

B4QR

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*Review of publications from
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Preface by Russell Dick, B4U-ACT Chairperson and Co-Founder



It was two years ago that I, with “pride, honor, and enthusiasm,” introduced the debut issue of B4U-ACT’s Quarterly Research Review. We subsequently had three more quarterly issues in 2021 and 4 quarterly issues in 2022. Each one provided reviews of academic publications concerning minor attraction. All the reviewers focused upon how relevant and informative the publications were with regards to the issues of MAP well-being, self-identity, social supports, sources of fulfillment, and other humanizing aspects of this misunderstood and stigmatized minority group. They were also of exceptional quality and involved international research reviewed by international researchers, students, and MAPs.

The B4QR journals demonstrate the contributions of researchers to expand our collective knowledge and understanding of persons who feel affection and attraction to minors. Our reviewers’ critical assessments of the research help to highlight some of the shortcomings within the research, as well as potential avenues for additional research. B4U-ACT appreciates all the researchers who are risking exploring the previously unresearched aspects of the lived experience of persons who are minor-attracted. We urge our readers to support this research and speak out for academic freedom.

Last year, in order to promote continuing dialogue regarding this research, we began including some of the responses from the researchers whose articles we reviewed. We will continue to do this in 2023. We would also welcome hearing from our readers as to any ideas for or criticisms of the B4QR journals.

We also began having quarterly online research colloquia to discuss the most recent issue of the B4QR journal with researchers, students, and persons who are attracted to minors. The authors of the research articles in the journal are invited to present their research findings and respond to our reviews. Any researcher wanting to join these quarterly meetings should contact the editor-in-chief of the B4QR, Allen Bishop, at: science@b4uact.org.

I want to thank Allen Bishop and the other journal editors, as well as all the critically important research students, academics, and MAPs who volunteer to review the research articles. I continue to feel “pride, honor, and enthusiasm” regarding B4U-ACT’s quarterly research review journals. I look forward to another year of new research and their reviews helping to define new paradigms for understanding and responding to MAPs living within our communities.

Russell Dick, MSW
Chairperson and Co-Founder
B4U-ACT, Inc.

Introduction by Allen Bishop, Editor-in-Chief

Welcome to this first issue of the third volume of B4QR.

This third year of our journal's existence opens on a very strong note, with reviews of six articles, each of exceptional quality! The many virtues of the publications reviewed in this journal issue, and especially the concern given by the authors to the dignity of minor-attracted people (MAP), is a testament to the great progress made by this field of research in the past few years. Our team is excited to witness the coming-of-age of this research paradigm that treats MAP well-being and destigmatization as central foci. It is no hyperbole to speak of the current era as the Golden Age of MAP research!

All the articles reviewed in this issue give a voice to MAPs and take into account their perspective on topics that directly concern them. The first key topic, which is covered by our first two articles, concerns treatment and clinical interventions with MAPs. Lievesley et al. (2022) is the first ever study to empirically compare the congruence between MAPs' treatment goals and their healthcare providers' treatment goals. The authors emphasize that their findings show the importance of professionals taking a personalized approach to developing a treatment plan for each individual MAP. The second study on this topic, Schafer et al. (2022), is an overview of what MAPs want mental health professionals, and society as a whole, to understand about them. The authors analyze seven key themes that have emerged from their survey of 319 MAP participants.

Our second topic concerns the construal of attraction to minors as a sexual orientation, based on MAPs' own recounted experiences. Using data from her 2020 dissertation on MAPs' resiliency, which include 23 interviews and an online survey of 116 individuals, Crystal Mundy lends support to Michael Seto's theory of pedophilia as a sexual orientation based on three key features: early age of onset, feelings of romance and love, and stability across time. The second article reviewed in this category is very unique both in style and content. Brecht Vaerwaeter (pseudonym) develops an "autoethnography" in which he presents his own experience of discovering and coming to terms with his attraction to young boys. The author draws on his personal experiences to argue for the recognition of attraction to minors as a stigmatized sexual and romantic orientation. As our reviewer puts it, "this paper is a moving glimpse into what it is like to experience perhaps the loneliest and most invisible form of suffering in contemporary society."

The last two reviews cover articles on different topics, which can loosely be grouped as "communication between and about MAPs." Jahnke, Blagden, and Hill (2022) is a mixed-methods study on the preferred labels of MAPs, both for labelling themselves and for being labelled by others. The term "minor-attracted person" had the highest acceptance level from the 286 survey participants, but every one of the authors' proposed labels was perceived favorably on average. The last reviewed article concerns MAPs'

participation on online forums and its impact on different types of support. Roche et al. recruited 353 participants from 11 different MAP forums and on Twitter. Among the interesting results found, the vast majority of people said they had initially sought out forums in order to not feel alone (81.1%). A similar number said they received emotional support from forums (81.7%), while fewer said they received informational support (65.3%).

In the “Author Responses” section of the journal, we include responses from three different authors to articles reviewed in our previous journal issue [Vol.2 (4)]. Drs. Flavia Glina, Alexander Schmidt, and Juliane Kloess raise points of agreement and disagreement about the reviews of their particular articles from our previous issue. Finally, the “Meet the New Generation” section honors Julia Levitan, a PhD candidate in Clinical Psychology at McGill University in Montréal. Julia’s dissertation explores romantic attraction to children among MAPs. She plans to provide individual and group therapy to help-seeking MAPs after she graduates.

I wish to conclude by thanking our great volunteers who have generously given their time to this journal in the past two years. You are the reason for the success of our journal. Our team continues to grow, as this journal issue saw the addition of three new reviewers (Agatha Chronos, Étienne Garant, Julia Levitan) and one new editor (Evelyn Thorne). Thank you to all of you for believing in this project and, most importantly, believing in the importance of humanizing and supportive research on and for minor-attracted people.

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

Reviewed Publications

Identifying and working with appropriate treatment targets with people who are sexually attracted to children

Lievesley, R., Harper, C. A., Swaby, H. and Woodward, E. (2022)

Journal of Sex & Marital Therapy: <https://doi.org/10.1080/0092623X.2022.2149437>

This study by Lievesley and colleagues (2022) had three key aims. The first was to investigate MAPs' relative prioritization of several specific treatment goals (or "treatment targets"). The authors note that, while previous research has identified common treatment goals for MAPs, no study to date has examined MAPs' relative prioritization of these treatment goals. The second aim of the study was to compare MAPs' relative prioritization of these treatment goals with healthcare professionals' relative prioritization of these same treatment goals for minor-attracted service-users. This allowed the authors to directly examine the level of congruence between the groups' prioritization ratings, with implications for healthcare professionals' ability to accurately identify (and address) MAPs' treatment needs.¹ The third aim of the study was to explore whether, and to what extent, specific demographic, psychological, and sexuality-related variables predict MAPs' relative prioritization of the treatment goals. The authors explain that such person-level variables may help to inform customized treatment approaches for each individual minor-attracted

service-user rather than a "one-size-fits-all" treatment approach; specifically, these person-level predictors may serve as clues to potential areas of focus in treatment when treatment priorities are not initially obvious.

The sample of MAPs in this study comprised select participants from a larger project on help-seeking among MAPs, who were recruited from online peer-support forums for MAPs ($N = 186$; specific forums were not named). The 150 participants retained in the analytic sample for this study were those who completed all of the relevant measures in the initial project (see below). This sample's mean age was 32.8 years ($SD = 12.8$), and participants were 91% male. No further descriptive characteristics were provided. The comparison sample of healthcare professionals in this study was recruited for a separate project by Lievesley and colleagues (2022a). The sample comprised 320 healthcare professionals, including primary care physicians (e.g., family physicians; $n = 88$), mental health professionals (e.g., psychotherapists; $n = 95$), and specialists who work with MAPs in formal

¹ E.g., Levenson & Grady, 2019b.

services (e.g., prevention or correctional employees; $n = 137$)—all of whom completed the relevant measure of treatment goals prioritization used in this study (see below).

Data from the sample of MAPs were collected via an online, anonymous survey. Demographic variables included sex, age, relationship status coded as yes/no, and parental status coded as yes/no. Treatment goals/“targets” were determined by previous work², and included improving mental health, addressing effects of social stigma, exploring issues related to sexual frustration, and desiring support in controlling or changing their sexual attraction to children. Participants rated each treatment goal on a Likert scale ranging from 1 (not at all a priority) to 10 (definitely a priority). The authors did not specify whether minor-attracted participants were instructed to rate treatment goals based on their own personal prioritization, versus based on their perception of prioritization among MAPs as a group—however, the former is likely given that aim three of the study was to predict individual MAPs’ treatment goal prioritization from individual-level factors. Sexuality-related variables included exclusivity of gendered attractions to children relative to adults (coded as yes/no), and level of overall sexual satisfaction. Psychological variables included level of general “mental wellbeing,” use of four specific coping styles (coping using social supports, problem-focused

coping, coping by avoidance, and coping by positive thinking), level of hope for the future, level of self-compassion, and perceived societal stigma.

