

B4QR

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*Review of publications from
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Introduction by Allen Bishop, Editor-in-Chief

Welcome to this Autumn edition of B4QR. This third and final issue of our fourth volume comes after a summer hiatus, which was primarily motivated by the insufficient number of recent peer-reviewed MAP-focused articles to review. To avoid similar situations moving forward, our team has decided to reduce the number of reviewed articles per journal issue from six to five.

This decision to prioritize quality over quantity is reflected in the current journal issue, in which we review five top-tier articles from this field of research, beginning with the first ever study dedicated to romantic attraction in MAPs. Although a handful of studies have investigated this topic peripherally, Levitan et al. (2024) present the first publication entirely focused on romantic attraction to children. The authors recruited 74 MAP participants online, all of whom answered 11 open-ended questions about their lived experiences of romantic attraction to children. Levitan et al. analyzed the data, extracted key themes, and essentially concluded that the phenomenology of falling in love for MAPs is no different from that of teleiophiles, lending further support to the conceptualization of attraction to children as a sexual orientation (Seto 2012, 2017).

Our other four reviewed articles explore in different ways the mental health needs of MAPs. Chronos et al. (2024) conducted a systematic review that examines the treatment needs of MAPs and the factors that influence their willingness to seek professional support. The authors conducted a thematic analysis based on 40 different studies and found, among other things, that the fear of stigmatizing beliefs and attitudes from therapists, as well as confidentiality concerns, were primary obstacles to help-seeking in MAPs. Murphy et al. (2024) focused more narrowly on factors associated with suicidality in MAPs. Over a period of one year, they analyzed a total of 524 posts on the Virtuous Pedophiles forum, all of which included a discussion of suicide. Echoing the findings of Chronos et al. (2024), Murphy et al. identified undesired disclosure as a central fear in MAPs, and one that is a significant risk factor for suicide attempts, but they also noted that positive reactions to desired disclosure served as a protective factor against suicide.

Our last two articles address the mental health needs of MAPs from the perspective of mental health professionals (MHPs). These studies sadly lend support to MAPs' hesitations to seek support from therapists, and further illustrate the need for better training of professionals about the reality of MAPs. Nematy et al. (2024) conducted semi-structured interviews with ten MHPs who are primarily focused on abuse prevention and who have had MAP clients. The authors aimed to understand the perspectives, goals, and approaches of these professionals, and found that most of them viewed attraction to children as a "stable and innate orientation" yet encouraged their clients to "redirect their

fantasies” or develop relationships with adults. Nematy et al. point out the potentially damaging impact of such contradictory views and practices for MAP clients, and they effectively highlight other inconsistent or unfounded stigmatizing beliefs held by their participants. Christophersen and Brotto (2024) conducted a meta-analysis of studies on the effectiveness of educational interventions aimed at reducing stigmatizing attitudes held by MHPs toward MAPs. They analyzed eight peer-reviewed studies and found that while these educational interventions tended to help MHPs understand the distinction between attraction to children and sexual abuse, they were not very effective in changing moral judgments about control and responsibility, and they generally failed to increase MHP’s desires to work with MAPs.

Our journal ends on a positive and hopeful note, with an example of a trauma-informed, MAP-ally, mental health professional. In our “Meet the New Generation” section, we introduce Ace Oh, a psychotherapist and research assistant from New York, who is on B4U-ACT’s therapist referral list and is also a frequent contributor to the B4QR journal.

I wish to conclude this fourth year of our journal’s existence by thanking all of our great volunteers: our reviewers, editors, designers, and assistants, each of whom help make our journal a success. Our team continues to expand, and we welcomed for this issue two new reviewers, Crys A. Carman and Christian Goetzl, as well as two new editors, Isaac Aschenbach and Étienne Garant.

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

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Reviewed Publications

Minor-Attracted Men's Lived Experiences of Romantic Attraction

Levitan, J. A., Martijn, F. M., Santaguida, M., and Seto, M. C. (2024)

Journal of Sex & Marital Therapy, DOI: <https://doi.org/10.1080/0092623X.2024.2385909>

In this study, Levitan et al. utilize an in-depth qualitative survey to explore minor-attracted men's lived experiences of romantic attraction to minors. The authors note that most studies to date have focused solely on sexual attraction, while only a few quantitative studies of MAPs have included measurement of romantic attraction, and the qualitative studies that have obtained some data on the topic did not explicitly intend to investigate romantic attraction. The current study makes an intentional and comprehensive investigation into these romantic experiences. Additionally, the authors suggest their work may add insights to the debate over whether attraction to minors should be considered a sexual orientation, as one of the defining features of sex/gender-based sexual orientation is the existence of both sexual and romantic components to the attraction. Finally, they also offer suggestions for clinical practice with help-seeking MAPs based on the study's findings.

The sample for this study included minor-attracted cisgender men aged 18 or older, fluent in English, who have experienced romantic attraction to a minor at least five years their junior since age 18. The

decision to exclude MAPs who are not cisgender men is surprising since this population is largely understudied and its inclusion in the present study would have reflected the diversity found within the MAP community.¹ The 74 study participants were recruited through online groups for MAPs, word-of-mouth, and (in two cases) unspecified. The mean age of participants was 35.85. Most identified as white, lived in the U.S., had post-secondary education, and were single. Participants also identified their age/maturity attractions, their gender attractions across age/maturity categories, and which gender/sex orientation label(s) they identify with, resulting in a participant pool of varied sexual and romantic sex/gender orientations. Almost all participants reported attraction to minors across more than one age/maturity category, as well as at least low attraction to adults.

¹ The authors justified their decision by stating that "the large majority of MAPs are men [...] and there are well-documented sex and gender differences among adult-attracted samples in romantic preferences and romantic love experiences that may generalize to MAPs". While the focus on cisgender men for the purposes of comparability can be understood, the authors could have achieved that goal while still incorporating the voices of diverse MAPs, by controlling for sex and gender-identity in their analyses and discussions.

The survey included 11 open-response questions about the participants' experiences of romantic attraction to minors. The first explored participants' discovery of their romantic attraction to minors, while the remaining 10 questions focused on experiences of being romantically attracted to a minor at least five years younger than them whom they romantically cared for most since turning 18.

Five of these ten questions addressed topics explored in prior research (the nature and evolution of the relationship with this minor; the thoughts, emotions, bodily sensations, and behaviors associated with romantically caring for this minor; the attractive outer and inner characteristics associated with this minor; and the impact of being romantically attracted to this minor on the participant's wellbeing), and the other five questions addressed topics that have rarely been discussed in prior MAPs research: participants' perceptions of the minor's feelings toward them; the effects of the passing of time on the attraction; features of romantic versus sexual attraction to this minor; and comparison between experiences of romantic attraction to this minor versus romantic attraction to adults.

