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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 third issue of the sixth volume of B4QR. This new issue reviews five articles exploring a diverse range of topics and populations, including two studies on MAPs in the general population, two studies on MAPs in therapeutic contexts, and one study on psychotherapy students and their willingness to treat MAPs.

The research teams from the first two reviewed articles recruited participants from online forums dedicated to MAPs, but they each used very different recruitment strategies. Pagacz et al. (2026) cast as wide a net as possible by reaching out to over ten different online forums, with the stated goal of avoiding various risks associated with an over-reliance on the same MAP support groups across studies.[1] The authors set out to examine what shapes the strength of "minority identity" among MAPs. More specifically, they tested whether three characteristics of sexual attraction to children—preferentiality, same gender/sex of attraction, and age of awareness of the attraction—predicted a stronger minority identity. The results from their 434 participants showed that only preferentiality predicted the strength of minority identity. In stark contrast with Pagacz and colleagues, Cheetham and Bartels (2025) recruited their 123 participants from a single forum, Virtuous Pedophiles. The authors mention that they had also reached out to B4U-ACT for recruitment support, but that the organization declined to collaborate, judging the project overly forensic in focus. Using tests such as the "Interest in Child Molestation Scale," Cheetham and Bartels examined whether their participants' "self-reported propensity to engage in child sexual abuse" was predicted by different factors. Most of the statistically significant factors they found were somewhat unsurprising (e.g., lower self-control), but one factor that stood out was "self-critical rumination," which the authors describe as a "previously overlooked" factor associated with risks of committing sex crimes against minors.

The next two studies recruited MAPs from clinical settings through national associations primarily focused on abuse prevention. Westfal (2025) investigated a rarely studied population: adolescents who have voluntarily sought professional help (through the German prevention project Dunkelfeld) after using illegal sexual images depicting minors. Only 3% of the 117 adolescents were justice-involved when they initially contacted Dunkelfeld for support. The study aimed at better understanding the psychological characteristics, sexual interests, and help-seeking behaviors of these individuals. The results show a great heterogeneity among participants, with about half reporting an authentic primary attraction to younger children. Martinec Nováková et al. (2025) studied 97 Czech adults who were part of the Parafilik association, a prevention program modeled after Dunkelfeld that offers therapeutic support to MAPs in the community. The study assessed whether the perceived urgency of the participants' self-identified concerns was more strongly associated with formal help-seeking than with various other factors. The results support this hypothesis, as individuals' perceived need was more relevant to formal help-seeking than attraction-related characteristics.

[1] See Roche et al. (2025), where the same group of authors explain the importance of recruiting from a diversity of MAP forums to avoid data contamination.

Our fifth reviewed article is the latest in a series of studies seeking to evaluate the impact of different types of interventions that aim at raising public awareness about the reality of minor-attracted people.[2] Lux et al. (2025) studied the impact of a stigma-reduction intervention on 266 German psychology students, measuring their willingness to treat MAPs before and after the intervention, as well as six months later. The researchers designed a novel type of intervention, called "digital imagined contact," which adds realism to "narrative interventions" (i.e., MAPs' personal life stories) by combining them with personalized answers from MAPs to questions submitted by psychology students. Lux and colleagues compared the impact of this type of intervention with another intervention that used the same approach but also added theoretical information about psychotherapy with MAPs, as well as with a control group. The results showed that the imagined-contact intervention was successful in reducing stigmatizing attitudes at first, but that the impact had faded six months later. The addition of theoretical information did not further reduce stigmatizing attitudes in participants. Finally, the reduction of stigmatizing attitudes did not necessarily translate into greater willingness to provide treatment to MAPs.

In our "Meet the New Generation" section, we introduce Ashley Curtis, a psychology PhD student at the University of Canterbury, New Zealand. Ashley's PhD project explores various methodological issues associated with the study of "chronophilias," i.e., age-based sexual orientations. Ashley first worked on this topic as a Masters' student at Carleton University (Canada), and her work resulted in the publication of an article in 2025,[3] which was later reviewed in B4QR 5 (3). Following our review, Ashley and her supervisor, Jacinta Cording, contacted B4U-ACT to request our collaboration for Ashley's dissertation. Ashley and Jacinta have since become active members of B4U-ACT's research community, by both becoming reviewers for B4QR and by Jacinta attending B4U-ACT's workshop in Albuquerque last Spring.

As always, we hope you find this new issue of B4QR informative and engaging. For any feedback on this journal issue, or if you would like to join our research community, please contact B4U-ACT's research department at science@b4uact.org.

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

[2] See for instance:
Heron, Schwiekert, and Karsten (2021) [Reviewed in B4QR 1 (2)];
Jara and Jeglic (2021) [Reviewed in B4QR 1 (2)];
Harper et al. (2021) [Reviewed in B4QR 1 (3)];
Lawrence and Willis (2022) [Reviewed in B4QR 2 (4)];
McKillop and Price (2023) [Reviewed in B4QR 3 (3)]
Lawrence and Willis (2023) [Reviewed in B4QR 3 (4)];
Christophersen and Brotto (2024) [Reviewed in B4QR 4 (3)];
[3] Arenzon, Curtis, de Almeida, and Evanoff, C. (2025).

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Christophersen, L., and Brotto, G. (2024) "The Effectiveness of Educational Interventions for Mental Health Professionals in Reducing Stigmatization Toward People with Pedophilia: A Meta-Analysis", Trauma Violence & Abuse, DOI: https://doi.org/10.1177/1524838024126228.

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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: https://doi.org/10.1080/13552600.2020.186348.

Lawrence, A. and Willis, G.M. (2022) "Understanding and influencing public attitudes surrounding people with a sexual interest in children," Stigma and Health, DOI: http://dx.doi.org/10.1037/sah0000391.

Lawrence, A. L. and Willis, G.M. (2023) "Cognitive and Affective Impacts of Antistigma Interventions Surrounding People with a Sexual Interest in Children", Journal of Sex & Marital Therapy, DOI: https://doi.org/10.1080/0092623X.2023.2224323.

