

# B4QR

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*Review of publications from  
August 2023 to April 2024*

## Table of Contents

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<b>Introduction by Allen Bishop, Editor-in-Chief</b> .....	<b>3</b>
<b>Reviewed Publications</b> .....	<b>5</b>
The Subjective Experience of Individuals with Pedohebephilic Interest .....	5
Themes Associated with Suicidal Ideation and Behavior Among People Attracted to Children .....	11
Facilitators and Barriers to Understanding and Accepting People with a Sexual Interest in Children: A Thematic Analysis .....	16
Development and Initial Validation of Measures of Proximal Stigmas and Experiences of Discrimination for Minor Attracted People .....	22
The interaction between perceived chronological age and physical sexual development in attractiveness judgements made by people who are attracted to children .....	27
Aberrant brain activity in pedophilia links to receptor distribution, gene expression, and behavior .....	32
<b>Meet the New Generation: Jessica VerBout</b> .....	<b>37</b>
<b>B4U-ACT Resources</b> .....	<b>38</b>

## Introduction by Allen Bishop, Editor-in-Chief

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Welcome to the Spring issue of the fourth volume of B4QR. This issue of our journal features a diverse collection of articles on minor attraction, reflecting the multifaceted nature of the topic.

We open with a general literature review on minor attraction conducted by Ian McPhail (2024). The author summarizes significant findings from the past five years on a wide range of topics, encompassing the latent structure of attractions to children and adolescents, prevalence rates, developmental trajectories, and various mental health issues. The summary is well executed and should be informative and helpful to both specialists and non-specialists, providing the latter with an excellent entry point into this area of research.

The following three articles explore the topics of stigmatization and acceptance from very different angles. Ingram et al. (2024) delve into the important but difficult topic of suicidal ideation in minor-attracted people (MAPs). Using a phenomenological analysis, the main author conducted 15 semi-structured interviews to identify common reasons behind such ideations, and how these relate to participants' attractions. The study highlights how crucial (risky) the year following the discovery of one's attraction is for MAPs. Lawrence and Willis (2024) investigate the source of stigma rather than its impact on MAPs. Similarly to Ingram, the authors conducted semi-structured interviews, but their 30 participants from New Zealand were not MAPs but rather people who had previously taken part in an online anti-stigma intervention campaign. The results were very encouraging, since *all* participants expressed their disagreement with society's punitive and shaming attitudes. However, the sample was not very representative, since 30% of participants knew someone who had confided an attraction to minors to them. McPhail and Stephens (2024) develop two measures of internalized stigma and experiences of discrimination among MAPs, largely based on similar measures developed for LGBTQ+ communities. They recruited 289 MAP participants online to test their two scales, which demonstrated good internal consistency. Their results suggest that the "Minority Stress Model", commonly used to measure internalized stigma in sexual minorities, can be extended to MAPs.

Our last two reviewed articles attempt to illuminate the "inner workings" of minor attraction in different ways. Lievesley and Harper (2024) seek to understand how perceived age might influence judgments of attractiveness by MAPs independently of actual sexual development. They did this by presenting to online participants a set of digitally-created images that combined faces and bodies of people at different development stages (e.g., a pubescent body merged with an adult face). They found that attractiveness judgments were not solely affected by body development, but by the combination of body development and perceived age as represented by facial features. Finally, Schnellbacher et al. (2023) present a meta-analysis of 69 experiments on brain activation in individuals who are attracted to children, with the goal of determining if/how brain activity differs in those individuals compared to the general population.

Their results show a certain deviation in brain activity when MAPs are exposed to sexual stimuli, and they use these findings to suggest that the development of attraction to children may begin before birth. However, the authors' failure to distinguish between individuals who have committed sex crimes and those who have not casts doubt on the interpretation of their results.

We conclude with the Meet the New Generation section, where Jessica VerBout is our honored scholar. Jessica has been a practicing therapist for over 15 years, and she is currently a PhD student in sexology at the Modern Sex Therapy Institute in Florida. Her dissertation is on the sexual satisfaction and fulfillment of MAPs, and she has been collaborating with B4U-ACT at various stages of her project.

We hope you find this new issue of our journal engaging and informative. **Please note that our next published issue of the journal will be in the late Fall.** Academic publications tend to be slower at this time of the year, and since we currently find ourselves with fewer articles to review than usual, we thought it better to skip the summer issue of the journal and to resume our work in the Fall.

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

## Reviewed Publications

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### **The Subjective Experience of Individuals with Pedohebephilic Interest**

McPhail, I. V. (2024)

*Current Sexual Health Reports* 16, DOI: <https://doi.org/10.1007/s11930-023-00381-y>

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In this article, Ian V. McPhail meticulously examines recent scientific literature concerning the subjective experiences of individuals having thoughts and feelings of attraction to minors, herein referred to as minor attracted persons (MAPs). The author endeavors to elucidate significant findings encompassing the latent structure of pedohebephilic attractions, prevalence rates, developmental trajectories, and mental health ramifications.

In delineating the latent structure of attraction to minors, recent empirical findings yield support for both categorical and dimensional models. These models examine whether attraction to minors is experienced categorically, where some individuals experience attraction while others do not, or dimensionally, where varying degrees of attraction are present across the population. Of categorical models, complex structures beyond a binary classification are proposed, including a three-taxa structure categorizing individuals as non-preferentially attracted to minors, preferentially attracted to minors, or teleiophilic. McPhail emphasizes that the importance of understanding this nuanced structure resonates across measurement methodologies, statistical analyses, and therapeutic

modalities, although integration of such frameworks remains limited within extant literature.

Noteworthy, but not mentioned by McPhail, is that three of the four studies cited to support categorical models focus on forensic populations. While acknowledging challenges in securing MAP subjects for research, clarifying sample population traits would aid the accurate understanding and generalizability of the findings.

The article highlights the challenges to accurately estimating prevalence rates due to methodological complexities. Disparate estimates ranging from convenience samples (2-24%) to more representative cohorts figures (males: 0.6% - 2.5%; females: 0.1% - 0.2%) underscore the need for methodological rigor in future investigations.

The author notes recent quantitative findings for female MAPs indicating high rates of mental health concerns (40-95%) and predominant emotional attraction to children with varying degrees of preferentiality. McPhail indicates broad stroke similarities between female and male MAPs regarding high reports of masturbation, pornography

use over one's lifetime, and use of illegal sexual images of children, as well as similarities between female MAPs and female teleiophiles in reports of non-specific patterns of arousal towards targets of attraction.

McPhail outlines recent conceptual and empirical findings regarding developmental features among MAPs. First, attractions typically emerge in middle childhood (8-9 years), akin to teleiophiles. Realization of attraction to minors occurs during adolescence (ages 12-16), with recognition of differences in attraction compared to peers occurring in later adolescence (ages 16-18). The article cites one study that finds younger realization of attraction to minors correlates with exclusivity and perceived rigidity of attraction, suggesting that developmental pathways in preferentiality may initiate around middle childhood.

McPhail explores the developmental correlates of attraction to minors, identifying two main pathways: the biogenic pathway, emphasizing neurobiological processes in the earliest phases in utero or infancy, and the psychosocial pathway, positing childhood experiences as key contributors. Notably, studies have found higher rates of childhood adversities, including sexual abuse, among MAPs compared to the general population. McPhail delineates the crucial gap in understanding the timing and impact of these experiences.

The biogenic pathway suggests early markers of developmental issues, such as young parental age at birth, lower parental education, parental criminality, and substance use, predict attraction to minors in adulthood. Some studies associate physical markers, including higher rates of congenital malformations, low Apgar scores, low birth weight, and being small for gestational age, with behavioral proxies for attraction to minors. However, McPhail notes that other studies have not found such correlations.

McPhail examines the prevalence of MAPs who engage in sexual behaviors with children, citing studies showing that in individuals convicted of sex crimes against children, attraction to children predicts future offending. Further, he indicates that those who are exclusively or preferentially attracted to children have higher risks of engaging in sexual behavior involving children after receiving legal sanctions. While not explicitly noted by McPhail, these studies focus on forensic populations. This clarification would help the reader understand the context of the sample population and prevent the incorrect generalizability of findings to the MAP population at large. Additionally, in various studies, a significant percentage of MAPs self-report engaging in sexual behavior with children (13-90%) or accessing sexual images of minors (10-64%). Despite stark variations in reported percentages, McPhail does not explicitly address this wide range.