The authors used reflexive thematic analysis to identify and interpret themes, prioritizing an inductive approach while recognizing the inevitable effects of preexisting expectations and frameworks. They adopted a critical-realist stance in order to acknowledge the reality of participants' experiences

to themselves, while also acknowledging the impact of cultural contexts and other situational factors.

Three themes were generated from the survey responses, each with three subthemes, representing the experiences of the participants: (1) Falling in Love (*A Special Bond, Head over Heels, Forever and Always*); (2) Recognizing Limitations to Attraction and Relationship Development (*An Unrequited Attraction, A Forbidden and Hidden Attraction, An Inevitable End*); and (3) Making Sense and Meaning of Romantic Attraction to Minors (*Importance of the Romantic Domain, Naturalness of Attraction to Minors, Mixed Emotional Impact*).

In terms of the first category, *Falling in Love*, many participants described an initial sexual attraction that grew over time and with increased familiarity to include romantic attraction, and ultimately romantic love. They described perceiving a special bond with the loved minor and desiring emotional intimacy. In the words of one participant, "I was just interested in her as a person: what she liked and didn't like, what made her happy and what upset her that day." Participants reported caring deeply for loved minors and wanting to protect them, including from any discomfort a relationship with the participant might pose. Participants also described a "head-over-heels-in-love feeling when ... my feelings threaten to completely overwhelm me," and fantasies of pursuing a romantic relationship with

dating activities: watching movies, cuddling, going out for ice cream.

Responses categorized as *Recognizing Limitations to Attraction and Relationships Development* focused on the participant's recognition that loved minors viewed the relationship between themselves and the participant as platonic; that it must remain hidden due to its taboo nature; and that attraction to the loved minor would fade as the minor aged, or the minor would grow away from the participant. While a minority of participants reported feeling that their loved minor returned their romantic attraction, most described the minor's perceived interest in them as platonic: "I don't think he ever felt the same romantic attraction to me I felt with him. I think to him I was just his older friend." The recognition that romantic feelings for minors must be hidden made it "impossible to develop a relationship in a way that is not hampered by the need for secrecy or the fear of being discovered." Participants also discussed fears of inadvertently exposing themselves as minor-attracted and therefore employing strategies for limiting their behavior with loved minors. Another limitation described by participants included the inevitability that loved minors would exit their lives due to external factors like moving away or leaving particular programs, or the loved minor would lose interest. As one participant explained: "Kids don't only grow up, but they also grow away." While some participants stated that their own feelings for loved minors would shift over

time as the minors aged, many noted that they would continue to love the person, even if in a more platonic or "familial" way.

Finally, in the category the authors label *Making Sense and Meaning of Romantic Attraction to Minors*, participants reported the importance romantic attraction to minors holds in their concept of their identities and experiences, their sense that their attraction to minors is natural and inherent, and the emotional impact of their romantic attraction to minors. Many described their romantic attraction to minors as at least as important as their sexual attraction to minors, sometimes going so far as to say it gave their lives purpose. Combined with the intense social taboo against attraction to minors, many participants reported the emotional impact of this romantic attraction as both positive (feelings of joy, connection, love) and negative (anguish over not being able to pursue a relationship with the loved minor, guilt and resentment over experiencing attractions that must be stifled).

The authors found the survey's outcomes consistent with prior evidence suggesting that a romantic component is part of many MAPs' attraction to minors. As is common in romantic attraction between adults, MAPs reported falling in love after developing familiarity and feeling attraction to certain character traits (e.g., kindness, sense of humor) rather than solely physical traits. Ultimately, the authors find that the study adds tentative support

for one conceptualization of attraction to minors as an age/maturity-based sexual orientation (Seto, 2012, 2017) but acknowledge that further research is needed to test the romantic component of attraction to minors.

Levitan et al. also observe that MAPs' descriptions of falling in love fit very well with a popular conceptualization of romantic love: Sternberg's (1986) "triangular theory of love," which posits that the experience of romantic love involves any combination of three key components: passion, intimacy, and commitment. The authors note that these components were found across their data, with passion being highlighted in the *Head over Heels* subtheme, intimacy in the *Special Bond* subtheme, and commitment in the *Forever and Always* subtheme.

In developing the survey, the authors sought and incorporated input from forum administrators for an online message board for MAPs run by B4U-ACT. At the end of the survey, participants were also given an open-ended option to share additional feedback, allowing potential patterns to emerge that the authors didn't specifically expect or seek to solicit. Both choices recognize the importance of including input from within the marginalized population being studied and work to do so.

At all points in the analysis process, the authors remained cognizant of possible bias and took steps

to limit its effect. The first three authors generated codes and candidate themes independently, and their individual codes and thematic maps are available to readers by request. The authors then met to discuss their findings, including a discussion of possible effects of a priori expectations. Following this, the first author proceeded to finalize themes through an iterative process with ongoing input from all authors. By meticulously following these steps, the authors worked to minimize the impact of bias on this study.

The authors acknowledge some limitations to their study, especially concerning the non-representative nature of their findings: participants were English-speaking, cisgender males, mostly white, educated, single, and living in North America. As the vast majority of the sample was recruited from online forums for MAPs, participants were also more likely to be attracted to boys compared with clinical or forensic samples of MAPs, which typically contain a greater proportion of girl-attracted MAPs. Additionally, the authors note that MAPs who use these forums may have different social needs or resources than other MAPs, thus further decreasing their representativeness of the larger population of MAPs.

One of the few weak points of the paper comes when the authors make clinical suggestions based on their findings. They recommend that healthcare professionals consider screening for romantic (as opposed to only sexual) attraction to minors and

incorporating cognitive and behavioral strategies to alleviate the distress caused by the limitations on relationship development with loved minors. Although the authors partly focus on MAPs' wellbeing in their discussion, they equally emphasize the need to protect minors from exploitation by MAPs. They propose that clinicians and clients engage in "collaborative brainstorming" for strategies to avoid unsafe or unethical situations with minors. Without further clarification, this appears to assume that such strategies are necessary regardless of the needs or desires of individual MAPs, which goes against the principles of service-user centered care. Another minor flaw concerns the lack of definition of some key

concepts, such as the often-used distinction between "romantic attraction" and "romantic love", a philosophically rich distinction that is left unanalyzed by the authors, and for which readers must rely on their own vague intuition.

Overall, this paper's findings add needed depth to current understandings of MAPs' attraction to minors, illuminating the reality of MAPs' care for loved minors and desire for emotional rather than simply sexual connection. A key takeaway is that the study lends further support to the theory that attraction to minors might most accurately be framed as an age/maturity-based sexual orientation.

