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# B4QR

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*Review of publications from  
June 2021 to February 2022*

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## **Introduction by Allen Bishop, Editor-in-Chief**

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Welcome to the sixth issue of B4QR, the second of our journal's second volume. This edition presents critical reviews of eight publications covering four different topics related to minor attraction.

The first topic, at the heart of B4U-ACT's mission, concerns mental health professionals' willingness to treat minor-attracted persons. Two new studies are being reviewed on this topic, both coming from research teams whose work is recognized for combining rigorous analysis with an authentic concern for MAP wellness. Lievesley et al. (2022) recruited 220 non-specialist medical and mental health professionals for a multifaceted survey exploring professionals' "knowledge, comfort, competence, and treatment willingness" concerning MAP patients. Roche and Stephens (2022) similarly recruited 101 North-American professionals (psychologists, social workers, and students) for a study on willingness to accept clients for treatment based on randomly assigned vignettes. Both studies found that clinicians with more stigmatizing attitudes were less willing to treat MAPs, and that those with past experience working with MAPs had fewer such attitudes.

Our second topic explores the experiences of minor-attracted persons in a carceral-cum-judicial context. Steel et al. (2022) investigates the suicidal ideations of 78 individuals convicted for the possession of sexual images of children. The authors make several recommendations on ways to reduce the risk of suicide and encourage help-seeking behavior. Marafiga et al. (2021) is a qualitative study that presents the life history of 3 men serving long prison sentences in Brazil for sexual involvement with minors. Throughout their analysis, the authors try to identify past experiences that may have led the men to develop feelings of attraction to minors and to act on them. Our reviewers criticize this search for the "causes of attraction" and the underlying assumption that attraction to minors is fundamentally different from other sexual attractions.

Our third group of reviews looks at specific psychological capacities and their potential role in minor attraction or sexual offending against children. Schuler et al. (2022) is a longitudinal study comparing (cognitive and emotional) empathy in MAPs with and without a history of sexual offending. The study found that MAP participants with a sexual offense had, on average, a lower level of empathy than MAPs without such an offense, while the latter group had a higher level of empathy than a control group. Lampalzer et al. (2021) is an exploratory study investigating the possible association between hypersexuality and impulsivity in self-referred men attracted to minors. The study found only a weak relationship between impulsivity and hypersexuality. The 77 participants, recruited from a German sexual abuse prevention network, showed higher-than-average levels of hypersexuality but regular levels of impulsivity.

Our final group comprises more purely theoretical works on the nature of minor attraction. Brankley et al. (2022) analyzed archival data from 706 males in a civil commitment center to determine whether

pedophilia could be conceived as a “taxon”, i.e., as a discrete phenomenon rather than “an extreme on a continuum of age/maturity attraction.” The authors find support for this hypothesis and explore its possible implications. Gannon (2021) develops and defends an original explanatory theory on the sources of attraction to children, called the “compositional theory.” The author ambitiously tries to bring together multiple frameworks and to “reconcile” biological and environmental approaches under a single model - a proposal that our reviewers find wanting.

Our readers ought to keep in mind that the views and opinions expressed by our reviewers do not always reflect the official positions of B4U-ACT. In our efforts to publish intellectually rich and engaging texts, we grant our reviewers the freedom to express views that often go beyond our organization’s formal stances - although these views are never opposed to our organization’s positions and are in line with our general mission. For instance, while B4U-ACT does not officially endorse any specific etiological theory, our research community tends to accept the growing consensus in the field that minor attraction can accurately be construed as (a) sexual orientation(s), which naturally colors our reviews. Our readers should turn to our website for a presentation of our organization’s official statements and policies:  
<https://www.b4uact.org/about-us/statements-and-policies>.

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

## Reviewed Publications

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### **Primary health professionals' beliefs, experiences, and willingness to treat minor attracted persons**

Lievesley, R., Swaby, H, Harper, C.A., and Woodward, E. (2022)  
Archives of Sexual Behavior: <https://doi.org/10.1007/s10508-021-02271-7>

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Healthcare providers, whether in physical medicine or mental health, may not have the most accurate information with regard to the highly marginalized population of minor-attracted people (MAPs). This recent study by Lievesley, et al. (2022) set out to investigate what primary healthcare professionals believe about MAPs and to explore ways to reduce the provider's stigmatizing misconceptions of MAPs.

To find out what people in the healthcare profession think about MAPs and their attitudes towards them, the authors contacted numerous professional associations of healthcare providers across the English-speaking world and asked them to share the survey link with their members. They also used targeted messaging on LinkedIn. Ultimately, 220 participants provided the authors with usable data to be analyzed (175 female, 45 male; M age = 44.11 years, SD = 11.95). These 220 participants were grouped by occupation (where provided) into "primary medical care" (n=108) and "primary mental health care" (n=103).

Participants were asked whether they ever had a patient who disclosed an attraction to minors to them, and if so, how many times. 77 participants (35%) said they had experienced at least one such disclosure. Excluding 11 outliers who had this information disclosed to them by a very considerable number of people (these 11 were revealed to have worked in secure mental health or forensic services), the average number of times that participants had been informed of this was 2.90 (SD = 2.72).

The survey then asked participants to rate their agreement or disagreement with various statements on a scale from 1 to 6, with higher scores indicating higher levels of agreement. Examples of the statements included, "I felt/would feel competent dealing with patients with this sexual interest," and "I would be willing to work/treat patients with this sexual interest." Participants who previously had a patient disclose an attraction to minors reported feeling comfortable around minor attracted people at a significantly higher rate than those who had not had this experience. Both groups, though, highly

agreed that they would benefit from more training (4.93 and 5.27 respectively).

Risk and stigma were ascertained using Imhoff's (2015) Stigma and Punitive Attitudes Scale (SPS). Participants read a series of statements divided into four stigma domains: Dangerousness (e.g., "Pedophiles are perverse sex offenders,") Intentionality (e.g., "If someone is pedophilic, there is nothing they can do about it,") Deviance (e.g., "Pedophiles are sick,") and Punitive attitudes (e.g., "Pedophiles should be forced to undergo therapy"). The word "pedophile" was used for the sake of consistency with Imhoff's original work. Participants then responded to each statement on a 7-point scale with 1 meaning "strongly disagree" and 7 meaning "strongly agree."

The responses of participants were divided between primary medical care professionals and primary mental health professionals and were compared with a survey of 110 members of the general public. The results were generally high on all four stigma domains, though significantly higher for general public members. For example, on the idea of dangerousness, the general public agreed that "pedophiles" are dangerous at a mean of 5.44, compared to 4.94 for primary medical care professionals and 4.37 for primary mental health professionals. The pattern was the same for intentionality, deviance, and punitive attitudes.

Regarding perceived treatment needs of minor attracted people, participants were shown 11 different possible treatment goals, e.g., "To improve the patient's self-concept," and "To help the patient to extinguish or reduce an attraction to children." These goals were classified into three treatment targets: "mental health," "controlling these sexual attractions," and "living with the stigma of these sexual attractions." Of these, mental health concerns were given highest priority among mental health professionals and medical professionals alike. However, helping MAPs "control" their sexual attractions was also highly prioritized at a mean of 7.42 on a 10-point scale. According to the authors, this "control and management" approach contrasts with how MAPs themselves generally conceptualize their treatment needs and rests on the assumption that by nature MAPs are prone to compulsive thoughts and urges.

Finally, the authors self-produced a brief vignette in three parts to see how different revelations by a MAP would progressively influence the participants' judgments and decisions. In part one, a patient named Luke informs his healthcare provider that he has sexual thoughts and fantasies involving young children, and that recently he has found these thoughts difficult to manage, although he has no interest in offending and no criminal record. In part two, Luke discloses that he masturbates to these sexual fantasies, and in part three, Luke discloses that he works as a school teacher.

