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B4U-ACT
Living in Truth and Dignity

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Introduction by Allen Bishop, Editor-in-Chief

Welcome to this final edition of the fifth year of B4QR. This fourth issue of our fifth volume covers a very diverse range of topics on minor-attracted people (MAPs), each unique and engaging in its own right.

The first three reviewed articles explore the world of MAP fantasies, in their content or their expression. Garant et al. (2025) present the qualitative portion of their 2024 study[1] on the content of MAP fantasies, analyzing their participants' answers to the final open-ended question of their survey: "Is there any type of sexual fantasy that you would like to share?" Applying content and thematic analysis, the authors uncover seven distinct themes in the fantasies described by participants, and they note various key differences between male and female participants, such as "paraphilic" fantasies being more predominant among females. Desbuleux and Fuss (2024) examine the emerging literature on child-like sex dolls, building on their previous work on this topic.[2] They highlight the significant mental-health benefits of these dolls for most of their users, mentioning that about half of users report viewing their dolls as actual partners rather than as mere sexual outlets. They also discuss empirical findings that challenge the assumption that the use of child-like sex dolls would increase the risk of acting sexually with a child in real life. Finally, Lehmann et al. (2025) went to the "dark web" to analyze the forum polls of a community dedicated to the consumption of illegal sexual images of male minors. The polls asked participants about their preferences concerning boys, the content shared on the forum, and other forum-related topics. The authors argue that their approach allows for more authentic and reliable data, since the anonymous context of the forum removes the social desirability bias found in more traditional studies – a claim that our reviewers challenge.

The other two articles reviewed in this issue analyze individuals' beliefs on MAP-related topics. In "Beyond Pro- and Anti-Contact", Lievesley et al. (2025) show the results of their online survey of 389 MAP participants recruited from a wide range of MAP forums. The authors explore MAPs' "ideologies", which they divide into two broad categories: beliefs about the moral permissibility of sex with minors, and beliefs about acceptance of one's attraction to minors. The results showed that a majority of participants (63%) scored high on both permissibility and self-acceptance, which corresponds to an ideological grouping that the authors label "Radicals" and which they distinguish from other ideological groups: "Moderates", "Comfortable-Virtuous", "Struggling-Virtuous", and "Struggling-Permissive." Our last reviewed article from Stephens et al. (2024) presents the results of a

[1] Reviewed in B4QR 5 (2): https://b4uact.org/b4qr/5/2.
[2] See for instance their 2023 article "The Self-Reported Sexual Real-World Consequences of Sex Doll Use," reviewed in B4QR 3 (3): https://b4uact.org/b4qr/3/3.

Delphi study, which is a type of study designed to establish expert consensus on a topic. In this case, the topic concerned the best treatment practices for MAPs in non-mandated settings. The 28 experts, which included 8 MAPs, completed three rounds of open-ended questions, which were reorganized at each new round to incorporate results from previous rounds. A consensus could be established around general therapeutic principles, such as the importance of offering a safe, affirming environment and helping clients cope with stigma and social isolation. However, no consensus could be reached on the topics of harm reduction and therapeutic goals, since MAPs and non-MAP professionals disagreed on the importance of incorporating risk-management principles.

In the Meet the New Generation section, our honored young scholar is Laura Sibret, a PhD Criminology student and senior teaching fellow at the University of Portsmouth in the UK. Laura describes how she gradually developed an interest for the MAP community and its clinical needs after first studying sexual offending against minors during her undergraduate degree, a path that is very common for researchers in this field.

We hope you find this B4QR edition on MAP fantasies and beliefs engaging.

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

Erratum

In the introduction to the previous issue of B4QR, we mentioned that one of our reviewers, Denise Oliveira, is a retired psychologist. This is incorrect: Dr Oliveira is still an active psychologist. We apologize for the mistake.

Reviewed Publications

Garant, E., Proulx, J., and Seto, M. C (2025)

"Forbidden Fantasies: A Qualitative Exploration of the Content of Sexual Fantasies of Adults Reporting Sexual Attraction to Minors"

Journal of Sex & Marital Therapy, 51(4), DOI: https://doi.org/10.1080/0092623X.2025.2479729.

With this qualitative study, Garant et al. (2025) intend to fill a significant gap in empirical research on the content of sexual fantasies among adults reporting sexual attraction to minors. Past studies[3] have mostly taken a quantitative approach to this topic, which did not allow for a specific and detailed presentation of the content of MAPs' fantasies that could uncover elements such the dynamic between imagined partners, the potential diversity of partners, and the range of sexual practices exercised within the realm of fantasy. To address this gap, the authors utilized qualitative data from an open-ended question completed by a subsample of participants from Garant and Proulx's (2024) quantitative study.

Garant and Proulx (2024) had conducted a factor analysis based on an online survey, and employed a modified version of the Joyal Sexual Fantasy Questionnaire (JSFQ). An international sample of 412 participants was recruited. The authors identified five fantasy factors: **Male Partner Fantasies** (fantasies involving a man as a sexual partner), **Female Partner Fantasies** (involving a woman as a sexual partner), **Coercion Fantasies** (coercing someone into sexual activity), **Promiscuous/Impersonal Fantasies** (involving strangers or minimally known partners), and **Romantic/Relational Fantasies** (sexual fantasies that include a romantic or emotional component, specifically with minors).

At the end of that survey, an open-ended question was included, asking: "Is there any type of sexual fantasy that you would like to share?" Of the 412 participants, 112 chose to answer that question, including 100 men and 12 women (the authors do not differentiate between cis and trans participants in the article). Analyzing the results of that open-ended question is the focus of Garant et al 2025 article, which is the subject of this present review.

The authors' decision to include an open-ended question at the end of their quantitative questionnaire is a common approach in mixed-method designs. One advantage of this approach is that participants may feel more comfortable elaborating in their own words after completing the questionnaire and becoming familiar with the research context. However, as the authors themselves noted in the limitations section, a

[3] Bailey et al. (2016); Garant & Proulx (2024); Houtepen et al. (2016); Stephens & McPhail, (2021).

potential disadvantage is response fatigue. Another possible drawback not addressed by the authors is that the questionnaire may shape how participants frame their narratives or guide them in certain directions. For example, the questionnaire could influence the language participants use in their responses to the open-ended question. Although some participants presented fantasies beyond those listed in the questionnaire, it may equally discourage some from reporting fantasies not included in the questionnaire, particularly fantasies that might be perceived as extreme or unusual. In studies where qualitative data is the primary focus, it is often recommended to place open-ended questions earlier in the survey[4]. Nonetheless, given that the authors collected quantitative and qualitative data simultaneously, the order of questions inevitably involves a trade-off. Each sequence presents disadvantages which cannot be entirely avoided.