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The Treatment Needs and Experiences of Pedohebephiles: A Systematic Review

Chronos, A., Jahnke, S. and Blagden, N. (2024)

Archives of Sexual Behavior; DOI: <https://doi.org/10.1007/s10508-024-02943-0>

In their systematic review, Chronos, Jahnke, and Blagden (2024) examined the treatment needs and experiences of pedohebephiles, as well as the factors that influenced their willingness to seek help and support services. The term “pedohebephile” was used by the authors to refer to people with a preferential or exclusive attraction to pubescent and/or prepubescent children, and therefore we will adopt this terminology as well, while writing in the context of the article under review, to avoid confusion. The authors intentionally chose this term to confine their scope to those attracted to children in these stages of physical maturity, excluding those attracted to post-pubescent minors (ephebophiles; more on this below). The study considers the barriers pedohebephiles face in accessing treatment, including societal stigma and fears of legal consequences, as well as their motives for seeking support. The authors also discuss the implications of their findings for improving mental health services and developing more effective, non-judgmental therapeutic interventions tailored to this population.

The studies included in this systematic review provided self-reported data from pedohebephiles across community, clinical, forensic, and mixed settings (studies that collected data from multiple sources). The authors acknowledged the drawbacks

of including studies that used forensic samples, namely that forensic samples may include individuals who deny any sexual interest in children, even when their biography or psychophysiological responses suggest otherwise. However, the authors support their decision to incorporate forensic samples—so long as participants’ pedohebephilic classification was based on diagnostic criteria, and not solely on previous offending behavior—for the reason that it helps provide a comprehensive overview of relevant treatment settings for pedohebephiles and allows for meaningful comparisons of treatment needs and experiences across various therapeutic environments. For inclusion into the review, studies must present information directly reported by pedohebephiles; studies relying on clinician or third-party reports were excluded. Only studies that were relevant to the treatment needs and experiences of pedohebephiles were selected, and demographic details such as age or gender were not filtered for in order to create a comprehensive overview of the field.

The literature search was conducted in two phases, initially identifying 2,451 studies through academic databases, supplemented by gray literature searches and manual screenings. Following a full-text screening and a second search to capture recent

publications, 40 studies were selected for the final review. The authors discuss the potential for overlap in some studies, as most participants were self-identified pedohebephiles recruited from online forums and networks such as B4U-ACT and VirPed. Covidence, a systematic review management software, was used to ensure consistency between reviewers, with inter-rater reliability scores reflecting moderate to substantial agreement. Qualitative data were analyzed using thematic synthesis, which enabled the identification of key themes related to treatment barriers, motivations, and personal experiences. Chronos et al. conducted a comprehensive quality assessment of the studies in their final sample, including developing a scoring procedure specifically tailored to the challenges of their research area. The process involved several stages. First, the lead author evaluated all the studies. Next, the second author reviewed a random 50% sample to ensure consensus between the authors. Finally, the third author conducted an additional review, focusing specifically on the qualitative and mixed-methods studies. Overall, the quality of the included studies was high, with most scoring over 70%.

The authors sorted the findings into four key categories: treatment interest, treatment motives, treatment experience, and barriers and facilitators to treatment. Thirteen studies examined treatment participation, revealing that the majority (9) had moderate to high participation rates, particularly in

community samples. However, participation may not always be voluntary, for example, for many forensic participants, treatment was mandated as a requirement for their release. The lowest participation rate (26.2%) was reported by Stephens and McPhail (2019), where many participants did not seek help due to a lack of distress.

Fear of stigma emerged as a significant barrier to treatment in the review, with individuals expressing concerns about being labeled or judged because of their attractions. Confidentiality issues also played a critical role; many individuals worried that their private information could be exposed, leading to potential repercussions in their personal or professional lives. Many also feared, and not without warrant (Walker et al., 2022), that their disclosures in therapy might spark a legal investigation.

The review also uncovered factors that motivate individuals to seek treatment. Participants commonly sought help for mental health issues, such as distress, depression, anxiety, and social stigma. In outpatient forensic settings, a notable proportion of individuals sought treatment with the goal of changing their sexuality, likely influenced by external pressures such as family expectations or legal consequences. In contrast, 48.5% of the non-forensic internet subsample expressed no desire to alter this aspect of their identity, demonstrating a significantly lower interest in pursuing such treatment. A desire for treatment was linked to maladaptive coping,

internalized stigma, and low psychological well-being, which can be driven by various factors including feelings of depression and stress.

Facilitators to treatment, which the authors define as factors which make it easier for pedohebephiles to find support, included the availability of anonymous and non-judgmental therapeutic options. Additionally, it was noted that knowing a therapist with a history of working compassionately with pedohebephiles provided a sense of safety and trust. The authors found that supportive campaigns that convey messages of hope were also mentioned as possible facilitators to treatment via reducing stigma and providing an image of positive coping. The authors' differentiation between "motivations" for treatment and "facilitators" to treatment is laudable, considering that while many pedohebephiles desire treatment, professionals must still develop ways to make the help-seeking process feel safe and welcoming.

Thematic analysis revealed that among individuals who did engage in treatment, some reported positive experiences, particularly when they felt supported and accepted by their therapists. This supportive environment was associated with increased engagement and a more favorable treatment experience. However, many individuals faced negative experiences during treatment, for example, when they were subjected to aversion therapy. Other negative experiences were reported by those who

felt misunderstood or judged. These negative experiences were significant enough to impact individuals' willingness to pursue ongoing treatment.

The authors concluded that there is a significant need for more accessible and non-stigmatizing treatment options for people who are attracted to children, and emphasized the importance of creating supportive environments that encourage help-seeking behaviors. The discrepancy between the treatment priorities of practitioners, who are typically prevention oriented, and pedohebephiles highlights the need for improved education for those entering therapeutic fields. This is crucial to help prevent harmful or stigmatizing reactions. One approach suggested by the study is to implement compassion-based interventions, such as Compassion-Focused Therapy (CFT), to help reduce shame and facilitate meaningful clinical change.

Chronos et al.'s arguments were well supported by their findings—drawing their conclusions directly from the results of their review, while recognizing the limitations of each included study. For example, they noted that the quantitative studies were often exploratory and lacked hypothesis testing, leading to lower quality scores compared to qualitative and mixed-methods research. Challenges also emerged in representing the target population due to a reliance on self-referred participants. Additionally, the authors had to contend with the problem of

publication bias, though they attempted to ameliorate this issue with manual searches and the inclusion of gray/non-English literature. Despite these limitations, the review offered a comprehensive analysis of the treatment landscape for people with a sexual/romantic attraction to children, along with thoughtful recommendations for clinical practice and future research.

