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*Review of publications from
July 2024 to November 2024*

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Preface by Russell Dick, B4U-ACT Chairperson and Co-Founder



It is again with personal and organizational pride and enthusiasm that I introduce the beginning of the fifth year of B4U-ACT's quarterly research review journal. I want to thank editor-in-chief Allen Bishop, the other journal editors, as well as all the critically important research students, academics, and MAPs who volunteered to review the research articles. Without your voluntary commitment to B4QR it wouldn't exist. I hope that readers of B4QR will tell others about it in order to increase the readership of this unique review journal.

During a time in which our American culture and that of some other nations is experiencing increased stigmatization, misinformation, and demonization of people who are perceived to be different than the majority or in-control group, it is so important to have scientific research about the realities of the minority groups. It is vital to maintain and promote the voices of members of the minority groups.

I am proud and humbled to have B4U-ACT entering our fifth year in publishing this research review journal about issues related to MAPs and having MAPs as our editor-in-chief, members of the editorial board, and reviewers of the research. It is truly revolutionary that MAPs now have a voice in the research being done about them. It is also very encouraging to see the number of recent research articles focusing upon the lived experiences and well-being of MAPs.

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

Russell Dick, MSW
Chairperson and Co-Founder
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Introduction by Allen Bishop, Editor-in-Chief

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

Four years ago, when we published the first edition of our journal, the field of MAP research as we know it today, with its rejection of a purely forensic lens and its focus on core issues that are significant to MAPs themselves, was still relatively new. Four years later, we can confidently say that this approach has become the standard for the majority of specialists. The number of academic publications that use the term “MAP” and that emphasize key topics such as MAP well-being, destigmatization, and access to quality mental-health services has never been higher.

The dynamism of this new scholarship can be threatening to academics who advocate for a more archaic, shame- and repression-based approach to the topic. This is the case of the authors of the first article reviewed in this journal issue. In their systematic review of the use of the term “MAP” in academic research, Farmer et al. openly argue for the stigmatization of attraction to minors, which they define as an “impulse to sexually abuse children.”¹ They argue that researchers who use the term “MAP” in their publications are naively manipulated by “pro-pedophile” communities that hope to “launder their political agendas” into academic research.² Beyond the dehumanizing narrative, which verges on conspiracy theory, the article is riddled with inaccuracies and misrepresentations that our reviewers have aptly highlighted.

The other articles reviewed in this issue embody the values of dignity and decency for MAPs that Farmer et al. sadly reject. The first two articles explore the impact of stigma on the treatment needs of MAPs. Lievesley et al. (2024) conducted semi-structured interviews with 31 MAPs recruited online. They explored the impact of attraction to children on participants’ daily lives and the type of therapeutic support they would need. Many participants expressed frustration with the absence of legal and safe sexual outlets for MAPs, which led the authors to posit sexual satisfaction as a universal and primary human good, in line with the “Good Lives Model”. The second article on stigma and treatment needs is a quantitative study by Jahnke et al. The authors recruited 283 MAP participants, who completed a survey about their mental health and their attitudes towards seeking therapy. Using the “Minority Stress Model”, Jahnke et al. tactfully distinguish different forms of stigma and show that each form is related differently to the treatment needs of MAPs. Among their many interesting findings, they observed that internalized stigma was surprisingly associated with more *positive* attitudes towards seeking treatment in MAPs, which contrasts with studies conducted on other marginalized groups.

¹ Farmer et al., 2024, 4079.

² Ibid., 4087.

The last two articles investigate the impact of gender on public attitudes towards MAPs. Roche et al. (2024) recruited 385 people from the general public. Each participant was presented with one of eight vignettes that described a hypothetical MAP who had never committed a sex crime. Participants were asked how likely they thought the MAP in the scenario was to act sexually with a minor, when the only differences between the vignettes concerned the gender of the child or the adult, and the degree of attraction of the adult (preferential or not). Analyses showed that gender had no impact on the participants' judgments, while preferentiality of attraction was the only factor that was significantly associated with a perception of risk. Finally, Gaudette et al. (2024) replicated prior findings on the efficacy of different types of stigma-reduction interventions, and analyzed the impact of gender on these results. They found that "narrative interventions" were more effective overall, since participants' attitude change showed greater stability over time following such interventions. They also found that females differed most significantly from males on the issue of "pedophilia as pathological": while no clear change was noticeable in males on this issue, females on average saw an important reduction in their belief that attraction to children is pathological following these interventions.

Following the review section, this journal issue includes two author responses to articles reviewed in B4QR 4 (3): one from Azadeh Nematy, for our review of "Perspectives, Treatment Goals, and Approaches of Prevention-Specialist Mental Health Professionals in Working With Clients Attracted to Children", and the other from Rachel Murphy, for our review of "A pilot study: Exploring suicidal ideation among non-offending adults with sexual attraction to minors, through their online forum posts." Rachel Murphy also happens to be our honored scholar in this issue. In the "Meet the New Generation" section that follows Author Responses, Rachel describes how she hopes that her career experience as a social worker and manager will help her bridge the gap between research and practice, now that she is pursuing a PhD in the UK on the therapeutic needs of MAPs.

As we begin this new chapter in our journal's history, I wish to take a moment to thank our invaluable contributors and volunteers: our editors, Maggie Ingram, Evelyn Thorne, Isaac Aschenbach, Étienne Garant, Russell Dick, and Richard Kramer; our reviewers, who are too many to name individually, but who are truly the heart and soul of this journal; and our other volunteers, especially our designer, David Ertz.

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

Reviewed Publications

Farmer, C., Salter, M., & Woodlock, D. (2024)

A Review of Academic Use of the Term “Minor Attracted Persons”

Trauma, Violence, & Abuse, 25 (5), 4078-4089. DOI: <https://doi.org/10.1177/15248380241270028>

In a recent publication in *Trauma, Violence & Abuse*, Farmer et al. (2024) conduct an overview of the use of the term “minor-attracted person” (MAP) in academic scholarship. The authors argue that the “sympathetic framing” of MAPs by researchers in this body of scholarship results from an “academic collaboration with pro-pedophile groups” that may undercut child sexual abuse (CSA) prevention efforts (p. 4078). This review will show that the article contains a striking number of inaccuracies, misrepresentations, omissions, equivocations, occurrences of unreliable referencing, and strawmanning strategies that surprisingly were not caught during the peer-review process.

Before introducing their study’s methodology and findings, Farmer et al. dedicate a section to the emergence of the term “MAP” in the last twenty years. They criticize the use of the term by academics, stating that it is “not a neutral or scientific synonym for pedophile” (p. 4080), yet they overlook the main reason why “MAP” has begun to replace “pedophile” in academic discourse: “pedophilia” refers narrowly to the attraction to *prepubescent* children, whereas “MAP” is an umbrella term that encompasses not only pedophilia

but also hebephilia and ephebophilia – in other words, all whose primary or exclusive attractions are towards individuals below the legal threshold for sexual consent.

Farmer et al. insinuate that the term “MAP” is an ideological construct that is part of a broader attempt by “pro-pedophile” communities to “launder their political agendas” into academic research (p. 4087). They accuse researchers of failing to properly recognize the biases of their participants and treating their responses with enough “critical distance”, which appears to be a placeholder for “suspicion”. Without evidence, they imply that participants’ responses are likely disingenuous and, to a significant degree, part of an underhanded scheme to influence research. Such distrust toward study participants, and the assumed naivete (or complicity) of researchers who study them, permeates the paper.

After setting the stage with their historical overview, the authors introduce their central research question: “How is the term ‘minor attracted persons/people’ being applied in the scholarly literature?” To answer this question, Farmer et al. conducted a rapid evidence review using the search terms “minor

attracted persons,” “minor attracted people,” “minor attracted” or “minor-attracted” in the following databases: Criminal Justice Abstracts, ProQuest Social Science, APA PsycArticles, and Violence and Abuse Abstracts. They limited their search to articles published between 2015 and 2023. After removing duplicates and studies deemed irrelevant, the search uncovered 30 studies. The authors limited their keyword search to articles that included these MAP-related terms *in the title or the abstract only*, a decision that left out highly relevant recent publications that use such terminology in the body of the article but not in the title or abstract.³ Farmer et al. do not acknowledge this limitation that could make their study less than comprehensive.

Each of these 30 articles was read by the authors, who collected information on the country where the study was conducted, its methodology, the way it defined “MAP”, what it said about “non-offending” MAPs, shame/stigma, attraction to minors as a sexual orientation, child protection implications, and study limitations. The authors sorted their findings into three themes: “the definition of MAPs,” “MAPs as an oppressed sexual minority,” and “stigma and pro-MAP reform.” No information is provided on the method used to arrive at these specific themes.

