

B4U-ACT Quarterly Review
Volume 2, Issue 3, Summer 2022
August 27, 2022

B4QR

Allen Bishop
Editor-in-Chief

Russell Dick
Aiden Morris
Editors

Maggie Ingram

Richard Kramer

Isaac Aschenbach
Sarah Moss
Maria Sklavou
Reviewers

Steven Dibben
Gary Parmlee
Joseph Thomas

Maggie Ingram
Kailey Roche
Evelyn Thorne

*Review of publications from
February 2022 to May 2022*

Table of Contents

Introduction by Allen Bishop, Editor-in-Chief	3
In Honor of B4U-ACT’s Co-Founder Michael F. Melsheimer	5
Reviewed Publications	6
Pedohebephilia and Perceived Non-coercive Childhood Sexual Experiences: Two Non-matched Case-Control Studies	6
Childhood sexual victimization, pedophilic interest, and antisocial orientation	11
Diagnostic Differential Between Pedophilic-OCD and Pedophilic Disorder: An Illustration with Two Vignettes	17
The neuroanatomical bases of pedophilia and the importance of distinguishing genuine vs. acquired types: A systematic review	23
Challenges and Solutions to Implementing a Community-Based Wellness Program for Non-Offending Minor Attracted Persons	27
Realization, Self-View, and Disclosure of Pedophilia: A Content Analysis of Online Posts.....	31
Review Supplements	35
Supplement to Pham, A. T., Nunes, K. L., Maimone, S., & Jung, S. (2022)	35
Meet the New Generation: Amy Lawrence	38
B4U-ACT Resources	40

Introduction by Allen Bishop, Editor-in-Chief

Welcome to the summer issue of the second volume of B4QR. This summer would have marked the 80th birthday of B4U-ACT's co-founder, Michael Melsheimer. Michael served as the organization's Director of Operations for seven years before having to step down for health reasons. In remembrance of his life and his dedication to the betterment of MAP mental health, we open our journal with a tribute to Michael.

This issue contains six reviews of articles on various topics related to minor-attracted people. The first two reviews concern childhood sexual experiences and their hypothetical relation to attraction to children as adults. Jahnke et al. (2002) conducted two studies comparing minor-attracted people and teleiophiles on what they called "perceived non-coercive sexual experiences with adults" as children. They found more evidence of an association between attraction to children and childhood sexual experiences *with peers* rather than with adults. Pham et al. (2002) were similarly interested in the association between childhood sexual experiences and adult attraction to children, but they used history of sexual crimes against children as a proxy for sexual attraction to children, a questionable methodological choice. Our reviewers tested Pham et al. (2002)'s results by developing their own meta-analysis using the data provided in the original article. The results of our meta-analysis are presented in a "Review Supplements" section of the journal.

The following two reviews compare "authentic" attraction to children with some form of "inauthentic" attraction. The first type of inauthentic attraction is "Pedophilia OCD," distinguished from "Pedophilic Disorder" in Bonagura et al. (2022). The authors helpfully compared the assessment techniques of each "disorder" and used vignettes to further illustrate the distinctions between the two. The second type of inauthentic attraction to children is "acquired pedophilia," which Christian Joyal (2022) describes as "sexual behaviors toward children emerging as a consequence of a neurological disorder." Joyal reviewed 64 cases of acquired pedophilia and explored their possible association with impulsivity and hyperactivity. Just as with the Pham et al. (2002) article, our reviewers highlight an unfortunate conflation or confusion between sexual attraction to children and sexual behavior with children.

Our last two reviews explore different topics concerning MAPs in the community. Jackson et al. (2022) compared four community-based wellness programs for MAPs, which they also describe as "primary prevention programs." The programs are *Stop It Now!*, *B4U-ACT*, *The Global Prevention Project*, and *the Prevention Project Dunkelfeld*. The authors also describe their own experience in an effort to develop a similar program in New York State, and they discuss various difficulties that this

project has faced. Jimenez-Arista and Reid (2022) analyzed 81 posts made by minor-attracted people on various websites, with the goal of illuminating the different mental stages and events in a MAP's life over the course of several years.

Our journal closes as usual with the "Meet the New Generation" section. Our honored young scholar in this issue is Amy Lawrence, a Psychology PhD student at the University of Auckland, New Zealand. Amy generously shares with us the types of struggles that studying MAPs can present at times, including "the dichotomy of appeasing the public by promoting a purely preventative focus and upholding the integrity of the MAP community by advocating for its well-being."

We hope you will appreciate this seventh issue of B4QR. For comments or suggestions, or if you would like to join our team of reviewers, contact us at science@b4uact.org.

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

In Honor of B4U-ACT's Co-Founder Michael F. Melsheimer



On August 21, Mike Melsheimer, who founded B4U-ACT along with board chair Russell Dick in 2003, would have been 80 years old. Mike was born August 21, 1942 in Jacksonville, FL, the son of the late Richard L. and Nancy R. Ison Melsheimer. He spent his career working in the social services sector. In 1993, he moved to Maryland to seek mental health services from Dr. Fred Berlin in his effort to live authentically and productively as an "out" MAP. Through his volunteer work at a state psychiatric hospital, he met Russell Dick, then a social worker at the hospital, who went on to become the Director of Social Work.

As the two of them became close friends, they became convinced of the need for a non-profit organization to promote the understanding and humane treatment of minor-attracted people within the mental health field. In 2002, Mike launched a one-man campaign which incessantly challenged the Maryland Mental Hygiene Administration (as it was called at that time) to identify a single mental health practitioner or agency in the state that publicly advertised services for "persons like myself" before they broke the law. His dogged persistence resulted in a small annual grant from the state to establish and maintain B4U-ACT, develop a hotline to connect MAPs with therapists in Maryland, and sponsor workshops for practitioners. Mike also successfully procured from the IRS the 501(c)3 status for the organization.

Mike's advocacy work was not limited to MAPs. His volunteer work at the Maryland state psychiatric hospital involved championing the rights of the patients there. He also received local media coverage for calling public attention to safety issues at the low-income housing complex for senior citizens in which he lived.

After serving as Director of Operations for B4U-ACT for seven years, Mike's deteriorating health forced him to step down, but he continued to influence the organization's vision and direction by participating in its events as much as he could. On July 15, 2010, Mike died peacefully after battling emphysema for several years.

Reviewed Publications

Pedohebephilia and Perceived Non-coercive Childhood Sexual Experiences: Two Non-matched Case-Control Studies

Jahnke S., Schmidt, A.F., Hoyer, J. (2022)

Sexual Abuse: A Journal of Research and Treatment, <https://doi.org/10.1177/10790632221098341>

In this article, situated within the broader field of studies focusing on the etiology of pedohebephilia (i.e., the attraction to pre-pubescent and pubescent children), Jahnke, Schmidt, and Hoyer examine the link between pedohebephilia and having engaged sexually with an adult as a child. Following a strand of research in the field, the authors apply the term “child sexual abuse experiences (CSAE)” even to activities that were not experienced negatively by the child, and their studies include such cases that were perceived neutrally or positively by participants. The rationale for this inclusion is the recognition that not all individuals who have engaged sexually with adults as children describe their experiences as negative. The authors seek to address a gap in the literature, given that most studies examining the connection between pedohebephilia and child sexual experiences with adults only assess experiences that were explicitly perceived as negative by the affected person.

The authors conducted two studies. The first study involved a German-speaking sample of 199 participants, of which 101 were classified as

pedohebephilic and 89 as teleiophilic (i.e., attracted to adults), while 9 reported an equally strong pedohebephilic and teleiophilic attraction. The second study involved an English-speaking sample of 632 participants, of which 278 were classified as pedohebephilic and 317 as teleiophilic, while 37 reported an equally strong pedohebephilic and teleiophilic attraction.

These pedohebephilic and teleiophilic men were asked to complete a series of instruments:

- 1) The Childhood Trauma Questionnaire (CTQ, Studies 1 and 2), a standardized self-report inventory designed to measure participants’ experiences of five different types of trauma (Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, and Physical Neglect);
- 2) A scale, developed by the authors, to assess perceived non-coercive sexual experiences with adults (PNCSE-A, Studies 1 and 2);
- 3) A scale, also developed by the authors, to assess perceived non-coercive sexual experiences with peers (PNCSE-P, Study 2 only);

4) A series of items to assess sociodemographic information, conviction status, and general willingness to engage in sex with a child (Studies 1 and 2).