In regards to the first aim of the study—to investigate MAPs’ relative prioritization of several specific treatment goals—the authors found that the highest-rated treatment priority was improving mental health ($M = 7.78$, $SE = 0.16$); the second was addressing the effects of social stigma ($M = 7.04$, $SE = 0.16$); the third was working on issues related to sexual frustration ($M = 5.72$, $SE = 0.21$); the fourth (i.e., lowest-rated) was desiring support in controlling or changing their sexual attraction to children. Prioritization scores between every treatment target were statistically significant ($ps < .001$).

In regards to the second aim of the study—to compare MAPs’ relative prioritization of these specific treatment goals with various healthcare professionals’ relative prioritization of these same treatment goals—the authors ran a 4 (Groups: MAPs, Primary Care Professionals, Mental Health Professionals, Specialist Professionals; between-subjects) \times 4 (Treatment Targets: Mental Health Concerns, Control or Change of Attractions, Living with Stigma, Sexual Frustration; within-subjects) ANOVA and found that, overall, MAPs had a lower composite prioritization score across all treatment targets compared with each of the professional subsamples. The authors suggest

² B4U-ACT, 2011; Lievesley et al., 2022b.

this is because the professionals rated all four treatment goals high, likely due to uncertainty about how to prioritize treatment goals. Notable findings in terms of prioritization of specific treatment goals between groups included: MAPs and all professional groups scored consistently high on prioritization of mental health; MAPs scored statistically significantly lower than all professional groups on prioritization of controlling or changing their sexual attractions and on working on issues related to sexual frustration; the specialist healthcare professionals scored statistically significantly higher than all other groups—including MAPs—on prioritization of helping MAPs live with stigma.

Lastly, in regards to the third aim of the study—to explore whether, and to what extent, certain demographic, psychological, and sexuality-related variables predict MAPs’ relative prioritization of the treatment goals—the authors conducted a series of linear regressions and found that each of the four models respectively predicting prioritization of the four specific treatment goals were statistically significant. Specifically, prioritization of mental health concerns was significantly higher among MAPs with lower mental wellbeing and self-compassion, as well as among MAPs who employed a problem-directed approach to coping. Prioritization of controlling or changing their sexual attraction to children was significantly lower among MAPs who were exclusively sexually attracted to children, as well as among MAPs with higher sexual

satisfaction and self-compassion. Prioritization of living with stigma was statistically lower among MAPs with higher mental wellbeing and self-compassion, and statistically higher among MAPs who used social support and problem-based coping strategies. Finally, prioritization of addressing sexual frustration was significantly lower among MAPs with higher sexual satisfaction and lower self-compassion, and significantly higher among MAPs with higher mental wellbeing. No other tested predictors (including any of the demographic variables) were statistically significant in any of the four models.

The authors emphasize that, overall, the findings highlight the importance of healthcare professionals taking a personalized approach when developing a treatment plan for each individual MAP, as different MAPs have different treatment priorities/needs (although the authors suggest that most minor-attracted service users will desire mental health support). The authors then review the various predictors of treatment priorities that their findings suggest are worthy of consideration when developing a plan for minor-attracted people. They highlight the role of self-compassion, in particular, explaining that low self-compassion appeared to exacerbate all treatment needs for MAPs in their sample. Finally, the authors write that their findings remind us of the “urgent need to develop professionals’ levels of competence and comfort in working with MAPs.” They maintain that the

healthcare professionals' high prioritization of all treatment goals is concerning, as such broad prioritization is unattainable and may increase risk of misaligned treatment goals with service users and service user disengagement.

Overall, this study is an important contribution to the relatively small but burgeoning body of literature focused on MAPs' mental health and wellbeing. In particular, it is the first study to empirically compare the congruence between MAPs' treatment goals and their healthcare providers' treatment goals. Further, exploratory efforts to predict prioritization of treatment goals among individual MAPs led to novel assessment and treatment considerations.

The authors' methods and analytic approach were generally appropriate, and results were written and presented in a clear and accessible manner. In addition, the authors successfully avoided stigmatizing study design and language. We particularly appreciated how the authors maintained that improving help-seeking MAPs' treatment (and, by extension, their quality of life) was the primary overarching aim, and that reducing help-seeking MAPs' risk of child sexual offending was a secondary overarching aim. Further, the authors' discussion offered helpful interpretations of the results informed by prior research in the area. We felt that the authors' recommendations for healthcare professionals working with MAPs were appropriately specific and informative based on the

study's findings (rather than overly specific or too general/generic). For instance, we appreciated the recommendation to adopt acceptance-based methods in MAP-directed support services.

All this said, this study has limitations that are worthy of mention. First, the authors collected limited demographic information about their sample of MAPs; they collected only sex, age, relationship status coded as yes/no, and parental status coded as yes/no. This is surprising given that demographic variables were investigated as predictors of MAPs' treatment goal prioritization in this study. Beyond this, while we appreciate the importance of participant privacy, it is difficult to assess the representativeness of this sample and generalizability of findings without further descriptive characteristics. Data on gender identity, race/ethnicity, and SES (education, income, employment) may have been particularly useful. It may also have been useful to assess the specific age/maturity preferences of participants, as this could have possibly influenced the data. For instance, MAPs who are predominantly attracted to infants and toddlers might differentially prioritize treatment goals compared with MAPs who are predominantly attracted to post pubescent adolescents (e.g., the former might experience more internalized stigma than the latter). Similarly, the authors did not indicate from which specific online forums the MAPs were recruited. Some of these forums take an anti-child sexual offense stance and

others do not. As such, it is possible that MAPs recruited from different forums also differ in their prioritization of treatment goals (e.g., MAPs who firmly oppose sexual activities with children might prioritize treatment goals related to changing or controlling their attraction more than those who do not). Relatedly, it would have been helpful to see further demographic information about the sample of healthcare professionals, for similar reasons. We are particularly curious about what proportion of the “specialists” have worked strictly with MAPs who have committed child sexual offenses, and/or focus on child sexual offense prevention in their work, as these factors may uniquely inform treatment goal prioritization.

In addition, as noted by the authors, prioritization of only four predetermined treatment goals were assessed in this study. It is possible that additional important treatment goals would have emerged had participants been given the opportunity to generate their own (e.g., treatment goals related to social isolation/loneliness). Further, the treatment goals assessed in this study were rather broad. Findings may have been even more informative had prioritization of specific subdomains of each treatment goal been measured separately. As such, we agree with the authors’ acknowledgement that future research may wish to investigate MAPs’ treatment goals via qualitative methods, to enable

researchers to probe further about the nature and function of a wider variety of treatment goals.

Lastly, the authors emphasize that help-seeking MAPs should be viewed by healthcare professionals as heterogeneous individuals with unique treatment needs rather than as a homogenous group with largely overlapping treatment needs. Despite this, healthcare professionals in this study were asked to rate prioritization of treatment goals for MAPs as a group rather than as individuals. The sample of healthcare professionals was then criticized by the authors for highly prioritizing every measured treatment goal, and it was suggested that this may have been due to lack of comfort or competence treating MAPs. We believe more weight should have been placed on the authors’ briefly-considered possibility that the uniformly high treatment goal prioritization among healthcare professionals could be explained by the lack of case-specific information provided—as such information should theoretically necessarily inform treatment goals. Follow-up research could aim to replicate or build upon this study’s findings, perhaps comparing help-seeking MAPs’ prioritization of their personal treatment goals with healthcare professionals’ prioritization of treatment goals for each individual MAP—after being provided with relevant case-specific information.

Qualitative Analysis of Minor Attracted Persons' Subjective Experience: Implications for Treatment

Schaefer, A., Wittenberg, A., Galynker, I. and Cohen, L.J. (2022)

Journal of Sex and Marital Therapy: <https://doi.org/10.1080/0092623X.2022.2126808>

In this study, Schaefer et al. aim to provide an overview of what minor-attracted persons (MAPs) want mental health professionals, and society as a whole, to understand about them. The authors' goals are that this study will 1) help alleviate the psychological burden faced by MAPs due to societal stigma, 2) reduce barriers they face to accessing treatment, and 3) help prevent childhood sexual abuse.

The authors begin by distinguishing between chronophilias³ and defining terminology. They discuss the extant literature and its pitfalls, including using forensic samples or a focus on MAPs who have committed sexual offenses. They argue that literature in the field is often underpowered and does not focus on what is important to MAPs themselves. They suggest that the current study will bridge that gap via a larger sample size and by asking MAPs outright what they find important that other people and society at large understand about them.

