubescent children) or in the more general sense the term has acquired in recent decades, which includes persons attracted to adolescents.

Briefly reviewing the findings of nine previous studies on online MAP forums, the article points out the differences between forums that are virtuous (those who oppose changes to sex laws) and those that are not (commonly referred to as “pro-contact”). It points out that almost all the forums discuss the

many difficulties MAPs face in understanding their attraction and struggling to manage it. Many MAPs are reported to suffer “hope deprivation” and to feel overwhelmed by the stigma imposed by society even when they have absolutely no intention of acting illegally.

The article introduces a bit of confusion in contrasting what it calls the “pedophile character” with the “virtuous pedophile character.” Although at the start of the article the authors use the expression “public pedophile character” to indicate the distorted view that most people have of MAPS, the modifier “public” is dropped in the rest of the article. It would have been better to use the modifier throughout to make it clear that what pedophiles are struggling with is not pedophilia in itself but the negative image of it that prevails in the public mind.

The article provides valuable information about the VP forum: its creation, its membership, its governance, and its rules. It explains that participants in the forum are vetted to ensure that in their exchanges they will observe the norms laid down by the founders and moderators; persons not committed to being “virtuous” are excluded.

The authors, who worked closely with the forum’s founders, based their findings on more than 200

posts they analyzed in the first eight months of 2018, most of them found in the subforum called “Members’ Introductions.” They found that much of the discussion in the posts centered on the MAPs’ struggle to move from a negative self-identity toward a positive affirmation of their human dignity that includes their sexual attraction. The material posted includes stories of personal crises, complaints about society’s attitudes, and accounts of weakness and failures. The authors found that one of the forum’s major strengths lies in its ability to provide the participants a space in which they can share openly and honestly about themselves, counsel one another on how to remain virtuous, discuss various coping strategies, and learn how to “express their sexuality pro-socially.”

The authors found that the VPs insist on distancing themselves from “pro-contact pedophiles,” whom they consider to be irresponsible and immoral. The VPs also express negative feelings toward “non-pedophiles” and blame them for the opprobrium that is unjustly heaped upon MAPs. Both groups, they feel, need to learn more about the reality of attraction to minors and the existence of MAPs who are law-abiding.

An unacknowledged limitation of the study is that the analysis appears to have been focused mainly on about 200 new members (those posting in the

Members’ Introductions subforum). Since these would typically be persons who are just starting a long process that hopefully will lead to greater self-acceptance, it is likely that they do not represent adequately the beliefs and the attitudes of the larger MAP (or “virtuous” MAP) community. Since the VP forum has 4700 members in all, there is clearly both an opportunity and a need for further in-depth inquiry.

In the “Discussion” section, the authors provide a good summary of the current plight of the MAPs surveyed, mentioning their internalization of social stigma, their efforts to accept themselves and achieve a positive self-identity, and their determination to remain virtuous. The authors assert that “the VP-forum can provide essential help to ease the burden” of MAPs. Functioning as a self-help group, the forum makes up in part for the failure of mental health professionals to attend properly to the psychological needs of MAPs. By suggesting coping strategies, challenging distorted thinking, and providing feedback on behavior, the forum counters the effects of society’s stigmatization and offers MAPs not only hope but an effective support system. The article concludes by observing that the general public would itself benefit greatly from learning about the forum and the valuable service it provides.

Applying desistance principles to improve wellbeing and prevent child sexual abuse among minor-attracted persons.

Lievesley, R., Harper C. (2021)

Journal of Sexual Aggression (forthcoming).

This article is founded on the premise that the most effective way to help MAPs to refrain from engaging in illegal sexual behavior is to attend to their mental health and psychological well-being. Lievesley and Harper contend that a public-health approach will be more successful in keeping MAPs happy and law-abiding than the currently prevalent forensic approach.

Among the three levels of sexual abuse prevention (primary prevention aimed at educating the general public, secondary prevention targeted towards persons at an elevated risk of offending, and tertiary prevention geared to persons who have already committed illegal acts), Lievesley and Harper's main concern in this article is the secondary level: assisting MAPs who have not committed illegal sexual behaviors but who, out of fear or shame, are unable or reluctant to seek counseling, even though such counseling would help them to integrate their attractions into a "prosocial, interpersonally connected self-identity."