After each part, participants were asked to agree or disagree to a series of statements on a 6-point scale with 1 meaning “strongly disagree” and 6 meaning “strongly agree.” Some of these statements related to the participants' sense of their ability to treat Luke, such as “I would feel comfortable dealing with this patient,” and some related to their likelihood of reporting Luke, e.g., “I would report this to my manager or supervisor,” and “I would report this to my local police force.” Each new disclosure had a significant impact on participants, especially for those statements related to reporting Luke to a third party. Discovering that Luke masturbates to fantasies involving young children increased the participants' likelihood of reporting this information, and the likelihood increased again after learning his occupation. The authors did not offer any theories for why Luke's masturbation should have elicited such alarm from the participants, despite the fact that no evidence suggests a connection between fantasies and masturbation and contact crimes with minors.

Overall, this study points out some critical areas where primary healthcare providers would benefit from additional training and information about minor attracted people. An example of this would be in identifying appropriate treatment goals. Although mental health was the most prioritized treatment target in this survey, controlling or reducing sexual attractions to minors was highly prioritized as well, with a mean score of 7.42 on a 1-10 scale. The authors suggest that this is related to the high levels

of belief in this survey in the “intentionality” of MAP desires - the idea that their sexual desires are ultimately something they are responsible for. Interestingly, as the authors note, “such beliefs were associated with a lessened focus on MAPs' mental health treatment priorities, which in turn was associated with a lower level of willingness to work with this population.”

Dividing primary healthcare practitioners between those who had past experiences of hearing a patient disclose an attraction to minors and those who had not offered some important information as well. Noting that a simple in-person encounter with someone who has these attractions significantly increased the participants' comfort levels around MAPs and their willingness to treat them, the authors suggest “that global feelings of unease or discomfort are more important to address than are specific domains of stigmatization, such as perceptions of dangerousness among MAPs or beliefs about choice or control over sexual attractions, in creating an environment within which MAPs are initially welcome.” While the authors make no original suggestions for addressing this unease, they echo many others in the call for better and more comprehensive staff training in healthcare settings to better respond to the needs of minor-attracted people.

Finally, the hypothetical case of Luke, which participants read in parts, revealed that there is a



great uncertainty around reporting protocols in the healthcare field. In the US, at least, healthcare providers “are required to break confidentiality with their clients only when they have a reasonable suspicion that a specific child has been subjected to abuse, not simply when there is some chance for future abuse of a child”. Clear guidelines on what constitutes “meaningful risk” should be explicitly stated so that healthcare workers can focus on their patients’ needs instead of worrying whether or not they are committing a professional violation.

One limitation of this study which the authors pointed out was the exclusive use of self-report methods, which are subject to self-presentation biases, as well as hindsight bias. Though common in the social sciences, the authors suggest a way to collect “practice-based data,” whereby professionals will log each new patient, along with their personal feelings of comfort and competence in treating them. This may be difficult to promote, but the authors believe that this will help researchers track

perceptions of healthcare providers over time on a monthly or quarterly basis and offer much more reliable data.

Another limitation was the difference in wording between different reference measures, with some using “sexual interests/attractions to children” and others using “pedophiles/pedophilia.” As these different terms garner noticeably distinct responses, the authors emphasize the need to standardize the language for the sake of more reproducible research. This study covered many different aspects of primary healthcare professionals' current views on minor attracted people and the misconceptions that they may hold, and provides many new avenues of research. As specialized services for MAPs are unfortunately limited and often difficult to find, educating primary medical and mental health professionals on the nature of these attractions and beneficial treatment strategies will help more people who are attracted to minors access the services they seek.



**Clinician stigma and willingness to treat those with sexual interest in children**

Roche, K. and Stephens, S. (forthcoming)

*Sexual Offending: Theory, Research, and Prevention:* <http://dx.doi.org/10.23668/psycharchives.5323>

In their study, Roche and Stephens examine North American clinicians' willingness to work with persons who are sexually attracted to children. This presents a welcome and much needed contribution to this field. The study found that clinicians' willingness to treat minor-attracted persons (MAPs) was associated with stigma, as well as with the client's presenting issue. Based on their findings, the authors highlight the need for clinician training in this area.

Clinicians (N=101) were recruited from the USA (55.4%) and Canada (44.6%), and most of them were female (67.3%), with 36.6% of participants being psychologists, 23.8% social workers, and 18.8% students. Participants were asked background information, including questions about their competency to work with this group of clients, which was assessed by means of a simple yes/no variable, depending on whether participants had relevant experience. Then, participants were randomly assigned to one of four vignettes (hypothetical scenarios), which differed in two ways: 1) the hypothetical client's presenting issue (low mood or management of sexual interest) and 2) the hypothetical client's history with regard to sexual offenses involving children (the client has relevant offense history or does not). Participants were asked whether they would accept a referral for their

assigned hypothetical client, and those clinicians who rejected the referral were further asked whether this was due to lack of competency, personal beliefs, both of the former, or other reasons. Lastly, participants were asked to complete the APSIC (Attitudes Towards Persons with Sexual Interest in Children) Scale, which is a 21-item scale, measuring participants' stigmatizing attitudes in a 7-point Likert scale, ranging from "strongly disagree" to "strongly agree", with higher scores indicating greater stigmatizing attitudes. This scale was developed for this study and adapted from the Attitudes Towards Sex Offenders - 21 scale.

The authors had hypothesized that clinicians with lower competency than others would also exhibit more stigmatizing attitudes towards the clients, and that clinicians with more stigmatizing attitudes would also be less willing to treat persons who are sexually attracted to children. In line with their hypotheses, those clinicians with competency had significantly lower APSIC scores, and those who were unwilling to treat persons who are sexually attracted to children had higher stigma scores. Overall, about 77% of participants were willing to treat their hypothetical client, which was promising, considering the stigma that this group faces. However, clinicians were much less likely to accept clients who wanted to "manage" their sexual

attraction and had committed a relevant offense, with 48.1% of those who were assigned to the respective vignette (managing sexual interest, prior offense) indicating they would not be willing to treat the client. About 61.5% of those who responded negatively in that vignette stated lack of competency as their reason, with 23.1% stating reasons relevant to both lack of competency and personal beliefs.

These findings helpfully highlight that clinicians are not immune to the stigma against MAPs. The authors suggest that, given that nearly two thirds of those who were not willing to treat their hypothetical client stated lack of competency as their reason, educating clinicians around sexuality-based concerns that clients may face should be a priority. They therefore propose a stigma-targeting workshop, which would provide “information on those with sexual interest in children and their treatment needs and include elements of social contact to facilitate stigma reduction” (p.16). The inclusion of those immediately impacted by the stigma in a relevant intervention is of pivotal significance (“[s]ocial contact can be implemented by having those with sexual interest in children attend the conference, for example, as a speaker in a panel” [p.16]). Although this should be self-evident, research in this area still by-passes the voices of MAPs, so this consideration and proposal by the authors is to be praised.

Most of the limitations that this study presents are already recognized by the authors, who reflect on

issues pertinent to the generalizability of their findings, due to the number of participants, and the fact that, had sampling strategies been different and participants less experienced with working with this client group been recruited, even higher stigma scores might have been likely.

A concept that could benefit from further clarity is the “competency” of clinicians to work with persons attracted to children. This concept could have been more clearly operationalized, to avoid assumptions that, for example, treating MAPs requires some sort of unique and highly specific skillset that would not apply to other client groups. Relatedly, since all the vignettes specifically mentioned that the hypothetical client was sexually attracted to children, it would be useful to know how the authors would avoid potential assumptions by clinicians that, even if a minor-attracted client wanted their treatment to focus on “low mood” and not on “managing” their sexuality, their attraction to minors is still to “be blamed” for their other treatment needs.

Although the authors do try to navigate away from the scope of abuse prevention, which so often circumscribes (treatment) approaches to MAPs, they still assert the “need for comprehensive mental health services in the population, which could have the dual aim of child sexual abuse (CSA) prevention and promotion of personal wellbeing” (p.4). Although citing abuse prevention as an overarching

goal, or a welcome by-product, when it comes to addressing MAPs is seen as standard and desirable practice in the literature, it is worth wondering whether this population could ever be seen outside the scope of prevention and “management” of sexuality altogether.

Regarding the potential implications of this study, all training that would be provided to clinicians in the

future should be very carefully designed in order to avoid perpetuating (implicit) stigma and assumptions about persons who are attracted to minors. MAPs should be included in the designing of such training. The authors, however, seem well-aware of this need and clearly oriented towards MAP-inclusive, ethical, and holistic anti-stigma interventions.