For analyzing participants' answers to this open-ended question, the authors used both content and thematic analysis. The former enabled them to categorize and quantify themes using both inductive and deductive approaches, capturing implicit and explicit content. Content analysis enabled them to classify fantasies based on various aspects, such as the activity involved (e.g., foot worship) or the gender and age of the partner, if clearly specified. They also applied Braun and Clarke's six-stage thematic analysis, noting that this method allowed them to incorporate new themes from participants' fantasies into some previously identified categories, such as promiscuous-focused fantasies. While the authors constructed some new themes, their approach to thematic analysis appears to be partially theory-driven, based on a pre-existing framework that resulted from their quantitative (factor) analysis.

The analysis of the 112 participants' answers – 95% of which reported not having a history of sexual offending – resulted in 172 reported fantasies, categorized in seven themes: **Minor-focused Fantasies** (N = 51), **Other Paraphilic Fantasies** (N = 78), **Unrealistic-focused Fantasies** (N = 16), **Incestuous Fantasies** (N = 15), **Promiscuous-focused Fantasies** (N = 4), **Group Sex Fantasies** (N = 4) and **Adult-focused Fantasies** (N = 4). Garant et al. mentioned that the age of the partner in the reported fantasies should not be assumed, noting that age was only considered in the report of fantasies when explicitly specified by participants. As a result, only about one-third of the sexual fantasies reported by MAPs in this study included enough detail to determine whether the sexual partner in the fantasy was a minor or an adult.

The minor-focused fantasies included three sub-themes. The first sub-theme was related to a minor as a sex partner, where participants expressed diverse fictional scenarios in which they engaged in sexual activities with a child, ranging from physical discipline to intercourse. The second sub-theme involved participants imagining a minor as a

[4] See e.g., Braun et al. (2020).

relational partner, where they envisioned being in a romantic relationship with a minor. Some referred to being with a minor in a "consensual and normal" relationship, with two *equal* parties. The third sub-theme referred to imagining oneself as a minor and engaging in sexual activities with an adult, a child, or both. The authors linked some participants' interest in seeing themselves as children – either with another child or with an adult – to the concept of *autopedophilia*, noting that many men attracted to children reported being sexually aroused by the fantasy of being a child themselves[5].

Garant et al. also recognized multiple other atypical (paraphilic) fantasies, including sub-themes of violence (any violent non-consensual practices), fetishism, non-contact sexual practices (voyeurism or exhibitionism), BDSM (power dynamic and domination), body fluid expulsion or consumption (urophilia/coprophilia) and zoophilia. These fantasies sometimes, but not necessarily, overlapped with minor-focused fantasies.

One notable theme in this study was related to unrealistic-focused fantasies. This included highly improbable scenarios – such as one party being a cartoon character, a person with both a penis and a vagina or other mythical or fantastical creatures. It would have been helpful if the authors had provided more context regarding the "highly unlikely or impossible" category. For instance, whether this category is limited to mythical or anime characters, or if it also encompasses fantasies in which the unrealistic element lies in the temporal disconnect or the fact that the imagined character is not personally known to, or connected with, the fantasizer (e.g., real individuals who were depicted as children in cinematic productions but are now adults). It would be helpful for future studies to compare the presence and frequency of unrealistic-focused fantasies in a sample of MAPs versus non-MAPs. One possible interpretation of the role of such fantasies is that some MAPs develop unrealistic fantasies over time as a substitute for fantasising about real children in their everyday life. Therefore, such fantasies might have a similar function as fictional (fantasy) materials or sex dolls.

The authors reported adult-focused fantasies as the least frequent among the qualitative respondents, despite previously finding in their quantitative analysis (Garant & Proulx, 2024) that nearly 47% of males and 40% of females reported an attraction to adults. One possible explanation for this discrepancy is that respondents who answered the qualitative question may differ from those who only contributed to the quantitative survey. While the sub-sample comparison analysis did not find any demographic differences, the authors found that males who responded to the open-ended question scored higher on items related to same-sex practice, sexual promiscuity, group sex with women, as well as voyeuristic, transvestic, body fluid, and zoophilic interests. This difference was not statistically

[5] Hsu & Bailey (2017).

significant among women in sub-samples of qualitative and quantitative respondents.

Given the large number of non-exclusive MAPs in the sample used by Garant & Proulx (2024), one potential explanation for the less frequent adult-focused fantasies in the qualitative sub-sample, which is not mentioned by the authors, is that participants may have been less inclined to report typical or normative fantasies (e.g., an adult male fantasizing about consensual intercourse with an adult female). MAPs might have assumed that normative adult-focused fantasies were of limited interest to the researchers or lacked any novel aspect warranting description in their qualitative responses. Alternatively, it is possible that many MAPs reported a non-exclusive attraction even though their attraction to adults is very small and peripheral. For such MAPs, we wouldn't expect adult-focused fantasies to be significant, if present at all.

Incestuous fantasies, as suggested by the name, involve sexual interest in immediate family members (father, mother, brother, sister) or extended family members (cousin, uncle, aunt, sister-in-law). Promiscuity-focused fantasies involve engaging in sexual activities with multiple individuals over a short period of time, with little emotional connection to the fantasizer. Group sex fantasies involve sexual interest in activities with two or more people. This theme, while one of the least frequent, was consistently associated with the theme of minor-focused fantasies.

The authors observed significant gender differences in the content of sexual fantasies, although the most prevalent fantasies for both genders involved paraphilic interests and children. While paraphilic fantasies were most common for both, they were more prevalent among women (61.12%) than men (45.35%), while fantasies explicitly mentioned as being related to children were more common among men (29.65%) than women (22.22%). Regarding other preferences, men reported unrealistic fantasies (9.30%) slightly more often than incestuous ones (8.44%), whereas women showed the reverse pattern, with incestuous fantasies being more common (11.11%) than unrealistic ones (5.56%). Additionally, men's fantasies spanned across all seven thematic categories, while women's were limited to just four. Nonetheless, the number of women was limited to only 12 participants, which may limit the generalizability of the comparison.

