

B4QR

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*Review of publications from
February 2021 to July 2021*

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Introduction by Allen Bishop, Editor-in-Chief

Welcome to this fourth issue of B4QR, the final one of our first volume. If we include the publications in this issue, our team of 17 different reviewers will have read and reviewed a total of 28 publications concerning minor-attracted persons throughout the year. This is no small feat, and I wish to thank everybody who has been involved in this often demanding but always rewarding work!

The summer of 2021 saw the publication of a landmark book for the field of MAP research: Allyn Walker's *A Long Dark Shadow: Minor-Attracted People and Their Pursuit of Dignity*. B4U-ACT's research team is organizing¹ a two-part virtual colloquium dedicated to Walker's book, and it is only fitting that our journal would also dedicate a special review – three times the length of our typical texts – for this important book.

In addition to our review of *A Long Dark Shadow*, which opens our journal, five other publications are presented in this issue. The next three articles reviewed cover different but equally interesting topics. Mundy et al. (2021) explores MAP's reasons for having or desiring romantic and sexual relationships with adults. In "Coming out of People with Pedophilic Orientation" Martin Fafejta investigates the coming-out process of 16 men recruited via the online forum of the Czech and Slovak Pedophile Community (CEPEK – pedofilie-info.cz.) Finally, Moss et al. (2021) examines the association between treatment motivation and "maladaptive coping" (e.g., substance abuse) among MAPs. The lead author of that last article, Sarah Moss, also happens to be our honored young scholar in the "Meet the New Generation" section that concludes our journal, in addition to being on our reviewing team for this journal.²

The final two reviews are studies on the prevalence in the general population of attraction to children. The first study is a systematic review of the scientific literature on this topic by Savoie et al., which highlights the many conceptual challenges and methodological inconsistencies in these kinds of studies. The second article (O'Connor and Gannon, 2021) focuses on a community sample of males in the UK and is a concrete illustration of the kinds of problems and biases that can make this type of research challenging. These two texts conclude our review section.

We hope you find this final issue of our first volume informative and enjoyable. For comments or suggestions, or if you would like to join our reviewing team or our research community, contact us at science@b4uact.org.

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

¹ At the time that this journal is published, we have completed the first session of the colloquium.

² As clarified in our previous issue, we always ensure that our reviewers are never involved in the reviewing process for their own publications.

Reviewed Publications

A Long, Dark Shadow: Minor Attracted People and Their Pursuit of Dignity

Walker, A. (2021)

University of California Press.

In “A Long, Dark Shadow: Minor Attracted People and Their Pursuit of Dignity,” researcher Allyn Walker provides a nuanced, thoughtful discussion of people attracted to children, including the myths and misconceptions about this population, the issues they face trying to navigate this stigmatized identity, their experiences with social support, and their resilience and coping strategies. Walker provides illustrative quotes from participant interviews that highlight various themes relevant to MAP research, including identity formation for MAPs; staying closeted and coming out; strategies for coping with attraction to children; resilience to sexual offending for MAPs, and mental health problems and care-seeking experiences. The final chapter, titled “You are not a monster,” describes the need to shift our stigma away from attraction to children itself and focus it only on the behavior of child sexual abuse.

In the introductory material, Walker discusses their positionality, describing their path to researching MAPs as one initially rooted in criminology and victim advocacy and ultimately branching out to include MAP well-being and the impact of stigma. This transparent description of Walker’s journey

provides an honest, self-aware account of several misconceptions Walker held early on in their exploration of MAPs (e.g. “Back then, if you had talked to me about minor-attracted people, I would’ve automatically assumed you were talking about someone who had committed a crime”) and signals to the reader that it is normal to hold misconceptions about people who are attracted to children due to the messaging surrounding this topic. This allows the reader, who may be unfamiliar with this topic and hold those very misconceptions themselves, to absorb the information in an accessible way, going on the journey of understanding along with Walker. Importantly, though, it also puts the onus of responsibility on the individual to shift their views and beliefs as they encounter information that challenges those views and beliefs, as Walker did.

Walker describes their experiences attending their first B4U-ACT workshop. They realized they had internalized a sense of fear about this population due to misconceptions such as the inevitability they would sexually offend against children. Walker argues that these widely held misconceptions about

attraction to children not only cause undue suffering for MAPs but also place children in greater harm. Walker then describes three major misconceptions about attraction to children and provides empirical research and anecdotal evidence countering these misconceptions. The first is that all pedophiles are offenders. Walker discusses the interchangeable use of the terms “pedophile” and “child molester” in the public discourse, arguing that treating these two groups as synonymous creates a dangerous and almost ubiquitous assumption that being attracted to children necessarily implies you have abused a child or would do so given the opportunity. The second misconception is that all people who are attracted to minors are pedophiles. In this section, Walker makes the distinction between people who are attracted to pubescent minors and people who are attracted to prepubescent children and posits that generalizing all attraction to minors as pedophilia spurs further misunderstanding about this population.

Third, Walker discusses the misconception that stigmatizing MAPs protects children. They describe the experience they and other researchers in this area often face— being told they aren’t prioritizing protecting children. Walker says it is “standard to treat empathy toward MAPs and the safety of children as if the two concepts oppose each other so profoundly that they cannot both exist.” Walker makes this powerful and important point in a way that is accessible to someone with little background knowledge in this area, who may already be bristling

at the focus Walker’s book places on MAP well-being and the need for stigma reduction. Walker also tackles the nuanced and sensitive issue of attraction to children being characterized as a sexual orientation. They describe the reasons people have for hesitating to make this characterization, emphasizing that these reservations are likely rooted in the mistaken equation of attraction and behavior. They are transparent about their positionality as a queer person; they understand and even empathize with the hesitation people feel about comparing these populations, but they also describe a “meaningful understanding of others who are treated with suspicion and stigma based upon a sexual orientation that cannot be changed.”

In the chapter titled, “Am I a monster?,” Walker explores participants’ descriptions of discovering their attraction to children and attempting to understand and navigate what this meant about their identity or meant for their future. Participants describe feelings of isolation, fears about one day becoming a “monster” who would harm children, and concerns about stigma. Walker frames this discussion around Erikson’s conceptualization of identity formation as a key task of human development in which a person evaluates their values, goals, and beliefs and attempts to determine who they are and their place in the world. Walker’s discussion of identity formation allows the reader to understand that this process is challenging for any adolescent or individual, but that it is likely

dramatically more difficult for someone attempting to navigate the extreme stigma associated with being attracted to children.

In addition to Erikson, Walker draws from the work of sociologist Richard Troiden, who described stages of identity formation among members of sexual minority groups. Walker states that not all members of sexual minority groups go through all the stages; rather, the stages reflect general patterns seen in research with gay and lesbian individuals as well as Walker's own research with MAPs. These stages include sensitization, in which a person perceives they are different in some way from their peers but does not yet connect these differences to their sexuality; identity confusion, in which a person begins to connect these differences to their sexuality but experiences dissonance in assuming the label (e.g. "gay," or in this case, "attracted to children"); identity assumption, in which a person begins to self-identify with the label; and commitment, in which a person becomes comfortable with the label and synthesizes their sexual identity with other parts of their identity. Walker describes how their research with MAPs reflected these stages, drawing apt comparisons to research with sexual minorities, but they also thoughtfully discuss the unique challenges and considerations associated with navigating the identity of being attracted to children.

