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More than “Potential Offenders”: Understanding Adults who are Sexually Attracted  
to Children who have not Offended

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Sophie A. Muir

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MORE THAN “POTENTIAL OFFENDERS”

Abstract

There has been recent recognition that pedophilia has largely been studied and addressed in the context of child sex offending. Using a qualitative-dominant mixed method design, this study explores what it is like to live with an attraction to children for those who are non-offending, how such individuals manage their attraction, and what support needs they have. The experiences of nine minor-attracted men as captured in semi-structured interviews were analysed. Through an interpretive phenomenological analysis, five themes were identified: *‘A Sexual Attraction to Children’*, *‘Stigma and Identity Distress’*, *‘Disclosure’*, *‘Strategies for Living Well’*, and, *‘Vision for Change’*. In addition to this, demographic and descriptive data collected in online surveys with 85 minor-attracted persons were computed. Overall, participants experienced their attraction to children as complex, with challenges that included making sense of their attraction as a sexual orientation, living with distress, and the public vilification of people with pedophilia. Drawing from individual strengths, behavioural strategies, and peer resources, participants described coping with distress and managing their sexual behaviour. In light of their abilities to regulate their sexual attractions, participants did not necessarily perceive themselves to be at risk of child sex offending. Participants expressed a need for greater support options for minor-attracted persons and approaches to support that are not founded on stereotypical understandings of minor-attraction. This would recognise that minor-attracted persons who have not offended are not simply “potential offenders” but are human beings who can be prosocial and wish to be accepted in society.



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## MORE THAN “POTENTIAL OFFENDERS”

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Table of Contents

Abstract.....	i
Acknowledgements.....	ii
Table of Contents.....	v
List of Tables.....	ix
List of Appendices.....	x
Chapter Outline .....	1
Chapter 1: Pedophilia.....	3
What is Pedophilia?.....	3
Prevalence of Pedophilia .....	5
Pedophilia as a Sexual Orientation.....	6
Etiology of Pedophilia.....	8
The Relationship Between Pedophilia and Sexual Offending .....	9
People with Pedophilia who are Non-offending.....	10
Identifying labels.....	11
Chapter 2: How some People with Pedophilia Refrain from Offending.....	13
Theories of Sexual Offending.....	13
Sexual Fantasies and Masturbation.....	17
Chapter 3: Stigma.....	20
The Origin of Stigma.....	20
The Nature of Stigma Towards People with Pedophilia.....	21
Living with Stigma.....	23
Concealable stigmas and wellbeing.....	24
Disclosures of pedophilia.....	26
Chapter 4: Managing Distress.....	29
Stress and Coping Theory.....	29
Coping with Pedophilia.....	31
Chapter 5: Support for People with Pedophilia.....	34
Limitations with Current Support.....	34
New Support Services.....	36
Research Problem and Research Question.....	39
Chapter 6: Methodology.....	40
Design.....	40
Theoretical Underpinning.....	41



The role of the researcher.....	42
Reflexivity.....	43
Research Materials.....	47
The interview.....	47
The survey.....	48
Ethical Considerations.....	49
Who could participate? .....	50
Terminology.....	52
Privacy and confidentiality.....	53
Psychological support.....	54
Disclosures of risk during interview.....	55
Cultural sensitivity.....	57
Benefits of participation.....	57
Recruitment Procedure and Participants.....	58
Interviews.....	59
Surveys.....	62
Data Analysis.....	59
Interview analysis.....	59
Survey analysis.....	62
Phase I: The Interviews.....	65
Chapter 7: Theme 1: A Sexual Attraction to Children.....	67
Subtheme 1: The Nature of Attraction.....	67
Sexual attraction (not action) .....	67
Emotional and social attraction.....	71
Exclusivity.....	72
Sexual orientation.....	74
Subtheme 2: The Acknowledgement Process.....	77
First awareness.....	77
Making sense: naivety and negotiation.....	78
Acknowledgement .....	83
Summary.....	88
Chapter 8: Theme 2: Stigma and Identity Distress.....	89
Subtheme 1: Stigma.....	89
Vilification.....	90
Within-group stigma.....	96

Subtheme 2: Identity Distress.....	99
Anticipated stigma.....	102
Internalised stigma.....	103
Sense of loss.....	105
Summary .....	107
Chapter 9: Theme 3: Disclosure.....	109
Subtheme 1: The Decision Process.....	109
Mental struggle.....	109
Desperation point.....	113
Concealment.....	115
Subtheme 2: Personal Coming Outs.....	118
A systematic process.....	118
The response.....	121
Subtheme 3: Online Peer Forum Disclosure.....	126
Belonging.....	126
Subtheme 4: Disclosures to Professionals.....	128
The gap.....	128
Misunderstood and judged.....	132
Beacons of hope.....	135
Summary.....	137
Chapter 10: Theme 4: Strategies for Living Well.....	139
Subtheme 1: Coping with Emotions.....	139
Maladaptive coping.....	140
Cognitive Strategies.....	143
Redefinition.....	143
Acceptance.....	146
Hope.....	148
Social Support.....	149
Subtheme 2: Managing the attraction.....	153
Internal qualities.....	154
Outlets.....	159
Contact with children.....	163
Summary.....	169
Chapter 11: Theme 5: Vision for Change.....	170
Subtheme 1: Support Options.....	170

## MORE THAN “POTENTIAL OFFENDERS”

In-person peer support groups.....	170
Specialised therapists.....	174
Subtheme 2: De-stigmatisation.....	182
Subtheme 3: Education.....	186
Summary.....	189
Phase II: The Survey.....	191
Chapter 12: Survey Results .....	192
Demographics.....	192
The Attraction to Children.....	194
Mental Health.....	195
Help and Support Seeking.....	196
Chapter 13: Survey Discussion.....	198
Demographics.....	198
The Attraction to Children.....	201
Mental Health.....	204
Help and Support Seeking.....	207
Summary.....	211
Chapter 14: Conclusion .....	212
Limitations.....	218
Direction for Future Research.....	222
References.....	225
Appendices.....	253

List of Tables

Table 1: Subcategories of Pedophilia.....	4
Table 2: Structure of Interview Themes.....	65

List of Appendices

Appendix A: Summary of Studies Examining the Experience of Minor-Attraction in Non-forensic Samples.....	253
Appendix B: Survey .....	255
Appendix C: Interview Schedule.....	263
Appendix D: Pre Interview Statement.....	264
Appendix E: Disclosure of Risk Statement.....	266
Appendix F: Survey Information Sheet .....	267
Appendix G: Interview Information Sheet .....	269
Appendix H: Project Advertisement .....	272
Appendix I: Interview Participant Demographics and Key Attraction Features.....	274
Appendix J: Demographic Results of Survey Participants.....	275
Appendix K: Features of Survey Participants’ Attraction to Children.....	277
Appendix L: Mental Health of Survey Participants.....	279
Appendix M: Impact of Attraction to Children on Survey Participants’ Wellbeing .....	280
Appendix N: Participants’ Help Seeking for their Attraction to Children.....	281

## Chapter Outline

This research is about what it is like to live with an attraction to children in those who do not offend. It explores how such individuals manage their attractions and what support needs they have.

Chapters 1 through 5 set the research context by reviewing relevant and current literature. This encompasses the domains of pedophilia; how some people with pedophilia refrain from offending; stigma; managing distress; and new approaches to addressing pedophilia.

Chapter 6 details the methodology of this research. This includes a discussion of the research design, the philosophical foundations of the research, and the method.

Research findings are presented and discussed in two phases. Phase I is an analysis of the interview findings and constitutes the focus of the research. The findings are presented and discussed in Chapters 7 through 11. Each of the five chapters constitute one theme. A brief summary of themes precedes Chapter 7.

Chapters 12 and 13 present and discuss the demographic and descriptive statistics from Phase II (the surveys). These results are presented in a supplemental role to Phase I. They are arranged across four main domains which are outlined in a summary preceding Chapter 12.

## MORE THAN “POTENTIAL OFFENDERS”

Finally, Chapter 14 provides the conclusions and implications of this research based on an integration of the interview and survey findings. This chapter also presents the limitations of this research study and directions for future research.

## Chapter 1

### Pedophilia

#### What is Pedophilia?

The term “pedophilia” belongs to the field of psychiatry and was introduced as “paedophilia erotica” in the late 19<sup>th</sup> century as a perverted disposition afflicting an individual with a lust for immature children (Krafft-Ebing, 1886, 1939). Despite being based on only a handful of case studies, Krafft-Ebing’s founding conception of pedophilia as a psychiatric condition has had enduring influence. From the 1980’s pedophilia has appeared as a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 1980, 1987, 2000, 2013).

The definition of pedophilia in the DSM has evolved with the release of each new edition however has generally rested on the same core features. In the current edition- the DSM-5- pedophilia is defined as “recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children” (American Psychiatric Association, 2013, p. 697). It is stipulated that the individual must be at least 16 years of age and their attraction must have endured for a minimum of six months. Attractions are specified on the basis of the gender of children the individual is attracted to and exclusivity; the degree to which the individual is also attracted to adults. If the individual has acted on their attraction to children or experiences distress and interpersonal difficulty as a result, they meet the criteria for “pedophilic disorder” (see Table 1). Those who do not meet this latter set of criteria are considered to have only “pedophilic sexual interest”. This de-pathologises an attraction to children if not causing harm to self or others.



Table 1

*Subcategories of Pedophilia*

Label	Features			
<b>Pedophilic sexual interest</b>	Attraction to children			
<b>Pedophilic disorder</b>	Attraction to children	+	Distress/ impairment	
	Attraction to children	+	Acted on	
	Attraction to children	+	Distress/ impairment	+ Acted on

Pedophilia refers specifically to an attraction to prepubescent children. While the DSM-5 considers prepubescent as being “generally age 13 or younger” (American Psychiatric Association, 2013, p. 697), this is best conceived of as an approximate guide. Evidence suggests that the age of puberty onset may differ between the gender and ethnicity of a child and may also be declining over time (Herman-Giddens, 2007). A more specific description of what is denoted by prepubescent may be found in the Tanner scale for classifying sexual development which identifies the bodily features associated with different stages of development (Merrick, 2016; Seto, 2008). In this system, a prepubescent girl has not yet experienced breast development, pubic hair growth or menarche, while a prepubescent boy has not yet experienced pubic hair growth and enlargement of the testes, scrotum and penis (Marshall & Tanner, 1969, 1970). These features provide a more accurate understanding of a prepubescent child for the purposes of identifying pedophilia. The condition of being sexually attracted to adolescents who are pubertal

or post-pubertal is referred to as hebephilia, which is not formally recognised in the DSM-5 as a diagnostic category (American Psychiatric Association, 2013).

### **Prevalence of Pedophilia**

Researchers have attempted to assess the prevalence of pedophilia in general community samples. This has mostly focused on markers of an attraction to children rather than the prevalence of those who meet complete diagnostic criteria for pedophilia.

The first study to look at the prevalence of pedophilic interests in a non-forensic sample was that of Briere and Runtz (1989). The researchers found that a sexual interest in children was perhaps more prevalent than expected, with 21% of their male college sample admitting a degree of sexual attraction to some small children. Furthermore, 9% of their sample admitted to having fantasies of sex with a child, 5% of the sample masturbated to these fantasies at least once, and 7% said they would potentially have sex with a child if they would not be found out or punished (Briere & Runtz, 1989).

Subsequent studies asking men about sexual fantasies of children or masturbation to fantasies of children found a prevalence ranging from 1.8% (Joyal, Cossette, & Lapierre, 2015) to 10.4% (Ahlers et al., 2011). It is unclear whether these studies assessed for lifetime prevalence of these experiences or those occurring within a particular time frame. When men were asked if they have experienced sexual interest, fantasies or masturbation to fantasies of children specifically in the last 6 to 12 months, more conservative prevalence figures are reported ranging from

## MORE THAN “POTENTIAL OFFENDERS”

0.2% (Abdullahi, Jafojo, & Udofia, 2015; Santtila et al., 2015) to 0.4% (Alanko, Salo, Mokros, & Santtila, 2013).

Few studies have attempted to assess the prevalence of pedophilia among women, reflecting an assumption that pedophilia is a negligible phenomenon in this population (Santtila et al., 2015). Despite this, several studies suggest that it is premature to dismiss pedophilia in women. Approximately 4% of women in one study indicated they would view child pornographic material or have sex with a child if there was little possibility of being detected (Wurtele, Simons, & Moreno, 2014). It is unclear the extent to which this would reflect pedophilic interest as opposed to other motivations however. When asked specifically about sexual interests in and fantasies of children, an attraction to children was found in 0.8% of women in both a Quebec community sample (Joyal et al., 2015) and a Nigerian undergraduate sample (Abdullahi et al., 2015). Interestingly, in the latter study this prevalence was greater than that found among the men in the study.

In consideration of the high potential for social desirability effects, the above figures are thought to be a conservative reflection of the true prevalence of a sexual interest in children (Cash, 2016). On the basis of prevalence research, pedophilia is described as common and “part of the fabric of everyday life” (Freimond, 2013, p. 1).