To provide a more comprehensive picture of the age of the partner in MAPs' fantasies, the authors could have included an age specifier in the open-ended question, asking participants to clearly describe whether the fantasy involved adults or minors. It would have also been helpful if the authors had provided a brief comparison with other studies that have explored the content of sexual fantasies in non-MAP samples or among other sexual minorities

in the discussion section by presenting potential commonalities and distinctions.

Overall, the study by Garant et al. sheds light on an under-researched topic. The authors employed an appropriate methodology and theoretical framework to explore fantasies and presented their findings comprehensively, and as intended, without pathologization or sensationalization. As the authors discussed, incestuous fantasies and unrealistic-focused fantasies have not been in the Joyal questionnaire, and only a qualitative question could have captured them, which highlights the necessity and value of qualitative inquiries of sexual fantasies.

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Desbuleux, J.C., & Fuss, J. (2024)

"Child-like sex dolls: legal, empirical, and ethical perspectives"

International Journal of Impotence Research 36, 722–727, DOI: https://doi.org/10.1038/s41443-024-00979-3.

Desbuleux and Fuss (2024) present a narrative review of the emerging literature on child-like sex dolls (CLSDs). They examine theoretical perspectives on how these dolls may influence user behavior and well-being, review legal debates surrounding their regulation, and synthesize the limited empirical research available. They define sex dolls as realistic, anatomically detailed figures primarily designed for sexual stimulation, while noting that some users also rely on them for emotional comfort, companionship, or self-expression. Because CLSDs are presumed to be used primarily by minor-attracted people, the authors draw distinctions between predominant attraction to children and/or adolescents and behavior involving real minors. They emphasize that attraction alone is neither sufficient nor necessary for sexual activity with a child or adolescent to occur, and explicitly challenge the common public assumption that attraction automatically predicts offending behavior.

The review organizes existing arguments about CLSDs into three broad categories. The first concerns claims that CLSD use heightens the risk of people engaging in sexual activity with minors. Proponents of this position suggest mechanisms such as lowered inhibition, greater sexualization of minors, or behavioral "practice" that could generalize from dolls to real children. The second cluster frames CLSDs as potential protective tools that may allow users to satisfy otherwise unmet sexual needs through an inanimate object rather than a living child or adolescent. A third set of arguments focuses on potential well-being benefits, with some users, including both minor-attracted people and people attracted primarily to adults, describing dolls as romantic partners or sources of companionship and reporting improvements in their emotional health. The authors also note that philosophical and sociological sources introduce yet another line of critique that views CLSD usage as intrinsically immoral or as something that undermines respect for real people, often irrespective of empirical evidence.

The empirical evidence, although limited, is more nuanced than either moral condemnation or simple risk-based arguments suggest. Existing studies indicate that CLSD users, whether minor-attracted or not, resemble non-users on several psychosexual measures. About half of users report viewing their dolls as partners and describe emotional or mental health benefits associated with doll ownership. Some minor-attracted people report using CLSDs because they feel their romantic or sexual needs cannot be met in any other lawful or ethical way. Several empirical findings challenge the assumption that CLSD use increases risk. These include reports of lower arousal to hypothetical scenarios involving

sexual activity with children or adolescents among some users, fewer antisocial traits among CLSD users compared to certain control groups, and no elevation in delinquency scores relative to non-users. At the same time, most available studies rely on anonymous self-report, which raises concerns about honesty and social desirability, particularly because CLSD ownership is illegal in many jurisdictions. Small, self-selected samples and cross-sectional designs further limit the strength of causal inferences that can be drawn from these data.

Despite these methodological issues, Desbuleux and Fuss argue that current evidence does not directly support the claim that CLSDs increase the likelihood that someone will engage in sexual activity with a child or adolescent. Instead, they suggest that dolls may function as victimless outlets or fantasy aids and that in some cases they may even hold therapeutic potential. Nonetheless, many countries, including Australia, the United Kingdom, and several U.S. states, maintain or have considered bans. These bans typically rely on arguments relating to child protection, prevention of sexualized norms, or preservation of public morals. The authors identify substantial practical and conceptual weaknesses in these legal frameworks. Definitions of CLSDs are often vague and sometimes rely on features such as a "penetrable hole," which is not inherently sexual, and enforcement would likely require invasive monitoring and intrusive investigation. Moreover, if the logic of risk were applied consistently, similar bans on adult sex dolls should also exist, which significantly undercuts the rationale for CLSD-specific legislation.

In their conclusion, Desbuleux and Fuss argue that current bans appear to be driven at least as much by moral disgust and punitive attitudes toward minor-attracted people as by evidence-based child protection concerns. They note that policies centered on blanket prohibition effectively mandate a form of lifelong abstinence from any sexual outlets related to attractions to children or adolescents. Such an approach ignores the reported benefits that some users experience in terms of companionship, emotional support, and an outlet for sexual satisfaction. The authors suggest that this punitive orientation risks reinforcing stigma and social exclusion rather than fostering conditions that support prevention, help-seeking, and psychological well-being. These bans also prevent further research on the use of CLSDs by persons who are minor-attracted.

A major strength of the article is its balanced and transparent synthesis of a fragmented and emotionally charged body of work. Desbuleux and Fuss present competing perspectives, including risk-oriented, protective, and philosophical views, without prematurely privileging any single conclusion. Their choice to engage cautiously with empirical findings, rather than drawing sensational claims from limited data, supports conceptual clarity in an area that is often dominated by moral panic and polarized public discourse. Another strength of the

article is the attention paid to the lived experiences of minor-attracted people. By incorporating research that documents how some minor-attracted people rely on dolls for coping, emotional support, or relational fulfillment, the authors humanize a group that is frequently marginalized or discussed only in abstract or moralistic terms. This attention to subjective experience adds psychological and practical depth to conversations about CLSD bans and highlights the potential unintended consequences that broad prohibitions may have for people who are trying to live safely and within the law.