**Suicidal ideation in offenders convicted of child sexual exploitation material offences.**

Steel, C. M. S., Newman, E., O'Rourke, S., &amp; Quayle, E. (2022)

*Behavioral Sciences & the Law*, 1–16: <https://doi.org/10.1002/bsl.2560>

This study by Steel et al., examines the prevalence of suicide ideation in people who are being investigated for the possession of sexual material involving minors. The study aims to highlight best practices among law enforcement that may reduce the risk of suicide as well as encourage help-seeking behavior.

Discovering that one is under investigation for a crime can be a life shattering event, the stress of which is greatly exacerbated if it is a crime of a sexual nature involving minors. Increased ideation of suicide is often closely related to entanglement with law enforcement.<sup>1</sup> Additionally, one particular study has revealed that over one-third of people who are attracted to minors have experienced suicidal thoughts<sup>2</sup> and another showed that 23% have attempted suicide<sup>3</sup>. With these factors combined, people convicted of illegal sexual activity with minors and non-contact offenders may be 100 times more at risk for suicide compared to the general population<sup>4</sup>.

Individuals are most vulnerable to suicide shortly after their first interaction with law enforcement, reinforcing the significance of those initial

interactions between investigators and suspects<sup>5</sup>. As Hoffer and Shelton (2013) explain, about a quarter of the 106 cases they analyzed of people who committed suicide after being charged with a child sex crime committed suicide within the first 48 hours of being alerted to an ongoing investigation.

Despite this data, the authors of the present study write that there have been few attempts at understanding the subjective state of mind of people who are being investigated for crimes of this nature. The study at hand explored this aspect in an effort to better understand the potential psychological implications surrounding individuals who have been convicted of an image-based offense involving minors during the last 10 years.

Participants were recruited by email and were asked to complete an online survey (n=2508). 141 people responded, though 43 dropped out, making the response rate 3.9%. 20 more failed one of the survey's two attention checks, ultimately leaving the responses of 78 individuals to be analyzed.

The survey measured the respondents' retrospective suicidal desires using the Suicidal Ideation Measure<sup>6</sup>, asking how often they had thoughts such as "I felt my family and friends would be better off if I were

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<sup>1</sup> (Larney et al., 2012) (Favril et al., 2020)

<sup>2</sup> (Cohen et al., 2020)

<sup>3</sup> (Levenson & Grady, 2019)

<sup>4</sup> (Key et al., 2021)

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<sup>5</sup> (Cook, 2013)

<sup>6</sup> (Klein et al., 2013a)

dead.” 73% of respondents reported significant suicidal ideation at some point after being made aware of an ongoing investigation, one standard deviation above the mean of the reference population, and 19% reported attempting suicide.

Participants were also asked how they felt the investigators treated them during their initial interview. Only 19% agreed that they were treated with compassion, and 18% that they were treated with understanding. Interestingly, on the question of fairness, while a plurality, 49%, disagreed that they were treated fairly, a significant minority agreed (44%). The responses in the affirmative for fairness, therefore, were roughly twice that of compassion and understanding. This could possibly indicate the presence of internalized guilt in people charged for these crimes - a point that the authors did not raise. Moreover, it is also plausible that fairness is a much lower standard than compassion or understanding, the latter two requiring actions or words that, in a sense, advocate for the mental wellbeing of the suspect.

The authors note that “no statistically significant relationships between the overall interview impression and suicidal ideation were identified.” When asked what investigators could have said to reduce suicidal thoughts, 55% replied that there was nothing that investigators could have said. The explanations provided by respondents to support this belief are telling. One person wrote: “Nothing. It’s the social stigma and threat of prison that get you.”

Another explained: “I didn’t listen to them anyway. I was in a deep hole.” These responses demonstrate that perhaps the psychological trauma of the investigation and interview outweigh any efforts by law enforcement to be proactive and compassionate in their protocols. The internal narratives running through the suspect’s mind may in effect block the receiving of communication from law enforcement.

A small minority of participants made suggestions on ways that investigators could make their initial questioning less frightening and accusatory, thus reducing the risk of suicidal thoughts and behavior. 12% responded that being presented with a positive way forward would have been highly welcomed. One participant wrote that investigators could have “reassured me that no matter what happens there are ways to redeem yourself,” and another wrote that investigators could have “provided a path that didn’t involve me losing everything I had worked for in my life.” Evidently, a forward-looking approach, focused on positive future possibilities can be a comfort in this already-stressful process.

Another 9% reported that they would have been consoled by more understanding from their investigating officers of the idea that their activities constituted a “mental illness issue.” These respondents suggested that being provided with mental health resources and treatment options would have helped them feel less “deviant” and alone. Worth noting, however, is that the presence of attractions to children and/or adolescents alone does

not constitute a mental illness or require psychological intervention (American Psychiatric Association, 2013, pp.685-686).

Perhaps most critically for practical application was the question of how likely participants would have been to seek assistance for suicidal thoughts and behaviors if contact information had been provided by investigators. A large minority, 41%, said that they would be at least slightly likely to seek assistance if offered. Even more importantly, 80% of participants who reported attempting suicide after being made aware of an ongoing investigation said that they would have been likely to look into these resources if informed of them at the time. Therefore it would be prudent to educate law enforcement on the wide range of resources available to minor-attracted individuals so that they may be provided to individuals and their families.

The authors point to the first responder role of law enforcement relative to mental health concerns. This is a subject warranting further research and analysis; however, suffice it to say that due to society's deeply held beliefs around the role of law enforcement, it may be more useful to employ certified mental health providers alongside police to ensure that best practices are utilized during these crucial first interactions. Efforts toward compassion by investigators, while helpful, may be insufficient in communicating to each individual that their acts are in no way self-defining. Furthermore, mental health practitioners could be more suited to providing and

explaining the varied resources available to minor-attracted persons and their families.

Ultimately, the authors suggest that investigators should adopt a "Rogerian unconditional positive regard approach" in their interviews with suspects and "place the offender's actions in a whole-person context." Rogerian rhetoric is an approach in communication wherein a person addresses another not from a de facto position of moral and epistemological superiority, but in a way that invites mutual understanding and respect<sup>7</sup>. This can help humanize these individuals and encourage them to stay strong during this difficult time in their lives. Additionally, investigators should provide pamphlets with contact information for mental health services, encourage them to seek support, and/or request a voluntary and temporary surrender of any firearms they may have on the premises.

Importantly, after individuals are released and pending trial or plea, probation officers may be employed to ensure that ongoing mental health support is provided and encouraged. Indeed, while suicide risk is greatest at the inception of investigation and questioning, offenders and their families will need resources and support throughout the entire legal process. Those supports should be delivered as sincere efforts to check-in on mental wellbeing, rather than focused on compliance.

The authors were generally careful not to use stigmatizing language to refer to their subjects,

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<sup>7</sup> (Rogers, 1957)

although the expression “sex offender” should have been replaced by a person-first alternative. Another element of the study that is clearly regrettable is the way it discusses the several *other* reasons why decreasing suicides in this population is important, such as the “negative effects on first responders and law enforcement,” for the benefit of the individual’s family, and because of the idea that their suicides “may impact the victims by not allowing closure through a conviction”<sup>8</sup>. The authors also write that “[h]umanity and compassion in particular have been identified as important characteristics for interviewing sex offenders, in that they can facilitate non-coerced confessions”<sup>9</sup>. These additional points, while accurate, imply that there is a need to justify attempts to lower suicide rates among individuals who are attracted to minors; their own wellbeing and protection should suffice.

While the scope and the findings of this study are simple, its implications are far reaching and clear. For people being charged with possession of illicit sexual material involving minors, law enforcement agencies need to make a deliberate attempt to take the suspects’ mental well-being into account and provide resources aimed at decreasing their risk of suicidality.