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: https://doi.org/10.1080/10538712.2023.2204864.

Roche, K., Pagacz, J., Lalumière, M. L., & Seto, M. C. (2025) "Recruitment issues in research with people who are attracted to children", A systematic review. Journal of Sex Research, DOI: https://doi.org/10.1080/002244 99.2025.2484197

Reviewed Publications

Pagacz, J., Roche, K., Lalumière, M. L., and Seto, M. C. (2026)
"Minority identity in people who self-report a sexual attraction to children"
The Canadian Journal of Human Sexuality 35 (1), DOI: https://doi.org/10.3138/cjhs-2025-0048

Pagacz and colleagues' (2026) paper offers a welcome shift in how research approaches people sexually attracted to children, examining identity as a child-attracted person as something to be understood in its own right rather than as a precursor to offending or a target for prevention. Grounded in Meyer's (2003) minority stress model, the authors ask how strongly people integrate this attraction to children into their sense of self, and what features of the attraction shape that integration. The respectful, non-pathologizing language throughout the paper reflects this broader humanizing research orientation.

In their paper, Pagacz and colleagues set out to examine what shapes the strength of 'minority identity' among people sexually attracted to children aged 14 years or younger; that is, how strongly individuals integrate this widely stigmatized (i.e. "minority") attraction into their broader sense of self. This is important in the context of Meyer's (2003) minority stress model, which suggests that a strong minority identity may be associated with worse mental health outcomes where that identity is highly stigmatized. Specifically, the current authors tested whether three characteristics of sexual attraction to children predicted a stronger minority identity: preferentiality (the degree to which someone is more attracted to children than to adults), same gender/sex attraction (attraction to children of the same gender/sex as oneself), and age of awareness (how old someone was when they first became aware of their attraction).

The 434 participants (with primary analyses conducted on the 394 men, and findings from 38 women reported separately in an appendix) were recruited through online support forums for people attracted to children, as well as social media, and completed an anonymous survey. As highlighted above, sexual attraction to children was measured across three characteristics of sexual attraction. A purpose-built preferentiality index was also used to capture both the direction and overall strength of attraction to children and adults, which is an advance on existing research that commonly only captures whether attraction to children is exclusive or non-exclusive. Minority identity was also operationalized through three variables: the number of social roles a person identified with (e.g., sister/brother, son/daughter; member of a religious group); the importance of the attraction to children

to their identity; and their affiliation with the broader community of people attracted to children (labeled "group affiliation").

Regression analyses partially supported the authors' preferentiality hypothesis: stronger sexual preferentiality for children over adults predicted both a greater importance of the attraction to identity and stronger group affiliation, though not the number of roles people identified with. Same gender/sex attraction and age of awareness were largely unrelated to minority identity, although there were small relationships with the number of social roles participants identified with, and with age of awareness of child sexual attraction, respectively. The authors concluded that while there was some association between preferentiality of sexual attraction to children and strength of minority identity, the overall relationship was small, and other factors likely matter more in the strength of one's identity as a child-attracted person.

There are some notable strengths of the study that deserve particular mention. First, the measurement of attraction was unusually nuanced: rather than relying on exclusivity of attraction to children alone, participants rated their attraction across defined age bands and by gender/sex, with the preferentiality index capturing both the direction and the strength of that attraction. The age bands were also shaped by community feedback, which further strengthens their ecological validity. Second, the authors attended not only to the statistical significance of their results, but also to the strength of associations and the modest variance their models explained in strength of minority identity (2–15%). This is important, especially in applied settings where the goal is to use research to inform treatment or interventions, as a focus on the strength of the effects guards against over-reading small but significant effects. This conservative approach to interpreting significant findings was reflected in the authors' conclusion that other uncaptured factors are likely more important in shaping minority identity than the nature of the sexual attraction itself. Finally, in developing the study's approach and rationale, the authors synthesized the sexuality, stigma and child sexual attraction literatures to derive each hypothesis from prior theory, rather than relying on post-hoc rationalization of findings only. This meant that overall, the focus of the research was well-justified both theoretically and empirically, thereby producing meaningful findings that advance our understanding of sexual attraction to children as a phenomenon in and of itself. That said, there was at points a reliance on research using samples of men who had been convicted of sexual crimes against children to derive the theoretical basis for the current study.[4] Given that these are distinct populations, there are clear validity issues with applying inferences drawn from samples of men convicted of sex crimes to support research hypotheses relevant to people who are sexually attracted to children.

[4] E.g., Tardif & Van Gijseghem (2001).

While the study is theoretically sophisticated and fills a genuine gap in the literature, its principal limitations lie in how minority identity was measured, and in some inconsistencies in how the findings are interpreted. It is important to note that the authors were themselves forthcoming about the limitations of their measures. They identified that the "number of roles" variable performed poorly as a measure of minority identity, potentially because the roles that participants were asked about mixed voluntary and conditional roles (such as volunteer or sibling) with an attraction that is involuntary and unchosen. The lack of equivalence between these types of roles/identities therefore raised questions about what this variable was actually measuring (i.e. raised concerns about the construct validity of this survey question)[5].

Another problem concerns the group affiliation measure. This measure was derived from the Collective Self-Esteem Scale[6], which captures how people evaluate their social and group identities across four factors: membership esteem, public collective self-esteem, private collective self-esteem, and importance to identity. The "group affiliation" measure used in the current study, however, did not appear to differentiate between these facets of group identity, and therefore potentially conflated distinct characteristics of group affiliation. For example, several of its items appeared to conflate "affiliation" with attitudes towards the community of people sexually attracted to children (e.g., one asks participants to rate their agreement with having "little respect" for the community). This means that the measure may capture evaluative or emotional stance towards the community as much as connection to the wider community. Further, the term "affiliation" itself blurs two distinct things: frequency of contact with others, and a felt sense of closeness or similarity. A more precise approach to measuring group affiliation or proximity might instead draw on established social-psychological tools, such as pictorial Venn-diagram measures of identity overlap[7] or the Social Identity Mapping Task,[8] which distinguish these dimensions more cleanly.

