

B4QR

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*Review of publications from
February to August 2025*

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Introduction by Allen Bishop, Editor-in-Chief

Welcome to this new B4QR edition. This third issue of our fifth volume covers five articles published in 2025, including two original studies related to MAPs, two evaluations of treatment programs for MAPs living in the community, and a systematic review on recruitment issues in studies with MAPs.

We begin with the systematic review by Roche et al. The authors analyzed 69 publications that recruited MAP participants and examined, among other things, the risk of repeated sampling of the same individuals in these studies. They concluded that around 40% of them had verifiable data overlap with prior studies, noting that the real overlap numbers could be much higher. They also found that two online forums for MAPs, Virtuous Pedophiles and the B4U-ACT support group, were cited in twice as many publications as any other forums. The authors urge researchers in this field to diversify their recruitment pools, stressing that reliance on a narrow set of forums undermines the generalizability of study results.

Our next two reviews concern original studies on or related to MAPs. Arenzon et al. (2025) recruited 170 men from the general population to examine their age preferences and to assess whether the results lent support to the “chronophilia theory” of sexual attraction. This theory, first introduced by John Money¹ and further developed by Michael Seto,² construes sexual orientation not only as a function of gender attraction, but also age (or age category) attraction. The participants recruited online by Arenzon et al. were asked to rate their sexual attraction across three age categories: prepubescent children (pedophilia), pubescent adolescents (hebephilia), and sexually mature adults (teleiophilia). Interestingly, although teleiophilia was unsurprisingly the primary sexual attraction of a large majority of participants, a significant number (36%) also reported attraction to pubescent adolescents, and over 17% indicated some level of attraction to prepubescent children. Sexual attraction was much stronger between adjacent age categories, which supports the view, central to Seto’s model, that age-based attractions are continuous and graded, rather than discrete or non-overlapping.

The other original study is by Peschka et al. which explored the relationship between childhood trauma and what is called “offense-supportive cognitions” in forensic psychology – a construct that our reviewer approaches with healthy skepticism. The sample consisted of 386 men from two German child sexual abuse prevention programs. The results showed a generally small positive association between trauma and “offense-supportive cognitions,” which varied depending on the age of attraction and the

¹ Money (1986).

² Seto (2017).

exclusivity of attraction of respondents. An association with trauma stemming from child sexual abuse was found only in people with non-exclusive attractions.

Our last two reviewed articles are presentations and evaluations of therapeutic programs offered to MAPs in the community on a (mostly) voluntary basis, one in Switzerland and the other in New Zealand. The programs are similar in many regards and raise similar questions and concerns, primarily having to do with the prioritization of abuse prevention goals over MAP mental-health goals and the highly questionable use of reoffense prevention perspectives and methods (e.g., the Risk-Needs-Responsivity model and the Good Lives model) for a non-forensic, help-seeking population. The Swiss program described by de Tribolet-Hardy et al., called the “Pedosexuality Prevention Services,” was founded in 2021 to reach individuals who struggled with their attraction to minors and wanted support. The authors note that in its first two years of existence, 142 individuals contacted the program, around 30% of which completed the assessment phase and proceeded to the therapy phase. Throughout the article, Tribolet-Hardy et al. repeatedly describe their clients’ mental health and well-being as secondary in importance to the goal of abuse prevention. The authors of the other paper, Christofferson et al., are more careful not to describe the mental health of their program’s clients as a mere afterthought. The New Zealand program, called the “Stand Strong, Walk Tall” program, is offered both in-person and online to members of the public. No data or results are presented in the article, which makes it hard to assess the efficacy or overall quality of the program. The authors mostly describe the program’s design and theoretical underpinnings, which is largely grounded in abuse prevention literature.

Our honored young scholar for this journal issue is Jessica Gaudette, a Master’s student in experimental psychology at the University of New Brunswick in Canada. Jessica’s award-winning undergraduate thesis, which examined sex and age differences in stigma reduction of MAPs, was reviewed in B4QR 5 (1). Jessica wrote a response to our review in the subsequent issue of the journal. She recently joined our reviewing team, with her first contribution being found in the current edition. This story serves as a great illustration of the increasing presence and influence of our journal in the academic world, and of how our perspective is helping shape the next generation of researchers.

In addition to Jessica, this issue welcomes two new reviewers: Denise Oliveira, a retired psychologist from Brazil, and Laura Sibret, a psychology PhD student from the UK. The editorial team is also undergoing changes. Following the departure of Maggie Ingram in the previous issue, we now bid farewell to Evelyn Thorne, who has been part of the journal since its founding. Two of our reviewers have agreed to step into editorial roles: Crys Carman, a social work PhD student at the University of Iowa, and Ellie Woodward, a psychology PhD student at Nottingham Trent University. We are deeply

grateful to Evelyn for her many years of dedication and warmly welcome our two new editors as they take on this responsibility.

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

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Reviewed Publications

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"

The Journal of Sex Research, 1–13, DOI: <https://doi.org/10.1080/00224499.2025.2484197>.

Roche et al.'s (2025) systematic review addresses a pressing and understudied topic in sexual behavior research: how scholars recruit individuals who are attracted to children from online forums, here referred to as minor-attracted persons (MAPs). Given the sensitivity, legal risks, and stigma surrounding MAPs, recruitment is particularly challenging, making this review both timely and significant. The authors' main aims were guided by three key objectives: (1) to examine whether researchers are obtaining homogeneous samples from the forums, (2) to assess whether there is evidence of repeated sampling of the same individuals, and (3) to determine whether researchers are incorporating community-based participatory research (CBPR) principles to promote diverse and ethical engagement.

The authors conducted a rigorous literature search across four major databases (CINAHL, Embase, Ovid Medline, and APA PsycInfo), covering publications from the earliest records up to December 2024 (2004–2024). Inclusion criteria were limited to publications presenting original data collected from online forums for individuals with a

sexual attraction to minors. Following an initial screening of 553 papers, 69 publications (representing 71 unique studies) met the criteria for inclusion.

The authors applied a structured data extraction process using Covidence software. They coded each study for publication details, study methodology, participant demographics, forum recruitment strategies, application of CBPR practices, as well as evidence of dataset reuse or overlap—either explicitly acknowledged or suspected based on authorship, methods, and demographic similarities.

The authors' results were as follows:

Study Attributes: Nearly half of the reviewed publications employed quantitative designs, over one-third were qualitative, and the remainder used mixed methods. Surveys were the most common data collection approach (62%), followed by interviews (18%) and content analyses of forum posts (20%).