To classify participants as teleiophilic or pedohebephilic, the authors used a combination of self-reported and viewing time (VT) measures. The authors hypothesized that pedohebephilic men would be more likely than teleiophilic men to report CSAE, PNCSE-A, PNCSE-P (only in Study 2) and nonsexual adverse childhood experiences in the relevant CTQ subscales. They further hypothesized that, among the pedohebephilic men, those with prior convictions for sexual offenses would be more likely than those without convictions to report CSAE, PNCSE-A and nonsexual adverse childhood experiences.

The results showed that pedohebephilic men indeed reported more CSAE than teleiophilic participants, but there was not enough evidence to support the authors' hypothesis that they would also report more PNCSE-A. While this was the case in Study 1, Study 2 revealed different patterns. In Study 1, 39% of the pedohebephilic versus 13% of the teleiophilic participants reported CSAE in the CTQ Sexual Abuse subscale, and, for Study 2, those percentages were 44% and 25% for pedohebephilic and teleiophilic men, respectively. In Study 1, 20% of the pedohebephilic sample reported PNCSE-A, and, to the authors' surprise, 7 out of those 20

participants (in absolute value terms) responded negatively to all items assessing child sexual abuse experiences in the standardized CTQ Sexual Abuse subscale. In the case of teleiophilic men, 1 of the 4 participants who reported PNCSE-A denied any CSAE. In the same study, contrary to what the authors were expecting, pedohebephilic men with prior convictions reported marginally lower rates of Sexual Abuse (CTQ subscale) and PNCSE-A than pedohebephilic men without convictions. In Study 2, 22% of the pedohebephilic and 21% of the teleiophilic group reported PNCSE-A. Importantly, 26% of the pedohebephilic and 38% of the teleiophilic participants who reported PNCSE-A denied any CSAE in the corresponding CTQ subscale. PNCSE-P, which was only assessed in Study 2, was reported by 64% of the pedohebephilic and 41% of the teleiophilic participants. As such, Study 2 also revealed that pedohebephilic men are more likely than teleiophilic men to recall having had sexual experiences with peers during their childhood. Study 2 likewise showed that pedohebephilic men with convictions reported more PNCSE-A, PNCSE-P, CTQ Sexual Abuse, CTQ Physical Neglect and CTQ Physical Abuse in comparison to pedohebephilic men without convictions.

The authors conclude that it is important to not only assess child sexual abuse experiences that are explicitly perceived as negative and/or coercive, but also experiences that are perceived as neutral or

positive, a recognition that could help address the issue of underreporting of CSAE. The authors acknowledge that, in both studies, the assessment of sexual experiences relied on participants' recollection, which is one of the identified limitations of this work. They also recognize the possibility that participants might reframe a sexually abusive experience that they had as a child as non-coercive or positive – just as they might retrospectively reframe a non-coercive or positive experience as an abusive one. To address this issue, the authors propose that future research in this area rely on more “objective” information of CSAE, such as “police reports” or “medical records” (p. 24). However, one aspect they have not considered is that police reports, for example, may lack “objective” information about an incident, depending on who did the reporting, when it was conducted, and various other contextual factors. As such, this seems to be more of a problem with the broader definition and operationalization of the concept of CSAE, rather than a lack of “objective” measurements in the authors' work.

While the authors' decision to include experiences that were experienced as neutral or positive (via the PNCSE-A scale) to test the link between CSAE and pedohebephilia is important for all the reasons stated in the article, it also runs the risk of adding further confusion to the highly complex concept of CSAE. There are some critical questions that could be raised here: how exactly can research legitimately redefine

experiences that were subjectively perceived as non-coercive or positive as CSAE? Should the relevant legal jurisdiction be noted in such research (i.e., would researchers, for example, only consider whether individuals were below the relevant age of consent when they had the experience)? Science endeavors to provide an objective perspective on complex phenomena, therefore, research that fails to acknowledge the legal context may not adequately capture the subjective experiences of individuals. The legal framework by itself should not override the highly personal experiences of any given person. More generally, what exactly makes an experience abusive if the person did not feel harmed at that time? It is entirely possible that societal perceptions and stigma cause a reconstruction of past experiences; in such cases, should the experiences still be classified as child sexual abuse?

In general, there appears to be a gender-based pattern in how individuals perceive CSAE. Indeed, prior research suggests that “perceptions of positive or non-coerced CSAE were common (relative to CSAE recalled as having been negative or coerced) at least among boys” (p. 25). For instance, a Finnish study (Felson et al., 2019) indicated that merely 14% of boys—as compared to 51% of girls—attributed their CSAE as negative. Such data points to the need for further investigation of neutral or positive memories of sexual experiences, and research instruments that permit participants to report any sexual encounter

from their childhood—whether positive, negative, or otherwise.

Regarding PNCSE-P, the authors note that “Study 2 suggests that early PNCSE-P could be an important etiological precursor of pedohebephilic attraction,” adding that this finding is more aligned with conditioning theory (i.e., the idea that pedohebephilic men “learn” to be attracted to minors) in comparison to PNCSE-A where “a physically mature adult body then would become the conditioned stimulus” (p. 20). The authors further observe “that CSAE is associated with higher rates of reported sexual peer-type activities (p. 20). Here, however, it is not clear whether the authors refer only to those experiences that were seen as negative (as measured by the CTQ Sexual Abuse subscale), or also to the ones that were perceived neutrally or positively (as measured by the PNCSE-A instrument).

When it comes to nonsexual adverse childhood experiences, as measured by the remaining 4 subscales of CTQ, the authors found that “in the present studies, pedohebephilic men’s early adverse family experiences did not differ markedly from those of teleiophilic men” (p.20). As the authors assert, this could be because the pedohebephilic sample was not a clinical one, as opposed to prior research that compared clinical samples of pedohebephilic men to non-clinical samples of teleiophilic men. This recognition is a step forward

in refuting the assumption that pedohebephilic men are inherently more “pathological” or “traumatized” than teleiophilic men. Indeed, clinical samples have an inherent bias toward pathologizing pedohebephilia.

Another limitation of the study is that some of the adverse experiences reported by pedohebephilic men in the CTQ instrument may have occurred after (and not before) their attraction was formed. Simply put, one cannot infer causality in this case as it is possible that the adverse experience was not the cause of the pedohebephilic attraction, but rather the result of social stigma or other negative reactions to the attraction.

The authors acknowledge that their sample was not representative of all men in the community. For example, in Study 1, their teleiophilic sample was recruited from psychology-related forums, which tend to attract people of higher socioeconomic status and education, perhaps explaining why the pedohebephilic group was less educated than the teleiophilic group. This is a crucial point to keep in mind against one of the stereotypical depictions of pedohebephilic persons as “less intelligent”.

Overall, the authors were very thorough in identifying and reflecting on the limitations of their studies. They highlighted some important issues in the field, and they employed a multi-faceted, reflexive and de-stigmatizing approach that “casts

further doubt on the simplistic idea that CSAE causes sexual attraction to children” (p. 26). Additional issues to be raised relate to

problematizing the conceptualization of CSAE and the need for a cautious interpretation of the link between PNCSE-P and pedohebephilia.

Childhood sexual victimization, pedophilic interest, and antisocial orientation

Pham, A. T., Nunes, K. L., Maimone, S., & Jung, S. (2022)

Sexual Offending: Theory, Research, and Prevention

This article by Pham et al. (2022) investigated the relationship between individuals having experienced what the authors called “childhood sexual victimization” (CSV) and those same individuals going on to be responsible for what the authors called “child sexual abuse” (CSA). The idea that there is a causal relationship from the first to the second is commonly referred to as the “abused-abuser hypothesis”. In this research, the authors tested whether there is a relationship between people having experienced CSV and their acting, later in life, in ways that evidence greater attraction to children or antisocial tendencies.¹

The authors hypothesized that CSV causes an increase in attraction to children and leads to higher antisocial tendencies. The results are based on an analysis of four datasets presented separately followed by a meta-analysis of the four together. The authors’ main conclusion is that CSV is positively associated with attraction to children and antisociality. However, as we will show, this conclusion is based on over-interpreting non-significant findings from highly underpowered samples.

¹ The second part of the abused-abuser hypothesis holds that these two factors in turn contribute to an increased risk of acting sexually with a child. This second part of the hypothesis was not investigated here.