The article also delves into the types of attractions experienced by MAPs, including emotional and physical attraction to children, as well as sexual and romantic relationships with adults. While MAPs may have fewer relationships with adults compared to non-MAPs, McPhail highlights the capability of at least some MAPs to maintain long-term intimate relationships with adults, suggesting a complex sexual orientation beyond exclusive attraction to minors.

McPhail explores correlates of sexual behavior among MAPs, considering psychosocial processes from theories of criminal behavior. He suggests that MAPs engaging in illegal sexual behavior often exhibit elevated rates of dynamic risk factors, such as interest in coercive sexual behavior, using sex to cope with negative emotions, hypersexuality, childhood adversities, and difficulty managing attractions to children. Additionally, McPhail highlights lower cognitive empathy and beliefs about the harmfulness of adult-child sex as factors contributing to sexual behavior involving children, particularly among female MAPs. Relevant correlates also include mental health burdens such as depression, anxiety, personality disorder symptoms, suicidality, and loneliness.

The author notes that MAPs face significant challenges when contemplating disclosing their attraction. They navigate conflicting motivations driven by awareness of negative societal attitudes,

anticipation of negative reactions, fear of punitive outcomes, and internalized shame, alongside a desire to seek support, authenticity, and relief from distress. Despite the risks, many MAPs choose to disclose their attraction, often experiencing positive outcomes such as improved psychosocial well-being. However, disclosing without receiving support can lead to increased loneliness, poorer relationship quality, and greater psychological distress, sometimes worsening outcomes compared to non-disclosure. Lack of support after disclosure in therapy can further restrict avenues to help-seeking behavior in this population.

McPhail underscores the resourcefulness of MAPs, highlighting their nuanced understanding of the risks and benefits of disclosure and their ability to seek out supportive individuals. Given their heightened levels of loneliness and suicidality, this skill is crucial for their wellbeing and, in some cases, life-saving.

The article examines internalized stigma and acceptance among MAPs. Acceptance involves acknowledging one's attraction to minors as likely stable, which may be achieved through natural processes, treatment, or online support communities. While functioning as a coping mechanism, acceptance can also entail a painful journey involving grief, fear, anger, and self-stigma. McPhail also claims that acceptance correlates positively with engaging in sexual behavior with children, but he

only provides one source to support this claim, which is a study with a very small sample size for which the authors themselves question the generalizability of their findings.<sup>1</sup> It is surprising that McPhail did not note this important limitation and did not provide further support for his claim.

Internalized stigma refers to adopting negative attitudes towards one's group, an experience that fosters shame and self-hatred for many MAPs. McPhail highlights the complexities of internalized stigma, which can have both positive effects (i.e., heightened motivation for help-seeking) and negative consequences (i.e., increased suicidality, hopelessness, distress, and maladaptive coping strategies), with the latter potentially increasing risk of engaging in illegal sexual behavior.

McPhail delves into the intricacies and goals of psychotherapy for MAPs. Collected insights from MAPs reflect a need for therapy addressing mental health, stigma, fostering healthy relationships, and building a fulfilling life. Clinicians stress the importance of identifying and managing risk factors for sexual contact with minors, alongside MAPs' priorities. McPhail notes that while clinicians acknowledge the importance of providing compassionate care and employing effective techniques, some do indeed harbor stigmatizing

attitudes. Consequently, it's not surprising that MAPs often express valid distrust and alienation from mental health professionals due to concerns about imposed treatment focuses, fears of stigma post-disclosure, and access to competent providers.

McPhail provides several key recommendations for future research, recognizing the diverse spectrum of experiences within MAPs. These recommendations include incorporating preferentiality of attraction to minors into research design and statistical modeling to improve accuracy, as well as advocating for the development and validation of tailored measurement scales, particularly focusing on stigma-related aspects. Additionally, he emphasizes the importance of investigating the age of onset processes and developmental pathways of attraction to minors, with a specific focus on understanding the role and timing of childhood adversity. He also underscores the need for integrating comprehensive understandings of human development and sexuality, and suggests exploring overlaps and potential equifinality of different developmental pathways. Lastly, McPhail highlights the significance of disclosure as a central psychosocial process, calling for further exploration of factors influencing disclosure outcomes and long-term effects, along with understanding the subjective experience of disclosure.

This article makes a commendable effort to present a balanced perspective on attraction to minors,

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<sup>1</sup> Lampalzer et al., 2021. The authors note the following as their main limitation: "The generalizability of the present results is restricted due to the sample size of only 79 participants in the whole sample and only 35 participants in the sample for pre-post comparison."



acknowledging societal stigma, unique difficulties, and, notably, the positive strengths of MAPs, which is a rare occurrence in academic discourse. By highlighting these positive attributes, McPhail humanizes MAPs and fosters a more nuanced understanding of this population. Additionally, the author demonstrates an inclusive approach to discussing attraction to minors in both male and female populations, reflecting a commitment to recognizing diverse experiences and challenges faced by MAPs. The notable strengths of the article may further benefit from including key contextual information. The review lacks a discussion on the limitations of the studies included, as well as sample recruitment information (prisons vs. online) for a more accurate understanding of findings and their generalizability. Additionally, the article begins by defining MAPs as a "disparate" population, which may reinforce perceptions of MAPs as fundamentally different from those predominantly attracted to adults.

While recognizing the author's intentions to use academic terminology, language choices like

"pedohebephiles" can be considered disparaging, as they are not person-first, and they are commonly misunderstood to imply individuals who sexually abuse children, rather than to describe attraction. This ambiguity in terminology, without clear definitions or contextual explanations, may inadvertently perpetuate misunderstanding among readers, particularly those unfamiliar with the terminology.

Lastly, noteworthy is the lack of qualitative findings in alignment with the article title that refers to the "subjective experiences of MAPs". The article summarizes research that offers contextual theories and statistics relating to minor attraction, but apart from barriers and needs in psychotherapy, the article does not in fact address voices that reflect the subjective experiences of MAPs. Addressing these issues would enhance the transparency and clarity of the article, strengthening its impact and relevance in the field.

### References

Lampalzer, U., Tozdan, S., von Franqué, F., Briken, P. (2021) “Acceptance of Sexual Interest in Minors in Self-Referred Individuals Under Treatment – An Exploratory Pilot Study”, *Psychology* 12, DOI: <https://doi.org/10.3389/fpsyg.2021.606797>.

**Themes Associated with Suicidal Ideation and Behavior Among People Attracted to Children**

Ingram, M., Letourneau, E., J., Nestadt, P. S. (2024)

*Journal of Sexual Abuse, DOI: <https://doi.org/10.1177/10790632231154882>*

Proceeding from their 2023 study in which they interviewed a non-forensic sample of MAPs about their rates of suicidal ideation and behavior (SIB),<sup>2</sup> the lead author, Dr. Ingram, interviewed fifteen participants from that study about some of the reasons behind their SIB and how it related to their attraction to children. Using Interpretive Phenomenological Analysis (a qualitative research method focusing on understanding how individuals understand their own experiences) and the Cry of Pain model (which suggests that SIB is often driven by an individual feeling hopeless for a better future), the resulting paper explores the major themes of their responses in the hopes of better understanding and promoting MAP mental health.

The authors illustrate the necessity of research on SIB among MAPs by highlighting the findings of several studies that demonstrate the severity of SIB among MAPs, including their previous study. In their 2023 study, they found that MAPs experienced significantly more lifetime suicidal ideation, lifetime suicide attempts, and past-year suicidal ideation than the general population. Other referenced studies found similar high rates of suicidality and other

negative mental health impacts within the MAP community and other stigmatized groups.

Participants for this study were drawn from volunteers from the previous study, all of whom were adult MAPs with no history of contact offenses against children. In terms of demographics, 11 were men, two were women, and two were non-binary, the mean age was 36 (median = 24), and a majority (n = 9) were non-exclusively attracted to children. As participant confidentiality was a high priority, questions asking for demographic information were limited, participants were given pseudonyms, and had the option to select either a verbal or text-based interview format.