The review's inclusion of ethical reflection further develops this discussion. By raising questions such as whether using an inanimate object that represents a child-like form is inherently immoral, and what ethical obligations societies have to minor-attracted people who seek help in managing their sexuality safely, the authors move beyond empirical claims and engage with broader normative considerations. This encourages readers to examine their own assumptions, moral frameworks, and intuitions about disgust, personhood, and dignity, and to consider how these intuitions should or should not shape policy.

The primary limitation of the article is the narrow empirical base on which any conclusions must rest. Only a small number of studies directly address CLSDs or doll use among minor-attracted people, and most rely on cross-sectional, anonymous, self-selected samples recruited online. This constrains the strength of any claims about risk, protective effects, or treatment implications. A related weakness is the limited practical guidance offered for clinicians, researchers, or policymakers. The authors are understandably cautious about making strong policy recommendations given the data currently available. However, readers seeking clearer direction may find the largely descriptive "more research needed" conclusion somewhat unsatisfying. For example, in jurisdictions where bans are already in place, it would be helpful to outline concrete transitional strategies, research priorities, or monitoring frameworks. Similarly, more specific proposals regarding the design of larger clinical or longitudinal studies would have strengthened the article's applied contribution.

In addition, the review only briefly addresses how public sentiment and stigma might be challenged or reshaped. Stigma and moral disgust are highlighted as key drivers of legislation, yet there is minimal discussion of how educational, structural, or policy interventions could mitigate these forces. Existing work on public communication about minor-attracted people, attitudes toward prevention-focused services, and the promotion of evidence-informed legislative processes is not explored in depth. Integrating this literature could have enhanced the article's usefulness for policymakers, mental health practitioners, and advocacy groups that seek to navigate the complex interplay of law, ethics, and social perception. A

more explicit consideration of stigma reduction strategies would also support a more applied understanding of how empirical evidence could translate into steps that promote safety, reduce harm, and support the psychological well-being of minor-attracted people without compromising child protection.

Overall, Desbuleux and Fuss (2024) provide a clear and balanced overview of an emerging and controversial topic. They show that the central assumption behind many CLSD bans, namely that prohibiting dolls prevents sexual activity with children or adolescents, is not supported by existing evidence. They also highlight conceptual and practical problems with current legal definitions and enforcement approaches and show that some users experience CLSDs as meaningful romantic or sexual outlets or as important sources of emotional support, without clear indicators of increased risk in the available data. At the same time, they appropriately emphasize the limitations of current research, the need for more rigorous empirical and ethical study, and the importance of considering social, moral, and practical factors together when translating evidence into policy. Taken as a whole, the article is best viewed as a foundation for future work rather than a definitive guide for policy or clinical practice, and it points to the need for research programs and legal approaches that are both child-protective and responsive to the realities of minor-attracted people's lives.

Lehmann et al., 2025

"Polling Pedophilic Preferences: Analyzing Responses to User-Generated Member Polls on a Darknet Child Sexual Abuse Forum"

Deviant Behavior, DOI: https://doi.org/10.1080/01639625.2025.2453813.

Lehmann et al.'s article (2025) dives into the content discussed and shared in an anonymous darknet community dedicated to the the consumption of illegal sexual images of male children (i.e., those aged 12 and younger) and adolescents (i.e., those aged 13-18 years old) and explores the preferences, behaviors, and interactions of its members through user-generated polls. By analyzing the polls, the authors identified four key themes: (1) forum-related topics, (2) age of sexual attraction, (3) child sex cues, and (4) preferences for sexual images/videos of minors. The goal of this research is to examine how paraphilic interests are communicated, reinforced, and sustained within this dark web forum.

Lehmann et al (2025) base their work on the expansion of sexual attraction research, attempting to address previous research limitations of commonly utilized self-report data (i.e., clinical interviews, surveys). According to the authors, a different approach in data collection is needed as the traditional self-report methods are likely compromised by social desirability bias and fear of stigmatization. To do so, the authors, in collaboration with law enforcement agency partners, collected data from a large darkweb forum dedicated to discussions and distributions of sexual/illegal images or videos of male children and adolescents. The dataset included the full text of 12 user-generated polls, user comments, the number of views, and the votes for each poll. The authors note that an experienced law enforcement agency employee specializing in darknet operations conducted the data collection, and that neither law enforcement employees nor the researchers had interactions with any forum members. Furthermore, none of the researchers in the study were exposed to illegal content during data collection. On the date of platform access, March 17th, 2023, there were 99,997 members, 4,319 member-created topics, and 86,029 member-created posts.

The thematic analysis was conducted on the content of 12 polls created by users, organized according to the four themes described above. To provide additional context, qualitative comments associated with each poll were also examined, including the number of votes, views, and replies.

The first theme, the *Forum-related topics*, was made up of a single poll that asked users whether they preferred a dark or a bright theme while accessing the forum. The authors interpret this essentially as an indication of the time of day when community members access the online platform: a preference for a dark theme — which was the case for 74% of

respondents — would reflect primarily nighttime access, whereas a light theme — chosen by 21% of respondents — would indicate daytime access. This interpretation was supported by the qualitative responses provided by participants in the poll.

The second theme, *Age of sexual attraction*, was composed of the following three polls/sub-themes: (1) "What ages in boys are you sexually attracted to?", (2) "What gender/ages are you attracted to?", and (3) "At what age should a boy stop growing?". The first poll identified that the average age of sexual attraction from the forum members was around 12 years old. The second poll showed that while the majority preferred males under 18 (52.8%), a minority expressed an attraction to girls and adult men (14% and 13.7%, respectively). In line with the average of attraction from poll one, when asked what age boys should stop growing, most members indicated a preference of age 12. Based on these findings, the authors recommended tailoring prevention interventions to individuals but suggested that targeting the developmental stage of males aged 12 may be useful.

In the case of the third theme, *Child Sex Cues*, four polls/sub-themes provided perspective on child sex cue preferences: (1) "What is your favorite part of a boy?", (2) "Best underwear on a boy?", (3) "What is your preferred boy's hair and eye colour?", and (4) "Which of these two boys would you take to bed for a night of wild sex?". The former two polls generated the most views. This theme identified that the favorite physical characteristics of male children and adolescents by users were the "penis" (27%), followed by "ass" (20%) and "face" (19%). The authors compare these findings with those of previous research[6] that did not find a preference for body parts and argue that the differences highlight the unique perspective their methodology provides by including anonymous polls, which reduce the social desirability bias in their data. The poll on preferred hair and eye color for a boy reveals a preference for a blond-haired and blue-eyed boy. However, when users responded to the poll asking them to choose between two boys differing in hair color and age, the majority preferred the younger, dark-haired boy. Based on the last two polls, the authors argued that age remains a significant factor in determining sexual attractiveness, compared to other factors such as hair or eye color.