### **Pedophilia as a Sexual Orientation**

Despite the dominant consideration of pedophilia as a mental illness, there is an emerging argument that pedophilia may best be understood as a sexual orientation (Seto, 2012). Sexual orientations describe the patterning of a “persons sexual and

emotional attraction to another person” (American Psychological Association, 2015b). While the term has been reserved for the direction of attraction in terms of biological sex or gender (van Anders, 2015; Worthington, Savoy, Dillon, & Vernaglia, 2002), it is argued it could denote other features of sexual interest such as age, number of partners, or type of desired sexual activity (van Anders, 2015). Proponents of this view argue that a sexual orientation simply has to meet the fundamental characteristics of desire, relative immutability, early onset, and lifelong course (Moser, 2016).

There is evidence from community samples of men with pedophilia that pedophilia has features consistent with sexual orientation in regard to a pubertal age of onset, stability over time, and the involvement of both sexual and romantic interest (Cash, 2016; Freimond, 2013; Goode, 2010; Grundmann, Krupp, Scherner, Amelung, & Beier, 2016; Houtepen, Sijtsema, & Bogaerts, 2016; Seto, 2012). Furthermore, the way in which people come to identify as pedophilic has parallels with how individuals develop gay and lesbian sexual identities as recorded in “homosexual” identity development models (e.g. Cass, 1984; McCarn & Fassinger, 1996; Troiden, 1988). The initial awareness of pedophilia is described as a gradual awakening marked with difficult emotional experiences such as confusion, shock, or denial (Cash, 2016; Freimond, 2013; Goode, 2010; Houtepen et al., 2016). Individuals describe being cued to their pedophilia either by noticing differences between their attractions and their peers, or observing that their attractions do not change as they age (Freimond, 2013; Goode, 2010). A comprehensive understanding of sexual identity development in people with pedophilia is yet to be established however.

Additional support for pedophilia as a sexual orientation could be interpreted from the lack of “in remission” specifier for pedophilia and its consideration as a lifelong condition in the DSM-5 (American Psychiatric Association, 2013). The distinction between pedophilic sexual interest and pedophilic disorder also recognises that pedophilia is not fundamentally a mental illness unless associated with harm. Furthermore, pedophilic sexual interest appeared as “pedophilic sexual orientation” in the first print of the DSM-5.

While critics believe there is insufficient evidence to consider pedophilia a lifelong condition (Briken, Fedoroff, & Bradford, 2014) and claim to demonstrate that pedophilic disorder can remit (Muller et al. (2014), their results are argued to be attributable to measurement error (Bailey, 2015; Lalumiere, 2015) and the effects of “credulous clinicians and desperate clients convincing each other of what they want to hear” (Cantor, 2018, p. 205).

While this is still very much an area of debate, the emerging research with community samples of men with pedophilia- particularly those involving self-report- appear to support pedophilia as a sexual orientation (Cash, 2016; Freimond, 2013; Goode, 2010; Grundmann et al., 2016; Houtepen et al., 2016).

### **Etiology of Pedophilia**

An understanding of the etiology of pedophilia is still developing (Tenbergen et al., 2015). Early etiological theories attributed pedophilia to psychological mechanisms in the form of masturbatory conditioning or child sexual abuse (Freund & Kuban, 1994; Freund, Watson, & Dickey, 1990; Laws & Marshall, 1990).

Methodological issues with such research have since been highlighted including a

reliance on samples of incarcerated people with pedophilia (Cantor, 2014; Tenbergen et al., 2015). More recently, and consistent with understandings of the etiology of sexual orientations, it is theorised that pedophilia has a neurodevelopmental etiology (Cantor, 2018). As with past research however studies continue to be critiqued for being uncontrolled and using samples of those imprisoned for child sexual offences (Tenbergen et al., 2015). As the etiology of pedophilia is not a focus of the current research such literature is not explored in depth within this thesis. However, the lack of consensus in this area and methodological issues with research demonstrates how pedophilia has been misunderstood even in the scientific field.

### **The Relationship Between Pedophilia and Offending**

The relationship of pedophilia to child sex offending has been a source of confusion and misperception in both the literature and in public representations. It is important to note that while sexual behaviour with children may provide evidence of pedophilia, the condition is, at its core, a pattern of sexual attraction (American Psychiatric Association, 2013; Blanchard, 2010). Sexual attraction and desire are subjective psychological phenomena (Giles, 2015; Kaplan, 1979; Levine, 2003; Regan & Berscheid, 1999). They involve longing for, or feeling drawn towards something which one does not currently have and are therefore distinguishable from behaviour (Giles, 2015; Levine, 2003). While sexual attraction and desire can lead to sexual activity, behaviour is neither a necessary or inevitable outcome (Regan & Berscheid, 1999, p. 2). Accordingly, pedophilia is independent from observable behaviour (Blanchard, 2010). This sentiment is commonly misunderstood, with the confusion of those with pedophilia with adults who have sexually offended against children (Richards, 2011). Similarly, it is common for those who have sexually offended against children to be incorrectly labelled as having pedophilia (Berlin,

2014). While there can be overlap between the groups, not all individuals who sexually abuse children have pedophilia (Richards, 2011). The definition of pedophilia in the DSM-5 does not sufficiently distinguish those who offend and those who do not, failing to include a “non-offending” specifier.

### **People with Pedophilia who are Non-offending**

The confusion of pedophilia with child sex offending means that pedophilia has largely been treated as a criminal justice issue (Cacciatori, 2017). Research traditionally only examined pedophilia in criminal samples and typically, treatment for issues related to pedophilia is available only to individuals who have sexually offended against children and is offence-focussed (Mercy, 1999). Little attention has been given to the group of individuals who have pedophilia but have not acted on their attractions (Piche, Mathesius, Lussier, & Schweighofer, 2018).

Only recently has research started to recognise and understand those who are living with an attraction to children who have not acted on this attraction and do not wish to (e.g. Cacciatori, 2017; Cantor & McPhail, 2016; Freimond, 2013). Findings suggest these people can experience substantial challenges, insecurities and fears in living with their sexuality (Beier et al., 2009; Cacciatori, 2017; Cash, 2016; Freimond, 2013; Schaefer et al., 2010). They express a desire for psychological support to cope with the challenges of their attractions and may participate in piloted community programmes aimed at preventing offending (Beier et al., 2009; Cacciatori, 2017; Cash, 2016; Freimond, 2013; Goode, 2010; Schaefer et al., 2010). There has also been appearance and growth of online peer support forums for this group further suggesting this is a population who desire support (B4U-ACT, 2018; Virtuous Pedophiles, 2018).

Recent research provides an indication of the demographic features of people with pedophilia who have not offended. Samples are aged on average in their early-to-mid-thirties, with an age range spanning 18 to late-sixties (Cash, 2016; Cohen, Ndukwe, Yaseen, & Galynker, 2018; Mitchell & Galupo, 2017; Schaefer et al., 2010; Schiffer et al., 2017). As with most research on pedophilia, studies either recruit only men, or those studies that are open to any gender find a mostly male response (approximately 95%; Cohen et al., 2018; Schaefer et al., 2010). Participants are predominately White or European in ethnicity (Cash, 2016; Cohen et al., 2018; Schaefer et al., 2010) and in regard to other sociodemographic features, approximately three quarters are single, and a similar proportion are employed (Schaefer et al., 2010; Schiffer et al., 2017). Education has been differentially measured and reported between studies however participants are generally found to be well-educated (Mitchell & Galupo, 2017; Schaefer et al., 2010; Schiffer et al., 2017). In regard to an attraction to children, these studies of people with pedophilia who have not offended find non-exclusivity is more common than exclusivity (Cohen et al., 2018; Kargel et al., 2017). Additionally, while child gender preference varies, an attraction to girls appears most common (Cash, 2016; Kargel et al., 2017; Schaefer et al., 2010; Schiffer et al., 2017). As these studies tend to recruit from similar pools of people, i.e. those belonging to online support forums, or volunteers for clinical intervention, these demographics may represent only the subset of non-offending people with pedophilia who are likely to partake in research and clinical intervention.

**Identifying labels.** Research suggests that adults who are attracted to children may identify with a number of different scientific and colloquial terms for



their attractions (Cash, 2016). Some communities have coined the term “minor-attracted person” to identify themselves. This reflects a desire to distance themselves from the negative connotations of pedophilia and have greater agency over their identity (B4U-ACT, 2018; Freimond, 2013). The term “minor-attraction” is also broader in scope in that it is an umbrella for both pedophilic and hebephilic attractions. Some academics have also adopted the term in research however overall consensus on terminology is yet to be achieved. Accordingly, within this research no one term can fairly represent the literature or all communities of people with pedophilia. Instead, sensitivity to terminology is maintained and both the terms person with pedophilia and minor-attracted person are used. This is generally in accordance with how participants are described in cited research however terminology is further discussed in the methodology section of this thesis.

Overall in regard to the literature, more effort to understand pedophilia in a non-forensic context is needed. There are still a limited number of studies into the experience of pedophilia in community samples and most often these studies have a mix of participants who are non-offending and offending (see Appendix A). Furthermore, these studies have focused on particular elements of experience such as stigma, identity, or support without a comprehensive integration with other issues such as risk and strategies used to prevent offending.

## **Chapter 2**

### **How Some People with Pedophilia Refrain from Offending**

People with pedophilia who are non-offending challenge the assumption that sexual abuse of children is inherent to pedophilia. In one study of 97 men with pedophilia and hebephilia who had not offended, only 45.4% perceived themselves as potentially at risk of sexually offending against a minor (Schaefer et al., 2010). As an under-recognized population, there is a lack of research looking at how these individuals prevent themselves from offending.

Theories of sexual offending onset may provide insight into how some people with pedophilia may refrain from offending. Further understanding can be gained from recent studies that have looked at neuropsychological differences between people with pedophilia who have and have not offended.

While there is a body of research that examines risk factors to re-offending, this is not the focus of this thesis. The factors which contribute to re-offending are not necessarily those which predict onset (Seto, 2008). Therefore, referring to such literature presents a danger of treating non-offending persons as offenders.

#### **Theories of Sexual Offending**

Pedophilia (or “deviant arousal” in theories of sexual offending) is one risk factor to committing sexual offences against children. It appears alongside other clusters of risk factors in theories of sexual offending, namely emotional problems, social difficulties, and cognitive distortions (Finkelhor & Araji, 1986; Ward & Beech, 2006; Ward & Siegert, 2002). According to the Integrated Theory of Sexual

## MORE THAN “POTENTIAL OFFENDERS”

Offending (Ward & Beech, 2006), these risk factors develop from dysfunctions in three main neuropsychological systems: goals and emotions (the motivational and emotional system); the ability to plan, control and organise behaviour (the action selection and control system); and finally, the processing and interpretation of sensory information (the perception and memory system). Neurological systems are influenced by brain development and an individual’s ecological niche (Ward & Beech, 2006).

None of the risk factors to child sex offending are necessary or sufficient in their own right to produce abuse. Rather sexual offending against children results from heterogenous combinations of these vulnerabilities in triggering situational circumstances (Ward & Beech, 2006; Ward & Siegert, 2002). In men, there are five widely recognised combinations of risk factors and situational triggers that form the main pathways to child sex offending (Ward & Siegert, 2002). These are the intimacy deficits pathway, the deviant sexual scripts pathway, the emotional dysregulation pathway, the antisocial cognitions pathway, and the multiple dysfunctional mechanisms pathway (Ward & Siegert, 2002). Pedophilia is only implicated in the multiple dysfunctional mechanisms pathway. The remaining pathways to child sex offending result from factors other than an inherent attraction to children.

A primary sexual interest in children is central to the multiple dysfunctional mechanisms pathway together with a combination of factors from the other pathways such as aggressive and sadistic sexual scripts (Ward & Siegert, 2002). Offending can occur when such individuals are in the presence of a victim and have a lack of conflicting goals. Therefore, pedophilia alone does not elicit sexual offending

against a child. It is the combination of pedophilia with other problematic characteristics and situational factors that produces offending.

Emerging research comparing people with pedophilia who have and have not offended supports this pathway to offending. Several studies have attempted to differentiate the two groups using magnetic resonance imaging and neuropsychological testing. Support has been found for a difference between people with pedophilia who have and have not offended on the basis of response inhibition and self-control. In one piece of research, people who had sexually offended against children were found to have deficient response inhibition compared to people with pedophilia who had not offended and “healthy controls” (Massau, Tenbergen, et al., 2017). In a similar study, people with pedophilia who had not offended exhibited better behavioural inhibitory control and had “stronger recruitment of the fronto-parietal control network” compared to people with pedophilia who had offended (Kargel et al., 2017). While these differences did not reach significance, they were sufficient for the authors to conclude that people with pedophilia with no offending history may have increased self-control abilities relative to those who have offended (Kargel et al., 2017). In another piece of research, reductions in gray matter volumes in the right temporal pole were found in people with pedophilia who had offended relative to people with pedophilia who had not offended (Schiffer et al., 2017). Impairment in this area of the brain has been previously been associated with difficulties deciphering social cues and sexual disinhibition (Schiffer et al., 2017).