The samples from all four studies come from Canadian men who were convicted of sexual crimes involving children. The studies were brief and examined the same concepts, so we can describe them together. Study 1 consisted of 177 adult men each of whom was convicted of at least one sexual crime involving a child under the age of 13. Study 2 consisted of 28 adult men each of whom was convicted of a crime involving a child aged 15 or under and was in community supervision, treatment services, or serving a sentence in a medium- or maximum-security prison. Study 3 consisted of 27 adult men whose crimes involved children aged 15 or under and who were in maximum-security correctional institutions. Finally, study 4 consisted of 17 adult men each of whom was convicted of a sexual crime involving a child aged 15 or under and who was serving a sentence in a medium- or maximum-security correctional institution. It is noteworthy that, by default, there were no participants without criminal histories, and meaningful conclusions about risk factors for criminal behavior may be limited by this form of sample bias.

The broad factors explored were 1) “childhood sexual victimization”, 2) attraction to children, and 3) antisocial traits/behaviors.

In study 1, CSV was measured as experiencing CSA or being exposed to sexual stimuli under the age of 13, while in studies 2, 3, and 4, CSV was defined as experiencing CSA under the age of 12. The authors did not define either “experiencing child sexual abuse” nor “exposure to sexual stimuli”, which could have resulted in some ambiguity among participants if definitions were not provided to them. Both “sexual abuse” and “sexual stimuli” are vague concepts that needed to be concretely defined in order to not cause issues with the operationalization of the concept of “childhood sexual victimization”. This is especially problematic if the questions about “sexual stimuli” could have elicited affirmative responses based upon the subject’s experiences of developmentally normal childhood sex play. This lack of clarity in definitions could lead to overestimations of CSV and misleading results.

Attraction to children was not measured directly. Instead, the frequency of sexual crimes involving children under the age of 12 or 13 was used as a proxy. While there was some variation in the measures used, all studies included the Screening Scale for Pedophilic Interests (SSPI) which uses four items found in official records to determine degree of attraction to children: (1) any male victim, (2) more than one child victim, (3) any victims under 12, and (4) any extrafamilial child victims. Studies 2, 3, and 4 also included a self-report of number of charges against victims under 12, number of male victims, and use of illegal sexual images of children.

The use of the SSPI as a proxy for attraction to children, particularly in this study, is problematic. First, not all people attracted to children commit sexual crimes against children, and not all sexual crimes against children are perpetrated by people attracted to children. Second, since both attraction to children and antisociality are measured largely using past criminal behavior in these studies, the analyses really test whether CSV is associated with criminal behavior. While criminal behavior is one type of antisocial behavior, and perpetration of criminal sexual behavior with children is one possible outcome for people attracted to children, these are all distinct constructs and should be treated as such in the research.

There was some variation in how antisociality was defined, but it was primarily based on criminal history, including number of past convictions, violent convictions, conditional release violations, and age at first conviction. The standardized scales used were the CATS (Study 1 & 2), VRAG (study 1 & 2), Static-2003 (study 1), SIR-R1 (Study 3 + 4), and the SRP (study 2). All of these are based on official documentation of past behavior, except for the SRP which is a self-report measure of psychopathy. Most measures are scored so that a higher value corresponds to higher antisociality. However, lower values on age at first conviction and the SIR-R1 indicate higher antisociality. It should be noted that higher scores in authors’ measures of attraction to children and their measures of

antisociality appear to both be heavily correlated with a higher degree of criminal behavior. Therefore, it would be unsurprising if the two measures are correlated with each other and such correlation would not provide evidence of a general relationship between attraction to minors and antisociality. Again, there was no comparison group of people without criminal histories, which would have perhaps been more illustrative of the impact of CSV on criminal behavior, as well as what differentiates those who experience CSV and go on to perpetrate crimes and those who experience CSV and never perpetrate crimes.

The authors present the findings from each study separately, and then provide a meta-analysis looking at attraction to children and antisociality. The authors combined all the effect sizes for each of the attraction to children items to generate a combined effect of CSV on attraction to children. Likewise, they combined the effect sizes for all the antisociality items to generate a combined effect of CSV on antisociality. Statistical analyses were done using Cohen's d , where a small, medium, and large effect size is defined as $d = 0.20$, 0.50 , and 0.80 , respectively.

The authors' findings provide weak if any evidence for CSV being associated with an increase in alleged attraction to children as measured by sex crimes involving them. Eighteen tests were run on the association between measures of CSV and measures

of attraction to children of which only two were statistically significant, which were the age of the youngest victim ($d = -1.66$, 95% CI = $[-2.77, -0.56]$), and number of charges involving a child under 12 ($d = 1.89$, 95% CI = $[0.71, 3.07]$). With 95% confidence intervals, there is a 5% chance that any given test would produce a statistically significant result purely by chance. Therefore, two statistically significant findings out of 18, especially in the context of the identified measurement issues, provides limited evidence for an association between CSV and sex crimes involving children.

While few of the analyses were statistically significant, they were primarily in the expected directions. All four studies had a positive association between CSV and the SSPI (the measure for attraction to children used in the study). Three of four studies found that experiencing CSV was positively associated with the number of charges involving children under the age of 12 or 13, and crimes involving male children. Studies 1 and 2 found no association between CSV and use of illegal sexual images of children, while 3 and 4 found a positive association. Study 3 found that CSV was associated with older victims, while Study 4 found that CSV was associated with younger victims. Finally, the meta-analysis did not find a significant association between CSV and the use of illegal sexual images of children ($d = 0.22$, 95% CI = $[-0.06, 0.50]$). Since CSV has already been established as a risk factor for future sexual crimes,

the studies providing positive associations between CSV and SSPI scores does not provide much new information; this illustrates another limitation of investigating the relationship of CSV and attraction to children by using sexual crimes against children as a proxy for attraction.

The authors state that the general positive trend is consistent with the literature, and the instances of mixed findings may be related to differences in their samples and setting. In particular, studies 1 and 2 were recruited from prisons and outpatient services, while studies 3 and 4 were only recruited from prisons. The authors speculate that participants in outpatient services may have been less comfortable disclosing their crimes involving children so they withheld information. The authors do not propose any theory for why CSV may be associated with sex crimes involving children, despite CSV being an established risk factor for future sexual crimes.

The authors state that their general findings provide evidence for CSV being associated with more antisocial features of psychopathy (e.g., criminality), but fewer interpersonal/affective features of psychopathy (e.g., lack of empathy). Twenty-three tests were run on the association between CSV and antisocial tendencies, with 5 being statistically significant. All 5 of the significant findings were from study 1, which included 7 tests in all, and 2 of the significant findings were from the VRAG ($d = 0.87$, 95% CI = [0.04, 1.35]), and the CATS ($d =$

0.74 , 95% CI = [0.29, 1.18]). Additionally, study 1 had the highest sample size ($n = 177$), while the other studies were highly underpowered, with sample sizes of 27, 28, and 17 for studies 2, 3 and 4, respectively. The meta-analysis also corroborates these findings and is one of the few statistically significant findings the paper provides ($d = 0.38$, 95% CI = [0.08, 0.68]).

The authors propose that a potential mechanism through which CSV may impact antisocial traits/behavior is that the brain regions responsible for thinking and emotional regulation develop during childhood, and that traumatic childhood experiences during these periods can interfere with the development of these regions of the brain. Another, not mutually exclusive, mechanism they propose is that CSV disrupts social functioning, which itself is a risk factor for developing antisocial traits/behaviors.

One can raise numerous concerns with this study. First, the authors focus very heavily on non-significant findings, which were frequently accompanied by low effect sizes, and low significance levels in light of the large number of tests conducted. While many of these were in the expected direction, and supported prior findings, many were not even approaching significance, and there was no adequate discussion of this fact.

Second, there were numerous measurement concerns. The SSPI is a popular measure for attraction to prepubescent children among people who have committed a sexual crime involving a child. However, it defines attraction to children by the frequency of sexual crimes involving a child, which is problematic in terms of validity. As the SSPI focuses on criminal history, it is confounded by numerous factors that are not directly related to sexual attraction. It is possible that the relationship between CSV and SSPI may be due not to an increased sexual attraction to prepubescent children, but instead related to another factor, such as impulsivity, that increases the probability of acting sexually with a child and/or discovery of that behavior. One of the main goals of this paper was to examine if CSV is associated with increased attraction to prepubescent children, and the SSPI is not an adequate tool for that purpose, since it is a measure of sexual crime history. As previously mentioned, associations between CSV and SSPI scores indicate that CSV is associated with criminal behavior, not with attraction to children. A comparison group of people without criminal histories, and a measure of attraction to children not based solely on criminality, would have better illuminated any potential associations between experiencing CSV and being attracted to children.