Finally, regarding the fourth theme, *preferences for sexual images/videos of minors*, four polls/sub-themes under this theme include questions about sexual images/videos and children and adolescents: (1) "Do you like adult porn? Kids and adults?", (2) "What is your favourite porn pairing?", (3) "Do you like compilations?" and (4) "Should we change the rules about toddlers and babies?". First, this theme identifies a clear preference for pornography featuring "two boys with an age gap" or "a boy with a teen boy". The authors suggest that this insight into preferences is vital to understanding

[6] Wilson and Cox, 1983; Martijn et al., 2022

which depictions resonate most with this specific population. Specifically, in conjunction with these findings and previous research[7], the authors suggest that depictions of pornography that are perceived as more "consensual" or relatable are preferred within this population. Of users who access illegal images/videos of children and adolescents, 40% also consume adult pornography. Nevertheless, the perception of realism and authenticity of illegal images/videos of children appears to be a primary factor that influences users' preference over adult pornography. Also preferred by forum users were compilations. The last poll had the most replies and discussions, and the second most votes (relative to poll #2). Although the forum prohibits content involving toddlers and babies, and "extreme" content (i.e., gore, mutilation, drugging), 27% of users supported allowing anal penetration of children under four years old, 25% supported including babies, and 24% voted for a hurtcore section. Surprisingly, the authors identify these rates as a "significant minority", appearing to diminish the percentage of users voting for these illegal and harmful sections to be allowed in the forum. Nevertheless, the authors highlight that these findings reveal both a conflict and internal regulation within this online community, suggesting that reinforcing and enforcing existing rules could limit the normalization of more extreme forms of abuse.

Although Lehmann et al.'s article provides valuable insights into the topics discussed on this type of online platform—spaces that are otherwise difficult to access for research purposes—it nonetheless presents important limitations. The first concerns the nearly linear association the authors seem to draw between the presence of a sexual attraction to minors, participation in such online platforms, and ultimately, the consumption of sexual images of children. Indeed, the authors introduce their literature review by suggesting that this type of online community is rapidly expanding, implying that these communities are necessarily populated by individuals who are sexually attracted to children; that the high prevalence of individuals seeking help for distressing sexual interests reflects that they are mostly attracted to children, which "[…] reflect[s] the specific nature of these support-seeking groups" (p. 2); and finally, that "the studies described above all involved direct assessment of individuals' self-reported preferences, fantasies, and behavior" (p. 3). These claims are problematic for three reasons. First, they imply that the consumption of such illegal sexual material is a static factor—meaning that an individual who consumes it once is necessarily destined to consume it again—while their results do not distinguish between regular members, occasional members, and individuals who logged onto the platform only once. Second, the authors fail to consider the existence of online support groups (e.g., B4U-ACT, Virtuous Pedophiles) that do not normalize or promote the

[7] Riegal, 2004

consumption of sexual images of children and to which many individuals with a sexual attraction to minors turn for help navigating the consequences they may experience due to their attraction, rather than consuming such images. Finally, the authors assume that people who frequent these platforms necessarily have a sexual attraction to children. However, research shows that not only a significant proportion of individuals found on such online platforms are instead people suffering from compulsive sexual behavior (and thus do not necessarily have a sexual attraction to children), but also that consumption of such material is frequently associated with depression, anxiety, and relational difficulties[8].

Another major limitation of the study is, paradoxically, one of the main strengths highlighted by the authors—namely, their data-collection method. The authors argue that their approach allowed them to obtain more authentic responses than traditional studies using self-report questionnaires, since participants, aware that they are taking part in a research study and that their responses will be analyzed, may be influenced by social desirability bias and thus more inclined to lie. However, in light of their results, this claim does not appear to hold. Several studies conducted with individuals sexually attracted to minors have addressed highly sensitive topics (e.g., falling in love with a minor: Martijn et al., 2020; the content of sexual fantasies: Garant et al., 2025) and have produced results similar to those reported in Lehmann et al.'s work. Thus, the opposite argument could be made: participants who know they are taking part in a study may actually be more willing to open up and provide more detailed information in order to be properly understood and to ensure that their experiences are accurately represented. A counter-argument could therefore be formulated here: it may not be scientific observation that influences participants' responses, but rather uncertainty about whether their anonymity will be preserved. In a context where the vast majority of studies involving individuals sexually attracted to minors adhere strictly to anonymity, the authenticity of responses may not be as significant of an issue as the authors suggest. Furthermore, the methodological approach used in the present study does not allow for in-depth exploration of key issues, as the authors were not able to ask participants direct questions to contextualize the material included in their analysis. It would have been relevant to know how users came to engage with this online platform, why they use it, whether they would like to stop using it in order to adopt more prosocial behaviors, or whether their use is linked to psychosocial difficulties such as those mentioned above; however, the data collected do not allow for such questions to be examined. Such questions could have helped generate clinical recommendations to better support individuals who experience psychosocial–sexual difficulties and who

[8] Griffin-Shelley, 2014; Lee et al., 2012

use these platforms, ultimately contributing to improving the health and safety of these individuals and of children more broadly. Additionally, it should be noted that restricting the analysis to responses solely related to sexual attraction contributes to overlooking participants' relational and emotional needs—factors that may also help explain why they engage with such online platforms in the first place. Finally, in a research context where studies on these platforms have shown that issues of social desirability among community members, as well as prestige associated with building a certain reputation [9] are common, it becomes difficult to determine whether what members express is actually truthful—as the authors claim—or whether their statements reflect a dynamic of seeking approval from other members.