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<sup>8</sup> (Hoffer et al., 2010)

<sup>9</sup> (Kebbell et al., 2008)



**Life history of men with pedophilic disorder serving time in prison**

Marafiga, C. V., Lima de Oliveira, E., Penna, M.N., and Falcke, D. (2021)

*Ciencias Psicológicas*

This article provides brief summaries of the life histories of three men serving time in a Brazilian prison for sexual involvement with minors. It then attempts to determine the psychological and social factors in their life histories that are believed to have contributed to their developing pedophilic thoughts and feelings and acting on them. The authors summarize their objective as being “to learn about the experiences of these men in their families of origin and describe their motivations and how they planned the crimes for which they were convicted, including their feelings and assessment of repercussions.” The men’s life histories were gathered by means of a demographic questionnaire, an examination of their judicial processes, and a two-hour interview with each of them, conducted in the prison.

The authors at the start refer to prior research that demonstrates that not all individuals attracted to children act on that attraction and that, in fact, the great majority of people who commit sexual offenses against children are not preferentially attracted to children. They then refer to research that shows what they consider to be some of the traits of persons with pedophilic disorder: experience of childhood trauma and violence, depression, inappropriate social and problem-solving skills, emotional immaturity, and

maladaptive coping strategies. They state that “individuals with pedophilic disorder do not necessarily have cognitive deficits and usually understand the severity of victimizing children,” but they add that “their volitional processes may be compromised, especially regarding the ability to control sexual urges, desires, or behaviors toward their victims.” They also state that persons with pedophilic disorder suffer from cognitive distortions that make them believe that “a child and/or adolescent is able to consent to have sexual interactions.”

Having established these psychological and sociological factors that are said to be the reasons for persons having thoughts of attraction to children and adolescents that they act upon, the authors proceed to describe the life stories of the three men using these frames of reference. The three men were “diagnosed with pedophilic disorder,” by a forensic psychiatrist whose assessments were included in the participants’ judicial processes. They were convicted of crimes that involved “sexual violence against children/adolescents,” but there is no explanation of how that crime is defined in Brazilian law. Robson is a 40-year-old high school graduate, single; he is serving 23 years for involvement with three boys aged 12 to 13. Junior is a 49-year-old

college graduate, divorced with no children; he is serving 51 years for involvement with five boys aged 11 to 15. André is a 55-year-old college graduate, divorced with two children; he is serving 230 years for involvement with twelve girls aged 9 to 12.

Robson does not feel he was abused as a child, but he awakened for sexual interests very early. His first sexual interaction was with his cousin, when he was eight and his cousin was 13. Robson never married but had two girlfriends. He dated one girl for three years and they did not have sexual intercourse. He lived with the second woman for eight months. After that ended, he took in a 15-year-old boy, whom he called a “stepson,” and two younger boys who were runaways. He became sexually involved with the younger boys, admitting that “I got carried away by the situation,” but he stated that the boys were never forced and that they even consented: “I would never insist on it. ... I always had passive behavior. ... I was never the agent, the one who took the initiative. ... I got into it as if I was another 12, 13-year old boy, there together with them. I wanted to participate in a kind of game that was happening there.” Robson stated that he was not at all attracted to prepubescent children.

Junior had a difficult family life as a boy and he met his father only at the time of his death. The authors, seeking to understand the psychological and social factors that led him to a pedophilic disorder, assessed that he subsequently “sought

rapprochement with paternal figures until he met an older man at a Bible camp and developed a kind of platonic love, a feeling that, as an adult, he wanted the adolescents to nurture for him.” He was married for nine years but eventually withdrew from his wife because he found that the boys he knew gave him more affection. Eventually, he said, “Things start to happen, and you are unable to say no.” Junior thought that the boys, who came from difficult family situations, admired him and even had a crush on him.

He said he did not consider himself “sick” and insisted that he never forced anything: “Most of the times, the boys would leave the bathroom naked and horny and, you know, aroused, and they’d go ‘let’s do it,’ and I could never say no and things ended up happening.” He stated he was reported to the authorities by a 15-year-old boy who was jealous. When the other boys were questioned in court by the judge, they said they were never forced to do anything. Junior believed that minors could consent to sexual relations; he thought such relations were problematic only when forced.

André had boyhood sexual experiences with older boys (he was age 8 and the neighbor boy was 13), but aside from one with a 3-year-older brother, he did not feel they were abusive. He also reported that he was sexually abused on a bus when he was 14 years old. He married and had children, and for many years he “lived his life within socially acceptable standards.” At the age of 50, however, he

got to know several young girls whose parents were very permissive. He said, “..there was a point when the situation deteriorated. I didn’t know how to manage it.” He confessed: “Suddenly, you start seeing sexuality in a child, ... and something inside you explodes.” He stated that the “libidinous acts” for which he was convicted did not involve intercourse. He believed that the children consented though he admitted to feeling great remorse when he realized that one of the girls was quite unhappy with his behavior.

In comparing the three cases, the authors note that all three men reported sexual experiences in childhood but only one (André) reported any experience that was abusive. Even so, the authors state, such early experiences could help to explain the men’s “cognitive distortions.” Neither Robson nor Junior thought of themselves as pedophiles since they considered pedophilia to be a disorder that “includes violence and imposes suffering on the victim.” André did recognize himself as a pedophile, at least in later life, but he did not think of himself as a “monster that preys on young children.”

The authors admit that their sampling was small and that the prison setting of the interview was far from ideal. They conclude the article by insisting that pedophilic disorder is a “treatable psychological condition,” in the sense that those who suffer from it can be helped not to offend, and that pedophiles should not be subjected to shame and stigma, especially since these may prevent them from

seeking help. They urge professionals “to develop the ability not to reject victimizers” and the “empathy to understand them.”

The article leaves the reader with several questions. One wonders about the ethical aspect of publishing the confessional statements of men serving prison sentences. Even if pseudonyms were used, the details of their convictions would allow the men to be identified, and their statements could be used against them when (and if) they were eligible for parole. Considering the intense debate that took place in 2009, before the publication of DSM-5, one wonders why the authors make no effort to distinguish hebephilia from pedophilia. Robson and Junior would certainly seem to be hebephiles rather than pedophiles since they were attracted to pubescent boys. The insistence of DSM-5 on defining as pedophiles all those attracted to children under 14 years of age obscures the different dynamics in the two types of attraction. Finally, the authors offer no commentary on what would appear to be a rather unusual case: a man becoming strongly attracted to young girls at the age of 50, after leading a very conventional life before that.

Having established that they were seeking psychological and sociological factors that led to the 3 participants being pedophiles (and hebephiles), they force those factors into their interpretation of the participants’ life stories. The authors did not recognize the research that indicates that many children and young adolescents seek out and

experience sexual activity with playmates. Reportedly, sexual behaviors in children are common, occurring in 42 to 73 percent of children by the time they reach 13 years of age.<sup>10</sup> Thus, the 3 participants having experienced such sexual activity in their own childhood might be seen as normative and not pathological. Furthermore, there is an area of non-forensic sexological research suggesting some minors do seek sexual activity with adults.<sup>11</sup> Without implying that such activity is acceptable, this research suggests that the 3 participants' thinking that the children and young adolescents with whom they engaged as adults were wanting to engage in sexual activity with them might not be a "cognitive distortion." Persons who feel attraction and affection for minors may, indeed, find themselves in a situation in which a minor is possibly seeking out sexual activity, so they need to develop techniques for responding in such situations and be prepared to effectively avoid acting on their thoughts and feelings.

Since the authors were looking for psychological and sociological factors in the three participants' life stories, they essentially saw what they were looking for and didn't see what they weren't looking for in the men's stories. Due to its age of onset, presence of sexual and romantic components, and stability over time, minor attraction, particularly pedophilia, has been proposed as a sexual age orientation (Seto,

2012; Grundmann et al., 2016). In the cases of Robeson and Junior, their attraction to minors could be understood as the sexual orientation that they simply came to have—it just is, there is no choice involved nor childhood trauma, childhood social circumstances, or psychological issues that caused the attraction. Instead of the authors assuming the "volitional processes [of individuals with pedophilic disorder] may be compromised, especially regarding the ability to control sexual urges, desires, or behaviors toward their victims," persons attracted to minors can be expected to control their feelings of attraction just as adults attracted to other adults control their feelings of attraction to other adults. Attributing animalistic "urges" to persons attracted to minors is not only dehumanizing, but such messaging by researchers, mental health professionals, and the media may also contribute to persons attracted to minors coming to think that they cannot control their feelings of attraction.

