

B4U-ACT

Summer 2020 Newsletter

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Letter From the Editors

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Welcome to the first edition of the B4U-ACT Newsletter!

We are constantly seeking to provide services and resources for minor-attracted people, mental health providers, and researchers, and we're excited to include this endeavor in that work. In this space, we hope to feature news and perspectives that relate to our work in advocating compassionate care for minor-attracted people and research that may have a role in promoting their well-being.

In addition to news updates, this inaugural edition features an exclusive interview with Crystal Mundy, a Ph.D. Candidate at the University of British Columbia and an ascending researcher on matters related to minor-attraction. She has conducted several studies with consultation from B4U-ACT, as well as leading a roundtable discussion and serving on the planning committee for our 2018 research symposium on "Expanding the Focus of Research on Minor-Attracted People."

We hope you enjoy this first issue, and find it informative as well. Thanks for reading!

David Ertz and Ash Masen
Editors

Statement: B4U-ACT and Protests for Justice

While it is not within our specific charter as an organization, the injustices that people of color have and continue to face nonetheless demand attention and action from all of us.

B4U-ACT fully supports the fight for the humanity, dignity, and voices of Black, Indigenous, and other people of color, as we support justice and empowerment for all marginalized people.

News Updates

In April of 2019, we held our annual spring workshop on the topic of “Compassionate and Informed Approaches for Supporting Minor-Attracted People.”

Let's take a look at what's happened in the year since...

Researcher Email Group:

In 2019, we began an email group for researchers conducting studies related to the mental health of MAPs. The goal is to help researchers network and support each other, and to nurture a community of researchers studying MAP mental health. The group has 36 members, including graduate students, new researchers, and established researchers, as well as minor-attracted people.

New Research:

During the last year, we've consulted and provided input from minor-attracted people to researchers on 11 new and ongoing studies. These studies are on a broad range of topics pertaining to MAPs, and have involved 14 different researchers representing 11 academic institutions in Canada, the United Kingdom, Denmark, the Netherlands, Germany, and the United States. For more information on past and ongoing studies, check out [this page on our site!](#)

We Joined Twitter!

Follow us at twitter.com/B4U_ACT to stay in the loop!

...and what we're looking forward to next!

Spring Workshop (New Date TBA):

While it has been delayed for now due to the COVID-19 pandemic, we're still looking forward to hosting our next workshop, which this year is titled “Authenticity in the Face of Stigma: Challenges for Clinicians and Minor-Attracted People.” Make sure you're subscribed to [our email list](#) to get updated about this event!

Continuing our monthly dialog group on therapy for MAPs:

Our monthly dialog group, held online, is still going strong! The group includes MAPs, therapists, graduate students, and researchers in the fields of mental health and sexuality. The topics covered are wide ranging, and have included the use of Compassion Focused Therapy and Narrative Therapy with MAPs, the knowledge base therapists need to work with MAPs, the development of an educational program for therapists, similarities and differences between therapy for MAPs who've acted sexually with minors and therapy for those who haven't, parenting experiences and/or desires among MAPs, and sexual health for MAPs.

Coming soon from B4U-ACT...

Two other projects that are currently in the works: a document on sexual health for MAPs, and a review of the Berlin Dissexuality Therapy program. Look for more information on these in future newsletters!

Interview with Crystal Mundy



Ash spoke with Crystal Mundy, a PhD candidate at the University of British Columbia, about her research on relationships, resiliency, and parenting intentions among MAPs. Crystal also plans to open a counselling practice in British Columbia, Canada this August.

Ash Masen: What brought you to study psychology and ultimately to work with the MAP population?

Crystal Mundy: I would say it came extraneously through my interest in forensic psychology. I've been doing that since my bachelor's degree. I've been very interested in working with people after they've been in the correctional setting and helping them reintegrate and succeed after that life. Over 10-12 years that's transitioned. Through my master's, I studied sexual offending behaviors specifically. While I was in that literature working on my master's thesis, I came across some of the beginning literature looking at minor-attraction.

This was probably five or six years ago, when some of the preliminary literature was coming out. Michael Seto had written about pedophilia being a sexual orientation, and that led me to look at it in a way I honestly hadn't considered. I think that many researchers in that area haven't thought about a whole population of people who aren't involved in the forensic system, and need services that might

have nothing to do with that. It just spoke to me in that personal way; I think everybody deserves services and everybody has value.

And how did you start getting involved with B4U-ACT? Was that during your master's thesis, or was it after that?

