

B4QR

B4U-ACT Quarterly Review
Volume 3, Issue 2, Spring 2023
May 29, 2023

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*Review of publications from
October 2022 to March 2023*

Table of Contents

Introduction by Allen Bishop, Editor-in-Chief	3
Reviewed Publications	5
Self-Esteem, perceived social support, and suicidal ideation and behavior among adults attracted to children	5
Online Communities for Child-Attracted Persons as Informal Mental Health Care: Exploring Self-Reported Wellbeing Outcomes	9
What do women with sexual interest in children tell us about the assumed cause of their sexual interest in children, (non-)disclosure, and professional help?—Results of a qualitative content analysis	14
Pedophilia is associated with lower sexual interest in adults: Meta-analyses and a systematic review with men who had sexually offended against children.....	20
A compassionate intervention for individuals with problematic sexual interests: Group and individual outcomes in the UK	25
A Review of Childhood Sexual Abuse Perpetration Prevention Programs	29
Author Responses	35
Response to review of Schaefer et al. (2022) in B4QR 3 (1)	35
Response to review of Vaerwaeter (2022) in B4QR 3 (1).....	38
Meet the New Generation: Desiree Elchuk	41
B4U-ACT Resources	42

Introduction by Allen Bishop, Editor-in-Chief

Welcome to the second issue of the third volume of B4QR, which is also the tenth publication of our review journal. Our team continues to grow, and we are happy to add two new reviewers to our group: Stephanie Terre Blanche from South Africa and Jordan Clayton from the United Kingdom. Jordan also happens to be the lead author of one of the publications reviewed in this issue (Clayton et al., 2022). Two other members of our team, our editors Maggie Ingram and Evelyn Thorne, are also co-authors in another one of our reviewed papers (Ingram et al., 2023). These kinds of situations are to be expected, considering the B4U-ACT research community includes over 80 MAP-research specialists, many of whom regularly publish new articles on this topic. To avoid any potential conflicts, our reviewing process is completely anonymous, and we always ensure that the authors of a reviewed article are not involved in the reviewing of their own article.

Our first two reviewed articles in this issue analyze various mental-health problems facing MAPs and possible sources of support. Ingram et al. (2023) investigates suicidal ideation and behavior in an online sample (N = 154) of child-attracted individuals recruited through B4U-ACT and Virtuous Pedophiles. The results reveal striking differences between MAPs and the general population. For instance, 86% of participants in this study indicated that they thought about or attempted suicide at some point during their lives, compared to only 9% for the general population. In our second review, Bekkers et al. (2023) presents the results of 15 semi-structured interviews with participants involved in an online Dutch forum for child-attracted persons, with the goal of determining the health benefits of such forums. The authors conducted a thematic analysis, and the results revealed the overall beneficial nature of this forum, with a decreased sense of isolation and a heightened ability to cope with stigma for the participants.

The next two papers primarily investigate the nature and etiology of attraction to children, but one of them also incorporates a broader discussion of support-related issues. Tozdan et al. recruited 50 non-male (40 female and 10 non-binary) MAPs through online surveys posted on German- and English-speaking websites. Three topics are discussed: participants' beliefs about the causes of their attraction; their experiences with disclosure; and their experiences with seeking professional help. Among the interesting findings of this study: every one of the participants who had sought professional help in relation to their attraction (30%) identified negative experiences with doing so, which highlights the importance of training mental-health professionals on the realities of MAPs. Schippers et al. (2023) developed a systematic review and four meta-analyses with the purpose of determining the relative degrees of attraction to children and to adults in "pedophiles." The scare quotes are important here, because the studies included by the authors almost exclusively concern individuals who have committed sex crimes involving children, and for many of those, a dominant attraction to children could not even be decisively established.

The final two papers are evaluations of the efficacy of different intervention programs. Clayton et al. (2022) evaluates the Aurora Project in the UK, which is aimed at (what the authors call) “individuals with problematic sexual interests.” These are people with sexual attractions or interests that could be considered legal offenses if they were acted out, including sexual interest in coercive sexual acts, acts of exposure, and sexual engagement with those who cannot offer legal consent. The authors explore pre- and post-test psychometric changes with a number of instruments on 18 participants who completed the “Compassion Focused Therapy” proposed at the Aurora Project. The results showed clear improvements in internalized shame and self-esteem among participants. Finally, Stephens et al. (2022) reviews childhood sexual abuse prevention programs supporting individuals at risk of perpetration, including anonymous helplines, self-guided digital interventions, and non-anonymous therapy programs. Some of the programs analyzed by the authors are “StopItNow!”, “Troubled Desire”, and “Prevention Project Dunkelfeld.” The authors emphasize the great heterogeneity of the people entering these programs and explain that a one-size-fits-all approach to abuse prevention would be misguided.

This issue also includes author responses to articles reviewed in our previous edition. Dr. Lisa Cohen and her coauthors offer us a very thoughtful response to our review of Schaefer et al. (2022), while Brecht Vaerwaeter (pseudonym) responds to our review of Vaerwaeter (2022) with a more personal text. These authors also very generously presented their publications at our March research colloquium dedicated to our previous journal issue, along with Sara Jahnke, who came to present her co-authored article on the “labels” preferred by MAPs.

We conclude this tenth edition with a presentation of Desiree Elchuk, our honored young scholar. Desiree has been part of the B4U-ACT research network for over four years. She is currently completing her Masters program in forensic psychology at Saint Mary’s University in Nova Scotia, Canada, and will soon begin her PhD at the University of Saskatchewan, where she plans to continue her research on MAPs.

Allen Bishop
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Reviewed Publications

Self-Esteem, perceived social support, and suicidal ideation and behavior among adults attracted to children

Ingram, M., Thorne, E., Letourneau, E. J., and Nestadt, P. S. (2023)

Journal of Death and Dying, Advance Online Publication, DOI: <https://doi.org/10.1177/00302228221150304>

In this study, Ingram et al. looked at the factors associated with suicidal ideation and behavior in a small online sample ($N = 154$) of individuals attracted to children who self-reported not having committed a sex crime involving a minor. While previous studies have briefly commented on the prevalence of suicidal ideation and behavior in similar groups,¹ few have more explicitly explored the relationship between negative psychological sequela and suicidal ideation and behavior in people attracted to children.² It may seem obvious that factors such as low self-esteem, hopelessness, and low mood are related to suicidality; nonetheless, it is important that the connection between these factors and suicidal ideation also be made in the case of people attracted to children to help solidify the knowledge of treatment needs in an already chronically underserved group.

The researchers recruited their sample from B4U-ACT and Virtuous Pedophiles over the span of 3 months (August to October, 2020). Participants were required to be over the age of 18 years old, to

self-report an attraction to children aged 13 years or younger, and to never have engaged in sexual contact with a child as an adult. The authors present as a “significant strength” of their study the fact that it uses a community sample rather than a forensic one, because the latter type is “distinct from community samples in important ways, including the presence of more criminogenic factors.” However, it is not clear how the researchers verified participants’ crime-free status. It is also unclear whether, because of the language used, (i.e., must never have engaged in sexual contact with a *child*, previously defined as being 13 years or younger) individuals who had committed a crime involving a teen or adult were able to complete the survey. Regardless, it is possible for someone with a past criminal history to have fewer risk factors than someone without a criminal history and more supportive factors (e.g., positive social support), especially if those individuals have been addressing those risk factors.

In addition to demographic information, the researchers collected information on suicidal ideation and behaviors (Suicidal Behaviors Questionnaire – Revised), self-esteem (Rosenberg

¹ E.g., B4U-ACT, 2011; Cohen et al., 2019; Levenson et al., 2020.

² Elchuk et al., 2022.

Self-Esteem Scale), perceived social support (Multidimensional Scale of Perceived Social Support), depressive symptoms (Lifetime Depression Assessment Self-Report), and hopelessness (Beck Hopelessness Scale – Short Form).

The results showed striking differences between MAPs and the general population. Approximately 86% of participants in this study indicated that they thought about or attempted suicide at some point during their lives, compared to only 9% for the general population. These rates are similar to ones reported in similar studies of people attracted to children.³ Over 17% also reported having made an attempt in the past and one-third indicated they had thought about taking their own life five or more times in the past year. In contrast only 3% of people in the general population have made similar plans in their lives. These figures clearly show that suicidality is a significant problem in this community.

Participants also self-reported low self-esteem (52%) and moderate-to-high perceived social support (88%). The vast majority met criteria for lifetime major depressive disorder (88%) – over four times the number of American adults (21%)⁴ – and one-quarter self-reported severe hopelessness. The high degree of self-esteem issues, depressive symptoms, and hopelessness was initially surprising

given the amount of perceived social support. However, it became clear later on in the article that participants had not necessarily disclosed their attraction to children to their support networks. So, while participants may have had great social support, it is possible that this support was tentative and conditional on the individual masking their attraction.