As discussed previously, the term "pedohebephile" was used consistently throughout the review, and the authors discussed the significance of this terminology, finding it appropriate for the purposes of the review, despite its problematic conflation with offending behavior. Chronos et al. were particularly mindful of avoiding stigmatizing language, addressing the limitations and potential negative connotations of terms including person-first (person with pedohebephilia) versus identity-first language (pedohebephilic person), considering the fact that some may find them even more disparaging than "pedohebephile" (Jahnke et al., 2022). This approach reflects their commitment to using language that is both precise and sensitive to the complexities of the topic. Furthermore, their effort to make a distinction between pedohebephilia and sexual offending demonstrates an effort to understand and support the treatment needs of people who are attracted to children, rather than contributing to further stigmatization.

Future research based on the findings of Chronos et al. could investigate the long-term outcomes of therapeutic interventions for pedohebephiles. Although the existing review provides important insights into immediate treatment experiences, examining whether these interventions lead to enhanced well-being over time or behavioral changes presents an avenue for continuing research. Incorporating longitudinal studies could shed light on the enduring impact of therapeutic interventions, identifying the key factors that contribute to sustained positive outcomes.

While perhaps more challenging due to the emerging nature of the field, a review exploring non-Western contexts would also be beneficial, as the authors note, to increase understanding of how cultural factors influence help-seeking behaviors and treatment experiences. The authors' exclusion of the treatment needs of ephebophiles was also cited as a possible limitation, for while the diverse legal classifications of people as "minors" would reduce comparability between studies, they recognize that people attracted to post-pubescent teenagers often face many of the same barriers to treatment (Grady et al., 2019; Levenson & Grady, 2019). Addressing these areas will help bridge the current gap in knowledge regarding the long-term effects of treatment and inform more effective, culturally sensitive approaches.

Overall, Chronos, Jahnke, and Blagden present a well-executed systematic review that offers valuable insights into the treatment needs of people who are sexually/romantically attracted to children. Their work offers a foundation for future research and practical applications in mental health care by highlighting the importance of tailored therapeutic

interventions that prioritize the safety and well-being of vulnerable groups. As the first review to explore self-reported treatment needs and experiences, this work paves the way for future collaborative efforts to develop effective, compassionate, and evidence-based support for minor attracted people.

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A pilot study: Exploring suicidal ideation among non-offending adults with sexual attraction to minors, through their online forum posts

Murphy, R. (2024)

Journal of Social Work DOI: <https://doi.org/10.1177/14680173241240973>

This article aims to understand factors associated with suicidality among “adults with a sexual attraction to children, who are committed to non-offending” by examining online peer discussions in the “Virtuous Pedophiles” (*Virped*) online discussion forum. The author employs a qualitative approach to explore forum members’ experiences with suicidality to inform mental health services to reduce the risk of both suicide and committing sexual crimes involving children.

In the introduction, the author outlines the difficulties encountered by “non-offending adults who are sexually attracted to children” (hereafter referred to in this review as “adults who are attracted to children”), particularly concerning mental health concerns and the “reluctance” to seek mental health services due to the stigma associated with attraction to children. She draws attention to targeted measures to prevent child sexual abuse, with research in this area primarily focused on clinical samples or forensic samples of people who have committed sexual crimes involving children. The author notes that little attention has been paid to the experiences of persons who are attracted to children but who have not committed sexual crimes involving children.

The author provides the definitions of pedophilic disorder in both ICD-11 and DSM-5, distinguishing between attraction to children and pedophilic disorder as well as distinguishing between attraction to children and committing sexual crimes involving children: “Many adults who experience such attraction are neither within the criminal justice system, nor medically diagnosed with pedophilia.” The author emphasizes that, despite these distinctions, the concepts of attraction to children and sexual crimes involving children are deeply confounded in society. Murphy further argues that attraction to children without other facilitating factors or an absence of protective factors does not automatically lead to committing sexual crimes involving children. However, the author points out that poor mental health is one such facilitating factor for committing sexual crimes in general, and that the prevalence of poor mental health in this population may, in turn, exacerbate the risk of committing sexual crimes. The author indicates a necessity for further studies investigating the lived experience of people who are attracted to children to “gain a deeper understanding of the mental health challenges experienced by members of this population... and improve knowledge, skills, and understanding amongst health and social care professionals.”

The current study, which involves an examination of online peer discussions between members of the Virped self-help forum, was conducted using an inductive approach to thematic analysis. An inductive approach is employed whereby categories and codes are derived directly from the data set under examination, without the imposition of pre-existing categories. The author conducted a search of all posts published on the forum between January 1, 2021, and December 31, 2021, using the following search terms: "suicid*", "die*", and "kill*" (the asterisk was used to allow for differing word endings). After removing duplicates (e.g. the same message on multiple threads) and posts unrelated to suicidal ideation, the author reported analyzing a total of 524 posts from 128 discussion threads and 251 different contributors (i.e. members of the forum). The experiences of forum members were identified and categorized into four key themes with several additional sub-themes for each.

The first theme explores forum members' **patterns of suicidality**. In the first sub-theme, "*initial recognition of attraction*," the author reports that the majority of forum members recognized an attraction to children during their mid-to-late teenage years. The author explores some of the elements that appear to have contributed to forum members' suicidality, such as the realization the attraction wasn't going away or early experimentation with viewing illegal images of children or engaging in sexual contact with children. Many forum members

described feelings of extreme mental distress, self-harm, suicidal ideation, and mental and physical pain.

The author then describes the second sub-theme of "*long-term suicidal thoughts and attempts*" among members of the group. A significant number of individuals subscribed to the conviction that they were undeserving of life because of their attraction to children. While many did not genuinely aspire to die, they grappled with the urge to escape a life circumscribed by their attraction. Even if active suicidal intent had diminished, the notion of accidental death was often still regarded as a preferable outcome. The author notes that suicidal ideation and ambivalence toward life often persisted for an extended period, fluctuating in intensity and shaped by a complex interplay of risk and protective factors.

The second theme described **risk factors** or elements that the author identified as contributing to suicidality among forum members. The first subtheme, "relationships and disclosure," addressed negative experiences among forum members related to disclosing their attraction to others, having their attraction disclosed or discovered, or fearing rejection by loved ones if their attraction was discovered. Many forum members expressed that, if outed, they would consider ending their lives. While some chose to disclose their attractions to seek support, negative reactions often led to feelings of

guilt and relationship breakdowns, which increased suicidal thoughts. In existing or new relationships, members felt guilt for “deceiving” those who cared for them by keeping their attraction a secret.