Further, the authors rightly identify their recruitment strategy as a limitation, noting the field's over-reliance on the same few online forums for recruitment of people attracted to minors, and the resultant concerns about generalizability and non-independence of samples across studies. However, in addition to these broader concerns, recruiting through support forums may specifically confound the group-affiliation outcome in this study, since people who join and participate in such communities are, almost by definition, already predisposed to affiliate. This likely presents a skewed picture of this variable, compared to average levels of group affiliation across the population more broadly. Diversifying recruitment beyond these

[5] See Cronbach & Meehl (1955).
[6] Luhtanen & Crocker (1992).
[7] See, for example, Schubert & Otten (2022).
[8] Cruwys et al. (2016)

forums thus matters not only for generalizability, but for the integrity of this particular measure (or future iterations of this measure).

Finally, the study's clinical implications, though promising, remain somewhat underdeveloped. The authors suggest that based on their findings, a strong minority identity might be a worthwhile focus for clinicians, particularly for people with a preferential attraction, due to the potential link with poorer mental health associated with the stigmatization of the attraction. Yet it is not entirely clear what "working on" this would look like in practice. A well-integrated sexual identity is, in many frameworks, protective rather than problematic; protective-factor tools such as the SAPROF-SO[9] explicitly treat a stable, accepted sense of identity as a strength to be supported. Whether the authors envisage diminishing this identity or addressing the stigmatization associated with this identity therefore warrants clarification, since the two options point clinicians in opposite directions.

Overall, this is a respectful, theoretically sophisticated, and genuinely valuable study, advancing a question that has been neglected in research on people sexually attracted to children and doing so through a careful synthesis of the sexuality and stigma literatures. Its most welcome contribution is to treat people's identity as a child-attracted person as something to be understood in its own right, a matter, as the authors aptly note, of a person's broader sense of self and their connection with others, rather than as a precursor to offending. Several directions would build productively on this foundation. Future work might test whether the age of the children a person is attracted to shapes the strength of minority identity. Similarly, although the highly nuanced measurement of sexual attraction in terms of preferentiality is a key contribution of the present study, one might expect exclusivity of attraction to have an even greater impact on the strength of minority identity than mere preference, a hypothesis that warrants further investigation. Future research might also adopt richer identity-mapping methods, such as the Social Identity Mapping Task,[10] to capture the construct more precisely. Establishing a reliable, validated measure of minority identity remains an important task. The questions this study opens, not least whether a strong minority identity bears on mental health, can only be answered with instruments equal to the nuance of the concept of identity. These refinements are the natural next steps for a study that has already done the valuable work of showing why the question matters.

[9] Willis et al. (2017-2020)

[10] Cruwys et al. (2016)

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Cheetham, W. and Bartels, R. M. (2025)

"Examining Whether Internalized Stigma, Self-Critical Rumination, and Risk-Relevant Factors Are Associated with the Proclivity to Sexually Offend in People Attracted to Children"

Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2025.2595165.

In this study, Cheetham and Bartels (2026) investigate whether internalized stigma, self-critical rumination, and several established risk-relevant factors are associated with self-reported propensity to engage in child sexual abuse (CSA) among people attracted to children. While previous research has documented the adverse effects of stigma on the mental health of people attracted to children, relatively little work has examined whether stigma-related processes are associated with offending propensity. The authors therefore sought to determine whether internalized stigma and self-critical rumination about one's attraction to children predict CSA propensity beyond established variables, including CSA-supportive beliefs, self-control, certain functions of child-related sexual fantasies, and level of sexual attraction to children.

Participants were 123 adults, ages 18 to 77 (M = 37.54, SD = 13.41), 97 of whom identified as male, four as female, and 19 as other gender identities. They were recruited from the Virtuous Pedophiles online forum, an "anti-contact" community for people attracted to minors ("anti-contact" meaning the belief in the inherent wrongfulness of sexual interaction between adults and minors). Respondents completed an online survey consisting of several self-report measures assessing: degree of attraction to prepubescent and pubescent children (although the authors do not explicitly define either group), CSA-supportive beliefs, general self-control, two functions of child-related sexual fantasies (emotional closeness and imagined sexual behavior), internalized stigma, self-critical rumination regarding their attraction (defined as "the process of focusing attention on self-critical thoughts and instances of failure," and measured by a 10-item scale developed for this study called the Self-Critical Rumination about Minor Attraction scale), and behavioral propensity to engage in CSA (using the Interest in Child Molestation Scale-Revised; ICMS-R; O'Connor & Gannon, 2021). The authors first examined correlations among these variables before conducting regression analyses controlling for degree of attraction to prepubescent and pubescent children.

The findings indicated that CSA propensity was not related to degree of attraction to children. Instead, greater CSA propensity was associated with stronger beliefs that sex with children is harmless, lower self-control, using child-related sexual fantasies to feel emotionally closer to a child, and greater self-critical rumination. Contrary to the authors'

hypothesis, CSA propensity was not associated with internalized stigma, although internalized stigma was positively associated with self-critical rumination and attraction to prepubescent children. In the hierarchical regression analyses, CSA propensity was independently predicted by beliefs that sex with children is harmless and self-critical rumination, although only the former remained statistically significant when all measured variables were entered simultaneously. The authors conclude that self-critical rumination may represent a previously overlooked factor associated with offending propensity, and suggest that these findings may inform future clinical work and research involving people attracted to children.

This study contributes to the literature on community-based minor-attracted people by examining stigma-related psychological processes alongside established risk-relevant factors associated with CSA propensity. The finding that internalized stigma itself was unrelated to CSA propensity, whereas self-critical rumination showed a modest association, points to the importance of how individuals psychologically process and respond to their attraction. Also notable is the finding that degree of attraction to children itself did not predict CSA propensity, reinforcing the critical distinction between attraction and behavior.

