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Table of Contents

Introduction by Allen Bishop, Editor-in-Chief.....	3
Reviewed Publications	6
"What do you fantasize about?" An exploratory factor analysis of adults reporting sexual attraction to minors	6
An exploratory study on personality and ideological factors behind attitudes toward pedophilia in a convenient Greek sample.....	11
Toward a Holistic Approach to Treatment and Support for People with Attractions to Children	16
Acceptance of sexual attraction and its link to psychological distress and sexual offending among pedohebephilic clients: results from a preliminary analysis	22
The Relevance of Hypersexuality and Impulsivity in Different Groups of Treatment-Seekers With and Without (Exclusive) Pedophilia	27
Author Responses	33
Response to our review of Gaudette et al. (2024) in B4QR 5 (1)	33
Meet the New Generation: Line Christophersen	37
B4U-ACT Resources	38

Introduction by Allen Bishop, Editor-in-Chief

Welcome to the second issue of the fifth volume of B4QR. This new edition contains five articles covering a wide range of topics, including some novel and original themes along with more traditional ones.

We begin with the first study to shed light on the richness and diversity of MAP fantasies. Unlike previous studies on this topic, which have tended to focus more narrowly on the child as a sexual object and associated risk factors, Garant and Proulx (2025) show how the wide range of sexual themes present in MAP fantasies mirrors the pluralism of teleiophilic fantasies. Common themes that emerged from the 403 survey participants included romantic love during sex, anonymous sex, group sex, sex in unusual locations, and dominance/submission. The authors also found interesting differences between men and women which align with prior research on gendered fantasy patterns, with themes such as submission being more present in females and themes such as anonymous sex and group sex being more present in males.

Our second reviewed article also offers a novel take on a previously studied topic. Grigoropoulos (2025) recruited 208 Greek participants from the general population to explore their attitudes towards minor attracted people and adult-child sex, with the goal of investigating the impact of both personality traits and ideological views on such attitudes. The author hypothesized that support for “pedophilia” – a term that was unfortunately used to cover both attraction to children and sexual abuse of children – would be higher among people who exhibit “dark” personality traits such as Machiavellianism, narcissism, and psychopathy. This surprising hypothesis, which is aptly challenged by our reviewers, was not confirmed by the survey results, which did however find an association between conservative ideological views and greater negative attitudes towards “pedophilia.”

Our other articles cover more traditional topics around therapy with MAPs. Lievesley, Harper, and Woodward (2025) offer a thorough and accessible review of core topics around therapy with MAPs. They emphasize the need for a holistic approach to therapy that does not systematically put abuse prevention at the forefront, but instead focuses on the client’s own stated therapeutic goals, including common concerns such as stigma reduction and sexual frustration management. The authors also address the more controversial goal of “controlling or changing” attractions to minors, a discussion that is perceived more critically by our reviewers, who raise important doubts about the alleged efficacy of “arousal reconditioning” techniques for MAPs.

The last two reviewed articles are studies conducted on treatment-seeking individuals by abuse prevention organizations in Germany. Konrad et al. (2024) examined the impact of self-acceptance on

psychological distress and risk of sexual offense among 238 clients of the Dunkelfeld project. The results showed that greater self-acceptance was associated with improved mental health and a reduced risk of committing a sexual crime. These findings are in line with those of multiple qualitative studies, but contradict the only other quantitative study conducted on this theme¹, which had found that greater self-acceptance actually increases the risk of offending. The authors note methodological limitations of that other quantitative study, such as its small sample size, that can explain its different results.

Bergner-Koether et al. (2024) is the latest study to research the impact of hypersexuality and impulsivity on the perpetration of sexual crimes against children.² The authors recruited 183 participants from three different German abuse-prevention organizations that provide therapeutic support to MAPs from the general population. Their aim was to determine if exclusivity of attraction had an influence on measures of hypersexuality, impulsivity, and risk of offense. The only statistically significant result involved higher levels of hypersexuality among both exclusive and non-exclusive MAPs compared to nonclinical samples and to participants who did not meet the ICD-10 criteria for pedophilic disorder. They found no relevant difference among the different groups concerning impulsivity, and they were unable to identify any measures that could predict history of offending behavior.

This journal issue also includes an author response to a review from our previous journal issue. Jessica Gaudette, Margo Watt, and Christopher Lively raise various points of agreement with our review of “Sex Differences in Stigma Reduction toward Minor Attracted Persons (MAPs) via Contact Interventions” in B4QR 5 (1), and they clarify that some of the more critical points raised in our review involved methodological elements beyond their control.

The editorial team wishes to note that we have received no response from Farmer et al., the authors of “A Review of Academic Use of the Term ‘Minor Attracted Persons’”, who were contacted by email and offered a chance to respond to the many concerning elements raised in our review of their article in B4QR 5 (1). We encourage our readers to read another excellent critical response to this article, “Misrepresenting the ‘MAP’ Literature Does Little to Advance Child Abuse Prevention: A Critical Commentary and Response to Farmer, Salter, and Woodlock”, by Craig Harper and colleagues. The article, published in *Trauma, Violence, and Abuse*, is followed by a response from Farmer et al.

We conclude this edition with the Meet the New Generation section. Our honored young scholar is Line Christophersen, a Danish PhD Candidate at Griffith University in Australia. Line explains how she became passionate about this topic after reading an article on the struggles faced by MAPs, and how she decided to make this her Master’s project. This resulted in a publication, “The Effectiveness of

¹ Lampalzer et al. (2021), reviewed in B4QR 2 (2).

² The previous important publication on this topic is *also* Lampalzer et al. (2021), reviewed in B4QR 2 (2), which Konrad et al. (2024) criticized for its small sample size.

Educational Interventions for Mental Health Professionals in Reducing Stigmatization Toward People with Pedophilia: A Meta-Analysis”, which was reviewed in B4QR 4 (3). After reading our review, Line enthusiastically offered to join our team, and she was involved in the reviewing process for this journal issue.

While our team continues to grow and to welcome new members, we also sadly have to say goodbye to our longest-serving contributor, Maggie Ingram. Maggie has been by my side since day one, acting as B4U-ACT’s assistant science director and as the first co-editor of the journal. She also supervised B4U-ACT’s family and friends support group and helped organize our online research colloquia – all on a voluntary basis, like everyone in our organization. It is difficult to see someone with such great talents leave our team, even more so when this person happens to be a wonderful, caring human being. I wish Maggie the very best in her future endeavors, and thank her for her years of selfless devotion to this cause. We will greatly miss her.

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

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Reviewed Publications

E. Garant, J. Proulx, (2024)

"What do you fantasize about?" An exploratory factor analysis of adults reporting sexual attraction to minors

Child Abuse & Neglect, DOI: <https://doi.org/10.1016/j.chiabu.2024.107018>.

In this article, Garant and Proulx (2024) conduct an exploratory factor analysis (EFA) to examine the content and structure of sexual fantasies among adults who report sexual attraction to minors (ASAM). While previous studies have often focused narrowly on fantasies involving minors exclusively, and treated these fantasies primarily as indicators of offense risk, the present study broadens the scope by asking: Do ASAM have diverse sexual fantasies, and how are these fantasies organized?

The authors surveyed 403 ASAM anonymously online, including 364 men with a mean age of 35.22 years (SD = 12.52) and 39 women with a mean age of 23.42 (SD = 6.48). Respondents were recruited from seven diverse online communities for ASAM. They responded to demographic questions as well as a slightly modified version of the Joyal Sexual Fantasy Questionnaire (JSFQ; Joyal et al., 2015), which the authors adapted with input from ASAM community members to improve its content validity. The final measure included 55 items regarding fantasy content and intensity.