Under their first theme, “the definition of MAPs,” the authors examine the ways in which the term “MAP” was used by researchers. They claim that

³ Among the articles that were excluded by Farmer et al., two articles reviewed in B4QR that are especially relevant are Schmidt and Niehaus (2022) and Jahnke et al. (2023), respectively reviewed in B4QR 2 (4) and B4QR 4 (1).

most of them justified their use of this term on the ground that it is less stigmatizing than medical terms such as “pedophile” or “hebephile”, a rationale that Farmer et al. reject⁴, referencing two studies they claim show that MAPs themselves prefer these medical alternatives. However, neither study supports this conclusion. Only one of the two studies asked how participants wished to be labeled *by others*, and participants clearly picked “MAP” over any alternative, both for self-labeling and for being labeled by others.⁵ The other study only asked participants how they preferred to label themselves, and they picked a variation of “child lover” (i.e., “boy lover” or “girl lover”) over any alternative.⁶

Farmer et al. also argue that the term “MAP” was defined inconsistently across studies, and they claim that “there was a persistent underlying ambiguity within the literature about the relationship between attraction to minors and offending against minors.” (p. 4082) They give as an example an article⁷ that uses the expression “NOMAPS” (i.e., “non-offending MAPs”) to distinguish between “offending” and “non-offending” MAPs, and they contrast this with another article⁸ that, according to Farmer et al., “appeared to define ‘MAPs’ as

⁴ Farmer et al. repeat this same point in the Discussion section (p. 4085).

⁵ Jahnke et al. (2022). This article is reviewed in B4QR 3 (1). 76.9% of participants approved of the term “MAP” for labeling oneself, and 78.7% approved of it to be labeled by others. The term “MAP” is the top choice for both categories, with the terms “pedophile/hebephile” being approved by 69.1% and 58.9% for being labeled by oneself and by others respectively.

⁶ Martijn et al. (2020).

⁷ Tenbergen et al. (2021).

⁸ Levenson et al. (2017).

synonymous with non-offending or ‘virtuous paedophiles’” (*ibid.*). Farmer et al. provide the following quote as supporting evidence of this supposed synonymy:

“. . .there are some individuals who refer to themselves as “minor attracted persons” (MAP) or “virtuous paedophiles” who do not act on their attractions. . .” (p. 101)

However, if one goes to the original article to read the quote in context, it becomes clear that the authors did not use these concepts synonymously. In the sentence *immediately following* the one quoted by Farmer et al., the authors use the expression “non-offending MAPs,” which clearly indicates their proper use of the concept “MAP” and the absence of any unfounded synonymy or conflation: saying “non-offending MAPs” would be as redundant as saying “minor-attracted MAPs” if the authors already defined “MAPs” as “non-offending MAPs”, as Farmer et al. claim. Yet, based on this single incorrect interpretation, Farmer et al. repeat throughout the article that the “MAPs scholarship” presents an ambiguous picture of the relationship between MAPs and the offending behavior.

Under the second theme “MAPs as an oppressed sexual minority,” the authors summarize statements from researchers arguing that attraction to minors constitutes a sexual orientation (rather than a paraphilia or psychopathology). Many articles made

implicit or explicit comparisons between MAPs and other sexual minorities such as adult-attracted homosexual people. For example, Levenson and Grady (2019) compared the process of MAPs incorporating society's negative attitudes towards them into their own self-image, in a process similar to internalized homophobia. Walker and Panfil (2016) were more explicit, applying the framework of queer theory to analyze how MAPs were pathologized and dehumanized in ways akin to the treatment of other sex and gender-diverse people.

Farmer et al. push back against these comparisons to the LGBTIQ+ community, which they condemn as unfounded on the grounds that minors cannot consent to sexual relationships with adults, even though this has no bearing on its constituting a sexual orientation. They argue that these comparisons have contributed to a recent surge in right-wing attacks against the LGBTIQ+ community, though they never denounce any of the hateful rhetoric directed against MAPs themselves, clearly suggesting that concern for MAPs is a much lower priority. Farmer et al. urge researchers on primarily *moral grounds*⁹ to frame attraction to minors in ways that explicitly demarcate it from same-sex attractions. This imperative is questionable not only for obvious epistemological reasons, as scientific inquiries should be guided by evidence, not moral principles, but also because of the strong evidence in

⁹ The points mentioned previously constitute the moral grounds, i.e, the harm caused to the LGBTIQ+ community and the harmfulness (or lack of consent) of sexual acts between adults and minors.

favor of the conceptualization of age-specific attractions as a sexual orientation. As is very commonly discussed in the MAP literature, attraction to minors shows important parallels with other sexual orientations, both on the basis of *objective* markers of sexual orientation (early discovery, lack of choice, unchangeability, presence of a romantic component, etc.)¹⁰ and *subjective* markers (similar phenomenologies for experiences of attraction, of falling in love, etc.)¹¹.

Farmer et al.'s substitution of scientific arguments with a political agenda when disavowing any link between same-sex attractions and attractions to minors is problematic for science, as it undermines the scholarly discourse. While political forces shaping the psychiatric discourse is not the norm, it is not unprecedented. In the case of pedophilia, as Walker and Panfil (2016) point out, the DSM-V initially labeled pedophilia a "sexual orientation", only changing it to a "sexual interest" after facing public criticism, demonstrating the ways prevailing cultural attitudes impact scientific language.

Farmer et al. also reject the idea that MAPs could constitute a "sexual minority" on the grounds that the phenomenon is *too common* (p. 4086). They support this claim by citing a survey (conducted by one of the authors) of almost 2000 Australian men which found that "one in six expressed some sexual interest" in people under 18. Given that a significant

number of people also express *some* sexual interest towards same-sex individuals¹², the argument implies that homosexual people do not constitute a sexual minority, which seems unreasonable. Furthermore, while the heterosexual human male's preference for neoteny and high fecundity in females is well-discussed in evolutionary psychology, "one in six" males would still constitute a minority. The difference here is that "MAP" is typically used to denote those who have a *sexual preference* for minors, not *some* level of attraction to anyone under 18-years-old.

More broadly, Farmer et al. reject the idea that attraction to minors constitutes a "sexual identity or group", arguing that "the MAPs literature tended to assume that sexual interests should or would constitute a self-identity or group identity for people sexually aroused by children" (p. 4083). This remark is surprising; scholars do not "assume" such a thing about the MAP community: it is a simple and generally undisputed sociological fact that scholars are merely observing and describing. Compared to heterosexual teleiophiles, MAPs are *by definition* a sexual minority population.

Finally, under the "stigma and pro-MAP reform" theme, Farmer et al. describe the notion in the reviewed literature that MAPs are unjustly stigmatized, that this stigma is a barrier to MAPs' mental well-being, and that stigma against MAPs is

¹⁰ See e.g., Seto (2012).

¹¹ See e.g., Levitan et al. (2024).

¹² See e.g., Savin-Williams (2017).

unnecessary or counterproductive to sex crime prevention. Many researchers have pointed out that prejudice among mental health professionals and unclear mandatory reporting laws disincentivize MAPs from seeking support, for fear that their therapist will judge them and worsen their mental health, or that they will be reported to the authorities and spark an investigation on the basis of their attraction to minors alone. Researchers have also studied and encouraged the development of educational campaigns aimed at reducing stigma against MAPs in the general population, as a way to bolster prevention efforts.¹³

Farmer et al. argue that such educational efforts are “ineffective and can result in an *increase* in negative attitudes” (p. 4086). However, this claim is not scientifically justified. While Jara and Jeglic (2021) found a small increase in negative attitudes in participants who had read a short psychoeducational article dispelling myths about MAPs, the other article cited by Farmer et al. actually showed the opposite, a fact that Farmer et al. apparently overlooked. In that study, McKillop and Price (2023) replicated the Jara and Jeglic (2021) study with an improved design¹⁴ and concluded that psychoeducational interventions successfully reduced negative attitudes towards MAPs. Various

other studies have arrived at similar conclusions¹⁵, none of which were discussed by Farmer et al. To miss this large body of literature suggests that Farmer et al. might have selected articles to obscure the fact that Jara and Jeglic’s (2021) findings were a statistical outlier.

In the Discussion section, Farmer et al. argue *in favor* of the stigmatization of attraction to minors. They claim that “institutions and environments that have ‘de-stigmatized’ sexual interest in children have been places of rampant sexual abuse and exploitation” (p. 4085). However, this is an instance where Farmer et al. do not merely misinterpret or misrepresent a cited study, but actually provide questionable or irrelevant sources.¹⁶ The citation they provide to support their claim, Clegg (2021), says nothing about MAPs, destigmatization, or sex crimes in any form. It is entirely about the effects of Covid-19 on the Pitcairn Islands. Whatever source the authors meant to cite remains a mystery.

To further illustrate the presumed dangers of MAP destigmatization, Farmer et al. compare attraction to minors to the “impulse to victimize an intimate

¹⁵ See e.g., Harper et al. 2021, Jahnke et al. (2015), and Lawrence and Willis (2022).

¹⁶ Another example of this occurs in the section on the history of the term “MAP”. The authors claim that “internet safety agencies began reporting significant trading of child sexual abuse material on Twitter” (p.4081) after MAPs had been allowed back on the platform, clearly implying that these two events were related. What they cite to support this claim, however, is an online media platform concerned exclusively with one of the authors’ (Michael Salter) own Twitter posts, rather than an original study. The use of self-citations is frequent in the article, and leads to a kind of circular argumentation.

¹³ Jara and Jeglic (2021), reviewed in B4QR 1 (2) ; and McKillop and Price (2023), reviewed in B4QR 3 (3).