Ingram conducted 15 semi-structured interviews, which allowed for modifications and follow-up questions based on participant responses and previous interviews. Ingram asked about three primary topics in all the interviews, 1) the time in the participant's life when they discovered that they were attracted to children, 2) the time in their life when they thought about or attempted suicide, and 3) how their mental health at the time of discovering their attraction to children compares to their mental health at the time of the interview. Each of these topics contained a list of potential probing questions

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<sup>2</sup> Ingram, M., Thorne, E., Letourneau, E. J., & Nestadt, P. S. (2023). Self-esteem, perceived social support, and suicidal ideation and behavior among adults attracted to children. *OMEGA-Journal of death and dying*, 00302228221150304.

to gain additional information as needed. After conducting and transcribing interviews, Ingram used interpretive phenomenological analysis (IPA) to derive and link common themes, creating a “thematic map” to better visualize the whole. In order to aid in transparency and reflect upon how her own viewpoints inform her interpretations of the data (i.e., reflexivity), Ingram documented her thought processes after interviews and during analysis.

While the time during which respondents discovered their attractions and the onset of their SIB varied between participants, the authors note some interesting points. A slight majority of the participants began experiencing SIB in their teenage years. Of these, the majority began experiencing SIB after becoming aware of their sexuality, and half of these respondents began experiencing SIB within a year of becoming aware of their sexuality.

Ingram identified several themes in her analysis of the causes of SIB among MAPs, which she grouped into three major themes with two subgroups each. The first major theme is “Low Self-Esteem and Self-Worth,” followed by “Cumulative Effect of Attraction and Other Stressors” and “Concerns About Positive Future Related to Attraction.” Each section includes illustrative quotes from participants followed by the authors’ commentary summarizing what the quote is demonstrating, with minimal discussion/interpretation in this section.

Twelve out of the 15 participants in this sample experienced low self-esteem or self-worth, commonly citing internalized stigma as the primary cause or as an exacerbating factor for existing self-image issues. Those who cited internalized stigma as the primary cause tended to focus on an internalized belief that they were dangerous to children, and on comments they saw and had internalized about MAPs, which painted them as subhuman. One participant felt like he “didn’t really deserve to live” because societal messages that MAPs are inevitably going to harm a child made him feel as though he was a “time bomb.” Another participant, feeling that “[his] part was being written for [him]” as being dangerous, sought out a therapist who immediately reinforced that image. While not actively suicidal, he knowingly engaged in reckless behavior. He later imparted to Ingram that he “...learned what an incredibly corrosive, evil thing it is to be burdened with stigma and shame, and that nothing is going to be more destructive to a person’s character than to be subjected to those things.”

Others felt that, while stigma did play a significant role in their mental health issues, it was not the sole or primary cause. Three participants had a generalized sense of worthlessness either from what they saw as a specific personal failing or from multiple sources. Another participant felt that, while they did not consciously connect their sexuality to their negative disposition at the time, internalized stigma and the constant fear that others in their life

would hate them if they discovered their sexuality started destroying their self-esteem despite their personal accomplishments.

Most participants also described stress around their sexuality as being compounded by other factors. A couple quoted participants described how the realization that they were attracted to children exacerbated existing anxiety, depression, or OCD. One participant related how their sexuality interacted with their bipolar disorder, causing them to feel like a “freak” when depressed, despite not feeling that way when not depressed, and intensifying their attractions while manic.

Participants frequently cited social isolation as a contributing factor for their SIB. One participant said they did not have a friend for 30 years, and while they did not directly attribute this to their sexuality, they did say it combined with their social anxiety to increase their distress and drove them to SIB. Others mentioned that dealing with the anxiety caused by their sexuality made it hard to be socially connected with others, with some connecting it to the need to keep it a secret.

The third major theme was a concern about a positive future. Interestingly, this was the least cited reason, though it was cited by just over a third of interviewees. Ingram et al. noted that they rarely had specific fears, instead describing the daily burden of living while being attracted to children. Some related

a moment when they despaired over the fact that their sexuality was not something they could change and was not a phase, and multiple study participants responded to that feeling by feeling like suicide would be the only escape. One participant said they were most concerned with “‘Having to live a lie’ and ‘not being able to tell anyone.’”

Other participants struggled with the idea that they would have trouble finding fulfillment. While some participants were originally worried about the romantic/sexual aspect, others had other considerations. Some participants were worried about dying without a romantic partner, some about their desire to be a parent, some their ideal careers. Each of these participants were concerned that, because of their sexuality, their lives would be unfulfilling, and as such were at times unsure if they wanted to continue.

In their discussion of the article, Ingram et al. restate the main causes of SIB among the MAP community, and give recommendations as to what can be done to alleviate them. First, they recommend that support should be made available for minor MAPs, given the young age that most MAPs experience SIB. In order to counter low self-esteem/self-worth, they recommend that treatment programs, research, and public discourse avoid conflating attraction to minors and those who have sexual relationships with minors. For the cumulative effects of other stressors, the authors note that many MAPs feel unable to get

treatment for issues unrelated to their sexuality, due to their inability to explain their struggles without that context. Therefore, the authors argue that not only should treatment programs improve, but barriers to treatment such as accessibility and the fear of false reports should also be reduced with publicly available, anonymous, online resources. To counter the fear of an inexorably negative future, the authors suggest both creating treatments to help with the goal of finding a positive future, as well as bolstering social support among the community.

This article is a much-needed (if harrowing) addition to the literature, not only because it explores the causes of SIB among MAPs and argues for solutions to reduce SIB, but also because it directly includes the perspectives of MAPs. Rather than entirely filtering it through the lens of the authors, it gives MAPs a platform, albeit a limited one, to directly tell their stories to the scientific community. Additionally, it focuses on preventing SIB for its own sake, which is a very humanizing position compared to the common focus of preventing sexual crimes.

The inclusion of interview questions, thematic map examples, and Ingram's journaling during analysis, all promote transparency. This increases the research and researchers' credibility, and will hopefully encourage and enable future studies treading similar ground to follow in their footsteps.

The study does offer some useful recommendations on how to alleviate the causes of SIB among MAPs, such as developing publicly available, anonymous, online interventions to counter barriers in accessing treatment, focus MAPs' treatment on coping with their attraction to children rather than changing their orientation, educating mental health professionals on providing supportive treatment to MAPs, bolstering social support among MAPs, and countering harmful misconceptions about MAPs at the societal level. However, the authors do not discuss the barriers to the implementation of these suggestions. For example, the authors suggest that bolstering social support among MAPs is important, but they do not provide a discussion on how to practically do so given the unique considerations of MAPs. It can be dangerous to come out as any stigmatized identity, and this is particularly true for MAPs. Yet, MAPs needing to keep their attractions a secret out of a fear of being rejected, being labeled a 'monster' and/or experiencing physical violence by those around them makes it difficult to build social connections with those same people. This concern is particularly important among minor MAPs, who are more stuck in the social environments assigned to them (i.e., school), and have little ability to seek out mental health resources on their own and require the cooperation of their legal guardians. This is not to say that this is an impossible obstacle to overcome, but that it is not enough to simply state the goal (e.g., improved social support) without also discussing how to achieve it.

Having said that, the suggestions from the authors are all focused on how to improve the well-being of MAPs for their own sake, they place the onus of responsibility on professionals, and the only times prevention is mentioned is in the context of preventing SIB. This is a welcome departure from the typical focus on preventing child sexual abuse.

Overall, the article is extremely well-written and the study was well-conducted. There is very little to complain about in terms of its implicit assumptions or terminology: Its style is accessible, its

methodology is sound, and it provides suggestions for future research. There are a few limitations, but the article itself acknowledges most of them. The only major issue is that some of its recommendations would be practically difficult to implement in a modern context, but they may be implementable in the future. Studies using this model will likely continue to produce useful information to better combat SIB in the MAP community.

## **Facilitators and Barriers to Understanding and Accepting People with a Sexual Interest in Children: A Thematic Analysis**

Lawrence, A.L. & Willis, G.M. (2024)

*Archives of Sexual Behavior, 53:1361–1375, DOI: <https://doi.org/10.1007/s10508-023-02757-6>*

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This article provides qualitative data on the factors influencing people's attitudes towards "people living with sexual interest in children" (hereafter referred to as "minor-attracted people" or "MAPs") in New Zealand. To the authors' knowledge, this is the first qualitative study on public attitudes towards MAPs with the goal of improving stigma reduction interventions. Several themes are identified as either facilitating and/or hampering participants' ability or willingness to understand and accept MAPs. Implications and recommendations for future research are discussed.