In studies relying on self-report measures, there is further support in regard to differences in self-control. Mitchell and Galupo (2017) had people with pedophilia who had and hadn’t offended recall the influence of self-regulation skills and

## MORE THAN “POTENTIAL OFFENDERS”

prosocial support on a decision not to offend against a child in a past situation where they had an opportunity to do so. In both groups, self-control was rated a major factor in the decision not to act. Importantly however, qualitative descriptions of decision making indicated that self-control was more salient in the decisions of those that hadn't offended than those who had. In regard to prosocial support, this was rated as having a minor influence on the decision not to offend in both groups however again was more qualitatively salient in those who hadn't offended. This supports self-regulation and prosocial support as important in understanding why some people with pedophilia do not offend against children (Mitchell & Galupo, 2017).

Finally, in what appears to be the largest study of differences between people with pedophilia who had offended (N=342) and those that hadn't (N=223), Cohen et al. (2018) compared samples across a number of measures, some of which were related to self-regulation. While those who had offended did not differ those that hadn't on a global measure of impulsivity, they reported significantly greater difficulty controlling sexual urges. Those who had offended also reported a stronger attraction to children and had higher levels of antisocial behaviours, antisocial personality traits, and nonsexual criminal offending. In addition to a lack of difference in impulsivity, no significant differences were found between the groups in regard to distress, stigma, social inhibition, and propensity towards cognitive distortion.

Overall in regard to theories of sexual offending and studies comparing people with pedophilia who have and haven't offended, there is evidence that people with pedophilia who do not offend may differ to those who do on the basis of stable

characteristics with a neuropsychological basis, particularly self-control and response inhibition.

As theories of sexual offending highlighted, vulnerabilities interact with situational factors to produce sexual offending (Ward & Beech, 2006; Ward & Siegert, 2002). Child access, substance use and emotional collapse have been identified as triggering situational factors (Ward & Beech, 2006). However, these situational factors are deduced from research with samples of persons who have sexually offended and thus likely have multiple vulnerability factors (Ward & Siegert, 2002). This may contribute to an overestimation of the risk inherent in such situations. The risk of these situational factors in those who have only pedophilia is not clear.

### **Sexual Fantasies and Masturbation**

There is an emerging hypothesis that masturbation to sexual fantasies of children may be a strategy that some people with pedophilia use to manage their sexual attraction to children (Cantor, 2018) . It is argued that, “...with clients unable to express their sexual interests in the real world, one logical strategy is to help them develop enjoyable fantasy lives, and erotica is usually a substantial component of that life” (Cantor, 2014, p 223). The hypothesis has not been adequately tested or developed, however there are reports that some people with pedophilia who have not offended may regularly engage in masturbation to sexual fantasy involving children (Goode, 2010; Schaefer et al., 2010). This may suggest its role as a strategy to manage pedophilia.

## MORE THAN “POTENTIAL OFFENDERS”

The use of masturbation to manage an attraction to children is contentious as it conflicts with traditional treatment models used to manage an attraction to children in people who have sexually offended against children. In these models, individuals are encouraged to abstain from masturbation to fantasies of children or replace them with adult content (Friendship, Mann, & Beech, 2003; Laws & Marshall, 1991). This approach is based on behavioural principles, namely that pleasure and orgasm could strengthen an attraction to children and increase risk of offending by way of conditioning (Laws & Marshall, 1991). Comprehensive reviews of the abstinence or reconditioning approach have found insufficient empirically sound evidence to draw conclusions about treatments however (Barbaree, Bogaert, & Seto, 1995; Laws & Marshall, 1991; Marshall, 1996; O’Donohue & Plaud, 1994). Research also shows no direct correlation between sexual fantasies and offending to suggest them as inherently dangerous (Daleiden, Kaufman, Hilliker, & O’Neill, 1998; MacCulloch, Snowden, Wood, & Mills, 1983; Sheldon & Howitt, 2008). Even the consumption of child pornography is not a risk factor on its own for escalation to contact child sexual offences (Elliott & Beech, 2009; Endrass et al., 2009; McCarthy, 2010).

Evidence to support the use of masturbation as a strategy to manage an attraction to children may be found in a 1996 study of abstinence from masturbation in a sample of people who had sexually offended (Brown, Traverso, & Fedoroff). When abstaining from masturbation to child fantasies, 13 of 16 community relapse prevention group members found it unhelpful in altering urges. More concerning, two found it increased their pedophilic interests and three participants who were initially recruited refused to participate, citing fear that abstinence from masturbation would increase their risk of relapse. From this the authors suggested that “sex

## MORE THAN “POTENTIAL OFFENDERS”

offenders in treatment are more likely to use masturbation as a means of controlling their abnormal sex interests than as a means of “fuelling” them.” p. 404-5.

In light of the lack of evidence to support abstinence from masturbation in people with pedophilia, there is room for further exploration of masturbation as a tool to prevent offending in those people with pedophilia who wish to remain non-offending. Overall in considering how people with pedophilia are able to refrain from abuse, sexual offending theories point to a lack of other offending risk factors such as emotional problems, social difficulties and cognitive distortions.

Furthermore, neuropsychological investigation supports self-control and response inhibition as important. Further investigation is needed into the specific strategies used by people with pedophilia who don't offend.



## Chapter 3

### Stigma

People with pedophilia are a highly stigmatised group. This stigma contributes to suffering among people with pedophilia, the effects of which can be understood in regard to the literature of concealable stigma. The literature also provides insight into how disclosure to specific others can help with the psychological burdens of having a stigmatised identity.

#### The Origin of Stigma

A stigma is an attribute that gives the bearer a discredited or discreditable status and considered different to others in their social category (Goffman, 1963). Stigma are considered negative in orientation and cast doubts about a person’s “full humanity” (Crocker & Quinn, 2000). Stigmatised persons may ordinarily be considered part of the in-group however the potency of the negative attribute is so strong that it demotes them to the status of “other” (Goffman, 1963).

The stigmatisation of persons can be understood in regard to a strong human tendency to form social groupings on the basis of culturally valued characteristics (Hogg & Abrams, 1988; Turner, 1975). Social groups provide a sense of order and predictability to social life (Hogg and Abrams, 1988). In the process of defining groups, comparison and competition are inherent as a group can only be defined insofar as it compares to another group (Hogg and Abrams, 1988; Turner, 1975). When comparing their social group, individuals typically exaggerate the positive attributes of their in-group and minimise those attributes in the out-group (Hogg & Abrams, 1988). This is because people derive their self-concept from the group to

which they belong and therefore their view of the social group has important consequences for their own identity (Hogg & Abrams, 1988; Turner, 1975). Perceiving ones in-group favourably and the out-group unfavourably enhances self-image, self-esteem, and wellbeing (Hogg & Abrams, 1988). Not only do negative generalisations about out-groups act to enhance self-esteem, they simplify the social world, are used to explain upsetting events, and also to justify mistreatment of the out-group (Hogg & Abrams, 1988). People apply out-group discrimination even when differences between groups are arbitrary (Turner, 1975), thus in the case where a person possesses a stigma, such as pedophilia, this discrimination is likely to be particularly pronounced. Stigmatised persons are negatively stereotyped and encounter other’s disgust and anger among other negative emotions (Crocker & Quinn, 2004).

### **The Nature of Stigma Towards People with Pedophilia**

Research on stigma in relation to pedophilia is a relatively new area of study. This limited research is thought to be due to a discomfort with acknowledging people with pedophilia as stigmatised as it attributes them a victim status (Jahnke & Hoyer, 2013). In studying the challenges faced by people with pedophilia, researchers may also suffer from a “courtesy stigma”; that is they may be disproved of for associating with the group (Cantor & McPhail, 2016).

A range of stereotypical beliefs about people with pedophilia are found in the literature. A review of 11 studies looking at lay-theories about and behaviour towards people with pedophilia found laypersons had “very negative and judgemental” attitudes towards those with pedophilia (Jahnke & Hoyer, 2013). This included the belief that they were evil, engaged in sexual activities with children and

had high offence rates. Attitudes towards the treatability of pedophilia were generally pessimistic and evidence also found that people with pedophilia were seen as “a threat that must be avoided” (Jahnke & Hoyer, 2013).

Negative attitudes towards those who suffer from mental illness is not uncommon, however the strength of stigma towards those with pedophilia is found to be greater than that held towards other mental conditions with similar social costs such as alcohol abuse (Jahnke, Imhoff, & Hoyer, 2015). Strong affective reactions, punitive beliefs, and desire for social distance from people with a sexual interest in children was found in a sample of nearly a thousand German students whose ages ranged from 18-86 and most believed people with pedophilia posed a danger to children (Jahnke, Imhoff, et al., 2015). Similar findings were elicited in a replication of this study using a crowdsourced English-speaking sample (Jahnke, Imhoff, et al., 2015). Punitive responses are most pronounced when the term pedophile is used as opposed to more descriptive nouns like “a sexual interest in children” (Imhoff, 2015). This suggests the stigma towards minor-attraction is linked, in part, to the word pedophile.

Strong stigmatising reactions to minor-attracted adults have also been found in psychotherapists in training (Jahnke, Imhoff, et al., 2015). Nearly 50% believed a person with a dominant sexual interest in children who had never offended against a child was still dangerous and 40% reported anger when thinking of a minor-attracted person. Despite this, approximately 80% of this sample said they would work with a minor-attracted person who had never offended, and a similar percentage would like more vocational training about such persons. Delivering an intervention aimed at challenging myths about pedophilia and humanising this condition showed a

significant change in affective response to people with pedophilia however there was no significant change in participants’ openness to working with such clients.

Overall, these findings indicate that the thought of people with pedophilia can elicit strong negative affective reactions in others, little pity and intent to discriminate. These reactions are more “devastating” than those with other conditions associated with high social costs and may also be found in those aiming to enter the therapeutic field.

### **Living with Stigma**

Given the level of stigma towards people with pedophilia, researchers have begun to acknowledge how this stigma is experienced (Beier et al., 2009; Cacciatori, 2017; Cash, 2016; Freimond, 2013; Schaefer et al., 2010). High levels of distress are reported among minor-attracted people as well as depression, anger, fear, loneliness, shame, and low self-esteem (Beier et al., 2009; Cash, 2016; Freimond, 2013; Houtepen et al., 2016; Schaefer et al., 2010). In a survey of 193 minor-attracted men, 45% reported having seriously thought about ending their life because of their attraction to minors, 32% had planned it, and 13% attempted suicide (B4U-ACT, 2011b). In another sample of 97 people with pedophilia and hebephilia who were non-offending, 32% of participants had been previously admitted to a psychiatric hospital at least once, 52.6% had previously received psychotherapy in an outpatient capacity, and 6.2% had received drug and alcohol rehabilitation (Schaefer et al., 2010). While this research does not specify the degree to which stigma is a source of distress as opposed to other aspects of having a sexual attraction to children, some qualitative research concludes it is a considerable contributor (Cacciatori, 2017).

**Concealable stigma and wellbeing.** There are unique psychological burdens associated with having a stigmatised identity which, like pedophilia, is not easily identifiable to others and can be hidden (Smart & Wegner, 2000). The impact on wellbeing of having a concealable stigmatised identity is documented in a number of models, (Pachankis, 2007; Quinn & Chaudoir, 2009; Quinn & Earnshaw, 2011). These may offer insight into the mechanisms responsible for the distress experienced by minor-attracted people. These models have been developed using samples with a range of different stigmas including gay and lesbian sexual identities, HIV and AIDS, and mental illness. Pedophilia is not included in these theories, however given the level of fear and anger elicited towards those with pedophilia, it likely constitutes one of the most challenging of concealable stigmas and therefore these models have clear relevance.

When entering a social situation, those with a hidden stigma are alert to the possibility that it could be discovered. They suffer from “anticipated stigma”; the imagined response if others were to discover their “tainted” identity (Quinn & Chaudoir, 2009). Anticipated stigma generates preoccupation and hypervigilance to threat as well a tendency towards interpreting social cues with a paranoid cognitive bias (Pachankis, 2007). Living with this threat is linked to heightened affective states (Pachankis, 2007). To avoid discovery, individuals often enact certain behavioural strategies including impression management, avoidance of social situations, and maladaptive patterns in close relationships (Pachankis, 2007). Anticipated stigma can present even when persons have not previously been subject to an incident of prejudice, so long as they have an awareness of how society perceives the stigma (Quinn & Earnshaw, 2011).

## MORE THAN “POTENTIAL OFFENDERS”

Being a member of a stigmatised group also has consequences for identity. On the basis of belonging to a discredited group, stigmatised persons are “reduced in [others’] minds from a whole and usual person to a tainted, discounted one” (Goffman, 1963, p. 3). A person’s self-concept is influenced by the social groups to which they belong (Turner, 1975) and how they imagine others perceive and judge them (Cooley, 1983). Thus a stigmatised person also comes to share an image of themselves as discredited. This is a process of “internalised stigma”; the individual “buys into” the negative stereotypes held by others towards their group (Quinn & Earnshaw, 2011). The source through which individuals often acquire these negative beliefs is the media (Quinn & Earnshaw, 2011).

Additionally, the act of concealing a stigma can itself exacerbate negative self-perceptions. When people assume roles that are discrepant from their authentic selves a sense of fraudulence, shame, and guilt can result (Pachankis, 2007) and the true self can become a “feared and distrusted stranger” (Jourard, 1971a).