Criticizing what they consider to be a tendency of many scholars to overcomplicate the psychology of MAPs, Lievesley and Harper argue that there

already exists an effective method for helping MAPs to move toward self-integration that will strengthen their resolve to remain law-abiding. That method is the Integrated Theory of Desistance from Sexual Offending (ITDSO), which was developed by Göbbels et al. in 2012 for use with those convicted of sex crimes with children. The four distinct phases of the ITDSO method are briefly described: 1) the "decisive moment," when persons see the problematic nature of their illegal behavior and acknowledge the need to change; 2) rehabilitation, wherein the persons engage with treatment that allows them to work toward a more positive, law-abiding self-identity; 3) re-entry into the community in such a way that those individuals can count on solid support and build up social capital; and finally 4) "normalcy," which posits a social environment that will itself reinforce the new skills and identities that have been developed in the treatment programs.

Since Lievesley and Harper see the ITDSO method as quite affirmative in its approach – stressing, for example, the Good Lives Model and the value of Circles of Support and Accountability – they propose that it can be readily adapted to assisting

MAPs who have never engaged in illegal sexual behavior and who are seeking self-acceptance and “normalcy.” The focus of the method simply has to be shifted from “desistance” (after past offense) to “prevention” (before any offense).

The authors describe well the many barriers that disincline MAPs to seek counseling assistance: the widespread stigma attached to the attraction to minors by mainstream society, the shame MAPs experience surrounding their feelings of attraction, their fear that they will be subjected to degrading treatment, and their fear that counselors will report them to the authorities. The authors’ focus on these important topics is consistent throughout the paper. MAP well-being, which should be the primary goal of counseling, is here construed as intrinsically valuable rather than as a (mere) “necessary means” to the prevention of sexual abuse. The authors are thereby reversing a dominant trend in MAP literature: rather than discussing mental-health issues from a forensic perspective, Lievesley and Harper take a clearly forensic topic and defend a mental-health-first approach. This alone makes this paper well worth the read.

When the ITDSO phases are applied to MAPs in general, outside of a forensic context, the “decisive moment” is replaced with the “decision to seek support,” which essentially means overcoming those many barriers, internal and external, that discourage MAPs from seeking the counseling help they need.

During the “rehabilitation” phase, the MAPs are encouraged to develop a more positive image of self, which will normally involve integrating their attraction to minors into a broader, prosocial self-identity. Rather than going through “re-entry,” the help-seeking MAPs simply continue their law-abiding lifestyle, with the hope that they will experience a type of “normalcy” that allows them to feel fully at home with themselves and those close to them. One of the many strengths of this paper is that it construes “MAP normalcy” as a fully integrated, egosyntonic MAP sexual identity, rather than as the repression of their sexuality and/or the illusory attainment of a normative (i.e. teleiophilic) sexual attraction.

The authors stress that any formalized treatment should be strictly non-judgmental. They argue that “accepting one’s attraction as a MAP may be a key distinguishing feature of the initial decision to engage in help-seeking.” They advocate that professionals adopt a non-forensic approach so that MAPs can “explore and integrate deeper emotional states, such as shame and fear.” They recommend “compassion-focused techniques” that will help MAPs to “work through experiences of (self-)stigmatization” and ultimately to “live constructive lives with their attractions, rather than being dominated by them.”

Lievesley and Harper lament the fact that there are very few mental health professionals who possess

the knowledge, the attitudes, and the skills that are needed to provide proper counseling to MAPs. The training programs for most therapists pay little attention to the reality of attraction to minors, and the attention they do pay tends to be negative, being strongly biased toward misconceptions about MAPs' lack of control and toward beliefs about the changeability of the attraction.

The authors criticize much of the current legislation on mandatory reporting, stating that it discourages many MAPs from seeking the counseling support that would help them. They consequently make a plea for laws that allow for constructive treatment of MAPs, citing German laws as a good model. They also consider the importance of providing legal ways for MAPs to attain some type of sexual satisfaction, since such satisfaction has been identified as a primary human good. They confess that "a precise route to achieving this is morally unclear," and they recognize that the legal obstacles are daunting. Meanwhile, online communities can play a crucial role in helping MAPs to receive sound counseling and develop coping strategies.