Third, there were many statistical analyses conducted without any correction for multiple comparisons. Running multiple comparisons

increases the risk of a type I error (false-positive). This is particularly concerning as the authors do find one large effect size, and do not pay it any critical attention. One of the few statistically significant findings in the “attraction to children” domain occurred in study 4 with the number of charges involving victims under 12 ($d = 1.89 [0.71, 3.07]$). The findings were based on 16 participants, 8 who experienced CSV and 8 who did not. Those who did experience CSV had a mean of 0.48 ($sd = 0.31$) for the number of charges involving children under 12, and those who did not experience CSV had a mean of 0.04 ($sd = 0.11$). These numbers imply that the denominator is “total number of charges against victims of any age” rather than “number of participants.” The authors do not provide us with the number of total charges for victims of any age, so we do not know if that also differed between groups. A single individual in the non-CSV group who had an unusually high number of charges with victims at or over the age of 12 could decrease the mean number of charges involving a victim under 12 enough to account for this large discrepancy. This risk is compounded by the low sample size, which could increase the effect of a single outlier.

There was also a possible measurement concern in the meta-analysis. The meta-analysis grouped all variables that encompassed “attraction to children” and “antisociality” together. However, the authors did not specify whether or not they accounted for redundant items, and both variables were measured

primarily via criminal history. For example, study 1 presents separate estimates for the SSPI score, number of victims under 13, number of male victims under 13, and use of illegal sexual images of children. However, the SSPI also asks about the number of male victims and the number of child victims, so if the authors included every variable in their meta-analysis, as they implied they did, they would double-count those items. Redundant items are present in all 4 studies.²

Finally, the meta-analysis should have been the sole focus of the study, but it instead came across as an afterthought. Analyzing the results for each study separately created a large number of tests, which increases the risk of type I errors as noted earlier, and since the sample size for each of them was low, each study was also underpowered, which increases the risk of a type II error (false-negative). The meta-analysis helps with both of these problems, but since the authors threw every variable into one of two domains, they lose much of the nuance they were trying to glean from the individual studies.

Since the authors provide the sample size of each group, as well as the means and standard deviations for each variable, we (the B4QR reviewers) decided to run the meta-analysis ourselves, using a random-effect model rather than a common-effect

model to allow us to account for population differences between studies and other factors. It can be found in the “Review Supplements” section of the journal (below the “Reviews” section.)

² Multicollinearity makes it hard to interpret one’s coefficients, and it reduces the power of one’s model to identify independent variables that are statistically significant. These are definitely serious problems.

Diagnostic Differential Between Pedophilic-OCD and Pedophilic Disorder: An Illustration with Two Vignettes.

Bonagura, A., Abrams, D., & Teller, J. (2022)

Archives of Sexual Behavior, 51, 2359-2368, <https://doi.org/10.007/s10508-021-02273-5>

Bonagura et al. (2022) provide a fascinating discussion on the misdiagnosis of pedophilic disorder in clients presenting with symptoms of pedophilic-OCD (P-OCD, hereafter). The authors provide two illustrations to the reader – one of P-OCD and one of pedophilic disorder – and describe the assessment techniques in an accessible manner. Finally, the authors discuss the treatment implications for both diagnoses.

The article begins with a brief definition of Obsessive-Compulsive Disorder, or OCD, something which many readers are likely familiar with. OCD is characterized by a pattern of undesirable thoughts and fears that result in repetitive, compulsive behavior with the purpose of reducing anxiety caused by the thoughts (*Diagnostic and Statistical Manual of Mental Disorders, 5th ed., Text Revision; DSM-5-TR*; American Psychiatric Association [APA], 2022). While people tend to associate OCD with fear of contamination, the authors clarify that between 20 and 30% of those living with OCD report fear of developing an atypical sexual attraction, such as an attraction to children. Even though a large percentage of people with OCD deal with these recurring thoughts, they are often misdiagnosed with having a paraphilic

disorder, such as pedophilic disorder. The authors cite a 2013 article by Glazier and colleagues where 43% of 360 American Psychological Association members erroneously diagnosed hypothetical clients as having pedophilic disorder rather than P-OCD.

As Bonagura et al. (2022) explain, misdiagnoses do not only have treatment implications, but social and legal implications as well. Unfortunately, due to the stigma associated with being attracted to children, those diagnosed with pedophilic disorder may be subject to “...false reports of sexual abuse, worsening of symptoms, undue trauma to clients and their families, and potential legal complications” (p. 2360). Moreover, a misdiagnosis could result in clients developing a mistrust for mental health practitioners, making them less likely to seek help. Therefore, the authors emphasize the importance of knowing the difference between the two disorders and ensuring accurate classification. Interestingly, while the authors acknowledge that a misdiagnosis could result in a plethora of negative implications for an individual with P-OCD, they do not explicitly discuss how those diagnosed with *genuine* pedophilic disorder unjustly experience these same conditions. While perhaps unintentional, the positioning of the authors’ statement indicates that

the negative ramifications for those with P-OCD are unacceptable, but more justifiable for those who do have a pedophilic disorder.

The following sections of the article discuss both the diagnostic criteria and differentials for P-OCD and pedophilic disorder. For reference, a diagnosis for OCD requires the client to present with “obsessions, compulsions, or both” (p. 2360). In P-OCD, these obsessions would involve intrusive sexual thoughts about children and, for some, the subsequent fear that they may sexually harm children. As a result, compulsions for P-OCD can involve checking for signs of physiological arousal when around children, and/or avoiding the presence of children altogether. In contrast, a diagnosis of pedophilic disorder requires that three criteria be met: recurrent, intense sexually arousing fantasies, urges, or behaviors involving sexual activity with a prepubescent child/children over the period of at least 6 months; the client has acted on these urges, *or* the sexual urges/fantasies cause marked distress or interpersonal difficulty; and the client is at least 16 years old and is at least 5 years older than the child or children (APA, 2022).

The authors’ sensitivity toward avoiding stigmatizing language and ideas is a common theme throughout this article. As they state, “when considering a diagnosis of pedophilic disorder, it is important for clinicians to not base a diagnosis solely on the presence of offending behavior, to be

aware of these terms, and to intentionally use language that reflects these distinctions” (p. 2360). Bonagura et al. (2022) discuss the use of the term MAP (minor attracted persons) and suggest its use to encourage de-stigmatization.

In discussing the diagnostic differential between P-OCD and pedophilic disorder, the authors suggest that one of the main differentiators is whether the intrusive thoughts are *ego-syntonic* (thoughts that are consistent with one’s perception of oneself) or *ego-dystonic* (thoughts that conflict with one’s perception of oneself). Considering the two disorders, thoughts about sexual contact with children would be *ego-dystonic* in someone with P-OCD and would likely be *ego-syntonic* in someone with pedophilic disorder. However, the authors acknowledge that this strategy is not always so simple, as some individuals with pedophilic disorder express no distress at all, and others may express distress mirroring that of ego-dystonic P-OCD, as a sexual attraction to children contradicts their religious and/or moral beliefs. As a result, Bonagura et al. (2022) expand upon the original foundation of differentiation by presenting the reader with two vignettes and walking through a semi-structured method for each.

The first vignette is of a 32-year-old married woman with a young daughter. She reports having intrusive sexual thoughts about her daughter as well as other children, which has resulted in her bathing her

daughter only in the company of another adult and averting her eyes while changing her diapers. She now refuses to be in the company of her daughter without the presence of her husband. Other behaviors include checking herself for physiological arousal during interactions with her child and avoiding areas with children. When questioned, she denied the ability to become aroused by the thought of having sexual contact with her daughter, even if no harm would be caused.

The second vignette is that of a 42-year-old married man with no children. He reports having a strong interest in prepubescent girls, and though he would never act on it, he allows himself to fantasize about sexual interactions young girls. While “horrified” by these fantasies, he is also “intrigued.” The client reports that his sexual thoughts have caused him stress and he worries about what would happen to him if anyone found out about his attraction. He also confided that he and his wife had not engaged in sexual intercourse in several years. To avoid any risk of offending, the client indicated that he avoids spaces where children would reasonably be present, such as playgrounds. To reward himself, he allows himself to fantasize about young girls. When asked whether he would engage in sexual contact with a young girl should there be no harm caused, the client agreed that he would enjoy this.