In the regression analyses, the authors found that suicidality was predicted by lower self-esteem and lower perceived social support. While hopelessness partially mediated the relationships between self-esteem and perceived support on suicidality, depression, interestingly, did not. Since depression is composed of various symptoms *other* than hopelessness (e.g., difficulty concentrating, insomnia, fatigue, loss of pleasure), it might be that hopelessness is the most salient aspect of depression that predicts suicidality in this sample. Unfortunately, this was not explored in further depth.

In the discussion, the authors emphasize the high prevalence of suicidal ideation in the present sample compared to the general population (64% compared to 5% past-year prevalence). While it is true that suicidality appears to be a significant issue in people attracted to children, one must also consider that the present sample is quite small, and consists of individuals who are seeking belonging and social support through online support forums which could inflate the prevalence. This comment is not made to

³ E.g., Cohen et al., 2019.

⁴ Hasin et al., 2018.

discount the experiences of those within this sample, or to imply that the prevalence in people attracted to children would not be greater than the general public, but to encourage future research on this topic in larger samples.

Overall, the study was informative in that the authors established a statistically significant connection between low self-esteem, perceived social support, depression, and hopelessness with suicidal ideation in people attracted to children. The study was done in a respectful way that makes it obvious that the authors care about the mental health and well-being of people attracted to children. The research questions were non-stigmatizing, and they were careful to use person-first language throughout. Ingram et al. sought to create a study to examine suicidality in people attracted to children with no secondary agenda of predicting risk, and to this end they have succeeded.

In the discussion section, the authors point out programs dedicated to improving well-being in people attracted to children, including their positive self-image, developing a healthy sexuality, and seeking support. So, although the results paint a bleak reality (people attracted to children are more susceptible to suicidality), the authors point to a hopeful solution: the increased development of programs which aim to help people attracted to children live happy, healthy, fulfilling lives.

The major critique for this article is that the recruitment strategy could stand to be improved. This recruitment strategy is not unique to these authors and has become standard in this area of study, but it is one that limits the ability to further our understanding of this population. Most English-based studies of MAPs have restricted their recruitment to B4U-ACT and/or Virtuous Pedophiles. However, there are many other forums for people attracted to children that are accessible to researchers and are hardly included in studies. Reaching these other forums is important – and necessary – to gaining a better understanding of suicidality in people attracted to children, as they may have different perspectives and experiences than those who frequent the more commonly surveyed forums.

Further, by excluding from research people who have committed a sex crime involving a minor, not only do researchers lose out on potentially valuable data (e.g., does suicidality differ between those with versus without criminal histories?), but researchers may indicate (however unintentionally) to these individuals that their experiences are worth *less* than those who have not committed a crime; that because of their past transgressions, researchers are not interested in developing ways to improve their mental health and well-being. This is clearly not the message that Ingram et al. wished to present, as their study is truly a model of humanizing and anti-stigma research on minor-attracted people, but it is a

message that the research community as a whole may be unintentionally spreading with its frequent study designs meant to strictly separate “offending” from “non-offending” MAPs.

Online Communities for Child-Attracted Persons as Informal Mental Health Care: Exploring Self-Reported Wellbeing Outcomes

Bekkers, L. M. J., Leukfeldt, E. R., & Holt, T. J. (2023)

Journal of Sexual Abuse, DOI: <https://doi.org/10.1177/10790632231154882>

In a recent study by Bekkers et al., the authors analyze the therapeutic value of a Dutch online forum for child-attracted persons (CAPs) as an alternative to traditional mental health services. Results of their analysis indicate that despite the marginalization of these forums and the secrecy that they entail, users report a decreased sense of isolation and heightened ability to cope with stigma. While the authors make a deliberate effort to portray CAPs as whole human beings deserving of care and respect, through periodic references to online communities' relative deterrent vs facilitative implications for risks of committing sex crimes, it may have the inadvertent effect of further othering these forums as alien spaces in society – perhaps even helping legitimize the societal anxieties that make these forums so sought after.

The study consisted of 15 semi-structured interviews with participants involved in a Dutch forum for CAPs. This included six members, seven moderators, and two mental health professionals. All but one participant interviewed—a moderator—were attracted to children. All but two participants were male, with the exception of the above-mentioned moderator, who was a mental health professional.

To avoid diagnostic labeling, the authors opted to use the phrase child-attracted persons (CAPs) as opposed to pedophiles, the latter term referring to individuals whom the DSM-5-TR describes as having “recurrent, intense and sexually arousing fantasies or sexual urges involving sexual activity with a prepubescent child or children, typically aged 13 or younger.” They also distinguish CAPs from the more commonly used “minor-attracted persons,” which by definition may also include those attracted to adolescents.

Questions were designed to “gain more insight into the ways that interpersonal relationships and mutual influences operated within the group, formal and informal rules of community engagement, their relationship to individual well-being, and the ways that these aspects influence identity management and experience in a subcultural context.” A thematic analysis was then conducted to reveal patterns in the data, and six key themes were identified by the authors: “Bonds of trust”, “teacher-pupil relationship”, “informal social control”, “self-acceptance and coping with stigma”, “social connectedness and disclosure” and “moral boundaries”.

The first three themes all focused on aspects of community structure and values, and included responses relating to how online relationships were formed and how their community was regulated. For instance, under the theme “bonds of trust,” one moderator explained: “The first time is kind of scary. You don’t really know what to expect and you talk about something that you’ve always been very secretive about. Fortunately, I felt at ease very quickly, because the members give you a very warm welcome...I immediately felt at home there. I could hardly wait for the next chat.” While half of the respondents have met other participants face-to-face, others were more hesitant due to privacy concerns. For instance, one member claimed: “You have to be really careful. So just meeting with someone is not an option. This contact needs to grow over time.” Another stated: “I did (want) to meet others, but that is difficult; people sometimes live far away, or it doesn’t match my agenda. But the main reason I’ve never done that is fear, the unknown. I don’t want to meet the wrong people.” Thus, the feelings of mutual trust and openness were deemed a very high priority, but the sense of fear and vulnerability due to stigma meant it required caution to develop.

The theme “teacher-pupil relationship” likewise related to connections between individual members. Teacher-pupil relationships referred to the informal relations of mentorship formed within the community. Participants who have accepted their attraction to children and have reached a level of

emotional and personal stability often take the role of mentoring other members. This functioned as a form of alternative therapy for many members who feared the added stigmatization and judgment from the mental health profession. In fact, the two respondents who worked in the mental health field actually claimed to have recommended this forum to several of their clients to aid in their emotional support.

However, there are channels of communication that exist between the informal CAP forum and the mental health community. For example, the two mental health professionals interviewed stated that they have, in their place of work, referred several clients to the community and encouraged them to participate in online chats, one of whom became a moderator.

“Informal social control” referred to the process of managing the community’s subcultural identity and maintaining online safety. Participants, specifically moderators, were responsible for making sure that users did not disclose any personal details, and that the forum guidelines were followed. They were also responsible for screening out users there under false pretenses, such as journalists pretending to be attracted to children, and so-called “pedo-hunters” ostensibly there to expose the private information of participants.

A pivotal rule the community holds is “respect for children.” This means opinions supporting age of consent reform and sexual relationships with minors under certain circumstances are quickly removed. Dutch law prohibits any statements “promoting child sexual offending.” This even includes referring to a specific physical feature of a child that a member finds attractive, as this could fall under the definition of “overt sexualization of youth” and make the site liable to prosecution. However, in the past few years, only three members have been banned, one for falsely telling members that they could “get rid of” their attractions to children, and two for expressing “pro-contact” positions.

The next three themes: “self-acceptance and coping with stigma,” “social connectedness and disclosure,” and “moral boundaries” related to outcomes stemming from forum participation. Under “self-acceptance and coping with stigma,” participants expressed the ways this forum helped them come to terms with being attracted to children and cease internalizing society's negative attitudes towards them.

“Social connectedness and disclosure,” meanwhile, included responses relating to forming relationships and coming out. Many participants reported experiencing feelings of isolation in their daily lives due to the secrecy of their sexual orientation and claimed the forum helped them satisfy their needs for community and openness. One participant

explained how his social circle was shrinking as his friends married and started families, while another claimed that despite having friends who were not CAPs, conversations with other CAPs was important due to their shared experiences. Several participants were encouraged by other forum users to disclose their sexual orientation to others. These experiences of coming out, according to a moderator, were virtually always positive.