The role of social context is vital for helping MAPs live "happily, healthily, and offense-free," but creating such an environment will be difficult given the heavy stigmatization targeting MAPs. Fearing that this level of stigma will not decrease in the foreseeable future, the authors consider that "addressing social and professional stigma toward

MAPs should be considered a priority in any framework that seeks to increase prolonged engagement with mental health or preventative initiatives."

Arriving at "normalcy" will mean that MAPs no longer experience fear and shame but can "live productively with these attractions in a healthy and law-abiding way." The burden of stigma will to some extent be relieved by their own self-acceptance and their ability to be open with friends and family. Referring to data from the survey of MAPs conducted by B4U-ACT in 2011, the authors conclude that "a focus on mental health treatment, shame reduction, and psychosocial wellbeing" will not only be more in accord with the self-identified goals of MAPs but will also be the best support for helping them lead fulfilling and productive lives.

While the authors' humanistic approach is to be commended, we offer two caveats. First, even though they criticize traditional forensic approaches and make use of established non-forensic therapeutic approaches that address similar needs among other marginalized populations, their framework is still adapted from a forensic one and framed in the article primarily as an abuse-prevention strategy. As a result, without extreme care taken by its developers and users, and without feedback from MAPs, the framework (or its implementation by clinicians) could still contain harmful or needlessly stigmatizing elements. This is particularly true when those MAPs

receiving assistance are not at risk of harming children, or when clinicians are not aware of the subtle but powerful ways in which MAPs can be stigmatized by emphasizing abuse prevention.

Secondly, although the article condemns the social stigma against MAPs, it still leaves the impression that the main burden should be on the individual rather than on society itself. Its frequent use of terms

such as “self-identity,” “self-esteem,” “self-acceptance,” “self-concept,” “self-control,” and “self-stigmatization” may cater to the preconceptions of the therapists whom the article rightfully criticizes as woefully unprepared to help MAPs. True improvement of MAP mental health requires that the larger society accept MAPs as fully human and undeserving of stigma.

Brain structure and clinical profile point to neurodevelopmental factors involved in pedophilic disorder.

Abé, C., Adebahr, Liberg, B., Mannfolk, C., Lebedev, A., Eriksson, J., Långström, Rahm, C (2020)
Acta Psychiatrica Scandinavica : <https://doi.org/10.1111/acps.13273>

This article centers on understanding the neurological and developmental profiles of men with “pedophilic disorder” (PD), defined in the DSM-5 as adults predominantly attracted to prepubescent children who either have been convicted of a sexual crime involving a child or have experienced clinically significant distress. It is important to note that the authors’ findings may not apply to the general population of people who are attracted to minors.

The paper begins by introducing the research that has taken place to date within the remit of neuroimaging and neuropsychology, describing how this research overall has associated PD with observable brain alterations and other neurodevelopmental markers. In brain studies specifically, previous research has reported that those with PD possess lower scores on intelligence measures than matched counterparts, in addition to lower processing speeds, impaired attention skills and executive functioning skills. These observed differences in functioning have been accompanied by visible neurostructural alterations, particularly in the amygdala, the brain area implicated largely in emotional and arousal-related cognition and behaviour.

With regards to physical characteristics, studies have suggested that people with PD are shorter in height, more likely to be left-handed and to have distinct differences in the ratio between their second and fourth fingers. Psychiatrically, associative links have been found between PD and attention deficit hyperactivity disorder (ADHD), and there have been suggested links between PD and autism spectrum disorder (ASD), though this has not been widely verified. These studies have provided initial and interesting results from which to draw hypotheses, but they have been limited by their inconsistent conclusions, small sample sizes, inadequate control groups, and limited neuroimaging approaches to identify and study regions of interest. The present study aims to address these drawbacks to establish or refute the potential link between neurodevelopmental features and PD.