In the chapter titled "Leading a double life," Walker describes their participants' experiences with

revealing their attraction to family and friends as well as their reasons for disclosing or choosing not to disclose their attraction. Walker describes that for their participants, and many other MAPs, being attracted to children meant having a secret from almost everyone important in their lives. Walker describes "coming out" as a continuum—a process in which people come out to the people in their lives in different stages and must continually come out to new acquaintances. Like other sexual minorities, MAPs must carefully balance the risks and benefits of coming out against the risks and benefits of staying closeted. Walker describes how their participants weighed these considerations, saying that staying closeted did not mean an absence of hardships but merely a different set of hardships.

Participants experienced mental health and social problems as a result of staying closeted, including anxiety, depression, social isolation, inability to seek care, and avoidance of social connections. Participants wanted to feel that they would still be loved and accepted if they were to disclose their attraction, but they also feared suspicion, judgment, disownment, and threats to their livelihood, housing, or personal safety if they were to come out to the important people in their lives. Many participants feared being immediately mistaken for a "sex offender", a threat to children, or a generally dangerous or evil person. The decision to come out, therefore, for Walker's participants and for other

MAPs, involves a deeply personal and delicate balance of these perceived risks and benefits.

Walker's participants varied in terms of their disclosure experiences; some had come out to many people (both in person and online), some had only come out to online friends, and one had only come out to Walker. Many participants experienced positive consequences of coming out, including gaining the ability to access care for mental health problems or affirmation of still being loved, trusted, and accepted. However, participants also experienced negative consequences, including stigmatizing reactions and outright rejection. As an effective qualitative researcher will do, Walker consistently dove into participant responses to attempt to understand the deeper, even latent, meanings behind their narratives. Walker insightfully discusses responses to disclosure which their participants characterized as supportive, but which to Walker seemed marked with stigma and judgment. For example, one participant told a friend about his attraction and her first response was to ask if he had ever molested someone; yet he described her overall reaction as understanding. Walker posits that the bar for a perceived positive reaction may be low given the expectations many MAPs have for outright rejection.

The chapter titled "Enduring a rainstorm" explores MAPs' strategies for coping with the stigma-related stress associated with being attracted to children.

Using Erving Goffman's helpful distinction, Walker describes "discredited stigmas" as those that are readily apparent (e.g., skin color) and "discreditable stigmas" as those that can be concealed (e.g., sexual orientation). However, as found in prior research, Walker emphasizes that people with concealable stigmas are not immune to the effects of stigma, and in fact, concealing a stigmatized identity carries its own unique risks for emotional and social wellness. As Walker discussed in the previous chapter, it can make a person feel like they are living a double life and that they would potentially lose their sources of support if they were open about their attractions.

Walker details the stressors faced by MAPs, including societal rejection (or fear of it), exposure to and internalization of hateful and stigmatizing messaging about attraction to children, and loneliness and grief over the inability to have a romantic relationship (at least, for exclusive MAPs). Walker describes the strategies their participants used to cope with these stressors, dividing them into disengagement and engagement strategies. Participants' disengagement strategies, which Walker defines as attempts to disengage with the stress resulting from stigma, included denial or wishful thinking, secrecy and selective disclosure, substance use, and social withdrawal. Walker argues that engagement strategies, or those aimed at actively working through a given stressor, are more beneficial for well-being than disengagement strategies. Participants described several engagement

strategies, such as involvement in MAP communities, seeking out information about attraction to children, activism related to MAP issues, and involvement in religious communities.

The experience of stigma described by Walker's participants echoes that of MAPs in various other studies.¹ The reality presented here is a very dark one, marked by quasi-ubiquitous struggle. It could be interesting to explore the phenomenon from a more diachronic perspective, to see how common it is for MAPs to eventually overcome the hardships imposed on them by society. One can also wonder how representative of the MAP community Walker's participants were, considering that they were mainly recruited from support-focused online groups, B4U-ACT and VirPed. By their very nature, such forums are more likely to attract MAPs who are not at peace with their orientation. To be fair, Walker did note that it is "unlikely that participants' characteristics are representative of all individuals who are preferentially attracted to minors," adding that such was "not a typical goal of qualitative research."

In the next chapter, "It's a very strong boundary for me," Walker describes their participants' "resilience to sexual offending." Of note, this chapter does not come first in the book; it is only introduced after Walker has taken the time to repeatedly reinforce the distinction between attraction and action and counter

the false narrative that MAPs who do not act sexually with children are simply "ticking time bombs" who must be stopped before they do so. Walker states that research has focused less on preventing initial crime than reducing recidivism and, importantly, makes the point that this may be because "focusing on the prevention of offending among individuals who have never committed a crime could entail shifting policy and practice objectives from an emphasis on meeting individuals' needs toward an emphasis on surveilling those with criminogenic risk factors, effectively criminalizing non-offending populations." Another explanation that Walker might have considered is that historically, most researchers have simply been unaware of MAPs who do not break the law and simply assumed all of them do. Walker emphasizes that their description of MAPs' resilience to offending should be viewed as an attempt to highlight MAPs' strengths rather than a means to protect the public from a group deserving of suspicion.

Walker reflects on their own discomfort in asking their participants what motivates them to avoid acting sexually with children, a question which Walker felt came loaded with suspicion or the implication they found participants immoral. However, Walker argued it was essential to ask these questions in order to understand MAPs' "resilience to offending". Participants described their motivations for not engaging in sexual behavior with

¹ See especially Elchuk, McPhail, and Olver (2021), which was reviewed in our previous issue: <https://b4uact.org/b4qr/1/3>.

children, the primary one being not wanting to cause harm, which one participant described as “the easiest motivation on this planet.” In fact, 75% of Walker’s participants believed acting on their attraction would cause harm to the child (though they varied in terms of what they felt would be the source of the harm) and stated the potential for harm was their main reason for not acting. Walker reflects that participants seemed to expect a surprised reaction to this explanation and describes them as “understandably interested in conveying to [Walker] that their moral values were not driven by their sexuality.” Other motivations for not acting sexually with children included fear of legal repercussions or other punishment, fear of negative impact on their loved ones or the child’s loved ones, religious convictions, and a desire to avoid being like “those people” (i.e. people who abuse children).

In terms of specific strategies to avoid acting sexually with children, Walker reminds the reader that 75% of their participants did not feel at risk of acting on their attraction and therefore did not need to develop avoidance strategies. For the remaining participants, strategies to avoid engaging with sexual behavior with children were varied and complex. Some limited interactions with children and others interacted with children in prosocial ways. Some participants sought support from MAPs or others. Some described using illegal images of children as a way to avoid contact offenses against a child. Others described simply making the choice not to offend.

Walker thoughtfully discusses that, while these strategies helped participants not to engage sexually with children, they also came with some negative repercussions. Use of illegal images is a crime in and of itself which can lead to harm as well as legal and social consequences, limiting interactions with children at times came at the expense of job opportunities, and attempts to seek support came with the risks associated with coming out.

In addition to strategies to cope with stigma-related stress described in chapter 3 and strategies to avoid acting sexually with children discussed in chapter 4, Walker also explores participants’ experiences with seeking care from mental health professionals in the chapter titled, “Their intention wasn’t to help me.” Walker describes a spectrum of experiences, ranging from experiences with mental health professionals that brought people back from the brink of suicide to experiences that increased their hopelessness and despair. Walker also discusses structural barriers to care, including lack of education among providers, providers’ dual commitment to their client and to society more broadly, misconceptions about therapies aimed at changing attractions, and more general financial or geographical barriers faced by other populations in seeking care.