¹⁴ Unlike Jara and Jeglic (2021), McKillop and Price (2023) included a pre-post design and tested another form of educational intervention (using a video format).

partner” (i.e., domestic violence), and remark that prevention efforts in that area never come in the form of a destigmatization of the impulse to physically assault one’s partner. The analogy is consistent with the authors’ reduction of the attraction to minors to “an arousal to non consensual sexual activity” (p. 4083) and an “impulse to sexually abuse children” (p. 4079). This characterization contradicts the phenomenology of attraction to minors: what arouses the average MAP is not the idea of abuse.¹⁷ Even granting that any real-world expression of attraction to minors results in a form of sexual abuse, claiming that the *essence* of the attraction is captured by its external impact is incorrect.

The fact that Farmer et al. are comfortable defining attraction to minors in such terms reflects their normative stance on this attraction. To see this, one can propose a different analogy: Although untreated HIV constitutes a health threat to one’s sexual partners, this does not turn the sexual desires of an HIV-positive individual into an “arousal to dangerous sexual relations”. Reducing a person’s sexuality to the dangers of its expression harms the scientific discourse, and would rightfully be criticized in the case of HIV.

To push the analogy further, it is professionally unethical to encourage the shaming of HIV-positive individuals’ sexual desires as a means to prevent the

spread of the virus, and conflating *being* HIV-positive with *having unprotected sex* as an HIV-positive individual would be denounced. The same holds for MAPs; blurring the conceptual line between the attraction and its expression is intellectually sloppy, and encouraging the stigmatization of the former is anti-therapeutic. Farmer et al. do this, for instance, when they applaud *Stop It Now!* in the UK for providing “a social context in which paedophilia [sic] remains stigmatized” (p. 4086). They also do this when they denounce the researchers they review by incorrectly suggesting the latter fail to condemn child sexual abuse because they reject the stigmatization of attraction to children. For instance, McKillop and Price (2023) conclude from their research that “dispelling the stigma associated with minor attraction [...] is an essential component of [...] preventative action” (p. 697). Farmer et al. misinterpret this conclusion by writing that “these recommendations are contrary to the long-standing recognition that norms against child sexual abuse have a deterrent and preventative effect” (p 4084), confusing stigma against minor attraction with stigma against child abuse. Not a single paper reviewed by the authors recommend changing societal attitudes towards adult-minor sex, yet by bait-and-switch, this is essentially what the authors imply.

A more interesting part of the article comes when Farmer et al. discuss what they view as core

¹⁷ E.g., Levitan et al. (2024).

contradictions in the discourse of the researchers they critique, regarding the relationship between stigma, help-seeking, and risks of sexual abuse. Some of the points the authors raise here are valid. For instance, they criticize the scientifically unsupported idea that MAP destigmatization is the primary way of preventing CSA. However, their criticism rests on a misrepresentation of the claims made by “MAPs researchers”, which involve a much more nuanced and multifaceted understanding of the causes of sexual abuse and methods of prevention. The supposed contradictions identified by Farmer et al. mostly rest on such uncharitable interpretations, starting with the ‘contradictory position that “MAPs” are unfairly stigmatized as a risk to children, but that they [simultaneously] pose more of a risk to children because of this stigma” (p. 4085). Both of these points are valid and do not have to be in tension. It is undeniable that MAPs are “unfairly stigmatized as a risk to children”, in the sense that the general population largely ignores the crucial distinction between attraction to children and the sexual abuse of children. It is also true that stigma can place some MAPs more at risk of committing sex crimes, because of the instability caused by the mental health consequences of this stigma, or because of the possibility of developing anti-social dispositions in response to society’s hateful discourse towards MAPs.

Farmer et al. also argue that the researchers they critique defend conflicting views when claiming that

stigma is both a *barrier* to help-seeking in MAPs¹⁸ and a *motivator* to help-seeking.¹⁹ Here too, this supposed tension seems to be a purely rhetorical device: the fear of being misunderstood and judged by mental health professionals is a well-known barrier for MAPs²⁰, an obstacle that some will be able to overcome, especially when the weight of societal stigma becomes unbearable. This simple explanation is readily available to a more neutral, objective analyst.

And that is the core problem of this article: no honest attempt is made to accurately represent the body of research the authors critique. Scientific rigor is abandoned in the name of narrative building. One cannot ignore the irony of researchers writing a transparently ideological article with the goal of denouncing a supposed political agenda in research. While this can be even amusing, it must be kept in mind that the well-being of children and MAPs alike are seriously threatened by such an unscientific approach to the topic. In addition, the moral attack against fellow scientists followed by pressures to deter them from following facts not in line with Farmer et al.’s political views is detrimental to the scientific community as a whole. Thankfully, the poor scientific value of this article is unlikely to inspire others to engage in this archaic and unprofessional way of conducting research.

¹⁸ Jara and Jeglic (2021, p. 308).

¹⁹ Levenson et al. (2019, p. 384).

²⁰ E.g., Lievesley et al. (2022).

References

- Clegg, P. (2021) "Pitcairn", *The Contemporary Pacific* 33(1), 231-238. DOI: 10.1353/cp.2021.0016.
- Harper, C., Lievesley, R., Blagden N., Hocken, K. (2021) "Humanizing pedophilia as stigma reduction: A large-scale intervention study", *Archives of Sexual Behavior* 51 (2), DOI: 10.1007/s10508-021-02057-x
- Jahnke, S. (2015) *Understanding and Challenging Stigmatization of People with Pedophilia*, PhD Dissertation.
- Jahnke, S., Blagden, N., and Hill, L. (2022) "Pedophile, Child Lover, or Minor-Attracted Person? Attitudes Toward Labels Among People Who are Sexually Attracted to Children," *Archives of Sexual Behavior* 51 (8), DOI: 10.1007/s10508-022-02331-6
- Jahnke, S, Blagden, N., McPhail, I. V., and Antfolk, J. (2023) "Secret-keeping in therapy by clients who are sexually attracted to children", *Psychotherapy Research*, DOI: 10.1080/10503307.2023.2265047
- Jara, G. A. and Jeglic, E. (2021) "Changing public attitudes toward minor attracted persons: an evaluation of an anti-stigma intervention", *Journal of Sexual Aggression*, DOI: 10.1080/13552600.2020.1863486
- Lawrence, A. and Willis, G.M. (2022) "Understanding and influencing public attitudes surrounding people with a sexual interest in children," *Stigma and Health* 7 (3), DOI: 10.1037/sah0000391
- Levenson, J. S., Willis, G. M., & Vicencio, C. P. (2017) "Obstacles to help-seeking for sexual offenders: Implications for prevention of sexual abuse", *Journal of Child Sexual Abuse*, 26(2), 99–120, DOI: 10.1080/10538712.2016.1276116
- Levenson, J. S., & Grady, M. D. (2019). "“I could never work with those people...”: Secondary prevention of child sexual abuse via a brief training for therapists about pedophilia", *Journal of Interpersonal Violence*, 34(20), 4281–4302. DOI: 10.1177/0886260519869238
- Levitan, J. A., Martijn, F. M., Santaguida, M., and Seto, M. C. (2024), "Minor-Attracted Men's Lived Experiences of Romantic Attraction", *Journal of Sex & Marital Therapy*, DOI: 10.1080/0092623X.2024.2385909
- Lievesley, R., & Harper, C. A. (2022) "Applying desistance principles to improve wellbeing and prevent child sexual abuse among minor-attracted persons", *Journal of Sexual Aggression*, 28 (1), 1–14, DOI: 10.1080/13552600.2021.1883754

- Martijn, F. M., Babchishin, K. M., Pullman, L. E., and Seto, M. C. (2020) “Sexual attraction and falling in love in persons with pedohebephilia”, *Archives of Sexual Behavior*, 49(4), 1305-1318, DOI: 10.1007/s10508-019-01579-9
- McKillop, N. and Price, S. (2023) “The Potential for Anti-Stigma Interventions to Change Public Attitudes Toward Minor-Attracted Persons: A Replication and Extension of Jara and Jeglic’s Study”, *Journal of Child Sexual Abuse*, DOI: 10.1080/10538712.2023.2204864
- Savin-Williams, R.C., Cash, B.M., McCormack, M. et al. (2017) “Gay, Mostly Gay, or Bisexual Leaning Gay? An Exploratory Study Distinguishing Gay Sexual Orientations Among Young Men”, *Archives of Sexual Behavior* 46, 265–272., DOI: 10.1007/s10508-016-0848-6
- Schmidt, A. F. and Niehaus, S. (2022) “Outpatient Therapists’ Perspectives on Working With Persons Who Are Sexually Interested in Minors”, *Archives of Sexual Behavior*, DOI: 10.1007/s10508-022-02377-6
- Seto, M.C. (2012) “Is pedophilia a sexual orientation?”, *Archives of Sexual Behavior*, 41 (1), 231-236, DOI: 10.1007/s10508-011-9882-6.
- Tenbergen, G., Martinez-Dettamanti, M., & Christiansen, C. (2021) “Can nonoffending pedophiles be reached for the primary prevention of child sexual abuse by addressing nonoffending individuals who are attracted to minors in the United States? New strategies with the Global Prevention Project”, *Journal of Psychiatric Practice*, 27(4), 265–272 DOI: 10.1097/prs.0000000000000561
- Walker, A., & Panfil, V. R. (2016) “Minor attraction: A queer criminological issue”, *Critical Criminology*, 25(1), 37–53, DOI: 10.1007/s10612-016-9342-7