The second sub-theme, “internal cognitions” is related to internalized stigma or negative self-perceptions about being attracted to children, which appeared to significantly influence the severity of members’ suicidality. The third subtheme, “societal factors,” addresses the role of societal misconceptions that equate attraction to children with sexual crimes involving children and foster significant hostility toward individuals who are attracted to children, exacerbating feelings of stigma and self-hatred and contributing to suicidality.

The third theme describes **protective factors** or elements that the author identified as protective against suicidal thoughts and behavior among forum members. In parallel to the previous topic of risk factors, there is a sub-theme called “relationship and disclosure” that describes the protective role of positive experiences with disclosing one’s attraction. When individuals disclosed their attraction to friends, family, professionals, or peers with similar experiences and received support and acceptance, they often felt relief. External acceptance also fostered self-acceptance, which members identified as crucial for reducing suicidality.

The second sub-theme, “cognitive questioning,” described some forum members’ fears of engaging in suicidal acts or concerns that they would not “succeed” in dying by suicide, which had a protective benefit by preventing them from taking action on their suicidal ideation. Forum members also frequently expressed wanting their distress to end but not necessarily wanting to die, a cognitive process which also had protective benefits against acting on suicidal ideation. The final sub-theme, “finding purpose,” described the protective benefits for some forum members of faith and spirituality; work, education, and hobbies; and other sources of meaning in life. Finding purpose allowed some forum members to shift their focus from negative thoughts to more fulfilling pursuits, which, despite seeming unattainable during active suicidal ideation, was beneficial for long-term mental health management.

The final theme described the role of **support systems** in forum members’ mental health and well-being. The first subtheme, “peer support,” identified such support as a key element in maintaining well-being and reducing suicidality. The study noted that online forums such as Virped offer a secure environment for individuals to express their thoughts and feelings, cultivate a sense of community, and mitigate feelings of isolation. The second sub-theme, “professional support,” illustrates forum members’ experiences with and perspectives on seeking mental health services. Members

expressed that seeking professional help for mental health issues was an anxiety-inducing process. Finding a suitable and supportive professional was described as complex and time-consuming, and unhelpful professionals, perceived as judgmental or hostile, exacerbated feelings of hopelessness and suicidality.

In the discussion section of the article, the author highlights that the study supports previous findings on the recognition of attraction to children during adolescence, which often leads to feelings of shame and guilt and increases the risk of suicidal ideation. The author suggests that early psychoeducation and intervention may therefore help mitigate negative effects and reduce the potential for harmful behavior (including both suicidal behavior and engaging in sexual crimes involving children). She also emphasizes that peer and professional support appeared among forum members to be crucial for mental well-being and risk management.

Murphy suggests that professional support remains underdeveloped due to insufficient knowledge and skills among many mental health professionals to effectively and ethically provide services for this population. She therefore recommends that social workers and mental health professionals should receive targeted training to enhance their receptiveness and skills and empower them to establish non-judgmental, trust-based relationships that are essential for safe disclosures. She advocates

for an approach that includes psychoeducation, cognitive therapy, social support, and goal-setting, to help navigate attractions in a safe and healthy way. The study concludes that increased awareness and targeted training for professionals in health and social care could improve mental health among people who are attracted to children and reduce the risk of both suicidal behavior and sexual crimes involving children.

The author identifies several limitations of the study. In addition to the typical limitations associated with self-reporting, the author also addresses potential issues with sample bias, such as the use of a sample of individuals who were already engaged with self-help or support networks. She also acknowledges that a more comprehensive examination of the data, encompassing a broader time frame and a wider array of search terms, could have potentially yielded additional insights. Moreover, the researcher indicates that the collection of data is constrained by the nature of the data itself (online posts, e.g., lack of social cues, compared to interview data).

The author also briefly addresses the notable absence of direct quotations from members' posts, acknowledging that the inclusion of such quotations could have provided additional support for the study's findings, but explaining that this was deemed not possible by the university's ethical board. The rationale behind the ethical constraints that

prohibited the direct quotation of online forum posts remains unclear (e.g., variables that could potentially lead to identification could be removed). Consequently, one of the primary advantages of qualitative research is diminished, namely the capacity to enable participants' statements to be heard directly by the scientific community. Furthermore, direct quotes would have been beneficial to gain insight into the scientific rigor employed by the author in analyzing the data.

In addition to the limitations identified by the author, there are additional problematic elements with regard to the framing and methodology. Despite laudable efforts to be thoughtful about language, including clarifying why she uses the term “pedophile” and mentioning the alternative terminology of “minor-attracted persons,” there are still some uses of language that reinforce the conflation of attraction to children and sexual crimes, such as “pedophilic risk management factors.” Similarly, it is disappointing to see in the introduction a detailed discussion of sexual crimes involving children and extensive explanations of risk reduction, given that the aim of the study was to explore themes associated with suicidality in adults who are attracted to children but have not committed sexual crimes involving children. As such, there is a danger that the topic of the mental well-being of

adults attracted to minors will be obscured by the lenses of risk aversion, child protection, and crime prevention that run through the article.

Methodologically, the results section could have been strengthened in a number of ways. As already mentioned, it is typically expected that direct quotations are provided in qualitative research. The lack of such quotations reduces the transparency of the analysis and therefore the weight of the findings. Furthermore, the “themes” are often topics rather than true themes (e.g. “protective factors”), a common challenge in thematic analysis. Both of these problematic methodological elements are directly cautioned against in the thematic analysis guidance utilized by the researcher.

Despite the limitations, the article's findings were sensitively reported and suggested an effort by the author to understand the concerns and lived experiences of MAPs. Thus, the author succeeds in identifying patterns of suicidality as well as elements associated with suicidal ideation and suicide. Future research in this area would be strengthened by providing illustrative quotes from study participants, exercising caution in language and framing, and disentangling discussions of mental health concerns from discussions of the risk of harming others.

Perspectives, Treatment Goals, and Approaches of Prevention-Specialist Mental Health Professionals in Working With Clients Attracted to Children

Nematy, A., Flynn, S., & McCarthy-Jones, S. (2024)

Sexual Abuse, DOI: <https://doi.org/10.1177/10790632241268465>

This qualitative exploratory study by Nematy and colleagues investigates prevention-focused mental health practitioners' perspectives, goals, and approaches when working with clients attracted to prepubescent or pubescent children.