Participant Biographics: Sample sizes varied considerably, with surveys averaging 238 participants, interviews 19, and content analyses averaging 661 posts. The overwhelming majority of participants across studies were white, cisgender men aged 18–35, predominantly from North America and Europe. Only a small fraction of studies included women, gender-diverse individuals, or participants from non-WEIRD (Western, Educated, Industrialized, Rich, and Democratic) countries. Of the 27 studies that reported on race, white individuals composed a median of 86% of samples.

Forums Represented: Recruitment overwhelmingly relied on two clearnet forums (i.e., everyday forums publicly accessible and indexed by standard search engines): Virtuous Pedophiles (VirPed) and B4U-ACT. Both groups focus on improving research, reducing stigmatizing attitudes around minor-attraction, and facilitating access to non-stigmatizing therapists and professionals in the belief that MAPs can be supported to live law-abiding lives. VirPed and B4U-ACT forums were cited in twice as many publications as any other. Other forums, including those with more permissive stances on minor-adult sexual contacts or located on the darknet, were underutilized. Only one study explicitly recruited from a darknet forum.

Dataset Overlap: Approximately 40% of reviewed publications had verifiable data overlap with prior

studies, though actual overlap may be higher. This raises significant concerns about the independence of findings, particularly when similar results that may in fact have come from the unintentional repeated sampling of the same individuals are interpreted as evidence of replication. One dataset, for example, was used in at least five different publications.

Use of CBPR Principles: Only 26 of the 71 studies (about 37%) reported using any form of CBPR. When applied, CBPR most commonly involved obtaining feedback on research design or dissemination strategies from research participants and/or forum moderators. However, deeper forms of engagement, such as involving community members as co-investigators or analysts, were rare.

The authors highlight the significant implications of these findings. The heavy reliance on a narrow set of forums and participant demographics undermines the generalizability of results and perpetuates sampling bias. As many forums impose ideological boundaries—for example, prohibiting discussion of illegal behaviors—recruitment from these platforms restricts the scope of research questions that can be explored. Furthermore, repeated sampling from small online communities risks conflating replication with sample homogeneity, as the same (often anonymous) participants may be providing similar answers to multiple researchers.

The review also identifies logistical and ethical barriers to expanding recruitment to other forums, particularly those on the darknet. These include technological constraints, legal risk, and concerns about researcher safety, data security, and securing ethics approval from a university. However, the authors cite examples from Finnish researchers who have successfully recruited large samples through darknet search engines, suggesting that such barriers are not insurmountable with adequate planning and institutional support.

CBPR is presented as a promising yet underutilized framework for addressing these challenges. Engaging communities more deeply, the authors argue, could build trust, enhance recruitment and retention, and help researchers access more diverse samples. CBPR might also provide a pathway for studying more controversial or complex topics, such as offense-related behavior, which current forum gatekeeping can preclude when, for instance, a forum moderator will only allow access to researchers who align with their own values.

The study's strengths are its comprehensiveness, clarity of focus, and methodological rigor. By systematically reviewing 71 studies over two decades, Roche et al. provide a definitive map of the current research landscape. Their consideration of dataset overlap, a frequently overlooked issue, is a notable contribution to research transparency.

The authors thoughtfully acknowledge several limitations of their study, including the inability to fully assess sample overlap beyond clear cases of reused samples, reliance on limited biographic and demographic variables reported in original studies, and potential underreporting of CBPR practices. Their coding approach, which prioritized consensus ratings over inter-rater reliability, and the absence of a formal risk-of-bias assessment are also noted constraints. Additionally, the search strategy was conducted in English, potentially excluding non-English studies despite a stated openness to them, highlighting an area for future improvement.

An important limitation not addressed by the authors concerns how the reviewed studies operationalize the term "child" when referring to minor attraction. While the authors provide a thorough overview of participant demographics such as age, ethnicity, and offending history, they do not discuss how differing definitions of "child" may influence participant responses. For example, some studies define a child as anyone under 18 years old, while others follow the DSM-5 definition, which generally categorizes a child as someone under 13. Given that MAPs have diverse and sometimes non-exclusive attraction patterns, the way studies define and frame "child" is likely to affect both who considers a study relevant and the nature of their responses. Future research could be strengthened by systematically including these key definitions as variables when analyzing patterns in this field.

Roche et al. offer concrete, evidence-based recommendations:

Diversify Recruitment: Researchers should expand beyond Virtuous Pedophiles and B4U-ACT and include forums with different ideologies and user demographics, including those on the darknet. Purposeful sampling should be used to include women, racial minorities, and non-Western individuals.

Mitigate Sample Overlap: Studies should ask participants about previous study involvement and report on data reuse transparently.

Expand Use of CBPR: Deeper engagement with communities—including consultation during study design and dissemination—can enhance participation and trust. Posting plain-language summaries in forums and involving moderators as collaborators are suggested starting points.

Balance Ethics and Rigor: Researchers must navigate competing ethical obligations to transparency, participant protection, and scientific integrity. The review underscores the importance of clearly communicating study goals and limitations to participants and the broader research community.

Roche et al.'s systematic review is a critical and thoughtful contribution to the study of minor-attraction. It provides both a sobering assessment of the current research limitations, and a hopeful roadmap for more ethical, inclusive, and methodologically sound practices. The findings underscore the potential benefits of expanding recruitment strategies, as well as engaging communities in meaningful ways, with the aim of advancing the field towards truly representative and replicable knowledge.

Arenzon, V., Curtis, A., de Almeida, H., and Evanoff, C. (2025)

"Overlap in Erotic Age Preferences: Support for the Chronophilia Theory in a Community Self-Report Sample of Males"

Sexual Offending Theory Research and Prevention 20, DOI: <https://doi.org/10.5964/sotrap.13135>.

The article by Arenzon, Curtis, de Almeida, and Evanoff (2025) offers a substantial empirical contribution to the growing literature on sexual age orientation by empirically evaluating key propositions of chronophilia theory (Seto, 2017) using data from a community-based sample of adult males (N=170). In contrast to the majority of existing studies, which have largely drawn on forensic or clinical populations, this research analyzes self-reported sexual attraction patterns among individuals not identified through illegal behavior, thereby offering insights into erotic age preferences as they may appear within the general population.