Lastly, there was the theme of “moral boundaries.” All members who chat on this forum are assumed to believe that sexual relationships with minors are unacceptable under any circumstances. Disagreements stemmed, however, on issues of virtual pornography and child sex dolls, though debates could not go very far as overt discussion of minors as sexually arousing beings was prohibited. One moderator also claimed that most members have watched illegal images of children at some point in their lives, which was considered “somewhat more accepted” so long as the content was pre-existing at the time of viewing. However, the authors did not elaborate on this statement, and it remains unclear whether this means that *discussing* this material was more accepted or watching it was more accepted. If the latter is the case, then it is not certain whether it was considered “somewhat more accepted” for members to be watching it currently or for members to admit to having watched it in the past. Additionally, members who have had

experiences with incarceration were welcomed and met with compassion and understanding.

Ultimately, the authors conclude that online forums for CAPs provide multiple benefits to this demographic from offering the opportunity to discuss highly taboo feelings in a non-judgmental environment, to providing a sense of community and reducing experiences of isolation and shame. The article highlights the positive role of these communities. However, in framing their analysis in the language of crime control and public safety, it casts CAPs in a discourse of innate deviancy and danger and portrays them as uniquely capable of causing harm to others. For example, in one paragraph from the introduction, the authors suggest that online communities for CAPs may “provide access to specialized skills or normalizations of deviant behavior and attitudes,” may “push users into a subculture that justifies their sexual feelings as normal,” and “reflects the notion that crime can be learned, as involvement in an online community may increase the likelihood of offending among participants.”

Granted, these sentiments are merely part of their review of the existing literature, and the authors frequently assert the importance of promoting the mental well-being of CAPs and the value of online communities to this end. However, the overarching concern for deterring “deviance” and crime prevention conceptually links sexual offending with

attractions to children and posits that CAPs have the singular duty to keep others safe from themselves. It’s too much to criticize the authors for operating within this schema, as this frame of reference has become the established backdrop for discussions of minor-attracted people; however, it’s worth noting as a broader shift in this area of research away from criminology and towards theories of sexual and romantic identity is warranted.

Other questionable/stigmatizing language could be found in the text as well. For instance, several times the authors refer to attractions to children as a “sexual interest”⁵, another time it is referred to as a “sexual proclivity,” and at one point they discuss virtual pornography and child sex dolls as a possible “tool to cope with pedophilic urges.” Additionally, when discussing the stigma directed towards CAPs, they draw from literature on people who have committed sex crimes, writing “The internalization of stigma is also associated with the avoidance of help-seeking behaviors among sex offenders and is considered a barrier to professional health care. CAPs frequently encounter negative judgement...”. Despite mentioning in several places that attraction to children is often falsely equating with criminality, the use of literature on people who have committed sex crimes to draw conclusions about CAPs without

⁵ While the phrase “sexual interest” in reference to minor-attracted people is not overtly stigmatizing, it is best to avoid it, as it gives attractions to minors the air of a fetish, or perhaps even a hobby, that can be altered instead of a deep-seated and fixed way of experiencing sexual attraction and love.

commenting on the distinctions between these groups contributes to precisely that assumption.

construct personal identities and form bonds and communities.

That aside, this study is another worthy contribution to the data on the ways minor-attracted people

What do women with sexual interest in children tell us about the assumed cause of their sexual interest in children, (non-)disclosure, and professional help?—Results of a qualitative content analysis

Tozdan, S., Hübener, G., Briken, P. and Schröder, J. (2023)

International Journal of Impotence Research, DOI: <https://doi.org/10.1038/s41443-023-00677-6>

In this article, Tozdan et al. discuss a community sample of 50 women and non-binary participants who are attracted to people below 14 years of age. Their aim was to answer three questions: 1) what these women believe caused their attraction to children, 2) what their experiences are with (non-)disclosure, and 3) what their experiences are with seeking professional help. The sample has been discussed previously by the authors.⁶

There are some concerns regarding the authors' terminology. First, the authors refer to participants as having a "sexual interest in children (SIC)" throughout their paper, terminology which, as stated elsewhere in this journal issue, is not recommended.⁷ They also refer to this sample as "women" which is inaccurate as only 39 of the 50 participants were women, and the remaining 11 were non-binary.

The introduction of the paper is brief, but this is a reflection of the scarcity of research focused on minor-attracted women. Still, the authors do

highlight the recent research focusing on female minor-attracted persons (MAPs).⁸

Tozdan et al. recruited their sample via an online survey distributed from July to December 2020, posted to mostly German-speaking websites and a minority of English-speaking websites. Websites included those directed towards MAPs, as well as non-MAP related websites. The participants had a mean age of 33.6 years and were primarily German-speaking (n = 40) and cisgender women (n = 37). Most had no history of a mental disorder (n = 30), a high level of education (n = 28), and no current adult sexual/romantic partner (n = 27). While the authors do not provide a specific number, they do state that the majority of the participants in the sample reported a sexual attraction to adults, meaning that this is a sample of primarily non-exclusive MAPs.

Regarding the age ranges of participants' declared attractions (in Table 1), there appears to be a typographic error in the table where "boys at puberty (11-13 years)" is repeated twice. Following the

⁶ Tozdan et al. 2021

⁷ See beginning of the Schippers et al. (2023) review.

⁸ Wurtele et al. 2014; Lievesley and Lapworth 2022; Stephens and McPhail 2021).

table's pattern, the second instance most likely represents participants' stated attraction to girls at puberty, receiving the lowest score (n = 15). The next lowest attraction scores were (n = 19) for male infants (0-4 years), and (n = 21) for female infants, with the highest attraction scores being for boys (n = 25) and girls (n = 29) before puberty (age 5-10 years), and (n = 22) for boys at puberty (11-13 years).

Tozdan et al. used a mix of closed questions for demographics, and 5 open questions reproduced in the article. The researchers performed a content analysis, looking for themes in responses. For questions such as participants' attractions across age groups, as well as the 5 open questions, one participant could be placed in multiple categories/themes. This occurred if, for example, participants identified attraction to multiple age groups, or included in their open-question answers both positive and negative aspects.

Of 50 participants, 43 answered the question about the cause of their attraction. The most common response from participants (n = 16) was that they believe their attraction to children is due to their own childhood experiences. The authors consider their findings in relation to debates over social learning versus genetic theories of human attraction. We note, however, that although 16 participants would appear to support social learning theory, they are closely followed by 13 participants who see the origin of

attraction being in their emotional congruence with children/childhood, and eight who would more clearly support a genetic (“*I was born with it*”) explanation. The findings are thus mixed and do not lend strong support for social learning theories for the general MAP population. While research findings pertaining to the presumed causes of attraction are indeed important, it remains crucial to interpret these with a high degree of caution, as there are many contextual variables that could have significantly affected the participants' perceptions. It's also doubtful that individuals' opinions/hypotheses about the causes of their attraction to children can count as true “evidence” for any particular etiology; these are sociological findings, not hard-scientific ones. In addition, the field of human sexuality has yet to understand how sexual attraction develops in general, inhibiting a specific understanding of the development of attraction to children.

Tozdan et al. are cognizant of stigma throughout their article, with their findings showing that MAP women appear to be aware of the social stigma around attraction to minors. The authors see particular importance to women feeling accepted and not judged in treatment contexts as they claim that, compared to men, women have a “greater need for affiliation.”⁹

⁹ p. 6, citing Van Diemen 2022

On the second research topic, regarding experiences of disclosure, a total of 28 participants had disclosed their attractions to another person, whereas 22 participants had not disclosed to anyone mostly due to fear of rejection and/or stigmatization. Similar to Walker's sample, responses to disclosure were mixed but largely positive. For those who reported not disclosing ($n = 22$), "fear" was the predominant reason.¹⁰ A minority ($n = 3$) mentioned "taboo", "shame", or, for 2 participants, that there was "no need" to disclose because their sexuality is a private matter. By contrast, four participants reported that the person they disclosed to reacted positively because they were also attracted to children.

Tozdan et al. point out that the general population often overestimates the relationship between a sexual attraction to children and having sexual contact with a child. This narrative has generally been focused on minor-attracted men, who are viewed as dangerous, which leads to a desire to either punish or avoid them. The authors found that the current participants also share these fears of being stigmatized, ostracized, and having the police be called on them even without having engaged in a crime. Participants across various samples of MAPs internalize social stigma, or what has been termed "internalized pedonegativity", which can often lead to poor mental health, such as depression, anxiety, substance use, and suicidality.¹¹ Tozdan et al. contend that, although non-disclosure can be

protective against experiencing direct stigma and discrimination, it can also increase difficulties in finding social support and lead to loneliness and isolation. Because most of their participants experienced positive reactions to disclosure, the authors argue that MAP women should be encouraged to disclose to trusted persons and/or professionals. However, it is important to acknowledge that the high rate of positive experiences when disclosing their attractions may be largely due to the participants only disclosing their attractions to people who they have reason to believe would react positively.