The authors advertised their study across various therapists' email groups and sexual offense prevention-focused organizations. Eligible participants were mental health professionals proficient in English, with experience providing therapeutic services to clients with sexual attraction, fantasies, or behaviors involving children. The final sample consisted of 10 participants (six female, four male), aged 30s to 70s, with 4 to 34 years of professional experience. Participants came from various educational and professional backgrounds – including counseling and forensic psychology, psychotherapy, and social work—and were based in Ireland, England, Scotland, and Canada. At the time of participation, eight of the participants were working in prevention-focused organizations that offered therapeutic services to individuals accused of sexual offenses, non-offending individuals concerned about offending, or individuals who had already committed a sex offense involving a child (CSO) known to the criminal justice system. The

remaining two participants were working in prison treatment programs for people who had violated sex laws.

Data were collected through semi-structured interviews covering (a) participants' definitions and perspectives on pedophilia (defined by the authors as “a primary or predominant, exclusive, or non-exclusive sexual attraction to children across several minor-related chronophilic categories, spanning from infants to early pubescent children”), (b) their therapeutic goals and approaches with clients attracted to children, and (c) their views on intimacy and sexual needs of these clients, including perspectives on sex dolls. Participants were further asked to differentiate between their organizational guidelines versus the therapeutic approaches they would adopt were they in private practice. Hypothetical scenarios were used to explore participants' approaches when they had no direct experience with non-offending clients ($n = 5/10$).

Data were analyzed mainly by the first author using interpretative phenomenological analysis (IPA). Analysis began with detailed reviews of interview content, and summarizing the data in terms of patterns, similarities, and differences. These

summaries first focused on explicit (i.e., descriptive) aspects of the data, then on conceptual (i.e., interpretive) aspects of the data. Main themes and subthemes were generated, with main themes emerging from the most salient and recurrent concepts, and subthemes capturing specific elements of the main themes. The research team attempted to ensure analytic rigor through two strategies: independent reanalysis by coauthors, and checking for contradictory interpretations.

The researchers generated three themes and four subthemes. Overall, findings revealed a general consensus among participants that the nature of pedophilia is a stable and innate orientation, though a few believed it is modifiable, especially if viewed as a conditioned interest (*Theme 1. Nature of Pedophilia*). Some participants equated attempts to change pedophilia through treatment with unethical “conversion therapy,” while others supported the possibility of changing sexual interests depending on individual clients’ psychological factors and determination (*Subtheme 1.1. Un/modifiability*). There was also debate over whether clients’ sexual fantasies should be addressed in therapy, with some seeing them as harmless if private, and others considering them risky with the potential to lead to offending behavior, and thus in need of suppression (*Subtheme 1.2. Pedophilic Fantasies: “Safe Inside” or “Stepping Stone”*).

Participants generally agreed on the importance of finding outlets for their sexual desires that do not

involve offending behavior (*Theme 2. Alternatives without Victims*). They discussed suggesting various potential “safe alternatives” to clients, such as celibacy, non-sexual intimacies, or legal adult pornography to shift focus (*Subtheme 2.1. Safe Alternatives*). The use of sex dolls as a harm-reduction tool generated mixed reactions, with some believing dolls could produce cathartic effects and reduce offense risk, and others expressing concerns over escalation leading to the perpetration of a sexual offense. Most agreed more empirical research on the use of sex dolls is necessary (*Subtheme 2.2. Seeking Empirical Ground on Sex Dolls*). An overarching worry that arose throughout conversations was the notion of a “slippery slope”—namely, that unaddressed sexual desires might escalate to online or contact child sexual offending (*Theme 3. Slippery Slope*). “Other commonalities” noted by the authors included that most professionals highlighted the need to explore clients’ past trauma and maladaptive coping strategies, as well as a goal of improving clients’ interpersonal relationships. Additionally, participants stressed the need for better training for mental health professionals working with individuals attracted to children, as well as more accessible mental health services specifically for non-offending individuals attracted to children.

In their discussion, the authors argue that current scientific evidence leans toward the view of pedophilia as stable rather than modifiable (Berlin, 2014; Cantor, 2018; Moser, 2019; Seto, 2012). They

also acknowledge that, although current research on sex dolls is limited, the literature to date has found that “doll owners show a lower tendency toward sexual aggression,” and doll ownership “is linked to reduced levels of sexual preoccupation and self-reported arousal in hypothetical abuse scenarios” (Harper & Lievesley, 2022, 2023). In a mixed-methods study cited by the authors (Desbuleux & Fuss, 2023), “minor-attracted doll owners report less sexual preoccupation compared to teleiophilic doll owners”; sexual feelings were directed towards dolls with participants’ reporting “a decline in interest in real children through doll use.” Such findings challenge professional concerns about a “slippery slope,” and suggest they may be unfounded.

The authors also challenge certain stigmatizing and potentially harmful beliefs and practices that participants endorsed. They note inconsistencies in participants’ beliefs and practices, such as doubting the modifiability of pedophilia yet encouraging clients to redirect fantasies or develop relationships with adults. They explain that thought suppression among individuals attracted to children, such as suppression of sexual fantasies, has been associated with negative outcomes like guilt, shame, and lower psychological well-being (Lievesley et al., 2020), and is detrimental when encouraged in a therapeutic context (Dymond & Duff, 2020). Finally, the authors warn that a hyper- or exclusive focus on risk management among mental health professionals could discourage individuals attracted to children

from seeking support. The authors conclude that mental health services for this population should be person-centered and empirically evaluated for both safety and effectiveness. Moreover, programs should adopt broader goals, such as helping clients cope with stigma and improve their wellbeing in addition to risk management.

Overall, this study makes a valuable contribution to our understanding of prevention-focused mental health services for individuals attracted to children. The findings underscore the complexity and diversity of perspectives among prevention specialists working with this population, especially regarding the stability versus modifiability of pedophilic attraction.

Regarding the study’s design, the use of qualitative self-report allowed for the collection of detailed and nuanced data. Semi-structured interviews further enhanced this, providing a helpful combination of structure and flexibility. The potential for researcher bias and influence in semi-structured data collection was not acknowledged by the authors when discussing limitations, although the lead author mentions that she kept a reflexive journal throughout the research “to remain aware of potential biases or assumptions.” Future publications could elaborate on this. Relatedly, as noted by the authors, reliance on self-report introduces the potential for participant biases such as social desirability and recall bias. This may be especially relevant for the five participants who had only worked with CSA perpetrators and

had to rely on hypothetical scenarios in relation to working with non-offenders. The authors recognize that the generalizability of findings may be limited by the small sample size and self-selection of participants. Nonetheless, their inclusion of professionals from diverse geographical locations and educational/professional backgrounds helps to mitigate this limitation.

The researchers' choice of analytic method, IPA, was well-suited to explore individual subjective views and experiences in depth. Their inductive rather than deductive approach was appropriate given the limited existing knowledge on the topic. The authors' efforts to ensure analytic rigor through the involvement of multiple analysts are commendable.