Both clients and their presentation are described in a sensitive manner. The client with pedophilic disorder

(the second vignette) was not described in a way that is overly stereotypical of someone with a sexual attraction to children. The authors were careful to show that those with an attraction to children can have fulfilling personal and professional lives, as the client was both married and had a successful career. However, it may have been more suitable to have both clients of the same gender, not only for the sake of consistency, but to push back on the common trope that all people with a sexual attraction to children are male and that females are unable to have a genuine attraction to children.³

The first part of the semi-structured method presented by the authors is an assessment of the presence and characteristics of obsessional thoughts. Obsessions are classified as repeated, undesirable thoughts, urges, and/or images that cause marked distress. Obsessions are different from typical intrusive thoughts in that they are persistent, and the resulting anxiety may be temporarily relieved by performing certain tasks or rituals. For the first client, the authors point out that the client’s thoughts about touching her daughter and harming other children, followed by intense anxiety, resembled obsessions. These thoughts also brought the client shame, which is a display of ego-dystonicity. In contrast, while the male in the second vignette described being “horrified” by his thoughts, most of his distress seemed to center around what others would think of him for having this attraction, rather

³ See Stephens & McPhail, 2021.

than horror over the attraction itself. The distress was also severe enough that it impacted both his sexual and emotional relationship with his wife.

Mental health professionals should also assess the presence and characteristics of compulsive behavior. The first client not only checked herself for physiological arousal, but also avoided the unsupervised company of her daughter and avoided other children. The goal of these compulsions was to reduce her own anxiety, though, as a small critique, this was not immediately apparent from the vignette. In contrast, while the second client also avoided places with children, he allowed himself to fantasize about young girls as a reward. His masturbation was not a strategy employed to decrease anxiety, but to increase pleasure. However, the absence of compulsions is not enough to fully rule out P-OCD and therefore further assessment is required.

Related to compulsions, the third part of the assessment is to consider the functional purpose of avoidance. In the case of the first vignette, the client's avoidance of children began with her daughter, and soon generalized to all children. The primary reason for this avoidance was to reduce her triggers and anxiety that resulted from these triggers, not to prevent sexual arousal. This further supports a diagnosis of P-OCD. By contrast, the male client avoided children because he genuinely felt he could pose a risk due to his sexual arousal to female children. However, it is also possible that this

avoidance *could* be effective in reducing anxiety for the client, and more assessment is required.

The fourth part of the assessment concerns sexual arousal in response to purported sexual interests. While this could be done in several different ways, the easiest method is to simply ask the client about their sexual attraction. Here, the authors are careful to recommend that providers avoid explicitly asking clients about viewing illegal sexual material involving children as some jurisdictions require mental health professionals to report these admissions. Instead, they suggest asking clients these questions in a *hypothetical* manner. While the client in the first vignette denied sexual arousal to children, the male client described his attraction to children as stable across his lifespan and admitted that he would enjoy having sexual contact with young girls in a hypothetical scenario in which no harm would occur. This indicates that while the first client is exhibiting signs of P-OCD, the second client has a true attraction to children.

The fifth and final part of the assessment involves combining the results from assessment of these elements to form an overall conceptualization and make differential diagnosis. While the female client meets the criteria for P-OCD (as evidenced by her obsessive worrying and engagement of compulsions to decrease her anxiety, the ego-dystonic nature of her sexual thoughts, and her lack of genuine attraction to children), the male client meets the

criteria for pedophilic disorder (as evidenced by meeting all three criteria for the disorder, having a genuine sexual attraction to children, and avoiding children not to neutralize his anxiety, but to mitigate any perceived risk of offending against a child). While the first client is recommended to complete Exposure and Response Prevention therapy in tandem with medication, the authors recommend that the male client receive cognitive behavioral therapy, potentially with medication.

It is a testament to the authors' knowledge of appropriate treatment for individuals attracted to children and without an offense history that they recommended treatment to address the clients' anxieties rather than inappropriately recommending him to a forensic treatment program. In reporting such an individual to a forensic program, the authors state that a mental health professional could be needlessly involving their client in the criminal justice system, potentially decreasing their trust in the mental health system. Although Bonagura et al. (2022) point out that there are very few non-forensic treatment programs for those who are attracted to children, it can be argued that some of these individuals might not require a specific program tailored to attraction to minors to address their therapeutic needs. Indeed, many individuals who are attracted to children report wanting help with general mental health concerns such as depression and anxiety which fall within the scope of a general

practitioner's abilities.⁴ Nevertheless, finding mental health practitioners is still a barrier for those attracted to children as some practitioners would prefer not to work with this group due to stigma.⁵

The authors of this article leave off with recommendations for future research, including the legal effects of misdiagnosis "...to gain a more accurate picture of the associated negative consequences" (p. 2366). As with comments in the introduction, this statement further exemplifies the double standard in our society – that we recognize and are concerned about the way people misdiagnosed with pedophilic disorder will be treated, but less concerned about the same repercussions for those who *are* in fact attracted to children. We are quick to renounce and attempt to rectify these negative effects for those who are erroneously labeled as "pedophilic," but much slower to recognize the damage done to those who *are* pedophilic and committed to living an offense-free life.

⁴ See Levenson & Grady, 2019; Cohen et al., 2020.

⁵ See Jahnke et al., 2015; Roche & Stephens, 2022; Stiels-Glenn, 2010.

References

- American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., Text Revision).
- Cohen, L. J., Wilman-Depena, S., Barzilay, S., Hawes, M., Yaseen, Z., & Galynker, I. (2020). Correlates of Chronic Suicidal Ideation Among Community-Based Minor-Attracted Persons. *Sexual Abuse*, 32(3), 273–300. <https://doi.org/10.1177/1079063219825868>
- Levenson, J. S., & Grady, M. D. (2019). Preventing Sexual Abuse: Perspectives of Minor-Attracted Persons About Seeking Help. *Sexual Abuse*, 31(8), 991–1013. <https://doi.org/10.1177/1079063218797713>
- Roche, K., & Stephens, S. (2022). Clinician Stigma and Willingness to Treat Those With Sexual Interest in Children. *Sexual Offending: Theory, Research, and Prevention*, 17, 1–13. <https://doi.org/10.5964/sotrap.5463>
- Stephens, S., & McPhail, I. V. (2021). A preliminary examination of sexual interest in children in a non-representative community sample of females. *Journal of Sex & Marital Therapy*, 47(6), 591–604. <https://doi.org/10.1080/0092623X.2021.1928804>
- Stiels-Glenn, M. (2010). The availability of outpatient psychotherapy for paedophiles in Germany. *Recht & Psychiatrie*, 28, 78-80.

The neuroanatomical bases of pedophilia and the importance of distinguishing genuine vs. acquired types: A systematic review

Joyal, C.C. (2022)

Sexual Offending: Theory, Research, Prevention, <http://dx.doi.org/10.23668/psycharchives.5571>

In this article, Dr. Christian Joyal explores the differences between what he calls “genuine pedophilia” and “acquired pedophilia.” Genuine pedophilia, by Joyal’s definition, is “pedophilic behavior” that occurs because of attraction to children. Acquired pedophilia, on the other hand, Joyal describes as “sexual behaviors toward children emerging as a consequence of a neurological disorder.”⁶ While Joyal notes the “important distinction... between child sexual abuse (the behavior) and pedophilia (fantasies, early onset, sexual preference for children)” at a later point, and states that “pedophilic offending [is] not to be confounded with nonoffending pedophilia,” this distinction is very unclear throughout most of the article, and sometimes even directly contradicted.

Joyal’s frequent conflation of the term “pedophilia” with “child sexual abuse” makes it difficult at times to interpret his arguments and findings clearly. From what one can discern, Joyal is not investigating “genuine” attraction to children versus attraction to children brought on by neurological damage. Rather, he appears to be investigating people who engage sexually with children due to attraction to children versus those who do so because of neurological

damage. This clarification is important not only to better grasp the intended meaning of the author’s hypothesis, and therefore his subsequent findings and arguments, but also to emphasize the importance of being thoughtful and intentional about language, which can not only be dehumanizing and contribute to misinformed societal stigma but can also lead to misinterpretation and misapplication of research findings.

Joyal points out that cases of child sexual abuse following neurological damage are sometimes used as evidence for the neuroanatomical bases of child sexual abuse perpetration. However, Joyal posits that these cases “seem to represent a more general syndrome of impulsivity or hypersexuality than a true modification of sexual interests.” In other words, Joyal is saying that neurological damage may not cause attraction to children, but it may lead to changes in impulsivity or hypersexuality that could make someone more likely to act. This argument, while difficult to draw out due to the confusing terminology, is relevant to the field of child sexual abuse prevention. Joyal describes the purpose and goal of the systematic review as an attempt to “explore the possibility that [cases of child sexual abuse following neurological damage] are more

⁶ Camperio Ciani, et al., 2019.

closely associated with generalized behavioral impulsivity or hyperactivity than a late onset sexual interest toward children.”

