

B4U-ACT

Spring 2021 Newsletter

In this issue:

- News Updates
- How a year of lockdowns and restrictions has influenced MAPs' mental health
- The B4U-ACT Signatory and Referrals Service: A Therapist's Perspective

Table of Contents

p.2 Recent News Updates

p.3 Special Report on
MAP Mental Health
during the COVID-19
Pandemic

p.7 The B4U-ACT Referral
Service: A Therapist's
Perspective

Recent News Updates

Introducing B4QR (The B4U-ACT Quarterly Review):

On January 5, we published [the first issue of our new quarterly review journal](#), containing short critical summaries of new research concerning minor-attracted people. The first issue covers eight studies published in late 2020, on topics ranging from the categorization of mental disorders, to the current state of research on child-like sex dolls, and much more.

Recruitment is currently ongoing for four new studies

B4U-ACT is assisting with. Eligible MAPs are encouraged to participate. [More information, and links to participate in both studies, can be found here.](#)

The **Research Colloquium Series**, a new project of our Researcher Email Group, launched this March. Led and coordinated by Dr. Maggie Ingram, this online event series for researchers studying MAPs and mental health provides an opportunity to present and follow ongoing research. Interested academics should first contact science@b4uact.org to inquire about joining the [Researcher Email Group](#).

Summary of MAP Research:

In December, we released a document featuring a summary of past research concerning MAPs, compiled from the "Know The Facts" section of our website. The summary is divided into key topics, and each topic comes with a list of relevant publications. To our knowledge, it is the most in-depth summary on this topic available anywhere, featuring citations of over 100 unique research studies. We hope to continue updating it with more information as the understanding of MAPs in the scientific community continues to progress.

[Read B4U-ACT's MAP Research Summary here.](#)

2020 Accomplishments:

While COVID-19 affected our operations in 2020, including causing the cancellation of our Spring Workshop, we had a very successful year in other areas. This included the continuation of projects such as our [Dialog on Therapy](#), [MAP Peer Support Group](#), and [Family and Friends Group](#), consultation on a number of [research studies](#), and the establishment of this [newsletter](#) and our new [Researcher Email Group](#). For more B4U-ACT news from the last year, check out [our site](#).



MENTAL HEALTH SUPPORT FOR MINOR-ATTRACTED PEOPLE IN THE ERA OF COVID-19

*A perspective from the B4U-ACT
Signatory and Referral Program*

ONE YEAR AGO, in spring 2020, the novel coronavirus became truly recognizable as a global pandemic. The first deaths outside of China, including in Europe and the United States, were reported in February, and by the end of March, widespread lockdowns had brought daily life to a halt. The direct impact of the disease over the last twelve months has been both immense and tragic, with over 2.5 million recorded deaths worldwide. But, although it is widely discussed, the mental health impact of the pandemic is harder to measure.

We do know that the pandemic has decreased measures of mental health around the world. The B4U-ACT Signatory and Referral Program has also seen a sizable increase in requests for mental health care during this time. No studies have yet attempted to document the effects of the pandemic specifically on minor-attracted people. So, for context on how MAPs specifically may be impacted, we reached out both to therapists in the program and to minor-attracted people in various communities, including B4U-ACT's own peer support group. The responses show the myriad of ways in which a singularly isolating year has impacted a uniquely demonized group of people.

The therapists who responded to our question about what had changed during the past year gave mixed answers. While none reported having any MAP clients who indicated that they were seeking therapy as a direct result of the pandemic, there were other indicators of the effect it has had.

Brian Finnerty (LPC), one of the therapists to whom B4U-ACT refers MAPs, has started working with multiple new clients since the pandemic began. “Of the six MAPs on my caseload right now, four of them began their work with me during COVID,” Finnerty told B4U-ACT. “No one has explicitly stated that COVID had any link to their decision to seek therapy. But I suppose having extra time at home and being exposed to additional stressors could have been a motivating factor in seeking out therapy.”

To understand the impact the pandemic has had, it’s first important to understand that minor-attracted people reach out to B4U-ACT’s referral service for a variety of reasons. Some may be dealing with stigma and minority stress related to their sexuality, while others may have general mental health concerns (e.g., anxiety,

stress, relationship problems, substance abuse) for which they feel uncomfortable seeing a therapist who may be hostile to their sexual identity, distress over their sexual attractions directly, or a combination of these and other issues.

MAP VOICES

We asked minor-attracted people directly how the COVID-19 pandemic has impacted them with regard to their mental health. This is a selection from the answers we received.

“Afraid of what tomorrow may bring, but have been that way most of my life living as a MAP in today's world.”
- *“Bird Watcher”*

“Even deeper isolation and more dissociative episodes”
- *Chris*

“It probably hasn't affected me as much as it has other people, because I'm as introverted as the dickens, so I don't get out very much anyway.”
- *George*

Pandemic related stressors can intensify any of these concerns, but also can’t be considered the only factor, even as requests for support increase. For example, Sona Nast (MSSW, LCSW, LSOTP), another therapist to whom B4U-ACT refers MAPs, noted of one client that while “these stressors have been topics of discussion during treatment, most of the issues he is working on have been long-standing and unrelated to the pandemic.”