The authors begin by reviewing previous efforts at stigma reduction related to MAPs, which have proven to have some success.<sup>3</sup> In one of the authors' previous studies,<sup>4</sup> they compared the efficacy of two counter-narratives of MAPs on stigma: a first-person, humanizing video of a child-attracted person, and a fact-based video providing information on the nature of this attraction. The authors found that both interventions led to stigma reduction in most measures; however, perceptions of dangerousness and belief in the ability of MAPs to choose their attractions shifted less among

participants who viewed the humanizing video. Other studies, however, demonstrated that first-person narratives are superior in reducing stigma.<sup>5</sup> One study even found that negative attitudes toward MAPs increased after data-based interventions.<sup>6</sup>

For the present study, participants were recruited from the aforementioned Lawrence and Willis' 2022 online study gauging the effectiveness of two different stigma reduction interventions. Participants in the original study were asked if they would be willing to participate in a follow up interview. Of the 38 interested in participating, six were waitlisted and two dropped out, leaving 30 participants (ages 21-61; 7 men, 22 women, 1 non-binary person).

The interviews were semi-structured, making use of open questions to encourage the authentic flow of feelings and ideas. The interviews were organized around six topics: the previous online study, the stigma-reduction video, behavioral responses to the video, wider social issues, people who are attracted to children, and the participants' personal reflections.

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<sup>3</sup> Boardman & Bartels, 2018; Harper et al., 2018, Harper et al., 2021; Jahnke et al. 2015b; Kleban & Jelic., 2012; Heron et al., 2021.

<sup>4</sup> Lawrence & Willis, 2022.

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<sup>5</sup> Harper & Hogue, 2015; Harper et al., 2018, 2021; Jahnke et al., 2015a, 2015b.

<sup>6</sup> Harper et al., 2022; Jara and Jelic, 2021



Data was transcribed and thematic analysis was used to find similarities and differences in responses. The authors found that the data could be divided into two major categories; the first category related to participants' responses to the intervention material, and the second category related to general attitudes, emotions, and experiences. The authors chose to focus only on the latter category and report on the former in another paper. The six themes were identified as either a facilitator or barrier to understanding and accepting child-attracted people.

**Theme 1: Working with Stigmatized Groups.**

Forty percent of participants disclosed that their profession involves working with stigmatized groups, which facilitated their understanding and acceptance of MAPs. The authors state that participants who worked with stigmatized groups often cited their careers as a reason why they were able to view child-attracted people more holistically. Some of them extended their knowledge of addiction and mental health issues to child-attracted people to conceptualize the attraction as a struggle that they did not choose to have. Participants who worked with stigmatized groups also emphasized the distinction between “attraction” and “behavior” and highlighted the need for “preventative measures” in reducing child sex crimes and support to help MAPs to “live a good life and be great members of the community.”

**Theme 2: Experiences and Impacts of Sexual Abuse.**

Over 75 percent of participants reported either experiencing sexual abuse or knowing someone who has experienced sexual abuse. Many of the participants who reported an experience of sexual abuse claim that their experience compelled them to attempt to understand the experiences of MAPs and of people who commit sex crimes involving children. One woman explained, “I’ve been through some experiences where I’ve been hurt by somebody’s actions in quite a traumatic way, but their actions weren’t intended to traumatize me, so I can understand the difference between someone’s intent and the impact,” and cited this as the catalyst of her “understanding where they’re coming from.” Forty percent of participants, meanwhile, claimed to know someone with an experience of sexual abuse and many described themselves as “overprotective” of them as a result. For this reason, these participants often found it difficult to understand MAPs.

**Theme 3: Knowing Someone Acknowledging the Interest.**

Thirty percent of participants claimed to know people who had confided in them about their attraction to children and their commitment to respecting New Zealand’s age of consent statutes. Participants in this group often reported experiencing a sense of initial shock, followed by understanding and acceptance. One participant reported conducting research immediately after the disclosure in order to assess that person’s “risk to others.” She reported that she initially disengaged

and distanced herself from this person; however, as time passed, she reconsidered her reaction and resumed their friendship. Another woman reported that her husband admitted to her that he was “formerly” attracted to children, though he claimed that that was no longer the case. She said, “I could tell he is very attracted to me, so I knew he had interests in adults for sure, I think that was what made me trust him.” For most participants, this experience strengthened their relationships with that person and increased their compassion for child-attracted people.

**Theme 4: Mindsets and Perceptions.** The authors report that many participants cited their general openness and tolerance for increasing their willingness to approach this issue and extend their understanding and acceptance to MAPs. Many found that attempting to imagine being attracted to children themselves gave them a considerable increase in empathy for this population, and some drew parallels from their neurodiverse status as increasing their tolerant attitudes. One person claimed that their ADHD helped them recognize the numerous differences in humans’ brains, and another participant stated that their autism allowed them to think about issues like these in less emotionally-driven ways. Several people referred to their religious beliefs as a means by which they embrace humanizing attitudes to MAPs. One participant said, “As a Christian I have to see everybody as worthy of value and dignity because

they’re made in God’s image, and I’m not better than them.” Many other participants, however, claimed that their belief that MAPs posed a particular threat to others made it difficult for them to empathize with MAPs or see them as more than a potential risk. As one participant said, “...I don’t really get it, I’m trying to understand something that has not affected me personally.”

**Theme 5: Recognition of Societal Stigma.** All of the participants disagreed with the current social attitude towards MAPs of shame and punitiveness and expressed the need for greater therapeutic support. Many claimed that the silence and secrecy imposed upon MAPs, specifically MAPs who express a commitment to abide by the law, hindered preventative efforts and perpetuated misconceptions about this population. However, many participants also felt hesitant about the repercussions of creating a culture of acceptance of MAPs, believing that MAPs may become more inclined to engage in sex crimes. Some participants even worried that a destigmatizing discourse would convince MAPs that it was permissible to be attracted to children at all. These participants believed that the attraction itself was wrong, regardless of illegal behavior. One participant contextualized this fear within broader contemporary social values, saying, “There is this push in society to liberalize and accept all forms of sexualities and I think while we can do those things, it’s not always beneficial, we can’t normalize this.” Others feared the secondary stigmatization of

publicly supporting MAPs, believing that this would be interpreted as supporting illegal activity.

**Theme 6: Being a Parent.** One theme which emerged as a particularly rigid barrier in understanding and accepting MAPs was having children of one's own. Most participants were parents, and when discussing MAPs in this context, many of them exhibited a markedly less understanding and accepting attitude. Participants who were parents claimed that their priority was to the safety of their own children, described warning their children of this population, and expressed anxiety and a desire to know who was attracted to children and where they lived, all of which was in direct contrast to all 30 participants' general reported stance of understanding and support.

Several limitations (which were noted by the authors) keep this study from being generalizable to the New Zealand population. The first is that these participants were recruited from an earlier dataset on the effects of stigma reduction interventions, and thus all have already been exposed to stigma reducing material. Additionally, a self-selection bias is evident, as 40 percent of participants have experience working with stigmatized groups. All of this suggests that participants in this study were more likely on average to have accepting attitudes towards MAPs than in a representative sample.

Still, this study provides significant insight into the internal processes by which people reach more or less understanding and accepting attitudes toward MAPs. Exposure to alternative narratives about MAPs, knowing someone who is attracted to children, and working with other stigmatized groups were all cited by participants as a means by which they developed less stigmatizing attitudes towards MAPs. Meanwhile, knowing someone who has disclosed an experience of sexual abuse, an inability to separate sexual attraction and illegal behavior, the fear of a “slippery slope,” and especially being a parent have all been mentioned as reasons why participants could not embrace a wholly understanding and accepting attitude towards MAPs.

The fact that parenthood acted as such a barrier is interesting and surprising as well. The authors mention that studies by Lehmann et al. (2021) and Jahnke et al. (2015a, 2015b) do not provide conclusive evidence that being a parent is associated with more stigmatizing attitudes. One possible explanation for this discrepancy is the qualitative methodology of the present study. Even though the interviews were anonymous and audio-only, interacting in real time with another human being may create the motivation for “performing parenthood,” that is, engaging in behaviors publicly associated with good parenting.<sup>7</sup>

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<sup>7</sup> For an example of performing parenthood in child protection cases, see Ursin et al. (2016). For an example of performing parenthood on social media, see Syrowik (2022).