It was during my master's, when I was starting to work on my dissertation research. I wanted to work with minor-attraction in my master's thesis, but it was so new, and we really didn't have a good idea of how we would go about that work. And as I found four years later, networking is such a big part of it, and being able to get people invested in the research and build rapport so that they're willing to communicate with you. It takes time to build those relationships.

As I moved into my PhD, I was able to start targeting my research more. I had initially become aware of Virtuous Pedophiles, and through that I ended up educating myself a lot more on minor-attraction, then came across B4U-ACT and

they had their research symposium. We came and presented some research there. Some of my undergraduate students also presented some of their research. It was such a wonderful experience, it was so open and inviting and it was so nice to see people there from the minor-attracted community willing to talk with researchers.

You've recently taught a course which looks at a lot of non-normative sexualities. Do you see any commonalities between the different groups?

I can't say that there's anything glaring that sticks out to me about that. I think people have a lot of stereotypes, but not all of them tend to hold up in the research. So for example, people who offend are assumed to have been abused as a child. Well, there is a higher rate of abuse among people that offend, but most people that offend were not abused. So there's a lot of conflation between a lot of these issues. I try to deal with the stereotypes that are out there in my course and try to remove some of those.

include those minor-attracted kids, then maybe we can get more willingness to help.

When a lot of people hear my research subject or we talk about this, it's very much from a preventative standpoint. But we also fail to recognize that all of these individuals were children as well, many of them suffering from suicidal ideation, depression, and anxiety from not being able to talk to anybody about this. We can't say "help the children" and then only help some of them.

Within the LGBT community, one of the things that has led to increased acceptance is people actually coming out. Then people can associate the label with their mother, brother, or someone else close. The positive regard challenges the prejudice.

We've talked about that some at B4U-ACT too, in terms of the human narrative. We have a significant amount of research that shows if you

"It just spoke to me in that personal way; I think everybody deserves services and everybody has value."

That seems relevant to people's coming out experiences. One of the first questions many people get when they express that they're minor-attracted is "when were you abused?" or "who did it?" and often that's not the case.

Absolutely. During work on my dissertation, I interviewed about 30 people. It was... I don't know that I have a word for it other than heartbreaking. There was a repetitive theme of individuals that are minor-attracted experiencing this when they're 12 to 14, which really supports the notion of this as a sexual orientation. And one of my hopes moving forward is that if we can change the narrative to

can have people interact with others in a personal way and can represent the other as more than that one fact, differences will become less stigmatized. I think that's one of the beautiful things about B4U-ACT, they are able to bring researchers together. Many researchers are not minor-attracted, but can come together with the minor-attracted community, speak with them about the research, and get a better idea of what they want to see.

The first conference that I attended changed some of the research that I was doing. It's taught me a lot. The two research projects we have going on now came out of dialogue with the community. During the round

table, one of the conversations we had was, what sort of research does the MAP community want answers to?

We ended up doing one study about parenting intentions and parenting desires and how minor-attraction affects that. The second one that we're running right now is about adult sexual and romantic relationships to see what people who have one are getting from it, what they enjoy about it, and how it helps their life. Those were two research questions that came directly from the community itself.

Do they combine into a larger research project or are they independent?

Those are independent. They're part of my research, but not part of my dissertation. My dissertation was about developing measures of both internalized and societal stigma, because right now we don't have any measures to work with the minor-attracted population. So it was trying to validate some. I pulled a lot of the literature from the LGBT community and ended up modifying some measures that way, and they worked really well. I'll also be writing up the interviews related to health and well-being among minor-attracted people, including their experiences with the mental health field. My dissertation was large and contains a whole bunch of stuff, but it's mostly related to resiliency.

In the literature on minorities, I've seen the idea that how you see yourself guides your future behavior based on how you internalize the perceptions other people have of you.

I met a MAP who had the assumption at the beginning of his discovery that he would harm a child. It wasn't until he actually got integrated with the community and met others that he was able to say "that's not who I am." Before that, it was just a built in assumption of where that would lead, and I think that's pretty sad.

That has come up a lot in the research I and others have done as well. The media and society's narrative is "you are ravenous, are going to harm someone, and there is nothing you can do to stop." I cannot imagine being 13 and reading something like that.

That theme came up so much. It was interesting because there was a two-stage theme in which a lot of people started understanding what their sexual interests were around 10 to 12 — some a bit earlier, some a bit later — and recognized they were attracted to people younger than them, but hadn't labeled it yet. Then later, around 14 to 16, they start recognizing it as what's called pedophilia. For some, that's when the shame, stigmatizing, and suicidality started. A lot of people, when they got to the recognition part, everything came crashing down.

