

The Use of Fantasy and Fictional Sexual Outlets by MAPs: What Do We Need To Know?

Dr. Gilian Tenbergen¹, Dr. Rebecca Lievesley², Dr. Craig Harper², Dr. Jeremy Malcolm³

¹ State University of New York at Oswego, ² Nottingham Trent University, ³ Prostasia Foundation

Abstract

To shed light on the prevalence of fantasy and fictional sexual outlets (i.e. fictional sexual materials, or FSM) in the Minor Attracted Person population and to identify the correlates of both protective and problematic use. This poster will present what is currently known about FSM – with particular emphasis placed on use within the MAP population – and present the multi-year collaborative initiative developed to identify and examine both risk and protective factors for and from their use.

Background

The possession, use, and sale of FSM are increasingly being criminalized worldwide as a proxy for the criminalization of MAPs, irrespective of their offending status.

Under these laws, individuals have been prosecuted over sex dolls that are said to look underage, artistic images such as cartoons that depict fictional minors sexually, text stories depicting child sexual abuse, and 18+ pornography containing elements that suggest youth. Restrictions on such content are also imposed by many payment processors and Internet platforms.

The policy justification cited in support of these laws and policies is that FSM contributes to the sexual abuse of real children by signalling "social support, or at least tolerance, for sexual activity with children" (ECPAT 2012), however this effect has not been researched.

These laws and policies impact not only MAPs, but also others in society who utilize FSM, such as artists and fans, CSA survivors, and adult sex workers.

Introduction

Minor Attraction – a sexual preference for pre-pubertal and/or pubertal children. Related to the clinical terms pedophilia and hebephilia (e.g. pedohebephilia). We use the term minor attracted person (MAP) as an umbrella term; pedophilia and hebephilia are defined as sexual age orientations in line with previous work by Seto (2008).

Fictional Sexual Materials (FSM) – very little is known about this topic, especially as it relates to MAPs. What are they and how are they used? For this project, FSM are any materials produced for a sexual purpose that do not refer to real events with a real person (e.g. stories, images, avatars, videos, dolls, and VR/AR scenes) that feature child-like characters or stimuli. Characters may refer to existing persons, however all events are fictional (Harper & Lievesley, 2020; Harper, Lievesley, & Wanless, pre-print).

Project Aim and Scope:

Year 1:

1. To investigate psychiatric correlates of FSM among MAPs.
2. To identify risk-enhancing and protective uses of FSM among MAPs with and without existing psychiatric histories.

Methodology

Theoretical Basis: Motivation-Facilitation Model of Sexual Offending (Seto, 2017)

Participants – epidemiological online study recruiting self-identified MAPs in the community. Must be English-speaking with no restriction on offense history. FSM use is key variable of interest, but minor comparison point will be between users and non-users.

Materials – will assess demographics, general psychiatric functioning, stigma, loneliness, suicidality, substance use, personality traits, pornography and child sexually exploitative material (CSEM) use, autism symptoms, ADHD, P-OCD, offense history, trauma and adverse childhood experience (ACE) history

Procedure – Year 1 will occur online. Participants in various online forums for MAPs will be invited to participate in a study on the psychiatric correlates of FSM use. Forums include: VirPed, MAP Support Club, B4U-Act, ASAP International, The Global Prevention Project – MAP Wellness Groups, Twitter, and other international avenues for MAPs. Data collection will run for approximately 6 months with analysis and dissemination running into 2023.

Planned Analyses – Bivariate and zero-order correlations for relationships among risk/protective factors; parametric tests for group differences; moderation analyses for risk- and protective- factor model building.

Implications and Future Research

Understanding the role of FSM is necessary to guide both public policy and treatment directions for MAPs. Being able to provide a preliminary model of use will provide lawmakers and treatment providers the information necessary to make sound, evidence-based conclusions.

Future Directions:

1. Experimentally test the M/F Model for FSM in MAPs in healthy controls.
2. Behaviorally assess exposure to FSM in healthy controls.
3. Develop clinical tools to assess for risky/protective use of FSM by help-seeking MAPs.

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