The experience of having a concealable stigma is situationally bound (Pachankis, 2007). Different situations present different levels of threat and ambiguity for stigmatised people (Pachankis, 2007). The most difficult situations for someone who is concealing a discreditable identity are those in which there is a higher chance of discovery or, if discovered, there are more pronounced negative consequences (Pachankis, 2007). Additionally, the magnitude of the stigma in regard to the individual’s overall identity also impacts their experience (Chaudoir & Quinn, 2010; Quinn & Earnshaw, 2011). The more a central the concealed stigma is to the person’s overall sense of self, the greater the impact it will have on their wellbeing (Quinn & Earnshaw, 2011). A concealed stigma is also more likely to have a greater

effect on an individual when it has greater cognitive salience, i.e. the person thinks about their identity frequently (Chaudoir & Quinn, 2010; Quinn & Earnshaw, 2011).

An important maintainer of distress for individuals with a concealed stigma identity is the complete concealment of their stigma (Pachankis, 2007). The concealment of their true self- stigma and all- prevents a person from receiving authentic self-affirming feedback from others (Pachankis, 2007). This means they never receive insights which could disconfirm their negative self-perceptions (Pachankis, 2007). This maintains the internalised and anticipated stigma; that if people truly knew who they were that they would reject them. It is therefore suggested that the disclosure of a person’s stigmatised identity to selective safe others can be one means through which to improve wellbeing (Pachankis, 2007). This provides opportunity to receive positive feedback and to achieve a sense of authenticity.

**Disclosures of pedophilia.** Minor-attracted persons report making disclosures about their sexuality to family, friends, partners, therapists, and other minor-attracted persons (Freimond, 2013; Goode, 2010; Schaefer et al., 2010). One study indicated that minor-attracted persons disclosed their attractions to someone in their personal life but also discussed maintaining different sexual identities in public and private, suggesting disclosure is a very selective process (Cash, 2016). A range of reasons for disclosure were cited however these tended to center around a desire to feel accepted and connected to important others and receive support (Freimond, 2013). The consequences of disclosure were mixed, ranging from positive responses and support to neutral responses and loss of relationships (Cash, 2016).

## MORE THAN “POTENTIAL OFFENDERS”

People generally engage in careful decision making around stigma disclosures as there are important social and identity related consequences to the event (Greene, Derlega, & Mathews, 2006). Disclosure of a stigma is a considered process whereby individuals weigh up these subjective risks and rewards. These will be contextualised within the disclosers own personal characteristics, such as a strong need for approval, as well as potential recipient characteristics and situational constraints (Omarzu, 2000). This decision-making process constitutes a stressor in itself.

Individuals are also methodical in how they manage disclosure events (Omarzu, 2000). People are highly selective of their disclosure recipients, taking into account the person’s characteristics and anticipating their reaction (Dindia, 1998; Omarzu, 2000). People are also likely to factor in whether their target has a right to know, and whether they are likely to find out about the stigma anyway (Greene et al., 2006). In regard to the circumstances of disclosure, face-to-face conditions generally provide the discloser greater agency over the situation and enhance the likelihood of the disclosure unfolding in a predictable manner (Greene et al., 2006). Greater depth of disclosure and more emotional content are also associated with enhanced responses (Chaudoir & Fisher, 2010). This increases the likelihood that needs are communicated effectively, enabling the recipient to understand and meet them.

While the above describe a very intentional and controlled verbal process of disclosure, not all disclosures fit this description. Some disclosures can be of an indirect and symbolic nature, such as wearing an emblem of gay pride, or introducing a same-sex partner (Dindia, 1998). Furthermore, some disclosures are



initiated beyond the control of the stigmatised person such as in the case of discovery or direct inquiry by another person (Dindia, 1998).

The above strategies are aimed at ensuring a positive response is elicited from the recipient. A positive reaction from a disclosure recipient is particularly critical in a first disclosure (Chaudoir & Fisher, 2010; Chaudoir & Quinn, 2010). This can “initiate and maintain upward spirals toward greater visibility... individuals feel increasingly comfortable disclosing their identity, view themselves more positively, and possess a more unified sense of self” (Chaudoir & Fisher, 2010, p. 250).

At a societal level cumulative disclosures by stigmatised persons can begin to generate awareness about the identity (Chaudoir & Fisher, 2010). The public stigma may be reduced as increased social contact with stigmatised persons can challenge prejudiced beliefs (Corrigan & Matthews, 2009). This may encourage more openness by others living with the identity (Chaudoir & Fisher, 2010).

Overall, in consideration of the literature on stigma, living with an attraction to children may present a number of stigma-related psychological burdens. Not only do minor-attracted persons live with the threat of discovery from others but they may internalise negative beliefs held towards their group. While disclosure presents one means through which the burdens of concealable stigma can be managed, this is a risky undertaking and the decision to disclose can represent a stressor in itself. Further exploration of processes of stigma and disclosure in minor-attracted persons may enhance understandings of the psychological support needs of this group.

## Chapter 4

### Managing Distress

As discussed, people with pedophilia may experience a number of stressors including being exposed to prejudiced beliefs about pedophilia and the threat of discovery. The ways in which they may negotiate and cope with stress are explored with reference to the literature on stress and coping.

#### Stress and Coping Theory

Stress arises from a person’s appraisal of an event in their environment. There are two levels of appraisal that contribute to experiencing an event as stressful. First, the event is evaluated in regard to what an individual sees as being at stake (primary appraisal); that is, the person evaluates whether there is potential for loss, threat, or challenge (Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Following this, individuals consider what coping resources they have available; can they do something to alter the potential for loss, threat, or challenge? (Folkman et al., 1986). These appraisals generate an emotional response, which in the case of stressors generally refer to intense negative emotions (Folkman & Lazarus, 1988; Folkman & Moskowitz, 2004).

The emotional outcomes of an event can be mediated by coping (Folkman & Lazarus, 1988). This constitutes “the cognitive and behavioural efforts made to master, tolerate, or reduce external and internal demands and conflicts among them” (Folkman & Lazarus, 1980, p. 223). Means of coping are most widely differentiated into two categories: emotion-focused and problem-focused (Folkman & Lazarus, 1980). Emotion-focused coping works to regulate the emotional response to an

event. This may range from suppressing negative thoughts and feelings, to expressing them through talk, or changing the content of appraisals that may be contributing to distress. Problem-focused coping works to directly change the event that is precipitating distress, thereby addressing the root cause of distress (Folkman et al., 1986). Examples of problem-focused coping include problem solving or obtaining material resources.

The emotion-focused/problem-focused categorisation “provides a useful way of talking about many kinds of coping in broad brushstrokes and it is used extensively in the coping literature” (Folkman & Moskowitz, 2004, p. 752). In practice, particular coping strategies can serve both emotion-focused and problem-focused functions in different circumstances and people often draw from both categories of coping when facing a stressor (Folkman & Lazarus, 1980). These forms of coping can be complimentary; “often one of the first coping tasks is to down-regulate negative emotions that are stressful in and of themselves and may be interfering with instrumental forms of coping”(Folkman & Moskowitz, 2004, p. 747).

The extent to which a particular coping strategy is effective is dependent on context, with no coping strategy being inherently helpful or maladaptive (Folkman & Lazarus, 1988; Folkman et al., 1986; Folkman & Moskowitz, 2004). When faced with problems appraised as changeable, individuals tend to draw more from problem-focused strategies (Folkman & Lazarus, 1980; Folkman et al., 1986). It is argued that using problem-focused strategies on issues that can't be resolved can lead to poorer adjustment (Folkman & Moskowitz, 2004). When an individual

believes they must accept a problem or hold back from acting on it, they draw more from emotion-focused strategies (Folkman & Lazarus, 1980; Folkman et al., 1986).

### **Coping with Pedophilia**

Recent research on how minor-attracted people cope with distress has focused on support seeking; including that of both a social and professional nature. Minor-attracted persons living in the community report seeking help for issues relating to sexuality from others in their personal life (Beier et al., 2009; Freimond, 2013; Houtepen, Sijtsema, & Bogaerts, 2014; Schaefer et al., 2010). For example, just over half the men in one study of non-offending men with pedophilia and hebephilia had previously sought private support related to their fantasies of minors (Schaefer et al., 2010). Social support draws from reciprocal interpersonal relationships in which an individual feels cared for and esteemed (Cobb, 1976). It can serve both emotion-focussed and problem-focused functions.

While research indicates minor-attracted persons draw from a variety of others for social support, there is identification that minor-attracted peers are a particularly valued source (Freimond, 2013; Goode, 2010; Houtepen et al., 2016). One prominent online peer support community, Virtuous Pedophiles, reports having 2000 members as of 2018 (Virtuous Pedophiles, 2018). Peer support communities are found to provide relief from the sense of isolation often held by minor-attracted persons (Freimond, 2013). Goode (2010) shared similar findings, stating: “this seductive sense of solidarity with the community may be particularly valued in a context where one feels not only misunderstood but actively hated and despised by a wider society” (p. 96). Some minor-attracted persons report peer support affords them greater opportunity to openly express themselves and gives encouragement that

they can continue to manage their attraction without offending (Houtepen et al., 2016). Thus peer support appears to be serve an important role in emotion-focused coping for people with pedophilia.

Research indicates that minor-attracted persons also seek professional support but that this is less frequent than drawing from social or peer supports (Goode, 2010; Houtepen et al., 2016). This may be reflective of barriers to professional support. It was suggested that it is common for minor-attracted individuals to want to see a mental health professional but not follow through (B4U-ACT, 2011a). Minor-attracted persons report fear of receiving a negative reaction from professionals or being reported to authorities or others personally known to them as well as uncertainty about where to find a specialised professional (B4U-ACT, 2011a; Cacciatori, 2017).

There is little detail in the literature regarding forms of coping used by people with pedophilia that do not rely on others. There is some evidence that minor-attracted persons may use cognitive reappraisal, with Freimond’s (2013) participants describing reevaluating aspects of their group in a more positive light and comparing themselves to others in a way that made them feel better. Furthermore, in another study, the use of acceptance by two minor-attracted persons was reported (Cacciatori, 2017). Identified as “discrepant” cases, these two participants said that accepting their minor-attraction as a permanent part of them was associated with a sense of freedom (Cacciatori, 2017).

In consideration of the literature, minor-attracted persons appear able to use coping mechanisms to manage the distress associated with their sexuality. Support

## MORE THAN “POTENTIAL OFFENDERS”

seeking appears to be the most widely reported coping strategy. Minor-attracted persons appear to particularly value the emotion-focused aspects of support. A deeper understanding of the coping strategies adults who are attracted to children use outside of support-seeking is needed.

## Chapter 5

### Support for People with Pedophilia

A need for a “public health approach” to addressing pedophilia has been identified (Mercy, 1999). Public health approaches use comprehensive prevention efforts to address problem conditions that affect society (McMahon & Puett, 1999). Rather than simply treating pedophilia as a problem of the criminal justice system, the public health approach would require an integration and linking of many different disciplines and organisations from educators, the media, private industries, the medical community and so forth (Mercy, 1999). This is an approach which is committed to monitoring and tracking trends, researching risk factors, piloting programmes and measuring their effectiveness (McMahon & Puett, 1999).

#### Limitations with Current Support

As pedophilia has been addressed predominantly in the context of child sex offending, services are developed for those who have offended, overlooking people with pedophilia who have not (Goodier & Lievesley, 2018; Piche et al., 2018). As discussed, uncertainty about where to get professional support is a barrier to help seeking among minor-attracted persons living in the community (B4U-ACT, 2011a). A lack of options for treatment can have significant harmful consequences including depression, loneliness, suicidality and self-hatred among other negative emotions (B4U-ACT, 2011a). For a small percentage of individuals there were further more serious consequences with 5% of minor-attracted individuals in one study reporting increased difficulty controlling themselves as a result of not accessing support and 4% receiving a criminal conviction (B4U-ACT, 2011a). This suggests that a lack of services for minor-attracted persons can not only contribute the personal suffering of

## MORE THAN “POTENTIAL OFFENDERS”

such individuals but may put children at risk. It is believed that by creating services that target people with pedophilia that have not offended, the prevention of child sexual abuse in the first instance can be supported (Mercy, 1999).

While non-offending people with pedophilia can access private therapists, as discussed earlier, there is significant fear around misperception and judgement from professionals (B4U-ACT, 2011a; Cacciatori, 2017). Furthermore, when people receive treatment, it is not always compatible with their treatment needs (B4U-ACT, 2011a). One survey reported that only 19% of minor-attracted participants found their treatment very compatible with their treatment goals (B4U-ACT, 2011a). In regard to treatment content, it appears that therapists may attempt to use approaches designed for treating child sex offending (i.e. relapse prevention) when treating non-offending clients (Beier et al., 2015). The suitability of these approaches for persons without a sexual offending history however cannot be assumed. Therefore, not only is there a need for services to be developed but researchers have identified a need for greater training and supervision of therapists to work in this area (Chasan-Taber & Tabachnick, 1999; Levenson, Willis, & Vicencio, 2017; Piche et al., 2018).