The depression, lack of social skills, social isolation, and substance abuse which the authors attribute as causes of pedophilia might instead be recognized as being secondary to the culture's demonization, stigmatization, and shaming of persons who are attracted to minors. However, the authors fail to identify these coping factors as a focus of treatment. Instead, in their advocacy of treatment for persons convicted of sexual offenses with minors, they state: *"The psychological support provided to pedophiles is intended to... mainly prevent the relapse of child molestation."* Therapists need to treat the MAPs'

<sup>10</sup> Kellogg, 2010

<sup>11</sup> e.g., Arreola et al, 2008; Stanley et al, 2004; Savin-Williams, 1997

total well-being, not just how to prevent them from relapsing.

**Empathy in Paedophilia and Sexual Offending against Children: A Longitudinal Extension**

Schuler, M., Mohnke, S., Amelung, T., Dziobek, I., Borchardt, V., Gerwinn, H.,  
Kärgel, C., Kneer, J., Massau, C., Pohl, A., Weiß, S., Pieper, S., Sinke, C., Beier, K. M., Walter, M.,  
Ponseti, J., Schiffer, B., Kruger, T. H. C., & Walter, H.

*Journal of Sexual Aggression:* <https://doi.org/10.1080/13552600.2021.1931721>

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The research reported in this article represents the first longitudinal examination of cognitive empathy (CE) and emotional empathy (EE) toward children and adults among child-attracted men who had a sexual offense involving a child (P+CSO), child-attracted men who did not have such an offense (P-CSO), and a control group comprised of men with no sexual attraction to children and who had no such offense (TC). The study sought to build upon previous cross-sectional research, and the authors own recent findings regarding CE and EE for children and adults among these same three sample groups.

In the introduction, it is noted that previous cross-sectional analyses investigating empathy and offending have demonstrated mixed results and that, to date, research concerning the impact of victim empathy on risk of offending is inconclusive. The authors highlight methodological concerns of previous research, including operationalization and measurement of empathy, questionable psychometric properties of measures that rely on self-report, and variations in clinical judgment. These methodological differences create obstacles to comparing findings across studies, which might shed

light on variation of levels of empathy between minor-attracted people (MAPs) who do and do not commit sexual offenses involving children. Given the limits of cross-sectional data to infer causation, this first longitudinal examination is a first step in providing evidence of stability of measures over time, contributing to support for further longitudinal research aimed at investigating the possible causal role of various operational and conceptual constructs of empathy in offending. The authors also describe previous findings from their own differential analysis of CE and EE toward children and adults among P-CSO and P+CSO, arguing that evidence of the stability over time of low CE among P+CSO compared to P-CSO and higher levels of EE for both P-CSO and P+CSO would support a therapeutic focus on CE to prevent further CSO.

While recruitment included online advertisements, forum posts, and email lists, participants who were sexually attracted to children were primarily recruited from the Dunkelfeld Project. Distribution among the three groups were  $n = 9$  for P+CSO,  $n = 26$  for P-CSO, and  $n = 25$  for TC. Inclusion in either the P-CSO or P+CSO group was assigned if participants were male, reported having fantasies

about prepubescent and/or early pubescent children that were sexually arousing and lasted for at least 6 months, and who had longer response latencies for immature developmental age categories. Inclusion in the P+CSO group was determined by self-report of a “hands on offense” against children. Exclusion criteria included those who were uncertain about their sexual gender and/or their sexual age preference, aged 50 or above, with an intelligence score more than 2 standard deviations above or below the norm, current substance abuse, psychotic or severe mood disorders, current psychotropic medication intake, or neurological disorders. Of the 35 participants with sexual preferences for children, 18 of them received an intervention to increase EE, but not CE.

Empathy was measured at two time points, three years apart, using the Interpersonal Reactivity Index (IRI) and the Multifaceted Empath Test (MET). Both instruments include measures of EC and EE. Primary findings were 1) The P+CSO group demonstrated lower CE; 2) The P-CSO group reported personal distress in social situations, and 3) These results were stable over the time.

The authors note several limitations to the study including shortcomings involving the sample, the measures, and the statistical approach. Additional limitations not mentioned by the authors should be noted. Early in the paper the authors acknowledge that definitions of empathy within the research

community have a history of being inconsistent. However, in the limitations section there is no acknowledgement that the lack of consensus concerning the definition of empathy continues to present challenges to researchers in this field, and as such, caution is advised in terms of interpreting conclusions about the concept of empathy. Moreover, the lack of clear conceptual and operational definitions of empathy should be addressed in relation to the results of this study and recommendations for further research. For instance, while the results demonstrated stability over time based on the measurement instruments used in this study, meaningful results are dependent upon the use of more refined constructs of the elements of empathy.<sup>12</sup>

Second, it is suggested in the introduction that those who are not attracted to minors but who act sexually with them primarily do so as a result of individual characteristics, motivational, or psychological factors. The role of situational or environmental factors is omitted in this explanation. Further, the discussion appears to assume that these offenses are a replacement for sexual engagement with an adult. Physical, social, and cultural environments are often important precursors to sexual offense and not necessarily related to preferential age.

Third, the authors note that being sexually attracted to minors is not a prerequisite for engaging sexually

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<sup>12</sup> (Hall & Schwartz , 2018)



with children and that minor attracted persons account for about half of sexual offenses involving children. The finding that minor-attracted men who have committed a sexual offense had significantly lower CE than both the control group (non-offending teleiophilic men) and minor attracted men who have not offended may be more indicative of the risk of sexual offending overall, rather than the risk of offending among minor attracted men. For instance, the results demonstrated that MAPs with no sexual offense had levels of empathy that were not just higher than minor attracted men who had offended but also higher than the control group/teleiophilic men. This finding is important as it indicates that level of CE may factor into offending to a greater extent than minor attraction. As such, it may be prudent for future studies to include additional groups when investigating CE. Additional groups should include adult men with and without a sexual attraction to children who have and have not offended, and adult women with and without a

sexual attraction to children who have and have not offended.

Within this context, the authors' conclusion that the stability of the findings support "applying targeted therapeutic strategies for paedophilic men with and without a history of CSO tailored to their specific needs in order to prevent child sexual abuse" on one hand acknowledges the importance of individualized treatment, and on the other hand seems to imply that the focus of treatment for minor-attracted persons should be prevention of child sexual abuse. The latter point may not have been the authors' intent. Perhaps a more nuanced conclusion regarding the stability of the results might have been to suggest that deficits in CE appear to be associated with child sexual offending among minor-attracted persons. Further research is needed to identify specific mechanisms of cognitive empathy that may increase risk of offending and examine if these mechanisms present risk factors among all persons who sexually abuse children.

## **Hypersexuality and Impulsivity in Self-Referred Men With Sexual Interest in Minors: Are They Related? Do They Change During Treatment? An Exploratory Pilot Study.**

Lampalzer, U., Tozdan, S., von Franqué, F., & Briken, P. (2021)

*Sexual Medicine*: <https://doi.org/10.1016/j.esxm.2021.100429>

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In this paper, Lampalzer, Tozdan, von Franqué, & Briken examine if a sexual interest in minors is correlated to hypersexuality and impulsivity among a nonclinical sample of self-referred men who are part of the Kein Täter Werden (“not become an offender”) network. This network provides treatment to minor-attracted people (MAPs) who either suffer from their attractions or feel they are at risk of acting sexually with minors. The second goal was to determine if hypersexuality and impulsivity are amenable to change during treatment. The authors find that hypersexuality, but not impulsivity, is correlated with a sexual attraction to minors, and that hypersexuality, but not impulsivity, was changed during treatment. From this, the authors argue that, in order to reduce the risk of sexual offending, it would be worthwhile to focus on reducing hypersexuality, while a focus on impulsivity may not be clinically relevant nor possible given the findings and the fact that, as the authors explain, impulsivity is not a precise construct. The authors are careful, however, to specify that these are preliminary data from the first wave of results following treatment, so the results should be taken with a grain of salt.