On the third research question, 15 people reported having sought professional help due to their attraction to minors, and all 15 identified having negative experiences with doing so, while seven of those 15 identified positive aspects as well. Participants felt that doctors and therapists were unhelpful ($n = 5$), did not believe them ($n = 4$), rejected them ($n = 3$), could not be trusted ($n = 2$), or were disgusted ($n = 1$). The authors describe this result as congruent with research on minor-attracted men's experiences with disclosing to professionals in the healthcare system, who also reported primarily negative experiences, such as being provided with inappropriate treatment methods, and facing stigma. They express the need for improved education about MAPs, including the fact that attraction does not equal action. They note that although attraction to minors is considered a risk factor for sexual

¹⁰ Walker, 2021

¹¹ Elchuk, McPhail, & Olver 2021

offending in men, researchers would need to investigate if this finding also applies to women.

Thirty-nine participants gave answers addressing how female MAPs can be reached to offer help and support. “Acceptance” was the most common theme (n = 19), with the majority (n = 14) referring to the need to de-stigmatize minor attraction so that MAPs would feel less afraid of reaching out to others. The remaining participants emphasized the need for social acceptance of the fact that female MAPs exist. This is particularly important, and would also be interesting to explore further in the context of social stereotypes about (for example) the assumed “motherly” nature of all women that may be hindering this population of female MAPs from coming forward and expressing themselves. Participants expressed the importance of anonymity when dealing with professionals. One person suggested that female MAPs could be reached at school via education programs, and 8 suggested using media and advertising to reach out to female MAPs.

Most boldly, one participant spoke out against perceived pressure to engage in sex with adults:

“Don’t encourage us to have sex with adults to change things bc [because] it is traumatic for us and makes us feel like we are being raped.”

Tozdan et al. do not provide further discussion of this quote which appears especially relevant to treatment approaches with MAPs. It is common for healthcare professionals, many of whom may not have experience working with MAPs, to attempt to redirect sexual attraction towards “lawful” outlets. This may include recommending a patient/client to seek a young-looking adult as a partner, or explore age-play within the kink community: approaches which may be helpful for some but resented and distressing for others such as this participant. The experience MAPs face with being pressured into having sex with adults could be a future research topic.

Five participants claimed that the legalization of sexual contacts with children would help both women with an attraction to children, and help children be better protected against exploitative and violent sexual relationships. Tozdan et al. discuss this through the framework of “cognitive distortions,” which are irrational thought patterns that can lead to poor mental health. The authors use this term to include seeing minors as acceptable sexual partners and considering them as enjoying sexual experiences with adults and seeking to repeat the unlawful behavior. The authors explain that such beliefs have been demonstrated to be a risk factor for recidivism in men who had unlawful sexual contact with minors, but that further research is needed to determine whether this male-based finding applies to women. However, the use of a “cognitive distortion”

framework may not be useful in this context, as it fails to address the source of the beliefs, serves to invalidate the person who believes them, closing off dialogue, and can create more resistance to change. The authors could have instead made arguments against these participants' viewpoints, without labeling their views as “distorted.”

Finally, three participants felt that reaching out to female MAPs was not possible, while nine had no idea how to reach them.

The authors see the main limitation of their study being its small and unrepresentative sample. They also note that their discussion compares the present mostly female sample with research on males, but

findings in samples of primarily men may not be generalizable to women. Another point to make here would be in relation to potential cultural differences between participants, as most of them were German-speaking, but some were English-speaking; it would have been interesting to compare and contrast findings according to participants' cultural background to see whether there are any differences in this respect. Overall, the article is stigma-conscious and draws reasonable conclusions supported by its data, including the importance participants placed on de-stigmatizing MAPs within treatment contexts. The article contributes to the growing literature recognizing that female MAPs do exist, and the need to make a stronger effort to include them in future MAP research.

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Pedophilia is associated with lower sexual interest in adults: Meta-analyses and a systematic review with men who had sexually offended against children

Schippers, E. E., Smid, W. J., Hoogsteder, L. M., Planting, C. H. and de Vogel, V. (2023) *Aggression and Violent Behavior*, 101813, DOI: <https://doi.org/10.1016/j.avb.2022.101813>.

In this article, Schippers et al. aim to examine the nature of “pedophilic sexual attraction” by exploring whether it is characterized by a greater attraction to children than the general population, a lower attraction to adults than the general population, or both. To do this, the study conducted by the researchers is divided into 4 meta-analyses and a systematic review, all of which are almost exclusively composed of people who have sexually offended against children (PSOC), some of whom the authors call “presumed pedophiles.”

Throughout the text, the authors use the terms “sexual interest in children” and “sexual preference for children.” Although these expressions are frequently used in the literature, they may suggest that sexual attraction to children is a choice that can be changed, or else they tend to minimize the importance of sexuality to one's identity. To avoid these possible misinterpretations, more neutral expressions such as “attraction to children” and “dominant attraction to children” should be preferred (respectively) to “sexual interest in children” and “sexual preference for children.” These expressions will be used in this review whenever possible.

Schippers et al. established four inclusion criteria for their research: the presence of a measure of sexual attraction to children; the presence of a measure of sexual attraction to adults; the inclusion of a “pedophile” or “PSOC” group, and the inclusion of a “non-pedophile” comparison group. Initially, the authors gathered nearly 2,000 studies using more than 20 keywords across six databases.¹² After applying the inclusion criteria, 36 studies were retained for the meta-analyses, and 21 studies were included in the systematic review. During the meta-analysis phase, the authors intended to include studies with samples of what they call “nonoffending people with pedophilia”. However, none of these studies met the criteria established by the authors for inclusion in the meta-analyses.¹³ As a result, all the studies included in the meta-analyses were forensic (i.e., they exclusively contained individuals convicted of a sex crime.) It should be noted that for both the meta-analyses and the systematic review, the authors chose to include studies with samples of PSOCs that contained no information about the presence of a “pedophilic disorder”, but who

¹² PubMed, Embase, PsychInfo, Criminal Justice abstract, Web of Science, and Cochrane Central Register of Controlled Trials.

¹³ In addition to the four inclusion criteria mentioned above, studies could be included in the meta-analyses if they “reported mean scores, variance, and number of participants for the primary outcomes, or when these could be obtained after contacting the authors.”

exhibited behaviors that the authors considered related to attraction to minors. This point will be revisited later in this review.

In the case of the meta-analysis section of this study, the authors used moderator analysis and meta-regression to address the following research questions (original wording):

1. Do men with pedophilia have more sexual interest in children than in adults (i.e., a sexual preference for children)?
2. Do comparison groups have more sexual interest in adults than in children (i.e., a sexual preference for adults)? (NB. This is a control check with an assumed positive result.)
3. Do men with pedophilia have more sexual interest in children than comparison groups?
4. Do men with pedophilia have less sexual interest in adults than comparison groups?
5. Is a sexual preference for children associated with excessive¹⁴ sexual interest in children, a lack of sexual interest in adults, or both?

Although the researchers initially intended these questions to apply to “men with pedophilia”, the fact that they could only use forensic samples means that their findings can only be extended to men who have committed sex crimes involving children.

In the case of the first research question, the authors conclude, surprisingly, that sexual attraction towards children does not statistically differ from sexual attraction towards adults among PSOCs. The high degree of diversity within the samples analyzed is presented by the authors as one of the reasons behind this finding.

Regarding the second research question, the comparison groups demonstrated greater sexual attraction to adults than to children, indicative of a “sexual preference” for adults. In relation to the third and fourth research questions, the analyses conducted indicate that PSOCs exhibit a greater degree of sexual attraction towards children and less sexual attraction towards adults compared to comparison groups. Finally, in connection with the fifth research question, the authors argue that when compared to samples of participants from the community, PSOCs have a higher sexual attraction towards children and a lower sexual attraction towards adults, although no significant statistical relationships were found.

The authors suggest that a combination of implicit, explicit, and physical instruments proved to be more effective in differentiating sexual attraction to children from sexual attraction to adults compared to using a single instrument. One must emphasize once again, however, that these findings are based on samples consisting entirely of individuals who have committed a sexual crime involving a child, and that

¹⁴ Although “excessive” is the expression used by the authors, they do not define it in their research.

these individuals are merely *presumed to be pedophiles* by the authors based on the characteristics of their offense. This is deeply problematic, and we will return to it later.