In terms of the authors' own stigmatizing language and assumptions, it should be mentioned that the authors consistently refer to child-attracted people as "people living with a sexual interest in children." B4U-ACT recommends avoiding this language, as it can imply attraction to children is a chronic medical condition instead of a non-pathological aspect of human sexual diversity. Additionally, the authors repeatedly draw a distinction between MAPs who have and who have not "acted on their sexual interests" which is vague and may refer not only to criminalized sexual activities, but also to fantasy, masturbation, or the viewing of legal/non-pornographic images of children. Lastly, the authors promote the importance of portraying MAPs as not choosing and not wanting their attractions in stigma reduction campaigns, which

seems to imply that stigma is primarily problematic for MAPs who experience their sexualities as shameful and wish to change them, arguably deprioritizing stigma against MAPs who experience their sexualities more positively.

These considerations aside, this study addresses an important gap in the research on societal efforts to reduce the stigma against child-attracted people. Future research should continue in this path, ideally with more representative samples who have not all had previous exposure to one of two stigma interventions. However, this research offers some important insights to people developing stigma interventions, and highlights some of the key barriers that should be targeted.

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## **Development and Initial Validation of Measures of Proximal Stigmas and Experiences of Discrimination for Minor Attracted People**

McPhail, I.V. and Skye Stephens, S. (2024)

*Archives of Sexual Behavior* 53 (21), DOI: <https://doi.org/10.1007/s10508-024-02842-4>

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The current study aims to pave the way for more targeted and effective interventions to support the mental health and well-being of minor-attracted people (MAPs), offering hope for a future where they can navigate their identities with greater acceptance and understanding. To this end, McPhail and Stephens developed two self-report measures of internalized stigma and discrimination experiences among MAPs and conducted a preliminary validation of the measures.

McPhail and Stephens begin by summarizing the literature on “minority stress models”. They report elevated rates of mental health issues among “sexual and gender minorities” and note that theoretical models attribute these heightened risks to chronic stress stemming from stigma. The associated stressors can be external (“distal”), including experiences of overt discrimination and rejection, or internal (“proximal”, i.e., closer to the individual), referring to the “process by which members of a stigmatized group learn about the negative stereotypes others hold about them, come to believe these stereotypes are true about them, and experience negative emotions in response to the stigmatized characteristic.” These stressors are linked to various negative mental health outcomes,

from substance abuse to mood disorders, anxiety disorders, suicidality, and PTSD, among others.

The authors then focus the discussion on the mental health of MAPs, which is greatly affected by stigma and its associated stressors. MAPs typically face more hostility than other paraphilic groups and even criminalized individuals. This stigma translates into profound mental health issues, including heightened rates of psychological distress, loneliness, and suicidality. McPhail and Stephens also highlight a concerning gap in the literature: the extant standardized measures to gauge the stigma-related stress experienced by MAPs fall short as they lack rigorous psychometric validation or are otherwise inadequate. This gap hinders comprehensive understanding and effective intervention strategies. Recognizing this, the authors endeavor to validate measures of proximal stigmas and discrimination experiences in MAPs.

They lay out a list of directional hypotheses about proximal stigma and discrimination experiences. They postulate that both are positively associated with various mental health problems (depression, anxiety, etc.), and that they are also positively correlated with each other. They suggest that it is

*perceived* discrimination, as opposed to actual or “enacted” discrimination, that is associated with proximal stigma. They also list secondary hypotheses (“to test divergent validity”), such as proximal stigma being unrelated to age, discrimination experiences being more frequent for MAPs whose attraction is exclusive or predominant, and a history of criminal offense being positively associated with both proximal stigma and discrimination experiences.

To test their hypotheses, McPhail and Stephens recruited a sample of 289 MAPs. Approximately a quarter (26%) of the sample were female, which is uncommonly large for studies on MAPs. The average age of participants was 31.8 (SD = 12.2) and there was a nearly equal divide between exclusive (43.4%) and non-exclusive (56.6%) minor attraction. Curiously, no information regarding the distribution of participants attracted to boys/men, girls/women, both, and/or other genders was included by the authors.

The recruitment process began by reaching out to online communities for MAPs, including platforms like BoyChat, GirlChat, Virtuous Pedophiles, and Visions of Alice, and contacting the administrators to seek permission for sharing the survey link. Additionally, both authors utilized their Twitter accounts to expand the recruitment efforts. Participation in the study required individuals to acknowledge some level of attraction to minors,

which resulted in seven respondents being excluded from the final sample for not meeting this criterion. The Proximal Stigma and Discrimination Scale developed by the authors is comprised of two subscales: the Proximal Stigmas Scale for Minor Attracted People (PS-MAP) and the Experiences of Sexual Stigma and Discrimination Scale by Minor Attracted People (ESSADS). The PS-MAP was developed from items adapted from the Measure of Internalized Sexual Stigma for Lesbians and Gay Men (MISS-LG), while the ESSADS was developed from items adapted from the Sexual Stigma Scale for Lesbian, Bisexual, and Queer Women. The decision to adapt a scale that is specifically designed for lesbian, bisexual, and queer women should have been defended by the authors, or at least noted as a limitation, especially in a sample of majority male MAPs. The strategy of adapting existing measures was chosen for two main reasons. Firstly, experiences of proximal stigmas and discrimination reported by MAPs closely resembled the items of existing scales used with sexual minorities. Secondly, there was existing literature supporting the significance of both proximal stigmas and discrimination experiences in understanding the mental health of sexual minorities.

The resulting PS-MAP measured the degree to which individuals internalized and endorsed negative societal attitudes toward MAPs, including fears of rejection and efforts to conceal their attractions, while the ESSADS measured perceived

and enacted discrimination. Both scales contained 11 items each. To test their hypotheses and the validity of their newly-developed scales, the authors used a large number of extant scales: for alcoholism,<sup>8</sup> drug abuse,<sup>9</sup> psychological distress,<sup>10</sup> coping mechanisms,<sup>11</sup> optimism/pessimism,<sup>12</sup> mental disorders,<sup>13</sup> suicidality,<sup>14</sup> and age attraction.<sup>15</sup> Although the use of so many tests in a study is not uncommon in psychology, it could raise concerns about the reliability of the results due to the significant strain it places on participants.

After applying structural and correlation analyses, both scales demonstrated good internal consistency and factor structures that aligned with the conceptualization of stigma and discrimination experiences among minor attracted individuals. For the PS-MAP, statistical methods favored a two-factor solution. The two factors accounted for 29% and 28% of the variance in item scores, respectively. These factors assess fear of detection or rejection by others (Factor 1) and internalizing symptoms related to one's sexual attraction to children (Factor 2). The overall reliability of the PS-MAP scale was high at 0.89, with both factors showing good reliability.

Similarly, for the ESSADS, both one- and two-factor solutions were considered, with statistical support favoring the two-factor solution. The factors accounted for 34% and 17% of the variance in item scores, respectively. These factors assess experiences of enacted discrimination (Factor 1) and perceived discrimination (Factor 2). The overall reliability of the ESSADS scale was 0.857, with Factor 1 showing higher reliability compared to Factor 2. Items 6 (Table 2) and 12 (Table 3) were, however, quite awkwardly worded and adapted, which may have contributed to their fairly low loading.

In the discussion, the authors delve into the complexity of the associations between PS-MAP scores and various psychological distress indicators, coping strategies, and mental health diagnoses. ESSADS scores were also associated with psychological distress and coping strategies, although the relationship was weaker for enacted discrimination. Interestingly, enacted discrimination showed a negative relationship with fear of rejection and concealment efforts, suggesting that concealment may offer some protection against discrimination for MAPs. In terms of stigma-related stressors, enacted discrimination was weakly related to proximal stigmas, possibly because extreme forms of discrimination are relatively distal and may not involve close relationships, while perceived discrimination and internalized stigma were positively related, indicating a shared vulnerability to stigma-related stress processes. Overall, the

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<sup>8</sup> The Short Michigan Alcoholism Screening Test (SMAST).

<sup>9</sup> The Drug Abuse Screening Test (DAST).

<sup>10</sup> The Brief Symptom Inventory.

<sup>11</sup> The Brief COPE.

<sup>12</sup> The Beck Hopelessness Scale (BHS).

<sup>13</sup> A list of 17 categories aligned with the DSM-5.

<sup>14</sup> The Suicide Behaviors Questionnaire-Revised (SBQ-R).