The sample was 77 men who are sexually attracted to minors and who self-referred to the German

sexual abuse prevention network “Kein Täter Werden.” Participants were included if they met one of the following criteria: 1) has not acted sexually with a child or viewed sexual images of children, but fears doing so, 2) has acted sexually with a child or viewed sexual images of children, but this is not known to the legal system, or 3) has been previously charged with, or found guilty of, one of those acts, has fully served their sentence, and fears doing so again. All 77 men had undergone an initial diagnostic procedure between 2011 and 2019 and started treatment. Participants were provided either psychotherapy only (n = 49) or psychotherapy + medication (n = 28).

The study focuses on impulsivity and hypersexuality. Impulsivity was measured by the Barratt Impulsiveness Scale (BIS-11), a 30 item scale scored on a 4-point likert scale with scores ranging from 30 to 120, and consisting of 3 subscales, 1) attentional impulsiveness, 2) motor impulsiveness, and 3) non planning impulsiveness. Hypersexuality was measured by the Hypersexual Behavior Inventory (HBI-19), a 19-item scale scored on a 5-point likert scale with scores ranging from 19 to 95, and consisting of 3 subscales, 1) control, 2) coping, and 3) consequences. Statistical analyses

were carried out in 5 phases, 1) descriptive statistics (means, medians, standard deviations, and ranges) were used to describe the sample characteristics and scores on the BIS-11 and HBI-19 among the participants. The BIS-11 and HBI-19 scores were used in the discussion section to compare the similarity in the present sample to other populations, though no statistical analysis was done to assess the statistical significance of this comparison. 2) The authors used Spearman's correlation coefficient to analyze the correlation between impulsivity and hypersexuality. 3) Paired-sample t-tests were used to analyze the difference in impulsivity and hypersexuality in pre and post treatment. 4) Independent samples t-tests were used to analyze the difference in hypersexuality in pre and post treatment by whether or not patients had an indication for psychotherapy only or psychotherapy and medication. 5) The authors conducted an exploratory analysis using paired-samples t-tests to look at any change post-treatment on each of the individual subscales of the BIS-11 and HBI-19.

Participants had a mean BIS-11 score of  $M = 61.92$ , with 11.1% of participants being classified as highly impulsive, and a mean HBI-19 score of  $M = 55.97$  with 64% of the participants being classified as clinically hypersexual. The authors compared the rates of impulsivity and hypersexuality in their current sample to other samples, primarily of non-clinical college students. The authors found that there was no evidence of elevated impulsivity in the

present sample with a mean BIS-11 score of 61.92, while the comparison samples had means ranging from 62.8 to 64.94. The authors did find elevated levels of hypersexuality. The mean score of the present sample was 55.97 compared to mean scores of 33.9-34.2.

The authors argue that the heightened rate of hypersexuality in this sample may "support the hypothesis that individuals with hypersexual behavior tend to find deviant sexual stimuli more and more interesting over the course of time," (p.8) however, that conclusion would only be valid if they selected their sample from participants who had hypersexual sexual interest and found a high degree of sexual interest in minors. Instead, they recruited a sample of individuals who are concerned that they are at risk of acting sexually with children, a sample which is more likely to consist of individuals who have 1) sexual interest in minors, and 2) heightened rates of hypersexuality, as individuals with hypersexuality may be more concerned about perpetrating a sexual offense compared to individuals without hypersexuality. So, the authors finding heightened rates of hypersexuality in their current sample is not indicative of heightened rates of hypersexuality among MAPs in general or heightened rates of attraction to children among people who are hypersexual, but rather there is substantial sampling bias.

The authors found only a weak relationship between impulsivity and hypersexuality, and when limiting the sample to individuals with clinically relevant hypersexuality, there was no statistically significant correlation. This does correspond to prior findings that impulsivity and hypersexuality are only significantly related when comparing hypersexual and nonhypersexual males, rather than viewing hypersexuality as a continuous measure.

There was no statistically significant difference in the BIS-11 score before beginning treatment compared to after partial completion of treatment ( $M = 59.30$ ,  $SD = 9.51$ ,  $p = .532$ ). There was, however, a statistically significant decrease in HBI-19 scores before beginning treatment ( $M = 56.76$ ,  $SD = 16.49$ ) compared to after partial completion of treatment ( $M = 46.52$ ,  $SD = 15.30$ ,  $p = .008$ ). The authors argue that this is likely due to Kein Täter Werden's treatment approach being based on sexual therapy, so it is likely that there is greater emphasis placed on reducing difficulties related to sexuality rather than general impulsivity. However, this decrease could also be due to social desirability, especially given the stigma that this group faces, which the authors could have also considered.

The authors acknowledge a handful of limitations to this study. First, due to low sample size and the institutional context of Kein Täter Werden, the study does not generalize to minor attracted people in the general community. Second, since all items were

self-reported, there are limits in regards to the validity. In particular, there was no way of determining if any decrease in hypersexuality or impulsivity among individuals who were taking medication was due to the effects of the medication itself or due to the placebo effect. Third, impulsivity was viewed as a unidimensional construct for the sake of these analyses, while there are numerous forms of impulsivity (e.g., motor-impulsivity, non-planning impulsivity), so it is possible that there was an effect on a specific type of impulsivity. Fourth, the authors did not control for any potential confounders, such as age, in order to keep analyses simple and due to their limited sample size. Finally, while this was not a limitation that the authors discussed, it is worth noting that the authors did not have any other sample to compare their rates of impulsivity and hypersexuality against. Instead, they compared the results to other studies. The authors do not provide actual numbers for what these were. Since a core goal of their analysis was to determine if hypersexuality and impulsivity are associated with sexual attraction to minors, it would have been useful for the authors to conduct a meta-analysis of the studies that they cite, so that they could state that there is no association through a statistical analysis.

When considering these limitations, it is also important to keep in mind that this was an exploratory pilot study. As such, the purpose was not to provide any complex or comprehensive analyses, but rather to quickly present preliminary results.

These analyses will hopefully be updated in the future with a larger sample size and addressing some of the weaknesses here to provide a more nuanced and detailed description of the effects of Kein Täter Werden.

With regard to the potential implications/ impact of this study for treatment, the authors, to their credit,

acknowledge that “[i]n the end, every treatment has to be adapted to suit the individual patient” (p.11). However, it is still worth stressing that treatment should also be de-stigmatizing and open-minded (for example, if hypersexuality is a focal point for treatment, it may be worth considering the use of alternative sexual outlets as part of relevant interventions).

**Pedophilia is a taxon among 706 adult males assessed at a civil commitment center**

Brankley, A. E., Knight, R. A., &amp; Hanson, R. K. (2022)

*Journal of Psychopathology and Clinical Science*, 131(2), 209–220: <https://doi.org/10.1037/abn0000735>

In this study, Brankley and colleagues investigated whether pedophilia should be viewed as a discrete phenomenon or “an extreme on a continuum of age/maturity attraction.” To address this question, the authors used archival data from adult males in a U.S. civil commitment treatment center for “sexually dangerous persons” to evaluate a possible taxonomic structure for pedophilia.

Under the dimensional model of pedophilia, attraction to children would be described as the extreme range of a continuum of age/maturity attraction. Under a discrete model, attraction to children is defined by distinct core and associated features. Brankley and colleagues emphasize that the difference in conceptualizing pedophilia as dimensional or discrete is not merely a matter of semantics; this distinction has implications for assessment, research, and etiological theories. The authors go on to say that dimensional constructs are best assessed by measures that cover a range of incremental differences, while discrete constructs should be measured by identifying the characteristics that differentiate one group from another. Further, they argue that the use of dimensional measures for discrete constructs (and vice versa) leads to measurement error and misleading results. In other words, if pedophilia represents an “extreme range on

a continuum of age/maturity attraction,” it would not be appropriate to measure it in a way that divides people who are and are not attracted to children into two distinct categories. On the other hand, if there are certain core and associated features of pedophilia that make it a distinct group, it would not be appropriate to measure it in terms of incremental differences in levels of the same construct.