The results obtained in the systematic review part of this research closely mirror those obtained in the meta-analyses. Although the “pedophiles” (samples mainly¹⁵ composed of PSOCs and “PSOCs presumed as pedophiles”) display less sexual attraction to adults than was observed in the meta-analyses, they continue to exhibit a predominant sexual attraction towards children.

Schippers et al.’s research has some noteworthy attributes. The statistical analyses conducted are appropriate and strong, and the number of studies reviewed is impressive. The researchers developed a database consisting of over 2,000 studies which they then meticulously sorted, and they also conducted two studies into one (meta-analyses and systematic review). They also correctly emphasize the important conceptual distinction between *mere sexual attraction* (“sexual interest”) and *dominant sexual attraction* (“sexual preference”), which many forensic studies tend to overlook.

Unfortunately, several problematic elements weaken the value of this article. One is related to the inclusion of studies that measure sexual attraction to children in very different ways. The authors provide

¹⁵ Only 2 studies out of the 21 in the systematic review concerned non-PSOCs.

a list of the studies included in their meta-analyses along with the types of measures and instruments used in each study. The measurements are categorized as implicit (such as speed of reaction to stimuli and eye tracking), explicit (questionnaires and ratings), or physical (penile plethysmography). However, each of these instruments has its own limitations and they do not measure the same outcome. For example, implicit association tests (IAT) measure adherence to certain beliefs, while penile plethysmography (PPG) measures sexual arousal in response to stimuli.¹⁶ Furthermore, since these instruments were administered in different contexts (word associations on a computer as opposed to measurement of penile circumference in response to stimuli exposure) and do not assess the same thing (adherence to ideas/beliefs as opposed to sexual arousal in response to stimuli exposure), each of them has its own set of limitations that may impact the identification of sexual attraction to children.¹⁷ While the authors recognized this limitation at the end of their study, they should have explained how they reconciled the limitations of the various instruments used in each of the included studies in the context of their own conclusions.

The authors also exclusively focused on people who have committed sex crimes involving children (with

¹⁶ Nunes et al., 2007; Seto, 2018.

¹⁷ In terms of limitations, with the IAT, it is uncertain whether the presence of such cognitions has an effect on behavior (De Houwer, 2002), while with the PPG, participants may use sexual arousal reduction techniques (Seto, 2018), and with self-reported questionnaires, participants may provide inaccurate responses for various reasons (Nunes et al., 2007).

the exception of two studies in the systematic review), giving the impression both that an attraction to children is fundamentally equivalent to committing a child sex crime, and that forensic samples of people charged with a child sex crime can provide net insight into the nature of child-attracted people more broadly. Also, if there was uncertainty about the presence of a predominant sexual attraction toward children (and thus, the possibility of identifying the sample as *pedophilic*), the authors retrieved and scored 4 items from the Screening Scale for Pedophilic Interests (SSPI; Seto et al., 2017) which are all related to the perpetration of sexual crimes involving minors, to develop a “presumed pedophilia” sample category. This raises questions about whether the authors’ conceptualization of pedophilia is too narrow, and whether it is limited to individuals who have committed sexual crimes against minors. In fact, the “presumed pedophilia” sample category represents 41.7% of the studies included in the meta-analyses, which complicates the generalizability of the findings to the larger population of individuals attracted towards children.

Although Schippers et al. acknowledge that PSOCs have distinct characteristics from MAPs (such as impulsivity and antisocial behavior tendencies) and admit that their results may not be representative of the larger population of minor-attracted individuals, the fact that they kept two studies composed of MAP samples in the systematic review only adds

confusion about their desire to generalize the results. Not only is it important to recognize that PSOCs and MAPs possess distinct profiles, but also that combining them under the same study may create confusion about what pedophilia entails, as well as perpetuating the misconception that all MAPs are eventually inclined to commit sexual crimes.¹⁸

Finally, Schippers et al. make several statements throughout their paper implying that sexual attraction to children is a malleable trait. For instance, they suggest that “a lack of rewarding sexual behavior with adult partners might contribute to persistence in sexual offending behavior against children, because there is no satisfactory sexual alternative to children.” They also argue that treatments aimed at increasing sexual attraction to adults should focus on developing interpersonal intimacy skills. These statements give the impression that sexual attraction to children usually stems from negative experiences with potential adult partners and can be modified, which goes against a growing consensus in the field of research. Indeed, multiple studies suggest that sexual attraction to children is typically discovered during adolescence¹⁹ and remains unchanged over time.²⁰ One would have expected the authors to at least acknowledge that their treatment recommendations reflect a minority view on the issue of mutability.

¹⁸ Nielsen et al., 2022.

¹⁹ Beier, 2016; Seto, 2017.

²⁰ Cantor, 2012; Seto, 2012; 2017; Bailey, 2015.

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A compassionate intervention for individuals with problematic sexual interests: Group and individual outcomes in the UK

Clayton, J., Hocken, K., and Blagden, N. (2022)

Abuse: An International Impact Journal, DOI: <https://doi.org/10.37576/abuse.2022.035>

This study explores the possibility of compassion-focused psychoeducational interventions for those with sexual interests and attractions considered problematic by society. Specifically, the research focuses on an active psychoeducation program facilitated in the UK, The Aurora Project (TAP), which is grounded in Compassion Focused Therapy (CFT).

The authors use the term “individuals with problematic sexual interests” to describe people with sexual attractions or interests that would be considered possible legal offenses if they were acted out. This includes sexual interest in coercive sexual acts, acts of exposure, and sexual engagement with those who cannot offer legal consent. As an extremely under-researched and largely hidden population, limited research has been conducted with the goal of understanding experiences of self-esteem, compassion and shame in these individuals. Furthermore, research in this domain has often had a legalistic focus, or a tendency towards social judgment and “othering.” However, the term “individuals with problematic sexual interests” is itself stigmatizing, and implies that there is something inherently wrong about these interests. To avoid contributing to stigmatizing language, the

term “non-traditional sexual interests or attractions” is used below to refer to the same concept.

A few key findings are highlighted in the literature consulted. Firstly, within programs that focus on this population, there is little to no consensus regarding the most appropriate and evidence-based approaches to take in treatment. This includes the structure, content and therapeutic modality in the interventions. Secondly, current studies into the nature of therapeutic and other interventions suggest that outcomes are mixed, and therefore difficult to use for future intervention planning.

Previous research with law-abiding minor-attracted persons (MAPs) indicates different experiences and fears. Some individuals fear that they will have sexual contact with a child, and therefore seek assistance with preventing these behaviors. Others feel very strongly that they will not offend, and strongly believe that engaging in sexual contact with a child would be harmful. Nonetheless, there is often a strong feeling of distress regarding their attractions. Other findings indicate a sense of fear and loneliness regarding the possibility of living an isolated life without romantic or sexual intimacy. Across the board, the need for studies that examine

skills of self-acceptance, sexual-self regulation, and practical means of living a fulfilling life even in the face of tremendous internal struggle are sorely needed. Additionally, individuals with non-traditional sexual interests or attractions also express the need for assistance with other aspects of life, such as childhood trauma, or other mental illness.

The authors highlight the theoretical construct and emotional experience of shame, and the strong isolating impact shame has within this community of individuals. Compassion Focused Therapy (CFT) was chosen as a theoretical framework for the work conducted within The Aurora Project (TAP), and has ostensibly also become the theoretical framework for this study. In brief, this approach to psychotherapy focuses on biopsychosocial motivations in human experiences and behaviors, in so far as these evolutionary motivations may drive human behavior in ways that may become harmful to self and/or others. This type of therapy focuses on helping the individual understand these motivations, and how to manage them in a compassionate way in their modern environment.

This study explores pre-and post-test psychometric changes with a number of instruments, in a population of TAP participants. This is done through a quantitative repeated measures design, where three psychometric instruments are administered before or near the beginning of participation, and after. The

sample consisted of 18 male participants, who identified as MAPs or with other non-traditional sexual interests, within a broad age range of 19-65, and a mean time of intervention of approximately 15 months. The authors examined the concepts of internalized shame, self-esteem, social safeness and pleasure (i.e., one's experiential safety, warmth, and soothing in their social environment), and fears of compassion for self, for others, and from others.

Data analysis was conducted using the Reliable Change Index method, which is helpful in differentiating whether changes in scores indicate reliable change, and clinical change. Data analysis was also conducted on both group scores, and on an individual score change level. At the group level, notable findings included:

1. A significant reduction in levels of shame pre-test and post-test, with the same being true for social safeness and pleasure.
2. No significant change between pre-test and post-test findings in regard to fears of compassion.
3. A significant pre-test post-test improvement in internalized shame and self-esteem, with other scales unchanged.