Data from 54 self-referred males in Sweden who met the DSM-5 criteria for PD were collected, along with 50 age-matched controls. To assess brain structure, MRI scans were performed to compare cortical thickness, volume and surface area, segmentation of subcortical volumes, and segmentation of white matter volume. A battery of assessments was implemented to assess the presence

of any psychiatric diagnoses and compare scores between groups across several psychological outcome measures.³ All participants also took part in a neuropsychiatric interview, obtaining details about their life history. Physical features such as height, weight, handedness and ratio between second and fourth fingers were also assessed.

The results yielded a large number of significant and insignificant differences between the two groups. For the sake of brevity, the significant results will be discussed.

With regards to psychiatric and sociological characteristics, those with PD differed significantly across several outcomes. Males in the PD group reported higher levels of unemployment, major depressive episodes, social anxiety, obsessive compulsive disorder symptoms and traits consistent with antisocial personality disorder. Those with PD also reported taking more psychoactive and/or antidepressant medication compared to healthy controls, and reported higher levels of hypersexuality, as well as ADHD and ASD symptomatology. Further analyses showed cortical surface area differences that were specifically related to PD, not ASD/ADHD. Males with PD reported higher instances of illegal sexual behavior than their matched counterparts. The control group yielded

higher IQ scores than males with PD (average full scale IQ score of 114 versus 101), and these differences were most largely observed in the domain of verbal comprehension, supporting the neurodevelopmental foundations of PD, as IQ and intelligence are strongly influenced by neurodevelopmental factors.

At an anatomical level, males with PD had significantly smaller intracranial volume than their matched counterparts. Interestingly, while no significant differences between the 2D:4D digit ratios were observed between groups, significant positive and negative correlations were observed between this ratio and certain cortical surface areas, thickness and volume for males with PD. The brain areas that correlated with this ratio largely overlapped with regions in which PD-specific abnormalities were identified. The authors reflect on how this result specifically supports the argument that prenatal androgen exposure could be a plausible determinant for neural signatures observed in those with PD.

On neuroimaging measures, there were no significant differences in cortical thickness between groups, but males with PD showed smaller cortical surface area in some clusters compared to controls.⁴

³ Ritvo Autism and Asperger Diagnostic Scale, Adult ADHD Self-Report Scale, Wechsler Adult Intelligence Scale Fourth Edition, Alcohol Use Disorders Identification Test, Drug Use Disorders Identification Test, and the Hypersexual Behaviour Inventory.

⁴ Bilateral ventromedial prefrontal cortex, caudal and posterior cingulate cortex, precuneus and paracentral cortex, supramarginal and superior/inferior parietal cortex, left fusiform temporal and lingual cortex, middle and superior temporal cortex, insula and lateral prefrontal cortex.

These visible size differences remained significant when the authors made adjustments according to IQ variations. Males with PD also exhibited lower cortical volume in regions where general surface area abnormalities were observed.⁵ White matter volume differences were observed, with males in the PD group showing lower volumes in areas where cortical white matter surface area discrepancies were also found, corroborating previous research results.

Many of these brain areas where cortical differences were observed form important regions of the Default Mode Network (DMN). The DMN is implicated in self-referential processing, social cognition and interpersonal affectivity, as well as future decision-making and moral reasoning. Other areas where participants diagnosed with PD displayed atypicalities are those involved in cognitive control, impulsivity and emotional processing. The authors note that these regions correspond with behavioral issues that are present within males with PD in forensic samples (impulsivity, risk-taking, empathy, morality).

When interpreting the results from the neuroimaging section of the study, the authors are careful to note that some results became insignificant when controlling for IQ, criminal (sexual) histories, and/or intracranial volume (results specifically concerning white matter and subcortical volumes). They also mention that although the exact mechanisms

underlying cortical thickness and surface area remain unknown, they are believed to exert their effects during periods of neurodevelopment, which mildly strengthens the argument that PD has neurodevelopmental markers.