Brankley and colleagues state that their study diverges from previous taxometric studies by including both types of attraction (physical/sexual and romantic/emotional). They describe previous taxometric studies in this population as examining only physical attraction to children, using the comparison curve fit index (CCFI) as a metric for latent structure. Results from such studies have yielded mixed support for pedophilia as a discrete taxon<sup>13</sup>. In the opinion of the authors, this highlights the importance of continuing to investigate and improve how pedophilia is measured and modeled in research studies.

The authors constructed three indicators of pedophilia for taxometric analysis: a screening scale of physical attraction to children based on criminal

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<sup>13</sup> McPhail, Olver, et al., 2018; Stephens et al., 2017; Schmidt et al., 2013; Mackaronis et al., 2011.

history,<sup>14</sup> a composite measure of physical attraction to children, and a composite measure of emotional attraction to children. The authors describe emotional attraction to children as “the exaggerated emotional bond that some men form with children, and their attraction to the concept of childhood.” The authors do not define the rather value-laden term “exaggerated,” so it is unclear exactly what this means, and their description of emotional attraction implies it is experienced only by men. The variables comprising the measure of emotional attraction included the participants’ frequency, duration, and context of contact with children as well as a scale of emotional congruence with children. Future research should examine whether this is an accurate and/or sufficient way to conceptualize and measure emotional attraction to children, as there are likely people who experience emotional attraction to children but do not spend time with children or consider themselves emotionally congruent with children.

Results of taxometric analyses showed support for pedophilia as categorical versus dimensional. The authors state that about 97% of participants who were assigned a DSM–5 diagnosis of pedophilia based on available data, and 95% of participants coded as highly fixated on children and having low social competence with adults, were in the pedophilia taxon. Further, taxon members in this sample frequently engaged sexually with children,

and all had one victim under the age of 16. However, not all participants with sexual offenses against children were in the pedophilia taxon; about 65% were in the taxon and 35% were in the complement group (i.e., participants who were exclusively interested in pubescent and postpubescent individuals).

The authors note that a distinctive feature of the pedophilia taxon was time spent with children. About 28% of participants in the taxon had “frequent” or “large” involvement in nonsexual activities with children, while less than 1% of the complement group reported such involvement. Taxon members were more likely than complement members to lack intimate, marital-type relationships. They also exhibited neurodevelopmental perturbations associated with pedophilia in other samples of people with sexual offenses (e.g., taxon members were about one half inch shorter than complement members, were slower to achieve developmental milestones, and had full-scale I.Q.s two to three points lower). In terms of criminality, taxon members exhibited fewer general, nonsexual crimes than complement members but had more sex-crime specific problems than complement members.

Brankley and colleagues conclude by saying the results of the study support the idea of sexual attraction to children as a categorically distinct phenomenon among adult males and “move the

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<sup>14</sup> Seto et al., 2017.



balance of evidence toward considering pedophilia as a distinct disorder.” Though the authors use the term disorder in many places, they also discuss the idea of pedophilia as a sexual orientation. It is unclear which framework they ultimately endorse, since the scope of the project was to identify core and associated features of pedophilia in a sample of people with sexual offenses, rather than to address whether pedophilia should be conceptualized as a disorder. The authors state that taxon members displayed the core and associated features of pedophilia expected based on prior theory and research. Finally, they argue for the importance of modeling both physical and emotional attraction to children in taxometric studies of pedophilia, though they clarify that additional research is needed in order to determine whether this is a core or associated feature of pedophilia.

When interpreting the results of this study and considering potential implications, it is important to keep in mind that the sample used in this study came from civil commitment treatment center for

“sexually dangerous persons” convicted of sexual offense. Therefore, results derived from this sample cannot be assumed to generalize to non-forensic, community populations of people attracted to children. The authors note that criminal history-based indicators are unable to detect pedophilia in men not already identified by the criminal justice system and that we do not yet know “whether the same latent structure applies to men who self-report sexual interest in children but do not act on these interests (i.e., nonoffending minor-attracted persons).” Additional research is warranted to explore these ideas among community samples.

Taken together, the findings of this study contribute to our understanding of pedophilia as a distinct versus dimensional phenomenon in adult males convicted of sexual offenses. The authors’ inclusion of emotional attraction as a taxonomic feature represents a novel contribution to the literature and warrants further exploration and refinement.

**A compositional explanatory theory of pedophilia**

Gannon, T. A. (2021)

*Aggression and Violent Behavior, Vol. 61:* <https://doi.org/10.1016/j.avb.2021.101662>

This article by T.A. Gannon offers an explanatory theory of sexual attraction to people before puberty: how pedophilia may arise. The article, unfortunately, focuses exclusively on “sexual” attraction, without mentioning recent scholarship evidencing “non-sexual” aspects such as love<sup>15</sup>, romantic attraction<sup>16</sup>, and a desire to nurture.<sup>17</sup> Gannon explains<sup>18</sup> that many MAPs do not experience their attractions negatively or engage in illegal activity involving minors. Attending to this distinction, Gannon intends to produce a theory of pedophilia’s etiology to better understand pedophilia itself.

The “Compositional Theory” attempts to give a multi-level (i.e., biological, neurological, psychological, and social) theory that illuminates the underlying *component* processes that make-up a phenomenon. In the first half of the article, Gannon reviews theories of pedophilia’s development, separating “single” and “multifactorial approaches.” The article aims to bring these frameworks together and “reconcile” biological and environmental approaches under a single model.

In order, the single factor biological approaches covered are:

1. “Quinsey & Lalumière’s (1995) Evolutionary Account of Pedophilia”;
2. “The Genetic Account of Pedophilia”;
3. “Center for Addiction and Mental Health’s Neurodevelopmental Account of Pedophilia” (focusing on the work led by Ray Blanchard and James Cantor);
4. “Late Onset Neurological Impairment Accounts of Pedophilia.”

Gannon then moves to single factor environmental approaches as follows:

5. “Laws and Marshall’s Conditioning Theory (1990)”;
6. “Social Learning Theory.”

Finally, Gannon delineates “Multifactorial Explanations of Pedophilia.” These include:

7. “Seto’s Motivation-Facilitation Model (2008; 2017b; 2018)” and
8. “Smid and Wever’s Incentive Motivational Model of Sexual Deviance (2019).”

With this many approaches, Gannon’s project would be better suited to a book-length exploration. As Gannon attempts to summarize large amounts of information with limited space, her various accounts often appear confusing and incomplete. We cannot

<sup>15</sup> See Martijn et al, 2020.

<sup>16</sup> See Dymond and Duff, 2020.

<sup>17</sup> See Ponseti et al., 2018.

<sup>18</sup> They cite Cranney, 2017; Nielsen et al., 2020; Seto, 2018.

summarize and critique every section here, so we focus on a few, easy to explain examples.

In the account of the “genetic” framework, Gannon concludes that developments in this field have so far led to contradictory and therefore inconclusive results. There is no “pedophilia” gene.

In Quinsey and Lalumière’s 1995 single factor evolutionary model, we read that “adult males possess a series of evolutionarily determined independent sexual preference brain “modules” that have been selected to detect gender, youthful vigor, and physical build (i.e., sexual maturity indicators such as waist-hip ratio[.]).” They theorize that the sexual maturity detection module might become less active, thereby facilitating desire towards prepubescents. Interestingly, the theory posits that there is a natural drive in all human males which makes young people sexually attractive; the difference for pedophiles is simply a lower activity in the maturity detection module. However, in discussing Quinsey and Lalumière’s model, Gannon presents readers with no evidence that such “modules” have been identified as opposed to theorized, and the theory’s veracity after subsequent research goes completely unexamined.

The author articulates the article’s namesake, a “Compositional Explanatory Theory of Pedophilia (CEToP),” throughout the latter-half of the article. The CEToP posits two dominant pathways (environmental or biological): “Each pathway is comprised of the two key stages of 1. Early

Development (i.e., factors influencing conception and foetal/child development) and 2. Sexual Orientation Development (i.e., emerging sexual orientation in adolescence or early adulthood) that culminate in 3. The Key Clinical Symptoms (Explanatory Targets) of a sexual interest or sexual preference.”