The findings were generally presented in a clear and accessible manner. They successfully addressed the research questions. The use of participant quotes helped illustrate key themes, though the distinction between themes and subthemes was not always clear. There appeared to be considerable overlap between theme 1 (*Nature of Pedophilia*) and subtheme 1.1. (*Un/modifiability*), as well as between theme 2 (*Alternatives without Victims*) and subtheme 2.2 (*Safe Alternatives*). Furthermore, theme 1 (*Nature of Pedophilia*) seems less like a standalone theme and more like an overarching topic summary. This theme also appeared to be researcher-generated rather than participant-generated, given that it simply summarizes the topic of the questions posed

by the researchers on the "definitions and perspectives on [the nature of] pedophilia." Lastly, the analysis may have been more cohesive had the 'other commonalities' been integrated into the themes or subthemes, rather than mentioned as an aside at the end of the results. Alternatively, the authors could have proposed using their existing data to explore professionals' perspectives on these commonalities in a future publication.

The authors' discussion is particularly impressive. They critically engage with the findings and thoughtfully address both ethical and practical considerations. They do a thorough job of contextualizing their results within the broader literature, while acknowledging current gaps such as surrounding controversial therapeutic tools like sex dolls. They also highlight the issue of misinformed, stigmatizing beliefs among mental health professionals, and counter these beliefs with empirical evidence. The authors further raise important ethical questions about treatment strategies, such as thought suppression or surveillance, and the potential harm they may cause. One topic that the authors neglected to discuss is the participants' view of attraction to children as involving exclusively sexual attraction, or both sexual and romantic/emotional attraction. For instance, one participant is quoted as stating, "Pedophilia is a sexual interest, but not a sexual orientation. Sexual orientation is who you fall in love with, whereas sexual interest is what you enjoy doing." The authors could have reviewed empirical

evidence that, in actuality, attraction to children typically involves both sexual and romantic components (Levitan et al., 2024; Martijn et al., 2020), and discussed how service-providers' knowledge or lack thereof in this area could impact treatment. The authors conclude their discussion with a well-articulated summary of the limitations of current practices and a compelling call for more empirically supported services.

In conclusion, this study by Nematy and colleagues offers a balanced and thorough examination of how a small non-random sample of prevention-specialist

mental health professionals approach treatment for individuals attracted to children, though it is important to note that the sample consisted of random and non-representative participants. The article successfully captures the ethical complexities involved, and advocates for more evidence-based approaches to treatment. The findings contribute valuable insights and set the stage for future research that could inform safe and effective prevention programs, considering both risk management and the broader therapeutic needs of this underserved population.

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The Effectiveness of Educational Interventions for Mental Health Professionals in Reducing Stigmatization Toward People with Pedophilia: A Meta-Analysis

Christophersen, L. & Brotto, G. (2024)

Trauma, Violence, & Abuse 00(0), DOI: <https://doi.org/10.1177/15248380241262286>

In their comprehensive meta-analysis, Christophersen and Brotto (2024) examine the effectiveness of educational interventions designed to reduce stigmatization toward minor attracted people (MAPs) among Mental Health Professionals (MHPs). Analyzing eight peer-reviewed studies, Christophersen & Brotto report that these interventions generally improve MHPs' perceptions of MAPs although they did not have any significant effects on MHPs' intention to treat MAPs. The article has a heavy focus on improving the mental health of and decreasing stigmatization towards MAPs. However, the authors do also focus on decreasing child sexual abuse (CSA) as a primary purpose for the study, which can inadvertently inflate the link between MAPs and CSA, contributing to the stigma the study seeks to reduce. Of course, an article in a journal called "Trauma, Violence, & Abuse" can be expected to focus primarily on CSA prevention, demonstrating the larger incongruity of the author's choice of this journal for publication.

The article begins by addressing the deeply entrenched stigmatization MAPs face, both from the general public and MHPs. Christophersen and Brotto emphasize that this stigma persists even when an

individual has not committed a sexual offense. The authors explicitly distinguish between pedophilic disorder and pedophilic sexual interest per the DSM-5. While this distinction is crucial, the authors cite eight studies between 1998 to 2020 stating, "emerging research suggests a correlation between pedophilia and an increased risk of sexually offending children, underscoring the imperative for essential treatment." This statement could benefit from further clarification, as various other factors—such as social isolation, shame, and lack of support—also play significant roles in contributing to offending behavior (Freimond, 2013; Sibbald, 2019). More nuanced clarification of these dynamics would help avoid reinforcing harmful stereotypes and oversimplifications.

The authors highlight two factors that underscore the need for treatment for MAPs: (a) the correlation between attraction to minors and the risk of offending, and (b) the stigmatization that contributes to exacerbated mental health issues for MAPs. However, the term "treatment" remains undefined. While the authors emphasize that improving MHPs' willingness to offer treatment is crucial, they link this both to reducing mental health challenges for MAPs and mitigating potential future offenses.

These two goals are distinct, and conflating them could be problematic in framing treatment objectives. For example, it is not standard practice to assume potential offending behavior as a treatment goal for heterosexual men in therapy. Framing “mitigating future offenses” as a central goal for MAPs may inadvertently reinforce the incorrect assumption that MAPs are destined to offend, which further increases undesirable stigma and impacts how treatment is approached.

The authors heavily emphasize the distinction between MAPs and those who commit sexual offenses against children, highlighting that MAPs constitute a minority among those who offend. The authors cite the studies of Seto and Lalumiere (2001) and Kesicky et al. (2014), which reveal that only 27% and 16.2% of those who offended exhibited sexual attraction to children. Similarly, Braveheart (2024) showed that only 5% of men who have committed sexual offenses against children in Australia acknowledge having sexual feelings toward them. This distinction is crucial in dispelling the conflation of pedophilia with child sexual offending, promoting a more informed and accurate understanding of MAPs.

The authors also delve into the significant mental health challenges MAPs face due to stigma, including heightened levels of anxiety (18%), depression (16%), and suicidal ideation (30%; Stevens & Wood, 2019). These challenges are often

exacerbated by fear of public discovery, which leads to social isolation and reluctance to seek help. This further underscores the importance of creating environments where MAPs feel safe and supported. Overall, the authors provide valuable destigmatizing information that challenges misconceptions about MAPs, promoting a fact-based understanding to begin the article.

The study’s meta-analysis revealed some key findings about the effectiveness of educational interventions in reducing stigmatization. Interventions notably reduced perceptions of dangerousness ($d = 0.65$) and punitiveness ($d = 0.77$), both of which are essential for improving therapeutic relationships between MHPs and MAPs. If MHPs no longer view MAPs as inherently dangerous or deserving of punishment, they are more likely to engage compassionately and provide the necessary care. However, it remains unclear whether these reductions will lead to lasting behavioral changes in clinical practice, as the short-term nature of the included studies limits our understanding of whether these shifts in attitude are durable. Longitudinal studies would be helpful to determine if these changes persist over time.