<sup>15</sup> The Prepubescent and Pubescent Age Orientation Scales (AOS-PP and AOS-P) adapted from the Kinsey Scale.



findings underscore the need for further research to explore the nuances of stigma-related stressors in MAPs, including the role of concealment, the impact of different forms of discrimination, and the complex interplay between perceived discrimination and internalized stigma.

The authors acknowledge several limitations that moderate the confidence in the scales' psychometric properties. Perhaps most importantly, the validation analyses lacked an independent sample (ideally, the scale would have been tested once on an aptly sized sample and again on a separate sample from the one on which the scale was developed), hindering the robustness of the findings. The reliance on self-report measures for all constructs introduced common method variance, potentially weakening the strength of the validation evidence, and the correlational design precluded causal inferences while the convenience sample limited generalizability.

In addition to the limitations noted by the authors, it is also worth noting that the study had many hypotheses which could have benefited from a more clear presentation of their outcomes. As it is, the results section is, at times, difficult to reconcile with the clear-cut and directional hypotheses postulated by the authors. It would also have been beneficial to include some well-being measures and other positive mental health outcomes to see whether or not they

would be negatively associated with the developed measures.

At a more conceptual level, there was also a missed opportunity to explicitly discuss the extent to which MAPs can be construed as a part of the “sexual and gender minorities” category that is at the heart of the minority stress models. The authors never define what constitutes a “sexual minority”, but their discussion of the relevant literature seems to equate it with the LGB communities, a narrow interpretation that would exclude MAPs from sexual minorities. However, on at least one occasion, McPhail and Stephens present MAPs as a subgroup within sexual minorities, claiming that the observed low endorsement of enacted discrimination “may arise due to MAPs’ patterns of disclosure and outness being different from *other* sexual and gender minorities.” (emphasis added). Whether or not MAPs count as a sexual minority is closely related to the issue of whether attraction to minors is an “identity” or a “condition”, and on this front, too, the authors’ position is unclear. While most of their discussion appears aligned with an identity-view, some of their chosen formulations support a condition-view (e.g., talking about people “*with* minor attractions” and people “*having* a minor attraction”).

Nevertheless, McPhail and Stephens’ study represents one of the first, much-needed, systematic efforts to meticulously leverage the concepts within

sexual and gender minority stress models to gauge stigma-related stressors experienced by MAPs. A very profound gap in research was identified by the authors and addressed appropriately using sound methodology and statistical analyses which resulted

in two well-crafted scales which exhibited consistent correlations with constructs within the broader framework of minority stressors, and their total and factor scores demonstrated satisfactory reliability.

**The interaction between perceived chronological age and physical sexual development in attractiveness judgements made by people who are attracted to children**

Lievesley, R., &amp; Harper, C. A. (2024).

*Psychology & Sexuality, 1-22, DOI: <https://doi.org/10.1080/19419899.2024.2321149>*

Lievesley & Harper examine age of attraction (AoA), defined in the paper as *self-identified chronophilic orientation*. The study seeks to understand how perceived age might influence judgment of attractiveness, independent of sexual development. The premise of this study is based on the assumption that information about a person's age is read from their face, while information about their physical development is read from their body, without the two concepts overlapping. This idea is more specifically discussed in the concluding remarks.

In explaining their motivation, Lievesley & Harper observe that existing categories of chronophilia typically refer to developmental markers rather than birthdays. The authors seek to clarify the cognitive processes involved in appraising physical attractiveness, estimating age and computing mate value, which they say may include both physical and psychological characteristics. The authors state that the importance of accurately measuring AoA is primarily for the assessment and treatment of people with sexual convictions, or for purely theoretical purposes. There was not any discussion on how this avenue of research may benefit MAPs' well-being.

The authors discuss methods for measuring sexual arousal patterns and their importance in both theoretic and forensic practice. According to the authors, measuring genital arousal has long been regarded as the gold standard, and is done for evaluating risk of sexual reoffending, but is also highly invasive, and difficult to administer at-scale. The authors argue that more recent techniques, such as viewing time tasks and the implicit association test are less invasive and easier to administer at-scale. However, the authors state that the latter methods may be more prone to confounding.

The authors point out that it is vital to consider the stimuli used in any of these tests, and so the rest of the paper focuses attention on those stimuli. The authors state that most stimuli used to measure sexual arousal patterns are computer-generated, as using images of real children presents ethical problems. However, the authors argue that the computer-generated images present their own problems, such as lacking realism. The authors' primary critique of the current stimuli that are used is the over-reliance on Tanner stages as a metric. The Tanner scale is a measurement of pubertal development based on primary and secondary sex characteristics, and ranges from 1 (pre-pubescent) to

5 (post-pubescent). Lievesley & Harper point out that attraction is multifaceted, and encompasses both physical and psychological characteristics. Focusing solely on sexual development to define the ages a person is attracted to may be missing a key component of attraction, and argue that the perceived age is also an important factor.

The authors posit an evolutionary basis for a male sexual preference for youthful faces, balanced by the selective pressure to seek fertile (ie, post-pubescent) mates. They propose two interacting mechanisms that may be involved in mate choice: age and sexual maturity. The authors argue that estimations of a person's age is primarily driven by facial features, and that there is little evidence to suggest that bodily development provides any information on age estimation. They also discuss this in relation to "teen" pornography, where adult actors emphasize characteristics that are reminiscent of earlier Tanner stages (e.g., lacking pubic hair, or having small breasts), which may confound users' attraction to less developed bodies with their knowledge that the actor is an adult. The primary concern of the authors appears to be that the (presumed) teleiophilic fans of teen porn may get labeled as MAPs, even if their attraction is dependent upon believing that the actor is an adult.

The authors conducted three studies, the first two of which are preliminary studies to develop a new stimulus set, in which photographs of faces and

bodies are digitally and independently merged: for example, three separate images might show the same pubescent body, merged with adult, pubescent and prepubescent heads. The aim of study 1 was to confirm the effectiveness of the stimuli in conveying age and stage information and the validity of the allocated age and stage classes. Study 2 was to verify the realism of the images and again verify age estimates for each image when presented as a complete figure. In study 3, the stimulus images were used to test how the different indicators (age estimated by facial cues and sexual development estimated by bodily proportions) influence the attractiveness of each stimulus.

In study 1, a community sample recruited through advertisement was given a task to estimate the age (from faces/heads) and Tanner stage (from bodies) of the separate head and body images. Due to variation in estimates of both age and stage of intermediate classes (Tanner 2-4), images were combined into three classes rather than five: prepubescent (Tanner stages 1 and 2), pubescent (Tanner stage 3), and post-pubescent (Tanner stages 4 and 5).

Study 2 used a separate, crowd-sourced, compensated community sample, and stimulus images with heads and bodies combined. The aim was to verify the realism of the images and again verify age estimates for each image when presented as a complete figure. Some of the stimuli did not reach the threshold for realism (two acceptable

images per head/body combination). The completed stimulus set was assembled in accord with realism estimates developed for existing computer generated sets. The authors did not detail the results of the age estimates of the combined images, but they did provide this information in the supplemental materials. Holding the head constant while changing the body appeared to affect participants' perceptions of the age of the person depicted. For example, the images depicting a prepubescent boy's head with a prepubescent boy's body were estimated to be around 7 or 8 years old, while the images of a prepubescent boy's head on a pubescent boy's body were estimated to be around 10 or 11 years old. While the face is highly important for estimating age, it is evident that bodily development also factors into age estimation.

Finally, in study 3, the stimulus images were used to test how the different indicators (age estimated by facial cues and sexual development estimated by bodily proportions) influence the attractiveness of each stimulus, in both a community sample and a separate sample of minor attracted people recruited from online MAP forums. The 28 test images were used in the following configurations:

1. Pre-pubescent bodies (Tanner stages 1-2) with pre-pubescent and pubescent heads.
2. Pubescent bodies (Tanner stage 3) with pre-pubescent, pubescent, and adult heads.

3. Post-pubescent bodies (Tanner stages 4-5) with pubescent and adult heads.

Participants were asked to report their AoA, which was categorized into the following chronophilic orientations: attraction to  $\leq 10$  year olds ('pedophile'), 11-14 year olds ('hebephile'), 15-17 year olds ('ephebophile') and 18+ year olds ('teleiophile'). They were then asked to rate the attractiveness of the stimulus images.