Implicitly recognizing non-exclusive MAPs<sup>19</sup>, Gannon uses “sexual orientation” and “sexual preference” as synonyms, while “sexual interest” denotes a lack of preferential attraction to minors. In attempting to reconcile biological and environmental approaches, Gannon explains that at “stages 1 and 2 of the CEToP, the two factors of biology and environment *continuously and dynamically interact* to impact stage 3 (i.e., the development, or not, of a sexual interest or sexual preference for children)” (our emphasis).

For Gannon, the resulting “sexual interest or preference” referred to as pedophilia is “acquired” (her term) through interacting factors such as genetic predisposition and epigenetic modification, operant conditioning and the reinforcement of social scripts. The term “acquired” is odd as it suggests that pedophilia is inessential to the person while, at the same time, referring to pedophilia which is thought to arise partly from genetics and epigenetics.

Gannon claims to “reconcile” the biological and environmental frameworks, but in fact seems to

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<sup>19</sup> Mundy et al., 2021.

simply partition them by creating an artificial and arbitrary distinction between “interest” and “preference”. That Gannon identifies “sexual interest” and “sexual preference” as though they are natural phenomena and then conveniently finds that they map onto environmental and biological, appears self-serving and contrived. Gannon’s definition of sexual interest – “the types of person (age-wise) a person is interested in sexually” – is blatantly circular. Gannon’s explanation here entails what could be called “sexual exceptionalism” or, in this case, “pedophile exceptionalism.” In daily life, we do not distinguish between sexual interest and sexual preference, but in the case of pedophilia Gannon feels it acceptable to create an arbitrary, artificial and circular separation without a strong evidence base for the distinction’s relevance to pedophiles, teleiophiles, or anybody of any mix of chronophilic attraction.

The author provides little evidence for what she calls the “environmental pathway”: that anybody learns sexual interest in pre-pubescents from their environment. One would think that in a culture which has such severe stigma against MAPs that all the environmental learning would be in the direction of *not* developing pedophilia. Gannon’s CEToP model predicts sex-based distinctions: biological factors will be more relevant to males; females should be more influenced by environmental factors and be non-exclusive. Again, however, the evidence-base is scant.

While Gannon’s summaries can be informative, they are littered with stigmatizing terms. Although Gannon has previously produced empirical findings challenging the popular concept (and conception) that those who have been convicted of illegal activity relating to minors are subject to “cognitive distortions”<sup>20</sup>, concluding that “the popularity of the cognitive distortion hypothesis is due to factors other than its empirical validity”<sup>21</sup>, her work nevertheless reflects a long-identified tendency to pathologize difference with “slippage”<sup>22</sup> between descriptive models and moral-legal constructs. For example, Gannon fails to entertain the possibility that developing pedophilia via a social learning approach could arise from a positive upbringing with lots of love from parents and close friendships with other peers, as opposed to illegal erotic experiences with adults. Gannon even manages to pathologize being an imaginative child: “Emotional congruence [in pedophiles] may form as a result of being fantasy prone (Wilson & Barber, 1981). Fantasy proneness has been linked to childhood abuse and is hypothesized to form as a trauma coping mechanism”. In other words, imaginative youths might form closer emotional attachments to others, and the fact that they are imaginative must indicate that they are traumatized, subtly passing off the moral assumption that it is “inappropriate” for young people to be emotionally close to friends as a

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<sup>20</sup> See Gannon and Polaschek, 2005; 2006; Gannon, 2006; cf. Maruna & Mann, 2006.

<sup>21</sup> Gannon and Polaschek, 2006, p. 1015.

<sup>22</sup> Okami 1990; 1994.

scientific judgment. Reflecting the author's value judgments, terms like "healthy" are mobilized as rhetorical devices to implicitly render something ostensibly pertaining to MAPs as "unhealthy."

In the process of future research, Gannon's CEToP model may require adjustment or have its foundational assumptions challenged altogether. Gannon suggests qualitative interviews comparing exclusive and non-exclusive MAPs as a future research topic. As the CEToP posits sex-based distinctions, research investigating comparative exclusivity would benefit by inquiring into female MAPs.<sup>23</sup>

We should add that further research which accounts for the non-sexual aspects of attraction to minors such as love and romantic attraction, even asexual esthetic appreciation, would also enhance academic understanding. One can suspect that some of this research will remain unlikely or small-scale until an environment where less stigmatizing media representation<sup>24</sup> predominates; where MAPs might see themselves accurately represented in the media they consume, instead of internalizing guilt, fear and shame, or "internalized pedonegativity"<sup>25</sup>. If Gannon is correct that female MAPs relate more to environmental factors like social scripts, then media which erases or overwrites the self-perception of many MAPs will make it more difficult and less

socially desirable for female MAPs in particular to recognize their erotic / emotional / romantic preference for minors, discouraging female MAPs from coming forward.

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<sup>23</sup> See the three article reviews on female MAPs in B4QR's previous journal issue.

<sup>24</sup> See Cucolo and Perlin, 2013; 2019; Walsh, 2020.

<sup>25</sup> See Elchuk, D. L., McPhail, I. V., & Olver, M. E, 2021.

## 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.*

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### **Jasmin H. Stevenson, PhD Candidate Nottingham Trent University**

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Jasmin H. Stevenson, MSc, PGCert, BSc (Hons), is a third-year PhD Candidate within the Department of Psychology at Nottingham Trent University, UK. Her work is supervised by researchers also within this field, Dr Rebecca Lievesley and Dr Craig Harper, as well as Professor Thom Baguley. Jasmin's current research is at the intersection of social, developmental, and forensic psychology as well as critical sexuality studies. She adopts a mixed methods approach to understand the sexual identity development of adults who are attracted to minors, exploring this process from when it first begins and into adulthood. Jasmin hopes to address the gap in knowledge relating to how we understand the development of a minor attracted sexual identity over time.

Jasmin holds a Bachelor of Science (BSc) degree in Psychology with Sociology (2016) and a Master of Science (MSc) degree in Forensic Psychology (2017) both from Nottingham Trent University, as well as a Postgraduate Certificate in Transformational Leadership (2020) from the University of Northampton. Jasmin began researching the area of human sexuality in 2016. Her undergraduate thesis, which focused on female sexuality and pornography use, was awarded the 'Undergraduate Research Award' by the British Psychological Society's 'Sexualities Section'. Then, in 2017, perplexed by the incongruities of knowledge surrounding minor attraction and angered by the stigma individuals faced, Jasmin's MSc thesis explored the experiences of adults attracted to children, with a focus on their adolescence. With many questions left unanswered, it was here that the development of her PhD project began.

Before beginning her PhD, Jasmin held a role as a Senior Research Officer in Child and Adolescent Mental Health with Associate Development Solutions (ADS) (2017-2020). Here, Jasmin was involved in research and evaluation, as well as consultancy and service improvement, working with public, independent, and voluntary sector organizations. Jasmin also held a post as a Youth Participation Lead, as part of the NHS' Children and

Young People's Improving Access to Psychological Therapies (CYP-IAPT) Programme, working in collaboration with young people to champion their voice in shaping mental health and allied services.

For the last 8 years Jasmin has volunteered with award winning UK based charity, The Safer Living Foundation, a role that she is very committed to. The aims of the charity are to promote the protection of people from, and the prevention of, sexual crime, as well as promoting the rehabilitation of persons who have committed (or who are likely to) sexual offenses. Jasmin has worked with both adults and young people who are at risk of sexual offending or who have been convicted of a sexual offense or displayed harmful sexual behaviors. In addition to undertaking her PhD, Jasmin also teaches qualitative and quantitative research methods to undergraduate and postgraduate students.

Jasmin is proud to be involved with B4U-ACT and its associated research community. As the community has witnessed in recent months, research within this area is not without its challenges, yet the work embarked upon by academics all over the world is so important to numerous people. Jasmin is both grateful for, and humbled by, the numerous individuals who have shared their stories with her or who have taken the time to contribute to her research in some way. This work is for them and because of them.



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## B4U-ACT Resources

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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](mailto: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/>)