On the individual-level analysis, noteworthy individual-level changes included:

1. Of 18 participants, three met the criteria for clinical recovery, and seven for clinical improvement, on the Rosenberg Self-Esteem subscale.
2. On the Internalized Shame subscale, 12 participants showed significant improvement, four were unchanged and two deteriorated.
3. On the Social Safeness and Pleasure scale, six participants clinically improved, while the remainder stayed the same.
4. On the Fears of Compassion Scales, a) compassion for others: seven improved, seven unchanged, three deteriorated, b) responding to compassion from others: four clinically improved, six unchanged, seven deteriorated, c) self-compassion: three improved, eight unchanged, and six deteriorated.

Generally, findings supported the hypothesis that there would be a clinically significant improvement in levels of shame, self-esteem, social safeness and pleasure in the group analysis. With relation to shame, two thirds of the sample indicated an improvement in internalized experiences of this emotion. Approximately half of the participants indicated a notable improvement in self-reported feelings of social safeness and pleasure. Overall, there was a group improvement in feelings of self-esteem. Individual scores were generally reflective of statistically significant group change or

clinically significant change on each measure, with the notable exception of the results regarding fears of compassion, which showed a slight tendency towards deterioration. However, across the constructs, it appears that the CFT approach to working with men with non-traditional sexual interests or attractions carries some helpful utility, particularly in areas of shame alleviation, self-esteem, social safeness and pleasure.

The sample of this study included males with non-traditional sexual interests or attractions, which included MAPs, however it did not indicate which percentage of persons participating experienced which non-traditional sexual interest or attraction. Therefore, we cannot separate out which findings pertain specifically to MAPs, and how they may specifically benefit from these findings. However, it should be noted that findings related to levels of shame, self-esteem, social safeness and pleasure all showed notable improvement, and it would be reasonable to assume that this also applies to the MAP population specifically. The authors indicate that, upon completion of the intervention, the mean score for the sample evidenced significant clinical improvement, especially in crossing the threshold for positive levels of self-esteem. As noted above, findings on fears of compassion were mixed, and again it may be extrapolated that these experiences may be similar to the MAP population.

The researchers note a number of limitations to this study, which include a small sample size, the exclusion of a mid-point assessment, the oversight of a measure to explore self-compassion, and the structural and practical constrictions which the advent of Covid-19 restrictions might have placed on the management of the TAP program. Additionally, an important consideration would be to expand the present research question and hypotheses to a broader examination, which would include additional qualitative evaluation of individual experiences.

This study provides valuable insight into a compassion-based approach to the exploration and management of non-traditional sexual interests. The authors take care to show a compassionate stance towards the participants. While prevention of a sexual offense is a goal of this project, the authors

position the reduction of mental distress as a worthy goal in its own merit, and not merely as a prevention tactic. In fact, the conclusion section of the paper addresses how TAP has demonstrated its ability to improve the quality of life for people seeking help, and does not mention any prevention implications.

An aspect of this study which might be expanded further is a deeper epistemological evaluation of the compassion-based approach. As it is embedded here in the trauma-informed therapeutic milieu, it might lead to meaningful insights to explore mind-body links between trauma and behavior. Additionally, exploring the counterpoint of compassion, the epistemological world where rejection, shame and taboo are embedded might allow for a helpful exploration between the dialectic of compassion and rejection, or judgment and othering.

A Review of Childhood Sexual Abuse Perpetration Prevention Programs

Stephens, S., Elchuk, D., Davidson, M. et al. (2022)

Current Psychiatry Reports 24, DOI: <https://doi.org/10.1007/s11920-022-01375-8>

Stephens et al.'s (2022) paper reviews childhood sexual abuse (CSA) prevention programs supporting individuals at risk of perpetration. The introduction provides context and insight into the prevalence of CSA, the associated harm, and emerging avenues to prevention using the public health model. The motivation-facilitation model is presented as a useful framework for understanding CSA dynamics and developing effective prevention strategies. The motivation-facilitation model²¹ tells us that CSA occurs when the components of motivation (the drivers to offending behavior) and facilitation (disinhibiting factors), as well as situational factors, are present. The model highlights the complexities of CSA, and by addressing the components and situational factors, the dynamics of CSA can be better understood and more effective prevention and intervention strategies developed. This is explicitly mentioned in relation to secondary prevention programs, though the authors emphasize the associated difficulty of CSA being multifactorial and existing across a range of distinct populations of individuals.

The paper provides an overview of existing programs, including anonymous helplines, self-guided digital interventions, and

non-anonymous therapy programs; discussing their efficacy and ultimately, the need for more rigorous evaluative data collated over a longer term. StopItNow!'s work is cited as a prominent example of helpline services, and "Troubled Desire" is highlighted as a self-guided digital intervention with promise. Prevention Project Dunkelfeld (PPD) is expectedly outlined as a leader in non-anonymous, therapeutic intervention programs, offering cognitive-behavioral therapy to those with a sexual attraction to children and adolescents, and to those using illegal images of children online. The initial findings of PPD were positive, and displayed significant changes across multiple risk factors for persistent sexual offending (e.g., loneliness, offense-supportive cognitions, etc.), though there was no change in offending behavior. Importantly, self-esteem worsened during intervention, a finding that warrants further exploration.

The paper includes re-analyses of Dunkelfeld that controlled for time in intervention, and showed no significant differences across all measures, though there was a small effect size for treatment. Despite the reanalyses minimizing the impact of Dunkelfeld, the authors acknowledge the small effect size for treatment as promising considering the novelty of the program and its similarity to effect sizes in

²¹ Seto, 2019.

tertiary programs. The remainder of the sub-section presents multiple interesting takeaways. First is a discussion of individual differences and the appropriateness of treatment targets. PPD included treatment targets that are similar to tertiary programs. The paper touches upon the notion that there is a potential risk of modeling prevention programs solely on tertiary prevention in this way. Some individuals with a sexual attraction to children and adolescents may not be a risk of offending, requiring assistance with wellbeing-based targets only (e.g., stigma-related stress, shame, anxiety), and a tertiary-type intervention could potentially be harmful.²² The heterogeneity of the people entering intervention is emphasized as crucial here. This relates to a second point that a one-size-fits-all approach might be misguided. The argument is made that the different groups mentioned above might respond differently to treatment, and that treatment dosage could be matched to the risk level of the individual, with those with a greater risk of perpetrating CSA requiring more intensive treatment. Additional considerations for prevention initiatives are discussed, with an emphasis on a shift towards “true” primary prevention programs; targeting the general population (including adolescents who may engage in problematic sexual behavior), addressing use of illegal images of children, and improving diversity in programs, among other things. The authors present the ongoing

debate between a risk or wellbeing focus, offering both as fundamental aspects to be targeted.

The paper concludes by suggesting some future directions, such as a more rigorous evaluation of programs. The authors suggest the use of randomized-controlled trials, longitudinal research and longer follow-ups to establish effectiveness. The authors also acknowledge certain ethical and implementation issues, further emphasizing the importance of forming a rigorous evidence base from which to develop new intervention programs.

The authors provide a comprehensive overview of the public health model (primary, secondary, and tertiary) in relation to preventing CSA. The model itself is not explicitly mentioned, and the authors could have expanded this slightly by mentioning the emerging topic of quaternary prevention.²³ Furthermore, theoretical models for understanding CSA, and specifically the motivation-facilitation model, are presented logically. It would be useful, however, to have an understanding of whether such models comprehensively capture the nuances of modern forms of CSA (e.g., use of illegal images of children and online grooming). Such models were developed in the early stages of the proliferation of illegal images of children and some nuances might be overlooked or misrepresented. Motivation-facilitation presupposes a level of sexual attraction (and motivation) towards children and

²² Lievesley & Harper, 2022

²³ McCartan & Kemshall, 2023

adolescents, but the motivations for viewing illegal images of children might be varied. The anonymity and accessibility associated with Internet use can lower the barriers for use of illegal images of children, and there is a possibility that people without a pre-existing sexual attraction to children and adolescents will view illegal images of children.

24

While the motivation-facilitation model is a valuable tool for understanding CSA, a more comprehensive understanding of illegal images of children might be communicated by considering and/or integrating other theories and factors. These might be drawn from desistance and “prehabilitation” literature,²⁵ implicit theories, and existing integrated theories. A central motivation for this is the notion that academics and practitioners have not saturated their understanding of the phenomena of sexual attraction to children/adolescents, as well as the population(s) involved, and approaches to research and evaluation. As will be expanded on, certain types of research might be integral to understanding these factors.