The study demonstrates methodological strengths. Namely, the authors employ several well-validated psychological measures, and introduce a new measure of self-critical rumination that demonstrates excellent internal consistency. Further, throughout their discussion, the authors demonstrate appropriate caution in interpreting their findings. For example, although they identify beliefs that sex with children is harmless as a predictor of self-reported offending propensity, they acknowledge that such "CSA-supportive" beliefs may serve multiple psychological functions, including helping individuals cope with distress associated with their attraction, and stop short of concluding that these beliefs directly cause offending.

Nevertheless, several limitations warrant consideration. First, the sampling strategy limits the generalizability of the findings. Participants were recruited exclusively from Virtuous Pedophiles, an online community centered on prosocial values and mutual support. Members of Virtuous Pedophiles may differ systematically from other people attracted to children in their coping strategies, moral beliefs, attitudes toward offending, and willingness to participate in research. The authors note that other online communities — including B4U-ACT — declined to advertise the study because its offense focus did not align with their priorities focused on the wellbeing of minor-attracted people. This suggests the sample may represent a particular subgroup of people attracted to children who both share similar values and are willing to participate in research framed around offending propensity.

In addition, despite recruiting a community sample, much of the study remains grounded in forensic theories and constructs, particularly the Motivation-Facilitation Model (Seto, 2019) and measures of CSA-supportive beliefs. While these frameworks have substantial empirical support, they were largely developed to explain offending and recidivism rather than the experiences of people attracted to children in the community, many of whom have never engaged in illegal sexual behavior. Consequently, the article occasionally adopts assumptions from forensic psychology without fully considering whether these constructs function similarly outside forensic populations. For example, the association between CSA-supportive beliefs and offending has been established largely in forensic samples, where such beliefs may partly reflect post hoc conceptualizations of past behavior rather than antecedent risk factors. Whether these beliefs function similarly among community-based people attracted to children therefore remains unclear.

Relatedly, the study relies on the ICMS-R (O'Connor & Gannon, 2021) as its primary outcome measure. Although this instrument has demonstrated validity, it assesses responses to hypothetical scenarios rather than actual behavior or longitudinal outcomes. Importantly, the authors note that participants themselves reported that the scenarios were framed as inherently abusive or coercive rather than mutual or loving, and thus did not reflect how many conceptualize their attractions. If participants found the scenarios unrealistic or inconsistent with their own values, responses may have reflected reactions to coercive situations rather than perceived vulnerability to engaging in sexual behavior with a child more generally. Future research could benefit from developing assessment tools specifically designed for community samples of people attracted to children that avoid assumptions embedded within existing forensic measures.

The newly developed Self-Critical Rumination Scale about Minor Attraction (SCRS-MA) is a promising aspect of the study, but its conceptual boundaries remain somewhat unclear. Although the authors examine internalized stigma and self-critical rumination as separate constructs, they do not clearly distinguish between them. While their descriptions suggest that internalized stigma reflects the internalization of negative societal attitudes and self-critical rumination reflects repetitive self-critical thinking related to one's attraction, an explicit conceptual distinction could have strengthened the theoretical rationale for including both constructs. Additionally, several SCRS-MA items appear to assess related yet distinct constructs, including shame, dissatisfaction with one's attraction, concern about behavior around minors, regret regarding sexual fantasies, and beliefs about help-seeking. Consequently, it is difficult to determine precisely what psychological construct the scale measures beyond general distress associated with one's attraction. Although internal consistency was excellent, further validation examining the scale's factor structure and discriminant validity would

strengthen confidence that it measures one coherent construct. Further, some items could benefit from clearer wording. For instance, the item "I often worry about the actions I undertake in my thoughts about minors" is conceptually ambiguous, as it uses action-oriented language to describe mental events. It is unclear whether respondents are being asked about intrusive thoughts, deliberate fantasies, or concern that their thoughts may translate into real-world behavior.

Finally, while the authors are generally careful to distinguish attraction from offending, some aspects of the language could have been more precise. For example, references to individuals experiencing "urges" to engage in CSA or "acting upon" their attraction adopt terminology common within forensic literature but less commonly applied to attraction toward adults. Such phrasing risks implying that attraction to children is inherently characterized by unusually strong impulses or inevitable behavioral expression.

In conclusion, Cheetham and Bartels offer a contribution to the growing literature on the psychological experiences of people attracted to children in the community. Their findings suggest that internalized stigma itself does not contribute directly to offending propensity, while identifying self-critical rumination as a potentially important area for future investigation. Although several theoretical frameworks and measurement approaches remain rooted in forensic traditions, the study advances a more nuanced understanding of the relationship between stigma, self-perception, and behavioral propensity. Future research would benefit from further validating the self-critical rumination construct, developing assessment tools specifically designed for populations of people attracted to children in the community, and employing longitudinal designs to better distinguish correlates of self-reported CSA propensity from predictors of actual behavior.

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Seto, M. C. (2019). The motivation-facilitation model of sexual offending. Sexual Abuse, 31(1), 3–24. https://doi.org/10.1177/1079063217720919

Westfal, V. (2025)

"Adolescents in the Dunkelfeld: A Study of Help Seeking Minors Who Use Child Sexual Abuse Materials"

Sexual Abuse, DOI: https://doi.org/10.1177/10790632251351254

Westfal's (2025) study addresses an under-researched population: adolescents who voluntarily seek professional help after using illegal sexual images of minors, which we refer to below as "illegal images" or "illegal material."[11] Within Germany's prevention framework, the study focuses on adolescents in the Dunkelfeld ("dark field") – individuals whose use of illegal images have not come to the attention of the criminal justice system – with the aim of better understanding their psychological characteristics, sexual interests, and help-seeking behaviors. By focusing on this population, the researchers seek to contribute to prevention-oriented approaches rather than punitive responses. While the study provides valuable descriptive data, it also raises methodological and ethical questions concerning representativeness, interpretation, and language.