Using two-way analyses of variance (ANOVA) across each chronophilic orientation, the authors examined the "effect of apparent chronological age (depicted by faces) on the attractiveness of people of various stages of physical sexual development (depicted by bodies)". ANOVAs were run separately for male and female stimuli and for the prepubescent, pubescent and adult body types. Main effects were as expected, such as prepubescent bodies being more attractive to 'pedophilic' subjects, and both pedophilic and teleiophilic participants rating pubescent bodies as less attractive than bodies estimated to be in their AoA. The most interesting finding was that:

These main effects were moderated by the manipulation of the apparent age of the person being rated. This is a novel finding that calls into question the reliance on Tanner stages as a method of demarcating chronophilic orientations. That is, it was not simply the

development of the body that affected attractiveness ratings, but this in combination with the perceived age of the person (as represented by their facial features).

The authors interpret “perceived age” as a proxy for primarily psychological traits rather than as markers of physical or sexual development. In particular, they propose that “age” may be a proxy for a child's relative emotional and cognitive development, and that the moderating effect reflects preferences for children with specific competencies.

Following their data, they propose that attraction to earlier and later levels of psychological development may represent "a purer form" of pedophilia and hebephilia respectively, while pedohebephilia may be less sensitive to emotional development and more focused on physical and sexual development.

The authors conclude with a discussion of the high variability of estimation of Tanner stages from body proportions in studies 1 and 2, the limitations of self report data in study 3, and possible confounding due to unmeasured variables, particularly participants' race and which genders they are attracted to. The authors' discussion on the limitation of self-report data began with their mistrust of MAPs' self-reported AoA, and called for future researchers to use methods such as the penile plethysmograph to get more accurate ratings, yet earlier in this paper they described these methods as being invasive, and

this suggestion is rarely, if ever, brought up for studies not focused on MAPs.

The paper misses an opportunity to ask how its findings might best support the well-being of minor attracted people themselves. For example, in "[t]heorising about the nature of pedohebephilia," the authors acknowledge that MAPs are interested in children's emotional lives, without asking whether this interest could offer an avenue for their safely meeting emotional needs. MAPs themselves are left entirely out of the conversation. Instead, the authors propose the following:

Researchers and clinicians might look to work collaboratively towards unpacking the physical and psychological elicitors of attractions to children to both understand the foundations of such attractions and develop methods for the safe management of attractions to children.

There is little room here for MAPs themselves to show an interest in, shed light on or take responsibility for managing their own feelings. Qualitative research to gain greater insight into the lived experience of MAPs might be a more productive focus to achieve their goals than solely focusing on quantitative methods and only involving researchers and clinicians.

The primary methodological weakness is the questionable proposition that perceived age is solely

driven by facial features, and that the body did not influence the participants' age estimation, when the supplemental materials show a clear trend that the body does impact perceived age. The authors' interpretation that MAPs are attracted to psychological characteristics of children as well as their physical characteristics is valid. However, the presented data do not appear to create a strong argument for that interpretation. When considering how the body affects age perception, the findings simply show that people who are attracted to children aged  $\leq 10$  years old report finding children they perceive to be 7-8 years old to be more attractive than children they perceive to be 10-11 years old.

Additionally, other than a mention of a potential preference for one race (or skin tone) over another, little is made of the numerous other factors influencing sexual and romantic attraction. For example, resizing a head to fit a different body can affect the apparent body type. An adult head on an adolescent body can suggest an ectomorphic body type, which could also be subject to preference.

On the positive side, this study seeks to untangle some of the complex, braided threads that make up a minor attracted person's interest in children. While this paper is steeped in a forensic and clinical mindset, the authors were careful to note that minor attraction is not a mental disorder itself, and that "pedophilic disorder" as listed in the DSM requires that the attractions are accompanied by sexual behavior with children or significant distress to be classified as a disorder, and they warned against the conflation of minor attraction with criminal behavior. The authors' recognition of "attraction to youthful personality traits" or to "more mature emotional development" are welcome acknowledgements of the interpersonal dimension in minor attraction. The paper provides a welcome alternative to the tired caricature of minor attraction as nothing but a predatory, sexual interest in children's bodies. Despite some persistent biases, Lievesley & Harper's exploratory approach should be welcomed.

**Aberrant brain activity in pedophilia links to receptor distribution, gene expression, and behavior**

Schnellbacher, G. J., Dukart, J., Hansen, J. Y., Markello, R. D., Mokros, A., Pietsch, V., ... & Poepl, T. B. (2023)

*Nature mental health, 1(9), 615-622, DOI: <https://doi.org/10.1038/s44220-023-00105-0>*

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In their article, Schnellbacher et al. describe their meta-analysis investigating whether there is convergence of altered brain activity—both generally and in a sexual context – “in pedophilia.” They identified 24 papers, encompassing 69 experiments and 450 brain activation foci (specific points or locations within the brain where researchers observe changes in activity or characteristics). To be included in the meta-analysis, studies had to have been published between January 1, 1997 and September 1, 2022, and they had to include (1) direct group comparisons between “pedophilic” and “non-pedophilic” subjects, (2) correlations of brain activity with measures of “pedosexual interest” (for example, tests of sexual fantasy or implicit association), or (3) results following treatment.

The authors integrated Activation Likelihood Estimation (ALE) and spatial correlation with receptor/transporter densities to address their research question. In simpler terms, these analyses aimed to use the selected studies to create a brain map of “pedophiles” (the term used by the authors to describe people with “persistent sexual interest in prepubescent children,” hereafter referred to in this review as minor-attracted people or MAPs). The goal was to determine whether certain brain regions

of MAPs show more convergence than expected by chance or compared to “healthy controls” (described by the authors as people who are not attracted to minors). Additionally, the study aimed to explore the relationship between altered brain activity in MAPs and the distribution of various receptor/transporter systems in individuals who are not attracted to minors. Specifically, the researchers assessed whether the identified brain clusters overlapped with areas of high or low expression of these neurotransmitter systems. When a statistically significant association was found between the receptor maps and the brain maps of aberrant activity in MAPs, multiple linear regression analyses were conducted to assess the specificity of this association. Ultimately, the researchers present their results in three stages: the convergence of generally altered brain activity in MAPs, aberrant brain map activities in relationship to molecular architecture, and aberrant brain map activities in relationship to behavior.

When considering the convergence of altered brain activity in MAPs, no consistent patterns were observed. In other words, no atypical brain activity was detected in MAPs compared to other groups. This was true across studies, excluding



non-task-based experiments, studies reporting treatment impacts, and those comparing two groups of MAPs. Out of the studies included in the meta-analysis, 28 were conducted in a non-sexual context, and each of them revealed a lack of convergence. However, among 41 studies, there was a consistency in altered brain activity in a sexual context, specifically in the left anterior insular cortex, claustrum, and anterior midcingulate cortex. This alteration was observed due to exposure to “pedophilic” and/or “non-pedophilic” sexual stimuli (using tests such as the Multiphasic Sex Inventory for example), as well as treatment effects. Similar to the findings in a non-sexual context, there was no convergence regarding generally increased or decreased neural activity associated with attraction to minors in a sexual context.

Concerning the aberrant brain map activities’ relationship to molecular architecture, correlational examinations linking the brain map of deviant neural activity in the sexual domain with the density of neurotransmitter receptors/transporters in the human brain showed a significant positive association. The way the authors interpret this result is that the greater availability of the corresponding receptors in a specific brain region, as indicated by research on people who are not attracted to minors, corresponds to more aberrant brain activity in that brain region among participants attracted to minors. Furthermore, the authors also reported a “robust” relationship of aberrant brain activity in MAPs with both the

GABA<sub>A</sub> and 5-HT<sub>1B</sub> systems, with the most specific link to 5-HT<sub>1B</sub> receptor distribution.

Finally, the relationship between aberrant brain activity and behavior was examined by assessing sexual stimulation in MAPs and navigating through the Neurosynth database to identify specific terms (such as 'attention,' 'emotion,' or 'sleep') typically associated with particular brain regions. Using this approach, the authors discovered that, among the aberrant brain activities...