In addition to increased training, staff working at a preventative service for child sex offending suggested fear among service users could be reduced with better publication of confidentiality protocols and media campaigns with a non-judgemental and empathic spirit (Goodier & Lievesley, 2018). The messages portrayed by the media can have an important influence on the use of services. When used to reframe the issue of minor-attraction, the media can challenge unhelpful public perceptions. A content analysis of 643 Facebook responding to a humanising story about a young person with pedophilia who had not offended found that 58%



were mostly or completely positive (Theaker, 2015). Furthermore, many had a message of gratitude indicating that they were thankful for being challenged on their biases.

### **New Support Services**

Services have been trialled to assess the extent to which people with pedophilia living in the community would access and benefit from support. In 2000, the Confidential Helpline Aimed at Non-judgemental Guidance and Education (CHANGE) was established in Mersey, UK (Hossack, Playle, Spencer, & Carey, 2004). The helpline was set up with the ethos that people who are attracted to children can control their behaviour and may come forward for support with this. Over a period of 18 months however, the CHANGE helpline received only 37 calls (Hossack et al., 2004). These calls came from a number of groups, including those with a history of abusing or those who were at risk of doing so as well as professional services and partners of people with pedophilia. While an openness towards receiving support was observed among callers, the limited advertising and an obligation of the helpline to report callers if a victim or potential victim could be identified contributed to a low frequency of calls (Hossack et al., 2004).

The most comprehensive programme aiming to support those who are attracted to children in the community is the Berlin Prevention Project (BPP) (Beier et al., 2009; Beier et al., 2015; Schaefer et al., 2010). Launched in 2005, the BPP targeted people with pedophilia considered at risk of offending, however those with a history of undetected offending could also participate. The BPP holds that while minor-attracted persons are not responsible for their sexual attractions, they are accountable for their behaviour.

The project used a media campaign to advertise treatment and conveyed an empathic and non-judgemental attitude toward the population of interest (Beier et al., 2009). It emphasised confidentiality and anonymity and aimed to reduce any concerns around legal repercussions for participation (Beier et al., 2009). German law was favourable in this regard, stipulating that strict confidentiality be maintained around any child sex offences disclosed to therapists. Planned child sex offences are further excluded from German mandatory reporting laws, unless associated with murder or there is imminent endangerment and the potential victim is identifiable.

There were several phases to participation in the project, including a telephone screen, clinical assessment, and treatment. Treatment was based on the integrated theory of sexual offending and cognitive behavioural therapy with adjunctive pharmacological intervention also offered (Beier et al., 2015). The main components of the treatment programme included relapse prevention, self-regulation and good lives model. Targets included motivation for change, self-efficacy, self-monitoring, emotional and sexual self-regulation, attachment and sexuality, cognitive disruptions, and empathy. Treatment was group-based and delivered in weekly three-hour sessions for 45-50 weeks. A waitlist control group (N=22) was compared with the treatment group (N=53). Of the treatment group, 12 participants were non-offending.

Overall the BPP indicated that non-offending minor-attracted persons are willing to participate in community treatment programmes for their sexual attraction to children (Beier et al., 2015). However while there were changes in treatment

## MORE THAN “POTENTIAL OFFENDERS”

targets for offending participants, there were no changes across outcome measures in the non-offending participant group (Beier et al., 2015). While not explored in the research, this may suggest that treatment needs of the non-offending group were not matched by the programme with its focus on risk. The programme appeared to use a protocol designed for the treatment of child sex offending to help participants manage an attraction to children despite no history of offending. As discussed, the most commonly endorsed treatment goals in a large survey of minor-attracted persons involved a desire to improve self-concept and deal with negative responses of society (B4U-ACT, 2011a). Further exploration of what would constitute meaningful support to non-offending minor-attracted persons is needed.

There is an identified need for more services that address pedophilia in non-offending persons. This group of individuals can be reached for intervention and will participate. The content of such intervention however may be most meaningful to individuals when it is broadened in scope from addressing only risk. The attitudes of public impact on the use of services, and the media may provide a tool through which to positively impact public perceptions of pedophilia.

## **Research Problem and Research Question**

As evident in the literature, the study of people with pedophilia in the community is recent and limited. There are only a small handful of studies exploring the experience of an attraction to children in non-offending-only samples (see Appendix A), with many aspects of experience still not explored in detail. There is no comprehensive examination of the experiences of both wellbeing and risk.

Further exploration of the experiences of minor-attracted persons who are non-offending may deepen emerging findings and identify new insights. This study aims to understand the experiences of these adults who are attracted to children across a broad range of domains important to wellbeing and risk. This study asks what it is like to live with a sexual attraction to children, how such persons manage their attractions and what support needs they have.

## Chapter 6

### Methodology

#### Design

The project was comprised of two parts which ran concurrently: Potential participants were invited to complete a survey comprising of quantitatively based and open ended questions (see Appendix B) as well as confidential one-on-one interviews gathering qualitative data (see Appendix C). The interview was presented both as a standalone phase or a follow-up option post survey completion.

A mixed method research design was employed in this study for two purposes. Firstly, given the limited knowledge about non-offending minor-attracted persons, rich qualitative data and broad quantitative data allow for a more comprehensive picture of their experiences to be ascertained. Secondly, potential recruitment challenges were anticipated due to the hidden and vulnerable nature of the research population. Therefore it was hoped that different formats for participation would enhance the appeal of the project and produce at least one successful data set.

Unexpected success in recruitment resulted in two complete data sets. A qualitative-dominant mixed research model was used to analyse data, focusing on the interviews and using quantitative data from the surveys in a supplemental role. Accordingly, the findings from the interviews are first presented and discussed separately in the thesis, with the quantitative survey results presented and discussed subsequently. This offered the potential to understand the experiences of individuals in a way that would honour the richness, complexity and nuance of their experiences

first. As a group that has scarcely been addressed in the literature, contributing such detail about their experiences was considered a priority. While additional qualitative data was also obtained through the surveys, for the purposes of keeping this thesis within a size commensurate with a doctorate, only the qualitative interview data was used in this study. The interview data provided a more complete exploration of experience given the length and interactive nature of interviews as opposed to more discrete sets of qualitative answers gathered from the surveys.

### **Theoretical Underpinning**

Phenomenology is an appropriate way to approach subjective experience of individual’s life-worlds (Willig, 2013). Husserl (1970) proposed that studying the individual’s experience of their life-world gives access to the quality of “primal validity”, that is, subjective experience is what humans have always known and can access and validate internally. Accordingly, phenomenology is concerned with how phenomena appear in human consciousness. No claims are made as to the reality behind what appears, nor does phenomenology claim that phenomena only exist in their appearing (Moran, 2002). Rather, “things in their appearing” are seen as a correlation between the mind and the world.

This research is also informed by Heidegger’s (1962) introduction of hermeneutic theory to phenomenology. This understands individuals to be “actively engaged” in making sense of their experiences (Smith & Eatough, 2012). Therefore rather than simply capturing the nature of individuals subjective being, there is a concern with the meaning that individuals ascribe to their being (van Manen, 2014).

A focus on subjective meaning-making is valuable in studying a phenomenon such as adult sexual attraction to children. The experience of sexuality can vary significantly between individuals, within individuals and across time and context (Frost, McClelland, Clark, & Boylan, 2014). Sexuality exists in the unique position of being part of the everyday human experience yet it is also taboo, stigmatised and regulated (Frost et al., 2014). Research relating to matters of sexuality therefore can have impact on people’s wellbeing, behaviour and rights. Because of the complexity of sexuality as a subject and the implications of sexuality research, a research approach that captures individual’s idiosyncratic experiences and interpretations of their sexuality is important (Frost et al., 2014).

**The role of the researcher.** Individuals carry assumptions, preconceptions and taken-for-granted ways of perceiving phenomena that influence their experiences (Smith, Flowers, & Larkin, 2009). There are different perspectives on how the researcher should respond to these preconceptions within phenomenology. Husserl believed that these partially obscured and distracted from understanding the true nature of experience (Smith et al., 2009). Researchers following this tradition attempt to bracket all preconceptions and taken-for-granted ways of seeing (Langdrige, 2007). This is said to allow for phenomena to appear consciousness as though for the first time, revealing their “essence” (Husserl, 1970). However, with the introduction of hermeneutics to phenomenology, individuals were understood as more influenced and embedded within their context than Husserl conceived of (Lavery, 2003). The belief that one could bracket and step outside of their context is reconsidered an imperfect ideal (Langdrige, 2008). As a person-in-context, the researcher cannot take a “gods-eye-view”; rather what they offer is an interpretation (Lavery, 2003). While phenomenological methodologies should always be

grounded in the individual’s experience, there is a recognition of a duality to the sense making process; that is while participants are making sense of their world, the researcher is making sense of them making sense of their world. It is this latter understanding which informs this research.

With the recognition of the researcher as a person-in-context comes the need for reflexivity. Researchers must engage with and make clear the influences that impact on them during the interpretive process (Laverty, 2003). Importantly however, researchers may not have a complete awareness of their preconceptions prior to engaging in the interpretative task (Smith et al., 2009). This necessitates that reflexivity is dynamic and “...constantly revised in terms of what emerges as he penetrates into the meaning...” (Gadamer, 1990/1960, p. 267 as cited in Smith et al., 2009).

**Reflexivity.** In recognition of the researcher’s role in co-constructing the understanding of participants’ experiences, reflexivity is a crucial element of this research (Langdrige, 2007). My position as the researcher was something I maintained an awareness of throughout the research process. From its inception, this research was borne from a sense of empathy for those who face psychological struggles and a desire for social change. This research was inspired by my experience of listening to a podcast interview with a young man who identified as attracted to children but had never abused a child. This young man gave a vulnerable and insightful account of what it was like to realise he was attracted to children and his challenging journey to find psychological support. In listening to this podcast, I experienced a strong sense of empathy and compassion. At a similar time to this, I visited a special treatment unit for those who had sexually offended against children



## MORE THAN “POTENTIAL OFFENDERS”

as part of my university forensic psychology paper. There, I heard from treating psychologists about rehabilitative efforts and resources for those who had sexually offended against children. This generated a sense of wonder; why is there only an ambulance-at-the-bottom-of-the-cliff approach to child sexual abuse? Why not offer support to those who may be at-risk of offending but have not yet done so? This would reduce the distress of those living with this attraction and reduce the risk of harm to potential victims. Therefore, my hope in developing this project was (1) to understand and find ways to support adults who are attracted to children but have not offended, and, (2) to protect future victims of child sexual abuse. I believed these two purposes to be consistent with one-another.

As the project unfolded, my attention was brought to the assumptions that were inherent in my position. As discussed, an awareness of one’s presuppositions is not always outrightly clear, instead it deepens throughout the research process (Smith et al., 2009). The deepening awareness of my biases was something I was open to and had expected, particularly as a heterosexual female with no experience of adults who are sexually attracted to children in my personal life. As I spoke with participants, I became more aware that I had possessed a bias towards considering adults who are attracted to children as inherently “at risk” of offending. For example, by asking participants how they managed their attraction without acting on it, there was an assumption that the attraction is something they needed to actively manage. While this was not an assumption that I could completely “step out of” as bracketing one’s position is recognised to be an imperfect ideal (Langdrige, 2008), I remained attuned to the influence of this over my interpretation of participants’ experience. During analysis this meant respecting the word of participants who felt they were not at-risk of offending against a child and explained they did not need to actively

## MORE THAN “POTENTIAL OFFENDERS”

manage their attraction. Or, paying attention to the aspects of participants’ experience that they found more challenging than “not offending”. I recognised that increasing support for adults who are sexually attracted to children and preventing child sexual abuse were not as simple as being one-in-the-same. These purposes assumed that (1) all adults who are sexually attracted to children need help not to offend, and, (2) that the only help needed is with managing risk.

Considering my position and influence over the research became particularly important as my clinical training progressed and I took a year-long internship with the Department of Corrections during my research. In this internship my clients included several individuals who were sexually attracted to children and had sexually offended against children. My role as an intern psychologist was vastly different to my role as a researcher. In my job I learned to be sceptical of client’s accounts of their experience, always gathering “objective” collateral information. Client opinions of their behaviour were often identified as cognitive distortions. This approach is inconsistent with the phenomenological approach used in this research, in which I gave precedence to the participant’s subjective experience. During analysis, I was careful to maintain a level of curiosity towards interview data as part of interpretation, without however applying scepticism as per my professional role. This also required remembering the vastly different populations I was working with in my research compared to in my work- the most obvious of which was that my participants had no history of sexually abusing a child or children.

A commitment to reflexivity also involves ensuring that the researchers emotions do not filter a participant’s voice or skew findings (Finlay, 2002). During interviews and analysis, I attended to my emotional responses and their possible

## MORE THAN “POTENTIAL OFFENDERS”

influence on the research. There were a handful of occasions during interviews when I observed a feeling of discomfort within myself, for example, when one participant described his enjoyment of hugging a child. This was perhaps complicated by my ethical obligation to ensure that I was attuned to participants who disclosed risk of harm to children. In this case, I used supervision to see the situation more completely. A hug for example, does not inherently imply risk. There was no intent to harm or abuse a child on behalf of the participant and therefore to assume so would be emotionally reactive. I also had to be mindful of any pull to censor this part of the participant’s experience during analysis simply because I felt uncomfortable. This experience was meaningful to the participant and therefore needed to be represented in my analysis.