The authors conducted descriptive analyses and found that respondents endorsed a wide variety of sexual fantasies, including numerous fantasies specifying the involvement of an adult “man” or “woman,” group sex, dominance/submission, anonymous sex, and unusual locations. In terms of relative intensity, the sexual fantasy that ranked highest was “having sex with a child under the age of 12,” followed by fantasies targeting a partner’s genitals, then fantasies involving romantic emotions during a sexual relationship. In terms of gender, men and women differed in their fantasy content and intensity. Men more strongly endorsed fantasies involving female partners, anonymous sex, and group sex with women; women reported greater intensity of fantasies involving submission (e.g., being dominated, tied up) and relational intimacy. These differences align broadly with prior research on gendered fantasy patterns (Bivona & Critelli, 2009; Critelli & Bivona, 2008; Joyal et al., 2015; Joyal & Carpentier, 2022), but the authors rightly caution that interpretation is limited due to the small number of women in their sample.

The authors conducted confirmatory factor analysis (CFA) to test whether the factor structure of sexual fantasies found in a general population study by Dyer & Olver (2016) fit this sample. It did not fit overall, suggesting that ASAM's fantasy structures may be different. They then conducted exploratory factor analysis (EFA) to determine the latent structure of fantasy content. The EFA ultimately yielded five fantasy dimensions: (1) Male Partner Focused Fantasies, (2) Female Partner Focused Fantasies, (3) Coercing Focused Fantasies (acts involving domination or force, or done when the other person was drunk, asleep, or unconscious), (4) Promiscuous/Unattached Focused Fantasies (includes anonymous sex, public petting, and sex with strangers), and (5) Romantic/Relational Sexual Fantasies (emotional intimacy, connection). Some reported fantasies included sexual interactions with adults and no minors. Notably, fantasies that specified the involvement of minors loaded onto the romantic/relational factor, as did items about emotional connection and partner intimacy. This suggests that for some ASAM, sexual fantasies involving minors may include romantic or relational motivations, the former referred to as "pseudo-romantic" by the authors, which we critique below.

The authors conclude that ASAM's fantasy worlds are more diverse and multifaceted than typically assumed. Many share common fantasies with the general population, including romantic and

partner-based desires. These insights may inform more nuanced clinical approaches and assessments, that recognize the diversity of ASAM's sexual fantasies. However, the authors highlight the limitations of using existing general fantasy measures (like the JSFQ) to capture the full spectrum of paraphilic or atypical sexual interests, and they advocate for more refined and individualized assessment tools in future research.

This article makes a valuable and novel contribution by shifting focus from a narrow risk-management lens toward a more comprehensive understanding of sexual fantasy among ASAM. The use of a validated general-population instrument (JSFQ) provides a basis for comparison and methodological consistency. Representativeness of the sample cannot be assumed, but the broad sample—including a relatively sizable subgroup of women, who are usually excluded in ASAM research, as well as ASAM from numerous online communities—may increase the generalizability of the study's findings. The inclusion of ASAM's feedback during questionnaire design likely improved response validity, and aligns with best practices for conducting ethical research with marginalized populations (Stephens et al., 2020).

Nonetheless, the study has limitations worth highlighting. First, as the authors themselves note, their reliance on a general-population fantasy measure (JSFQ) may have constrained the breadth of

fantasies captured. This may be particularly true in regard to the measure's ability to accurately assess paraphilic fantasies. The authors explain:

While our factor analysis generally concurs with the findings of Dyer and Olver (2016), it is evident that a certain category of sexual fantasies is noticeably absent: fantasies linked to paraphilias, as defined in the DSM-5. Nevertheless, paraphilia-related fantasies were in fact reported by our participants (Table 2). This suggests that the JSFQ encounters difficulties in effectively capturing the essence of paraphilic sexual fantasies as a construct ... Our study is not the first one to reach this observation (p. 10).

This underscores the need for ASAM-specific, and other paraphilic-specific fantasy inventories.

In addition, although the sample included women, gender comparisons received relatively limited interpretation beyond statistical contrasts. A more nuanced discussion of how gender and sexuality intersect with fantasy content—especially given known differences in fantasy structure between men and women in general-population research—may have added valuable insights.

Also, while the inclusion of coercive fantasy items is important, their interpretation is delicate. The authors are careful not to conflate fantasy content with behavioral risk, but readers unfamiliar with

ASAM may not recognize the crucial distinction between fantasy and action. Given the article's potential reach beyond scientific and clinical readers, it may have been helpful for the authors to more explicitly articulate that coercive fantasies are relatively common across all populations, and are not inherently predictive of sexual offending. This clarification could help prevent misinterpretation of their findings by lay readers.

Although the article refrains from conflating attraction with behavior, as well as from using overtly stigmatizing language, there are a couple of concerns worth noting. First, the authors use the term “pseudo-romantic” to describe the romantic/relational fantasy factor. This label is not defined, and no explanation is offered for why fantasies involving emotional intimacy, romantic settings, and connection—features that are structurally similar to normative romantic fantasies—should be classified as “pseudo.” Such framing risks implying that the romantic experiences of ASAM are inherently inauthentic or qualitatively different from those of the general population, despite the absence of any direct empirical comparison in this study.

Relatedly, in the authors' Conclusion section, they imply that clinicians may find reassurance in the presence of “more conventional” fantasies among ASAM. They write:

While numerous clinicians who work with ASAM express discomfort regarding the latter's sexual attraction to minors and/or the seemingly unchangeable nature of this attraction, our findings indicate that this attraction, specifically in terms of sexual fantasies, is not exclusive. Recognizing that within the ASAM population there exists a diversity of sexual interests, encompassing both unconventional and more conventional aspects, provides an avenue for approaching sexuality in therapeutic support processes (p. 11).

This framing implies that fantasies involving minors are inherently disconcerting, whereas those involving adults and conventional aspects are comforting and therefore more acceptable. Such logic pathologizes certain fantasies not based on empirical distinctions in function, but on societal acceptability. The implication that proximity to normative sexuality is what makes someone more therapeutically approachable risks unintentionally reinforcing stigmatizing attitudes.

In general, the article could have gone further in discussing how fantasy diversity might inform individualized treatment planning, though we acknowledge that therapy and professional services

are not the primary focus of this paper. The authors mention that their findings have implications for clinical work, but do not elaborate beyond suggesting that diversity in fantasy content exists. Given the field's growing interest in client-centered and harm-reduction approaches, it would be valuable to consider how clinicians might use fantasy data to help clients reflect on their values, explore safe outlets for unmet needs, or reduce shame and self-stigma. A deeper engagement with how these data could inform therapeutic dialogue would strengthen the article's applied contributions.

Overall, Garant and Proulx (2024) offer a significant contribution to the ASAM literature by empirically demonstrating the diversity of ASAM's sexual fantasy content and the multidimensional structure of their fantasy worlds. Their findings challenge monolithic conceptions of ASAM's sexuality and point toward richer, more comprehensive approaches in both research and clinical work. Future studies would benefit from further exploration of relational versus non-relational fantasy themes, as well as the functions these fantasies may serve beyond sexual gratification—including emotional intimacy and identity expression. The authors state that the qualitative findings from their research “will be explored in a comprehensive way in a separate study,” and we look forward to its publication.

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Grigoropoulos, I. (2025)

“An exploratory study on personality and ideological factors behind attitudes toward pedophilia in a convenient Greek sample”

Personality and Individual Differences 236, DOI: <https://10.1016/j.paid.2024.113014>.