Social distance and intentionality were also modestly affected by the interventions. Social distance, which measures how willing MHPs are to engage with MAPs professionally or socially, showed a slight reduction ($d = 0.33$). Although modest, this shift is

important in professional contexts, as closer therapeutic relationships are critical for providing effective care. Similarly, intentionality, defined as MHPs' beliefs about whether MAPs can control their "sexual urges," was modestly influenced ($d = 0.38$). While educational interventions helped MHPs to distinguish attraction to minors from offending behavior, they were less effective in shifting deeper moral judgments about control and responsibility. It should be noted that terminology such as "sexual urges" may inaccurately suggest compulsiveness and lack of control, reinforcing stigmatizing assumptions about MAPs. Using more accurate language, such as "feelings of attraction" could better reflect the complexity of MAP experiences without reinforcing stereotypes.

Further, Christophersen and Brotto found that interventions had a more limited effect on deviance ($d = 0.22$), anger ($d = -0.22$), sympathy ($d = -0.12$), and motivation to treat ($d = -0.04$). The authors note that anger may be particularly resistant to fact-based interventions, suggesting that it might require more empathetic or cognitive-behavioral approaches to meaningfully shift this response. Additionally, the article notes that the failure to significantly increase motivation to treat MAPs highlights the need for more comprehensive interventions, such as therapeutic skill-building and deeper training to help MHPs manage biases and engage more effectively with MAPs.

The study's meta-analytic approach, which pooled data from various educational interventions, provides an overview of their overall effectiveness. However, the diversity of the interventions introduces challenges, particularly due to variations in format (i.e., videos vs. in-person presentations) and duration (i.e., 5 minutes vs. 90 minutes). As the authors acknowledge, the findings do not conclusively suggest that longer, in-person interventions are more impactful, as other formats have not been sufficiently studied to allow for comparison. For instance, Heron et al. (2023) stands out with the highest effect sizes, possibly due to the use of an in-person presentation by a self-identified MAP, though the article cautions against drawing conclusions about the superiority of specific intervention formats given the limited data. Without more data across different formats, it is difficult to draw firm conclusions about the most effective intervention type. Future research could benefit from subgroup analyses, but it is acknowledged that the limited number of studies presents a challenge in conducting such analyses. As the authors note, the small sample sizes and lack of available interventions hinder the ability to draw definitive conclusions from such comparisons.

A second limitation is that many of the included studies drew on psychology students or early-career professionals, whose attitudes may not reflect those of more seasoned practitioners. Differences in

receptiveness to change may exist between early-career and more experienced professionals.

A third limitation, noted by the authors, is that while the study included two separate meta-analyses—one focusing solely on MHPs and another incorporating data from the general public—the inclusion of general public data, though analyzed separately, may still dilute the focus on the unique challenges faced by MHPs when working with MAPs in clinical practice. Although the broader sample was necessary to enhance statistical power and generalizability, this introduces some ambiguity when interpreting the findings in the context of clinical settings. The authors emphasize the importance of future research focusing exclusively on practicing MHPs, as more representative sampling from this population would improve the generalizability of the findings to real-world clinical practice, despite the challenges of

accessing such samples in research on MAP-related stigma.

In conclusion, in spite of its stigmatizing association of MAPs with CSA, Christophersen and Brotto's meta-analysis makes an important contribution to our understanding of how educational interventions can reduce MHPs' stigmatizing attitudes toward MAPs. The reductions in perceptions of dangerousness and punitiveness are promising, suggesting that such interventions can serve as a foundation for broader stigma reduction efforts. While the article effectively consolidates existing research, it also leaves room for further consideration of systemic changes that extend beyond the scope of the meta-analysis. Future work could explore how these interventions might be embedded into longer-term strategies, including ongoing supervision, self-reflection, and institutional reforms aimed at addressing deeper biases.

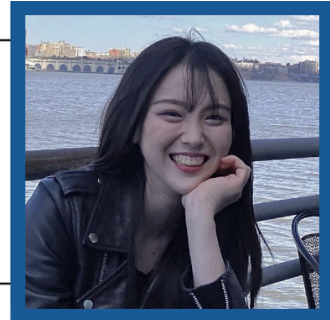
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Meet the New Generation

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.

Ace Oh, Psychotherapist | MHC-LP



Ace Oh is a psychotherapist in New York, specializing in complex PTSD, borderline personality disorder, and trauma-informed care. She holds a BA in Psychology from UCLA and an MA in Mental Health Counseling from New York University.

Ace's therapeutic approach integrates emotional processing with practical skills, helping clients heal from complex traumas such as racial and religious trauma, dysfunctional family dynamics, and abusive relationships. In addition to her psychotherapy practice, she works as a research assistant and recently contributed as a reviewer for the B4QR journal.

Passionate about addressing the therapeutic needs of marginalized communities, Ace's work focuses on applying an intersectional lens. In the future, she aims to pursue further education to explore adaptations of evidence-based clinical interventions tailored to diverse and intersectional identities, while maintaining a strong connection to her clinical work.

B4U-ACT Resources

B4U-ACT is a 501(c)3 organization established to publicly promote professional services and resources for self-identified individuals who are sexually attracted to children and desire such assistance, and to educate mental health providers regarding approaches needed in understanding and responding to such individuals.

Our organization assists researchers from around the world, especially PhD students (<https://www.b4uact.org/research/research-collaboration/>). If you would like us to collaborate with you or your team on a project, and if you share our research ethos (<https://www.b4uact.org/about-us/statements-and-policies/research-ethos/>), contact us at science@b4uact.org. You can also email us if you would like to join our researcher email group.

We provide several additional services to support therapists, researchers, students, MAPs, and their family members:

- Workshops for professionals, researchers, and minor-attracted individuals (<https://www.b4uact.org/get-involved/attend-a-workshop/>)
- Advocacy/education (<https://www.b4uact.org/know-the-facts/>)
- Advice for MAPs seeking mental health services, including referral to approved professionals (<https://www.b4uact.org/attracted-to-minors/professional-support/>)
- Guidelines for therapists (<https://www.b4uact.org/psychotherapy-for-the-map/>)
- Online discussion group for professionals, researchers, and minor-attracted individuals (<https://www.b4uact.org/?event=dialog-on-therapy>)
- Peer support groups for MAPs (<https://www.b4uact.org/attracted-to-minors/peer-support/>) and their families (<https://www.b4uact.org/attracted-to-minors/support-for-family-friends>)