Lievesley, R , Swaby, H , Stevenson, J & Harper, C. (2024)

“Not offending is easy. The double life, the secrets, the loneliness are the hardest parts I needed help with”: understanding the treatment needs of people with attractions to children

Journal of Sex and Marital Therapy, DOI: <https://doi.org/10.1080/0092623X.2024.2402320>

This article by Rebecca Lievesley and colleagues examines the lived experiences and treatment needs of law-abiding minor-attracted persons (MAPs), within the context of the effects of societal stigma. Through qualitative methods employing semi-structured interviews, the authors anonymously engaged 31 MAPs recruited from online forums and identified two key themes: the impact of these attractions on participants' daily lives and identities (“Living with a sexual interest in children”), and the types of support needed to address mental health challenges and sexual frustration (“*Establishing treatment targets*”). The findings emphasize the necessity of early, stigma-free interventions aimed at both prevention and holistic well-being in order to help this population lead fulfilling lives. Focusing on factors such as identity concealment, loneliness, and mental health struggles, the authors illuminate how these experiences shape participants' daily realities and their desire for support. This article departs from traditional forensic and risk-focused frameworks, and advocates for interventions for MAPs centered on mental health, self-acceptance, and meaningful relationships, not shame, thought-suppression, and the assumption of dangerousness. The authors consider this approach critical for addressing systemic gaps in existing services, and for designing

therapeutic approaches aligned with the lived realities of this marginalized group.

The authors contextualize their study within a growing body of literature on MAPs, highlighting the dominance of forensic and risk-reduction frameworks in the field. Much of the existing research has focused on individuals who have offended or those accessing abuse-prevention services, such as *Stop It Now!* and Germany's Dunkelfeld Project. This narrow focus, the authors argue, perpetuates significant gaps in research and service provision, excluding MAPs who do not perceive themselves as at risk of offending but who nonetheless face profound challenges stemming from stigma, mental health struggles, and social isolation.

The authors also observe a systemic conflation of sexual attraction to children with offending behavior, which not only dominates societal perceptions but also constrains academic inquiry. This conflation, they emphasize, harms MAPs' mental health and deters them from seeking help. Existing evidence shows that MAPs frequently experience high levels of thought suppression, loneliness, and suicidal ideation—levels comparable to those observed in

individuals with mental health conditions such as depression. The authors stress the importance of moving beyond simplistic, risk-focused paradigms and advocate for interventions that address MAPs' broader well-being, including mental health and social connectedness.

In their methodology, the authors demonstrate ethical rigor, prioritizing participant safety and anonymity. Participants were recruited through online forums for MAPs. The forums chosen had a heavy focus on peer support, and took a prohibitive stance towards sexual activity between adults and minors—a choice the authors explain as reflective of their focus on working with individuals committed to avoiding such behaviors. They ensured informed consent, anonymity, and confidentiality, notably excluding demographic details such as specific ages or countries of residence to protect participants' identities. While the authors recognize that this decision limits contextual richness, they argue it is necessary given the heightened stigma and fears of identification experienced by MAPs. The use of qualitative methods through semi-structured interviews, conducted via video conferencing or email, further underscores the authors' sensitivity to participants' needs by allowing flexibility and fostering an environment in which participants could share openly without fear of judgment.

In their findings, the authors identify two central themes. The first, "*Living with a Sexual Interest in*

Children," examines the psychological toll of concealing one's identity in a stigmatizing society. According to the authors, participants described the exhaustion of maintaining a facade of normalcy, with one stating, "You have to hide every day...you wear the costume 'I'm a regular guy'" (p. 28). The authors argue that this relentless self-monitoring limits the authenticity of participants' relationships and contributes to profound mental health challenges, including depression, loneliness, and shame. Another participant's statement, "The secrecy and the lying...that's the worst part," highlights the emotional weight of concealment, which the authors suggest fosters social isolation and diminishes self-worth (p. 29). Through this theme, the authors illustrate how societal alienation exacerbates the internal struggles of MAPs, shaping their need for therapeutic interventions that enable them to lead more authentic and connected lives.

The second theme, "*Establishing Treatment Targets*," explores participants' expressed desires for therapy that prioritizes self-acceptance and addresses sexual frustration. According to the authors, many participants articulated a need for therapeutic approaches that validate the unchosen nature of their attractions while helping them develop healthier self-concepts. For example, one participant stated, "I needed someone to help me see that I didn't choose this, I'm not a bad person" (p. 31). The authors interpret this as evidence of the importance of therapeutic validation in mitigating internalized

stigma and fostering self-acceptance. They also highlight participants' frustrations with the absence of safe, legal outlets for managing their sexuality, citing one participant's observation: "There's got to be some outlets for people like me that doesn't hurt anybody...people can't bury their sexuality" (p. 31). The authors contextualize this finding within the Good Lives Model of rehabilitation, which posits sexual satisfaction as a universal and primary human good. In doing so, they argue that addressing sexual frustration is integral to holistic care for MAPs and represents an urgent area for further research and intervention.

The article's significant strength lies in its thoughtful use of destigmatizing language, which challenges harmful stereotypes and offers a nuanced perspective on individuals with an attraction to minors. By contextualizing MAPs' experiences within a broader mental health framework through, for example drawing parallels with thought suppression patterns observed in individuals with depression or obsessive-compulsive disorder, the authors foster a deeper understanding of MAPs and their struggles. This approach, combined with their critique of the forensic bias prevalent in MAP-related research marks an important step toward reframing the discourse to prioritize non-forensic, mental health-focused care.

The use of a phenomenologically oriented thematic analysis is another notable strength, providing an

in-depth exploration of participants' subjective experiences. The integration of direct quotes vividly illustrates the psychological toll of identity concealment. Furthermore, the detailed analysis of unmet treatment needs underscores the systemic barriers MAPs face, reflecting the authors' commitment to participant-centered inquiry. The authors note that these elements are in alignment with best practices in qualitative research and reinforce its relevance for advancing MAP-related scholarship.

While the study demonstrates notable strengths, there are areas where additional depth and nuance could further enrich its contributions. For example, the reliance on self-selected participants from a non-random subset of online forums introduces potential sampling bias. As acknowledged by the authors, this method may naturally attract individuals who are more proactive in seeking support or engaging with peer communities, potentially limiting the generalizability of the findings to the broader MAP population. While this recruitment method reflects a practical response to the unique challenges of recruiting individuals from a highly stigmatized and marginalized group, the authors might have provided a deeper discussion of the ways this might have influenced results, namely in excluding the experiences of MAPs who are more hesitant seeking support online.

Furthermore, the authors could have offered a more detailed exploration of the mechanisms linking unmet, primary human goods and criminal/maladjustive behavior. Drawing on the Good Lives Model, the authors claim that the inability of many MAPs to find sexual satisfaction may increase the likelihood of them “seeking connection...in more antisocial or perhaps criminal ways” (p. 29). Though theoretically grounded, missing is a fuller account of the pathways between unmet human goods and illegal activity. Without further development, this risks portraying the sexuality of MAPs as a “problem” that needs to be solved or managed (a common misconception in the literature which the authors themselves thoughtfully point out). Additionally, while addressing barriers such as the criminalization of sexual outlets that do not involve real minors (e.g., child-like dolls or AI-generated materials), the authors could more explicitly examine how other systemic constraints limit MAPs’ ability to navigate this universal human drive in legal, viable ways, including internalized sexual stigma, privacy considerations, and legal ambiguity.

Moreover, while the article acknowledges societal discomfort with synthetic sexual outlets, it stops short of critically analyzing the moral reasoning behind this stigma. Although the authors briefly reference “legal moralism,” —the notion that the law should enforce moral standards independent of harm—they do not explain what this concept entails

or its implications. As a result, readers unfamiliar with MAP research may not understand why these outlets are perceived as morally objectionable, nor see evidence supporting such positions. Exploring whether this opposition stems from unfounded fears, symbolic concerns, or harm-related arguments would enhance the discussion. Furthermore, limited engagement with empirical evidence on the efficacy or ethical implications of these outlets leaves their potential role in addressing sexual health needs underexamined.

One last critique might be the authors’ separation between MAPs who need prevention-focused treatment and MAPs who require a non-forensic, whole-person therapeutic approach. The authors correctly point out that the intensive focus on risk and thought-modification in the majority of treatment programs for MAPs greatly limits their applicability to many MAPs who would not be benefited by this form of engagement. On the other hand, this might suggest that MAPs who *do* feel that they are at risk of offending, or who have offended, are best served by a risk-based approach which focuses primarily on their dangerousness over their holistic well-being. While challenging the treatment methods provided to MAPs in forensic and mainstream healthcare settings is surely beyond the scope of this article, emphasizing the importance of non-pathologizing, compassion-based support for *all* MAPs might have strengthened their argument.