Finally, in conducting this project I was wary of how my position as an outsider to the participant group could impact my ability to fully understand participants or be sensitive to “disguised and subtle expressions of themes” (Berger, 2013). I was aware of how adults with a sexual attraction to children have felt stigmatised and misunderstood by others with unfortunate frequency (Houtepen et al., 2016). Accordingly, I felt a weight of responsibility to portray participants in a sense that honoured their experience. To ensure that my analysis was representative of participants’ experience, I used a standard set out by Langdrige (2007), who explained that the litmus test for good reflexivity is that research participants should still be able to recognise themselves and their experiences at the end of the analysis (Langdrige, 2007). While I could do this in a literal sense given confidentiality processes, I continually referenced original transcripts during analyses to ensure findings were recognisable at an individual level.

### **Research Materials**

As discussed, a mixed methods approach was employed due to anticipated potential recruitment challenges. At the time of research implementation, there had been extremely little research carried out with community samples of minor-attracted persons and therefore it was difficult to gauge how such individuals would respond.

**The interview.** The development of the interview schedule began with the expansion of the primary research questions into a more detailed list of questions. This was informed by the DSM-5 diagnostic criteria for pedophilia (American Psychiatric Association, 2013) and findings from the Berlin Prevention Project (Beier et al., 2009; Schaefer et al., 2010). Furthermore, personal accounts as detailed on the Virtuous Pedophiles website (Pedophiles, 2018) and in the podcast that inspired this research (Malone, 2014) helped to identify gaps in the literature for further exploration. Feedback was sought from a number of Clinical and Forensic Psychologists and researchers who had experience working with those who had a sexual interest in children (albeit in the context of child sex offending). Adjustments to the interview schedule were made on the basis of advice, including framing questions in a more open manner, and, using simplified language.

The open-ended question is the instrument of choice for the phenomenologist as this is conducive to uncovering experience (Langdridge, 2007; van Manen, 2014). The semi-structured interview is most often the chosen approach for asking questions of participants. Semi-structured interviews guide participants towards valuable lines of inquiry while remaining open to unexpected areas of insight and wonder (Langdridge, 2007).

The final interview questions centred around the following issues:

- First awareness of an attraction to children
- Living with an attraction to children
- Fears and concerns
- Coping
- Managing the attraction
- Help seeking experiences
- Support needs and gaps in support
- Hopes for the future
- Impact of public attitudes and message to the public

**The survey.** The survey was constructed through a similar process of consultation to the interview schedule. As with the interview, the questions and response formats for the survey were primarily devised in consideration of the DSM-5 criteria for pedophilia (American Psychiatric Association, 2013), the Berlin and Prevention Project data (Beier et al., 2009; Schaefer et al., 2010) and identified gaps in the literature. The survey was organised into four main sections relating to the main research questions: demographics, the experience of an attraction to children, support needs and attitudes towards seeking professional psychological help. The first three sections were comprised of yes/no, multiple-choice and likert-scale questions as well as open-ended follow up questions to allow for more detailed qualitative answers.

The fourth section of the survey contained the Attitudes Towards Seeking Professional Psychological Help Scale- Short Form (ATSPPH-SF; Fischer & Farina,

1995). Emerging findings from the Berlin Prevention Project suggested minor-attracted persons were highly motivated to seek help, for example traveling 205km to participate in the project (Beier et al., 2009). Thus the ATSPPH-SF was included as a means of capturing participants’ motivation to engage in treatment. This self-report scale has a series of 10 questions that tap into a person’s attitude towards seeking professional psychological help. The ATSPPH-SF (Fischer & Farina, 1995) has a four-point Likert scale response format ranging from 0 (disagree) to 3 (agree). Total scores range from 0-30, with higher scores indicating more favourable treatment attitudes. The ATSPPH-SF has demonstrated internal consistency ranging from 0.82-0.84, a one-month test-retest reliability of 0.80 and a correlation of 0.87 with the longer scale among samples of college students (Constantine, 2002; Fischer & Farina, 1995; Komiya, Good, & Sherrod, 2000). Support for the scales validity has also been reported (Elhai, Schweinle, & Anderson, 2008; Fischer & Farina, 1995). Items on the ATSPPH-SF were adapted in the current study to relate specifically to seeking help for an attraction to children.

### **Ethical Considerations**

Prior to launching the project, a reflection on the ethical issues in the research was carried out together with an application to the Massey University Human Ethics Committee (MUHEC). Engagement with ethical principles in research planning ensures that individual’s rights are protected, benefits are maximised, and harm is avoided (Thompson & Chambers, 2012). The ethical principles that guided this research project were primarily derived from the Code of Ethical Conduct for Research, Teaching and Evaluation Involving Human Participants (Massey University, 2015). Ethical principles and dilemmas were considered with reference to the climate in which this research was taking place as “each ethical dilemma is

unique and has to be considered within its own social, theoretical and political milieu” (Thompson & Russo, 2012, p. 33). This sentiment was highly relevant in the context of the current research study. With a polarising and sensitive subject matter, and, a highly stigmatised and potentially vulnerable research population, a rigorous approach to ethics was fundamental.

The MUHEC application process was carried out under the supervision of my two research supervisors and in consultation with experts in adult sexual attraction to children as well as cultural advisors. In addition to submitting a written document to the MUHEC, I also attended a formal review meeting to discuss relevant issues and receive feedback. The MUHEC additionally consulted with the Massey University legal team who provided additional recommendations around several key ethical and legal issues. As a result of the above process, a sound ethics protocol for the project was developed and approved by the MUHEC.

The key ethical issues and decisions from this protocol are outlined below.

**Who could participate?** The research project was open to adults who were sexually attracted to children but had never sexually abused a child. The caveat that participants must have never sexually abused a child was added to participation criteria given this was the research population of interest. There was no formal verification of participants’ non-offending status, with participants trusted on the basis of their word. The caveat was intended to cover all forms of sexual offending and harm against children, including accessing child sexual exploitation material (CSEM). This was not explicitly defined however, reflecting an assumption early in

the research process that participants would similarly interpret the meaning of abuse. The potential implications of this are explored in the limitation section to the thesis.

Participation was open to internationally residing participants however for interviews, several conditions had to be fulfilled for those living outside of New Zealand. For practical and safety purposes, international participants were only able to be interviewed via telephone or internet-based services. Furthermore, there had to be general counselling services easily available and accessible to them in their country of residence, such as a phone helpline, as well as support services for those who are sexually attracted to children or have concerning sexual behaviours towards children. These criteria were part of precautionary measures for the case that a participant disclosed imminent risk of harm to self or a child.

Participants were to be at least 16 years of age to be considered an “adult” for the purposes of this study. This was in accord with the MUHEC guidelines for the age at which a person is deemed competent to give informed consent. This is also the minimum age requirement for a person to be considered as having pedophilia in the DSM-5 (American Psychiatric Association, 2013). Keeping the threshold for an adult low was important as it ensured that younger individuals experiencing a sexual attraction to children were also permitted to have a voice in this study.

Further stipulated in participation criteria was that participants must experience an attraction to children who were aged 13 years and below. This was in concurrence with the age of a prepubescent child in the DSM-5 (American Psychiatric Association, 2013). This age limit was selected for practical purposes to



represent prepubescent children however it is recognised that there is variation in the age at which children undergo puberty (Herman-Giddens, 2007).

**Terminology.** The term “adults who are sexually attracted to children” was purposively used in the project materials (e.g. advertisement and surveys) rather than the label pedophile. This was intended to give participants the freedom to identify themselves in a way meaningful to them. As discussed there is variation in the literature and online support communities regarding the preferred terms for adult sexual attraction to children. Individuals are found to identify with a number of different scientific and colloquial terms for their sexual orientation (Cash, 2016). Some communities explicitly use the term pedophile (e.g. Virtuous Pedophiles) yet others find the term troubling and it can elicit stigmatising attitudes (B4U-ACT, 2018; Imhoff, 2015).

When referencing the participants of this study within the body of this thesis, it was difficult to determine one representative term on the basis of gathered information. While the interview participants tended to use the term pedophile during participation, they were not explicitly asked for their preferred identifier nor could it be assumed that all participants were comfortable with this term. Furthermore, nearly one-third of the survey participants indicated that while attracted to prepubescent children, their strongest attraction was to young people aged 14 to 16 years old. This may suggest that the minor-attracted identifier better represents them. As a more broad and neutral term, minor-attracted is generally used to describe participants in the findings and discussion section of this thesis.

While concerns could be also raised in regard to the term minor-attracted person because it does not acknowledge the person before their attraction (i.e. “person *with* minor attraction”) (Willis, 2018), it is considered de-stigmatising by people with an attraction to children and is therefore respected (B4U-ACT, 2018).

**Privacy and confidentiality.** In regard to interviews, there had to be careful management of participants’ confidentiality. There were a number of potential formats for the interview- Skype, telephone and face-to-face. Giving participants these different formats to select was important in instilling agency so they could choose what was most comfortable for them. This did necessitate careful planning around how to maintain confidentiality across these different mediums.

Across all interviews participants were not explicitly asked for any identifying information other than their age, occupation and country of residence. However, all interviews were arranged via email, with the participant contacting the researcher via a project Gmail account. Some participants appeared to email from accounts that included a name (possibly a pseudonym) whilst others used anonymised email addresses. In either case, no identifying information was recorded elsewhere and the consent process was oral. Furthermore, any email correspondence was deleted at the end of the interview.

For Skype interviews, a project Skype account was set up and attached to the project email account. In conducting the Skype interviews I was again privy to details, such as a Skype username, that could identify participants. Again, this information was not recorded and at the conclusion of the interview, the

conversation history and contact records were deleted and removed. No record of the interviews remained on the Skype account.

While no face-to-face interviews eventuated, procedures were still established for maintaining confidentiality in such a case. Participants could provide the researcher with a name to be referred to during the interview, however this was not to be verified or recorded.

While any records of identifying information such as email addresses were deleted following the completion of each interview, there was an important limitation to confidentiality *during* the interview. In the case that a participant made a disclosure of illegal activity or risk of harm to self, I had an ethical obligation to report any known identifying information to relevant authorities. This limitation was made explicit to participants prior to commencement of the interview in the form of a pre-interview statement (see Appendix D; discussed further below).

In regard to the online surveys, participation was anonymous with no ability to trace participants' identities or locations via their IP address. Furthermore, no identifying details were gathered in the survey itself.

**Psychological support.** It was recognised that as a highly stigmatised group and one who suffers from high levels of distress and fear of judgement from others (Houtepen et al., 2016; Schaefer et al., 2010) careful consideration of the wellbeing of participants would have to be taken in planning the project. As such, contact information for a number of national and international helplines (including services that specialised in supporting those with a sexual attraction to children) were listed

on the project webpage. Following survey completion and the interview, participants were encouraged to access the supports if they were feeling distressed in any manner.

**Disclosures of risk during interview.** As discussed, participants were those who had never sexually abused a child or children. This condition was made explicit on all project materials and the interview schedule did not contain any questions relating to illegal behaviours. I did not expect that any participants would have a concealed offending history and importantly I became wary of the disempowering effect of considering all participants “at-risk” of offending, however, as part of the ethics process it was considered prudent to establish a protocol for the unlikely case that a participant did disclose prior or intended offending. Furthermore, as there is evidence that adults who are sexually attracted to children experience high levels of distress (Schaefer et al., 2010), a plan for disclosure of risk to self was also established.

Several categories of risk disclosures were identified that would necessitate action on my behalf to mitigate the risk. This included:

1. That the participant was at risk of harming themselves;
2. That there was an imminent risk of the participant committing a child sexual abuse offence, or the participant was engaging in abuse of an ongoing nature;
3. That the participant had a history of offending that had not been dealt with by the legal system;
4. That the participant had been a victim of sexual abuse as a child.

## MORE THAN “POTENTIAL OFFENDERS”

If a participant raised risk of harm to self or others during an interview, the level of risk was first to be assessed using a semi-structured risk screen and clinical judgement. The risk screen would involve looking at the frequency, intensity and duration of thoughts of harming self/others; the plan for the harm; the means to carry out the plan and the intent to carry out the plan. As a student of a clinical psychology training programme, I was deemed competent to assess level of risk.

In accordance with the ethical principle of minimisation of harm, where there was an imminent risk of the participant harming someone else or themselves (as in situation 1 and 2), contacting authorities was deemed appropriate. The authority differed for nationally- and internationally-based participants with the protocol for the latter advised by an Officer in Charge at the New Zealand Police. In the imminent risk scenarios, any identifying information obtained in the course of the interview would be disclosed to authorities.

Prior to contacting these authorities or supports, the research supervisors would be called to confirm the level of risk and the appropriate course of action. This risk protocol was made explicit to interviewees prior to the interview in a pre-interview statement (see Appendix D). A formal verbal statement was also prepared for use in the event of a high-risk situation that necessitated breaking confidentiality (see Appendix E). This statement informed the participant that a disclosure was going to be made to authorities and advised them to seek legal advice should they wish.