Employing a quantitative cross-sectional design, the study included 117 adolescents aged 12–17 years who voluntarily sought treatment after using illegal material. Approximately 20% of participants were female or identified as something other than male, and 78.6% of those who enrolled in the study completed it. Participants were recruited through Germany's prevention program for individuals concerned about their sexual attractions or behaviors, which aims to prevent future unlawful behavior. Nearly all participants (97%) had not been detected by law enforcement at the time of participation. Data were collected using anonymous self-report questionnaires assessing demographic characteristics, patterns of consumption of illegal images, sexual interests and attractions, psychological well-being, psychiatric symptoms, and motivation for seeking treatment. Several validated psychological instruments were combined with researcher-developed survey questions.

Cluster analysis identified two principal groups: one characterized by comparatively good psychological functioning and fewer psychiatric symptoms, and another characterized by poorer mental health, greater psychological distress, and lower quality of life. Importantly, the groups did not differ significantly in the severity of consumption of illegal images[12] nor in most sexual and behavioral

[11] The authors use the expression "child sexual abuse material" (CSAM) throughout the article. Although the expression "CSAM" is popular in academia and is often encouraged as an alternative to "child pornography", its usage is often problematic, because it is typically applied to all illegal sexual images of minors, even though not all images of the sort are created via child sexual exploitation or abuse, or depict the abuse or exploitation of children. (e.g., sexually suggestive or explicit selfies taken by a minor, sexual drawings of minors, etc.)

[12] This was assessed using the "Combating Paedophile Information Networks in Europe" (COPINE) scale, which ranges from 1 to 11

characteristics, with self-identified gender being the only significant difference. Both groups demonstrated awareness that their behavior was problematic and participants within these groups had independently sought assistance before criminal detection, suggesting that adolescents who use illegal material may possess greater insight and treatment motivation than previously assumed. Approximately 61% of participants reported using illegal material within the previous two weeks, indicating that many remained actively engaged in the behavior despite seeking treatment. The most frequently consumed material fell within the medium-severity categories (levels from 6 to 9) of the COPINE scale, accounting for approximately 38.5% to 44% of the material consumed by the sample and depicting content ranging from images focusing on children's genitals, buttocks, or breasts to sexual acts involving adults. In addition, around half of participants reported sexual interests consistent with what the authors describe as a pedohebephilic sexual preference, although no precise percentage was provided. Taken together, these findings highlight the heterogeneity of adolescents who use illegal material, both in terms of their sexual interests and psychological functioning, and suggest that they may have distinct clinical and support needs.

One of the study's principal strengths is its focus on a population that is rarely accessible to researchers. Whereas much of the existing literature relies on individuals who have been detected or convicted for sexual crimes, this study examines adolescents who voluntarily seek treatment, thereby extending knowledge beyond adjudicated populations and contributing to a prevention-oriented, public health perspective. The use of validated psychological measures further strengthens the reliability and replicability of the mental health findings, while the cluster analysis provides a more nuanced understanding of variation within the sample rather than treating participants as a homogeneous group. Finally, the authors acknowledge important methodological limitations, including potential self-report bias, the absence of behavioral verification, and limited external validity. This transparency strengthens the credibility of their interpretation and provides an important basis for evaluating the study's findings.

Despite these strengths, several methodological, ethical, and conceptual limitations constrain the broader applicability of the findings. First, the sample consists entirely of help-seeking adolescents, who may differ systematically from those who do not seek treatment or disclose their behavior. The motivation to obtain support may itself reflect greater insight, empathy, or psychological distress, while reliance on self-report introduces the possibility of under-reporting behaviors or overstating treatment motivation because of social desirability or legal concerns. Moreover, the cross-sectional design prevents conclusions about whether psychological distress precedes the use of illegal material or emerges as a consequence of it.

Longitudinal research and appropriate comparison groups would therefore be needed to clarify developmental trajectories, intervention outcomes, and the psychological characteristics associated with the use of illegal material.

The study also provides limited discussion of the legal and ethical framework surrounding recruitment and treatment. This is particularly important given that participants were aged 12–17 and that Germany's Prevention Project Dunkelfeld places strong emphasis on confidentiality. Issues such as clinician confidentiality, mandatory reporting obligations, parental notification, child protection responsibilities, and the balance between safeguarding and maintaining a therapeutic alliance warrant greater consideration, particularly when assessing the applicability of this model across different legal contexts.

Finally, some aspects of the language used in the article could be further refined to reduce potential stigma while maintaining scientific precision. Greater use of person-first language (e.g., "adolescents who have used illegal material") and more cautious use of terms such as "pedohebephilic sexual preference" would help avoid portraying sexual interests as fixed or defining characteristics of adolescents' identities. Moreover, some participants were themselves young adolescents, making the use of a "pedohebephilic" label questionable, as an attraction toward similarly aged or younger children may largely reflect their own developmental sexual stage rather than a stable sexual attraction to children. This distinction is particularly important during adolescence, a developmental period in which sexual interests and identities may evolve. Similarly, referring to participants as an "affected group," although this terminology may be common in clinical or statistical contexts, may unintentionally imply that participants are inherently pathological or in need of being "cured." On the other hand, the authors avoid portraying participants as having predatory tendencies or presenting their sexual attractions as inherently deviant. Instead, they consistently frame participants as individuals seeking treatment and emphasize prevention, mental health, and therapeutic engagement, reflecting a broader shift toward a public health-oriented discourse. The use of the German concept Dunkelfeld ("dark field") is also largely descriptive within criminology, referring to undetected cases; however, readers unfamiliar with the term may interpret it as implying secrecy or hidden criminality rather than simply undetected behavior.

In conclusion, Westfal's study highlights the potential value of providing accessible and confidential support to adolescents before they come to the attention of the criminal justice system. Nearly all participants (97%) had not been detected by police, and all had voluntarily sought treatment, with many demonstrating insight into their behavior and a willingness to engage in support. However, these findings should be interpreted within a broader framework of adolescent sexual development rather

than solely through the lens of criminal justice prevention. Accessible services should incorporate developmentally appropriate sex education, support for healthy and consensual sexuality, and attention to adolescents' broader psychosocial needs, including those related to sexual interests and relationships. Such an approach may help adolescents develop safer and healthier ways of understanding and navigating through their sexuality without unnecessarily stigmatizing or criminalizing aspects of adolescent sexual development, while still addressing behaviors that may pose risks to others.