This study is part of a larger, anonymous online survey, created in collaboration with B4U-ACT, which asked about participants' sexual behaviors and attitudes, legal and clinical history, and personality. Data collected from this survey have

already produced four publications⁴. The focus of this specific paper is on a single narrative question in the survey: "What would you like the mental health field and the public at large to understand about your experience as a Minor-Attracted Person? What do you feel is not understood?"

The initial dataset started off with 780 participants in the online survey, but only 319 responded to the relevant narrative question. Despite the dropout rate, the study had a large sample size that is uncharacteristic of qualitative research on minor-attracted persons. Of the 319 participants who responded to the analyzed narrative question, the majority were male (94%), White (83%), living in the US (83%), with a mean age of 35 (SD = 15). The overwhelming majority of participants (96%) reported feelings of attraction towards children aged 12 or younger, and two-thirds of participants reported at least "some attraction" to adults.

A large majority (88%) of respondents reported never having been arrested for sexual acts with minors, and 60% reported never having sexually engaged with a child or adolescent, the veracity of which was verified through the participants'

³ Chronophilias are age-based sexual attractions. For a good presentation, see Seto (2016).

⁴ Cohen et al., 2018a, 2018b; Cohen et al., 2019; Spriggs et al., 2018.

responses to the rest of the survey questions. The authors note that they aimed to recruit MAPs who reported never having engaged in any illegal sexual behaviors, however this was not presented as an inclusion criterion. This is problematic for two reasons: first, because the authors do not discern between illegal sexual behaviors towards minors or adults, confounding the language in this regard several times; second, it is unclear why they accepted participants who had reported sexual offenses at all, when they wanted to recruit another population entirely. The authors acknowledge that a limitation of this study is that they did not compare the responses from those who did and did not report sexual engagement with minors, but they do not explain why they did not make that comparison. This seems odd, as it appears to be within their power to do so, and would have been a valuable addition to the article.

When talking about MAPs' sexual involvement with children, the authors use the unfortunate phrase "past pedophilic sexual behavior." This phrase is stigmatizing as it conflates being attracted to children with sexual offending against a child. Strictly speaking, a "pedophilic sexual behavior" could include such things as masturbating to a sexual fantasy of a prepubescent child, and could exclude behaviors such as sexually assaulting an adolescent. The article would have benefitted from more clarity in this regard to avoid stigmatization.

Participants' responses to the narrative question were analyzed using an iterative thematic analysis adapted from the Consensual Qualitative Research approach (Hill et al., 2005). Through this method, a number of coders carefully read and re-read the content to identify recurring themes and subthemes before coming together to form a consensus on the meaning of the data. The results found 309 categorizable responses, while the other 10 were removed because they were deemed unrelated to the question. The authors provide some examples of these responses that were supposedly unrelated to the question, one of which includes, "Just because I am a pedophile does NOT mean I am attracted to my own children." This strikes us as a relevant answer, as the general public tends to believe that MAPs must be attracted to their own children, while adult-attracted parents rarely face the same suspicion when their children become adults. It is unclear why the authors excluded this one, and that may cast doubt upon the others that were excluded.

Seven thematic domains were identified: (1) "View of sexuality," (2) "Own childhood experiences," (3) "Societal perceptions of MAPs," (4) "Coping issues/strategies," (5) "Attitudes toward treatment," (6) "Feelings toward children," and (7) "Attitudes toward adult/child relationships and sex."

The "View of sexuality" thematic domain was the most popular ($n = 167, 52.4\%$). Responses falling under this theme predominantly stated that being

attracted to children does not mean that one will have sexual contact with a child (n = 105). Many also described minor attraction as a sexual orientation (n = 87), and some described their own feelings about being attracted to children (n = 36), which was mostly negative (n = 27).

Very few participants discussed their “Own childhood experiences” (n = 17, 5.3%). Some reported having been sexually abused as a child or being in a sexual relationship with an adult. Others noted that they had not been sexually abused as children. Among the participants who reported sexual activities with adults in their childhood, some expressed negative feelings towards the activities while others viewed them positively.

The “Societal perceptions of MAPs” thematic domain was the second most popular (n = 143, 44.8%). Here, respondents detailed the highly stigmatizing labels society places on them, such as “monster.” They stressed the harm caused by the heavy stigma that dehumanizes them. Respondents compared themselves to both straight and gay people, explaining that the individuals in any group have the potential to be harmful or harmless. They described a desire to be understood by society and how this is hindered by a lack of effort by the general population and too little scientific research on MAPs.

Participant responses that fell into the theme of “Coping issues/strategies” (n = 77, 24.1%) expressed numerous negative feelings, such as the psychological burden of being a MAP, what this means for finding companionship, and the existence of legal and morally acceptable sexual outlets.

In a lesser touched theme, “Attitudes toward treatment” (n = 43, 13.5%), many participants mentioned wanting help and treatment options but having great difficulty finding care due to clinicians’ primary concern with abuse prevention rather than with MAPs’ own mental health. Others mentioned greatly distrusting treatment and clinicians and being fearful of being reported to authorities even when they had not done anything illegal.

When discussing their “Feelings towards children” (n = 95, 29.8%), participants talked about wanting others to know that they do not desire to hurt children either sexually or generally. Many participants expressed horror at the thought of a child being harmed, and a few reported that they would rather hurt themselves than harm a child. Another large focus of this theme was in discussing romantic feelings and feelings of love and emotional connection with children, rejecting the idea that the attraction is only sexual in nature.

Finally, the responses that were grouped as “Attitudes toward adult-child relationships and sex” (n = 113, 35.4%) showed varied responses regarding

the acceptability of adult-child sexual relationships. Some participants argued that it is always unacceptable, while others believed it could be acceptable under certain conditions.

Of all these findings, the authors focus most strongly on the number of participants who had permissive attitudes towards adult-child relationships. They note that this had been found previously in the literature and they introduce the “minority stress model”⁵ to argue that “rationalizing adult-child sex” may be a maladaptive coping mechanism used by MAPs to reduce their stress and protect their self-esteem in the face of the intense isolation and alienation they experience from societal stigma. The authors present the important role of mental health professionals in helping MAPs cope with the psychological burdens they face.

While the minority stress model is not without interest, it is surprising to see the authors dedicate so much space to the topic of MAPs’ moral beliefs about adult-child sex and its link to the risk of sexual offending. This is problematic for two reasons. First, the authors had already published another qualitative paper from this same dataset⁶ that analyzed responses from these same participants to the question: “What impact do you believe sexual activity with an adult has on a child?” Therefore, it would have been better if the authors had simply referred readers to that prior paper for a discussion

on these findings, so that they could focus on the other findings in this manuscript.

Second, considering that only a third of participants addressed this theme, and that only some of those participants expressed permissive attitudes towards adult-child sex, one wouldn’t expect this to become the central topic of discussion. This gives the unfortunate impression that the promotion of MAP wellness is important only for the sake of preventing sexual abuse. There were a few other instances in the paper where one was left with that impression. One such instance was in the third paragraph, which begins by mentioning the psychological burden and high rates of suicidal ideation among MAPs, and the barriers to receiving treatment. Surprisingly, the authors then go on to describe the harms of childhood sexual abuse, and conclude the paragraph saying that we need to understand MAPs better to be able to provide more effective treatment and prevention efforts. Abuse prevention is obviously important, but researchers should avoid justifying therapeutic support of MAPs in the name of some other end, however noble it may be. MAP well-being is valuable in and of itself and does not require a form of justification.

Despite these limitations, there were several positive aspects of this article. This study had a large sample size for a qualitative paper, and the narrative question was very broad, which resulted in a wide array of topics being discussed. The authors should

⁵ Meyer, 2003.

⁶ Spriggs et al. (2018).

be commended for their ability to categorize and describe all of their results in such a clear and well-structured manner. In addition, Schaefer et al. made a strong effort towards destigmatization, by heavily focusing on the psychological burden MAPs

face as a result of stigma from general society. They emphasize that not all MAPs will need help in refraining from having sexual contact with children, and continuously argue for the importance of helping MAPs lead happy lives.

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10 years later: Revisiting Seto's (2012) conceptualization of orientation to sexual maturity among pedohebephilic persons

Mundy, C. (2022)

The Canadian Journal of Human Sexuality: <http://dx.doi.org/10.3138/cjhs.2022-0006>

This study by Crystal Mundy uses data from the author's 2020 dissertation on the resiliency of child-attracted persons to test the validity of Michael Seto's thesis, according to which sexual attraction to minors can be construed as an age-based sexual orientation⁷. According to Seto, an attraction can be considered a sexual orientation if it displays three key features: early age of onset, feelings of romance and love, and stability across time.

Mundy explains that the conceptualization of attraction to minors as a sexual orientation is not of purely theoretical interest but can have important implications for treatment approaches. Citing Finkelhor (1986), Mundy demonstrates how sexual attraction to minors has historically been perceived as a "deviant sexual interest, one that develops out of traumatic childhood experiences and/or poor parenting practices," leading to therapeutic methods rooted in "removal and/or reduction of the attractions".