Walker’s participants sought mental health care for a variety of reasons. Some wanted professional help for mental health problems like anxiety, depression, or suicidal ideation; some sought help avoiding

acting on their attractions or even reassurance that this outcome was not inevitable; and some wanted to attempt to change their attractions. Among participants who did not seek care, many described a lack of trust for mental health professionals, fearing they react in a stigmatizing and judgmental way, out them to others, or report them to police. Indeed, among participants who sought care, some did experience these negative repercussions and others, like being turned away from treatment entirely or having sexual orientation change efforts imposed on them. On the other hand, almost the same number of participants reported experiences with mental health professionals that helped them in some way.

Common characteristics of helpful experiences with therapy included: providers who were informed about issues related to MAPs or intentionally informed themselves about these issues after clients disclosed their attractions; providers who understood that not all MAPs have or will act sexually with children; and providers who showed a lack of judgment and addressed the issues for which their client sought help (e.g., depression, anxiety) rather than imposing their own goals for treatment. Walker notes that some who had negative experiences with therapists described an improvement in the therapeutic relationship and ultimately felt they had been helped by that provider. Walker concludes the section by stressing the need among MAPs for mental health care by providers with specialized education and training and highlighting areas that

warrant careful consideration, such as the lack of evidence for effectiveness of sexual orientation change efforts and the liberal use of reporting MAP clients to law enforcement.

In their final chapter, “You are not a monster,” Walker describes what they view as ineffective approaches to abuse prevention: placing the burden of prevention on potential victims, focusing on intervention after the fact, and stigmatizing MAPs to the point of creating a major barrier to help seeking. Walker notes that other factors that help MAPs remain resilient to offending, such as social support, are also negatively impacted by this stigma. At the same time, Walker reminds the reader that only a small minority of participants felt they needed help not to act sexually with children. Walker then concludes this by emphasizing that we as a society must “remove the stigma of attraction to minors and place it solely on the behavior of sexual offending against children.” This, Walker argues, would not only allow for more effective abuse prevention efforts, but it would also create the space for a much-needed focus on well-being among MAPs.

Walker insightfully states that there are some who would be uncomfortable by their dedication to promoting MAP well-being. They lament the false notion that, “if you care about MAP’s well-being, you must somehow oppose children’s safety.” Interestingly, this astute insight may be illustrated directly in Walker’s own writing: at one point in the

introduction, Walker describes their primary goal in writing the book as “exploring ways of thinking about MAPs that may better protect children from harm.” Though it is clear that protecting children is a very important priority for Walker and understandable that they would want to make their position on this explicitly clear, to state that this was the primary goal of the book does not seem to align with the messages Walker so thoughtfully conveys about reducing stigma to improve well-being for people who have done nothing to harm children.

It is possible that researchers in this area feel their messages will only be heard if presented through the lens of abuse prevention as the primary or most important goal of the work, especially if there is any focus on stigma reduction or MAP well-being. It is not meant as a criticism of Walker to bring this possibility up, and no one understands Walker’s goal in writing this book better than they do. It is merely an opportunity to reflect on Walker’s point that, too often, society treats MAP well-being and child protection as competing interests and requires individuals to make a choice between which one they really care about. No one is immune from this pressure, and it often puts people, including researchers and MAPs themselves, in a position that is difficult to reconcile.

In the final pages of the book, Walker self-critically reflects on whether the conclusions they draw throughout will be interpreted in a way that

reinforces stereotypes of MAPs as people who have committed sexual offenses or inevitably will. Walker clarifies that their goal in describing strategies to reduce rates of offending are not based in the belief that all MAPs need help to avoid offending, but rather an attempt to ensure those who do need support to avoid offending can access that help without the barriers brought on by stigma. Walker describes a need for a broad, societal shift in our understandings about MAPs, an effort to increase education and training for providers, careful evaluation of policies surrounding client confidentiality and mandatory reporting, and the presence of prosocial examples of MAPs in public discourse. Walker closes the book by describing the most common response among participants to the question, “What would you say to a MAP who was just beginning to realize they were attracted to minors?” Most participants said they would share this simple but essential message: “You are not a monster.”

Walker’s book represents a ground-breaking and beautifully executed piece of research on an understudied and underserved population, containing essential information presented in such an accessible and humanizing way that it has enormous potential to inform and enlighten people who might otherwise never be exposed to these messages. The amount of thought and consideration that went into the discussion of each major theme was evident. Walker never shies away from sensitive or difficult topics,

such as the conceptualization of attraction to children as a sexual orientation. Walker also firmly and unapologetically contradicts many of the major myths and misconceptions about attraction to children using their own research and the research of others in the field. Even their discussion of sexual offending is handled in a way that does not further

dehumanize MAPs and perpetuate harmful stereotypes. What is markedly clear throughout the book is Walker's dedication to accurately representing the experiences of their participants and doing their part as a researcher to shift society's attitudes toward this misunderstood and vulnerable population.

Romantic and Sexual Relationships with Adult Partners Among Pedohebephilic Men

Mundy, C., Lewis, H., & Cioe J. (2021).

Archives of Sexual Behavior. Preprint. <https://doi.org/10.31234/osf.io/b3uhn>

This study examined reasons given by minor-attracted adults for having or desiring romantic and sexual relationships with adults, and compared these reasons with those found in the literature to be given by heterosexual, bisexual, gay, and asexual adults, including those in “mixed-orientation relationships”; i.e., those in relationships with heterosexual adults of the opposite sex.

Study participants were 148 English-speaking adults recruited from the B4U-ACT and Virtuous Pedophiles online peer support groups who had been in and/or desired to be in sexual or romantic relationships with adults. They ranged in age from 18 to 70, with most of them (84%) identifying as Caucasian. They completed a demographic questionnaire that included an adapted Kinsey scale to determine the degree of sexual exclusivity to minors, and modified surveys on their reasons for having or desiring sex with adult partners, and their reasons for having or desiring romantic relationships with adults. Although 23 (16%) of the participants identified as biological females, the data analyses were restricted to biological males. Correlations were used to assess relationships between age orientation and reasons given for both romantic relationships and sexual activity with adults.

The five most highly rated factors for having sex with adults were practicality, love and commitment, pleasure, physical desirability, and experience seeking. The latter three factors, as well as three others (i.e., stress reduction, duty and pressure, expression), were significantly correlated with age orientation. The authors concluded that these findings were similar to those of studies of heterosexual adults and sexual minority women; they highly rated both sexual and non-sexual factors, most notably pleasure, physical desirability, and love and commitment as reasons for engaging in sex with adult partners. However, factors rated highly by participants in this study departed from those given by asexual adults, the latter including the desire to produce sexual arousal for their partners.

The five reasons most highly endorsed by study participants for romantic relationships with adults were companionship, love towards the romantic partner, to escape loneliness, to engage in sex, and because it felt natural. Participants were also given the option to provide reasons not included on the survey.¹ Responses included their partner’s resemblance to a child (in appearance or behavior),

¹ This option was not available for the survey on reasons for having sex since that survey did not directly ask about reasons, but instead produced measures on 14 factors based on responses to 28 items.

boredom, a desire to experience love and sex legally, to prove to themselves they could maintain adult relationships, and to help manage sexual feelings toward children. Four reasons were correlated with age orientation: wanting to see others in relationships (this reason was not clearly explained), the sense that it felt natural, societal pressure, and the expectation that their attraction to children would disappear.