This article by Grigoropoulos (2025) offers a novel yet underdeveloped investigation into the psychological and ideological underpinnings of attitudes toward pedophilia. Conducted between March 3 and April 30, 2023, the author conducted an online cross-sectional survey with a convenience sample of 218 Greek participants, the majority of whom were female (87.2%) and students, recruited via social media platforms like Facebook and LinkedIn, also employing snowball sampling techniques.

The research aimed to explore the relationships between certain personality traits and ideological factors, and participants' attitudes toward pedophilia. The study focused on the D-factor (Dark Triad) of personality, which refers to three different but related “dark” personality traits that are considered socially aversive, namely Machiavellianism, narcissism, and psychopathy, as well as the Light Triad traits, which includes Kantianism, Humanism, and Faith in Humanity. The study also focused on the ideological factors of conservative values and religiosity. Participants' views on pedophilia were assessed to understand how personality and ideological factors correlate with these attitudes. Given that both conservative values and religiosity are rooted in traditional moral frameworks and

societal norms, the researcher anticipated that individuals scoring higher on these dimensions would express more negative attitudes toward pedophilia. Similarly, since light personality traits reflect prosocial tendencies and moral sensitivity, the author anticipated that this would be associated with more negative attitudes toward pedophilia. Conversely, the D-factor, characterized by manipulative and self-serving dispositions, was hypothesized to correlate with more positive views surrounding pedophilia.

Attitudes toward pedophilia were measured using Factor One (“Socially Wrong”) of Stefanich’s (2022) “Attitudes Towards Pedophilia Scale,” which was adapted from Yost’s (2020) “Attitudes About Sadoomasochism Scale,” replacing “sadoomasochism” with “pedophilia” and defining the latter as involving prepubescent children. The questionnaire included 12 items such as: “Pedophiles just don’t fit into our society,” “Pedophilic activity should be against the law,” “Pedophilia is an inferior form of sexuality,” and “Pedophilic behavior is just plain wrong.” Items were evaluated using a 5-point Likert scale, and a composite score was generated by averaging all 12 responses. It is important to note that this questionnaire contained items relating both to “pedophilia” and sexual activity with children,

thus collapsing the critically important distinctions between these two phenomena (more on this below).

The study found that adherence to conservative ideological factors (e.g., moral codes, protecting social norms, and traditional family values) significantly predicted negative attitudes toward “pedophilia” as defined by Stefanich’s scale; i.e., a combination of both attraction to children and adult-child sex. Contrary to the author’s hypothesis, the D-factor of personality and Light Triad traits did not show a significant direct relationship with attitudes toward “pedophilia.” Moreover, religiosity did not stand out as a significant predictor of negative attitudes toward “pedophilia,” but was rather overridden by the aforementioned ideological factors. Ultimately, the results suggest that individuals’ attitudes toward “pedophilia” are more influenced by their ideological beliefs than by inherent personality traits.

The study has several notable strengths that deserve recognition. First and foremost, it addresses a significant gap in psychological research by investigating the relationships between personality traits (Dark Triad and Light Triad), ideological factors (conservative attitudes and religiosity), and public attitudes toward pedophilia. Attitudes surrounding pedophilia remain a highly underexplored area in psychological literature, and research in this field is a valuable step forward. Utilizing these personality models, the study adds

depth to the existing literature on personality psychology, also offering a more nuanced perspective on how these traits may align with or contradict societal views on morality.

The use of a multiple regression model provides a clear and structured approach to examining how various factors interact with each other and contribute to the formation of attitudes toward pedophilia. This statistical model enhances the scientific rigor of the research, allowing for a more reliable and precise analysis of the data. The research emphasizes the importance of considering ideological beliefs, such as religiosity and conservatism, when examining public attitudes on complex and sensitive societal issues like pedophilia. By focusing on these factors, the study challenges the assumption that individual personality traits are the predominant influences on such attitudes. Instead, it underscores the significance of broader moral and ideological frameworks in shaping public perceptions. This is a crucial insight, especially when considering how socio-political ideologies can heavily shape moral judgments.

However, the study also presents several notable methodological and theoretical limitations that must be considered when interpreting the findings. One of the primary concerns is the reliance on convenience and snowball sampling techniques. While these methods are often employed in exploratory research for practical reasons, they may (as the author

acknowledges) lead to a non-representative sample, which significantly limits the generalizability of the results. The sample's composition may not accurately reflect the broader population, making it difficult to extend the findings beyond the specific group studied. This is particularly important in research dealing with complex social attitudes, where demographic factors can heavily influence perceptions.

Additionally, the study reveals a significant gender imbalance, with female students constituting almost 90 percent of the sample. This gender disparity is especially problematic when exploring attitudes, as it may result in skewed research outcomes. Grigoropoulos suggests that research consistently shows that on average, men and women often hold different views on issues related to morality and sexual behavior, and the overrepresentation of women may have influenced the study's findings. This raises concerns about gender bias, which could obscure a more robust understanding of how attitudes toward pedophilia are shaped across different sexes. Moreover, the research focuses on a Greek sample, a context characterized by a strong influence of religiosity and traditional values. While this provides valuable insight into the attitudes of this specific population, it also means that the findings may not be easily transferable to other cultural or religious contexts. The embedded religiosity and social norms in Greek society may shape attitudes toward pedophilia differently than in

more secular or culturally diverse settings. This limitation underscores the need for further research that examines attitudes surrounding pedophilia in a broader array of cultural contexts to determine whether the findings are universal or culturally specific.

As an exploratory study, the research is valuable for generating initial hypotheses, but its preliminary nature means that the findings should be approached with caution. Exploratory studies are designed to provide an initial understanding of a phenomenon rather than definitive answers, and therefore, the results should not be taken as conclusive. The study's lack of longitudinal data further limits the ability to draw causal conclusions about the relationships between personality traits, ideological factors, and attitudes toward pedophilia. Without longitudinal data, it is impossible to determine whether these factors lead to shifts in attitudes over time, or if they are merely correlated in the cross-sectional snapshot provided by the study.

Although the author highlights the important distinction between sexual attraction to children (pedophilia) and sexually offending against children (child sexual abuse), there is a consistent conflation between the attraction and the crime throughout the study. While participants were apparently informed of this distinction before taking the questionnaire, the questionnaire itself contained items relating to both pedophilia and sexual behavior with children

(“pedophilic activity”). The lack of concept validity severely reduces this study’s use in measuring public attitudes toward pedophilia.

This issue becomes especially apparent in the discussion of the study’s limitations. For instance, the study highlights the potential bias introduced by the overrepresentation of female participants, suggesting that the results may have been affected since “women generally regard child sexual abuse as more severe” than men (p.4). While this is an important consideration, it does not address the broader concern that the conflation of pedophilia with child sexual abuse could have influenced participants’ responses.

This statement also demonstrates the author’s carelessness with these categories – a shortcoming which could have serious psychological and social consequences in terms of stigmatization. The stigma surrounding pedophilic attraction, even in the absence of illegal behavior, is profound, and failing to separate these concepts reinforces harmful stereotypes. Additionally, the study places minimal attention to the distinction between *pedophilic disorder* (a clinical diagnosis) and mere *pedophilic attraction*, which are important in both psychological assessment and treatment. This omission limits the study’s ability to engage meaningfully with the clinical nuances of the issue and its real-world implications for those who experience these attractions and abide by the law.