In the introduction, the authors situate their study within the framework of chronophilia theory, a model of sexual age orientation most recently articulated by Seto (2017) and originally introduced by John Money (1986). As the authors describe, chronophilia refers to age-based sexual orientation, wherein individuals are predominantly and persistently attracted to others within a particular age category. These categories span a developmental spectrum, from nepiophilia (attraction to infants) to pedophilia (prepubescent children), hebephilia (pubescent individuals), ephebophilia (mid-to-late adolescents), teleiophilia (sexually mature adults),

mesophilia (middle-aged adults), and gerontophilia (elderly individuals). The authors emphasize that, according to this framework, erotic age preferences tend to be stable across time, typically emerge early in development, and vary across individuals. In particular, the authors highlight Seto's (2017) argument that age-based attractions are often non-exclusive, meaning that individuals may experience sexual attraction to more than one age group simultaneously. They also note that these attractions are developmentally graded, such that attraction to one age group is more likely to co-occur with attraction to adjacent age categories (e.g., pubescent and adult) than to non-adjacent categories (e.g., prepubescent and adult). This model presents a unimodal and continuous distribution of age preferences in the general population, with teleiophilia as the modal orientation and other chronophilias represented at lower frequencies on either side of the spectrum.

By pursuing these questions within a chronophilia framework, the study advances both conceptual understanding and empirical modeling of sexual age orientation. First, it provides evidence relevant to the ongoing debate over whether erotic age preferences are best understood as discrete taxonomic categories or as dimensional constructs along a developmental

continuum – an issue central to the refinement of chronophilia theory. Second, the use of a community-based sample enhances the ecological validity of the findings and addresses longstanding concerns about the overrepresentation of correctional populations. Third, the authors' application of concordance indices provides a methodologically valuable way to quantify the degree of overlap across age-based attractions, particularly within a non-forensic community sample where such measures are rarely used. This analytic strategy contributes to a more precise understanding of how age-related attractions cluster or diverge, supporting the theoretical position that sexual age orientation is both categorical and varies across individuals along a graded spectrum. By centering structural patterns of attraction rather than focusing on clinical dysfunction or risk, the authors make a valuable contribution to the empirical literature while also modeling a more scientifically grounded and respectful approach to chronophilic interests.

Building on this framework, the authors articulate three research aims. First, they seek to examine the polymorphism of sexual age interests—that is, whether individuals report exclusive attraction to a single age group or experience attraction across multiple categories. In line with the chronophilia model, the authors hypothesize that participants will more often report non-exclusive patterns of attraction, reflecting the theory's emphasis on

fluidity rather than categorical exclusivity. Second, the study tests the developmental proximity gradient – the prediction that co-occurrence of sexual interest will be stronger between adjacent age categories (e.g., hebephilic and teleiophilic attraction) than between non-adjacent ones (e.g., pedophilic and teleiophilic). This reflects a central proposition of Seto's model, which posits that age-based attractions are continuous and graded, rather than discrete or non-overlapping. Third, the study evaluates whether these patterns are consistent across gender preferences, hypothesizing that the structure of age-related attraction will appear similarly among individuals reporting interest in males and those reporting interest in females. In formulating this hypothesis, the authors position age and gender as independent but intersecting dimensions of sexual attraction.

To investigate these aims, the authors employed anonymous self-report measures in which participants rated their sexual attraction to individuals across three age-defined categories: prepubescent children (pedophilia), pubescent adolescents (hebephilia), and sexually mature adults (teleiophilia). Participants were recruited through a university subject pool and general Reddit forums (e.g., [r/sex](#), [r/SampleSize](#)), where the study was advertised with moderator consent as a survey on sexual life and behavior, rather than focused specifically on chronophilic interests, thereby reducing bias in self-selection. The survey did not

include ratings for infants or elderly individuals, and therefore only mid-developmental chronophilic categories were analyzed. For each group, participants rated their attraction to males and females separately using a 5-point Likert scale ranging from ‘Not at All’ to ‘Extremely’, allowing for nuanced reporting across a spectrum of interest.

Based on these ratings, the authors derived two primary variables: peak attraction category (the age group to which each participant reported the strongest attraction) and concordance indices (Kendall’s tau correlations assessing the degree of co-occurrence across age groups). This analytic design allowed the authors to directly test the hypotheses of non-exclusivity and developmental proximity as proposed in chronophilia theory.

Importantly, the use of concordance indices is a particularly strong methodological contribution. Although the authors do categorize sexual interest ratings into dichotomous variables (i.e., present/absent) for purposes of concordance analysis, they also include Kendall’s tau-b correlations, which preserve the ordinal structure of the original Likert scale. This combined approach allows for the testing of both categorical and dimensional hypotheses. As a result, the study provides a more holistic account of how age-based sexual interests may co-occur within individuals, which is especially important for populations whose experiences may not conform to binary

classification. It also provides a useful tool for future research aiming to model attraction structures with greater precision and nuance.

Although the study uses single-item ratings for each age/gender combination, the authors acknowledge this as a pragmatic decision made to reduce participant burden. In research involving stigmatized sexual interests, lengthy questionnaires can undermine honest responding and deter participation. The use of a brief scale likely improved both the feasibility and ethical viability of data collection, also complemented by the study’s anonymous online format, which included clear protocols for informed consent and data confidentiality. Together, the combined use of minimal, non-intrusive measures and a secure, anonymous environment choices prioritized participant privacy and minimized perceived risk, thereby facilitating candid disclosure.

The findings are organized around three central research aims: assessing polymorphism in age-based attractions, testing the developmental gradient hypothesis, and examining variation across gender preferences. In each case, the results align with core propositions of chronophilia theory and underscore the value of a dimensional, rather than categorical, model of sexual age orientation. Regarding polymorphism, the majority of participants reported teleiophilia as their peak sexual interest. However, a substantial number of these individuals (36%) also

reported attraction to pubescent individuals (hebephilia), and 17.7% indicated some level of attraction to prepubescent children (pedophilia). These overlaps support the chronophilia theory's idea that people are more likely to be attracted to age groups that are developmentally close to their primary preference. To evaluate the developmental proximity hypothesis, the authors calculated Kendall's tau-b correlations. The strongest correlation observed was between pedophilic and hebephilic interests ($\tau_b=.602$), indicating a substantial co-occurrence of attractions to prepubescent and pubescent children. The correlation between hebephilic and teleiophilic interests was moderate ($\tau_b=.378$), while correlations between non-adjacent categories, such as pedophilia and teleiophilia, were smaller ($\tau_b=.256$ among male-attracted participants). These findings support the gradient model proposed in chronophilia theory, where attraction strength tends to decline as the age gap increases.