What could be touched upon in the present review is the utility of qualitative inquiry in assisting in producing that base, introductory-level knowledge of the different populations within this sphere. The authors take a (necessary) focus on quantitative evaluation, and present a useful discussion of data vs description. Qualitative inquiry, though, could be

discussed more. This area is still one with a lot of unknowns, and certain aspects may be better understood by asking open questions. Could services and evaluations globally increase their focus on developing a thorough understanding of the life histories and lived experience of those entering intervention? This might provide crucial knowledge of the factors contributing to the onset of CSA, risk factors, protective factors, service processes, and so on. This type of research, alongside simple qualitative studies of services, a point of knowledge saturation is likely to be met, and this might be the appropriate time to spearhead sophisticated evaluation designs (RCTs, longitudinal studies), as is called for by the authors here.

Each section closes with the (reasonable) point that more rigorous evaluation is needed, and multiple avenues are offered here (RCTs, longitudinal research). However, it would be useful to be provided with more guidance around how the different types of intervention can be evaluated in a manner that is rigorous and ethical. Specific advice on RCT design would be useful, as well as specific types of longitudinal research or specific guidelines for follow-up assessment. A prominent issue with evaluation is the measurement tools used. It would be useful to know what each evaluation is specifically using and what the associated issues are with the measures. Questions such as whether it is useful to standardize measurement could also be addressed. With the amount of disparate work

²⁴ Seto, 2013

²⁵ Lievesley & Harper, 2022

emerging, it is difficult to draw conclusions or synthesize findings. With a resulting difficulty in comparing and concluding, future research will have ongoing, similar problems. The issues tend to be around (1) only few researching primary and secondary prevention (compared to tertiary), (2) small and mixed samples (e.g., never interacted with justice system vs previous conviction), and (3) various research methods and designs being used. What might be integrated is some form of step-change, whereby researchers maintain different designs and methods, but agree on the use of the same measures or the inclusion of a qualitative element.

Moving on, in the section on non-anonymous therapy and Dunkelfeld, the authors mention ineligibility due to mental illness. It would be interesting to have an insight into whether there is a built-in issue here whereby people with mental illnesses related to their undisclosed attractions are denied service access. This would present an opportunity for further exploration. It would also encourage other services to provide treatment to people with mental illnesses.

Furthermore, in the entire section on the overview of existing programs, there are programs that are not accounted for that are worthy of brief mention. Depending on inclusion criteria and publication date, the authors could potentially have included data from The Lucy Faithful Foundation (UK), The Safer

Living Foundation (UK), the Australian StopItNow! and Primary Prevention of Child Sexual Abuse (PPoCSA), and more.

Some additional and final questions to the authors here are presented. First, the section on Troubled Desire discusses its utility for those motivated to take part but averse to in-person treatment. It would be useful to see additional discussion around the implications of this for those that are not motivated but similarly apprehensive. What is being done to access and retain people? Second, a lot of weight is ascribed here to risk of perpetration, as it should be, but could there be more of an emphasis on those individuals who are not a risk (or self-rated risk) of a sexual offense while still being a significant risk to self (e.g., suicidal ideation and behavior)? Should people be targeted for treatment just as much based on psychological distress and risk to self as risk to others?

Overall, Stephens et al.'s paper offers a comprehensive overview of prevention initiatives to date, and teases out some of the complexities in (i) the theoretical underpinnings of prevention, (ii) intervention targets and design, (iii) existing programs and related data output, and (iv) what needs to be implemented for effective evaluation moving forward. More detail and specific guidance could be offered, though it is understandably hindered by word limits. It would be useful to see other researchers and practitioners in the field

develop these ideas further. The paper also offers a discussion of sexual attraction to children and adolescents in several ways. It emphasizes that existing prevention programs are designed primarily for adults with a sexual attraction towards children and adolescents, when at least half of child sexual offenses are committed by people who are not attracted to children (including other adolescents). Importantly, and as touched upon earlier, the authors discuss how the explicit framing of prevention programs as being risk-focused can communicate a narrative that all individuals with a sexual attraction to children/adolescents commit sexual offenses or

require specific treatment to avoid doing so. It is highlighted that such narratives can exacerbate stigma-related stress, which can be detrimental to well-being and treatment motivation, and this could be further reflective of the self-esteem deteriorated observed in PPD. This communicates an overall message that both risk and wellbeing are important points of focus, though how the two are balanced is dependent upon population type. Research should focus on developing an increasingly thorough understanding of the individuals requiring preventative intervention.

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Author Responses

Response to review of Schaefer et al. (2022) in B4QR 3 (1)

by

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The review published by the B4U-ACT journal with regard to our article “Qualitative Analysis of Minor Attracted Persons’ Subjective Experience: Implications for Treatment” (Schaefer et al, 2022) brought up a number of complex and challenging points that merit thoughtful debate. We appreciate the opportunity to respond to the author’s points and reflect on the important issues raised in the review. Our paper presented findings from a qualitative analysis of MAPs’ responses to an open-ended, narrative question posed in our 2015 survey study: “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?” We used thematic analysis to identify common themes in the study participants’ responses; 319 participants provided a narrative answer to this question.

The benefit of qualitative studies is their ability to uncover material that the researchers cannot know about in advance. It is most helpful when the literature is underdeveloped and little of the topic is widely documented. In the case of community-based

MAPs, this is indeed the case. Most research into minor attraction is forensic in nature, conducted in the context of the criminal justice system with a sole emphasis on prevention of adult-child sexual activity. Therefore the aim of this study was to investigate MAPs who live in the community, may never have had any engagement with the criminal justice system and who may have interest in seeking mental health care. Most importantly we wished to explore the MAPs’ own perspective regarding communication with the mental health community and the public at large. Indeed, the data gave us a wealth of information, which we grouped into seven themes and 14 subthemes. The downside of qualitative research, however, is its lack of precision and consequent reliance on the author’s subjective judgments for how to group and interpret the narrative material. Hence there will always be room for debate on the best way to do so. As such, qualitative research must ultimately be followed up with quantitative research which is less susceptible to author bias.

The review author noted a number of strengths of this paper but also raised several concerns. With regard to the strengths, the author noted the large sample size for a qualitative paper, the breadth of topics discussed, and the emphasis on destigmatization plus the heavy emotional burden MAPs carry due to such stigma. The reviewer also supported the recognition that “not all MAPs will need help in refraining from having sexual contact with children” and of the need for treatment to aim to help MAPs to lead happy lives.

The concerns raised by this reviewer may be seen as falling under the umbrella topic of stigmatization, such that our emphasis on certain points or use of specific phrases served to undercut our goal of destigmatization. While our study was conducted in collaboration with B4U-Act and all associated papers have been reviewed by B4U-Act prior to submission for publication, it is always possible that as investigators from outside the MAP community, we can inadvertently be insensitive. For example, the reviewer challenged the use of the term “past pedophilic sexual behavior” as failing to distinguish between legal and illegal behavior related to sexual attraction to minors. This reviewer also noted that a response excluded from analysis as irrelevant to the narrative question, “Just because I am a pedophile does NOT mean I am attracted to my own children,” is in fact pertinent to the theme of societal perception of MAPs. For these we apologize and welcome feedback on how to improve. However, there is also room for healthy debate about what

should and should not be covered in MAP related research.

Before addressing the reviewer’s specific points, it is important to clarify that this paper was largely aimed at the general clinician. Our stance is that clinicians may encounter MAPs in their daily practice and be utterly ill equipped to work with them effectively. In order to support the destigmatization of MAPs within the mental health profession and to help educate clinicians to be helpful rather than damaging to MAPs, we believe it is critical to consider the clinicians’ concerns when working with this population. Most of all, clinicians will be concerned with the issue of risk to children. While emphasis on such concerns may be painful to MAPs who are struggling daily with the pernicious effects of societal stigma and associated feelings of dehumanization, we believe it is helpful to no one to disregard the clinician’s vantage point. We will address this in more detail below.

The review author questioned why a history of sexual activity with children was not an exclusion criterion if the stated aim of the research was to study MAPs who had refrained from such activity. This is to be differentiated from MAPs who have never been in the criminal justice system as not all adult-child activity involves the criminal justice system. Likewise, 40% of our sample were judged to have sexually engaged with minors while only about 13% had been arrested for a related sexual offense. The primary reason for broader inclusion

criteria is methodological. With such a sensitive and fraught question, it would not be scientifically valid (or publishable) if the distinction between participants with and without such a history (termed “Actors” and “Non-Actors” in our earlier study) was not based on a careful and detailed assessment (See Cohen et al, 2018a). This is even more important in an anonymous survey study when it is not possible to verify any aspect of the respondents’ identity. Thus it was necessary to include a broad range of community-based MAPs in the study and ascertain sexual history by survey results.