Another significant issue with this research is its weak theoretical foundation in linking the Dark Triad personality traits to a more favorable attitude toward pedophilia. The assumption that individuals displaying traits such as manipulateness and callousness are more likely to hold positive views of pedophilia simplistically equates an attraction to children with a disregard for others’ well-being. Even as a hypothesis – one that the research ultimately did not support – this is a problematic and scientifically careless leap. Moreover, the study overlooks a plausible alternative: that individuals with Dark Triad traits may, in fact, be more prone to vilify minor-attracted people as a means of enhancing their own social image or inflicting harm. This possibility remains unexplored. Coupled with the article’s ongoing failure to distinguish between sexual attraction and behavior, the already intricate relationship between personality traits and attitudes toward marginalized sexual identities is further oversimplified.

Lastly, the article lacks a clear articulation of the study’s significance in advancing knowledge within the field, particularly in terms of how understanding the underlying factors shaping attitudes toward pedophilia could contribute to broader psychological or social science research or to relevant public policy. This omission is disappointing, especially considering the author’s expertise primarily lies in the area of attitudes and sexuality. Given this background, one would have expected a more

thorough exploration of how this research could pave the way for further investigations or inform interventions, policy-making, or clinical practices addressing similar moral and social issues.

Despite these limitations, this study contributes insights into the psychological and ideological

factors shaping public attitudes toward pedophilia, which is an area of research requiring much greater focus and attention. Hopefully, future studies will demystify the factors contributing to the stigma against minor-attracted people and illustrate it as a solvable problem rather than a natural feature of human society.

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Lievesley, R., Harper, C.A. & Woodward, E. (2025)
“Toward a Holistic Approach to Treatment and Support for People with Attractions to Children”

Current Sexual Health Reports 17 (7), DOI: <https://doi.org/10.1007/s11930-025-00403-x>.

In this review article, Rebecca Lievesley, Craig A. Harper, and Ellie Woodward present a compelling argument for rethinking therapeutic interventions for individuals who are attracted to children. They contend that traditional, prevention-focused treatment models are insufficient and advocate for a more comprehensive approach that emphasizes psychological well-being, stigma reduction, frustration management, and therapeutic engagement. The review article is structured around two main sections: “Exploring Treatment Targets” and “Working as a Professional”. The authors draw on a range of empirical studies and conceptual discussions to support their arguments.

In the first section, “Exploring Treatment Targets,” the authors emphasize that effectively supporting individuals with sexual attractions to children requires a nuanced, individualized approach that accounts for their psychological needs, lived experiences, and evolving personal goals. The authors stress that interventions are considered most effective when they promote psychological resilience and overall wellbeing, rather than focusing exclusively on changing intrinsic sexual orientations. Drawing on recent empirical findings, the authors identify four core treatment targets for people with attractions to children: (1) mental health support, (2)

managing stigma, (3) controlling or modifying sexual attractions, and (4) alleviating sexual frustration. They argue for a holistic and client-centered therapeutic approach that integrates these domains, balancing public protection with the individual’s wellbeing. Importantly, the authors underline that treatment goals are not static but tend to evolve over time, reinforcing the need for flexible and responsive clinical strategies.

On the first treatment target, “Mental Health Support,” the authors highlight that mental health challenges, including anxiety, depression, and suicidal ideation, are common among people who are attracted to children. They point out that emotional distress related to these attractions often leads individuals to seek mental health support. Loneliness and low self-esteem are identified by the authors as significant risk factors for offending behavior. According to the authors, mental health concerns are consistently ranked as the highest treatment priority for this population, frequently serving as the initial point of contact for professional help. They reference studies showing that suicidal ideation is a chronic issue for some individuals in this group, with a higher prevalence among those with a history of sexual abuse, exclusive attractions to children, and those who perceive a greater societal

stigma against people attracted to children. The authors discuss how mental health interventions, such as cognitive-behavioral therapy, mindfulness-based approaches, and compassion focused therapy, are considered effective in enhancing emotional wellbeing, reducing suicidal thoughts, and improving overall stability. By addressing underlying mental health issues, the authors argue, these interventions may reduce the likelihood of criminal behaviors, given that mental health factors like low mood and maladaptive coping strategies are linked to an increased risk of sexual offending.

For the next treatment target, “Managing Stigma,” the authors highlight stigma as a significant barrier to treatment for individuals with attractions to children, noting its detrimental effects on self-esteem, social relationships, and the willingness to seek help. As a result, many individuals struggle with their emotions in isolation. According to the authors, overcoming stigma is a key motivator for individuals seeking therapy, and they emphasize the need for therapeutic environments where individuals can openly explore their concerns without fear of judgment or legal repercussions. The authors discuss how societal stigma creates particular challenges, with individuals fearing that disclosing their attractions might lead to therapists reporting them to the authorities. This fear, coupled with internalized societal attitudes, can worsen mental health outcomes. For an alternative approach, they cite

evidence showing that self-acceptance-related approaches improve self-esteem and increase the willingness to seek help. In therapeutic settings, breaking down stigma-related barriers is seen as essential for building trust, enhancing client satisfaction, and improving treatment outcomes. On a broader scale, the authors stress that reducing societal stigma can encourage individuals to seek help before crises occur. They advocate for public education campaigns and open dialogues to challenge misconceptions and create a more constructive discourse.

The third treatment target was “Frustration Management,” and here the authors argue that sexual frustration is a significant challenge for individuals with attractions to children, stemming from the conflict between their desires, societal norms, stigma, and the lack of legal sexual outlets. Unaddressed frustration can lead to psychological strain, maladaptive coping, and risky behaviors, making it an important area for therapeutic intervention. The authors cite research demonstrating that barriers to sexual expression are often linked to sexual offending, particularly for those who have no legal outlets for their attractions. Therefore, the authors explore the possible ameliorative effects of alternative sexual outlets such as erotic stories and AI-generative content to address sexual frustration, though they note that more research on such outlets is needed. Still, they address the burgeoning literature relating to the use of sexual

outlets that do not involve real minors in a “controlled setting,” and under “close clinical supervision.” For instance, the therapist may work with clients to help them identify ways of achieving sexual satisfaction in conformity with social and legal norms. The authors argue that such interventions may help reduce frustration-based motives that contribute to the risk of illegal behavior.

Finally, under the treatment target “Controlling or Changing Attractions,” the authors discuss the complexity and controversy surrounding whether sexual attractions to children can or should be changed. While some individuals with these attractions express a desire to modify their feelings, often to align with societal norms or alleviate personal distress, others prioritize learning to manage their attractions in legal ways. The desire for change is not universal, with some rejecting treatment goals focused on altering their attractions. The authors note that evidence regarding the effectiveness of treatments aimed at changing sexual attractions is limited, with direct efforts to alter these feelings generally showing inconsistent success. They caution against approaches that resemble sexual orientation conversion therapy due to ethical and practical concerns. Instead, therapies focusing on the acceptance of these feelings while managing attraction-related behaviors are seen as more promising. These therapies equip individuals with tools to address their feelings in ways that align with their personal values and ensure conformity with the

law. The authors also discuss arousal-related interventions as a potential therapeutic option for those who experience both child-related and adult-related attractions. They reference forensic research indicating that reconditioning arousal patterns, particularly for those with mixed attractions, may reduce recidivism. In a community context, the authors argue, such strategies may help individuals reduce the salience of their child-related attractions. Incorporating these approaches into treatment frameworks could lead to improved emotional health, reduced risk of unlawful behaviors, and greater overall life satisfaction.

In the second section titled “Working as a Professional,” the authors discuss the issues affecting professionals' ability to provide adequate treatment to people who are attracted to children. These include: (1) willingness to treat, (2) professional attitudes, and (3) alignment and alliance between professionals and service users.