This profile appears to suggest that PD co-occurs with psychiatric comorbidity, lower IQ, cortical surface area and white matter alterations, all of which are not confounded by demographic variables or criminal history. The present study is limited somewhat by its aim to solely investigate structural brain regions, and is thus unable to provide any insight on the functional involvement of brain regions in those with PD. Additional, more in-depth research is also required to understand the exact mechanisms and origins of the brain alterations found in those with PD. The study design (cross-sectional) does not allow for causality to be established, and it must be noted that the sample of men with PD was drawn from a population of self-referred individuals, which may not be wholly representative of the community of people with PD. Overall, however, the researchers conclude that their findings provide stable evidence that PD has identifiable neurodevelopmental underpinnings. While these results provide thought-provoking conclusions, it is inevitably difficult to draw conclusions about the whole population of minor-attracted people, especially those who are not diagnosable with PD according to the DSM

⁵ Hippocampus and right accumbens.

definition, from a sample of self-referred males with
PD.

Idiopathic and acquired pedophilia as two distinct disorders: an insight from neuroimaging.

Scarpazza, C., Finos, L., Genon, S., Masiero, L., Bortolato, E., Cavaliere, C., Pezzaioli, J., Monaro, M., Navarin, N., Battaglia, U., Pietrini, P., Ferracuti, S., Sartori, G., Ciani. A.S.C (2021)

Brain Imaging and Behavior: <https://doi.org/10.1007/s11682-020-00442-z>

This article is a meta-analysis of brain studies of minor-attracted people. The authors' aim is to compare two forms of pedophilia, which they call "acquired" and "idiopathic" pedophilia. As its name suggests, "acquired pedophilia" refers to the development of sexual attraction to children (or sexual behavior with them) following brain lesions that emerge as a result of a neurological disorder. In contrast, "idiopathic pedophilia" refers to attraction to children with an unknown etiology. The choice of name for the latter type of pedophilia is unfortunate, since it pathologizes all cases of attraction to children. Nevertheless, for the sake of consistency, we will use this name throughout our review.

Past studies have sometimes included cases of "acquired pedophilia" in their samples and used their results to infer certain conclusions about pedophilia as a whole. This practice may prove to be unjustified if it turns out that "acquired pedophilia" is a fundamentally very different condition from "idiopathic pedophilia". This is what the authors aim to determine with their meta-analysis. Their goal is to identify and compare the brain regions that have been found to be "impaired" in each form of pedophilia in order to determine whether the two forms of pedophilia are "associated with overlapping

or distinct brain networks." They further wish to clarify the specific cognitive/psychological functions associated with each brain "alteration." The question of what makes a brain region count as "impaired" or "altered" is beyond the scope of this review, but one can legitimately ask whether the mere presence of a difference in brain activity (when compared with a control group) justifies the use of such pathologizing labels.

The article begins by committing the kind of fundamental error commonly found in older research on minor-attracted people. In spite of citing the DSM-5, the authors fail to accurately distinguish between pedophilic disorder and pedophilic attraction (i.e., pedophilia), instead erroneously defining "pedophilia" as a paraphilic disorder paired with distress. The authors then claim that "[pedophiles] commit a disproportionate amount of crimes and rarely comply with psychological treatments" (p.2). The only support the authors provide for this claim is an article from 2007 which actually offers a much more nuanced picture than the one drawn by the authors, both on the issue of crime and on the issue of therapy compliance.

For acquired pedophilia, 17 papers (19 cases) were identified as relevant for the meta-analysis using another systematic review (Ciani et al., 2019).⁶ For idiopathic pedophilia, 19 original articles were identified as relevant. The inclusion criteria were very strict in the idiopathic case, since the authors initially identified 180 studies as potentially relevant, but kept only 19 for the meta-analysis.⁷ These articles involved 20 experiments, 240 foci, 436 “pedophiles,” and 449 controls. The authors do not specify if the 436 “pedophiles” were all from forensic samples, but since they mention that 97 individuals in the control groups were “pedophiles who did not commit sexual offenses toward children” (p. 4), we can assume that the 436 (non-control) “pedophiles” were all from forensic samples. The lack of clarity on this issue, coupled with the authors’ imprecise definition of “pedophilia” in the introduction, adds to the confusion surrounding the concept of “idiopathic pedophilia”.