Finally, while the authors acknowledge the difficulty of assessing the representativeness and generalizability of their results, this issue becomes even more critical when comparing the number of views to the number of votes reported in Table 1. In some cases, only about 10% of those who viewed the poll actually responded. Such results raise important questions that go beyond generalizability: they suggest that the most active participants may be the same individuals across polls, while the vast majority show minimal involvement. It is also possible that those who participate the most are individuals who may be in greater need of support. Garant et al. (2025), also reviewed in this issue of B4QR, reached a similar conclusion when analyzing the sexual fantasies of a subsample of individuals sexually attracted to minors: those who chose to answer a supplemental qualitative question tended to report the most intense/invasive—and potentially psychosocially distressful—sexuality. However, in the present study, this issue is not examined by the researchers. As a result, it remains unclear whether the same participants repeatedly respond to the polls and, more importantly, whether these individuals are those who might benefit most from assistance due to difficulties related to their sexuality or other associated psychosocial challenges.

In conclusion, although Lehmann et al.'s study provides valuable access to sensitive data that allows us to better understand how MAPs use this type of online platform, it would be worthwhile for future research to explore ways of directly involving the individuals who use these platforms. Doing so could not only offer richer contextual information to support and nuance the authors' interpretations, but might also create opportunities to identify users who are experiencing difficulties and may be seeking support. Ultimately, a more participant-inclusive approach could strengthen the validity of the findings while contributing to the development of referral pathways for those who wish to access help.

[9] See Fortin et al., 2017

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Lievesley, R., Harper, C. A., Awan, A., and Bishop, A. (2025)
"Beyond Pro- and Anti-Contact: Understanding the Ideologies of People Attracted to Children"
Journal of Sex & Marital Therapy, 51(6), DOI: https://doi.org/10.1080/0092623X.2025.2522664.

Lievesley et al. (2025) offer a valuable critique of the common pro-contact versus anti-contact distinction, where pro-contact refers to the view that there can be morally acceptable sexual contacts between adults and children,, and anti-contact refers to the rejection of that view. The authors argue that minor-attracted persons (MAPs) hold a far more diverse and nuanced range of beliefs, attitudes, and self-understandings regarding their attractions.The authors aim to map this diversity through the development of a new measurement tool, the Child-Attraction Ideologies Scale (CAIS), with the goal not only to address a gap within academia, but to provide clinicians and researchers with a tool to increase understanding and support for those with sexual and/or romantic attractions towards children, particularly those seeking guidance in managing their attractions and well-being.

The authors developed the survey items for the CAIS by drawing on discussions of anti-contact and pro-contact groups within the community of people attracted to children, alongside existing research on their psychological and emotional experiences. Additionally, established scales on well-being, sexual satisfaction, internalized stigma, and beliefs related to sexual risk were included. Data was collected via an online survey from 389 adult MAPs, representing the largest participant pool studied to date in this population. Most participants were men (86%), with an average age of 34.93 years, and 72% reported non-exclusive attractions, meaning they are attracted to both adults and children. Participation was voluntary and anonymous, and ethical approval was obtained from a university research ethics committee.

From the authors' self-developed CAIS, two factors emerged. The first factor measured beliefs about the moral acceptability of sexual contact between adults and children, which the authors labeled *Permissibility of Sex with Children*. The second measured how comfortable and accepting people felt toward their own attractions, which was labeled *Self-Acceptance*. These two factors were positively related, meaning that higher self-acceptance tended to occur alongside more permissive moral beliefs. Drawing on these findings, the authors developed five groups representing different levels of ideological belief. “Radicals” represented the largest proportion of participants (63%) and scored high on both self-acceptance and permissibility. The second largest group (16%), “Comfortable-Virtuous,” showed low permissibility scores but high self-acceptance. “Moderates” accounted for 14% of the sample and scored around the mid-point on both

the self-acceptance and permissibility factors. Only 5% of participants fell into the "Struggling-Virtuous" group, characterized by low scores on both factors. Finally, the smallest group, "Struggling-Permissive," represented 2% of the sample and scored high permissibility alongside low self-acceptance.

The findings show that the simple "pro- vs. anti-contact" divide does not reflect the full variety of beliefs and experiences among people who are attracted to children. Many participants held mixed views and feelings that do not fit neatly at either end of this spectrum. Furthermore, the authors found that higher self-acceptance was linked to higher well-being and lower internalized stigma, while stronger permissibility beliefs related to less stigma but also to more offense-supportive thinking and greater sexual fantasy about children. These are complex, sensitive associations, which the authors handle carefully, stressing that describing a belief pattern is not the same as endorsing it. Their discussion remains focused on how recognizing this diversity can inform prevention and mental-health support.

This article has several notable strengths. It introduces a new scale, with high internal consistency, that captures distinctions many in the field have long recognised but lacked empirical tools to measure. In doing so, it moves beyond the traditional "pro-contact" and "anti-contact" perspectives, offering a more nuanced understanding of this population. The paper's tone is measured and respectful throughout. It consistently distinguishes between attraction and behavior, avoids pathologizing language, and uses person-first terminology such as "people who are attracted to children" rather than labels that equate individuals with clinical diagnoses. This language choice aligns with best practice in reducing stigma and promoting open, non-judgmental discussion.

The study also offers valuable implications for prevention and clinical support. By identifying distinct ideological patterns, clinicians may gain a clearer understanding of an individual's moral beliefs, level of self-acceptance, and specific challenges related to shame or permissiveness. This insight can inform more tailored therapeutic and preventive interventions, rather than relying on broad assumptions. For instance, an individual experiencing intense shame and self-directed stigma may benefit most from approaches that focus on well-being and stigma reduction, whereas someone who feels comfortable with their attractions but uncertain about moral boundaries might respond better to interventions emphasizing ethical reasoning and empathy. The CAIS thus provides a useful framework to guide these nuanced clinical and preventive conversations.

Despite the paper's valuable contributions to the field, there are still several limitations worth noting. While the paper's purpose is clear (to move away from binary labels and develop a new measure), the

underlying rationale to the research is limited. The authors justify their work mainly by pointing to the oversimplification of the "pro- vs. anti-contact" divide and the absence of a tool to measure ideological diversity. This is a fair and worthwhile starting point, yet the argument could have been deepened by explaining *why* ideology matters beyond description. For instance, connecting ideology to established models of moral reasoning or offense-related cognition could have suggested potential pathways through which belief systems might relate to behavior, well-being, and risk. It's important to note here that permissive ideology does not necessarily imply sexual engagement with minors; individuals may still refrain from such behavior due to concern about harm resulting from societal and institutional reactions. More research is needed on this question to ensure effective therapeutic and preventative responses. The rationale could also have been strengthened by connecting ideology to coping and minority-stress processes, viewing different belief patterns as possible ways people respond to shame, isolation, or social pressures. By grounding the study more firmly in theory and clinical need, the authors would offer a stronger justification for developing the CAIS as not only a measurement tool but also a framework for understanding prevention and support.