First, the authors emphasize that professionals' “willingness to treat” individuals who have attractions to children is essential for effective intervention. However, they note that many professionals express discomfort or reluctance in working with this population, often due to societal stigma, fear of professional backlash, or a lack of knowledge and specialized training. The authors argue that these challenges can lead to hesitancy in providing care, which further exacerbates the

barriers faced by individuals seeking help. Encouragingly, they highlight research indicating that targeted education and training can improve professionals' competence and confidence when working with this group. Training programs focusing on empathy, risk assessment, therapeutic boundaries, and evidence-based practices have been shown to enhance professionals' readiness, allowing them to create a more supportive and effective therapeutic environment.

Furthermore, the authors emphasize that “professional attitudes” have a significant impact on the therapeutic experience of individuals seeking help. Negative or judgmental attitudes can hinder trust, obstruct communication, and discourage full engagement in therapy. Studies have found that individuals who are attracted to children may fear criminalization when openly discussing their thoughts, even if they have not engaged in any illegal behavior. Additionally, the authors note that some professionals may express a readiness to report individuals, even without clear safeguarding concerns. In contrast, attitudes based on empathy and evidence-based practices are shown to foster a sense of safety and acceptance, which are crucial for building a strong therapeutic alliance. The authors argue that systemic efforts, such as education, supervision, and continuous professional development, are vital for cultivating positive professional attitudes and ensuring effective care.

Finally, regarding “alignment and alliance between professionals and service users” the authors emphasize the importance of aligning professional goals with service user needs for therapeutic success. As studies have shown, while people who are attracted to children often seek support for mental health issues, stigma reduction, and improving life quality, professionals may not always prioritize these goals equally, leading to confusion and dissatisfaction. Misalignment between treatment priorities can result in disengagement and a lack of focus in therapy. The authors argue that building alignment requires collaborative goal setting, combining service users' lived experiences and professionals' clinical expertise. The authors identify motivational interviewing, person-centered care, and trauma-informed practices as effective strategies for strengthening this alliance. Ultimately, a strong professional-service user alliance is essential for addressing treatment needs and improving therapeutic outcomes.

While the authors are to be credited for their evidence-based, non-stigmatizing outlook, there are certain mildly problematic elements in this article that should be addressed. For instance, while it is admirable that the authors choose the phrase “people with attractions to children” over the arguably more stigmatizing term “pedophile,” the word “child” has unclear connotations, whereas “minor”—referring simply to a person below the legal age of consent, is clearer and more inclusive of people attracted to

children *and/or* adolescents. Additionally, while the authors' discussion of legal sexual outlets for MAPs is vitally important, their tone warrants some questions. Specifically, they never explain precisely what they mean by helping patients explore legal ways to express their sexuality under "close clinical supervision." The wording seems to indicate that such outlets are akin to a dangerous medicine to be carefully administered, rather than a basic component of psychological and physiological well-being. Finally, the authors' reference to the alleged efficacy of "arousal reconditioning" deserves scrutiny. For instance, the study they cite (Gannon et al., 2019) relied on a forensic sample and it measured only recidivism – not a change in underlying sexual attractions. Additionally, there is little indication of whether or not this reduction is the result of a direct correlation. Furthermore, there have been no studies on the effects of arousal reconditioning on the mental health of people attracted to minors. In fact, past use of such treatment on gay, lesbian, and bisexual people has been known to cause serious psychological harm, including severe depression, anxiety, and suicidal tendencies (APA, 2021). Thus, its use on people who are attracted to minors could be dangerous and unethical. While it is important to respect the self-expressed treatment goals of patients, the poor evidence for the safety and effectiveness of "arousal

reconditioning" techniques as well as the serious ethical pitfalls makes this a form of treatment that should be approached with extreme skepticism.

That aside, the authors present a strong, well-argued review that contributes to current debates around treatment needs for people with attractions to children. Their emphasis on mental health, stigma reduction, frustration management, and therapeutic alliance reflects an important shift away from traditional, risk-focused models toward a more compassionate and client-centered framework. They synthesize a diverse body of literature, referencing both quantitative surveys and qualitative interview studies, and are careful to use non-pathologizing and non-stigmatizing terminology throughout the paper. However, while the article ends with a call for systemic reform and policy change, specific suggestions remain relatively broad, and a more detailed outline of effective policy measures would make the practical implications more actionable. While the paper could be strengthened by deeper engagement with potential critiques and a more granular discussion of practical implementation, these limitations do not detract from its overall quality and relevance. Given its respectful tone, scientific rigor, and emphasis on the intrinsic value of clients' mental health, this article represents a valuable contribution to the field.

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Konrad, A., Heid, L.M., Scheuermann, H., Beier, K.M., and Amelung, T. (2024).

“Acceptance of sexual attraction and its link to psychological distress and sexual offending among pedohebephilic clients: results from a preliminary analysis”

Frontiers in Psychology 15, DOI: <https://doi.org/10.3389/fpsyg.2024.1463191>.

The primary aim of this study conducted by Konrad and colleagues (2024) was to investigate the association between self-acceptance of sexual attraction toward minors, psychological distress, and sexual offending risk among individuals with “pedohebephilic interests” – here referred to as minor-attracted persons (MAPs). Specifically, the study explored whether higher levels of self-acceptance were associated with improved mental health outcomes, and whether this, in turn, could serve as a protective factor against committing sexual crimes against children. Situated within a growing body of research advocating for psychological support for MAPs and for early intervention, this study moves the conversation beyond punitive responses. By focusing on self-acceptance, the authors offer a preventative, health-oriented perspective that holds promise for improving wellbeing of MAPs and shaping more effective strategies for the prevention of sexual offending.

In their article, Konrad et al. highlight that several qualitative studies have examined the association between the acceptance of sexual attraction to children, levels of distress among MAPs, and offense risk. Specifically, these studies suggest that accepting one’s sexual attraction can reduce

psychological distress and help manage offense risk. Konrad et al. further note that only one prior study has investigated this association using a quantitative approach; however, that study reported findings contradictory to the qualitative evidence, suggesting that acceptance of one’s sexual attraction may be linked to an increased risk of offending against children among MAPs. Konrad et al. express skepticism regarding these results due to identified methodological and statistical limitations. Consequently, a central aim of their study is to conduct a quantitative investigation of this association to test previous findings and expand and clarify the existing evidence base.

The sample comprised 238 German adult men who were clients of the Dunkelfeld Project, a therapeutic intervention program for individuals with sexual attractions to children and adolescents. Participants included 118 pedophilic individuals, 79 hebephilic individuals, and 41 teleiophilic individuals, the latter contacting the Dunkelfeld Project due to concerns about other sexual attractions, sexual boundary violations, or past sexual offending behaviors against children that were not motivated by a sexual attraction to minors. Two subsamples were derived for analysis. The first subsample included only MAPs ($n = 197$). Within this group, the majority

reported recent offending behavior ($n = 166$; sex crimes against minors, watching illegal images of minors, or mixed), while a smaller subgroup was law-abiding ($n = 31$). Including both groups allowed for greater variation in psychological profiles, enhancing the strength of the dataset; however, future research should aim for a more balanced distribution between law-abiding MAPs and MAPs who have committed crimes to strengthen the comparative analyses. The second subsample comprised MAPs who had completed a questionnaire on psychological distress ($n = 84$), providing further insight into mental health characteristics within this population.

Data collection occurred between 2007 and 2014 and involved a combination of semi-structured clinical interviews and standardized psychometric questionnaires. Diagnoses of pedophilic or hebephilic attractions were conducted by trained clinicians in psychiatry, psychosomatics, or psychotherapy with special training for sexual disorders. Diagnoses were based on the criteria outlined in the DSM-5-TR and were independently assessed by two clinicians. This professional oversight adds confidence in the accuracy and clinical validity of the diagnostic process.