The researchers noted that some of the reasons given by participants were similar to those endorsed by adults in mixed-orientation relationships in previous studies: companionship, love for a romantic partner, and to escape loneliness. However, other reasons given by this latter group that might be expected for minor-attracted adults were not found: societal pressure and desire to have children and a family life. The researchers speculated that this may have been due to fear of being attracted to their own children or of being accused of such attractions. In addition, MAPs, unlike those in mixed-orientation romantic relationships, cited a desire for sex and to manage sexual feelings that could not be expressed. The researchers noted that this may have demonstrated motivations similar to those of gay men prior to the legalization of homosexual acts.

Overall, the researchers concluded that minor-attracted adults' reasons for having or seeking romantic and sexual relationships with adults appear to parallel those of other sexual minority groups

according to the exclusivity of their attraction to minors. Motivations of MAPs whose attractions are less exclusive appear similar to those of heterosexual individuals and sexual minority women, possibly due to a higher likelihood of falling in love with their partners. The motivations of those who are more exclusively attracted to minors appear to be similar to those of asexual adults; namely, to increase intimacy and achieve a sense of satisfaction in their relationships.

The researchers point out that the findings of this study are limited due to the potential unrepresentativeness of their sample and the limited choices available to respondents on the survey on romantic relationships (since it was originally developed for those in mixed-orientation relationships). In addition, the study did not differentiate between those who had actually engaged in adult romantic or sexual relationships and those who merely desired them, nor did it assess the actual quality of or difficulties experienced in such relationships, including the effects of disclosure of attraction to minors. The authors note that all of these are issues for future investigation.

This study is notable, and pioneering, in that it begins exploration of a previously ignored area of research that could have important implications for improving the mental health of minor-attracted people. It makes no stigmatizing assumptions about the presumed need to prevent MAPs from harming

children, nor does it make any reference to literature with such a focus. Instead, it productively makes use of a highly relevant part of the knowledge base on human sexuality and sexual minorities to understand the experience of minor-attracted people. As the

researchers note, findings in this area could assist clinicians in their efforts to help MAPs in their quest to find satisfying and fulfilling intimate relationships.

Coming out of People with Pedophilic Orientation

Fafetja, M. (2021).

International Journal of Sexual Health: <https://doi.org/10.1080/19317611.2021.1913687>

This paper explores and develops the idea that coming out can help minor-attracted people manage their feelings in line with ethical demands and legal and social norms, and thereby may help prevent child sexual abuse.

The study's methodology was qualitative, comprising semi-structured interviews based on a convenience sample of 16 men recruited via the online forum of the Czech and Slovak Pedophile Community (CEPEK – pedofilie-info.cz). This forum is a self-help group that aims to help participants live “if possible, a happy life, so that [they] do not cause problems to other people or themselves” (p.6). CEPEK says its aim is to prevent sexual abuse, not to change laws restricting adult-minor sexual relations (prohibited in these jurisdictions for minors under age 15), and it attests a policy (which it says it has acted upon) to report to police illegal acts that come to its attention. The paper theorizes that coming out in a context of positive support and recognition of a person's feelings of attraction to minors while affirming a commitment to abide by laws and social norms can help prevent acting on that attraction in illegal or unethical ways.

While Fafetja defines “pedophilia” as “sexual interest in children” – understood by psychiatric definitions as prepubescents – he defines “child sexual abuse” simply in terms of sexual acts involving adults made illegal because of a minor's age – in this context, under 15. While “the research participants described themselves as pedophiles” (p. 2) the author does not explore to what degree hebephilic attraction to pubescents around 11 to 14 – or other forms of attraction – are part of their “lovemaps” (though he excluded one potential subject who identified as principally hebephilic).

The paper proposes three ways that coming out might help:

- 1) Fostering a kind of therapeutic self-awareness about sexual and/or romantic feelings may help a person to understand and cope with their feelings. Perhaps with outside therapeutic help, these benefits may help to maintain better mental health among law-abiding minor attracted people. This is especially important given the evidence for higher-than-average rates of mood and anxiety disorders within this population.

- 2) Informal social control and the availability of positive role models for self-control and affirming

self-identity through social interaction with like-minded fellows. Such role modelling may also help minor-attracted people to mobilize their reported emotional and empathic orientation toward children or adolescents in a prosocial way by helping them to separate their sexual attraction from their desire for emotional and/or empathetic connection with young people.

3) A path of activism, after self-disclosure, towards a public presentation of a pedophile identity in ways that will foster honesty and understanding within a portion of a person's social circle. This is a powerful idea, as such acts of social activism, albeit limited within a small and trusted circle, can go a long way towards restoring the stigmatized identities of people who are attracted to minors.

For these three reasons, Fafejta contends, coming out offers benefits to the individual and society. However, the author recognizes that doing so may also increase the risk of stigma and social exclusion as it is "extremely difficult and, to a certain degree, dangerous" to come out as a pedophile, "[y]et, some ... find the courage to do it" (p.1).

Fafejta proceeds thoughtfully and sensitively. He cites Jean Lyotard's idea of *differend*: "...[P]eople with pedophilic orientation find themselves within the dominant public discourse in a Lyotardian dispute ... that cannot be equitably resolved: 'A case of *differend* between two parties takes place when

the "regulation" of the conflict that opposes them is done in the idiom of one of the parties while the wrong suffered by the other is not signified in that idiom"' (p.4).

The author notes potential methodological problems with this study: the sample is heavily skewed to men attracted to boys and none are married, while other research has found a high proportion of minor-attracted men are married. His aim was to study subjects with no history of offenses, but three of the 16 men, in the course of interviews, discussed having received suspended sentences (two for possession of pornography, one for a contact offense). However, the author attempts to mitigate this issue by pointing out that "all the participants clearly disapproved of any sexual-erotic contact with children ... (and those who had happened to break the law in the past no longer wanted to repeat such transgressions)." As well, he grants that a convenience sample offers no basis for generalizability.

In relation to this, it might be beneficial for future research to think more critically about whether it is always useful to divide minor-attracted persons into "offenders" or "pro-contact" and "non-offenders" or "anti-contact", thereby creating an oversimplified and misleading dichotomy between "good" and "bad" pedophiles. To his credit, the author points out that there are "good" and "bad" people everywhere,

so, obviously, the same applies to persons who are attracted to minors.

Drawing from his interviews, Fafejta presents a snapshot of the coming out process. It begins with first being clear to oneself about one's feelings, which his respondents said first began to dawn on them in puberty. At the start of puberty respondents often noticed what they described as "primarily mental" (p.7) attraction to those a few years younger. As they developed further, "the participants began, however, to 'realize something was different' (Bob)" (p.7). With the vast majority of the sample being comprised of men attracted to boys, many respondents reported that a next step was self-conceptualization as homosexual. Some respondents rejected this label by trying to pursue heterosexual relationships or an identity as bisexual. An obstacle to embracing the label "pedophile" was how in common usage the term was identified with child sexual abuse, while it did not occur to these subjects to harm children. Nevertheless as attraction to those younger persisted, men in this sample, typically in adolescence, reconciled themselves to this attraction as a persistent feature of their sexual orientation.

Fafejta finds that those with regular Internet access during adolescence came to self-acceptance a few years earlier than those without. Formulation of a pedophile self-identity for his subjects was a process of social and discursive interpolation: "They learned

the 'truth' about themselves through the statements made by others Their identity has thus been not only their own creation, but also the creation of people with whose descriptions of pedophilia they identified" (p.8).

By condemning child sexual abuse, CEPEK and personal blogs of minor attracted people with the same outlook offered models of pedophile identity which the respondents wished to claim as their own. In part, respondents said, this was because these models highlighted the nonsexual aspects of their attractions.