Moreover, while the paper states that 64 items were developed for the CAIS based on a "review" of existing literature and community input, the process behind their creation is not described. It is therefore unclear how these items were generated, refined, or tested prior to inclusion. Many of the statements resemble those found in offense-supportive cognition measures, raising questions about how the authors distinguish ideological beliefs from offense-related thinking. While the intention of the CAIS is to capture ideology rather than assess risk, the overlap in content suggests the need for a clearer theoretical explanation of how these constructs differ. Greater transparency about item development, such as who contributed, what sources informed the wording, and how ethical and interpretive issues were addressed, would strengthen both the validity and the credibility of the measure.

Furthermore, there are several factors that limit how far these findings can be generalized beyond the sample studied. Recruitment, although noted by the authors to be broader than in many previous studies, still relied on self-selection within online spaces. This inevitably favors individuals who are already comfortable engaging with others about their attractions, and may underrepresent those who remain isolated or fearful of disclosure. While the authors aimed to include communities beyond the typical "anti-contact" forums, the paper offers limited detail on which alternative spaces were used, how many participants were recruited from these alternative spaces, or how ideologically diverse they were in practice. The fact that nearly two-thirds of the sample (63%) fell within the "Radical" grouping (high permissibility and self-acceptance) may reflect

either genuine trends or recruitment bias, but the imbalance is worth noting.

The authors also propose that the CAIS could become a useful tool in clinical practice. While this is an exciting possibility, it remains largely speculative until tested in applied settings. As no data currently exist on how clinicians or clients engage with the measure, it should, at this stage, be regarded as an exploratory research instrument rather than a validated clinical tool. While it is acknowledged that only so much can be achieved in a single study, another area for potential strengthening is the connection between the quantitative findings and participants' lived experiences. The numbers show clear patterns, but we learn little about how participants themselves understand their beliefs or how they talk about morality, harm, and self-concept in their own words. Qualitative interviews or open-ended survey responses could incorporate that human element, helping readers and practitioners connect statistical categories to real people's reasoning and emotions. Without it, ideology can seem abstract, when in reality it reflects personal struggles with identity, stigma, and moral decision-making.

In terms of writing style and structure, the manuscript is thorough and demonstrates strong statistical rigor. However, the presentation at times becomes difficult to follow, not solely due to the density of statistical detail but also because the argument and narrative thread are not always clearly articulated. The rationale for the study, the specific gaps being addressed, and the way in which the findings link back to the stated aims could be more explicitly signposted to help readers, regardless of their methodological backgrounds, grasp the conceptual flow of the paper. Strengthening the clarity and organisation of these sections would enhance accessibility for a broad academic audience and ensure that the practical implications, future research directions, and broader significance of the findings are more readily understood. While extensive simplification for lay audiences is not required in this context, a more streamlined structure and clearer mapping of the argument would improve readability without compromising academic rigor.

Overall, "Beyond Pro- and Anti-Contact" makes a significant contribution to research and practice. It advances understanding of ideological diversity, demonstrates methodological rigor, and models non-stigmatizing communication. Its findings have potential to inform prevention and well-being work that supports people in living safely and in line with their values. At the same time, the study would be strengthened by cautious interpretation, additional validation, further qualitative exploration, and communication that explains the findings in plain language so they can be understood by people outside academic or clinical settings.

Stephens, S., Jahnke, S., M, Davidson (2024)

"Delphi Recommendations for Diagnosis and Treatment of Sexual Interest in Children in Non-Mandated Community Settings"

The Journal of Sex Research, DOI: https://doi.org/10.1080/00224499.2024.2403024.

Stephens, Jahnke, and Davidson (2023) present a Delphi study designed to establish international expert consensus on assessment and treatment practices for minor-attracted people (MAPs) in non-mandated, community-based settings, seeking to address a long-standing gap in the literature. Historically, most clinical guidance for this population has drawn from forensic contexts with court-ordered or justice-involved populations. By convening a diverse panel of international experts including clinicians, researchers, and MAPs, the authors aim to generate evidence and consensus-based recommendations for voluntary mental health care for MAPs in community settings.

In the introduction, the authors provide a useful overview of the standard forensic treatment models like Risk-Need-Responsivity (RNR) and the Good Lives Model (GLM). This context helps readers understand why non-mandated settings present different ethical and clinical considerations. They also emphasize the importance of their current study–incorporating the input of MAPs into the development of clinical services–on the basis that a major barrier to treatment is MAPs' lack of trust in the competency of many clinicians to provide them with evidence-based, non-stigmatizing treatment.

In the methods section, the authors detail their procedures transparently, including preregistration on the Open Science Framework and clear definitions of consensus (an interquartile range ≤1.25). Participants completed up to three online rounds between 2022 and 2023, responding first to open-ended questions and later to structured items derived from those responses. This method of generating group consensus has been considered effective, yet, the reliance on numerical thresholds without qualitative excerpts to contextualize divergent opinions, leaves the reader uncertain about how disagreements were interpreted. For example, did lack of consensus on risk-assessment procedures reflect theoretical disagreement, ethical concern, or practical infeasibility? Inclusion of illustrative quotations would have deepened understanding of these dynamics.

Their recruitment strategy combined a random selection of professional experts with targeted outreach to MAPs, demonstrating genuine effort toward inclusivity, though the sample composition nonetheless skews toward professionals (20 of 28 participants). This imbalance, while common in Delphi studies, leaves the MAP group underrepresented in determining final consensus thresholds. Including only eight MAPs, most from

online advocacy networks, also restricts the range of perspectives, especially from non-Western or gender-diverse individuals. The authors acknowledge these limitations but could have elaborated on how they might shape consensus outcomes, particularly the weighting of professional versus community priorities.