Participants were assessed using questionnaires across three key domains: (1) acceptance of “sexual inclination”, referring to the degree of comfort individuals felt with their sexual attractions; (2)

psychological distress, encompassing symptoms such as somatization, obsessive-compulsive tendencies, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism; and (3) recent sexual offending behavior, measured through self-report and through risk assessment tools designed to evaluate the likelihood of future offending or relapse. Many of those risk assessment tools were unvalidated.

While the use of clinician-administered tools and structured assessments represents a notable strength of the study, much of the data on psychological wellbeing and offending behaviors relied on self-report measures. Additionally, some of the measures used have not yet been validated or were modified for the present study. The use of self-report measures can introduce bias, particularly in populations where shame and social desirability may influence disclosures and responses. The authors acknowledge this limitation and recommend employing more robust, multi-method research designs in future studies. Importantly, the use of clinical data from a reputable intervention program like the Dunkelfeld Project enhances the study’s validity. However, as with many studies in this sensitive field, the sample was self-selected, meaning it likely reflects individuals who were already motivated to seek support or engage with treatment. This may limit the broader applicability and generalizability of the findings to less help-seeking or more hidden populations.

Furthermore, the sample consisted exclusively of men and lacked a detailed exploration of cultural and socioeconomic diversity. The study placed only limited emphasis on participants' age, years of education, employment status, relationship status, parental status, and whether they lived alone. These limitations suggest that the results may not fully capture the experiences of MAPs across different genders, cultures, or social backgrounds. Future research should aim to recruit more diverse samples to better understand how these factors shape psychological outcomes and risk-related behaviors.

The data were analyzed using RStudio. Because most of the data did not follow a normal distribution, the researchers used non-parametric tests, starting with the Kruskal-Wallis test to compare differences between groups. Where significant differences were found, Dunn's post hoc test was applied to explore which specific groups differed, with adjustments made to reduce the chance of false positives. To explore whether acceptance of sexual attraction was linked to recent sexual behavior, the researchers used Spearman's correlation. They corrected for multiple comparisons to ensure the reliability of the results. Finally, they used hierarchical regression analysis to examine whether accepting one's sexual attraction would predict psychological distress or recent offending behavior. They also tested whether these relationships changed depending on whether the person had recently committed a sex crime involving a minor. Throughout, they applied standard checks

to ensure the models were statistically sound and not influenced by outliers or overlapping variables.

Konrad et al. found that MAPs reported significantly lower levels of acceptance of their sexual attraction – both among pedophilic individuals and hebephilic individuals compared to teleiophilic individuals. The authors suggest this disparity is likely attributable to the heightened social stigma typically faced by MAPs. Notably, no significant difference in acceptance was found between law-abiding MAPs and those MAPs with different recent offending patterns, including those who had offended exclusively through watching illegal images of minors, those with contact offenses, and those with mixed offending behaviors. In the second subsample of MAPs who provided data on psychological distress ($n = 84$), 71% reported significant levels of distress. Further analysis revealed that greater acceptance of one's sexual attractions among MAPs was significantly associated with lower levels of psychological distress. Importantly, psychological distress was in turn linked to a higher self-reported risk of offending. These findings suggest that internal distress may serve as a pathway to increased risk of committing sexual offenses, which stands in contrast to the results of the one prior quantitative study examining this association. Yet, this observation highlights the potential protective role that self-acceptance may play in promoting psychological wellbeing and reducing the likelihood of sexual offending against children. However, given

that only two quantitative studies have investigated this association and reported contradictory results, further research is warranted.

Notably, the study also found that the association between higher psychological distress and lower acceptance of one's sexual attraction was stronger among MAPs who had not committed a recent sexual crime, and weaker among those who had. In other words, if psychological distress increases, then a law-abiding MAP will have a lower acceptance of his or her sexual attractions and vice versa, compared to those MAPs who have recently offended. The authors propose several potential explanations for this finding. One possibility is that individuals who have recently offended may exhibit more antisocial traits and therefore experience less psychological distress or remorse, while still reporting higher levels of acceptance. Alternatively, post hoc neutralization strategies – psychological mechanisms that minimize personal responsibility for harmful actions – may allow individuals to maintain acceptance of their attraction without the emotional burden of distress. However, the authors acknowledge that their data did not allow for a detailed examination of the mechanisms behind this distinction and call for further research in this area. Despite this limitation, these nuanced findings have important therapeutic implications. As highlighted by the authors, the findings suggest that fostering self-acceptance may be particularly beneficial for MAPs who have not offended by helping to alleviate

psychological distress. In contrast, a different therapeutic approach may be necessary for individuals who have recently offended, as self-acceptance in this group appears to be less closely tied to emotional wellbeing. Nevertheless, in terms of implications, the study highlights the value of early intervention efforts that prioritize mental health and promote self-acceptance as a means of supporting the psychological wellbeing of MAPs and preventing future offending behavior.

While the overall findings are compelling, the authors acknowledge several limitations in their dataset. Most notably, the cross-sectional design limits the ability to draw causal conclusions. While acceptance and lower distress appear linked, it is not possible to determine whether acceptance led to reduced distress or if psychologically healthier individuals were more capable of self-acceptance. Similarly, as previously mentioned, it is not possible to determine why the relationship between self-acceptance and psychological distress was weaker among individuals who had recently committed a sex crime, nor whether these factors influenced the decision to break the law. Longitudinal studies would help clarify these directional effects. Additionally, the data were collected between 2007 and 2014, a period during which the digital landscape, legal frameworks, and public awareness surrounding MAPs were most likely markedly different from now. These contextual shifts emphasize the need for more recent

data collection to ensure the continued relevance and applicability of the findings. The authors also recommend that future studies draw on more diverse and contemporary samples, and explore how different forms of social support, such as peer networks, online communities, or anonymous hotlines, may help buffer psychological distress and reduce offense risk. Furthermore, they mention how future research would benefit from distinguishing more clearly between types of offending behavior – for instance, comparing contact offenses with the use of illegal images of minors. Such distinctions would help clarify how psychological distress and acceptance function across varying risk profiles and enhance the clinical applicability of the findings. Lastly, an area for improvement concerns the language used to describe MAPs and their feelings of attraction. For example, the authors use the phrase “intense sexual urges,” language that is rarely applied when describing sexual feelings toward adults. The term “urge” carries connotations of impulsivity and a lack of control over one’s attractions, which can be highly stigmatizing to MAPs. While it is acknowledged that both the DSM-5 and ICD-11 diagnostic manuals include this language as part of their diagnostic criteria, researchers should still strive to adopt less stigmatizing terminology in their work to reduce potential harm and promote more balanced and

respectful discourse. Nonetheless, the core psychological mechanisms identified in this study, particularly the roles of distress and acceptance, remain highly relevant and provide valuable insights for both research and practice.

This study offers a thoughtful and timely contribution to the growing body of research on the psychological wellbeing of MAPs and the prevention of future sexual offending. Among its most valuable contributions is its framing of self-acceptance as a protective mental health factor, rather than as a moral stance. This reframing opens the door to new conversations about how to support at-risk individuals without compromising ethical boundaries or public trust. The findings offer strong support for harm-reduction models and call for increased access to therapeutic services that emphasize safety, honesty, and support. Although the study has limitations – including its reliance on self-report, lack of diversity, and cross-sectional design – these are acknowledged transparently and presented as areas for further development rather than flaws. Overall, the research provides an important foundation for building more compassionate, effective, and evidence-based interventions for a vulnerable and often overlooked population.