Lievesley et al.'s article represents a pivotal contribution to MAP-related research, offering a compassionate and ethically rigorous framework for understanding the lived experiences and treatment needs of this marginalized population. While limitations such as sampling bias and gaps in contextual analysis highlight areas for refinement,

the study's findings underscore the necessity of advancing inclusive, stigma-free care that prioritizes mental health, self-acceptance, and the fulfillment of universal human goods. These insights provide a critical basis for reimagining MAP-focused research and practice, emphasizing a holistic approach to support and well-being.

Jahnke, S., McPhail, I.V., & Antfolk, J. (2024)
**Stigma processes, psychological distress, and attitudes toward seeking treatment
among pedohebephilic people**

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Jahnke and colleagues present an in-depth analysis of the stigma processes affecting “pedohebephilic individuals” (herein referred to as minor attracted persons (MAPs)), focusing on their attitudes toward seeking psychological treatment. The study delves into the complex interplay among different dimensions of stigma—general anticipated stigma, anticipated negative therapist behavior, and internalized stigma—and their relationship with psychological distress, well-being, knowledge about psychotherapy, and attitudes toward treatment seeking. The research addresses a notable gap in the literature, as previous studies have shown inconsistent results regarding the role of stigma in treatment-seeking behaviors among this population.

The study used an online survey of 283 English-speaking MAPs. The sample was predominantly male (88%), with a mean age of 34 years. Most participants (54%) reported greater sexual attraction to prepubescent children than to pubescent children, 14% reported equal attraction to prepubescent and pubescent children, and 31% reported greater attraction to pubescent children than to prepubescent children. Recruitment took place through English and German online forums and support networks for this community (e.g. B4U-ACT, jungforum). Participants completed a

series of measures assessing attitudes toward seeking treatment, stigma processes, psychological distress and well-being, and knowledge of psychotherapy.

Using the minority stress model (Meyer, 2003), which was developed to explain impacts of stigma in lesbian, gay, and bisexual populations, the authors conceptualize stigma as a multifaceted phenomenon that contributes to psychological distress and mental health challenges among minoritized populations. This framework distinguishes between three primary forms of stigma: experienced stigma, anticipated stigma, and internalized stigma. Experienced stigma involves direct exposure to prejudice, stereotyping, or discrimination. Anticipated stigma refers to the expectation of negative societal reactions, such as social exclusion or rejection, while internalized stigma occurs when individuals adopt societal prejudices and negative stereotypes as applicable to themselves. Each form of stigma is identified as a distinct source of stress within the minority stress model, thereby offering insights into the disproportionate mental health burden faced by marginalized groups. Because stigma theories predict that stigma is related to negative attitudes toward seeking help, and previous research on this topic has yielded mixed results for MAPs, the authors tested whether different stigma processes

might influence attitudes toward seeking professional psychological help for MAPs.

The authors employed structural equation modeling (SEM) to examine relationships between variables (seeking treatment, stigma processes, psychological distress and well-being, and knowledge of psychotherapy), testing pre-registered hypotheses and exploring mediating effects. SEM is a comprehensive statistical technique that integrates multiple statistical methods, including factor analysis and regression analysis, within a single framework, allowing researchers to evaluate the plausibility of theoretical models.

The authors found that internalized stigma was associated with more positive attitudes towards seeking treatment in MAPs. This contrasts with prior research on mental illness stigma, where internalized stigma typically discourages help-seeking. Jahnke et al. hypothesize that the more MAPs have negative feelings about their attraction, the more likely they are to seek treatment to alleviate feelings of shame and self-hatred. From this, the authors conclude that the type of stigmatized group (e.g., MAPs compared to those with mental health conditions such as depression or schizophrenia) could moderate the association between internalized stigma and treatment seeking.

Another important finding is that general anticipated stigma—expecting negative reactions from society

at large—did not significantly predict treatment attitudes. Anticipated stigma was only related to attitudes toward seeking treatment when it was assessed in relation to therapists. The authors conclude that this likely explains why previous research has not found significant associations between general anticipated stigma (in unspecified social situations) and attitudes toward seeking treatment. However, anticipated negative therapist behavior upon disclosure emerged as a significant barrier to seeking treatment. The authors note that “extreme stigmatization of pedophilic clients appears to be less common among therapists than the general public,” while also acknowledging that many mental health professionals still hold stigmatizing attitudes that can inform their clinical decision-making.

Consistent with previous findings, participants with greater knowledge of psychotherapy and understanding of therapeutic processes (e.g., patient rights) exhibited more positive treatment-seeking attitudes. Additionally, higher levels of distress were associated with stronger motivation to seek help, while greater psychological well-being correlated with reduced urgency for treatment. These findings underscore the complexity of factors that shape attitudes toward seeking professional help.

As predicted, internalized stigma was linked to increased psychological distress, consistent with the minority stress model. However, in the SEM, higher

anticipated stigma was associated with *lower* distress and *greater* well-being. The authors propose a potential explanation for this unexpected finding – a possible mediating effect whereby anticipated stigma activates coping mechanisms – but they emphasize that interpretation of unexpected findings should be treated with caution, and they stress the need for future research.

The authors note several limitations of the study, including the inability to draw causal inferences due to its cross-sectional nature, the limited analysis of potential mediators, and the potential for sample bias. They also transparently describe potential limitations of scales used in the study, highlighting opportunities for expansion in future research, such as exploring other motives for treatment or assessing interest in less formal types of counseling or support. To expand on the authors' recommendation, we raise the idea that community support, both offline and online, could be relevant to consider in future research on treatment-seeking among MAPs. To some MAPs, connecting with fellow MAPs could serve as a safer, more accessible, and affordable form of support compared to psychotherapy. Relatedly, the scale used to assess attitudes towards treatment-seeking does not account for alternative help-seeking behaviors, and some of the items may be outdated, since attitudes towards psychotherapy have likely evolved significantly since the scale's development in 1995.

According to the authors, a key strength of the study is its comprehensive approach to examining stigma. By distinguishing between different types of stigma processes and examining their unique impacts, the authors provide a more detailed understanding of the barriers and facilitators to treatment-seeking among MAPs. Further, the sample size exceeded recommended thresholds for SEM, enhancing the reliability of the findings, and the model demonstrates an acceptable overall fit to the data, suggesting that the hypothesized relationships among variables are plausible and sufficiently supported by the data. The authors pre-registered their hypotheses and used a robust SEM approach, demonstrating methodological rigor and ensuring transparency and replicability.

The authors highlight implications from their findings for mental health professionals and researchers that may inform and improve mental health care for MAPs. Because their findings show that MAPs often enter treatment with heightened shame and distress related to their sexual attractions, the authors suggest that clear and supportive communication – such as through professional or clinic websites – that demonstrates openness and expertise in treating MAPs ethically and without judgment may encourage help-seeking behavior. They also note that fear of negative therapist reactions was linked to less knowledge about psychotherapy, suggesting that unfamiliarity with mental health services may contribute to this

concern. Because online mental health literacy interventions may improve knowledge about psychotherapy but are limited in promoting positive attitudes toward treatment, the authors suggest the need for a combined approach that includes education about pedohebephilia and challenges the assumption that therapists who would be willing and able to provide quality care do not exist. Importantly, they acknowledge that such an intervention would require a caveat that some clients do experience rejection, hostility, or abandonment upon disclosing their attraction to a therapist. However, while they discuss the importance of a positive, trusting therapeutic relationship and propose that communicating one's openness and competence as a mental health professional could increase MAPs' comfort in seeking treatment, they stop short of making recommendations related to improving openness and competence in mental health professionals who might react with rejection, hostility, or abandonment.

In terms of implications for research, the authors emphasize the importance of assessing multiple components of stigma, as these may have different impacts on treatment-seeking attitudes or intentions.

As previously noted, the authors also describe the need for future research exploring the potential for a mediator such as activated coping strategies explaining the unexpected association of anticipated stigma with higher well-being and less distress. They also stress the need for longitudinal research exploring the effects of stigma processes and psychological distress on treatment-seeking behaviors in order to draw causal inferences. Examining these dynamics over time could also provide valuable insights into how attitudes evolve and whether interventions can effectively reduce barriers to care.

Overall, Jahnke et al. make a significant contribution to the field by providing nuanced insights into the complex dynamics of stigma and treatment seeking among MAPs. Their findings underscore the importance of creating supportive, stigma-free therapeutic environments and tailoring interventions to the specific needs of MAPs. This work sets the stage for future research aimed at improving mental health care for MAPs and addressing complex associations between different stigma processes and treatment-seeking, paving the way for more inclusive and effective support systems.

Roche, K., Pagacz, J, Lalumière, M. L., & Seto, M. C. (2024)

Public Perceptions of Individuals Attracted to Children: The Impact of the Person's Gender, Child Gender, and Preferentiality on Stigma and Perceived Risk to Offend

Sexual Abuse, DOI: <https://doi.org/10.1177/10790632241297270>

Prior research has shown that the general public holds stigmatizing attitudes toward both individuals with a history of sexual offending against children and minor-attracted people (MAPs) with no such history. In this study, Roche et al. explore whether public attitudes toward individuals who are attracted to children and have no such history is influenced by the individual's gender, the gender of children to whom they are attracted, and/or by preferential attraction to children. Second, the authors also look at whether participant biographic and demographic information (such as age, sex, gender, or educational history) correlate with perceptions of risk to engage in sexual contact with children and/or with stigma.