Most of the respondents reported they first came out to another person within the supportive but essentially virtual context of CEPEK. With the confidence thus gained, the vast majority had come out to others outside this group, such as family, friends, or colleagues.

The respondents "were often individuals who were in regular contact with children and besides needing to confide in someone, they wanted feedback to ensure their conduct with children was acceptable" (p.9). Fafejta tells of one subject, Porter, who "has revealed his pedophilia to the parents of the children he works with in his extracurricular activities. Although not all of them, only some: 'I feel I made a careful choice. I mean parents who are closer to me in other ways as well ...'" (p.10). It is refreshing that a minor-attracted person who spends time with a

child is not a priori perceived as a threat simply on the basis of his orientation.

Reasons for coming out to others include therapeutic reasons, the wish to not conceal one's identity and to foster openness in close relationships, and, finally, as an act of social activism: "showing people a 'real-life pedophile' who is not dangerous to children and deserves the trust of the community" (p.9). The latter reason, as mentioned previously, has a lot of potential to significantly affect the discourses concerning minor-attracted persons.

What have been the consequences of coming out for the men in this sample? While some of the respondents had come out to large numbers of people, most were very careful in choosing. Perhaps surprisingly, none reported outright negative responses although some of those told did not want to discuss the matter further.

Fafejta also asked his subjects what their ideal society would be, and they said they wanted a world where they would not have to conceal their orientation as much as they do now. One subject, Parker, offered as an idealized scenario, "A teacher comes to see the headmaster and says: 'I'm a pedophile.' The headmaster is overjoyed: 'Amazing, you've got the job! If there's a problem, you're out!'" (p.11). Fafejta goes on to note that "Parker, like some other research participants, is convinced that people with pedophilic orientation understand

children better than non-pedophilic individuals, therefore they may be good teachers and educators" (p.11).

One way of viewing this paper and the emerging Czech and Slovak cultural context it describes is to see them as working within but pushing slightly further the boundaries of Western discourse around minor attraction. Fafejta's ethical standpoint – one shared *prima facie* with his subjects – is that sexual contact between adults and minors under the age of consent is harmful and immoral but that those with a pedophile orientation have a right to information and support (he quotes the World Association for Sexual Health Declaration of Sexual Rights) that is "nonprejudicial and nondiscriminatory," while encouraging people to take "responsibility for their own behavior" (p.11). Unlike groups such as Virtuous Pedophiles, which take (what might be called) a "non-affirmative" view of attraction to minors, the conception of pedophile identity developed here, at its farthest limit, is open to the idea that an emotional and sexual orientation to children or adolescents could have benefits to individuals and society, so long as self-control and normative behavior are maintained.

The coming out process Fajeta describes here could be seen as furthering these potential benefits and also helping minor-attracted people foster their own mental health and equilibrium. But these are not the only points that the author develops, emphasizing

instead the prevention of illegal or unethical conduct. That would be regarded as stigmatizing today in an academic paper about, say, coming out as gay, even while any sexual orientation risks expression in problematic ways.

This study is arguably less about testing hypotheses than attempting an ethnography of an organization and individuals within and around it, that, in relation to state and society, form a fragile, somewhat tense *modus vivendi*. Organizing by and for MAPs in this locale will be tolerated, as it is sometimes the case throughout the West, so long as leaders police their

own community, reporting any illegal acts to authorities, and renounce any intention of changing laws. The author sketches and fills in narrative details of a causal structure he presents as plausible, mutually reinforcing, and beneficial for how it reduces CSA and socializes and integrates MAPs who otherwise would likely be more uncertain of themselves, less thoughtful about organizing their lives, and more isolated in relation to those who might provide support and community. Whether this model could be duplicated elsewhere or indeed is sustainable in the Czech and Slovak context are open questions.

The Association between Maladaptive Coping and Treatment Motivation in Individuals who are Sexually Attracted to Children Living in the Community

Moss, S., Stephens, S., & McPhail, I. V. (2021)

Journal of Sex & Marital Therapy: <https://doi.org/10.1080/0092623X.2021.1922564>

In this article, the authors argue that experiencing higher levels of internalized sexual stigma weakens the association between maladaptive coping and treatment motivation. Their primary takeaway is that decreasing internalized stigma may increase help-seeking motivation. While the evidence presented in the article does support the conclusion that reducing internalized stigma is important, it does not support the specific claim that doing so would increase help-seeking motivation.

The paper begins with an explanation that some individuals who are sexually attracted to children wish to seek treatment for various reasons, related to both their own mental health as well as to avoid acting sexually with a child. Many prior studies have focused on treatment-seeking behavior as a primary goal, and Moss, Stephens, & McPhail clearly explain that treatment seeking behavior is not enough, since it can be motivated by external forces (e.g., an ultimatum from a loved one). Therefore, it is important to look beyond help-seeking, and focus on how to improve treatment motivation. The authors identify maladaptive coping strategies (e.g., substance abuse) as an important predictor of treatment motivation, as it is associated with poor mental health and distress. The authors also point

out that internalized stigma is a known barrier to help-seeking, and that it is reasonable to suspect that the presence of internalized stigma will weaken the association between maladaptive coping strategies and treatment motivation.

The sample consisted of 293 adults who reported a sexual attraction to children under the age of 15, and were recruited online. The measures consisted of demographic information, treatment motivation, maladaptive coping strategies, and internalized sexual stigma. Demographics do indicate that a majority of participants have been diagnosed with a mental health disorder, with the most common being anxiety disorders (26.6%), depressive disorders (25.9%), and neurodevelopmental disorders (21.8%). This information is not used in the analyses.

Treatment motivation contained 3 factors, 1) Recognition that there is a problem, 2) Ambivalence, or uncertainty about if there is a problem, and 3) Taking steps to improve the problem. Maladaptive coping is a single factor, while internalized sexual stigma consists of two factors 1) Concealment, and 2) Ego-dystonic distress/aversion. Of particular note, the treatment motivation scale was adapted from the Stages of Change Readiness and Treatment

Eagerness Scale (SOCRATES), which was originally designed for people experiencing problems with their alcohol or drug use. As SOCRATES was designed specifically for people experiencing a problem, a low score is interpreted as being in denial of needing treatment, rather than truly not needing treatment, which makes it inappropriate to be used on a population that is defined solely by their sexuality, and not necessarily in denial or in need of treatment.

The authors found that at higher levels of ego-dystonic distress/aversion the association

between maladaptive coping and two of the treatment motivation factors, Ambivalence and Taking Steps, was weakened. The association between maladaptive coping and Recognition was not moderated by either internalized stigma factor, and Concealment did not moderate the association between maladaptive coping and any of the three treatment motivation factors. The authors then present two figures (reproduced below) to illustrate the change in association between maladaptive coping and both Ambivalence and Taking Steps at each level of the Ego-dystonic distress/aversion subscale.

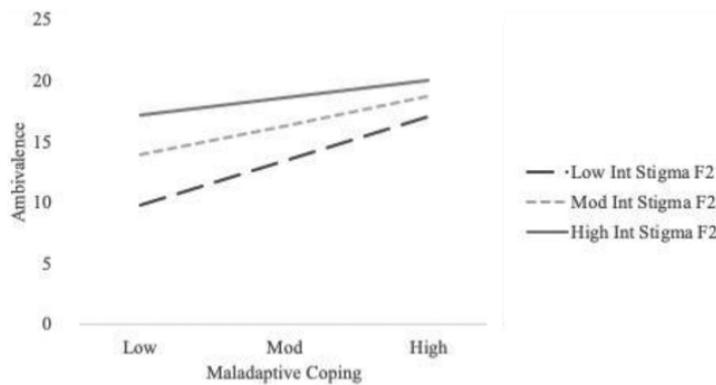


Figure 1. Plotted moderated regression displaying a significant interaction between the SOCRATES Ambivalence factor and maladaptive coping as measured by the Brief COPE. Higher maladaptive coping increased feelings of ambivalence (i.e., treatment motivation) and this was attenuated by higher levels of internalized sexual stigma.