Instead, Mundy cites studies showing that attraction to minors should be approached through acceptance- and strengths-based practices that inculcate resilience and self-efficacy⁸, as attempts to reduce or

eliminate attraction to minors have not proven effective or beneficial to minor-attracted people⁹. Citing Cantor and McPhail (2016), the author writes "if sexual attraction to children is unchangeable, then treatment needs to focus on behavioural change and how to enhance well-being." The expression "behavioural change" used by Mundy is problematic, because it seems to imply that the default state of minor-attracted people is to engage in harmful sexual activities with minors. It's also unclear why Mundy says that treatment should focus on enhancing well-being "because" attraction to minors is unchangeable, as if well-being should be given a lesser priority if this attraction could be changed. That being said, Mundy does believe in the importance of the well-being of minor-attracted people, and points out that there is a serious lack of qualified therapists who are willing to treat them.

To test the applicability of Seto's three essential criteria of sexual orientation to the case of minor-attracted persons, Mundy conducted both quantitative and qualitative analyses. The author approached the B4U-ACT and Virtuous Pedophiles forums to recruit 116 minor-attracted persons who had never engaged in sexual contact with minors.

⁷ Seto 2012, 2017.

⁸ DeBord et al., 2017.

⁹ Beier et al., 2015.

The group consisted of 97 males, 10 females, and 9 others. Ages ranged from 18 to over 65, but two-thirds were 35 and under. Nearly 90% were white, almost two-thirds were single, and almost two-thirds were non-religious. Among the 116 individuals who completed the survey, 23 agreed to also participate in an interview-based study. The interview questions covered a variety of topics, such as sexual identity, discovery of attraction, involvement with children, social support, and stigma.

For the quantitative analysis, Mundy used a modified version of the Kinsey Scale (normally used for gender-based orientation) to measure the participants' age-based orientation. The response options ranged from 1 (exclusively attracted to adults) to 5 (exclusively attracted to minors). Mundy used a similar 5-point scale to measure gender-based orientation. She also used a revised version of the 59-question "Sexual Life and Sexual Behavior Questionnaire" (SLSB) to determine various aspects of the participants' sexual lives, such as frequency of sexual behaviors, sexual and gender identity, age of onset of sexual arousal, and degree of sexual attraction to minors.

The revised SLSB included "a visual-based question that assessed participants' preferred Tanner Stage" (p. 447). Tanner stages measure the degree of physical development of individuals. They are often used to categorize individuals by age of attraction. A

Stage-1 Tanner stage applies to pre-pubescent children, and thus reflects a pedophilic attraction. Stages 2 (early-pubescent) and 3 (late-pubescent) reflect a hebephilic attraction. Stage 4 applies to adolescents and reflects an ephebophilic attraction, while Stage 5 is the final stage of sexual maturity and corresponds to teleiophilia. Given the paucity of participants attracted to Tanner Stages 4 and 5, Mundy did not include them in her analysis.

These measurements resulted in the classification of the 116 participants along three spectrums of attraction: male/female, adult/minor, and degree of sexual maturity. The breakdown was as follows:

MALE/FEMALE Exclusive Males = 17 Mostly Males = 13 Both Males & Females = 24 Mostly Females = 19 Exclusively Females = 37
ADULT/MINOR (KINSEY-R) Exclusively Adults = 1 Mostly Adults = 2 Both Adults & Minors = 36 Mostly minors = 45 Exclusively Minors = 27
SEXUAL MATURITY (SSLB-R) Tanner Stage 1 = 63 Tanner Stage 2 = 34 Tanner Stage 3 = 14 Tanner Stage 4 = 3 Tanner Stage 5 = 1

The results of the quantitative analysis supported all three of Seto's markers of sexual orientation. Concerning the "romantic attraction" criterion,

64.1% of participants said that they had been “in love with a child” in their life, and almost all (98.8%) identified that they “love children.” Concerning the “early onset” criterion, the vast majority of participants reported discovering their attraction during childhood or around puberty.¹⁰ Finally, the “stability across time” criterion was assessed using the age-of-onset and information about age. Mundy noted that “no participants experienced a cessation of their attractions across time, clearly meeting the requirement of sustained attraction.” (p. 453)

The qualitative analysis yielded similar results. With the data collected from her 23 interviews, Mundy conducted a thematic analysis¹¹ which identified three key themes: “Sexual Development During Adolescence and Puberty”, “Differing Attraction Components”, and “Exclusivity of Attraction.” On the first theme, all but one participant said they identified and recognized their attraction before the age of 18, most often during early adolescence and puberty. Many recognized two stages in the process: an initial, typically vague recognition, followed later by a recognition that the attraction was “not growing with them.”

On the second theme, different components of attraction were identified by the interviewees, which

consisted not only of physical components – e.g., small frame, larger eyes, and lack of body hair – but also more general components about the nature of children, “including their innocence and ability to engage in the world completely and be spontaneous” (p. 451). Four first-person testimonies are provided as concrete examples. Mundy distinguishes between “emotional attraction” (engaging in youthful activities and working with children) and “romantic attraction” (being in love with or wanting a personal relationship with a child). She frequently cites Martijn et al. (2020), which found that nearly three-quarters of their sample reported “falling in love with a child during their lifetime.” The findings of Martijn et al. (2020), she concludes, “in conjunction with the present study, clearly indicate that there is more to the attraction than simply sexual attraction” (p. 453).

Finally, on the third theme concerning exclusivity, while several participants identified an attraction to adults, it was rarely the primary attraction. For those who expressed an exclusive attraction to children, “this was directly related to their ability to have meaningful relationships with adults.” (p. 452).

One limitation of the study, acknowledged by Mundy, is that she has drawn her participants from two forums typically frequented by “anti-contact” MAPs. Findings could be different for pedohebephilic persons who use other forums or visit no forums at all. Another limitation, which

¹⁰ It is hard to give a precise percentage, since the data is divided by both “target of attraction” and “body morphology,” but discovery in childhood or around puberty is almost always above 80%.

¹¹ As outlined in the influential Braun and Clarke (2006).

Mundy did not mention, is the fact that people with a greater interest in adults may be less likely to visit forums for minor-attracted people, possibly affecting the results relating to exclusivity of attraction to minors.

In discussing future directions, Mundy states that “stigma among providers toward those seeking help remains a concern” and that efforts must be made to “decrease stigma toward pedophilia in the general population” (p. 454). In order for pedohebephilic persons “to receive compassionate, evidence-supported treatment,” she concludes, both providers and the larger public must recognize that “orientation to sexual maturity [i.e., body morphology] very closely mirrors the developmental trajectory of gender sexual orientation” (ibid.)

Finally, she recommends that future research “investigate whether the subjective experience of romantic attraction and love are comparable to similar subjective experience among non-pedohebephilic persons, writing, “participants reported an attraction to the overall nature of children, including their naiveté, mindfulness, and spontaneous nature. Although these factors arose in the context of romantic and emotional attraction, these characteristics may be more reflective of emotional congruence with children, rather than romantic attractions”. (p. 453)

This last point may warrant closer inspection. The notion of an “emotional congruence with children,” or as Hermann et al. (2015) calls, “an *exaggerated* emotional and cognitive affiliation with children,”¹² seems to delegitimize the emotional and/or romantic attraction that MAPs experience towards minors. If one acknowledges that attraction to minors is a sexual orientation, then there is nothing surprising (or “exaggerated”) in the fact that MAPs typically experience a strong emotional connection to minors.

Neither should it be surprising to hear a minor-attracted person describe their attraction to typically youthful traits (e.g., mindfulness, spontaneity, etc.) than it is to hear a female-attracted person describe their attraction to stereotypically feminine traits (e.g., elegance, tenderness, etc.) An emotional connection to (stereo)typical traits of the object of one’s attraction in nearly all cases is an accepted feature of a sexual orientation, further strengthening the conceptual link between gender-based sexual orientation and age-based sexual orientation. This criticism may be an overreach, however, as throughout the article Mundy seems to affirm that MAP’s emotional/romantic attraction to minors is an innate aspect of their sexual orientation as opposed to some “cognitive affiliation.”

All together, Mundy’s depth of knowledge on the topic and the relevant literature is impressive. This

¹² Emphasis added.

article does an excellent job of clearing away some of the misconceptions about attraction to minors in a stigma-free way.

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The Pedophile as a Human Being: An Autoethnography for the Recognition of a Marginalized Sexual Orientation

Vaerwaeter, B. [Pseudonym] (2022)

Controversial Ideas 2 (1): <http://dx.doi.org/10.35995/jci02010003>

In a recent article in the aptly titled Journal of Controversial Ideas, author Brecht Vaerwaeter (pseudonym) has given a remarkable account of coming-of-age as a minor-attracted person which everybody with a concern for the sexually marginalized can benefit from.