Participants were recruited through Prolific, an online crowdsourcing platform. To be included in the present study, participants had to be 18 or older, living in Canada or the United States, and proficient in English. Among the 385 participants who met these criteria, 66% were white, sex was nearly evenly split (52% were biologically male), and the average participant age was 41. More than half reported having no children, residing in the United States, and being in a committed relationship. The majority had a bachelor's degree or higher, 40% reported no religious or spiritual affiliation, and 58%

identified as being on the liberal end of the political spectrum.

Participants in this study were each assigned one of eight possible vignettes describing an adult individual attracted to children and were informed that the individual had never committed a sexual offense involving a child. The characteristics that changed from one vignette to the next were the gender of the adult individual, the gender of the child, and whether the adult individual was preferentially attracted to children. After reading their assigned vignette, participants were asked to rate their perception of the individual's risk of engaging in sexual contact with a child and explain the reasoning for that rating. They were also asked to fill out a measure of stigma regarding the individual.

The participants' explanations of their assessment of the potential risk of engaging in sexual contact with a child, based on the vignette's content, were analyzed using content analysis. The identified themes based on participants' explanations were coded as follows: the role of attraction to children, characteristics of attraction, offending as a matter of time and place, no history of offending behavior, and lifestyle and insight. The authors also complemented their thematic analysis with quantitative analyses

(three-way ANOVA, correlation, moderation) in order to test the impact of various demographic factors on participants' attitudes.

In terms of the results of the qualitative analysis, within the theme of the role of attraction to children, many participants identified attraction to children as a risk factor of potential engagement in sexual contact with a child (n: 182), though some participants also noted that no one – including those not attracted to children – is at zero risk of sexually offending against children (n: 23). Some participants expressed the opinion that one can be attracted to children and never sexually offend against them, while others (n: 18) felt that “[the individual’s] career, stability, none of that matters. It will take the right sequence of events, and she will commit an offense against a child” (p. 19).

Within the theme of characteristics of attraction, some participants (n: 15) opined that exclusive attraction to children increased an individual’s risk to engagement in sexual contact with a child, “to experiment and to be satisfied.” Other participants (n: 32) indicated that attraction to adults (as well as children) might decrease the likelihood of a person committing a child sexual offense, and some stated that individuals preferentially attracted to adults could find “fulfilling relationships” with adults and therefore might be less likely to engage in sexual contact with a child. Finally, the responses provided by participants related to the theme of the stability of

attraction (i.e., the persistence of attraction towards children over a long period of time; n: 55) were divided between this element as a risk and as a protective factor. While for some participants, the absence of contact history with a child over a long period of time was seen as a sign of determination never to do so, for others, the persistence of their attraction would eventually push them because “a human can only withstand so much before they break” (p. 17).

Within the theme of offending as a matter of time and place, participants (n: 49) expressed concern that an individual currently in a stable position might offend “when things get stressful and life becomes tough” (p. 18), due to losing a job or relationship, or dealing with housing instability, for example. Additional concerns included drug or alcohol intake, or cognitive decline decreasing self-control. Finally, some participants (n: 26) expressed the belief that the risk of sexual contact with a child would increase with both exposure to children and the opportunity to be alone with them.

A lot of participants (n: 217) expressed the view that the absence of sexual offenses in the individual’s history decreased their assessment of risk; from their perspective, the individual’s choice to commit no sexual offenses indicates that he or she is “generally probably a moral person and does not wish to harm anyone” (p. 19). In contrast, other participants emphasized that the individual merely

had not offended yet, but that this was no guarantee that they would not offend in future.

Within the theme of lifestyle and insight, some participants (n: 29) saw the individual having an advanced degree, maintaining a stable job, and owning their own home as protective factors decreasing the risk of sexual offending. One element not addressed in the vignettes that participants raised as significant was information about whether the individual had sought any kind of mental health assistance in order to avoid sexual contact with children (n: 23). Finally, some participants (n: 23) expressed the opinion that help-seeking behavior might decrease the individual's risk of committing an offense, and that without such help, "their willpower will erode over time."

In terms of the results of the quantitative analysis, while participants expressed opinions across all of these themes, the only factor significantly associated with perception of risk and stigma was preferentiality of attraction. Participants rated individuals preferentially attracted to children as being at higher risk of committing a sexual offense against a child and expressed higher stigma toward individuals preferentially attracted to children.

Regarding gender, participants did not show a higher degree of stigma based on the gender of the MAP preferentially attracted to children in the vignette (man or woman), nor in relation to the perception of

the risk of engaging in sexual contact with a child, even when considering the child's gender. However, men assigned higher stigma scores to vignettes depicting a man and those depicting exclusively attracted individuals, compared to vignettes depicting a woman and those depicting non-preferential individuals. In light of these somewhat contradictory results, the researchers recommend conducting further studies on the influence of gender on the perceived danger of sexual attraction to children.

Additionally, the study found that participants' age and political orientation had a statistical interaction on their perception of risk or stigma; specifically, stigma scores decreased as participant age increased, and perceptions of risk and stigma scores both increased when the participant reported a more conservative political orientation. However, moderated regressions showed no indication that age functioned as a moderator for preferentiality on stigma scores, or that political orientation moderated the effect of preferentiality on perceptions of risk or stigma scores.

The results obtained by the researchers indicate that the general public directs increased stigma toward individuals preferentially attracted to children and considers such individuals at higher risk of engaging in sexual contact with a child. These findings suggest that these individuals may experience increased stigma-related stressors, which could

decrease the likelihood that they will seek out mental health treatment if needed, or that they will find acceptance and have the opportunity to develop a strong social support network of friends and family.

The authors argue that awareness of this increased stigma toward those preferentially attracted to minors may be used to guide anti-stigma campaigns, focusing educational efforts on decreasing stigma against these adults. This in turn might be expected to increase support for prevention programs aimed at decreasing sexual crimes against children, which currently suffer due to difficulty obtaining public and financial support. Ultimately, the authors express the hope that reducing stigma toward individuals preferentially attracted to children and framing this as a “public health issue” rather than a “purely moral issue” (p. 25) will lead to better outcomes for these individuals and for children.

Overall, results are presented clearly and explained in detail with clarifying quotes from study participants. Table 4 is particularly useful, presenting content analysis themes, subthemes, definitions, and examples, as well as frequency of subthemes within participant explanations of the risk ratings they assigned the individuals in their vignettes. However, while the authors state that they developed 13 themes and multiple subthemes from their content analysis, and that Table 4 shows all themes, Table 4 in fact only appears to show five themes (with 12 subthemes). The Content Analysis section appears

only to explore these same five themes and their subthemes.

The authors recommend that public education campaigns provide information on sexual functioning in order to combat the idea that individuals attracted to children experience a build-up of sexual urges that inevitably lead to sexual offending. However, they also appear to agree with some study participants that individuals preferentially attracted to children require assistance “navigating how to express their sexuality in a way that is both moral and legal” (p. 24). They state that “it is reasonable to be concerned about people with exclusive attraction to children being a higher risk to offend” (p. 24); however, this position appears to be based primarily on research showing that in forensic samples, individuals who are preferentially attracted to children also score high in sexual compulsivity (McPhail et al., 2018). As the authors themselves note that there is no indication as to whether this pattern would be the same in non-forensic samples, the subsequent statement that concerns about individuals exclusively attracted to children being a higher risk to offend are “reasonable” seems not to be based on research.

The authors acknowledge limitations that may have affected the study, including their use of a crowdsourcing platform and a resulting sample that was not representative of the general public; their decision not to pilot test the vignettes for content

validity, accessible language, or clarity; and the possibility that the vignettes might have lacked salience, particularly regarding gender (both of the individual in the vignette and the gender of children to whom they were attracted). The small sample size for the conducted analyses (three-way ANOVA) also leaves open the possibility of missed associations that a larger sample would detect. For an experimental study deepening exploration into the subject of stigma towards individuals attracted to children, however, the methods employed do show some associations and introduce qualitative content that elucidates the nature of public stigma toward and assumptions about individuals attracted to children. Some of the study's limitations also suggest additional directions for research. The high percentage of educated participants in the study may have influenced stigmatizing attitudes and beliefs, for example, and that aspect of participant demographics could be further explored. Though it is not further explored in this study, the authors suggest the role of participant gender as an area for future research.

A significant limitation of this study is its use of the ambiguous term "child," leaving it unclear what age or developmental level is being described by the vignette. Study participants' responses might differ based on whether they assume the "child" in the vignette is, for example, a toddler or a teenager; instead of tracking this, any potential patterns of response to differences in age or developmental stage is obscured by the choice to use "child."

This study's findings deepen our understanding of stigma against individuals attracted to children by focusing on participants' reactions to specific characteristics of individuals attracted to children, rather than asking only about their feelings regarding the attraction to children more generally. While there is significant focus on presumed danger to children in this article, the authors also discuss improving the lives of individuals preferentially attracted to children through anti-stigma campaigns and educational programming for the general public. The new insights resulting from this research and the attendant implications for further exploration make it a valuable addition to the literature.