Martinec Nováková L, Krejčová L, Bártová K, Androvičová R, Klapilová K. (2025)
"Formal help-seeking among community-based Czech individuals with sexual interest in minors is associated with the perceived urgency of self-identified concerns."
Frontiers in Psychology, Vol. 16, DOI: 10.3389/fpsyg.2025.1546102.

Martinec Nováková et al. (2025) examined factors associated with formal help-seeking among community-based Czech people who reported attraction to minors. The authors note that many people with these attractions experience psychological distress, yet relatively few access professional support. Drawing on the Behavioral Model of Health Services Use[13][14] and the Health Belief Model[15], the study assessed whether the perceived urgency of self-identified concerns was more strongly associated with formal help-seeking than demographic characteristics, attraction-related characteristics, or previous experiences.

The study adopts a preventive public health approach that connects support for people attracted to minors with the prevention of sexual activity involving children or adolescents. These goals can coexist, but the paper could have distinguished them more clearly. The authors' affiliation with the Center for Sexual Health and Interventions in Czechia helps explain their focus on preventive service use. However, describing participants as an "at-risk population" may unintentionally foreground presumed risk of illegal behavior over their well-being, autonomy, and self-defined support needs. People may seek support for anxiety, loneliness, stigma, relationship difficulties, or other concerns without being presumed likely to commit a sex crime. A clearer distinction between well-being and prevention goals would strengthen the paper's person-centered framing. The paper also uses the term "sexual interest," including in its title, to describe participants' attraction. Although this terminology is common in research, "attraction" describes the construct more clearly without suggesting that it is a voluntary preference, a temporary interest, or a narrowly sexual concern. More consistent use of "attraction to minors" would therefore improve the paper's conceptual clarity.

The authors recruited 97 participants through the Czech prevention program Parafilik and broader online communities. Participants completed an anonymous online questionnaire addressing attraction patterns, previous help-seeking, mental health, perceived barriers to professional support, and concerns such as anxiety, loneliness, and low

[13] Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: Does it matter? Journal of Health and Social Behavior, 36(1), 1–10. https://doi.org/10.2307/2137284
[14] Andersen, R. M., & Davidson, P. L. (2007). Improving access to care in America: Individual and contextual indicators. In R. M. Andersen, T. H. Rice, & G. F. Kominski (Eds.), Changing the U.S. health care system: Key issues in health services policy and management (3rd ed., pp. 3–31). Jossey-Bass.
[15] Janz, N. K., & Becker, M. H. (1984). The Health Belief Model: A decade later. Health Education Quarterly, 11(1), 1–47. https://doi.org/10.1177/109019818401100101

self-esteem. The central finding was that the perceived urgency of participants' self-identified concerns was more strongly associated with formal help-seeking than the nature of their attractions. This finding contributes to a growing literature on the experiences of people attracted to minors by shifting attention from attraction itself to how people understand and respond to their own support needs.

The paper engages well with existing research on help-seeking, mental health, and stigma among people attracted to minors, and the use of established health behavior models gives the study a clear theoretical basis. Nevertheless, the introduction covers these topics so broadly that the specific gap in the literature sometimes becomes difficult to identify. A more focused rationale could have clarified why perceived urgency was expected to matter and how it differed conceptually from distress, perceived need, or problem recognition.

The application of the Health Belief Model also raises a conceptual issue. The model was developed to explain health-related behavior in response to perceived health threats, whereas attraction to minors is not itself a health condition requiring intervention. People may seek support because they experience stigma, psychological distress, concerns about managing aspects of their lives, or other self-identified difficulties. The model therefore provides only a partial account of the processes examined. Minority stress theory[16][17] might have strengthened the analysis by addressing how stigma, concealment, anticipated rejection, and social isolation shape decisions about whether professional support feels necessary, safe, or worthwhile.

Methodologically, the study is well designed for its research question. Recruiting 97 community-based participants is a strength given the stigma and disclosure concerns that can complicate recruitment. The anonymous online format likely reduced barriers to participation and encouraged more candid responses. The analyses were appropriate, and the results were presented clearly. There are, however, two methodological issues that warrant further attention. First, participants qualified for inclusion based on responses to hypothetical sexual arousal items rather than a clinical assessment or participants' self-identification. Although this approach provides a standardized criterion, hypothetical responses may not reflect a stable pattern of attraction or a personally meaningful identity. The findings should therefore be interpreted as applying to people who met the study's specific criteria rather than to all people attracted to minors. Second, formal help-seeking was treated as a binary outcome. This approach does not capture differences in the type, purpose, duration, frequency,

[16] Jahnke, S. (2018). The stigma of pedophilia. European Psychologist, 23(2), 144–153. https://doi.org/10.1027/1016-9040/a000325

[17] Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

accessibility, or quality of support received. Future research could distinguish among one-time consultations, ongoing therapy, crisis services, and other forms of professional support.

The study's main contribution is its finding that perceived need appears more relevant to formal help-seeking than attraction-related characteristics. This result challenges assumptions that attraction alone determines whether someone needs or seeks professional intervention. It instead supports a person-centered approach in which services respond to each person's distress, goals, circumstances, and preferences.

At the same time, the study does not fully explain how people come to recognize or define a need for support. Perceived urgency may be shaped by internal distress, external pressure, stigma, family reactions, previous treatment experiences, knowledge of available services, or confidence that professionals will respond without judgment. Examining these processes could improve the practical value of the findings. The discussion also gives limited attention to structural barriers such as the availability of specialist services, cost, waiting times, geographic access, and awareness of support. These factors may be especially important when considering whether the findings transfer beyond the Czech context.