⁶ The authors describe their criteria as follows: “(i) be original reports of late onset pedophilic behavior; (ii) report a documented neurological condition temporally associated with the emergence of the pedophilic behavior; (iii) have a clearly identifiable neural basis for the pedophilic behavior.”

⁷ The authors describe their criteria as follows: “(i) use structural (sMRI) or functional (fMRI) MRI; (ii) perform a whole brain analysis (i.e., studies performing only region of interest (ROI) analysis were excluded); (iii) be original peer-reviewed data; (iv) include both pedophilic individuals and a healthy control group (HC) or pedophilic individuals who committed and who did not commit sexual abuse; (v) have a sample size of at least five individuals per group; (vi) report results in a standardized coordinate space (e.g., Tailarach Atlas or Montreal Neurologic Institute, MNI).”

The authors’ analysis of these different studies led them to conclude that the two forms of pedophilia are quite different and “may not rely on a shared neural base”. Their review of the 19 articles on idiopathic pedophilia revealed that the “impaired” brain regions identified in the different studies were not consistent and did not form a unified brain network. No significant results were found when using a conservative statistical threshold (not explicitly stated within the article).⁸

The results were quite different for acquired pedophilia. Although the lesion locations were very heterogeneous, a “lesion network mapping analysis” revealed that 95% of them were part of a single brain network. The authors were also able to identify cognitive/psychological functions associated with different areas of the network. One area⁹ was associated with social cognition (especially theory of mind). Another area¹⁰ was associated with functions related to emotions and action inhibition. Finally, another area¹¹ was related to identifying or interpreting objects, monitoring and discriminating information, and remembering autobiographical information. All patients in these studies also displayed “general impulse dis-control”, and hypersexuality was reported in seven patients. Moral

⁸ However, when an uncorrected literal threshold of $p < .0001$ was used for exploratory purposes, clusters in the middle occipital gyrus, middle cingulate gyrus, and superior frontal gyrus were found.

⁹ The posterior midline structures and inferior temporal gyrus.

¹⁰ The right orbitofrontal cortex.

¹¹ Brain regions in the left hemisphere.

judgment impairments¹² were also reported in nine patients.

The authors view these findings as countering previous suggestions that acquired pedophilia results from “pre-existing latent pedophilic urges” no longer under patient control due to an impulse control deficit. Specifically, they indicate that the presence of social cognition and action inhibition deficiencies negates this theory based on the emergence of these deficiencies simultaneously with acquired pedophilia.

In their discussion of the very different results obtained for the two forms of pedophilia, the authors claim that these results are unsurprising given other known important differences between the two conditions. For instance, idiopathic pedophilia is typically discovered in adolescence and remains stable across the lifetime, whereas acquired pedophilia arises well after adolescence and sometimes disappears after a period of time. The authors also differentiate between (what they call) the two groups’ modus operandi and characterize those with acquired pedophilia as having a disorganized, impulsive, or disinhibited offending pattern compared with those with idiopathic pedophilia having a “highly predatory style” – a claim once again made with dubious support.

¹² Moral judgment impairment refers to the ability to understand the social and moral consequences of behavior, theory of mind, and distinguishing right from wrong.

Overall, the study sheds very little light about attraction to minors. Its main finding, i.e., that acquired pedophilia and what the authors call “idiopathic pedophilia” are neurologically distinct phenomena, is not new. Clearly, this distinction is both clinically and scientifically important; the therapeutic needs of the two groups are different, and researchers should be careful to exclude cases of acquired pedophilia if they wish to draw meaningful conclusions about nonacquired pedophilic attraction. In fact, since 2012, a growing number of leading researchers in the field have been characterizing the latter as an orientation.¹³ Although the authors of this study acknowledged that it is typically discovered in adolescence and is stable across the lifespan, they continued to refer to it as “idiopathic” rather than as an orientation.

In addition, the study’s conclusions are weakened by two issues. First, the concept at the very core of this article, namely “pedophilia,” is described in a rather confused and imprecise manner, with no proper distinction made between “pedophilic disorder” and “pedophilic attraction.” Secondly, all samples were apparently forensic, limiting the authors’ ability to generalize their findings to MAPs in the general population.