Gaudette, J.P., Watt, M.C., & Lively, C.J. (2024)

Sex Differences in Stigma Reduction toward Minor Attracted Persons (MAPs) via Contact Interventions

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The current study by Gaudette et al. replicated prior findings on stigma reduction for MAPs and people who committed sex crimes via contact interventions. This study expanded on these findings by analyzing sex differences in the effectiveness of these interventions. The authors hypothesized that females would initially show greater stigma and negativity but would also demonstrate more substantial reductions in stigma following the interventions. They also hypothesized that “narrative humanization” interventions would have more impact than “scientific information” interventions.

The authors begin by introducing the term “minor-attracted person” (MAP), which they define as individuals who experience attraction to children and adolescents below the age of consent. They tactfully relay the historical context of the terminology, describing the significant stigma associated with the term “pedophile” and how the shift towards the use of the term MAP aims to reduce the stigma and create a more supportive environment for those seeking help with their attraction to minors. It might have been helpful for the reader if the authors added that the term MAP is also more practically useful, as it encompasses both attraction to pre-pubescents and pubescents, thereby

leaving less leeway for false usage of the term “pedophilia”.

After properly distinguishing pedophilia from pedophilic disorder according to the DSM-5-TR criteria, Gaudette et al. discuss how stigma and punitive attitudes are often rooted in misconceptions, particularly the erroneous belief that pedophilic disorder is synonymous with sexual offending against children. They clarify that an individual can meet the diagnostic criteria for pedophilic disorder without ever allowing the attraction to transcend into action. The authors stress that such misunderstandings can lead to the false assumption that MAPs are inherently dangerous or likely to offend. They explain that MAPs represent only a small subset of individuals who commit sexual crimes against children, with most such individuals being primarily attracted to adults.

Gaudette et al. then explore recent research aimed at understanding the strong societal avoidance and punitive attitudes toward MAPs, even when it is clear they have not committed any crimes. They reference a study in which participants evaluated vignettes about a man named “Jim” who experiences “sexually transgressive impulses” either towards young girls or women. The findings revealed that

participants were significantly more punitive and avoidant when the target of the feelings was a child, even if “Jim” was described as highly unlikely to act sexually with a minor. Participants expressed emotions such as fear, disgust, and anger, with females reporting stronger reactions and a greater desire than males to punish Jim.

Gaudette et al. also discuss research on sex differences in attitudes toward people who have actually committed sex crimes, noting mixed results. For example, a study by Willis et al. (2013) in New Zealand found that females were more likely to overestimate the risk of recidivism of these individuals. This heightened fear is contextualized by the significantly higher rates of sexual violence experienced by women. And while, of course, research consistently shows that females are far more affected by sexual offending than their male counterparts, the article would be improved by a more critical recognition of the less common, but also important issue of male victimization here, as well as an awareness of intersectional factors, such as race and class, which can crucially affect individual experiences of sexual abuse.

The authors then discuss the consequences of stigmatizing MAPs, which include marginalization, dehumanization, and internalized stigma. They describe how this stigma fosters fear of discovery, leading to stress, loneliness, low self-esteem, and mental health challenges such as chronic suicidal

ideation. Stigma affects not only MAPs themselves but also mental-health professionals, who express reluctance to provide them therapeutic support. Gaudette et al. therefore advocate for stigma-reduction strategies to improve treatment access and reduce risks to minors. They outline three types of general anti-stigma interventions: advocacy, education, and contact. They apply these interventions in the context of attraction to minors, where advocacy efforts challenge media stereotypes, educational approaches debunk myths, and contact interventions promote empathetic engagement with MAPs. Through contact interventions, the authors argue, stigma can be reduced, fostering a more compassionate and effective public health response.

Gaudette et al. highlight that, among stigma-reduction strategies, contact interventions have proven most effective in addressing societal bias against MAPs. They recount a study where psychotherapists in training were exposed to a brief online intervention. Participants were divided into two groups: the first group watched a five-minute video clip from the Austrian documentary *Outing*, in which a young MAP shared his experiences with his sexual orientation, therapy, and mental health struggles, while the control group received unrelated information about violence-free parenting. The intervention successfully reduced stereotypes regarding the perceived controllability and dangerousness of minor-attracted people, as well as feelings of anger and social distancing. However,

participants' motivation to work with MAPs did not improve.

The authors continue by discussing a study comparing two anti-stigma interventions: narrative humanization and scientific information. In the narrative humanization condition, participants watched a documentary clip featuring a law-abiding MAP who shared his journey and struggles with limited support. In the scientific information condition, participants watched a psychologist explain the neurobiological underpinnings of attraction to minors. Both interventions reduced stigmatization and punitive attitudes, but narrative humanization had a significantly larger effect, suggesting that personal stories resonate more deeply than abstract information. The authors then describe the follow-up study in which these interventions were revisited using a larger sample and longitudinal design. Participants completed measures such as the Attitudes to Sex Offenders Scale and the Stigma and Punitive Attitudes Scale at baseline, post-intervention, and four months later. Results showed lasting reductions in perceptions of dangerousness and punitive attitudes, although the effects diminished slightly over time. Unlike the earlier study, there was no significant difference in effectiveness.

The authors then describe the methodology of their study, which used secondary data from Harper et al.'s research. This dataset, freely available though

the Center for Open Science, was anonymized and meticulously cleaned to ensure accuracy. Employing a process of listwise deletion, resulting in a final sample of 947 participants. The measures employed are explained in detail. Participants provided demographic information, and attitudes were assessed using the Attitudes Towards Sex Offenders Scale (ATS-21). While not explicitly focused on MAPs, the scale is reported to be frequently interpreted with "pedophiles" in mind. The implied association between "pedophiles" and "sex offenders" is not only stigmatizing, but also methodologically questionable: if respondents' answers refer to "sex offenders," how exactly could the results be applicable to MAPs? Nevertheless, each item is rated on a 5-point Likert scale, with higher scores indicating more positive attitudes. The authors report that the scale demonstrated excellent reliability in the previous study.

The authors used the 30-item Stigma and Punitive Attitudes Scale (SPS) to measure perceptions of dangerousness (referring to the potential for harm to others), intentionality (the belief that attraction to minors is a choice), deviance (viewing attraction to minors as pathological), and punitiveness (desire for punishment). Each subscale comprises specific items rated on a 7-point Likert scale, with higher scores reflecting greater negativity. The reliability of these subscales ranged from moderate to excellent across baseline, post-intervention, and follow-up assessments. The authors outline the intervention

materials, which are the same as those described in Harper et al., and included videos designed to reduce stigma by offering either a personal or scientific perspective on MAPs.

The results showed participants had an average age of 36.59 years and equal sex distribution, with no significant age differences. Baseline analysis revealed that females held significantly more negative attitudes toward people who commit sex crimes than males, and perceived them as more dangerous, intentional, deviant, and deserving of punishment. Another point that would benefit from additional clarity is the operationalization of “males” and “females” (i.e., does this refer to biological gender assigned at birth, or to what people identify as? Does it include transgender people?). Moreover, the authors failed to consider whether there are any other intersectional factors that play a role in participants’ scores, such as race, religion, sexuality, class etc.

The interventions were analyzed across four stigma subscales at three time points: baseline, post-intervention, and follow-up. Perceptions of dangerousness decreased significantly after interventions but partially rebounded at follow-up, after four months. Females showed sharper reductions, closing the gap with males. Beliefs about attraction to minors as a choice decreased after both interventions. The scientific condition had a stronger immediate effect for this subscale (“intentionality”),

but the narrative condition showed more stability over time. These conditions rebounded from T2 to T3, however. Females experienced significant reductions in seeing pedophilia as pathological, with little change among males. The authors indicate that the narrative intervention might be more effective overall, in the sense that being exposed to someone’s story showed greater stability over time, although, as they also recognized, more research is needed to confirm this. Both sexes showed reduced punitive attitudes post-intervention, with females’ attitudes aligning more closely with males by follow-up. These findings emphasize the value of targeted approaches to address stigma and support MAPs in seeking treatment, although, again, there is a risk that this be confounded by the fact that participants might have responded with “sex offenders” rather than MAPs in mind, due to the nature of the instruments used.

Both approaches significantly reduced perceptions of dangerousness, intentionality, deviance, and punitiveness, supporting the notion that exposure to fact-based information can reshape risk perceptions. The authors highlight the broader issue of stigma directed toward MAPs, emphasizing that it often stems from misinformation. They argue that accurate education and exposure to humanizing narratives can shift public and professional attitudes, as evidenced by reduced punitiveness across both sexes post-intervention. Importantly, they caution that some measures, such as deviance, showed poor

reliability and require further exploration. They conclude by situating their findings within the larger conversation about stigma and sexual violence, stressing the need for targeted training and education for professionals in mental health, forensic, and justice fields to address gender differences in stigma. They also highlight the fact that the majority of psychologists and psychotherapists are female, which would indicate that sex is an important variable. However, as noted previously, it is important to operationalize “sex” and “gender”, and account for intersectional factors that might influence individuals’ perceptions, as it might not be accurate to over-generalize such findings to all “females”, for example, without accounting for factors such as race, sexuality, class, etc. The authors propose that by fostering empathy and reducing fear-based perceptions, stigma can be diminished, allowing MAPs to access resources and support, and that this shift toward a public health approach is essential for safeguarding children and preventing abuse.