In disclosure situations of a historical nature (i.e. scenarios 3 and 4), CSEM use, or in the case that the participant disclosed a low level of risk to self or others, the focus was on encouraging the participant to access supports him or herself.

**Cultural sensitivity.** Consultation was also taken to assess the suitability of the survey and interview schedule and protocol for use within New Zealand. A Māori cultural advisor provided direction on working with Māori participants. This included being sensitive to Māori participants in the case they perceived a topic of discussion as tapu (sacred or spiritually restricted) and wished not to discuss it. A Pasifika cultural advisor also provided guidance on working with Pasifika participants. The advisor suggested that Pasifika participants may prefer face-to-face engagement in interviews as opposed to online and advised efforts to reduce any power differential between myself as a researcher and participants. Both consultants offered to be available throughout the research for further consultation.

Given that surveys and interviews were open to participants internationally, it was not possible to anticipate all of the potential cultural issues that may arise during research. As such, it was decided that further cultural consultation would be sought as necessary if issues presented.

**Benefits of participation.** The potential risks for participants in engaging in interviews were weighed against anticipated benefits to participation. Given the evidence that people who are sexually attracted to children may experience distress as a result of their attractions and can be willing to incur substantial time and monetary costs in order to receive assessment (Beier et al., 2009; Schaefer et al., 2010), there was a justification of potential risks. It was considered that research participation may offer psychological relief to participants by offering a safe place to have a voice and by acknowledging the difficulties they face in a non-judgemental manner. Participants may have also found benefit in the links to support services on the project webpage. Finally, participation provides a means through which

participants may contribute to the development of services that may help them in the future.

### **Recruitment Procedure and Participants**

Participants were recruited for both surveys and interviews concurrently through a Massey University project webpage. This webpage contained background information on the research (see Appendix F and G), a link to the online survey and instructions on how to participate in confidential interviews. The webpage went live as of June 2016 for a period of approximately four months. The initial means of advertisement was a media release published through the Massey University External Relations and Development Department. This resulted in an article on the project appearing in a number of small online New Zealand publications. The project was also advertised on an international online support forum for people with pedophilia who are non-offending known as Virtuous Pedophiles with the approval and endorsement of site administrators. The administrators were provided a copy of the research advertisement (see Appendix H) however it was not confirmed whether they posted the advertisement directly to the forum, or, summarised it in their own words. Regardless, upon following up on the project link, participants were presented with this information. Many of the participants reported having heard of the project through this forum as well as alternative forums as the result of snowballing.

The project advertisement was aimed at those who were “worried” about their sexual feelings towards children and may have felt “at risk” of acting on their attraction (see Appendix H). This was informed by research indicating that minor-attracted persons in the community experience high levels of distress due to their

sexual fantasies (Schaefer et al., 2010). This also reflected an assumption that the source of distress would be concern about acting on their attraction. As discussed, throughout the research I became increasingly aware of my biases towards minor-attraction. This included insight into the assumptions in the advertisement phrasing. Despite this, the project findings indicated the advertisement did not preclude non-distressed persons partaking or those who did not feel at-risk of offending. Such persons explicitly challenged these assumptions in their responses to survey and interview questions. This ultimately added to the richness of the findings.

**Interviews.** A total of nine individuals engaged in semi-structured one-on-one confidential interviews. Many of these individuals also reported having completed the anonymous online survey. Interviews ranged in duration from approximately 45 to 90 minutes. The medium through which interviews took place varied according to participant preference. There were a total of four Skype audio interviews, two Skype video interviews, one telephone interview, one email interview and one Skype messenger interview. Regardless of the interview format, all ethical obligations were adhered to. Video and audio interviews were recorded and transcribed so that a verbatim textual transcript of every interview was produced.

After the nine interviews had been completed, no further requests for interviews were received for several weeks and participation in the online survey had also slowed. Furthermore, the interview data appeared to have reached saturation as evidenced by no apparent new themes (Guest, Bunce, & Johnson, 2006). Accordingly, project advertisement and recruitment of further participants ceased.



## MORE THAN “POTENTIAL OFFENDERS”

Interview participants all described themselves as men and reported being aged between 20 and 30 years, with one participant who was in his 60s (see Appendix I). Participants were from Czechia, Canada, Germany, Netherlands, New Zealand, United Kingdom and the United States. In regard to employment status, four participants were students, three were employed and one was retired. All participants reported having lived with an attraction to children from puberty and adolescence, and one participant since his early 20s. Five participants reported this attraction to children was exclusive and four were non-exclusive (also attracted to adults).

**Surveys.** A total of 85 participants took part in the surveys. The participants’ demographics are described in detail in Chapter 12 as they constitute an important focus of the survey findings and discussion.

Similarly to the interview, survey data collection ended once participation had slowed, which coincided with a period agreed upon with the MUHEC as to not overexploit the research population.

### **Data Analysis**

As discussed, a qualitative-dominant mixed research model was selected as a best fit for this research. Qualitative data from the interviews was first analysed and discussed followed by an analysis and interpretation of quantitative survey data.

**Interview analysis.** Interpretative Phenomenological Analysis (IPA) was selected for analysing participant interviews. In this method, meanings are observed in the form of themes, first intra-individually and later, inter-individually (Willig,

2013). Interview transcripts were analysed in accordance with Willig’s (2013) IPA method. The stages of IPA are intended to be moved through iteratively in recognition of the “dynamic relationship” between the individual parts of text and the whole within phenomenological research (Smith et al., 2009). The researcher must continually return to and ground the analysis in the original text. Each word, sentence or paragraph is interpreted with reference to the text as a whole (Smith et al., 2009).

IPA takes an idiographic approach whereby, transcripts are first analysed individually. In the first stage of analysis, I read an interview several times to allow familiarity. Each transcript was read in its entirety to get a holistic sense of the participant’s experience of their attraction to children. This was important because many participants’ accounts were told as a chronological journey from their first awareness of their attraction to children, to their current experiences and hopes for the future. Individual sections of text were therefore best understood in reference to the participant’s overall journey.

During the second reading of each transcript, I took notes in the left-hand margin with observations, questions and initial impressions of the transcript. This was followed by a third reading in which I began to note down themes in the right margin of the transcript. To help identify themes, I often read a section of text and asked myself “what meaning does this have for this person in the context of their life?” or “what is going on here for this person?”. Some themes were more descriptive and explicit, while others were interpretations of latent meaning. As much as possible I used participants’ own words to label themes at this stage. This helped me to keep the analysis idiographic; grounded in the individual’s own

## MORE THAN “POTENTIAL OFFENDERS”

experience. Where this was not appropriate, or themes were more latent, other terms- often psychological- were chosen.

Following the identification of themes within a transcript, I analysed the relationships between themes, searching for a structure. This was generally on the basis of chronological links or conceptual similarity. A “summary table” was drawn up clustering themes together with their relevant sections of text. I then referenced theme clusters back to the transcript as a whole to ensure they still meaningfully represented the individual’s experience.

One-by-one I completed the above process for each transcript. Moving on to each new transcript I had to be careful not to be influenced by previous themes and structures so that I could see each transcript anew. This was challenging and required vigilance on my part as I became familiar and comfortable with the data. Several times I noticed myself homogenising transcripts and so revisited and adjusted them to ensure they were nuanced to the individual.

In the final phase of IPA, I integrated the summary tables of different participants. I identified a set of “master themes” between transcripts on the basis of meaningful similarities in themes. These were checked back against each transcript to ensure they still held significance at an individual level.

The analysis findings and discussion are presented together.

**Survey analysis.** Quantitative data from the surveys was analysed and presented as a two supplemental chapters.

A quantitative component can be included within phenomenological research (Mayoh & Onwuegbuzie, 2013). It is possible to honour the importance of subjective experience, while also asking the degree to which these experiences may be shared by others in the community (Mayoh & Onwuegbuzie, 2013). It is in this capacity that the reporting of quantitative data is presented and discussed. In keeping with the phenomenological ethos of the research, the quantitative data is not used to make claims about the degree to which participant experiences were more or less valid, but rather to provide a sense of the breadth of these experiences.

Results were computed using SPSS 25.0. Demographic and descriptive statistics of quantitative survey data were computed. Analyses were carried out in an exploratory capacity, that is, planned after the collection of data and following the analyses of interview data. All quantitative variables from the survey were included.

Analyses are structured into the following sections, loosely based on the main sections of the survey:

- Demographics
- The attraction to children
- Mental health
- Help and support seeking

The quantitative findings are then discussed in regard to their relationship to the literature and interview findings.

## MORE THAN “POTENTIAL OFFENDERS”

While overall there were 85 survey participants included in analyses, as a result of missing data, the sample size varied between different quantitative variables.

Two patterns were noted in missing data. Firstly, there was a drop in participation after the first section of questions (covering demographics and mental health). At this point in the survey, questions began to address aspects of participants’ sexual attractions and they were warned to not disclose anything of an illegal nature. It is hypothesised that this warning may have raised some concerns among participants about the confidentiality of acknowledging their attractions online, discouraging them from continuing.

A second drop in participation was noted in the final phase of the survey when questions shifted to help-seeking. As these questions were not sensitive in nature, it is hypothesised that participant attrition may have been due to fatigue and time management.

## Phase I

### The Interviews

Presented in Chapters 7 through 11 are the themes identified from participant interviews. A discussion of findings is integrated within the body of each theme as are participant quotes to provide evidence. Participants are referred to by pseudonyms. Five themes were identified (see Table 2.). The first theme, *‘A Sexual Attraction to Children’*, describes how participants experienced their attraction to children and the process they negotiated in becoming aware of their attractions. The second theme, *‘Stigma and Identity Distress’*, describes participants’ experience of the stigma held towards minor-attracted persons. This theme also details the difficult emotions that participants experienced as a result of their sexuality. The third theme, *‘Disclosure’*, details participants’ decisions to disclose their sexual identity to others and the process and outcomes of different disclosures. The fourth theme, *‘Strategies for Living Well’* discusses how participants coped with distress and how they managed their sexual attraction to children without offending. The fifth theme, *‘Vision for Change’*, presents participants’ ideas for how society could support those who are attracted to children.

**Table 2.**

*Structure of Interview Themes.*

Theme	Subtheme	Sub-subtheme
A sexual attraction to children	The nature of attraction	<ul style="list-style-type: none"> <li>• Sexual attraction (not action)</li> <li>• Emotional and social attraction</li> <li>• Exclusivity</li> <li>• Sexual orientation</li> </ul>
	The acknowledgement process	<ul style="list-style-type: none"> <li>• First awareness</li> <li>• Making sense: Naivety and negotiation</li> <li>• Acknowledgement</li> </ul>

**Table 2.** (continued)

Theme	Subtheme	Sub-subtheme
Stigma and identity distress	Stigma	<ul style="list-style-type: none"> <li>• Vilification</li> <li>• Within-group stigma</li> </ul>
	Identity distress	<ul style="list-style-type: none"> <li>• Anticipated stigma</li> <li>• Internalised stigma</li> <li>• Sense of loss</li> </ul>
Disclosure	The decision process	<ul style="list-style-type: none"> <li>• Mental struggle</li> <li>• Desperation point</li> </ul>
	Personal coming outs	<ul style="list-style-type: none"> <li>• A systematic process</li> <li>• The response</li> </ul>
	Online peer forum disclosures	<ul style="list-style-type: none"> <li>• Belonging</li> </ul>
	Disclosures to professionals	<ul style="list-style-type: none"> <li>• The gap</li> <li>• Misunderstood and judged</li> <li>• Beacons of hope</li> </ul>
Strategies for living well	Coping with emotions	<ul style="list-style-type: none"> <li>• Maladaptive coping</li> <li>• Cognitive strategies</li> <li>• Social support</li> </ul>
	Managing the attraction	<ul style="list-style-type: none"> <li>• Internal qualities</li> <li>• Outlets</li> <li>• Contact with children</li> </ul>
Vision for change	Support options	<ul style="list-style-type: none"> <li>• In-person peer support groups</li> <li>• Specialised therapists</li> </ul>
	Destigmatisation	-
	Education	-

## Chapter 7

### Theme 1: A Sexual Attraction to Children

This theme details how participants talked about their attraction to children and encompassed two important subthemes. The first subtheme was concerned with *‘The Nature of the Attraction’* which captured how interviewees conceptualised their attraction to children and how they experienced it within everyday life. The second subtheme was about *‘The Acknowledgement Process’*. This subtheme detailed a process that individuals negotiated, beginning with their initial awareness of their attraction to children and leading through to an acknowledgement of it as a permanent part of their sexual identity.

#### Subtheme 1: The Nature of the Attraction

Participants described how they experienced their attraction to children in their everyday life. They experienced attraction as a multifaceted phenomenon and while sexual attraction was part of their experience, many reiterated that attraction encompassed more than this. In regard to the complex nature of attraction, four concepts were discussed. These were: *‘sexual attraction (not action)’*, *‘emotional and social attraction’*, *‘exclusivity’* and *‘sexual orientation’*.