Regarding gender differences, the authors report that individuals attracted to females were more likely to report exclusive teleiophilic interest, whereas those attracted to males more frequently endorsed polymorphic patterns. Arenzon et al. (2025, p. 16) explain that "most cultures consider heterosexuality as more of a norm, thus creating more variety and quantity of potential partners one can choose from, versus homosexual males," and that "having a smaller pool of potential partners may lead

homosexual men to demonstrate greater flexibility in age attractions." While acknowledging this perspective, it is important to stress that such variability is discussed as a possible outcome of sociocultural constraints and partner availability, not as a matter of conscious choice. Sexual attraction is not voluntary, and both the article and this review emphasize that these findings should be interpreted as reflections of contextual influences on patterns of reported attraction rather than evidence of choice or intentional flexibility.

Throughout, the authors interpret their results within a dimensional framework, treating variation and overlap in age-based attractions as theoretically expected rather than aberrant, which emphasize non-stigmatizing, person-centered approaches to research on minor-attracted persons. Rather than focusing on presumed pathology or risk, the authors frame their findings descriptively, prioritizing scientific neutrality, respect, and clarity, ensuring that discussions around sexual age orientation remain grounded in empirical data and ethical responsibility.

An additional methodological strength is the use of concordance coefficients to operationalize developmental proximity, allowing for a nuanced, quantitative analysis of overlapping attractions without imposing rigid categorical boundaries. Finally, they clearly articulate the scope and limitations of their findings, maintaining a

descriptive focus and refraining from drawing conclusions about behavior or risk. This strengthens the paper's scholarly integrity and models ethical research in a field often vulnerable to misrepresentation.

Overall, Arenzon et al. (2025) provide a rigorous and sensitive contribution to the study of sexual age orientation. By using a non-forensic sample and adopting a dimensional framework, the authors advance chronophilia theory and offer a replicable, theory-driven analytic approach. Their methods, particularly the use of concordance indices, represent a step forward in operationalizing polymorphism and developmental proximity. At the same time, the authors are clear about the study's limitations. Their recruitment strategy, which drew primarily from a university subject pool and from Reddit, carries the common "WEIRD" constraints of psychological research - samples that are largely Western, educated, industrialized, rich, and democratic. As they note, such sampling limits the extent to which these findings can be generalized across more diverse populations. In addition, while their dimensional approach provides valuable insight

into developmental gradients, certain age categories - most notably infants and elderly adults- were not included. This absence prevents the gradient from being examined across its full spectrum and leaves open important questions about how those categories might fit within the broader pattern of age-related interests. Finally, the measures used were self-report and, in some cases, single-item indices. Even with anonymity and assurances of confidentiality, self-reporting of sensitive topics always carries the possibility of social desirability bias, potentially shaping how participants present their attractions. These limitations do not detract from the importance of the study but rather point toward fruitful directions for future research: broader recruitment strategies, inclusion of a wider age range, and the use of multi-method assessment tools. Taken together, such steps could build on this foundation while addressing the challenges of generalizability, comprehensiveness, and measurement validity. Even so, Arenzon et al. (2025) establish a model of empirical precision and ethical responsibility, and their study lays essential groundwork for ongoing inquiry into the complexities of erotic age preferences.

Peschka, L., et al. (2025)

"The Relationship Between Offense-Supportive Cognitions and Childhood Trauma in Offending and Non-Offending Men with (Exclusive) Pedo-, Hebe-, and Teleiophilia Who Seek Voluntary Treatment"*Deviant Behavior*, 1–20, DOI: <https://doi.org/10.1080/01639625.2025.2477254>.

This study by Peschka et al. (2025) investigated the relationship between what the forensic literature refers to as "offense-supportive cognitions" (OSCs) and experiences of childhood trauma in a sample of minor-attracted and teleiophilic men seeking voluntary treatment in Germany. Forensic psychology has long assumed that such cognitions contribute causally to sexual activity with children or adolescents, and they are often treated as risk factors to be identified and addressed in treatment. This assumption underpins the study's central aim: to explore how adverse childhood experiences relate to the development of such cognitions. By comparing participants with different age-related patterns of attraction and different histories of sexual behavior, the authors sought to clarify whether trauma helps explain differences between those who have and have not engaged in sexual activity with children or adolescents.

The authors provide a structured review of existing literature, noting the scarcity of prior research examining trauma and OSCs. They distinguish between pedophilic attraction and pedophilic disorder and avoid conflating attraction with behavior, which is important in a forensic context where this error is common. They also acknowledge

that not all participants experienced clinically significant distress, which prevents a blanket pathologization of attraction. However, they consistently refer to participants as "patients." This terminology frames attraction as inherently pathological and situates participants within a medicalized treatment model. Research shows that people in mental health services prefer terms such as "client" or "participant," as "patient" implies illness and disempowerment.³

The central construct of the study, OSCs, are defined by the authors as "attitudes, beliefs, minimizations, denials, excuses, justifications, or rationalizations that might support CSA and CSAM offending". Their definition relates to cognitive content that they see as endorsing or justifying such behavior, as opposed to feelings, fantasies, or attractions toward minors. This clarifies that attraction to children or adolescents alone does not imply the presence of such cognitions. The authors situate this construct within the Multi-Mechanism Theory of Cognitive Distortions (MMT-CD⁴) to frame why such cognitions are seen as important and to motivate their hypotheses.

³ Lyon, A. S., & Mortimer-Jones, S. M. (2020)⁴ Szumski et al. (2018)

The sample consisted of 386 men aged 15 to 79 years, who were recruited between January 2016 and June 2023 from two German child sexual abuse prevention programs. All sought voluntary support either because they had previously engaged in sexual activity with children or adolescents, possessed sexual images of minors, or perceived themselves at risk of doing so. Participation was voluntary and required informed consent; for participants under 18, who are legal minors in Germany, legal guardians also provided consent.