The results are organized around thematic domains: therapeutic stance, assessment, treatment goals, harm reduction, wellbeing and stigma, alternative sexual gratification, social functioning, and psychoeducation. The findings reveal strong consensus around general therapeutic principles. Specifically, creating a safe, affirming environment, addressing comorbid mental-health problems, and helping clients cope with stigma and social isolation. These results align well with broader mental health literature emphasizing supportive, client-centered care. The authors interpret this as evidence that mainstream psychotherapeutic competencies readily translate to work with minor-attracted clients.

However, the sections on harm reduction and therapeutic goals are among the most provocative. Here, consensus faltered: professionals leaned toward incorporating risk-management principles, whereas MAPs favored wellbeing and self-acceptance. The authors note this divergence but could have unpacked its ethical implications more explicitly. For example, one item under risk reduction was “address cognitive distortions.” To state simply that no consensus for this item was reached overlooks important contextual details such as the definition of "cognitive distortions” and how MAPs and professionals may have differently understood that concept and its empirical validity. Other items under risk reduction that did not reach a consensus included “reduc(ing) contact with children” and “reduc(ing) masturbation to fantasies of children.” The authors could have taken the time to unpack this discrepancy, perhaps illustrating it as an example of deep seated differences between the way professionals and MAPs understand the fundamental nature of the attraction to minors, rather than presenting it as a mere difference in therapeutic priority. A more reflective discussion of how these perspectives challenge traditional forensic assumptions would strengthen the paper’s contribution to clinical ethics.

One of the most valuable aspects of the results concerns consensus around psychoeducation. Participants agreed that clients benefit from understanding that attraction and behavior are distinct, that attraction is unlikely to disappear, and that it develops similarly to other orientations. This aligns closely with person-centered, affirmative therapy principles.

The paper’s ethical stance is largely sound, emphasizing transparency between clinician and client and acknowledging clinician comfort levels. The authors commendably encourage honesty about professional boundaries, which reflects a realistic understanding of clinical responsibility. The

discussion of pharmacological interventions is brief but could more clearly delineate ethical considerations such as informed consent and the voluntary nature of such treatments in community contexts. From a stylistic perspective, the manuscript is clearly written, well-organized, and free of overtly pejorative terminology. It avoids phrases such as "sex offender" or "pedophile" when describing participants, which demonstrates care in reducing stigma. Nonetheless, several expressions such as "managing risk," "controlling arousal," and "treatment for sexual interest in children" retain subtle pathologizing undertones. Reframing the concept of "risk-reduction" as "helping clients live full and satisfying lives within legal boundaries" would help greatly in depathologizing the attraction to minors and maintaining a focus on well-being rather than social control, while maintaining the pro-social objectives of clinical services for MAPs.

Regarding the authors' use of the phrase "sexual interest in children", it should be noted that while this is the prevailing terminology in much psychological and forensic research, the phrase has some deficiencies and misleading aspects that should be addressed. For instance, the word "interest" may subtly suggest that the attraction to minors is a mere fetish or "kink," rather than an ongoing pattern of sexual and/or romantic attraction. It may seem a small point of contention, but B4U-ACT has generally recommended the word "attraction." Additionally, the word "child" merits comment. The authors define "child" as prepubescent and pubescent persons, but give no reason for why they exclude individuals attracted to postpubescent teenagers in their discussion, as adolescents generally fall below the age of consent in most Western countries. For this reason, the term "*minor*-attracted people" is preferable in order to include all individuals whose primary attractions are for persons below the age for sexual consent in their legal jurisdiction. If Stephens et al. wanted to focus *only* on people attracted to (prepubescent/pubescent) children – perhaps to make their research more standardizable across cultures – that may have been worth stating explicitly. Otherwise, people significantly/exclusively attracted to adolescents experience much the same challenges and stigmas, and would stand to benefit equally from mental health services – a point worth keeping in mind in future studies of this nature.

Despite these linguistic and interpretive limitations, the article represents a meaningful advancement in the field. It offers clinicians practical reassurance that established therapeutic frameworks – cognitive-behavioral strategies, psychoeducation, and stigma reduction – are both applicable and appropriate when working with minor-attracted clients seeking help voluntarily. It also underscores the importance of distinguishing community treatment from forensic rehabilitation, a distinction that, if emphasized more clearly, could help reduce barriers to care. The inclusion of MAPs, though limited in number, sets a precedent for participatory approaches in clinical research and underscores the

value of integrating client voices into guideline development.

In summary, Stephens et al. provide an important, empirically grounded contribution to the emerging discourse on community-based support for MAPs. The study's methodological rigor, open-science commitment, and ethical sensitivity are commendable. While its language choices and occasional reliance on forensic framing limit its full alignment with non-stigmatizing, person-centered standards, the paper still succeeds in moving the field toward more humane, evidence-informed practice and provides a valuable foundation for future consensus and empirical work grounded in respect, inclusion, and client autonomy.

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.

Laura Sibret
PhD Student in Criminology
University of Portsmouth

Laura Sibret holds a Bachelor of Criminology and Criminal Justice from Griffith University and an MPhil in Criminological Research from the University of Cambridge. Early in her undergraduate degree, she became interested in research on sexual offending, particularly in understanding pathways to offending and the role that early, preventative support can play. This interest shifted toward public-health-oriented prevention approaches, which led her to the discovery of the MAP community and their clinical needs.

Through this work, Laura became aware of the substantial barriers MAPs face in accessing mental health support, particularly the lack of specialized and non-judgmental services. This has guided her broader interest in developing mental health resources that are designed to meet the needs of MAPs but that could also provide accessible pathways for individuals outside the community who may be struggling with thoughts of suicide, self-hatred, or fears of engaging in illegal behaviors against their own wishes.

Laura is currently pursuing a PhD focused on creating an online support resource for MAPs. Her doctoral research examines how digital platforms can be designed to deliver evidence-informed and accessible mental health support that can benefit MAPs and help them live fulfilling, law-abiding lives. This work recognizes that strengthening support structures for MAPs is critical for those who wish to improve their wellbeing and that MAPs are able to guide researchers in this process by contributing to the research process making these resources user led.

In addition to her research, Laura has made sure to integrate discussions of MAP-related issues into her teaching at the University of Portsmouth. She aims to foster evidence-based classroom conversations that challenge stigma and highlight the importance of mental-health access.

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/)