The argument can then be made to restrict the present study to “Non-Actor” participants. There are several reasons that we did not do this: 1) the wider MAP population is more representative of who clinicians may encounter in their practice, 2) we wanted to maximize sample size, and 3) our prior analysis comparing “Actor” and “Non-Actor” community-based MAPs showed broad similarities between the two groups with regard to stigma-related questions and mental health complaints (including suicidal ideation). The review author also suggested comparing the present study’s results between the two groups. This is a valid point and identifies a limitation of the study. An additional analysis is possible and might address the review author’s concern, although group comparisons would require a change to quantitative methodology. Finally, the review author felt that the inclusion of participants with a history of sexual activity with children blurred the distinction between

illegal sexual activity with children and adults. In this study, we used a very specific and iterative process to identify history of illegal sexual activity with children. Information regarding illegal sexual activity with adults was collected but looked at separately (Please see Cohen et al, 2018a,b for more information).

The review author also expressed concerns about the amount of space dedicated to participants’ moral beliefs about adult-child sexual activity, as this topic was already addressed in a prior publication. We also struggled with how much or whether to devote attention to this topic. We decided to address the topic for two major reasons: 1) a sizeable fraction of the narrative responses in this particular study (35%) addressed attitudes regarding the acceptability of adult-child sexual activity, 2) positive attitudes will likely be of concern to clinicians and present a countertransference challenge (See Jahnke et al, 2015), and 3) we wanted to consider such attitudes within the broader context of stigma. Finding the right balance between different topics remains a challenge, however, and other researchers may find different solutions.

In general, the review author felt that our level of attention to participants’ attitudes and the risk of sexual offending gave the impression that the promotion of MAP wellness is important only for the sake of preventing sexual abuse and that MAP wellness was not a valid aim in its own right. We certainly do not want to give that impression and

welcome feedback in this regard. But where we may differ from the review author is in our belief that when educating mental health clinicians about effective treatment for MAPs, we cannot disregard these issues. Clinicians will be highly concerned with risk to children, not least because of their own legal exposure as mandated reporters, and will struggle to respond therapeutically to permissive beliefs. Likewise, as documented in prior research (Jahnke et al, 2015), clinicians often harbor

considerable countertransference towards MAPs. We believe that by addressing these difficult issues in the context of a broader discussion of stigma and the associated emotional burden carried by MAPs as well, of course, of the distinction between attraction and illegal behavior, we can help clinicians put any such concerns in proper perspective and in so doing make themselves available to truly be helpful to MAPs.

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Response by Brecht Vaerwaeter (pseudonym) to review of Vaerwaeter (2022) in B4QR 3 (1)

I would like to thank the editors and reviewers of B4QR for the interest they have shown in my article and the effort they have taken to review it. It goes without saying that I am pleased by their nice words, and it is clear that we agree that MAPs should be encouraged to write more often about their experiences. I have also noted the critical comments

regarding my choice of some words. I will get back to that, but first I would like to report about some of the reactions to the article.

My article was published on April 29, 2022. I subsequently alerted a Belgian philosopher who writes newspaper columns about biological versus

cultural aspects of gender. She picked up on this and on May 11 she dedicated her biweekly column in the regional newspaper De Standaard to my article. In the same week I was contacted by another Belgian author with whom I subsequently started a correspondence, about which she intends to publish in the near future.

On social media, the article seems to have remained under the radar for quite a while. Although referred to a few times on Twitter, often dismissively, some commentators viewed the article as a positive proof that some academic papers cannot be published under the author's real name.

On August 29, the sensationalist website Reduux reported on my article, a message that was taken over the next day by the Daily Mail, a British tabloid newspaper. Unfortunately, the reporting was not done in a very respectful manner. As could be expected from this kind of media, mostly physical details from my own experiences were quoted, while the story was delivered with a certain disbelief. The newspaper also wrote that they had asked the editors of the Journal of Controversial Ideas for an explanation. They had not asked me anything, so I finally wrote to the newspaper myself explaining that they had completely missed my main point. I told them it would be to their credit to add that the article was intended to show that pedophilic feelings are not fundamentally different from heterosexual and homosexual feelings, and to hearten young people who discover pedophilic feelings in

themselves. Apparently, this was an insufficiently sensational message for the Daily Mail, because I never got a response from them.

I was more confused by the comments I read on Boychat, a public internet forum for MAPs who like boys. One participant found my article interesting and courageous, but some others believed it did not contribute anything. They seemed to find me a moralist who dismisses MAPs that have crossed the line all too easily, and they did not seem to feel completely comfortable anyway when the media focuses on the MAP community. I hardly received any personal messages about my article, but the sender of one email thought that my article “made the world a slightly better place”, which cheered me up instantly.

With regard to the language, I understand that my frequent use of the words ‘pedophile’ and ‘pedophilic’ was not too much appreciated by the reviewers. In retrospect, I agree with the argument that MAP may be a more appropriate term to refer to someone who is attracted to children or adolescents, mostly because of the possible confusion of ‘pedophile’ with ‘sex offender’. However, I do not think that strictly avoiding the term, e.g. used as an adjective, would contribute to the clarity of the debate about the position of the MAP in society. For example, adolescents who experience pedophilic feelings will search for commonly used terms on the Internet, and the term ‘pedophile’ should still lead them to organizations that can offer them help. Also,

there is a whole body of literature on pedophilia that cannot just be dismissed because of the use of terminology that might have become tainted in contemporary times.

In addition, sensitivities may differ between languages. I had never communicated in English about the subject before I started writing the article, although I had in Dutch. The main MAP support group in the Dutch language area calls itself 'pedofilie.nl', and campaigns for using the term 'pedofilie' in Dutch only to indicate sexual orientation and feelings of attraction, but not sex with minors or images of it. In Dutch, as in most other languages, there is currently no equivalent for 'MAP'. It probably also means that there is no such thing as 'the' MAP community, since language barriers exist between communities. However, in the email conversation that I am currently maintaining with the author who wants to include my story in one of her books, I now consistently use the acronym MAP, even in Dutch.

Furthermore, I included the term 'pedophile' in the title of the article with the intention of attracting attention and make sure that the article would be distributed and read. I suspect the media would not have paid attention to it if I would have replaced the word 'pedophile' in the title with 'MAP' or 'hebephile'. Technically speaking, it is of course true that the experiences I describe are of a hebephilic

nature, but for those who are not familiar with the age categories used in research, the use of this specific term does not seem to contribute much. Besides, I indicated in a footnote that throughout the article I actually use the word 'pedophilia' for what is called 'pedohebephilia' by some authors.

In sum, I support phasing out the use of the word 'pedophile', but that does not change the fact that I find it hard to stop using it altogether. As for the use of the word 'lust'; in retrospect, I think that it was indeed not the best choice of word. I should have simply referred to Virtuous Pedophiles as a MAP support group. I used the term a second time in the article, where I should have used 'sexual desire' instead. However, I still think that it was justified to connect feelings of love with sexual desire in that particular section. Finally, I have now found out that I am not the only neither the first MAP to have published under a pseudonym in a scholarly journal; in addition to B4QR, I refer to certain articles in the International Journal of Sexual Health and Archives of Sexual Behavior.

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.

Desiree Elchuck, MSc Candidate
Department of Psychology, Saint Mary's University
Halifax, Canada



Meet Desiree Elchuk. Desiree is currently completing her Masters of Science in Applied Psychology, majoring in Forensic Psychology at Saint Mary's University in Nova Scotia, Canada. Desiree has been interested in the field of sex research ever since taking an undergraduate course in Human Sexuality at the University of Saskatchewan where she earned her Bachelor of Arts (Honors) degree in Psychology. Desiree's past and present research focuses on understanding and improving the lived experiences of minor-attracted individuals which is, as evidenced by research, a highly stigmatized group of individuals. While much of Desiree's research focuses on the wellbeing of minor-attracted individuals, Desiree's research also contains elements of child sexual abuse (CSA) prevention. Desiree stresses the importance of understanding that attraction to children is not synonymous with CSA, but that CSA research is still important.

Desiree was recently accepted into the Clinical Psychology PhD program at the University of Saskatchewan and will start her studies there this fall. Additionally, Desiree is thrilled to be a recipient of the prestigious Canada Graduate Scholarship SSHRC Doctoral award from the Government of Canada to fund the first 3 years of her PhD. Looking forward, Desiree is excited to continue research within this area, and eventually, provide a safe space for mental health treatment for minor-attracted individuals seeking mental health services.

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/>)