Without dedicated studies, it’s not yet possible to measure whether mental health has been significantly more affected for MAPs than for other groups, or whether MAPs have been affected in a substantially different way. But it has become increasingly evident throughout the pandemic that marginalized groups have faced a disproportionate amount of its harms.

[Research points](#) to social support networks as a protective factor against adverse mental health effects. In addition, a [recent study](#) in *Journal of Homosexuality*

identified gender and sexual minorities (although attraction to minors was not explicitly mentioned) as disproportionately more affected during this time by symptoms of anxiety and depression, and having lower perceived social support. With this in mind, it’s reasonable to consider that MAPs might have been more susceptible to the stresses of a pandemic that has left all of us more fatigued and lonely.

[Research on minor-attracted people](#) elucidates how mental health is greatly impacted by the stigma surrounding their attractions. Social withdrawal and avoidance are more common among MAPs as a result. B4U-ACT's [Summer 2011 survey](#) of MAPs found that over half of those who had seen a mental health professional mentioned dealing with society's negative response to their attraction as part of their goals. The need for MAPs to keep their attractions secret, and fear of discovery, can be debilitating to networks of social support, and result in increased levels of loneliness and isolation.

"I think COVID has affected us all," Brian Finnerty reflected, "but I suspect that communities which already tend to be more isolated have probably struggled a bit more."

“ The patients in my practice, both MAP and non-MAP, have lost the ability for continuing access to the support systems, interventions, people and activities they use to support their recovery because of the need for social distance. ”

- Dr. Anthony Swetz, Lic. Psychologist MD
Signatory to B4U-ACT Referrals Program

Michael Harris, director of B4U-ACT's Signatory and Referral Program, brought up another subgroup that might be particularly affected. "We have certainly seen an increase in requests during the pandemic," Harris reported, "and an alarming number of them have come from minors themselves... In recent months we have heard from MAPs as young as 12 who are seeking help."

[Research indicates](#) that minor-attracted people usually begin to realize that their sexuality is different from their peers' in late childhood or adolescence, and youths beginning to realize they are attracted to younger children are especially at risk when it comes to adverse mental health outcomes, including suicidal ideation and suicide attempts. Given [findings](#) that children and adolescents in general have been at higher risk of depression and anxiety symptoms during the pandemic, the need to reach these people with care has never been greater.

While the B4U-ACT Signatory and Referral Program represents a venue through which this need can be met, more efforts are needed. "Although our network of therapists is ever expanding," Michael Harris explained, "we still do not have representation in all the areas of the country, or for that matter the world, where MAPs seek assistance, and so we are constantly seeking additional therapists."

MAP VOICES (part 2)

"I returned to [B4U-ACT's peer support group] because JORis in the Netherlands stopped meeting due to coronavirus."

- Adam

"Positive impact: more free time for the online support community."

- Barbarus

"(I)nitially I used the time to reach out more for support, but as the lockdowns have lengthened, and the prospect of in-person support receded, I have felt less motivated to stay in touch with people who could help me."

- Bly

The backbone of the Signatory and Referral Program is a confidential list of therapists who are willing to provide compassionate, affirming therapy for MAPs that meets their needs. We do not publicly disclose any therapist's presence on the list without their explicit permission. Instead, MAPs seeking therapy are sent names and contact information from professionals on the list who can practice (either face-to-face or telemedically) in their area. Therapists who join the list are also asked to reflect the goals and values in our [Principles and Perspectives of Practice](#) and our pamphlet [Psychotherapy for the Minor-Attracted Person](#), which is crucial in assuring that the MAPs we refer receive compassionate therapy focused on their well-being.

MAP VOICES (part 3)

"I'm out of work because of [the pandemic], and I've gotten depressed"
- Robert

"Despite feeling lonely, the time I've had to reflect has helped me learn a lot about myself."
- Megan

"The stress overwhelmed me, it's what caused me to out myself as a MAP and it lost me a lot of my social network, which in part eventually led to me making an account [in B4U-ACT's peer support group]."
- Lily

Thank you to MAP Support Club, a peer support group unaffiliated with B4U-ACT, for also hosting this questionnaire.

“ I think COVID has affected us all, but I suspect that communities which already tend to be isolated have probably struggled a bit more. ”

- Brian Finnerty, LPC
Signatory to B4U-ACT Referrals Program

While there are other therapist lists available to MAPs, our signatory based program, which affirms to MAPs that they will be treated in line with best practices, with compassion and responsively to their needs, is unique. Our 2011 survey found that over half of surveyed MAPs had wanted to see a mental health professional at some point in time, but did not do so, mostly due to fear of a negative reaction from the professional, or fear of being reported to law enforcement, family, employer, or community.