Bergner-Koether, R., Peschka, L., Pastukhov, A., Carbon, C.-C., Steins-Loeber, S., Hajak, G., and Rettenberger, M. (2024)

“The Relevance of Hypersexuality and Impulsivity in Different Groups of Treatment-Seekers With and Without (Exclusive) Pedophilia”

Sexual Abuse, DOI: <https://doi.org/10.1177/10790632241271204>.

In this paper, Bergner-Koether et al. (2024) investigated hypersexuality and impulsivity in “treatment-seeking men with and without a diagnosis of (exclusive) pedophilia who committed child sexual abuse (CSA), consumed child sexual abuse images (CSAI), or felt at risk of offending sexually.” Using the motivation-facilitation model of sexual offending (MFM)³ as a theoretical framework, the authors examined the roles of hypersexuality and impulsivity in sexual crimes involving children. They also examined the potential motivating role of “pedophilia,” as defined by ICD-10 criteria for pedophilic disorder.

Participants were recruited from three projects focused on prevention of sexual crimes involving children (all based in Bamberg, Germany): 1) “Don’t Offend [kein Tater werden],” designed for people who are attracted to children and seeking therapeutic help; 2) “Bavarian Abuse Prevention Program,” for people who feel at risk of committing a sexual crime or have done so already; and 3) “Project Bright Field [Projekt Hellfeld],” for people who have received a criminal complaint of a sexual crime involving minors but “before conviction.” The authors grouped the final sample of 183 participants into “exclusive

pedophilia,” “non-exclusive pedophilia,” and “no pedophilia” groups, based on the initial diagnosis of the clinician during intake into the program (using ICD-10 diagnostic criteria). They aimed to analyze whether measures of hypersexuality and impulsivity, when considered separately, could differentiate between these groups. They also aimed to analyze whether the same measures, in combination, could predict engagement in sexual crimes involving children (either crimes involving sexual contact or crimes involving illegal images of children).

Participants were interviewed by a psychologist or psychiatrist as part of their initial intake into the treatment programs, then they responded to questionnaires related to their self-reported criminal histories, prior diagnosis of pedophilic disorder, hypersexuality, and impulsivity. Hypersexuality was assessed through the Hypersexual Behavior Inventory (HBI), which measures compulsivity, coping, and control⁴; Total Sexual Outlet (TSO), which measures frequency of sexual activity⁵; and clinician ratings using STABLE-2007. Impulsivity was measured using the Barratt Impulsiveness Scale

³ Seto (2019).

⁴ Reid, R. C., Garos, S., & Carpenter, B. N. (2011).

⁵ Seto (2019). Kafka (2010), Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948).

(BIS-11)⁶ and the STABLE-2007 rating. Lifetime sexual behavior and history of sexual crimes involving children was explored in depth in the interviews.

The authors used statistically rigorous models called Bayesian ordinal logit and binomial generalized linear models to determine the average response for hypersexuality and impulsivity among each of the three groups (“exclusive, non-exclusive, and no pedophilia”) and calculate how much the average responses differed. The findings showed elevated hypersexuality scores among participants in the “exclusive pedophilia” and “non-exclusive pedophilia” groups compared to nonclinical samples, while hypersexuality scores for participants in the “no pedophilia” group were similar to nonclinical samples. The three groups did not differ consistently in terms of the impulsivity measures. However, the authors emphasize the need for future research investigating whether “context-specific impulsivity (e.g., sexual impulsivity) might be a problem in men with hypersexuality” rather than general impulsivity.

The authors found that approximately 25% of the sample reported lifetime history of crimes involving sexual contact with children, with no difference between the three groups of treatment-seekers (“exclusive pedophilia,” “non-exclusive pedophilia,” and “no pedophilia.”) However, they did identify more sexual crimes involving illegal images of

children among participants in the “exclusive pedophilia” or “non-exclusive pedophilia” groups than the “no pedophilia” group, with “all patients” in the ‘exclusive’ group and 62% of the “non-exclusive” group reporting lifetime history of crimes involving illegal images of children compared with 25% of the “no pedophilia” group. They were unable to predict history of sexual crimes involving children (either crimes involving sexual contact or crimes involving illegal images) using the combined measure of “impulsivity and hypersexuality” or any of the individual measures. Among other implications, the authors questioned the predictive validity of STABLE-2007 for treatment-seekers who have not committed sexual crimes involving children, saying it was “designed to estimate the risk of re-offending” among people already convicted of sexual crimes. Importantly, they acknowledge the potential limitation of implicit bias on the part of the interviewing mental health professional, stating that “stereotypes and misconceptions of people with pedophilia and the knowledge of past offenses might [have led] to biases in the therapists’ ratings.”

Another noteworthy finding was that hypersexuality and impulsivity, two motivating factors commonly associated with perpetration of sexual crimes, were not elevated among the treatment-seekers in the “no pedophilia” group. The authors conclude the paper by emphasizing the need for careful investigation of motivating and facilitating factors for sexual crimes

⁶ Patton, J. H., Stanford, M. S., & Barratt, E. S. (1995).

involving children, including among people who are not attracted to children. They also suggest that treatment strategies should address motivating and facilitating factors more specifically and make fewer assumptions about them. The authors discuss the complex relationship between attraction to children and sexual crimes involving children, emphasizing the importance of differentiating between convicted, treatment-seeking, and community samples. Importantly, they explicitly note that their finding that history of crimes involving illegal images of children among the “exclusive and non-exclusive pedophilia” groups is not generalizable to community samples of people attracted to children.

The authors acknowledge several limitations of the study, including small sample size and overrepresentation of the treatment-seeking (i.e., distressed) segment of the population of people attracted to children. They note that “individuals who do not problematize their sexual attraction and behavior and individuals who manage their sexual attraction to children themselves are not represented in this study.” They acknowledge potential concerns about the reliability of self-reported criminal history, citing literature that supports its use⁷ and noting that “controlling for potential underreporting does not increase predictive validity.”⁸

There are additional considerations that warrant discussion beyond the limitations raised by the

authors. The central shortcomings of the paper are related to the definition and operationalization of constructs. First and foremost, the authors define and operationalize “pedophilia” using clinician diagnoses based on ICD-10 criteria for pedophilic disorder. In addition to not being the most current criteria, this also means the authors determine the sample’s group classification based on a clinical conceptualization of pedophilia, which is a much narrower case definition. While the authors take care to note the results are not generalizable outside help-seekers, they do not explicitly address the potential impacts on group classification and associated findings (e.g., someone who is attracted to children being classified as “no pedophilia”).

Further, the authors mention that they “subsumed nepiophilia, pedophilia, and hebephilia under the term pedophilia (either exclusive or non-exclusive),” citing this as a common research practice. However, they do not provide a rationale for this decision or explain how they even subsumed these categories when the group classification was based on clinician diagnosis. This lack of clarity detracts from the interpretability of findings.

As another example of definitional and measurement concerns, the authors note that “hypersexuality” is currently captured in the ICD-11 as compulsive sexual behavior disorder, which is characterized by “intense, repetitive sexual impulses or urges.” Further, descriptions of hypersexuality (i.e., a state

⁷ Jolliffe et al. (2003), Krohn et al. (2010), Pham et al. (2021).

⁸ Kroner, D. G., Mills, J. F., & Reddon, J. R. (2007).

of unusually intense sexual arousal) routinely accompany clinical descriptions of pedophilic disorder. While triangulating data from three sources is arguably a better approach to assessing a construct than any one measure on its own, the authors do not fully address potential overlap between constructs or other limitations inherent to the individual tools used for triangulation. For example, the authors use total sexual outlets (TSO) as one of the indicators of hypersexuality, despite citing research showing no TSO differences between treatment-seekers and non-seekers.⁹ The authors later acknowledge that factors such as coping may inflate TSO values independently of hypersexuality.