Finally, several implicit assumptions and explicit statements contribute unnecessarily to the

¹³ Seto, M. (2012). Is pedophilia a sexual orientation? *Archives of Sexual Behavior*, 41 (1), pp. 231-236.

stigmatization of MAPs. The authors uncritically assume brain dysfunction underlies both acquired and “idiopathic pedophilia,” resulting in a predisposition to interpret differences in brain

activity as impairments. They also rely on old or dubiously interpreted research to perpetuate harmful stereotypes of MAPs as predatory, responsible for a huge number of crimes, and unwilling to be treated.

Meet the New Generation

In this section, we present a young scholar from the MAP-research community, typically a PhD student who is on B4U-ACT's email group for researchers. This is a way for B4U-ACT to honor individuals who demonstrate an authentic concern for the respect, dignity, mental health, and well-being of MAPs.

Kailey Roche, PhD Student Carleton University



Kailey Roche is currently a PhD student in Psychology at Carleton University in Ottawa, Ontario. She completed her MSc in Forensic Psychology under Dr. Skye Stephens at Saint Mary's University in 2020, with her thesis titled, "Informing the development of a workshop to increase clinician competency and willingness to treat individuals with sexual interest in children." Her thesis was composed of two studies, the first of which assessed North American clinicians' stigmatizing attitudes toward those who are sexually attracted to children, their competency and willingness to treat this population, and their interest in becoming better educated on the subject. The second study asked those who are sexually attracted to children about their mental health experiences, and, importantly, what they thought clinicians should be better educated on to provide people like them with effective treatment. Kailey's thesis was completed in collaboration with B4U-ACT to facilitate community-based participatory action research, which – in the simplest of terms – is based on the premise that researchers must work with the community in question to produce more equitable research.

While completing her master's degree, Kailey also worked as a psychology technician and research assistant in the Forensic Sexual Behaviour Program at the Nova Scotia Hospital. Currently, she works as a research assistant on various projects pertaining to child sexual abuse prevention as well as MAP mental health and well-being under her supervisor, Dr. Michael Seto. Broadly, Kailey's research interests include primary prevention of child sexual offending, atypical sexual interests, and MAP mental health access and general well-being. Kailey is only in her first year of her PhD program but is planning to study differing psychometric characteristics and needs of those who are non-exclusively attracted to children versus those who are exclusively attracted to children.

Kailey has been involved with B4U-ACT since 2019 and has been very grateful for the insight she has gained by attending monthly dialogues with others in the community, as well as from the wider academic community involved in the email group. Finally, Kailey would like to thank everyone who has shared their experiences with her, whether through survey responses, Twitter messages, or email. Your stories are important, and she looks forward to helping you voice them.

B4U-ACT Resources

B4U-ACT is a 501(c)3 organization established to publicly promote professional services and resources for self-identified individuals who are sexually attracted to children and desire such assistance, and to educate mental health providers regarding approaches needed in understanding and responding to such individuals.

Our organization assists researchers from around the world, especially PhD students (<https://www.b4uact.org/research/research-collaboration/>). If you would like us to collaborate with you or your team on a project, and if you share our research ethos (<https://www.b4uact.org/about-us/statements-and-policies/research-ethos/>), contact us at science@b4uact.org. You can also email us if you would like to join our researcher email group.

We provide several additional services to support therapists, researchers, students, MAPs, and their family members:

- Workshops for professionals, researchers, and minor-attracted individuals (<https://www.b4uact.org/get-involved/attend-a-workshop/>)
- Advocacy/education (<https://www.b4uact.org/know-the-facts/>)
- Advice for MAPs seeking mental health services, including referral to approved professionals (<https://www.b4uact.org/attracted-to-minors/professional-support/>)
- Guidelines for therapists (<https://www.b4uact.org/psychotherapy-for-the-map/>)
- Online discussion group for professionals, researchers, and minor-attracted individuals (<https://www.b4uact.org/?event=dialog-on-therapy>)
- Peer support groups for MAPs (<https://www.b4uact.org/attracted-to-minors/peer-support/>) and their families (<https://www.b4uact.org/attracted-to-minors/support-for-family-friends-2/>)