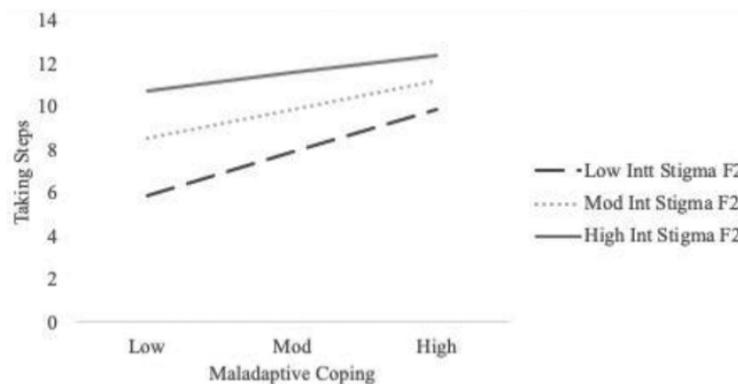


Figure 2. Plotted moderated regression displaying a significant interaction between the SOCRATES Taking Steps factor and maladaptive coping as measured by the Brief COPE. Higher levels of maladaptive coping increased feelings of taking steps to creating positive changes related to controlling one's sexual interest in children (i.e., treatment motivation) and this was attenuated by higher levels internalized sexual stigma.

The results of the moderation analyses revealed that high levels of internalized sexual stigma diminished the association between maladaptive coping and treatment motivation. The authors noted that this finding suggests it is important to address internalized stigma to promote treatment motivation among those with maladaptive coping. However, when examining Figure 1 and Figure 2, we see that at all levels of maladaptive coping, those with higher internalized stigma had higher levels of treatment motivation than those with moderate and low levels of internalized stigma. Given this, we would expect a decrease in treatment motivation if we were to decrease internalized stigma, which is the direct opposite of the authors' interpretation.

The study could have been enhanced by including a measure of the participants' treatment needs, as the concept of treatment motivation only makes sense in the context of treatment needs. By not modeling treatment needs, the authors make the assumption that all individuals in their sample are in need of treatment. The authors do stress the high rate of mental health problems or distress among people who are sexually attracted to children, which perhaps could be used to argue that it is appropriate to assume everyone in this sample needs treatment. However, internalized stigma and maladaptive coping are themselves associated with higher rates of mental health problems and distress. Individuals who are low in maladaptive coping and internalized stigma may also be low in distress, so low scores in

treatment motivation may indicate a true lack of needing treatment. Instead, the authors interpret low treatment motivation as either being in denial of having a problem, or not taking steps to improve the problem, without consideration of the possibility that the participant is not experiencing any problems.

Assuming that every individual who is attracted to children needs treatment is a highly stigmatizing stance, and especially so if you interpret them directly saying "I do not need treatment" as being in denial. It is unfortunate that the authors adapted a scale that was designed for a population defined by problematic behaviors and chose to apply it to a population defined only by their sexuality. To their credit, the authors acknowledge the need for researchers to develop measures that demonstrate psychometrically sound validity and reliability as applied to research engaging persons who are sexually attracted to minors.

Nonetheless, the findings may still provide important information. If, as stated previously, low treatment motivation is indicative of low treatment need, we could reinterpret "treatment motivation" to be a proxy variable for "treatment needs" then this article finds that evidence that 1) internalized sexual stigma is associated with higher treatment needs, 2) maladaptive coping strategies are also associated with higher treatment needs, and 3) the interaction between these two show us that an important goal is to address both maladaptive coping and internalized

sexual stigma, since there is only a substantial drop in treatment needs when both are low. This would then emphasize the importance of understanding the relationship between internalized sexual stigma and maladaptive coping. Depending on the relationship between internalized sexual stigma and maladaptive

coping, there may be important implications on which should be addressed first (i.e., if internalized sexual stigma causes engaging in maladaptive coping strategies, it may be futile to address the maladaptive coping strategies until the stigma is addressed).

Prevalence and Correlates of Individuals with Sexual Interest in Children: A Systematic Review

Savoie, V., Quayle, E., Flynn, E. (2021)

Child Abuse & Neglect, Vol. 115: <https://doi.org/10.1016/j.chiabu.2021.10500>

This article provides a critical examination of the available literature related to the prevalence and correlates of “sexual interest in children” (SIIC) within community, clinical, and forensic populations. Savoie, Quayle, and Flynn examine the risk of bias in the included studies, as well as summarize the studies in terms of its samples, how SIIC is defined and measured in the literature, and the prevalence and correlates of SIIC. The authors find that most of the included studies have a high risk for bias, and there are inconsistencies between studies on how SIIC is defined and measured. In order to achieve more accurate estimates, the authors recommend that future research on the prevalence of SIIC should reduce bias, increase external validity, and improve the definition of SIIC.

The authors conducted a search of the literature through an electronic search of six scientific databases, as well as a manual search of four key journals, Google Scholar, and all reference lists of studies included in the review. Quantitative, descriptive, and observational studies with a primary or secondary research aim of identifying SIIC prevalence and/or SIIC correlates were included in this review. Studies were excluded if the population was 16 years old or younger, had an intellectual disability, or if the study was not written in English.

A total of 30 peer-reviewed articles met all requirements of inclusion in the review. Data were extracted using narrative synthesis with a thematic approach focused on groupings relevant to the study aims.

In their review of the literature, the authors find paraphilias to be commonplace among the general population, though the prevalence of paraphiliac interest varies depending upon the type of paraphilia, with pedophilic and hebephilic attractions among general populations occurring less frequently than other types of sexual attraction. While the research indicates SIIC exists among the general population, the present review indicates that the accuracy of current SIIC prevalence data is questionable. The authors argue that inaccurate reporting of SIIC could be caused by mistaken beliefs about SIIC, including the unfounded confluence of SIIC and sexual offending, the subjective and easily misconstrued diagnostic criteria for pedophilia, and the lack of clearly operationalized definitions among investigations of the prevalence of SIIC, which could deter accurate reporting among study subjects. Individual demographic and psychological characteristics of those who self-report as having SIIC, as well as self-reported sexual offending behavior, were also reviewed in the literature.

The authors began the analysis of the systematic review by assessing the risk of bias in the included studies. Overall, the risk of bias assessment revealed significant shortcomings in the quality of the studies. Only one of the 30 studies rated low risk of bias, 12 had moderate risk of bias, and 17 were rated with a high risk of bias. Specifically, 18 studies had unacceptable external validity, 10 studies had acceptable external validity, and only 2 studies had good external validity. The low external validity was because most studies ($n = 22$) did not use a nationally representative population, and instead focused primarily on recruiting more convenient or specific groups, such as psychology students. Only seven studies used a randomized selection technique, and not a single study was not at risk for non-respondent bias. Conversely, the assessment found that 21 studies had acceptable internal validity, and 9 studies had good internal validity.