Participants were categorized into four sexual age orientation groups: exclusive pedohebephilia ($n=36$), non-exclusive pedophilia ($n=125$), non-exclusive hebephilia ($n=103$), or exclusive teleiophilia ($n=108$). These classifications were based on sexual anamnesis interviews, where therapists asked about participants' patterns of sexual attraction. "Exclusive" indicated attraction only to minors or only to adults, while "non-exclusive" referred to attraction to both. Importantly, "non-exclusive" was applied only to pedophilia and hebephilia. Participants who were primarily attracted to adults but also reported some attraction to minors were therefore classified as non-exclusive pedophilic or non-exclusive hebephilic, rather than as "non-exclusive teleiophilic." This system makes the categories workable for analysis, but also frames minor attraction as the defining feature of classification, even when adult attraction is predominant, which risks misrepresenting people's

identities. This classification also does not define ephebophilia, meaning predominant attraction to post-pubertal adolescents, nor does it state where such participants were placed. If participants primarily attracted to post-pubertal adolescents were included under hebephilia, estimates tied to early pubertal attraction may be diluted; if they were included under teleiophilia, the adult comparison group may include some attraction to minors. This is a measurement oversight that should be considered when interpreting group comparisons.

Sexual offending history was also coded into four categories: no history of sexual offenses ($n=91$), illegal online images only ($n=164$), contact sexual offenses only ($n=40$), and both illegal images and contact offenses ($n=60$). OSCs were assessed with the Bumby Molest Scale,⁵ and adverse childhood experiences with the Childhood Trauma Questionnaire.⁶

The study's findings showed small positive associations between general childhood trauma and OSCs among participants with pedophilic or hebephilic attraction, but not among those with exclusive teleiophilia. Trauma specifically related to child sexual abuse (CSA) was associated with OSCs among participants classified as non-exclusive pedophilic, with smaller associations among non-exclusive hebephilic and teleiophilic groups. In the exclusive pedohebephilia group, general trauma

⁵ Bumby, K. M. (1996)

⁶ Bernstein et al. (2003)

was associated with OSCs but trauma specific to sexual abuse was not significant. Participants with a history of contact sexual activity with minors endorsed higher OSCs than those with no such history or image-only histories. The authors attribute some of these differences to measurement issues, noting that the Bumby Molest Scale primarily captures CSA-related cognitions and may not adequately assess cognitions relevant to image-related behavior. Trauma scores were higher than in comparable studies, which the authors attribute to sample characteristics, particularly the greater likelihood of treatment-seeking among people experiencing trauma-related distress.

From a forensic perspective, these findings align with the Multi-Mechanism Theory of Cognitive Distortions, which posits that trauma can contribute to the development of OSCs. Yet from the perspective of people who are romantically and/or sexually attracted to children or adolescents, the relevance of these findings to well-being is limited. The study interprets trauma primarily as a variable influencing offense-related cognitions, rather than as a factor shaping mental health, identity development, or coping strategies. By emphasizing whether trauma produces distorted cognitions, the authors reinforce a forensic risk lens and leave unaddressed the ways trauma may affect self-understanding, stigma management, and broader well-being.

The authors note several limitations of the study that may have implications for the findings. In particular, the MMT-CD assumes that implicit and explicit cognitions are distinct yet operate simultaneously. If this assumption is inaccurate, a study that measures only explicit self-reports will miss automatic processes, and social desirability pressures may lower scores. In addition, histories of sexual behavior were self-reported, which could lead to underreporting of undisclosed behavior and create misclassification across groups. Finally, the authors acknowledge that the findings are unlikely to be generalizable to the broader population. As the sample was drawn from two voluntary German prevention programs, results may not apply to people outside treatment, to mandated clients, to those in other countries, or to those engaging with different service models.

One potential limitation not addressed by the authors concerns the inclusion of participants under 18. Research with adolescents is valuable and necessary, since some people recognize their attraction to children or adolescents during adolescence. Including adolescents is not a limitation in itself, but it introduces conceptual and methodological challenges. The article does not specify how attraction to minors was defined for participants under 18, which may have influenced data collection and interpretation. For example, when a 17-year-old reports attraction to an early pubescent adolescent,

classification as hebephilic attraction versus attraction to age-peers remains unclear.

In addition, some of the terminology used in the article risks reinforcing stigma. The authors described participants as "people with exclusive or non-exclusive pedophilia, hebephilia, pedohebephilia, or teleiophilia." This phrasing treats attraction as an attribute a person "has," rather than as an aspect of identity, and diverges from common academic and lay usage. Terminology such as "minor-attracted people" or "people who are romantically and/or sexually attracted to children or adolescents" would align with person-first or identity-first approaches and may reduce stigma.

A more pressing issue is the study's reliance on the construct of OSCs itself. The concept has been criticized for its lack of definitional clarity and for its adversarial use in forensic contexts. It also tends to conflate beliefs, attitudes, values, and personality traits under a single label. Measurement tools such as the Bumby Molest Scale often oversimplify or mischaracterize participants' views, failing to capture nuance and sometimes producing misleading interpretations. Furthermore, OSCs are often assumed to be both pathological and empirically false, despite the possibility that some may be adaptive, value-based, or even accurate reflections of personal experience. For example, statements about whether adolescents are capable of consenting are often scored as distortions, even though

age-of-consent laws and cultural norms vary across societies. By accepting the construct without critique, the study risks perpetuating misunderstandings about the thinking of people who are attracted to children or adolescents, and it overlooks how these frameworks contribute to stigma and to harmful treatment practices.

In conclusion, while the study makes some important observations and avoids conflating attraction with behavior, it remains framed within a forensic paradigm that limits its relevance for understanding and protecting the well-being of minor-attracted people undergoing court-mandated treatment. Future research should critically examine the assumptions underlying constructs such as OSCs, as well as the language and paradigms used to interpret them, and how these constructs and paradigms may lead to clinical practices that damage mental health. A focus on how research contributes to accurate knowledge about people who are attracted to children or adolescents, and how it affects their well-being, would contribute to more ethical treatments. This would represent a shift from risk-centered narratives, which exclusively emphasize the prevention of offending, to those that also consider well-being. That is, research and treatment can emphasize mental health, understanding, support, and the reduction of stigma, as well as the reduction of risk of reoffense. Such an approach would support the development of research

that is both scientifically sound and responsive to the communities it seeks to describe.

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de Tribolet-Hardy, F., Veitz, S., Dittli, L. et al. (2024)

"Perspective: Clinical care of pedophilic individuals in Zurich, Switzerland"

International Journal of Impotence Research, DOI: <https://doi.org/10.1038/s41443-024-00968-6>

De Tribolet-Hardy et al.'s (2024) article provides an overview of the development and implementation of the Pedosexuality Prevention Services treatment program for "individuals with pedophilia" provided through the Psychiatric University Hospital Zurich, in Switzerland. Since this is a "perspective article," no hypotheses or direct conclusions are drawn, and only a very broad overview of the program is offered. The authors discuss the program's initial recruitment numbers, dropout rates, reasons for dropout, treatment needs, and barriers to treatment, but they say very little about the actual treatment provided to the program participants.