Vaerwaeter begins by noting that the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) originally intended to define pedophilia as a sexual orientation, but revised it after facing backlash and scrutiny from the public. The author contrasts this with the climate of early gay liberation movements in Europe and North America between the mid-70s and the mid-90s, wherein attraction to minors was considered an adjunct sexual and/or romantic orientation, comparable to other sexualities that are recognized by the LGBTQ+ movement. He then explores the subsequent rejection of minor-attracted people by the dominant LGBTQ+ organizations, and their denial of attraction to minors as a sexual orientation. Finally, he offers an autoethnographic narrative to make the case that attraction to minors is a marginalized sexual and/or romantic orientation, and calls on the LGBTQ+ community to live up to its commitment to the “+” in its acronym and respect diversity and inclusivity.

The author argues that since approximately 1991, sociological and ethnographic research into minor-attracted people has practically ceased, and personal testimonies of minor-attracted people themselves even more so. The author states that studies of minor-attracted people today primarily rely on heavily biased samples; specifically, small samples which lack control groups and are comprised of people who have been convicted of sex crimes with minors. As such, the lived experiences of innumerable minor-attracted people has been silenced, with just a few notable exceptions including Goode (2009), Freimond (2013), and Walker (2017, 2021).

Citing Paternotte (2014), the author points out that the situation was greatly different in the preceding decades during which the gay liberation movement was rapidly growing in influence, and numerous activist groups supporting minor-attracted people worked alongside and within LGBT organizations with a general degree of acceptance, notably the ILGA (International Lesbian, Gay, Bisexual, Trans and Intersex Association).

All this changed in 1994, when an American conservative politician forced the ILGA to remove

its “pedophile groups” from its organization or lose its consultative status in the *United Nations Economic and Social Council* (ECOSOC). Since then, the ILGA released numerous statements separating themselves from minor-attracted people and child sexual abuse, thus blurring the distinction between the two and reducing attraction to minors to an “offense” or “disorder.”

In opposition to this conceptualization, the author provides an autoethnography detailing his sexual development throughout puberty and adolescence to personally attest to the fact that attraction to minors is a sexual orientation, including emotional attachments and the sensation of falling in love. This is a condensed version, the author states, of a currently unpublished book-length autobiography. First-person testimonies of this sort in the literature, both scholarly and general, are exceedingly rare because of the massive risk involved, which is why the author has opted to use a pseudonym, claiming that the *Journal of Controversial Ideas* is the only scholarly journal that offers authors the option to do so.

Vaerwaeter begins by discussing his earliest affections for some of his male peers at age ten, whom he simply thought of as “being really cute, nothing more, nothing less.” Not long after, he recalls encountering pornographic magazines depicting naked females, belonging to a friend's older brother. It was only when he heard his peers

discussing magazines such as these that he realized they were meant to be arousing.

At 14, the author felt compelled to try dating girls, and started vying for the attention of a girl named Wendy. He liked Wendy and had hoped that they would enter into a relationship, despite the fact that he had no discernible sexual desire for her. While he aimlessly hovered around Wendy, trying to understand what it was that he wanted from her, he began experiencing an increasing sexual desire for his male peers. At 16, he still believed it was possible for him to start a romantic relationship with Wendy, though by that time his infatuation with other boys overtook his interest.

However, he soon discovered that his infatuation was not towards his male classmates per se, but those who were not so developmentally advanced, much preferring those with smooth legs and youthful features over those with a more mature, adult-like appearance. This was particularly apparent during parallel gym classes with boys in earlier grades, and by 17 he ultimately realized that he was primarily attracted to boys who were around 14 years in age, some of whom he developed very close bonds with and fantasized about while masturbating.

Shortly after he came to this understanding, the fears and doubts quickly followed. None of his peers seemed to have any interest in these boys he liked so much. His sense of being an outsider was finalized

during one gym class during which he and his classmates were waiting on the grass while the second year boys were lining up for a race. It was when one of his peers said, “this must be a paradise for pedophile homosexuals,” that he realized he was going to need to keep his attractions a secret from others.

Feeling unhappy in university, Vaerwaeter spent his spare time engaging in youth clubs, including one from his hometown, where he fell in love with a 13-year old boy named Cédric. On a camping trip, as they slept in the same tent, the author describes nervously moving closer to Cédric while he was sleeping and touching his fingers, but he soon felt disgusted with himself and stopped.

Not being able to put Cédric out of his mind and in a state of personal confusion and distress, he read books by Edward Brongersma and Theo Sandfort. He also looked at communications by other people like him online, which is where he first learned of the word “boylover,” and discovered that sexual and romantic attraction to boys are much more common than he thought. He described this as a “light-bulb moment” for himself, though not a comforting one, writing, “My hopes for a normal life melted like snow in the sun. Visions of an existence in miserable loneliness and boredom loomed.”

A few years later, he fell in love with another boy named Jeroen who was almost 15. Jeroen believed

that the author had a crush on him, and told him that he had recently realized that he was attracted to boys, not girls. The author explained his unique situation to Jeroen - that he was exclusively attracted to young adolescent boys, and that things between them could not go any further. Jeroen responded with understanding and suggested that he try talking about this to somebody.

Not being able to bear the secrecy any longer, Vaerwaeter took Jeroen’s advice and came out to several people, including his parents. His parents thought that he should talk to a therapist, which he did with little success. After Jeroen, the author has opted to avoid the company of younger boys, although he had reconnected with a now adult Cédric. He had told Cédric of his previous attraction to him, and they have since become good friends. Over the last few years, he has begun sharing parts of his story anonymously in local newspapers for the benefit of other young people discovering their attraction to minors, though he claims these have stirred little interest.

This autoethnography paints a distinctly different picture of minor-attracted people than the one characterized by the media and society. For one thing, it supports the view that attraction to minors meet the criteria for a sexual orientation, including an age of onset in early adolescence, attraction corresponding with feelings of romantic attachment,

and stability of attraction over time.¹³ This corresponds with Seto's (2017) assessment that sexual orientation is a "multidimensional framework," which encompasses age as much as gender. Vaerwaeter points out that although Twitter forbids threatening or harassing people on the basis of sexual orientation, since 2020 it has prohibited "promoting or normalizing sexual attraction to minors as a form of identity or sexual orientation."

Based on the clinical literature and his personal experiences, the author concludes that attraction to minors is a sexual orientation, that it is possible to experience romantic love for minors, and that there is a role for the LGBT movement, with whom MAPs share "the same problems of stigma, discrimination and social isolation [...] albeit to a greater degree," in resisting societal conceptions of minor-attracted people as monstrous "others."

The article also speaks to the fact that minor-attracted people spend many years as minors themselves, experiencing sexual doubts and anxieties. Adolescents discovering that they have an attraction to minors often experience profound isolation. Vaerwaeter claims that including discussions of attraction to minors as a genuine sexual orientation in school sex education classes is essential to stop the neglect of this population.

The biggest limitation of this autoethnography is abundantly obvious - it's a single individual's perspective and, as the author claims, it is not meant to be representative. However, with so few MAP voices speaking out openly about their lived experience, this piece could mark the beginning of an upsurge in MAP autoethnographies.

As far as stigmatizing language goes, it is difficult to fault the author for the words he uses to describe himself, as this is a personal testimony with himself as his subject. However, it should be noted that he primarily uses the word "pedophile" to refer to himself and to others like him with an attraction to people under the age of consent, while "minor-attracted person" or "MAP" has become the preferred term used by the MAP community and researchers aiming to destigmatize them. Furthermore, Vaerwaeter himself does not even fit the current accepted criteria for pedophilia, for, as he states, it is generally males between roughly 12 and 15 who he finds most attractive, which would typically classify him as a hebephile bordering on ephebophilia in most of the clinical taxonomies.

Also, the author's use of the word "lust" is peculiar to say the least. At one point, he describes Virtuous Pedophiles as an initiative to assist minor-attracted people in "controlling their lusts," and at a later point he refers to lust as an experience "associated with pedophilic feelings of love." It's uncertain what the author precisely meant by "lust" though this

¹³ See Mundy, 2022, reviewed in this journal issue.

word is typically associated with sin, deviance, and predatory behavior, and is not commonly used by other sexual minorities to describe their experiences of attraction.

Overall, this paper is a moving glimpse into what it is like to experience perhaps the loneliest and most invisible form of suffering in contemporary society.

The author writes that understanding the emotional lives of minor-attracted people cannot solely come from reading clinical studies. Personal accounts are necessary, both for educating the public about the true nature of attraction to minors, and for helping minor-attracted people feel less alone in their daily lives.