Joyal’s sample included 64 cases of “acquired pedophilia” (i.e., cases of child sexual abuse following neurological damage). Men perpetrated the abuse in 63 of 64 cases, with only one case involving a woman. The mean age of onset for engaging in these behaviors in this sample was 52.8. Most people who perpetrated these acts had also committed various additional sexual and nonsexual impulsive acts, while only 19% showed “premorbid pedophilic interests.” Joyal argued that these results support the hypothesis that “acquired pedophilia” is “more closely related with behavioral impulsivity in general than sexual deviance in particular.”

Joyal describes three prevailing theories for “pedophilic offending”: the frontal-dysexecutive model, the temporal-limbic model, and the dual-dysfunctional theory.⁷ In the frontal-dysexecutive model, frontal lobe anomalies lead to disinhibited behaviors; in the temporal-limbic model, temporal lobe damage leads to atypical sexual interests or hypersexuality; and the dual-dysfunctional theory merges these two models. Joyal argues that these theories explain hypersexuality and disinhibition, but not necessarily pedophilic attraction⁸, and posits that the same

conclusion can be drawn about “acquired pedophilia.” To this end, Joyal cites a brain imaging meta-analysis in which people attracted to children did not differ from controls⁹ and concludes that “anomalies of fronto-temporal regions appear to be more closely associated with child sexual abuse (acting out) than pedophilia (Dillien et al., 2020).” Again, this discussion is somewhat unclear because of the repeated interchangeable use of pedophilia and sexual abuse. The central takeaways of this study, while important to our understanding of pedophilia and child sexual abuse, would have been much more impactful if the distinction between attraction and abuse—which Joyal himself noted as important—was made explicitly clear.

Joyal discusses the DSM-5 criteria for pedophilic disorder, criticizing the criteria for not having a differential subcategory (e.g., “due to another medical condition”) or an exclusion criterion (e.g., “the symptoms are not attributable to the physiological effects of a substance or to another medical or neurological condition”). Using Joyal’s framework for the study, it seems he would consider the “symptoms” of pedophilia in this context to be sexual behavior with children. Joyal argues that there should be a differential subcategory or exclusion criteria for people who act sexually with children due to neurological damage, so they are not diagnosed with pedophilia on the basis of the act. Joyal also criticizes the DSM-5 criteria because they

⁷ Dillien et al., 2020.

⁸ Caffo et al., 2021; Jordan et al., 2020; Kruger & Kneer, 2021.

⁹ Scarpazza et al., 2021

allow for a person who acts sexually with a child to be diagnosed with pedophilia even if they acted due to neurological damage or dysfunction rather than attraction to children. This is possible because criterion A of the DSM-5 mentions “thoughts, fantasies, OR behaviors” - a point that is emphasized by Joyal.

While Joyal (perhaps unintentionally) raises an important point about potential issues with using sexual behavior as a criterion for pedophilic disorder, his argument leaves out the various other groups of people who could be inaccurately diagnosed with pedophilic disorder based on these criteria (e.g, people who commit opportunistic or situational offenses). Though the focus of this review was on pedophilia, the article would have benefited from a discussion of situational/opportunistic offending, since the risk and protective factors associated with this type of offending would likely be relevant to Joyal’s hypotheses about impulsivity and hypersexuality.

Despite these gaps, Joyal’s central conclusion aligns with that of the Working Group on the Classification of Sexual Disorders and Sexual Health of the ICD-11: “that sexual behavior involving children should not be sufficient to establish the diagnosis of pedophilic disorder because an essential feature of the condition is a sustained, focused and intense pattern of sexual arousal to prepubescent children”.¹⁰

Joyal argues for an exclusion criterion that accounts for symptoms of pedophilia related to neurological damage. Unfortunately, the conclusions and recommendations made in this article, however important they may be, are masked by the use of a confusing and misleading conceptualization of pedophilia that makes it almost impossible for the reader to discern when the author is describing attraction and when he is describing behavior. Further, the author’s discussion of assessment and clinical implications is lacking, leaving the reader with little practical information to aid them in distinguishing between and responding effectively to child sexual abuse that occurs as a result of preferential attraction versus abuse that occurs due to neurological damage.

¹⁰ Krueger et al., 2017.

References

- Camperio Ciani, A. S., Scarpazza, C., Covelli, V., & Battaglia, U. (2019). Profiling acquired pedophilic behavior: Retrospective analysis of 66 Italian forensic cases of pedophilia. *International Journal of Law and Psychiatry*, 67, 101508. <https://doi.org/10.1016/j.ijlp.2019.101508>
- Dillien, T., Goethals, K., Sabbe, B., & Brazil, I. A. (2020). The neuropsychology of child sexual offending: A systematic review. *Aggression and Violent Behavior*, 54, 101406. <https://doi.org/10.1016/j.avb.2020.101406>
- Krueger, R. B., Reed, G. M., First, M. B., Marais, A., Kismodi, E., & Briken, P. (2017). Proposals for paraphilic disorders in the International Classification of Diseases and Related Health Problems, eleventh revision (ICD-11). *Archives of Sexual Behavior*, 46(5), 1529-1545. <https://doi.org/10.1007/s10508-017-0944-2>
- Scarpazza, C., Finos, L., Genon, S., Masiero, L., Bortolato, E., Cavaliere, C., ... & Ciani, A. S. C. (2021). Idiopathic and acquired pedophilia as two distinct disorders: an insight from neuroimaging. *Brain Imaging and Behavior*, 15, 2681-2692. <https://doi.org/10.1007/s11682-020-00442-z>

Challenges and Solutions to Implementing a Community-Based Wellness Program for Non-Offending Minor Attracted Persons

Jackson, T., Ahuja, K. & Tenbergen, G. (2022)

Journal of Child Sexual Abuse, 31:3, 316-332, <https://doi.org/10.1080/10538712.2022.2056103>

Considering that minor-attracted persons deserve to have access to good counseling services and mental health care, the authors of this article consider four organizations currently offering such assistance and discuss the difficulties they encountered when starting their own program. Unfortunately, although the article is officially about “MAP wellness programs,” the authors seem concerned with MAP wellness only in the service of preventing sexual abuse, a perspective which could be dehumanizing to MAPs and therefore compromise the authors’ ability to truly promote MAP wellness.

The concern of the authors is primarily with persons who are attracted to pre-pubescent and pubescent children and who have not acted sexually with children, to whom they refer as “non-offending minor-attracted people,” or “NOMAPs.” They include in this category persons who have used illegal sexual images of children.

The authors stress that MAPs are a critically underserved population, consistently deprived of the support and treatment they need because of barriers experienced both by MAPs themselves and by potential service providers. MAPs are typically hindered from seeking support because they do not

know where to seek help, they want to remain anonymous, they cannot pay for services, and they fear vigilantism, even when they have done nothing illegal.

Possible service providers, for their part, are often reluctant to help MAPs because they lack adequate education and training, they have negative views of MAPs and even consider them dangerous, and they fear that they will have to report them to the authorities.

The authors dedicate a section of the article to describing the “public perception of MAPs,” noting that the widespread stigmatization of MAPs leads to their reluctance to seek help (for fear of being exposed), which in turn leads to a greater likelihood of their acting sexually with children. The authors stress that the lack of good support and treatment can give rise in MAPs to self-contempt, suicidal ideation, and mental health problems. They cite several studies showing that “MAPs are generally considered to be perverted, pathetic, immoral, sick, dangerous, [and] disgusting, and [that] even if they have never sexually abused a child, they are ‘better off dead’.”

The authors then briefly introduce four programs they describe as currently working in primary prevention: Stop It Now!, B4U-ACT, The Global Prevention Project (TGPP), and the Prevention Project Dunkelfeld (PPD). These programs are described as proactive projects that aim to support “NOMAPs” to remaining law-abiding. The authors comment that primary prevention programs have been well accepted in Germany and Canada but have so far gained little traction in the United States. Such primary prevention programs are distinguished from programs that are secondary (usually short-term programs, implemented immediately after an illegal act is committed or reported) and those that are tertiary (mandated long-term programs, usually within a forensic setting and following a sexual crime conviction).

The authors describe Stop It Now! as a 30-year-old organization that places great stress on the education of adults, including “parents, survivors, family members, law enforcement, professionals of all types, and also MAPs.” They write that the organization runs a variety of programs stressing education, technical assistance and training, and prevention advocacy. Stop It Now! says it advocates a public health approach that gives priority to educating the general public, the media, and policy makers. It also offers confidential help nationally through a helpline.