Signatories to the referral list are addressing these concerns by making their services available to MAPs who may not otherwise feel safe seeking support. As we all try to move through this difficult time, B4U-ACT is committed to expanding and improving our resources for MAPs to meet the growing need. This includes the effort to expand our list of participating therapists in the referral program, as well as broadening to include professionals in a larger number of geographical areas.

Minor-attracted people who are struggling and considering professional mental health support are encouraged to contact B4U-ACT via email at findtherapist@b4uact.org. Mental health professionals wishing to accept MAP clients are encouraged to contact the Signatory and Referral Program through Michael Harris at signatorylist@b4uact.org.

THE B4U-ACT REFERRAL SERVICE: A THERAPIST'S PERSPECTIVE

James A. Cates, Ph.D., ABPP

Guest Article

The B4U-ACT referral service relies on counselors who have been vetted and approved to offer services to MAPs requesting help. But what skills are needed to become a mental health provider (MHP) for a MAP? No doubt there are as many answers as there are MHPs offering services. Two warning labels attach to this article. First, at b4uact.org, a tab labeled "For Therapists" has excellent information for MHP involvement with the organization, with much more specificity than I provide. Second, this list is based on my experience counseling sexual minorities (including MAPs), those who have sexually offended, and those who have been the victims of sexual offenses. With that in mind, consider the following essential criteria:

1. Comfort with one's own sexuality. As we mature and life circumstances change, perceptions of our sexuality, sexual orientation, and intimacy evolve. A willingness to challenge and be challenged by these internal changes is essential for the MHP who intends to serve the minor-attracted population.

2. Discerning the difference between respecting and accepting the views of others. MAPs seeking care through B4U-ACT know that the organization strives to protect children. Still, there are differing views on how a child can be harmed. If a client respects the law, the goal of the MHP is not to change these views. In a broader context, MHPs meet with clients whose viewpoints are routinely set aside for the therapy hour. Differing views on religious beliefs or politics never become an issue. In contrast, boundaries with children becomes a focal point of treatment for a MAP. Therapists must respect differences of opinion, even when they do not accept the viewpoint of the client.

3. A corollary to this principle is **the ability to stand among the trees and still see the forest.** MAPs who feel safe with their MHP might report longings and desires demonstrated in overt behaviors. Whether these behaviors place a minor at risk can be open to interpretation. MAPs overcome tremendous fear to meet with a professional. The MHP who too readily reads abuse into any suspect behavior, rather than rationally considering context, intent, and the applicability of reporting laws, risks victimizing the client.

4. An understanding of the differences between MAPs and those who sexually offend. Not all persons who sexually offend are MAPs, and not all MAPs sexually offend. There are multiple reasons that a person can engage in a sexual offense, and not all sexual offenses target minors. MAPs identify as attracted to younger persons, of varying ages. Treatment interventions for those who sexually offend may be appropriate for MAPs who have engaged in illegal sexual behavior. For those who have not offended, however, there is no evidence that such treatment is beneficial. In addition, treatment for sexual offending is targeted specifically to reduce the risk of re-offense. It does not address the broader spectrum of minor attraction as a sexual orientation.

5. Capability to empathize with both victims of sexual abuse, and people who identify as MAPs.

MHPs are aware of the frequency of sexual abuse against children. Because people identify as minor-attracted, it does not exempt them from the potential to have experienced unwanted, and even traumatic sexual acts perpetrated upon them in childhood. If so, they need support to explore the impact of abuse on their perceptions of sexuality and intimacy, every bit as much as persons with other orientations.

6. A willingness to educate both fellow professionals and the public about MAPs. Pervasive prejudices and stereotypes mean that mental health providers who offer treatment must also function as advocates. Erving Goffman has said, “Stigma is the process by which the reactions of others spoils normal identity.” Many MAPs, especially those whose orientation is a closely guarded secret, live in the shadows, fearful that they will be outed and despised by those with whom they interact. Only in demonstrating solidarity and support can we further affirm their worth.

The MHP whose skill set includes the ability to work with MAPs is much-needed. I do not fault those whose skills fall outside this population. (Over the years, I have found my limits. For example, there have been periods when I was determined to learn the art of play therapy, diving into books and workshops, only to find myself once again thoroughly enjoying playing with a child, with no clue what therapeutic benefit we were achieving.) Every MHP has areas of expertise. To those who work with MAPs, you have my respect, and my thanks.

Support our Mission:

If you wish to support B4U-ACT, you can do so with a one-time or recurring monthly donation. Information on how is at <https://www.b4uact.org/get-involved/donate/>.

Our donors further our mission to improve the lives of children, minor-attracted people (MAPs), and the rest of society by providing accurate information and inviting mental health services to MAPs, and by educating mental health professionals and the public about MAPs’ emotional and psychological needs. Because we are a 501(c)(3) non-profit organization, your donation is tax deductible to the extent permitted by law. We greatly appreciate everyone who helps make what we do possible.

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