They begin by discussing the prevalence of child sexual abuse (CSA), establishing clearly that the prevention of abuse is the core aim of their program. They state that individuals with "exclusive pedophilic disorder" have higher rates of sexual recidivism compared to those without pedophilic disorder,⁷ concluding that "individuals with pedophilia therefore represent a group at risk for offending," thus failing to distinguish between pedophilia and pedophilic disorder. While the authors do make the statement that pedophilia and child sexual abuse should not be used synonymously, their phrasing throughout the

introduction both implies and directly makes this connection. Moreover, as they discuss the importance of treatment, they explicitly present clients' well-being and quality of life as secondary in importance to crime prevention, which is unusual, if not dehumanizing, for an institution that provides therapeutic services to help-seeking individuals.

De Tribolet-Hardy et al. note that the program was first conceived in 2020, following the rise of political attention in Switzerland to the reality of individuals living in the community who have an unwanted sexual attraction to children, and the perceived need to reach these individuals to reduce the risks of child sexual abuse. The Swiss government recommended establishing preventive treatment services throughout the country and implementing specialized training for professionals. The Pedosexuality Prevention Services were thus established the following year at the Psychiatric University Hospital Zurich, in May 2021. Within this hospital, a three-year project was funded that covered the cost of treatment, as well as provided anonymous contact and counselling for individuals with pedophilic disorder. While other treatment locations have adopted this treatment service across Switzerland, the Zurich hospital was the only treatment location in the country that received

⁷ Eher et al. (2015).

financial support to provide its services at no cost to the client. To spread awareness of this program and to encourage recruitment, presentations, advertising campaigns, and social media were utilized. A website was also created for potential clients to learn more about the program and access a hotline. The authors' account of the program here suggests that services are offered to clients on a voluntary basis; however, they later remark in passing that "most" clients enter treatment voluntarily. Unfortunately, they do not elaborate on the circumstances under which participation becomes mandatory, nor on how such conditions might shape the therapeutic process.

The authors describe the central idea of the program by saying that "although no one is to blame for their pedophilic preferences, they must take responsibility for the resulting behavior".⁸ This central idea, as well as psychoeducational content and primary therapeutic goals, are shared with clients during the initial consultation. Assessment of risk of offending, biographical and sexual history, and psychological tests are first completed in what is considered the diagnostic phase of the treatment. In this phase, comorbidities are assessed, and somatic investigations (i.e., blood tests and urological exams) are carried out. The reason for such invasive somatic investigations is not discussed. De Tribolet-Hardy et al. provide very little information about the therapeutic approach itself and about the typical course of sessions for the program's clients.

⁸ Beier et al. (2018)

They mention the "strongly individualistic approach" of the treatment and note that it adheres to offense-prevention models such as the Risk-Needs-Responsivity⁹ or the Good Lives Model.¹⁰ They also acknowledge that pharmaceutical treatment options are carried out "based on the guidelines for pharmacological treatment of paraphilic disorders," but they do not discuss those guidelines, and it is unclear whether this treatment option is voluntary.

To assess the efficacy of the program in its first two years of operation and to obtain general information about its participants, the authors¹¹ conducted semi-structured interviews and gave questionnaires to the program participants. The BDI-II¹², SCID-5-PD¹³, and HBI¹⁴ were completed to assess sexual preference patterns, sexual behavior, and psychiatric comorbidities. Diagnoses were assigned following the ICD-10 or DSM-5 criteria, with the exception of hypersexuality, which was assigned by the criteria developed by M.P. Kafka¹⁵.

A total of 142 individuals contacted the program between May 2021 and May 2023, mostly by mail (42.3%) and via the hotline (39.4%). De

⁹ Andrews, D. A., & Bonta, J. (2010)

¹⁰ Ward, T., & Gannon, T. A. (2006)

¹¹ Although no conflicts of interest are identified by the authors, in a few instances throughout the article, they refer to the program as "our" program, which may lead readers to wonder if the authors are reviewing a program they operate or work for.

¹² Kühner et al (2007)

¹³ Beesdo-Baum, K., Zaudig, M., & Wittchen, H. (2019)

¹⁴ Reid, R. C., Garos, S., & Carpenter, B. N. (2011)

¹⁵ Kafka, M.P. (2010)

Tribolet-Hardy et al. report high rates of dropout in the program, with 40.1% of clients dropping out after first contact due to criminal proceedings, severe mental illnesses, or refusal of an appointment. This was followed by a 28.2% dropout after the initial clinical interview and an additional 24.6% dropout during the assessment phase. The combined dropout rate of almost 70% resulted in only 46 individuals completing the assessment phase. The authors appear to have limited concern about the rate of dropout, as it was comparable to that of similar treatment locations.¹⁶

The 46 individuals who proceeded to the treatment phase had a mean age of 36 years old and included only one female. A large majority (87%) had a non-exclusive attraction to minors. While a large minority admitted to using illegal images of minors (43.5%), no participant reported having acted sexually with a minor in real life. Most participants (63%) had at least one psychiatric disorder, which was typically an affective disorder (28.3%) or a personality disorder (23.9%).

Regarding treatment outcomes, the authors suggest that the good treatment adherence within the program was primarily attributed to the fact that most clients sought treatment voluntarily. The authors share that poor treatment outcomes are represented by individuals within the program more frequently engaging in "severe self-harm" rather

than offending against others, which leads them to reiterate that abuse prevention is the primary but not the only goal of treatment. Other goals of treatment identified by the authors include mitigating the consumption of sexual images depicting minors and reducing psychiatric comorbidities and psychosocial stress factors. These goals also serve as the basis for assessing the program outcomes (e.g., decreased recidivism and increased psychosocial functioning).