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Pedophile, Child Lover, or Minor-Attracted Person? Attitudes Toward Labels Among People Who are Sexually Attracted to Children

Jahnke, S., Blagden, N., and Hill, L. (2022)

Archives of Sexual Behavior 51 (8): <http://dx.doi.org/10.1007/s10508-022-02331-6>

Given the importance and function of labels in society, especially with regard to categorizing persons and activating stereotypes, attitudes and emotions, in this article, Jahnke, Blagden and Hill discuss the findings of their mixed-methods study on the preferred labels of individuals who are attracted to minors, recruited online from various relevant English and German forums (B4U-ACT's peer support forum,¹⁴ BoyChat, Virtuous Pedophiles, Visions of Alice, jungsforum, krumme13, kinder-im-herzen). More specifically, the authors examine participants' attitudes regarding the labeling of themselves (*Labeling Oneself*) and their external labeling by others, such as journalists and researchers (*Being Labeled by Others*), in relation to five different labels: 1) "a pedophile/hebephile", 2) "a person with pedophilia/hebephilia", 3) "a pedophilic/hebephilic person", 4) "a minor-attracted person (MAP)", and 5) "a boy/girl/child lover".

¹⁴ When introducing B4U-ACT, the authors mention that the organization tries to avoid "contentious subjects like the morality of adult-child sex" and "prefers to focus their activism on the promotion of better mental health services." A more complete presentation should have mentioned that B4U-ACT, on its website, urges MAPs to "abide by the law because of the potential risk to children and minor-attracted people of doing otherwise."

The final sample of the study comprised 286 participants, with 88% male and 12% female, according to sex assigned at birth (note that 18% did not identify with their birth sex). Among the participants, 87% reported an attraction to prepubescent or pubescent children that exceeded their attraction to adults, with 13% reporting an equal attraction to both. Moreover, 42% were attracted to male children, 49% to female children, and 9% to both genders. To assess the sexual interest of participants, the authors used a 6-item scale, where participants indicated their attraction to physical depictions of male and female persons before, during, or after puberty.

The study combined qualitative and quantitative components. Participants were asked the following two open-ended questions, without being prompted about any specific labels in advance: 1) "What labels would you choose to describe your sexual interest?" and 2) "Why?" After that, for the quantitative element of the study, participants were asked to indicate on a 7-point Likert-type scale the extent to which they agreed (7 reflecting full agreement) or disagreed (1 reflecting full disagreement) with the use of the five above-mentioned labels, a) when labeling themselves, and b) when being labeled by

others. This was then followed by another qualitative element, giving participants the opportunity to add anything else they would like regarding labels.

This mixed-methods research design allowed for some of the strengths of qualitative and quantitative methods to be combined, thus shedding light not only on the percentages of acceptance or rejection of certain labels among the sample, but also on deeper debates and issues surrounding the labeling of this social group. The “minor-attracted” label had the highest level of acceptance, both for labeling oneself (with 76.9% agreeing that they would use it to describe themselves) and for being labeled by others (with 78.7% agreement). This was followed by the “pedophile/hebephile” label, with 69.1% agreeing in the *Labeling Oneself* category and 58.9% agreeing in the *Being Labeled by Others* category. The quantitative analysis showed an overall acceptance for all five labels, in both categories (see below).

A thematic analysis of the qualitative data collected via the open-ended questions, however, revealed more nuances, and the following four themes emerged:

1) “Contested Self-Labels”. Under this first theme, the authors explored the contestation of labels by participants, and the idea that labels do not necessarily matter given the severe stigma around the sexuality of individuals attracted to minors. However, the term “minor-attracted person” was thought to carry less stigma and criminal connotations than the “pedophile” label for some of the participants. Another label that was prominent as an alternative to “pedophile” was “boy/girl/child lover”. That label was contested, and it was more highly endorsed on a private level, when participants were labeling themselves, than on a public level, when they were being labeled by others.

Table 2. Level of agreement with different labels for people who are sexually attracted to children (N = 285)

Item/Label	labelling oneself ^a			Being labeled by others ^b		
	M (SD)	% agree	%unsure	M (SD)	% agree	%unsure
... a pedophile/hebephile	5.40 (2.12)	69.1	9.5	4.87 (2.27)	58.9	10.2
... a person with pedophilia/hebephilia	4.43 (2.41)	53.0	8.8	4.45 (2.40)	54.4	10.5
... a pedophilic/ hebephilic person	4.59 (2.21)	53.0	15.0	4.52 (2.22)	53.0	13.7
... a minor-attracted person (MAP)	5.63 (1.98)	76.9	8.7	5.77 (1.89)	78.7	7.0
... a boy/girl/child lover	4.83 (2.34)	58.6	9.4	3.99 (2.44)	42.5	11.9

Note. Items ranged from 1 (do not agree) to 7 (fully agree). Missingness was negligible and ranged between 0 (no missings) to 1 (one participant refusing to answer) for each item. Note that responses above the midpoint of the scale (4) were counted as agreement, while responses on the midpoint of the scale (4) were counted as "unsure."

^aInstruction: “Please indicate to what degree you identify with each of the following labels, in the sense that you would use them to describe yourself. I see myself as...”

^bInstruction: “How acceptable do you find the following labels for people with a sexual interest in children in an academic or public discourse? I find it acceptable if journalists or scientists refer to a person with a sexual interest in children as...”

2) “Person-First Language and Pathologizing Sexuality/Identity”. Here, the authors touched on the timely debate of whether person-first language (in this case, “a person with pedophilia/hebephilia”) or identity-first language (in this case “a pedophilic/hebephilic person”) is preferable. Despite the popularity of person-first labels among some professional bodies and research, data collected in this study showed that participants can actually perceive this kind of labeling as “othering”, or in some cases as even increasing stigma. However, identity-first language in the narrow, as described by the authors, conceptualization of “a pedophilic/hebephilic person” was not regarded as more acceptable than person-first language either. The term “minor attracted person”, however, which can also be conceptualized as identity-first language, had the highest acceptance level. Here, it would perhaps also be interesting to see whether the results in the person-first language category would differ if the option was “person attracted to children/minors” rather than “person with pedophilia/hebephilia,” since the participants did not express discomfort with the idea of person-first language in general, but rather felt that the phrase “with pedophilia” implied the presence of an “illness,” “sickness,” or “medical condition.”

3) “Stigma and Shame”. This theme highlighted the view of some participants that labels like “pedophile” have become “tainted” due to the ways

they have been used in various discourses and, as such, convey and perpetuate stigma.

4) “Reclaiming Pedophile Label”. Despite this stigma surrounding the “pedophile” label, as this emerged in the previous theme, this fourth theme revealed that participants also expressed views about reappropriating this word and reframing their identity.

On the whole, the combined qualitative and quantitative data confirmed to some extent the stigma against pedophilia, sometimes regardless of the label one uses. However, the label “minor-attracted person” appeared to be more widely accepted by participants in both a private, self-labeling sphere and in the context of public/professional discourses. As the authors note, this is due to the negative connotations associated with the label “pedophile” and its modern use, which conflates pedophilia with child sexual abuse. The term “pedophile” was nevertheless also highly endorsed, and this highlighted the fact that the word does not innately have a negative meaning, and it can be reclaimed by individuals with this attraction. Importantly, the study was able to point out elements of resilience and agency of participants, and that “people who are sexually attracted to children prefer to embrace their sexuality as part of their identity and want this to be reflected in the professional discourse as well” (p. 4134). This disrupts the popular view that person-first identity is necessarily

less biased, as it can end up pathologizing the individual and convey the message that there is something inherently problematic with their attraction.

The authors thoroughly identified the potential limitations of their study. Additionally, given the study's focus on labeling issues, there was perhaps room for an even deeper and more historically informed and contextualized consideration of the various labels. For example, as part of the title and keyword database search conducted by the authors, it is interesting that the term "boy/girl/child lover" was first mentioned as early as 1983, when the discourse around sexuality was plausibly less policed and securitized, but only had 7 hits in total until 2021. Also, the fact that the earliest mention of "minor attraction" was in 2017 might be indicative of a severely stigmatizing social context against pedophilia, which became more prominent after a certain period in time, thereby engendering the need for alternative, more neutral language. In this context, it would also be interesting to see whether and how participants' views differed depending on their social background and context (e.g., whether they lived in the USA or Germany).

With regard to the term "boy/girl/child lover" in particular, the authors explain that this was "the only label that was not endorsed in a public or academic context by most participants" and that "qualitative data indicate that one reason for this may be the

word's potential criminal connotations", but they also add another layer of analysis to this by noting that their data indicated "that some understand this term to mean 'someone who loves children' rather than 'someone who is a lover to children'" (p. 4135). However, a deeper consideration of the relevant social context accompanying the appearance or the rise and fall in the popularity of different labels would also allow for a deeper understanding of the underlying phenomena behind those labels. To their credit, the authors mention that the themes emerging from their study "highlight the difficulty associated with finding a non-stigmatizing label and balancing public and private identities" (p. 4134), which may support the idea that labels are a product of their times and, as such, their analysis can only go so far in unpacking the much more deep-rooted issue of the stigma and hatred against pedophilia as a social phenomenon, which has ingrained ties to contentious concepts, such as *dangerousness* and *(youth) sexuality*, that are (indirectly) reflected in the use of these labels.