Overall, the study makes a valuable contribution by addressing an important and underexplored topic, demonstrating the effectiveness of narrative humanization and scientific information in reducing stigma. Its focus on sex-based differences in intervention responses provides nuanced insights that can inform targeted strategies for mental health and public health professionals, if complemented by exploring deeper intersectional considerations. By

emphasizing the importance of stigma reduction to increase access to treatment and prevent harm, the authors advance the conversation around MAPs and public health, offering a foundation for future research and intervention design.

While the study aims to reduce stigma towards MAPs, it often falls short by using inconsistent terminology that may unintentionally perpetuate stigma. For example, immediately after the authors introduce the term “MAP” and explain that it is less stigmatizing than “pedophile”, they use the expression “non-offending pedophilic men”, and later use stigmatizing expressions such as “pedophilic sexual urges”. The authors also frequently emphasize risk and harm prevention even when discussing law-abiding MAPs, and conclude their article by stating that “[b]y decreasing the stigma that surrounds MAPs, increasing their access to professional resources, and moving pedophilia into the public health domain, we can better protect our children and prevent child sexual abuse.” This way of justifying stigma reduction as a purely instrumental goal implies that MAP well-being is only secondary.

Although greater consistency in terminology and more critical engagement with societal attitudes could improve the study’s impact and align more closely with its stated aims of stigma reduction, this remains an important contribution to the literature on contact interventions, potentially laying the

groundwork for targeted de-stigmatization interventions.

References

- Alanko, K., Haikio, J., Laiho, M., Jahnke, S., & Santtila, P. (2015) “Attitudes and knowledge to treat potential child sexual offenders among Finnish health care professionals”, (Citation as found in Gaudette et al., 2024).
- Alanko, K., Häikö, J., Jahnke, S., & Santtila, P. (2015) “seksuaalista kiinnostusta tunteva asiakas: tuloksia nettikyselystä ammattilaisten valmiuksista” [A client who is sexually interested in children: Results of an online survey on health professionals’ capabilities]. *Psykologia*, 50.
- Corrigan, P. W., & Penn, D. L. (1999) “Lessons from social psychology on discrediting psychiatric stigma”, *American Psychologist*, 54(9), 765–776, DOI: 10.1037/0003-066X.54.9.765
- Harper, C. A., Bartels, R. M., & Hogue, T. E. (2018) “Reducing Stigma and Punitive Attitudes Toward Pedophiles Through Narrative Humanization”, *Sexual Abuse*, 30(5), 533–555, DOI: 10.1177/1079063216681561
- Harper, C. A., Lievesley, R., Blagden, N. J., & Hocken, K. (2022) “Humanizing Pedophilia as Stigma Reduction: A Large-Scale Intervention Study”, *Archives of Sexual Behavior*, 51(2), 945–960, DOI: 10.1007/s10508-021-02057-x
- Jahnke, S., (2018) “Emotions and cognitions associated with the stigma of non-offending pedophilia: A vignette experiment”, *Archives of Sexual Behavior*. 47(2), 363–373, DOI: 10.1007/s10508-017-1073-7
- Jahnke, S., Philipp, K., & Hoyer, J. (2015) “Stigmatizing attitudes towards people with pedophilia and their malleability among psychotherapists in training”, *Child Abuse & Neglect*, 40, 93–102, DOI: 10.1016/j.chiabu.2014.07.008
- Willis, G. M., Malinen, S. K., Johnston, L., (2012) “Demographic differences in public attitudes towards sex offenders”, *Psychiatry, Psychology and Law*, 20, 1–18, DOI: 10.1080/13218719.2012.658206

Author Responses

Response from Azadeh Nematy to our review of Nematy et al. (2024) in B4QR 4 (3)

Thank you very much for your attention and for selecting my article for review. I would also like to extend my gratitude to the reviewers for their time and comments. Most of the points raised by the reviewers are not significantly objectionable. The article had been subject to some changes and some parts had been removed during the peer review process, primarily due to word constraints.

As an important side note, mainstream psychology journals generally do not favour publishing qualitative studies, and there is a systemic bias against this methodology in the field of psychology. Additionally, some qualitative journals may not welcome certain topics, leaving authors with very limited options. One such option is to publish in a well-known journal while compromising on some aspects, such as shortening the report and sacrificing certain qualitative details.

Please find below the responses to the concerns raised by the reviewers.

One point of concern has been the potential for researcher bias and influence in semi-structured data collection, which the authors did not explicitly acknowledge in the limitation section.

To ensure that the interviewer's perspective did not influence the interview process, a neutral stance was adopted when the interviewer actively challenged ideas raised by participants from all perspectives. For example, if a participant advocated for affirmative therapy and distanced themselves from attempts to change minor attraction, the opposing viewpoint was presented to them. Similarly, if a participant supported change methods such as arousal reconditioning, concerns of the opposing camp were raised. At the beginning of each interview, participants were informed that their views would be challenged to delve into the topic. But there are no right or wrong answers. This approach was designed to encourage participants to freely share their opinions. Additionally, maintaining neutrality extended beyond verbal interactions to include non-verbal aspects, such as keeping a neutral facial expression during the interview and equally dedicating time and attention to participants with various views [This point was removed due to word constraints].

It was suggested that the authors neglected to discuss the participants' view of attraction to children as involving exclusively sexual attraction or both sexual and romantic/emotional attraction.

This is an interesting aspect to discuss with therapists, and two participants briefly mentioned it. Nonetheless, as mentioned earlier, publishing qualitative research requires authors to give up some interesting aspects that are not central or recurrent.

Another point of critique was the overlap between the theme and subtheme, for example, theme 1 (*Nature of Pedophilia*) and subtheme 1.1. (*Un/modifiability*)

The overlap is intentional and natural because a subtheme should share the central idea of the main theme while highlighting a unique aspect of it. For example, the theme “the nature of paedophilia” reflects participants' views on paedophilia (e.g., discussing it as a paraphilia, a sexual orientation, a sexual interest, or a product of CSAM habituation). The sub-theme of “un/modifiability” focuses on participants' discussions about the possibility of changing paedophilia. While these two overlap, they also have distinct aspects. Both align with the definition of a theme and a subtheme.

It was suggested that the analysis may have been more cohesive had the ‘other commonalities’ been integrated into the themes or subthemes.

The category “other commonalities” did not meet the criteria to constitute a separate theme, so it was separated. [This point was removed due to word constraints]. Commonalities in participants' accounts can constitute a theme if they are a) recurrent across the data and b) have novel, informative, or interesting aspects.

It is mentioned that the theme “nature of paedophilia” appeared to be researcher-generated rather than participant-generated, given that it simply summarises the topic of the questions posed by the researchers on the “definitions and perspectives on [the nature of] paedophilia.”

It is true and inevitable in qualitative research with semi-structured interviews or survey designs. When participants are interviewed/asked about X, their responses focus on X, and the themes created are centred around X. Moreover, researchers are supposed to generate themes. As Braun & Clarke maintain in *Successful Qualitative Research* (2013, page 311: “Developing themes from coded data is an active process: the researcher examines the codes and coded data and starts to *create* potential patterns; they do not ‘discover’ them” (emphasis added).

Response from Rachel Murphy to our review of Murphy (2024) in B4QR 4 (3)

Thank you for your review of my article, and your feedback. I am pleased that the article was viewed favourably and am grateful for your positive comments and accurate summary. I acknowledge the

limitations highlighted, and am currently building on this pilot study with more in depth qualitative research on the topic.

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.

Rachel Murphy
PhD Student, University of Central Lancashire (UK)



Rachel began working at North Yorkshire Council in the UK as a mental health social worker, before progressing to the role of service manager. Since 2021, Rachel has been awarded two Local Authority Academic Fellowships, through government funding from the National Institute of Health and Care Research. Initially, the pre-doctoral fellowship enabled Rachel to develop her research skills and knowledge around a topic of research interest, relevant to practice. Rachel was keen to explore how mental health services could better support MAPs, and while exploring this topic, achieved a post-graduate certificate, with distinction, in researching social care. Rachel also spent time during this fellowship year building global connections in MAP research, conducting a pilot study, and developing a PhD proposal.

Rachel is now undertaking a doctoral fellowship. Through her PhD research, Rachel is keen to improve the interface between MAPs and mental health services, by raising awareness among mental health practitioners about the needs and experiences of MAPs, particularly in relation to suicidality. As a practitioner researcher, Rachel is well placed to bridge the gap between research and practice. Rachel's supervisory team comprises Prof. Mick McKeown (University of Central Lancashire), Dr. Craig Harper and Dr. Rebecca Lievesley (Nottingham Trent University). Rachel is delighted to have the support of these supervisors and of the wider MAP research community in addressing this important topic.

B4U-ACT Resources

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

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

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

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