Following the risk assessment, the authors summarized the papers in terms of the samples, definitions of SIIC, procedures, findings on the prevalence of SIIC, and findings of correlates of SIIC. Sample sizes varied widely, from 60 to over 10,000 participants. Recruitment sources included common samples, such as 2 studies that recruited from Project Dunkelfeld. Just over one-half were recruited from the general population, and just over one-third were recruited from college samples. In addition, most of the samples in the prevalence studies included in this review were men. The

authors note that the inconsistent recruitment and sampling methods present barriers to obtaining a clear understanding of the prevalence of SIIC as well as the correlates of SIIC. The wide range of samples and their recruitment sources impact the ability to generalize findings and increase the likelihood that rates of prevalence and demographic characteristics such as age and gender are skewed. The review identified additional methodological challenges to obtaining an accurate prevalence rate because of inconsistencies in the definition, categorization, and measurement of SIIC. Definitions of SIIC included diagnostic manual criteria for pedophilia and definitions developed by and specific to individual studies. Categories of what constituted SIIC, the length of time for SIIC to be present, and the ages used to indicate qualification for inclusion as having SIIC also varied among studies.

Methodological inconsistencies cause difficulties in acquiring accurate prevalence rates and correlates of SIIC. The overall prevalence rates ranged from 2.08 to 24.02% across studies. Wide ranging prevalence rates were evident among the studies when examining prevalence of various interest groups as well. For instance, overall prevalence rates for sexual interest in pre-pubescent children ranged from 0.2% to 65.0 % or 0.2% to 21.0%, depending upon the criteria used to categorize pre-pubescent interest; for pubescent children the range was from 1.6% to 89.4%; and prevalence rates for masturbating to sexual fantasies about children

ranged from 0.7 to 89%. The authors propose that higher outlier rates may be the result of sampling methods that result in higher representation of those who have a SIIC than does the general public.

Finally, the review summarized findings on the correlates of SIIC. Notably, SIIC was correlated with increased mental health concerns such as depression, anxiety, suicidal ideation, and hospitalization for mental health concerns related to their SIIC. Seven studies examined the link between adverse childhood experiences (ACEs) and SIIC, three of which found no significant results and four found a positive association, though the specific items used to measure ACEs varied among these seven studies. Six studies examined awareness of problems related to SIIC and the desire to engage in help-seeking behaviors to address these current or potential problems was examined in six of the studies. Of these, five found noteworthy rates of a desire for help. Rates of actual and desired help-seeking behaviors varied by sexual preference, age, and gender.

Correlates with SIIC identified in the studies included in the review also include other paraphilic interests and some antisocial attitudes.

Perhaps the most salient implications of this review are the need for a concise definition of SIIC, along with clarification of related categories and terms, and the need for more robust methodological standards to decrease biases. When taken together, the prevalence rates reported in the systematic review varied widely. As such, reliable and accurate prevalence rates remain elusive, confirming the need for SIIC-related research efforts to embrace more rigorous research methods. To that end, definitions used in future studies should consider an inclusive conceptualization of SIIC and clearly defined categories to account for the wide range of sexual preference among those who are sexually attracted to children. Recruitment and sampling methodology should meet acceptable standards to enhance generalizability of findings. In addition, future studies of the prevalence of SIIC should ensure selected scales have sound psychometric properties and report the scale reliability and validity to increase reader confidence in the results.

An examination of the prevalence and characteristics of UK community males who hold a sexual interest in children using the revised interest in child molestation scale

O'Connor, A. & Gannon, T. (2021).

Journal of Consulting and Clinical Psychology: <https://doi.org/10.1037/ccp0000627>

This paper by O'Connor and Gannon (2021) is a two-part study of characteristics of UK males with "an interest in child sexual abuse (CSA)" as per the revised Interest in Child Molestation Scale (ICMS-R). As this study is based in the UK, the authors define "children" as being all individuals below 16 years old (age of consent in the UK).

Study 1 re-examined the prevalence of CSA interest using the ICMS-R in a community sample of UK men. The ICMS-R purports to measure CSA interest by presenting participants with five vignettes describing adult-child sexual contacts with varying degrees of forcefulness. For each vignette, participants were required to rate their sexual arousal, enjoyment, and behavioral proclivity on a 7-point Likert scale. While the authors stated in the introduction that they were interested in rates of sexual attraction to children under the age of 16, Study 1 only asked about attraction to prepubescent children (i.e., those typically between 3 and 10 years old). Although only 3.1% (n = 6) of the sample indicated a sexual attraction to prepubescent children, 42% (n = 80) reported at least some interest in CSA. Further, none of the demographic information was significantly related to CSA interest.

Study 2 used a separate sample of community males to explore whether four risk areas (i.e., sexual attraction to children, emotional dysfunction, social dysfunction, and offense-supportive attitudes) predict interest in CSA and whether these same areas of risk discriminate between those who indicate a behavioral proclivity for CSA and those who do not. The ICMS-R differed in study 2 in that the authors removed the "enjoyment" rating. The results showed that 31% (n = 68) of participants reported at least some interest in CSA. Those who reported any arousal to the vignettes via the ICMS-R held higher "offense-supportive beliefs" and were more likely to report experiencing CSA fantasies/behaviors. There was no relationship between CSA behavioral proclivities and any of the risk areas.

The authors suggest that, based on previous literature, between 10 and 20% of community males self-report a sexual attraction to children. This figure seems quite high considering that most estimates are somewhere between 1 and 3% of the population. A study of sexual attraction to prepubescent children in a large (n = 8718) community-based sample of German males found that 4% admitted to sexual fantasies involving prepubescent children (Dombert et al., 2016). Consistent with this, in study 1, the

authors themselves found that only 3% of their sample admitted to having a sexual attraction to children. This high estimate may have to do with the definition of “child.” While some researchers consider “children” to be those who are either prepubescent or pubescent, others define “children” as anyone under the age of consent of their respective location.

The authors go on to say that the findings of previously cited studies show that a “significant proportion of the general male population may either be distressed by their sexual interest in children and in need of support, or potentially at an increased risk of perpetrating CSA” (p. 2). Unfortunately, it is unclear which studies the authors are referring to, nor is it clear what percentage of individuals experience distress. Just as it is important to point out that not all people attracted to children will engage in CSA, it is also important to note that not all are distressed or require help to “manage” their attraction.

The authors used a different means of measuring sexual attraction to prepubescent children in each study. In study 1, they presented the participants with three questions: whether they have had “recurrent sexual urges or fantasies” about prepubescent children, whether they have acted on these urges/fantasies, and whether these urges/fantasies cause them distress. Adding the latter two questions seems to tap into whether the

individual has a “pedophilic disorder” (as per the DSM-V), experiencing distress in relation to their pedophilia rather than sexual attraction alone. The authors used a score of 0 to indicate no sexual attraction to children and a score of 3 to indicate increased likelihood of being attracted to children. Most surveys in this area ask people to rate their sexual attraction to males and females of various age groups which may be a simpler way of gauging attraction. The authors did use a scale with various male and female age groups for study 2 (e.g., including categories for boys and girls aged 12 to 15 years old), but it was not clear what the prevalence of self-reported sexual attraction to children was compared to study 1.