Regarding the implications of this research for the future, the authors note that although person-first language and terms such as "boy/girl/child lover" seem contested, the term "minor attracted person" was highly endorsed, which could mean that it is a safe option for use in public and private discourses, given it differentiates between attraction and action, and it also encompasses not only those who are attracted to prepubescents but to minors in general.

As the authors observe, however, the term “minor attracted person” could also risk obscuring the attraction, in that 1) it requires the researcher to specify the age or sexual maturity ranges covered by the term, and 2) if attraction to post-pubescent minors is assumed to be “normal” for teleiophilic individuals, then most people could be labeled as MAPs. A critical point that can be raised here is that, even if most people could, indeed, be labeled as MAPs in this specific context, this might not necessarily have an “obscuring” or otherwise negative effect, as it only shows that sexuality lies on a rather broad spectrum, and attraction should

perhaps always be seen as “normal”, given it is not harmful in itself. Importantly, despite the high level of acceptance for the term “minor attracted person” among people who experience sexual attraction to (pre)pubescent children, the study also showed that some participants also strive to reclaim the “pedophile” identity. This may suggest a belief that labels can shift meaning and do not have to be eternally stigmatized, provided there is a cultural shift in understanding of such labels. This could be applicable in the case of other labels too, such as “boy/girl/child lover”.

Online forum use in child attracted persons

Roche, K., Stephens, S., Moss, S., and Seto, M. (2022)

The Canadian Journal of Human Sexuality 31 (3): <https://doi.org/10.3138/cjhs.2022-0007>

In this study, Roche et al. examine child attracted persons' (CAPs) investment in online forums and their impact on well-being. While there have been other studies on the use of online forums in the CAP community, this is the first study to examine the impact of forums on different types of social support, of which the authors distinguish three main types: emotional support (e.g., listening, sympathy), tangible support (e.g., money, a place to stay), and informational support (e.g., giving advice or directing to resources).

The researchers recruited a sample of 353 self-identified CAPs from around the world who participate or have participated in online forums dedicated to minor attracted people. Unlike the vast majority of studies on CAPs, which recruit their participants solely from the B4U-ACT and/or the Virtuous Pedophiles forums, Roche et al. recruited from 11 different forums, most of which are not support-focused. Broadening the recruitment base is important because, as the authors note, “[i]t is likely that by recruiting only from the same two forums researchers are sampling the same individuals repeatedly, limiting our generalizability in an already unique group” (p. 419). The authors also sought feedback on survey questions from three of the

organizations contacted for recruitment: B4U-ACT, Virtuous Pedophiles, and Visions of Alice.

In addition to collecting socio-demographic information, Roche et al. also looked at the frequency of forum use, the reasons for use, the social support received and/or offered, the effectiveness of the forums, and the quality of support received in their lives outside of the forum. The survey asked participants different questions depending on whether they were current or past forum users, with a “current user” defined as someone who has visited a forum within the last 6 months. The results showed that the overwhelming majority of participants (94.6%) were current users, which isn't surprising considering that they were recruited on such forums.¹⁵ The vast majority of current users visited forums regularly, either daily (58.7%) or weekly (28.7%).

Using correlation and regression analyses, two main hypotheses were tested. In the case of the first hypothesis, the researchers suggested that greater engagement in online forums should reflect a higher level of social and perceived support from the forums and, consequently, a greater perception of the

¹⁵ The researchers also advertised their study on Twitter, so this is probably where the 5.4% of “past forum users” came from.

forums as useful by the participants. To this first hypothesis, both the participants who assiduously engaged in forums and those who decided to stop doing so reported a moderate effectiveness of the forums in navigating their attraction to children and in managing their problems in general. The absence of a significant statistical relationship did not confirm a link between involvement in online forums and the perception of their usefulness.

This perceived moderate helpfulness of forums is reflected in the different types of support received and given by participants. An important number of current forum users (81.7%) mentioned receiving emotional support from forums, and slightly fewer (65.3%) said the same for informational support. Interestingly, people reported *giving support* on forums more than *receiving* it: 88.8% of current users said they gave emotional and informational support to other forum members. The fact that people on average had the perception of giving support more than receiving it might explain why forums were perceived as only moderately helpful. The only type of support that was very low (as predicted by the authors) is “tangible support,” with 11.7% of current users giving it and 14.8% receiving it.

In the case of the second hypothesis, the researchers were interested in the relationship between forum use and disclosing one’s attraction to children to those around them (friends, family, co-workers,

psychologists, etc.). They hypothesized that CAPs initially sought out forums because they had no one to talk to about their reality and because they lacked professional help or didn’t trust professionals. This hypothesis was mostly disproven by the results. Very few participants initially joined forums from lack of professional help (13%) or lack of trust in professionals (24.8%). The main reason mentioned was to not feel alone (81.1% of current users.) Although this can seem to support the authors’ hypothesis that CAPs joined forums because they had no one to talk to, most participants (73.9%) further said that at least one person in their circle knew about their attraction.

Roche et al. conclude that using online forums for support in relation to attraction to minors can be beneficial. Involvement in online forums seems to help deconstruct the prejudice that sexual attraction to children inevitably leads to the commission of a sexual offense. It also helps MAPs deal with feelings of loneliness that can lead to psychological distress and even suicidal ideation. However, the authors note that recommending forum participation to a patient in a clinical setting must be done with caution, emphasizing that one must know what type of forum to refer a patient to. Engaging in this type of conversation with a patient must be done carefully as not all forums are managed in the same way.

This article has many virtues. In terms of its form, the research is well structured, coherent and its

objectives are clear. It is obvious that the authors have paid particular attention to ensuring that their arguments flow in an intelligible way. With respect to content, the first observation that emerges is the attention paid to reviewing the literature and updating the current state of knowledge. The vast majority of the studies mobilized by the researchers¹⁶ are recent and, therefore, give us a contemporary understanding of the various issues that CAPs may face as a result of their attraction (e.g. stigma, social withdrawal, avoidance of seeking help from mental health specialists, etc.). Finally, one of the strengths of this research is the authors' caring approach to including CAPs and incorporating their feedback into their research procedure. Not only does this approach add empirical validity to the research, it also allows for an open dialogue and partnership with members of a community that has critical knowledge about a sensitive topic.¹⁷

Nevertheless, we have noted certain elements which could have benefited from more precision. The first element is the use of the term CAP. Although the participants in the study self-identify as attracted to children, the demographic information presented in the relevant table shows that this attraction to children is not necessarily predominant, as many also recognize an attraction to adolescents as well as adults. The use of the expression "child attracted persons" can therefore be confusing since for some

participants, we could speak of a hebephilic, ephebophilic and/or teleiophilic attraction.¹⁸ Therefore, it would have been interesting for the researchers to comment on whether or not participants' attraction to children was predominant.

Another element that would have deserved more precision concerns the instrument used to assess sexual attraction to children and more specifically the use of a scale that ranges from 0 to 100. How did the researchers distinguish between participants who scored their attraction at, say, 61 and 69? Why not use a five-point Likert scale (e.g. not attracted at all / slight attraction / neutral / attracted / strongly attracted) as is commonly found in research that focuses on sexuality?¹⁹ Although the researchers' explanation regarding how the missing data were handled makes sense (since the default response choice on the sliding scale was set to "0", not answering a question was not considered a missing data if the participant had answered subsequent questions), it remains impossible to verify whether this was the intention of all participants for each missing data item. Thus, the development of a five-point scale with a "not attracted at all" response choice might have helped to reduce the problem with the interpretation of missing data. Similarly, a clear five-point response category might also have helped to interpret the results as to whether participants were predominantly attracted (or not) to children, adolescents, or adults. Since the intensity of

¹⁶ Such as Imhoff & Jahnke, 2018; Jahnke et al., 2015; Levenson & Grady, 2019.

¹⁷ Stephens et al., 2020.

¹⁸ Seto, 2017.

¹⁹ E.g., Endler & Parker, 1990; Joyal & Carpentier, 2017.

attraction varies from one participant to another and their interpretation is based on their personal experience, quantifying sexual attraction on a scale between 0 and 100 seems to offer a more subjective measure than if a choice of response accompanied by a definition was provided in order to have a precise picture of the variable sexual attraction ratings.²⁰

Thirdly, although the researchers conclude that the main reason why participants in their study use online forums is to avoid feeling alone, they provide little context on why forums are preferred over other types of support. Do participants use forums as an alternative resource due to the absence of other forms of support, as a complementary resource to the support they receive (therapeutic or not) and/or if they prioritize this type of support because of negative experiences in the past?