Some parts of the discussion also risk implying that people who have not committed sex crimes require therapy because of their attractions or presumed likelihood of illegal behavior. Such an implication would conflict with the study's own finding that self-identified concerns, rather than attraction-related characteristics, were most strongly associated with formal help-seeking. The authors could resolve this tension by stating more clearly that professional support should respond to individual distress, impairment, behavioral concerns, or personal goals and should not be presented as universally necessary for people attracted to minors.

Overall, this paper addresses an underexamined question, uses an appropriate methodology, and offers findings that are relevant to clinicians, researchers, and organizations supporting people attracted to minors. Its strongest contribution lies in showing that formal help-seeking is more closely associated with perceived need than with attraction itself. The paper would be stronger with a clearer distinction among attraction, psychological distress, illegal behavior, and the need for professional intervention. It would also benefit from greater attention to minority stress, structural barriers, and the well-being goals that people may bring to professional support. These changes would align the interpretation more closely with the evidence and strengthen the paper's person-centered implications.

Lux, S. H., et al. (2025)

"Effects of a Digital Contact Intervention on Stigmatizing Attitudes and Willingness to Treat Towards People with Pedohebephilia in Future German Psychotherapists"

International Journal of Sexual Health, DOI: https://doi.org/10.1080/19317611.2025.2573688

Lux et al. (2025) examine whether a digital imagined-contact intervention can reduce stigmatizing attitudes toward what the authors refer to as "people with pedohebephilia" (hereafter minor-attracted persons; MAPs) among German psychotherapists, and whether it can increase their willingness to treat MAPs in clinical settings. The authors frame stigma among therapists as a barrier to help-seeking and emphasize that reducing stigma may improve access to psychotherapy for MAPs. Their aims were: (1) to test whether stigmatizing attitudes decrease immediately after the intervention and at a six-month follow-up; (2) to examine whether willingness to treat increases at the same time points; and (3) to determine whether adding knowledge about psychotherapy for MAPs enhances effects.

To develop the intervention, the authors conducted two pre-studies. In pre-study 1, 51 psychology students generated questions they would ask MAPs, ensuring that the intervention addressed the target group's knowledge gaps. In pre-study 2, 25 MAPs provided open-ended responses to these questions, where five MAP narratives were selected for inclusion in the intervention.

The main study included 266 future psychotherapists, most of whom were described by the authors as psychology students, with a mean age of 24.7 years. Approximately 85% were women, and 79% reported no prior experience working with MAPs. Participants were randomly assigned to one of three groups: an imagined-contact intervention (EG1), the same intervention with additional knowledge about psychotherapy for MAPs (EG2), or a control group (provided with an excerpt on paraphilias to ensure topic-related information).

The intervention material was presented in an online format that drew on the responses provided by the MAPs in the pre-study. Participants could choose which individual responses they wanted to read, allowing them to engage with the material most interesting to them.

To test the effects of the intervention, two measures were used: stigmatizing attitudes were assessed using the Stigma and Punitive Attitudes Toward Pedophiles Scale (SPS), which includes subscales for Dangerousness, Intentionality, Deviance, and Punitive Attitudes. Willingness to treat was assessed by asking participants to rate how willing they would be to accept five different MAPs as patients, where each description varied in whether or not they

had offended, and if so, type of offense (hands-on or hands-off), and in whether the person was known to the police. Measures of both scales were collected at baseline prior to the intervention, immediately after the intervention, and six months later.

The results showed that the imagined-contact intervention group (EG1) exhibited stronger reductions in stigmatizing attitudes than the control group across all SPS subscales immediately after the intervention. The additional knowledge intervention group (EG2) also improved, but only on Dangerousness, Deviance, and Punitive Attitudes. At six-month follow-up, both intervention groups still outperformed the control group on Dangerousness and Deviance, suggesting partially sustained effects. However, it is important to highlight that there was a reduction in participant numbers at the six-month follow-up, which should be considered when interpreting the durability of the intervention effects. In contrast, willingness to treat increased in all groups immediately after the intervention, including the control group, showing that the digital imagined-contact intervention did not meaningfully improve willingness to treat. By six months, willingness to treat had returned to baseline for all groups.

The authors conclude that the imagined-contact intervention successfully reduced stigmatizing attitudes in the short term, with partial effect over time. Adding extra psychotherapy-related knowledge on MAPs did not further reduce stigma. They also conclude that willingness to treat appears more resistant to change over time. Overall, they suggest digital imagined-contact interventions may be a scalable stigma-reduction tool, but stronger, skills-based approaches may be needed to influence treatment intentions.

Lux and colleagues present an ambitious and thoughtfully designed study. One of the strengths of the article is its clear distinction between the terms “pedophilia” and “hebephilia,” which are often used interchangeably. They also explicitly acknowledge that pedophilia and hebephilia are not synonymous with sexual offending, which is an important corrective to common misconceptions. The article recognizes the substantial psychological strain experienced by some MAPs and highlights stigma-related stressors. This attention to mental-health burdens reflects a compassionate and clinically relevant framing.

The intervention itself is innovative. The authors developed a digital imagined-contact format grounded in narrative humanization principles, using real responses from MAPs, which adds realism. By tailoring the content to questions psychotherapists ask, and allowing participants to choose which material to view, the intervention is thoughtfully designed to maximize relevance and engagement. The authors also carefully reviewed the MAP responses for deanonymization risks and distressing content, which reflects responsible research practice. Lastly, the inclusion of a six-month follow-up is

another methodological strength, addressing a gap in prior research.

Despite these strengths, several aspects of the article warrant careful critique. Although the authors explicitly distinguish pedophilia and hebephilia from sexual offending, the introduction repeatedly frames pedophilia as a "risk factor for child sexual offending," and psychotherapy is often described as a means to "influence risk factors for sexual offending." While this language is common in prevention research, the repeated emphasis on offending risk may inadvertently contribute to stigma by positioning MAPs primarily in terms of their potential for offending rather than their broader mental health needs.