B4U-ACT, established in 2003, describes itself as “a resource that is run by both mental health professionals and MAPs.” It lists as its four main goals promoting resources and services to MAPs, equipping mental-health professionals to help MAPs, creating a community of service providers who agree with B4U-ACT’s principles, and educating the general public regarding issues faced by MAPs. Notably, the authors erroneously characterize B4U-ACT as solely an abuse prevention organization, rather than one dedicated to improving the mental health of MAPs as a valuable end in itself, with abuse prevention as consonant with that goal.

The Global Prevention Project (TGPP), founded in 2013, seeks to provide psycho-educational resources and mental health support to NOMAPs and those close to them. It does this by means of web-based support groups that it describes as following a holistic approach and by promoting the organization’s “MAP Wellness Curriculum.”

The fourth organization discussed is the Prevention Project Dunkelfeld (PPD), which began in Germany in 2005 and claims considerable success in helping MAPs. PPD differs from the previously mentioned organizations in that “individuals with [...] offenses that have not been identified can still seek treatment without fear of uniform mandatory reporting.” The organization says it encourages patients to “stop denying their sexual inclination and [to] integrate it

into their self-concept,” and it says it uses cognitive behavioral therapy to help improve the coping skills, stress management, and “sexual attitudes” of MAPs.

In the penultimate section of the article, the authors describe their own experience in an effort to replicate the MAP Wellness Curriculum of the Global Prevention Project for MAPs in New York State. They identify five principal problem areas: mandatory reporting, confidentiality, clinician training, program structure, and financing.

Regarding mandatory reporting, they clarify some misconceptions, but they also advise consulting legal counsel in case of doubt, especially in jurisdictions with strict reporting requirements. They make it clear that use of illegal sexual images of children is not reportable in New York, nor is simply admitting to attraction to minors. For the sake of confidentiality, clients are not required to provide legal identity, and since there is no charge for services, they are not required to supply insurance information. TGPP places much importance on clinician training, insisting that the MAP Wellness Curriculum group leaders not only have the required educational background and certification but also prior experience in working with MAPs and providing them support. Regarding program structure, TGPP has found that it can reach more people through web-based group sessions especially within the COVID-19 pandemic context. Online services are more appealing to persons who live at a

distance or who want to avoid the stigma of being identified. The groups are kept small (12-13 members) in order to provide more personal support. Finally, there is the major challenge of financing the operation. The authors’ project received some original funding from the national office of TGPP, but they have had to seek additional funds from both public and private sources.

The authors’ primary conclusion is not related to promoting MAP wellness, but about preventing offending. They conclude that primary prevention programs for “NOMAPs” are possible and highly advantageous, but they lament that there is so little interest in promoting them. They assert that the existing secondary and tertiary prevention programs are ill-suited to the needs of “NOMAPs,” but present primary prevention as the main focus of what they need. While some MAPs may indeed benefit from abuse prevention efforts, suggesting that all or most MAPs do, and neglecting to present MAP wellness as intrinsically valuable, is problematic. The authors rightly complain that there is little literature on the topic of primary prevention, that clinicians are not being trained to work in the field, and that mandatory reporting laws discourage potential clients, but they fail to recognize that providing services mainly for the protection of others from clients (“primary prevention”) will discourage, stigmatize, and dehumanize them. To be fair, they stress the need for more clinicians who are willing to work with “NOMAPs” and the need to “understand

their needs and experience compassion and empathy” for them, but it’s hard not to view such empathy as purely “instrumental” when the entire discussion is about abuse prevention.

The article does not discuss the respective strengths and weaknesses of the four programs discussed

which would have been valuable. Finally, the authors do not examine the reasons for the powerful prejudice against MAPs on the part of both mental health professionals and the wider public. Some explanation of the reasons for the intensity and the irrationality of the prejudice would be helpful for both practitioners and the MAPs they are serving.

Realization, Self-View, and Disclosure of Pedophilia: A Content Analysis of Online Posts

Jimenez-Arista, L.E. and Reid, D.B. (2022)

Sexual Abuse: A Journal of Research and Treatment, DOI: 10.1177/10790632221099256

This content analysis by Jimenez-Arista and Reid examines a series of online posts by minor-attracted people (MAPs) to uncover the internal processes involved in the initial recognition of pedophilic attraction, as well as their experiences of disclosure and help-seeking. The authors hope that by studying MAPs' stories of coming out to others, of being rejected or supported, and of seeking professional support, their findings can contribute to the prevention of sexual abuse. Unfortunately, throughout their article, the authors never express an equivalent hope or concern for MAPs' mental health and general well-being.

Using public websites such as *Psychforums*, *Pedophiles About Pedophilia*, *Vice*, and *Dontoffend*, the authors used keyword searches to find a total of 81 online posts. Since some of these posts were long and covered multiple topics, they were segmented in 94 "topic comments." Four categories were applied to organize the mental stages and events in a MAP's life over the course of several years: 1) Awareness and Initial Self-View, 2) Disclosure, 3) People's Reactions to Disclosure, and 4) Current Self-View.

Posts relating to "awareness and initial self-view" were divided into six subcategories including "confusion and denial," "fear and anxiety,"

"loneliness," and "anger and frustration." On the subcategory of loneliness, for instance, the authors quote one poster who wrote: "I already knew I liked boys in a way others didn't...I was just a teenager and was feeling alone, with no guidance other than my moral compass and teachings, but still not knowing what the heck it meant that I had this attraction towards boys" (p. 11).

The following two categories, "disclosure" and "people's reaction to disclosure," include comments about the experiences of coming out with one's attractions, and the responses they received. Disclosures were made to family and friends, professionals, and anonymously on blogs and forums. Some reported receiving emotional support, including one poster whose father "...just smiled and told me he loved me, no matter what, and again, he also mentioned how strong I was for having never yielded to my feelings. It meant a lot to me" (p. 14).

Others, however, describe the negative reactions they received, often from mental health professionals and therapists. One person wrote: "As soon as I came out to her, she freaked out and said: 'I can't deal with that.' She refused to meet with me again." Another described their therapist's reaction as follows: "The look he gave me was one of retreat,

shying away from the conversation to a place within his own mind where it was safe from the horror of what he had just heard. I had been brave enough to ask for help, but at the end of the first session, I knew there was no way I was going to seek therapy ever again. There is no point. I am on my own” (pp. 13-14).

Finally, because posts included descriptions of how MAPs saw themselves “after the initial recognition phase” (p. 8), the authors included the final category, “current self-view.” Subcategories of “current self-view” that the authors created are “minimization,” “distortion,” “distress and despair,” “acceptance and resignation,” and “non-offending commitment.”

The subcategory “distress and despair” is distinguished by the authors from the initial distress and despair on first discovery of minor attractions. While many people attracted to minors have, over time, acquired the tools they need to alleviate these negative feelings, a significant portion reported a continued feeling of being “stuck, trapped, or in a continuous state of distress.” The authors quote one person who wrote:

*“Throw in the complete inability to ever have a sexual partner I’m attracted to, the ability to fall back on porn not being an option, and the need to keep my sexuality hidden from most people, and that’s just for starters. How the f*** am I not*

supposed to ever feel distress surrounding my pedophilia?” (p. 16).

Next, “minimization” is the word the authors use to describe when individuals entertain thoughts that involve “normalizing or downplaying the attraction,” and provide quotes such as “it’s perfectly all right to accept your fantasies,” “there is nothing the least unhealthy about pedophilia,” and “being attracted to children is not a problem in and of itself.” It is hard to make sense of the authors’ categorization of these quotes as forms of “minimization” - especially when we consider that the DSM-5 itself draws a distinction between simple pedophilic attraction and pedophilic disorder, noting that the former turns into the latter only when the individual “has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.” Whichever standards the authors used to label these sentiments as “minimizations” was not founded on the current clinical literature on this issue.

The authors’ discussion of the related concept of “distortions” also raises questions. They illustrate the concept as follows: “Distortions occurred when individuals not only downplayed the attraction, but also altered or distorted reality, such as when individuals with pedophilia asserted that adult-minor relationships should be permissible” (p. 15). One can of course say that it is morally wrong or insensitive to promote the legalization of adult-minor sexual relationships, but to suggest that it is a “distortion”

betrays a degree of conceptual confusion. One can be said to “distort reality” when one is inaccurately describing a phenomenon; for example, when claiming that a clearly harmed child has not been harmed. However, the expression of a moral belief is a form of *prescription* rather than a description: it is a claim about how reality *ought to be*, not how reality *actually* is. Thus, the authors’ suggestion that expressing a moral position amounts to a distortion of reality is hard to make sense of at a purely conceptual level.