The authors end their article by identifying critical points that future research should address. First, they argue that there is no reliable empirical data on whether the treatment approach actually prevents CSA or the use of sexual images depicting minors,¹⁷ as the empirical studies conducted have methodological shortcomings (e.g., no control group, small sample size, and self-report measures).¹⁸ Secondly, they discuss concerns found in the forensic literature about the possible unintended *risk-increasing* effects of forensic "sex offender" treatments, which have been shown in people who have committed offenses and who had a low risk of reoffending.¹⁹ De Tribolet-Hardy et al. reply that their treatment program cannot be compared to forensic "sex offender" treatments, since it is mostly voluntary, "patient-driven" and allows patients to disclose without fear of legal repercussions. However, since so little is said in the article about the actual treatment offered to clients, it is

¹⁶ Gerwinn et al. (2023)

¹⁷ König, A. (2023)

¹⁸ Hillert et al. (2024)

¹⁹ Holper, L., Mokros, A., & Habermeyer, E. (2024)

impossible to assess the extent to which it is "patient-driven" or how different it is from that offered in "sex offender" programs. Even though the program does not specifically target individuals in the criminal justice system, its heavy focus on abuse prevention makes it likely that it utilizes techniques and approaches typical of forensic programs, which could therefore result in a similar risk-increasing effect.

While the article provides insight into a unique treatment program within Switzerland, it would have benefited from more carefully selected terms and phrases to ensure accuracy, while also reducing stigmatizing language and assumptions. Throughout the article, the authors refer to "individuals with pedophilia" and "individuals with pedophilic disorder" synonymously to define individuals who are sexually attracted to pre- or early pubescent youths. This conflation of two clearly distinct concepts leads them to use clumsy formulations such as "exclusive pedophilic or hebephilic disorder,"

which is inaccurate both because "exclusivity" makes sense in the context of an *orientation* but not of a disorder, and because there is no recognized "hebephilic disorder" in either the DSM-5 or the ICD-11. Pedophilia as such is also not categorized as a disorder in either diagnostic manual, which is an important nuance that the authors fail to note.

Beyond these conceptual mistakes, the central problem of the article – and of the program itself – is its constant reduction of the clients' mental health and well-being to the goal of abuse prevention in spite of their description of the program as "therapeutic." Even when the authors note that individuals with pedophilic attractions constitute one of the most highly stigmatized groups in society, they deem this fact relevant only insofar as it constitutes an indirect risk factor for committing sexual offenses. Ironically, this narrow view fundamentally contributes to the very stigma they have identified as impeding help-seeking.

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Christofferson, S. B., Willis, G., Cording, J., & Waitoki, W. (2025)

"Therapeutic prevention of child sexual abuse: the Stand Strong, Walk Tall framework and overview"

Psychiatry, Psychology and Law, 1–23. DOI: <https://doi.org/10.1080/13218719.2024.2444301>.

The authors' primary aim was to introduce and describe the Stand Strong, Walk Tall (SSWT) program which they describe as a therapeutic secondary prevention program for adults who experience sexual attraction towards minors in New Zealand. The program is delivered in-person and online by clinicians in a one-to-one manner to members of the public who voluntarily seek it. The dissemination of the intervention framework and program description serves as a potential resource for researchers and practitioners who may want to engage with primary stages of prevention of child sexual abuse. The paper provides an overview of the SSWT intervention framework, including its theoretical underpinnings, research-informed practices and program design. Key theoretical frameworks include cognitive-behavioral theory (CBT), the Risk-Needs-Responsivity (RNR) framework, the Good Lives Model (GLM), and trauma-informed care principles. These are further supported by models that address historical trauma and cultural safety within the New Zealand context, incorporating elements from the Hauora Māori Clinical Guide alongside the motivation-facilitation and self-regulation models.

The program involves a few core elements, starting with a mandatory pre-program assessment to verify

compatibility and identify treatment needs, followed by a collaborative goal-setting session whereby a number of treatment modules are selected to create an individualized plan. This is supplemented by a core good life planning module and post-treatment assessment. The intended client population for the SSWT intervention consists of adults, aged 18 and older, who self-identify as experiencing sexual attraction towards minors, are seeking therapeutic help to understand, cope with, and manage the experiences associated with their attraction. The program is designed for self-referrals from help-seeking individuals, though individuals previously or currently involved with the justice system are not excluded if no other suitable services are available.

The paper does not present any results – a major limitation that we will revisit later in this review. Although the authors note their intention to publish pilot evaluation data and the SSWT Clinician's Guide in due course, the current paper focuses exclusively on introducing the conceptual framework and providing a general overview of the program. The paper aims to address a gap in preventative services for individuals attracted to minors by balancing harm prevention with client well-being, while also highlighting the program's

applicability across cultural contexts, including those with colonization histories similar to New Zealand.

Right from the start, the article's approach and theoretical framework appear largely unsuitable for developing a therapeutic support program like SSWT, as they rely primarily on an offense-prevention model that frames attraction to minors as merely an early stage of sexually abusive behavior. While the authors draw on theoretical foundations (such as the integration of affirmative CBT and trauma-informed care principles) and cultural considerations (notably the Hauora Māori Clinical Guide for the New Zealand context), reflecting a well-meaning approach toward individuals sexually attracted to minors, designing a program solely around theoretical models and interventions from the sexual offending and recidivism prevention literature inherently constrains the understanding of attraction to minors, framing it merely as a risk factor to be managed and controlled among MAPs. Intervention models such as cognitive-behavioral therapy (CBT), the Risk-Need-Responsivity (RNR) model, and the Good Lives Model (GLM) are primarily or exclusively applied in rehabilitative contexts with adjudicated individuals. Although the authors acknowledge this and specifically argue that the RNR model has been adapted for a prehabilitation context – a new term introduced in the paper (see below) – there remains no convincing evidence of the model's effectiveness in secondary prevention or

prehabilitation interventions. Moreover, the argument that a risk-focused approach could actually be more detrimental to the mental health of individuals seeking help appears both plausible and supported by empirical data.²⁰ In this context, the authors could have drawn much more extensively on clinical literature tailored to MAPs, rather than relying primarily on risk assessment and recidivism prevention frameworks, in order to develop a program that better reflects the realities and needs of this population.

Additionally, the reliance on a clinical, expert-led model may raise questions about client agency and role. While the authors mention promoting a collaborative goal setting (assuming that clients truly have a voice in identifying what they want to work on, which is a known difficulty in the GLM model),²¹ there is little discussion on how clients are involved in program development or evaluation beyond assessing treatment outcomes. Moreover, some of the key targeted needs, such as sexual attraction and self-acceptance, appear to create a contradiction in the goals of the therapeutic intervention. Including client co-design or feedback mechanisms could strengthen both the ethical foundation and practical relevance of the intervention.²²

²⁰ See Grady et al., 2019.