In both studies, the authors designated someone as having an interest in CSA if they scored above the minimum possible score (15 and 10 for studies 1 and 2, respectively). As they explain: “In order to emphatically reject an interest in child sexual offending, participants needed to respond with the minimum response of 1 (definitely negative) for each item. Therefore, any participant scoring above 15 (the minimum possible score) was assumed to have shown some interest in child sexual offending (i.e. non-zero endorsement), with a higher score representing greater interest.”(p. 3). “Non-zero endorsement” seems like an overly liberal cut-off and could explain the high prevalence of CSA interest compared to the reported sexual attraction to children (40% vs 3%). As MAPs have been shown

to have a desire to nurture (Ponesti et al., 2018) and self-report feelings of love (Martijn et al., 2020; Dymond and Duff, 2020) towards young people, it is not unreasonable to expect a MAP to give high arousal ratings alongside a zero rating for stigmatizing and negatively rendered statements like “enjoying getting their own way” which feature in this study. Even though there were very few people who reported attraction to prepubescent persons, a MAP or non-MAP participating in this research could give a rating of zero for enjoyment and behavior, but according to the low cut-off they would only need to deviate by 1 point overall to be considered as having an interest in CSA. One cannot help but wonder whether there is a more conservative cut-off point which would better represent an interest in CSA and whether the “arousal” sub-measure is at all indicative of interest in engaging in CSA.

Within the discussion section, the authors consider possible reasons for the decreased level of CSA endorsement between their original 2011 study (57%) and the present studies (42 and 31%). They initially suggest that CSA endorsement decreased because they had revised their vignettes to include interactions that were less forceful toward the child to better represent how someone who is sexually attracted to children would “typically” approach sexual contact with a child. However, this proposal is in tension with their statement at the beginning of the paper which suggests that CSA endorsement

may be higher when men are presented with lower-force scenarios (p. 2-3). Further, one cannot help but wonder how the authors decided that their edited vignettes were “less forceful” than the originals and how they concluded that the vignettes were “typical” of how one would engage in sexual contact with a child. It could be beneficial for the authors to randomly assign the original and new vignettes and have participants rate them on their perceived forcefulness.

An alternative explanation for the lower CSA endorsement proposed by the authors is that the 2011 CSA endorsements were higher because the studies were conducted in person rather than online, leading the participants to feel less vulnerable about the way in which their information was collected. However, one could argue that participating in this type of study in-person could lead to people feeling *more* vulnerable since there may be heightened chances of someone seeing their answers. Indeed, in the 2011 study, participants completed the survey either individually or in groups, meaning that there could have been heightened vigilance over being spotted endorsing taboo interests or behaviors.

The authors note their surprise at finding that there were no significant differences in demographic data between men who endorsed CSA interest versus those who did not. They expected more antisocial behavior from those endorsing CSA, as antisociality is a “key risk factor for child sexual offending.” One

counterpoint is that antisociality is a key risk factor for sexual *recidivism*, meaning that it is predictive of reoffending when someone has already been convicted of a sexual offense. To date, there are no known risk factors for onset of offending. As only 2 people in study 1 reported having committed a sexual offense, it is understandable that it would not be significantly associated with endorsing CSA. Further, the authors did not discuss wanting to look at antisociality in study 1 and did not ask any other questions that would be related to antisociality other than previous criminal history.

Finally, although the authors are careful to mention that not all individuals who are sexually attracted to children will act sexually with them, one cannot ignore the many questionable assumptions about MAPs found throughout this study. The authors' goal was to understand the differences between those who

“endorse interest in CSA” and those who do not, but their conflation of fantasies, urges, and abuse throughout their survey and its interpretation rendered the results misleading and ineffective. In study #1, anyone who enjoyed a thought or feeling of attraction toward a minor was categorically at risk of “child sexual abuse.” In study #2, anyone who was ok with having a sexual fantasy about a minor categorically had a “behavioral proclivity” or inherent inclination to act on their thoughts. If the same categorizations were to be used with adults attracted to other adults, every adult attracted to adults would be at risk of raping other adults. If the authors had approached their research with an understanding that attraction to minors is another complex type of orientation within the bell curve of sexual orientations (having a similar nature of feelings of attraction), their survey and interpretation would, hopefully, have been much different.

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.

Sarah Moss, MA Student University of Guelph



Sarah Moss is currently an MA student in the Clinical Child and Adolescent Psychology Program at the University of Guelph in Ontario. She first became involved with forensic psychology while working as a research analyst at the Centre for Addiction and Mental Health (CAMH) in the Sexual Behaviours Clinic and the Complex Care and Recovery Program (Forensic Division). During this work, Sarah learned that what her culture had taught her that all MAPs will inevitably break the laws was false and that many MAPs do not break the laws and, actually, do not struggle to live within the laws. This sparked her academic interest.

Sarah had completed an MSc in Foundations of Clinical Psychology and Mental Health at University of Sussex in England but her decision to shift her focus towards sexuality and forensic psychology led her to completing a second MSc in Forensic Psychology under the supervision of Dr. Skye Stephens at Saint Mary's University in Halifax, Nova Scotia. Her thesis was focused on understanding the treatment barriers of individuals who live in the community and are sexually attracted to children. Specifically, one study examined the relationship between self-perceived maladaptive coping and treatment motivation, and how past treatment experiences and internalized sexual stigma may impact this association in individuals who are sexually attracted children using an online anonymous study. The second study examined Canadian mental health clinicians' willingness to provide psychotherapy, and their level of explicit stigma towards individuals sexually attracted to children, and how clinician competency and assessment/treatment provision experience may influence these factors. This research stemmed from a larger Public Safety Canada funded project that was focused on the development of treatment services for "non-offending" MAPs. Sarah served as a research coordinator for this project.

During her time at Saint Mary's, Sarah completed two clinical-forensic practica: at the Forensic Sexual Behaviour Program at the Nova Scotia Hospital and at the Sexual Behaviour Clinic at CAMH. During the latter practicum, she worked with individuals who experienced personal difficulties because of their atypical sexual interests (including sexual attraction to children) and who were not involved with the criminal justice system. After graduating, Sarah worked as a psychometrist on the CAMH Forensic Consultation & Assessment Team and the Sexual Behaviours Clinic. While at the Sexual Behaviours Clinic, she worked with clients and families of individuals who had intellectual and/or developmental disabilities and were expressing sexual interests, and/or engaging in sexual behavior that caused interpersonal difficulties. These experiences ignited a second area of interest for Sarah when she realized that there was a limited understanding of sexuality in these populations.

Sarah's research and clinical interests include understanding sexual offending and mental health trajectories for vulnerable individuals who are at risk of becoming or remaining involved in the criminal justice system with the goal of preventing the onset and maintenance of sexual abuse and managing associated mental health challenges. Under the supervision of Dr. Kaitlyn McLachlan, she is examining sexuality within Fetal Alcohol Spectrum Disorder (FASD) in an effort to improve the understanding of how sexual development, interests, and behaviors are understood within this population. She is also interested in assisting and supporting individuals with FASD and their caregivers and health providers, to gain a greater understanding of sexuality, including atypical sexual interests and the possible explanations for sexual behavior. In addition to her studies, Sarah is working as a research analyst supporting the first child sexual abuse prevention program in Canada, Talking for Change, which aims to provide support to individuals who are having difficulty managing their sexual attractions to children or who are afraid of acting sexually with children.

Sarah feels incredibly fortunate to be involved with B4U-ACT and has learned a great deal from this community. She is grateful for the network of people – both the individuals who are sexually attracted to children and the professionals whose work is focused on supporting these individuals – that have shared their perspectives with her through formal and informal research and clinical avenues. These experiences have been invaluable in contributing to the development of her research as well as fundamentally shaping her career trajectory. Sarah hopes to use her research as a mechanism for initiating and facilitating discussions about sexuality in vulnerable and stigmatized populations. Having seen the value of dedicating efforts to early intervention, she is especially interested in working with children and adolescents within the fields of sexology and forensics.

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/>)