Similarly, the authors describe general and sexual self-regulation and sexual impulsivity as closely related constructs, despite describing sexual self-regulation in the section on measures of hypersexuality. They suggest that sexual impulsivity rather than general impulsivity is likely to be the relevant risk factor in hypersexual men but nonetheless proceed with the use of general impulsivity measures to address their research questions. Overall, more detail around certain methodological decisions and processes, including a more thorough discussion of the potential implications of the study's limitations, would have aided in study transparency and better contextualized its findings.

Despite these considerations, this study tackles critical questions and challenges assumptions about who commits sexual crimes involving children and why. The authors emphasize the importance of avoiding assumptions and one-size-fits-all prevention approaches, encouraging the objective exploration of a diverse range of motivating and facilitating factors associated with sexual crimes involving children. Such efforts to better understand factors associated with sexual crimes involving children can not only help strengthen prevention efforts but can also dispel harmful stereotypes, assumptions, and misconceptions about people who are attracted to children.

⁹ Winters, J., Christoff, K., & Gorzalka, B. B. (2010).

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Author Responses

Response to our review of Gaudette et al. (2024) in B4QR 5 (1)

From:

Jessica P. Gaudette

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Margo C. Watt & Christopher J. Lively

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We would like to acknowledge and thank the B4QR for their interest in our published work and formulating an analysis of our research. Indeed, critically examining research to ensure its accuracy and rigor is vital in all research, especially when the research relates to vulnerable populations. This article is based on the first author's (JG) undergraduate Honours research and was supported by an Undergraduate Scotia Scholars Award from Research Nova Scotia. We are glad that the published research article generated much interest and spurred a reply. This is an example of good scientific debate, and this dialogue in the literature ought to be encouraged. Given the opportunity to formulate a reply, we wish to address a few points about the reviewers' analyses that may have been overlooked during their review.

First, our study utilized a secondary dataset that was publicly available from Harper et al. (2022). Consequently, much of the criticisms offered by the reviewers need to be considered in this light. While secondary data research has its benefits, one of the

main limitations of our study is the methodology used by the original researchers. More specifically, the ways in which data was collected, choice of measures used, and how these measures administered are beyond our control as secondary researchers. Regarding one of the measurement tools used from the original study, the reviewers made a statement about the use of the Attitudes Towards Sex Offenders Scale (ATS-21; Hogue & Harper, 2018). As explained in our article, while not explicitly designed for attitudes towards MAPs, according to Harper et al. (2017) the scale is reported to be frequently completed by participants with "pedophiles" or "rapists" in mind. The issue identified by the reviewers with this scale is that "it is not only stigmatizing but also methodologically questionable." We agree with the reviewers' sentiment in principle in terms of the value and impact of language choice ("MAP" vs. "pedophiles") has on attitudinal outcomes. While this limitation was not discussed in detail within our published article due to page count restrictions of the journal, this notion was noted within the first

author's undergraduate thesis, from which this published article was created. Therefore, we appreciate the opportunity to expand on the point suggested by the reviewers and offer suggestions for improvement in future studies.

We agree that referring to MAPs as pedophiles or synonyms with sex offenders would be inaccurate and harmful to the MAP population. Additionally, it may also impact the study's validity as the measure does not accurately represent the population it refers to. Perhaps a better alternative measure to the ATS-21 to consider is the Attitudes Toward Minor Attracted Persons scale (ATMAP; Jara & Jeglic, 2021). The ATMAP is a 39-item self-report survey created to examine individuals' attitudes toward "MAPs" specifically. The ATMAP scale was developed with a community sample and had a high level of internal consistency ($\alpha = .95$). Hopefully, this context helps illustrate that this limitation was thoroughly considered and would have been corrected if we had the opportunity to conduct a conceptual replication of Harper et al.'s (2022) study rather than doing a secondary data analysis, of which we were limited to by our Research Ethics Board.

Second, in terms of the reviewers' critique of the operationalization of the terms "males" and "females" and suggested "failure" on our part to consider additional intersectional factors, we offer this reply. As per our first point above, we were limited to the secondary dataset available from

Harper et al. (2022), and consequently adopted the identifying language used in their original study. While we agree with the reviewers that current research practices and guidelines from APA suggest that males and females relate to biological sex and should not be confused with gender (i.e., women, men, transgender, gender diverse), the consideration and inclusion of other intersectional factors (e.g., race, religion, sexuality, class) that could have influenced participant scores would be an important inclusion in future research; however, again, we wish to underscore that these considerations were not possible in our specific study as it utilized secondary data.

Finally, the concluding statement in our article, which was "decreasing the stigma that surrounds MAPs, increasing their access to professional resources, and moving pedophilia into the public health domain, we can better protect our children and prevent child sexual abuse" was identified by the reviewers as "justifying stigma reduction as a purely instrumental goal impli[ying] that MAP well-being is only secondary." Respectfully, we would argue that this research has the implication of benefiting both the MAPs and the general public populations equally, with one aspect not being put above the other. Our collective goal (us and members of B4U-ACT) of decreasing stigma provides MAPs more access to resources while also benefiting their well-being. Furthermore, this type of research also serves as an educational opportunity

for all populations in terms of the use of appropriate language, erroneous assumptions, and perceived attitudes of sex offending when it comes to research and practice in this area.

Once again, we appreciate and thank the reviewers for their interest in and critique of our work, and for the opportunity to respond as we have done here. As academics who are newly joining the MAPs research field, we are acutely aware of the importance and sensitivity of this topic and acknowledge that, like

this field of research, we are always in a position to learn and grow. We wholly support the spirit that B4QR and the reviewers are doing in opening opportunities for transparent discussions and debates on a fundamentally important topic, and we hope similar journal reviews will continue to be implemented across more research fields to ensure that we are critically examining the published research, especially when it relates to vulnerable populations.

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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.

Line Christophersen
PhD Candidate, Griffith University, Gold Coast, Australia



Line grew up in Denmark, where she completed a Bachelor of Social Work at University College Copenhagen. During her studies, she came across an article written by a MAP who shared his life story and the challenges he faced, particularly around stigma, isolation, and barriers to seeking help. This experience sparked Line's long-term interest in supporting and advocating for MAPs and addressing the structural and societal barriers they encounter. She later moved to Australia to pursue a Master of Criminology (Professional) at Bond University, graduating with honors. Throughout her degree, Line actively presented on MAP-related topics to peers and academics, advocating for the benefits of peer support and the need for non-judgmental mental health services. Her master's thesis was a meta-analysis exploring how educational interventions might shift mental health professionals' perceptions of MAPs and increase their willingness to offer support. In collaboration with her supervisor, Dr. Gaelle Brotto, Line published her thesis as her first academic publication.

In July 2025, Line will begin a PhD at Griffith University, focusing on the collateral consequences of legislation for individuals convicted of sexual offenses and their families. While this research does not focus specifically on MAPs, Line hopes to extract data on MAPs who have been convicted of sexual offenses to conduct additional research on how these individuals are coping post-release and how best to support their reintegration and well-being. More broadly, she hopes these insights will help reduce stigma, lower recidivism, and promote more compassionate, evidence-based responses for all individuals who have committed a sexual offense.

Line is dedicated to building a research career focused on advocating for MAPs and improving their well-being, with an emphasis on evidence-based interventions, improved service access, and stigma reduction. She is actively seeking international collaborations to further this important work. She is honored to be part of B4U-ACT and deeply values being a member of such a compassionate and forward-thinking community. Line would like to express her sincere appreciation to Allen Bishop for his support, encouragement, and continued inspiration.

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/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/>)