²¹ See Willis et al., 2012.

²² See Lievesley et al. 2023.

The second major issue with the article is that it presents no empirical data, making it difficult to evaluate how therapeutic support is actually delivered, whether it is tailored to the needs and challenges faced by MAPs seeking help, and ultimately, whether clinicians might inadvertently operate within a risk-assessment and risk-management framework – despite the fact that MAPs often have needs that differ significantly from those of justice-involved individuals. In this context, and in connection with the point raised above, it is challenging to justify the choice of intervention models (CBT, RNR, and GLM) when, at this stage, the SSWT program does not provide data demonstrating its effectiveness – not in terms of reducing the risk of sexual offending, but in improving the overall well-being of MAPs who seek its services for that very purpose. The authors themselves seem aware of this limitation, noting that the program's effects on MAPs' mental health remain unknown and that pilot evaluation data will be published separately, providing an opportunity to examine program outcomes alongside a Clinician's Guide detailing the face-to-face process between clients and practitioners. We hope that, in doing so, they will take into account the points raised in our review and evaluate key outcomes in mental health, including anxiety, depression, and self-concept. Additionally, the article could benefit from a brief reflection on preliminary feedback or implementation insights gathered during the pilot phase.

While the term "prehabilitation" is conceptually useful, it risks being misinterpreted due to its close resemblance to "rehabilitation," potentially leading to the mistaken assumption that all individuals attracted to minors are likely to offend and therefore require treatment – especially if the medical context from which the term is drawn is not made explicit. The authors define prehabilitation as "[...] processes aimed at enhancing an individual's functional capacity to withstand stressors such as surgery" (p. 3). However, applying medical terms like prehabilitation or treatment to the context of sexual attraction to minors risks framing it as an illness to be cured and suggesting that any "worsening" inevitably leads to offending. Using terms such as "therapeutic support" might have been more appropriate than labeling the program as a treatment. While the authors employ this terminology to distinguish their approach from tertiary prevention strategies, it nevertheless raises concerns about potential misinterpretations, as noted above.

Putting aside problems around the term "prehabilitation", the article employs language that is for the most part appropriate and respectful. Importantly, it clearly differentiates between attraction and behavior. By maintaining this non-judgmental and non-criminalizing tone, the paper contributes to a more ethical and inclusive discourse on prevention and mental health care. The program's self-referral model further reinforces the

recognition that individuals attracted to minors can and do seek support. However, a point for critical reflection is the program's reliance on self-referral, which, while designed to reduce stigma and barriers, may still be a significant hurdle for individuals experiencing intense shame or fear. The paper would have benefitted from a further discussion on how the program addresses these barriers for self-referral. While the authors acknowledge such barriers (e.g. stigma, potential repercussions), it is unclear how these are fully addressed and the effectiveness of the strategies to overcome these barriers, such as clear communication about confidentiality and reporting protocols, which will be crucial for the program's reach.²³ The authors have provided a good rationale for providing face-to-face therapy while also discussing the possibility to expand to an online based model in the future. They also acknowledge that individuals who are not yet 18 years of age may also need access to this type of intervention, as evidenced in the literature,²⁴ but they note that the program would need to be adapted for adolescent clients.

Christofferson et al. do not fully address the legal and ethical complexities that clinicians may face when working with this population.²⁵ In many jurisdictions, the threshold for mandatory reporting can be ambiguous when individuals disclose risk-related thoughts without clear intent to act. This

can discourage help-seeking and pose legal and professional dilemmas. The authors acknowledge that New Zealand does not have a mandatory reporting framework, but this does not mean that practitioners will not report individuals if they feel justified to do so. The absence of detailed guidance on this issue limits the confidence of individuals who may want to engage with the program.²⁶ Further information regarding how practitioners are trained for this role is crucial. This omission is especially significant given that many practitioners outside New Zealand operate under stricter or more ambiguous mandatory reporting frameworks, making the program's international applicability less certain without further ethical and procedural guidance.²⁷

While it is clear from Christofferson et al.'s article that the goal of the Stand Strong Walk Tall program is to support MAPs and to address the challenges they face, the core focus on abuse prevention may be an obstacle to the program's success. So long as therapeutic initiatives targeting this population remain grounded in a framework of preventing sexual offending, the dominant intervention models will continue to be those inherited from the sexual offending field. The article and the program are also limited by an insufficient integration of empirical research on MAPs in the program's development, which is essential for understanding MAPs' needs and designing effective therapeutic interventions

²³ Grady et al., 2019.

²⁴ Shields et al., 2020.

²⁵ Sánchez de Ribera & Pienaar, *in press*.

²⁶ *Ibid.*

²⁷ Christofferson, 2019.

beyond a purely prevention-focused framework. A key takeaway from this article is therefore the need to adapt appropriate therapeutic support models to

the right populations and to ensure that interventions for MAPs are developed outside the lens of prevention.

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Meet the New Generation

In this section, we present a young scholar from the MAP-research community, typically a PhD student who is on B4U-ACT's email group for researchers. This is a way for B4U-ACT to honor individuals who demonstrate an authentic concern for the respect, dignity, mental health, and well-being of MAPs.

Jessica Gaudette
Master's Student in Experimental Psychology,
University of New Brunswick, Canada



Jessica Gaudette is a master's student in Experimental Psychology at the University of New Brunswick in Saint John, supervised by Dr. Mary Ann Campbell. She holds a BA with First Class Honours in Applied Forensic Psychology from St. Francis Xavier University and received the 2024 Scotia Scholars Award for her undergraduate thesis, which examined sex and age differences in stigma reduction of MAPs. She is currently the recipient of the Canada Master's Graduate Scholarship for her master's thesis, which investigates the effectiveness of a recently adapted Integrated Correctional Program Model being implemented in provincial correctional facilities.

In addition to her work on stigma reduction for MAPs, Jessica's research covers various areas of forensic psychology, including assessment and intervention of youth who sexually offend, correctional interventions, policing, and intimate partner violence. She has published an article from her undergraduate thesis and recently completed a technical report designed to inform the development of a provincial police department's new strategic plan.

In addition to her studies, Jessica serves as a research assistant for several organizations, as a teaching assistant at UNB, and has recently become a reviewer for the B4QR journal. In the future, Jessica aims to pursue a PhD in clinical psychology and ultimately have the privilege of working with individuals involved in the criminal justice system.

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/>)