Moving to a more general assessment of the article, one wonders how the authors happened to settle on these 81 posts from sites which are not even among the main MAP forums. Online support groups and forums such as VirPed, the B4U-ACT Forum, BoyChat, and GirlChat have accumulated thousands of posts over the years. Furthermore, not only have MAPs been offering a wealth of critical information about their own experiences and emotions, but they have also been making connections with others in similar situations, as well as hotly debating their different interpretations about the nature of minor attraction and society’s perception of them. Follow up studies should not only hone in on these more frequented hotspots, but they should also take a more encompassing approach – understanding these posts as part of an ongoing and dynamic conversation instead of a series of isolated testimonies. One way to do this may be to find several individual posts on some different subjects

and look through the comment threads over the previous months to observe how the discourse evolves and to spot some of the major points of contention.

Finally, while the authors avoid using discriminatory words and phrases, the article’s tendency to continually reiterate its clinical and social implications for discovering ways to intervene in the lives of people who are “at risk of offending” and lowering their chances of committing a sex crime plainly reveals that the mental health of MAPs is not a concern of the researchers. It seems particularly callous, even dehumanizing, of the authors to thoroughly analyze events that have intense emotional meanings in MAPs’ lives not for the purpose of improving those lives, but instead with the sole goal of protecting “normal” society from them.

Overall, this is a detailed and informative, though not particularly innovative, study of a particular portion of the current digital literature by minor attracted people. It highlights many of the same important issues being raised in similar studies, such as the high rates of distrust of mental health professionals among MAPs, as well as their disproportionate levels of suicidal ideation. It also offers some useful qualitative accounts of the onset of people’s sexual attraction to minors, the subsequent realization of the non-normative nature

of these attractions, and the early formation of self-identity for minor-attracted people.

Review Supplements

Supplement to Pham, A. T., Nunes, K. L., Maimone, S., & Jung, S. (2022)

Pham et al. (2022), reviewed above, provide all the data used for their meta-analysis. We, the B4QR reviewers, therefore decided to run the meta-analysis ourselves, using a random-effect model rather than a common-effect model to allow us to account for population differences between studies, among other factors.

For the measures, we focused on the specific items that the authors mentioned in their discussion. For the “attraction to children domain,” the variables were 1) SSPI, 2) number of charges involving children under the age of 12, 3) mean age of the youngest victim, and 4) use of illegal sexual materials of children. For antisociality, the variables were 1) general reoffense, 2) violent reoffense, 3) number of total past convictions, 4) age at first conviction, 5) prior violent convictions, 6) conditional release violations, 7) CATS, 8) VRAG, 9) SIR-R1. All effect sizes are Cohen’s d to maintain consistency with the original study.

One departure from the authors’ meta-analysis is that we are presenting the findings of the random-effect models, while the authors provided the common-effect models. Common-effect models assume that the underlying parameter value of a

particular construct (e.g., mean SSPI score) is the same across each of the pooled studies, which typically requires measuring the same construct using the same methods in the same population, free from any methodological flaws that may impact the parameter values. Such an assumption is typically unreasonable in the social sciences. Random-effects models assume that the underlying parameter is different in each of the pooled studies, which can be caused by measuring different but similar constructs, or by recruiting different but similar populations. Given that the authors specifically mention variation in their samples and settings (meaning, different but similar populations were recruited) as a cause for mixed findings, the random-effect model would be more appropriate here.

The results for “attraction to children” are provided in Table 1 below. While the trend is the same as the authors described, there was still no statistical significance. SSPI, used as a proxy measure for attraction to children, demonstrated a weak effect size in terms of an association with CSV and was not statistically significant ($d = .20$, p -value = .121, $n=245$). The authors focused heavily on the general trends, but generally weak effect sizes and an inability to achieve statistical significance even with

Table 1. Meta-analysis comparing people with a sexual offense against children by CSV on indicators of attraction to children.

Measures	N (# of studies)	Cohen's d	p-value
<i>Official Documentation</i>			
SSPI	245 (4)	0.20 [-0.05, 0.46]	.121
Image use	182 (4)	0.04 [-0.26, 0.34]	.789
<i>Self-Report</i>			
Image use	72 (3)	0.06 [-0.40, 0.53]	.791
Age of Youngest Victim	44 (2)	-0.58 [-2.62, 1.47]	.581
# of charges against a child under 12/13	70 (3)	0.55 [-0.68, 1.78]	.378

a combined sample size of $n = 245$ makes us question the scientific and clinical significance of their findings. The authors concluded that CSV may be linked to greater attraction to children, but this conclusion is unwarranted due to the lack of significant findings, generally low effect sizes, and the questionable validity of their measure of attraction to children. The authors' focus on all findings from each individual study does make the findings more difficult to follow. Our newly conducted meta-analysis emphasizes that there were no meaningful findings linking CSV to attraction to children.

The results for antisociality are provided in Table 2 below. The findings linking CSV to antisociality are more robust than the findings linking CSV to attraction to children. All tests of association between CSV and measures of antisociality resulted in a moderate to high effect size, and all were statistically significant. The authors concluded that

CSV may be linked to greater antisociality, and this appears to be an appropriate conclusion in light of the significant associations and generally medium-high effect sizes we found. While this link between CSV and antisociality might be a useful finding when exploring the pathways between CSV and CSA perpetration, the authors' claim that they found a relationship between CSV and attraction to children only detracted from this far more robust result, which led to an overall weaker paper and potentially misleading conclusions.

The authors state that the implications from this paper are that CSV may be linked to greater attraction to children and greater antisociality among people who have been convicted for a sexual crime, and that future studies should use more rigorous methodology to examine if attraction to children and antisociality mediate the relationship between CSV and perpetration of CSA. While it is encouraging to see that the authors are aware that their methodology

Table 2. Meta-analysis comparing people with a sexual offense against children by CSV on indicators of antisociality.

Measures	N (# of studies)	Cohen’s d	p-value
<i>Official Documentation</i>			
VRAG	105 (2)	0.63 [0.04, 1.23]	.038
CATS	117 (2)	0.66 [0.28, 1.04]	<.001
SIR-R1	40 (2)	-0.76 [-1.41, -0.11]	.022
Past Convictions	206 (2)	0.39 [0.11, 0.67]	.007
<i>Self-report</i>			
Prior Violent Conviction	72 (3)	0.38 [-0.09, 0.85]	.113
Conditional Release Violation	72 (3)	0.06 [-0.40, 0.53]	.792

was lacking, there were numerous ways they could have improved it rather than leaving that to future research (e.g., focusing more carefully on the meta-analysis). Additionally, the findings linking CSV to attraction to children were so lacking that they simply should not have been reported as a main takeaway. On the other hand, the link between CSV

and antisociality was more robust, both in the original paper and in our meta-analysis. However, this fact does not appear to have implications for understanding attraction to minors or for improving minor-attracted people’s mental health, a significant shortcoming with much research on the topic of pedophilia.

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.

**Amy Lawrence, PhD Candidate
University of Auckland New Zealand**



Amy Lawrence is a Psychology PhD candidate at the University of Auckland New Zealand. She completed her MA in Criminology in 2014, which examined gender representations of people who commit sex crimes involving children, and the unwritten social scripts which dictate public response towards these individuals. Amy has spent 15 years in various public and private sector frontline roles in New Zealand and Australia, and for the last 5 years she has worked in the prison sector as a criminogenic group therapist.

Her doctoral project examines public attitudes towards people who are attracted to children, and how these attitudes can best be challenged to create more supportive help seeking environments. The project's primary aim is to address limitations within the extant literature to improve our understanding of anti-stigma interventions through the following key question: What are the societal barriers and facilitators of creating a supportive and accepting environment for law-abiding individuals who are attracted to children? Specifically, her mixed methods research investigates how to influence public attitudes towards people with these attractions through narrative and informative interventions and to determine the current levels of public support for a preventative service in New Zealand. She is due to submit her thesis in August 2022. Amy is also currently developing online resources for the New Zealand preventative service as part of her research assistant work with supervisor Dr. Gwenda Willis.

Amy has found that her research has been an intensely personal process, which has included navigating the public vitriol she has had to face as a researcher. A major difficulty has been navigating the dichotomy of appeasing the public by promoting a purely preventative focus and upholding the

integrity of the MAP community by advocating for its well-being. She is committed to being part of introducing a public narrative where members of the MAP community are understood, respected, and accepted. She feels so privileged to be trusted with hearing and sharing some of the stories and experiences from individuals in the MAP community. Their bravery and dignity are unparalleled.

Amy has been collaborating with B4U-ACT since 2020 and has been so humbled and appreciative for the insight she has gained from others in the academic community and email group. She would particularly like to acknowledge and thank Allen Bishop for his support.

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/>)