A further limitation of the article is the very limited methodological details provided for pre-studies 1 and 2. Although page limits posed by the journal may explain this, the lack of transparency raises important questions about how the intervention material was shaped. In pre-study 1, the authors note that 35 questions were generated by the psychologists, offering only one example: "Do you think there are sexual acts between adults and children/adolescents that are consensual, and why?" Without access to the complete list of questions, readers cannot determine whether the intervention presented a balanced range of topics or whether offending-related issues received disproportionate emphasis. Greater transparency regarding the question set would strengthen confidence that the intervention represented MAPs beyond predominantly forensic concerns.

Pre-study 2 presents similar concerns. The authors selected five out of 25 responses from MAPs, but the actual responses used are not shown. Selection criteria included "attitudes toward children's ability to consent" and "information about delinquency," as indicators of heterogeneity. Notably, these dimensions again center offending and forensic concerns in how diversity among MAPs is conceptualized. While this approach may have increased diversity across narratives, the absence of the selected responses themselves makes it difficult for readers to evaluate how representative or balanced the intervention material ultimately was.

The willingness-to-treat measure also warrants further discussion. Although the authors explain that the measure was developed and pre-tested in a preliminary study, little information is provided regarding its development or psychometric evaluation beyond internal consistency. Greater transparency regarding item development and validation would strengthen confidence in this outcome measure. Furthermore, because willingness to treat was assessed using scenarios that varied according to offense history and police involvement, the measure primarily evaluates therapists' responses to different forensic contexts rather than willingness to treat MAPs more broadly. The findings also suggest that reducing stigma alone may be insufficient to influence willingness to treat,

highlighting the distinction between improving attitudes toward MAPs and increasing therapists' confidence to provide treatment. This interpretation is consistent with the authors' own conclusion that more skills-based approaches may be required to influence willingness to treat.

Furthermore, the use of the Stigma and Punitive Attitudes Toward Pedophiles Scale (SPS) further embeds assumptions about dangerousness and punishment, as the scale includes items assessing whether MAPs should be imprisoned preemptively. Although the use of a validated measure is understandable and facilitates comparison with previous studies, greater reflection on whether such constructs may themselves shape participants' responses, or whether alternative measures of stigma might be available, would have strengthened the methodological discussion. Additionally, the authors substitute the term 'pedophiles' in the SPS with 'sexual responsiveness to the child's body age,' they could also have acknowledged that attraction may be romantic and/or sexual, reflecting the diversity of experiences reported by MAPs.

Lastly, the "additional knowledge" intervention (EG2) is described only briefly, making it difficult to determine whether the content addressed mental-health-oriented therapeutic principles or focused primarily on risk management. Another limitation concerns participant retention. Although the use of mixed-effects models appropriately accommodates incomplete longitudinal data, only 153 of the 266 participants completed the six-month follow-up. This level of attrition should be considered when interpreting the durability of the intervention effects.

Overall, Lux et al. offer a valuable contribution to stigma-reduction research. The intervention is innovative and grounded in authentic MAP perspectives, and capable of producing meaningful reductions in stigmatizing attitudes, specifically in the short term. At the same time, the article's framing remains closely tied to forensic prevention models, which may unintentionally reinforce problematic assumptions about MAPs. Importantly, the study demonstrates that reducing stigmatizing attitudes does not necessarily translate into greater willingness to provide treatment, highlighting the complexity of changing intended clinical behavior. Despite its limitations, the study represents one of the few randomized controlled evaluations of a stigma-reduction intervention with a six-month follow-up, providing valuable evidence to inform future stigma-reduction interventions and research on improving therapeutic engagement with MAPs. The study's strengths and limitations should be interpreted with care, particularly regarding how language and conceptual framing may shape perceptions of MAPs within clinical training contexts.

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.

Ashley Curtis
Psychology PhD Student
University of Canterbury, New Zealand

Ashley Curtis is a third-year PhD candidate at the University of Canterbury in Christchurch, New Zealand, where her research focuses on the measurement and structure of age-based sexual attractions.

Ashley earned her Bachelor of Arts in Psychology from the University of Calgary in 2020. Her undergraduate honours thesis examined resilience and mental health among post-secondary students, laying the foundation for her interest in psychological research.

She then completed a Master of Arts in Forensic Psychology at Carleton University, supported by a Social Sciences and Humanities Research Council (SSHRC) Canada Graduate Scholarship. During her master's degree, Ashley conducted research in the Psychological Research in Investigative Science and Methodology (PRISM) Lab, where her thesis investigated implicit psychological coercion during police interrogations.

While at Carleton, Ashley took a graduate course on paraphilias taught by Dr. Kelly Babchishin that profoundly influenced the direction of her academic career. As part of the course, she completed a research project exploring the structure of erotic age preferences. That work evolved into her publication, Overlap in Erotic Age Preferences: Support for the Chronophilia Theory in a Community Self-Report Sample of Males. Using self-report data from a community sample of adult men, the study examined how sexual attractions across different age categories overlap, the extent to which they are exclusive, and how they relate to gender preference. This research solidified Ashley's interest in the scientific study of age-based sexual attractions and established the foundation for her doctoral research.

Building on this work, Ashley's doctoral research investigates how erotic age preferences are measured and structured using a large community sample. A central focus of her research is evaluating the convergence of different approaches to assessing age-based attraction, including implicit measures and explicit self-report measures. She also examines how attractions overlap and co-occur across the full chronophilic spectrum, with the goal of advancing the conceptualization and measurement of these attractions.

One of the core tenets that drives Ashley's research is the conviction that sexual and romantic attraction is not synonymous with sexual offending. Yet much of what the field knows about age-based attraction comes from studies of people who have committed sex crimes. Forensic samples are well-suited to answer forensic questions, but not to answer questions about how age-based attractions manifest in the general population. Ashley starts from the other end; her doctoral research investigates age-based attraction across the full chronophilic spectrum in community samples. By studying these attractions on their own terms, her work aims to lay the groundwork for a more accurate and less stigmatizing understanding of who experiences them, rather than starting from assumptions about what that experience must mean.

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/)