Fourthly, while it is understandable (given the research goals) that the authors would focus a lot on the support angle of forum participation, at times this dimension is overemphasized. This is apparent in the way that certain questions are formulated. For instance, when asking CAPs why they initially sought out forums, the options given were: “To not feel alone”, “Afraid to seek professional help”, “No professional help available”, “In addition to professional help”, “Not listed”. Every answer choice provided implied the search for a form of

help. But surely, people often join online forums (of various sorts) for purely recreational purposes and to enjoy the virtual company of individuals who share common interests or traits. It’s not clear why the authors assumed that the essential motivation of CAPs would be to seek a form of help. The fact that “Not listed” was the second most popular answer (37.8%) is quite telling.

Finally, the authors note that some forums perpetuate “pro-contact” beliefs and that clinicians should “carefully assess forum usage and think critically about forum choices if they recommend that CAP clients visit online forums for social support,” noting that having CAP patients visiting forums that promote “offence-supportive beliefs may be detrimental to treatment.” (p. 417-8) This is a bit surprising since risk assessment is not part of the stated objectives of this research, and the authors do not elaborate on the relevance of its inclusion. Also, it’s not clear how the development of pro-contact beliefs is supposed to be “detrimental to treatment,” as the authors suggest. The implication here is that one of the goals of therapy, even in non-forensic contexts, should be to influence the moral beliefs of CAPs to prevent them from acting sexually with children. This is unfortunate, because this focus on control and prevention is one of the main reasons why so many CAPs are hesitant to trust therapists in the first place.

²⁰ Lievesley et al., 2022; Roche & Stephens, 2021.

In conclusion, while we have offered a set of criticisms of Roche et al.'s research, we would like to reiterate the quality of the work they have done. The flaws raised above are very minor in comparison to the high quality of the researchers' approach and findings. By being very open and transparent about the limitations of their research (especially the self-reported bias, the absence of validated questionnaires and their recruitment

strategy), the researchers provide some interesting avenues for future research in addition to those enumerated at the end of their study. Finally, and most importantly, the researchers are very stigma-aware both in their choice of words and in their general approach, which makes this study a model to be followed by others in the MAP-research community.

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Author Responses

Response by Dr. Flavia Glina to review of Glina et al. (2022) in B4QR 2 (4)

First, I would like to thank you for your work, which addresses and reviews a very important matter in our society. Additionally, for taking the time to review our manuscript and recognize the importance of our article and its contributions to literature. Some limitations were cited and I would like to hopefully clarify and discuss them further.

Treatment was not specifically defined, since as mentioned by the reviewer it was also not elucidated in the articles we reviewed and it was not the main purpose of our investigation. However, I agree with the reviewer that it should be more specific and detailed on further studies for readers to better understand what it should mean and to whom, and in what cases it is necessary.

The reviewer mentioned “the authors simply write that participants had a “good understanding” of what constituted CSA, or that they had a “lack of knowledge” about CSA,” and that this might reflect that we were confident in rating the “accuracy” of lay people’s definition of CSA. Nevertheless, after reading our whole article again, what I found we said was “In a significant number of studies, respondents believed that only intercourse could be considered CSA. Although that was not present in all studies, **it still remarks on how CSA might not be taken seriously and how inaccurate the**

information surrounding this topic remains and influences the public’s perception.” Therefore, I do not understand the comment.

When it comes to the category “blame diffusion” I agree with the reviewer that participants might have been biased by the questions themselves in the questionnaires used in the articles we reviewed in creating the binary categories of “guilty and not-guilty”.

As mentioned by the reviewer, we were careful to “properly distinguish pedophilia from child sexual abuse at the beginning of their article”. However, it is further criticized that the “very essence of the article is to constantly put CSA and pedophilia side by side as if they were two sides of the same coin” and “as if they naturally come together”. We made sure to properly distinguish both since we do not believe they are two sides of the same coin and that they always exist simultaneously and I thought it was made clear. CSA and pedophilia were frequently put side by side because, although wrongfully, they still show up that way, not only in literature but in people’s beliefs. Maybe that was not made clear to the readers but we were careful to separate them and it is important to add that frequently they were also not mentioned together throughout the manuscript.

When we cite the “Jahnke and Hoyer” study and say “however, the authors focused specifically on stigma research and did not address CSA myths leaving room for broader research” we only meant the theoretical approach, being the spectrum of stigma research, as well as the inclusion of only quantitative research, and not the fact that they separated myths on CSA and myths on minor attraction.

Regarding the importance of stigma reduction, our goal was to help readers understand how understanding laypeople’s beliefs regarding CSA and pedophilia can be crucial for prevention efforts. However, we also mention how “high stigmatization can also mean that these individuals have fewer social bonds, reducing the possibility of disclosure and help seeking. Social stigma can also lead to suppression, which occurs when there is a refusal to accept one's own minority identity. This can harm one’s psychological well-being and increased levels of suppression were related to a rebound effect, which could lead to an increase in the probability of engaging in sexual thoughts or behaviors that

involve children”. Therefore we also believe in the importance and value of reducing stigma for MAP’s well-being and dignity.

The reviewer is correct to mention that pedophilia was presented as a disorder at the end of the introduction and that was our mistake. We should have used the correct term, according to the DSM 5 as we cited at the beginning of the article.

That being said, it is important to note that the reviewer recognized that “This systematic review should be seen as an authoritative summary of much of the research on lay people's understanding of people with an attraction to children and CSA over the previous several decades and should serve as a reference point for studies of a similar nature in the future. It simultaneously presents a wide view of the general public’s knowledge of these issues, as well as the theoretical framework through which they are studied”.

Response by Dr. Alexander Schmidt to review of Schmidt & Niehaus (2022) in B4QR 2 (4)

I wish to thank the reviewers for their thoughtful comments and their appreciation of our study. They are right that some of the items taken from the existing stigma questionnaires were indeed ill-suited for this study as they had been originally formulated to capture prototypical stereotypes in the public.

However, as we had differentiated between offending and non-offending MAPs this may have caused misunderstandings and I will certainly have an eye on this particular item in future studies. There is always something that escapes our attention. I hope it is clear that this was an error and not meant

to reflect a statement from our side about the offending risk of any person with sexual interest in children. These are the dangers when using standard measurements without carefully checking how these

might interact with one's own research question. Well-spotted from the reviewers and rightfully criticized!

Response by Dr. Juliane Kloess to review of Brown & Kloess (2022) in B4QR 2 (4)

Thank you for such a detailed summary of our paper. I guess the only points I think may be useful to raise are:

That the procedure is in fact quite detailed, and the interview schedule (i.e., what participants were asked) is included in the supplementary material (although I appreciate the feedback about clarifying terminology to participants)

That our student sample was quite varied in terms of participants' ethnicities, and therefore didn't include 'only English-speakers living in England', and so you may wish to revise your statement in relation to this slightly to clarify this.

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.

Julia Levitan, PhD Candidate McGill University, Canada



Julia Levitan is a fifth year PhD candidate in Clinical Psychology at McGill University (Montreal, QC, Canada), supervised by Dr. David Vachon.

Julia first developed an interest in research on attraction to children during her BA (Hons) degree in Psychology at the University of Guelph (Guelph, ON, Canada). There, she took a seminar course on controversial issues in human sexuality, and one lecture was devoted to misconceptions surrounding minor-attracted persons (MAPs). She remembers feeling profoundly curious and empathetic in response, yet surprised and frustrated to learn that the vast majority of her classmates shared opposite sentiments. Since then, she has grown increasingly committed to promoting and contributing to an empirically-informed understanding of MAPs.

Julia's dissertation, which is funded by Canada's Social Sciences and Humanities Research Council, explores the under-researched topic of romantic attraction to children among MAPs. Specifically, three online, anonymous survey studies of self-identified MAPs address three overarching research questions, respectively: (1) What are MAPs' lived experiences of romantic attraction to children? (2) What are the correlates of romantic attraction to children? (3) How do experiences of romantic attraction to children across maturity stages compare with each other, and with experiences of romantic attraction to adults? Together, the results of these studies are expected to have important implications for conceptualization and measurement of attraction to children in research, and for assessment and treatment of people who are attracted to children in clinical practice.

Relatedly, Julia hopes to serve the minor-attracted community through her clinical work.

She has kept abreast of research on effective treatments for help-seeking MAPs, and has been a guest lecturer for fellow therapists in training on this topic at McGill University Health Centre's Sex and Couple Therapy Service. After Julia graduates in 2024—with 5+ years of experience treating diverse problems and

diagnoses related to mood, anxiety, emotion regulation, sexual functioning, LGBTQ+ identity, trauma, interpersonal relationships, and more—she plans to provide individual and group therapy to help-seeking MAPs.

Julia has been collaborating with B4U-ACT since 2020. She feels extremely grateful for and humbled by all that she has learned from the minor-attracted and academic members alike. She would especially like to thank Allen Bishop and Richard Kramer for their invaluable 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/>)