That is an area where I am interested in the results of your current research. What leads some groups to be more well-adjusted, and what can be changed to increase the well-being of the others?

Yeah, that's what I'm trying to look at right now. I don't have any solid answers because we're still analyzing, but that's the hope. Can we look at people who are less lonely and less hopeless and determine if there are other things in their lives that might be causing that? I think it speaks to what we've already seen in the literature, especially some of the stuff by [Dr. Jill] Levinson and [Dr. Melissa] Grady, that when people come into therapy they're not necessarily coming in to talk about their minor-attraction. So a therapist recurringly focusing on that sometimes harms the relationship and they end therapy when they might need it for other reasons like depression or anxiety, working on life skills, or a vocational assessment.

So I don't think of minor-attracted people as a separate set of individuals. It's a separate group in terms of sexual orientation, but probably not in any other way. There's heterogeneity there, there are different personal characteristics and experiences, like any other human that will impact who they

become later in life. If they're coming in for something that's not related to minor-attraction, then through our training as clinical psychologists, we know how to work with those things.

What we need to understand now is, if someone is struggling with their minor-attraction, then how do we deal with that? Typically, I think that the process has been trying to get rid of that attraction. That's a real problem if that's their sexual orientation because conversion therapy does not work and causes severe harm to people. If we say

something about sexual orientation, including minor-attraction. They're used to me beating them over the head with it.

The IRB has been interesting. My dissertation went through without too many issues. I find that the less of a prevention standpoint there is in any type of application, whether it's ethics or funding, the harder it is to get it approved. I know it is a difficult answer to hear because we all want the research to go on. But oftentimes, unless it is framed in that preventative stance, it's hard to get it through anywhere.

“All of these individuals were children as well, many of them suffering from suicidal ideation, depression, and anxiety... we can't say ‘help the children’ and then only help some of them.”

that this is a sexual orientation, then goals in therapy probably need to change. It's not going to be about trying to stop this person from having these thoughts and feelings; it's about how this person accepts who they are and lives a meaningful life without doing anything that they don't want to do.

I saw that Dr. Jian Cioe has been involved with both your masters and your current line of research, along with others at UBC. How has it been working with faculty advisors in this area and getting approval from the school IRB [Institutional Review Board]?

Dr. Cioe has been wonderful. He's my research supervisor and I would not have survived the last six years without him. He's been supportive of me doing this research since I brought it up. Almost everybody has actually been great with my research. I don't think they always get it, so there's some education there. But they've been really good about allowing me to speak to these things. Every time I have to present in class, it's generally

It seems like Dr. Cioe has focused a lot of his research in the forensic area. How has it been switching away from the forensic area in that setting?

I think it's great and it gives my work more meaning. It's easier for me when there's humanity attached to it. It's not just a research question anymore, I'm trying to help people's lives, so it becomes bigger. It's been a very good process to switch away from forensics.

There are times when the people overseeing some of my research do not share my viewpoint. Like when I was doing the proposal for my research, I sometimes hypothesized that I would not see any differences [between MAPs and non-MAPs] because I'm not focused on what is different about minor-attracted people. But people don't always agree with me, that minor-attracted people are not inherently going to offend. It's hard at times when people at the higher levels are entrenched in those stereotypes.

For other researchers who may be looking to get into this area, do you have any advice on how to get involved, or advice on dealing with issues with funding, research advisors, or even just stigma within their program?

I would say become more involved in the research and MAP community because you will be able to network and have the discussions with people because that's important as you're building the research and proposals. After what I've learned in my dissertation, I don't just write a proposal, send it to IRB, and send it B4U-ACT when everything is done. Instead, I actually send it to Richard [Kramer, former B4U-ACT science director] and the other people working with him and have them give feedback while I am writing it. If there's anything that I'm inflexible with because of institutional requirements, I tell them and we talk about it.

I think that in order for us to progress the research forward and get the volume and quality of research we need, we have to be willing to do those things. We have to be networking, and showing that we also want to help because I think it would be very easy and not completely wrong of the community to be wary of people coming in to do research. So you really have to be willing to put in the time to build rapport with the community. And just be honest about what your intentions are.

Sometimes your study is not going to be a good fit for B4U-ACT. One of my studies never went on B4U-ACT because it was viewed as having too much of a prevention standpoint. And that was okay. It's still better to have these networks and talk about what you want to do with the community, because it's going to make it a lot easier to release back into the community. That's probably my biggest thing, B4U-ACT's line of "nothing about us without us."

An extended version of this interview can be found on our site, at <https://www.b4uact.org/newsletter/interview-with-crystal-mundy-summer-2020/>

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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