[...] functional annotations from Neurosynth with large positive loadings were significantly related to higher cognitive processes, including decision making, memory recall, and goal-directed behavior (for example, ‘interference,’ ‘retrieval,’ ‘memory,’ ‘decision,’ ‘recognition,’ ‘rule,’ ‘cognitive control,’ ‘manipulation,’ ‘competition’). By contrast, only few terms with large negative loading were identified. (p. 617)

The authors elaborate on their findings by delineating three main points. Firstly, they note the absence of significant convergence in altered brain activity either generally or in non-sexual contexts among MAPs. Instead, their results suggest that brain activity deviates specifically in contexts where MAPs are exposed to sexual stimuli. Secondly, they propose that sexual attraction to children may stem not only from a generalized neurodevelopmental

disorder but also from neurobiological changes within the neural systems of sexuality. Thirdly, they suggest that attraction to children may originate during the perinatal period, influenced by receptors involved in brain activation such as GABA<sub>A</sub> and 5-HT<sub>1B</sub>. Drawing from studies conducted with rats and mice, they highlight the higher prevalence of both GABA<sub>A</sub> and 5-HT<sub>1B</sub> receptors in the brain structure of male mammals during the early postnatal period as an indicator of sexual preference. Given that these receptors are more prevalent in males, they suggest that this may help explain why attraction to minors is predominantly observed in males. Despite recognizing the importance of altered cognitive processes in the emergence of attraction to minors and cautioning against comparisons with rats, the authors propose that the development of attraction to children may commence even before the child's birth. In conclusion, the authors suggested that treatment for MAPs should focus on pharmacological interventions targeting specific neuronal receptors.

It is important to highlight the impressive quality and scope of work carried out by Schnellbacher et al., as well as the advanced software utilized to facilitate meaningful comparisons. Upon reviewing the authors' research, it is apparent that they invested considerable effort in crafting a rigorous methodological approach. Furthermore, it is also interesting to observe recent empirical studies

delving into the origins of attraction to minors, examining whether it is innate or acquired.

Nevertheless, despite these positive points, the authors could have clarified some areas of their work. First, it is important to underscore the considerable complexity of the language employed by the authors and the lack of provided definitions to fully grasp and appreciate their statements. The intention here is not to critique the authors for utilizing scientific terminology, as is customary in publications within international scientific journals, but rather to highlight the absence of concise explanations for various terms (e.g., the role of neural receptors), which would have helped readers in achieving a more comprehensive understanding of the text. A revealing example of this point is the consistent use of the term "aberrant" regarding the brain activity of participants without providing a precise definition. While it's inferred that aberrant activity arises from comparisons with reference groups, it remains unclear whether there's a specific scale to define what constitutes aberrant brain activity or if any deviation from the reference group is considered aberrant. This aspect is one of several where the authors could have provided further clarifications to enhance our comprehension of the findings. Similarly, it would have been useful for the authors to provide information about the definitions of "pedophilia" or "pedophilic disorder" used in the studies included in their meta-analysis, as these definitions may have varied which could influence

the findings. In the end, the absence of elaboration in the article limits the utility of the conclusions.

As another note, if the authors confine the function of GABA<sub>A</sub> and 5-HT<sub>1B</sub> receptors to sexual preference, it's also pertinent to acknowledge their significant role in various other functions, including anxiety, emotion regulation, and sleep.<sup>16,17</sup> Do MAPs exhibit differences from other samples in these aspects based on the same receptors studied by researchers? This is a question that the study does not enable us to address.

Further, it's noteworthy that the authors do not differentiate in their analysis between groups who have committed sexual offenses and those who have not. In the discussion section of their article, the authors acknowledge the existence of research indicating significant brain-level alterations in individuals diagnosed as psychopaths compared to the general population.<sup>18</sup> However, it is surprising that they did not give similar attention to the population being studied. Despite concluding their paper by advocating for the consideration of certain psychological aspects and disclosing in the

supplementary material the inclusion of research involving individuals who have committed sexual offenses, it is surprising that they do not elaborate on this aspect more. Therefore, although the authors acknowledge at the beginning of the article that pedophilia is not synonymous with sexual aggression, the absence of revisiting such a distinction in light of their results or elaborating on it further in a section addressing the limitations of their study gives the impression that they perceive MAPs as a homogeneous population.

Lastly, one aspect that appears to be lacking in the article is a discussion about where future research and counseling approaches aimed at MAPs should focus. Considering the findings indicating that attraction to children may begin to develop even before birth and that MAPs exhibit brain aberrations when exposed to sexual stimuli, specialists working with these individuals may wonder what strategies could be employed to assist them. The only solution the authors offer to these questions is to encourage the development of pharmacological interventions for MAPs, verbalizing that "sexual behavior can be manipulated by targeting 5-HT<sub>1B</sub>" (p. 617). However, this suggestion appears clumsy, as the absence of an explanation regarding the nature of "sexual behavior" among MAPs leaves readers wondering whether this recommendation applies universally to all MAPs or specifically to those who have committed sexual offenses. Consequently, as mentioned earlier, it prompts questions about

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<sup>16</sup> Mehta, A. K., & Ticku, M. K. (1999). An update on GABAA receptors. *Brain research reviews*, 29(2-3), 196-217. [https://doi.org/10.1016/S0165-0173\(98\)00052-6](https://doi.org/10.1016/S0165-0173(98)00052-6)

<sup>17</sup> Olivier, B., & Van Oorschot, R. (2005). 5-HT<sub>1B</sub> receptors and aggression: a review. *European journal of pharmacology*, 526(1-3), 207-217. <https://doi.org/10.1016/j.ejphar.2005.09.066>

<sup>18</sup> Poepl, T. B., Donges, M. R., Mokros, A., Rupprecht, R., Fox, P. T., Laird, A. R., ... & Eickhoff, S. B. (2019). A view behind the mask of sanity: meta-analysis of aberrant brain activity in psychopaths. *Molecular psychiatry*, 24(3), 463-470. <https://doi.org/10.1038/s41380-018-0122-5>

whether the authors perceive all MAPs as potential future sexual aggressors. Furthermore, in a context where various research suggests that MAPs just want to be treated with dignity,<sup>19,20</sup> and where challenges such as the uncertainty of finding a suitable specialist and financial barriers<sup>21</sup> significantly hinder access to counseling, advocating for pharmaceutical treatment seems disconnected from addressing the social and psychological constraints often faced by MAPs. It is also important to underscore that recommending pharmaceutical treatment as the sole or primary option for providing mental health care for MAPs and consistently referring to non-MAPs as "healthy volunteers" reinforces the perception that MAPs are inherently ill and must be targeted with treatment interventions aimed at preventing wrongdoing.

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<sup>19</sup> B4U-ACT. (n.d.). Living in truth and dignity. <https://www.b4uact.org/>.

<sup>20</sup> Walker, A. (2021). *A long, dark shadow: Minor-attracted people and their pursuit of dignity*. University of California Press.

<sup>21</sup> Grady, M. D., Levenson, J. S., Mesias, G., Kavanagh, S., & Charles, J. (2019). "I can't talk about that": Stigma and fear as barriers to preventive services for minor-attracted persons. *Stigma and Health*, 4(4), 400. <https://doi.org/10.1037/sah0000154>

## Meet the New Generation

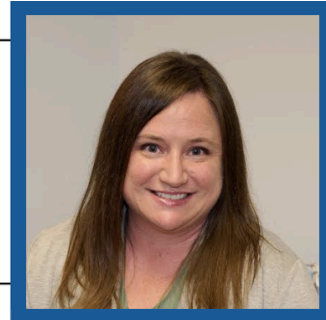
*In this section, we present a young scholar from the MAP-research community, typically a PhD student who is on B4U-ACT's email group for researchers. This is a way for B4U-ACT to honor individuals who demonstrate an authentic concern for the respect, dignity, mental health, and well-being of MAPs.*

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**Jessica VerBout, M.A., LMFT, CST**

**PhD Student at the Modern Sex Therapy Institute (MSTI)**

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Jessica VerBout is a Licensed Marriage and Family Therapist, an AASECT Certified Sex Therapist, and an AASECT Certified Sex Therapist Supervisor in Minnesota with a passion of helping individuals, families, and all sorts of relationship structures with their sexuality concerns and interpersonal struggles. She has over 15 years experience in the field, with all of her career working with issues of sexuality, but finds her passion is best served working with individuals who are often the most marginalized and misunderstood. She is currently a PhD student in Sexology at the Modern Sex Therapy Institute's Sexology program and her dissertation is furthering the understanding of sexual satisfaction and fulfillment of those attracted to minors. A firm believer that all can have healthy, positive sexual experiences, Jessica says she is “humbled to be working with amazing organizations, like B4U-ACT, to further accessibility to quality care.”

## B4U-ACT Resources

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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](mailto: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/?event=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-2/>)