**Sexual attraction (not action).** Participants’ sexual attraction was described as one component of their attraction to children. Many participants were careful to explain the meaning and boundaries of the term sexual attraction. Carl, for example, differentiated sexual attraction from several related dimensions of sexuality:



## MORE THAN “POTENTIAL OFFENDERS”

*...there's attraction, there's arousal and then there's action. So when I talk about attraction it doesn't necessarily mean I'm sexually aroused, it just means I acknowledge in the back of my mind that there's some attraction to that kind of individual.*

Carl placed particular emphasis on the difference between sexual attraction and sexual behaviour, explaining that being sexually attracted to children doesn't imply engaging in sexual behaviours with children. He stated:

*We can- and many of us do- control it. It's not inevitable- offending is not inevitable for a pedophile- any more than every teleiophile<sup>1</sup> is going to rape every woman they see.*

The idea that a sexual attraction to children doesn't necessitate the sexual abuse of children was echoed throughout participants' accounts.

*Nate: ...a pedophile and a child molester are not necessarily the same thing. You can be one without being the other.*

*Finn: I am not someone that would rape someone else, I don't think... I don't want to hurt anyone.*

*Jessie: ... like the majority of people ah I think when they're looking at someone who they are sexually attracted to, they are not thinking "oh I wanna hurt this person", like "I wanna force myself on them" ...the thought*

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<sup>1</sup>Teleophilia refers to an attraction to physically mature adults (Blanchard et al., 2003)

*of putting a child through something like that is just not something that has ever been sort of on the table or even an option for me.*

*Levi: they're just other attractions and we are in control of them.*

Minor-attracted persons who have no history of offending may not perceive themselves to be at risk of abusing a child (Schaefer et al., 2010). Sexual attraction is a subjective, psychological phenomenon which is not perfectly correlated with sexual behaviour and can exist outside of the sexual response cycle (Giles, 2004; Regan & Berscheid, 1999; Smith, Rissel, Richters, Grulich, & de Visser, 2003). While a person does not have to engage in sexual behaviour with a child to meet the criteria for pedophilia, there are numerous examples in the literature that this is misunderstood (Jahnke, 2015; Jahnke & Hoyer, 2013; Jahnke, Imhoff, et al., 2015; Jahnke, Philipp, & Hoyer, 2015; Richards, 2011). Even researchers have repeatedly confounded people with pedophilia and those who have sexually abused children (e.g. Ames & Houston, 1990; Feierman, 2012; Hall & Hall, 2007). As discussed, only recently have researchers begun to study minor-attracted people who do not act on their attractions, corresponding with the growing emergence of online communities of these individuals that are founded on a moral stance against offending (e.g. Virtuous Pedophiles). Given that most participants in the current study reported involvement with these communities it is understandable that a distinction between sexual attraction and action was important to their sexual identity. Participants' experience of sexual behaviour as peripheral to their attraction contributes to the nuanced understanding of minor-attraction that is developing.

## MORE THAN “POTENTIAL OFFENDERS”

Several participants also explained that their sexual desire for children is not something that is continuously activated. For example, Nate described his sexual desire as fluctuating:

*There are days when I'll feel nothing at all. No, you know you could put a naked child in front of me and I would do nothing and I would feel nothing and it would be fine. There are days obviously when the desires are stronger.*

Furthermore, Carl added that his sexual attraction is not necessarily directed to all children:

*...it's specific, just like an adult teleiophile is not attracted to every woman on the block, just every other one.*

The specificity of minor-attraction to particular “types” of children has been recognised in the literature with studies observing that people with pedophilia have gender preferences, as well preferences for particular age-categories of children (e.g. Beier et al., 2009; Cohen et al., 2018; Schaefer et al., 2010). It is well established that human sexual desire and arousal fluctuate with physiological and psychological changes such as mood, hormonal changes and fatigue (Basson, 2001). Despite this, people with pedophilia have frequently been considered non-human in this regard, believed to be a constant and unrelenting danger to all children (Imhoff, 2015; Jahnke, Imhoff, et al., 2015; Jahnke, Philipp, et al., 2015). The finding that participants' sexual attraction to children may fluctuate and discriminate is a valuable finding as it challenges this stereotype.

**Emotional and social attraction.** Some Individuals, like Jakub, felt it important to emphasise that their attraction to children was not just sexual desire. The emotional and social facets of attraction were also given meaning. Participants discussed an interest in spending time with children and several described falling in love with children:

*Paul: To be attracted to a child means more than the pure sexual attraction. It also includes the emotional and social attraction. I fell in love with children, with all the ups and downs, coming from falling in love like the happiness when being with the person on the one hand and love-sickness on the other hand.*

*Jakub: Mostly it seems to me that, like, the kind of feelings pedophiles have to children are pretty similar to what other people experience and I think another thing I would like people to know is that pedophilia is not just like sexual attraction to children... but I think most pedophiles also experience romantic feelings and can fall in love with a child and this gets overlooked quite often.*

*Carl: Mine is more than sexual attraction, its emotional and relational.*

*Ryan: [explained he finds children] pretty and interesting. Um and I mean not just visually but like in terms of, um, I guess behaviour.*

Recent studies noted that an attraction to children can extend beyond the physical traits of children to include social and personality characteristics (Cash,

2016; Freimond, 2013; Goode, 2010). Together with the current findings, this suggests the definition of pedophilia, as per the DSM-5, may be limited in that it defines pedophilia only in reference to sexual interest (American Psychiatric Association, 2013). There is no reference to emotional or social attraction. The participants’ experiences of an associated affective component appears to align with the emerging argument that pedophilia may well be a sexual orientation (Seto, 2012). Sexual orientations encompass both sexual and romantic attractions and therefore may offer a more complete understanding of individuals experience (American Psychological Association, 2015a, 2015b).

**Exclusivity.** In describing how they experienced their attraction to children, participants also spoke of its degree of exclusivity and referred to whether or not they also experienced an attraction to adults. Those whose attractions were limited to children referred to their attraction as “exclusive”, while those who also experienced attraction to adults identified as “non-exclusive”. Paul who identifies as exclusive said:

*I see what other persons find attractive on women or men, but for myself I do not find this attractive.*

Similarly, Levi stated:

*I seem to be of the exclusive group, which is more rare, or you know, less common. So yeah I’ve never really found myself attracted to adults.*

Furthermore, Finn stated:

*Hearing someone talk about their heterosexual attraction to someone also feels uncomfortable to me.*

As per the DSM-5, exclusivity is a common way of categorising pedophilic attractions, (American Psychiatric Association, 2013). Quantitative studies of minor-attracted persons who are non-offending find more persons are non-exclusively attracted to children than exclusive, however it is difficult to draw conclusions from this due to limited research and sampling biases (Cash, 2016; Kargel et al., 2017). While there is also scarce research available into the implication of exclusivity for adults who are attracted to children, the current study suggests that exclusivity may be a particularly meaningful dimension of attraction. Several individuals referenced a perceived benefit in being non-exclusive in that it allowed for the possibility of intimacy within adult relationships and a distraction from their interest in children.

*Levi: I guess for those who are attracted to adults at least they can yeah sort of find ways to still get ah sexual satisfaction and intimacy and all that.*

*Carl: Everybody on VirPed... are always saying, “well if you’re not exclusive then you know focus on the adults as much as possible”. So that is one strategy, is to focus on the adult relationships. Which I am very thankful that I have this wonderful wife.*

Jessie, who is exclusively attracted to children, reflected on the difficulties of not having the option of adult intimate relationships:

*...that's what creates really the functional impairment. Like the inability to have relationships with adults or get married, start your own family, things like that- you can't really live by societies expectations.*

Exclusivity may be linked to increased psychosocial difficulty with one study finding that people who were exclusively attracted to children scored higher on a self-reported loneliness measure than those who were non-exclusive (Cash, 2016). Non-exclusivity may therefore serve a protective function in regard to wellbeing in minor-attracted people. Despite this implication, a small number of respondents with pedophilia in another study reported that adult relationships could be complicated due to issues such as disclosing (or not disclosing) their sexual identity to a potential partner (Goode, 2010). This suggests that unique challenges may be associated with both exclusive and non-exclusive attractions to children. Participants' experiences with adult relationships were not explored in detail in this current study.

**Sexual orientation.** In referencing their attraction to children, almost all individuals conceptualised it as a sexual orientation. Central to this idea was an understanding of their attraction to children as a fixed part of who they are and something which they did not choose to have. Ryan explained:

*...It's very contested to call it a sexual orientation but...it has all the hallmarks of a sexual orientation. Um you know everything from like the age of onset to the... characteristics of it. Um how resistant it is to being shifted or changed over the long term. Um how it affects someone psychologically and physiologically.*

Ryan further elaborated:

*It's not a mental disorder and it's not a, a psychiatric condition that you can just cure, or, um get rid of, or um, you know go, go lie down on the Freudian chair and, um, talk until it disappears. Um, it is basically something that's gonna be, be there, with you, for your whole life, and you do need to, um, learn how to deal with it.*

Others agreed:

*Nate: It's not something you choose, it's something... you're born with. Um and that you, you can't just magically wish it away, um, any more than anyone else can change their own sexuality.*

*Levi: ...like any sex orientation it's part of who you are, you can't just cut it off and yeah be someone else... Yeah I sort of see it as a sexual orientation, it's yeah, can't explain where it came from or how it happened, it's just part of who you are and that's life.*

As discussed, the conceptualisation of pedophilia as a sexual orientation is an emerging argument in the literature on the basis of its presentation in adolescence, apparent immutability and associated romantic attractions (Blanchard, 2010; Grundmann et al., 2016; Moser, 2016; Seto, 2012). The accounts from the participants in the current research add further support for this conceptualisation. Importantly, in referring to their attraction to children as a sexual orientation, this



concept appears to have an experiential validity for participants. The participants’ onset and course of attraction was also consistent with the development of a sexual orientation (Moser, 2016). Almost all participants reported the onset of their attraction from the ages of 12 to approximately 15, with only one identifying onset in his early twenties. At the time of interview, participants identified having lived with their attraction to children for approximately 6 to 18 years, with Carl reporting 52 years. While participants’ desires may have fluctuated day-to-day (as earlier reported) they experienced their attraction to children as something which was fixed overall. The sexual orientation concept therefore appeared to be a meaningful way for these individuals to understand their attraction and was supported by their life experiences.

Critics of the view that pedophilia is unchangeable have suggested that labelling it so would reduce individuals’ self-efficacy to change their interests and behaviour (Tozdan & Briken, 2017; Tozdan et al., 2018). The current participants’ experiences challenge this argument. Participants have been able to label their attraction to children a sexual orientation while upholding a life of abstinence from offending and developing coping skills. As Ryan articulated, seeing his attraction as something that will be there his whole life motivated him to find means of managing it. The experiences of these individuals suggest that seeing pedophilia as a sexual orientation doesn’t inevitably decrease motivation to change.

Recognising an attraction to children as a sexual orientation may present an alternative to pathologising a group who have not acted on their attraction.

### **Subtheme 2: The Acknowledgement Process**

In addition to describing their attraction to children participants discussed their initial awareness and the processes of understanding this attraction. All participants described this as a challenging psychological process that unfolded across time. This involved moving through phases of initial awareness of attractions (*‘first awareness’*), to a negotiation of meaning (*‘making sense: naivety and negotiation’*), and then towards a more conscious acknowledgement of pedophilia (*‘acknowledgement’*). For some participants these phases were discrete and marked by specific events. For others they were overlapping as the participant gradually shifted towards acknowledgement.

**First awareness.** Almost all participants identified as being attracted to children since early-to-mid-adolescence. First awareness was generally described as budding, and for some, only visible in hindsight. This seemed to be a phase in which participants had signals to their sexuality but did not necessarily explore these signals with any depth.

*Finn: When it started, I was aware of my attraction, but I didn't understand what it was at all.*

*Nate: ...it just kind of happened... I didn't just wake up one morning and go “Oh I'm attracted to eight year olds” ... as far as I could tell it was the same as what, how you discovered whatever you're attracted to. It just happened... by my thirteenth birthday I was aware of it... you just notice people that you... you start to find attractive that you didn't before.*

*Max: It was when I was twelve in school and I noticed that um my friends were usually like attracted to the older ones or maybe the teacher and I was like, I was attracted to the youngest girl in class and she was eleven so that was the first time when I thought you know, “that’s kind of weird, like why does no one else like her?” ...It wasn’t really anything at that point, I just that was the first time I remember thinking its just kind of weird and that’s all I thought, just that something was just a little bit off.*

There are no theories of pedophilic sexual identity development however several studies with minor-attracted persons have addressed aspects of identity development (Cash, 2016; Friemond, 2013; Goode, 2010; Houtepen et al., 2016). Cash (2016) found that minor-attracted individuals often discover their attraction to children several years prior to adopting a sexual identity. A similar phenomenon is described in theories of gay and lesbian identity development (Cass, 1984; McCarn & Fassinger, 1996; Troiden, 1988). It is typical for a period of awareness of one’s non-heterosexual attraction’s to occur before exploration and self-labelling (McCarn & Fassinger, 1996; Troiden, 1988). The meaning of warning signs to sexual identity are often known only retrospectively (Troiden, 1988). Participants’ observation of warning signs to their sexuality in puberty that were not made sense of is therefore well-documented among those whose sexual orientations differ to the majority.

**Making sense: Naivety and negotiation.** Over time, participants began to negotiate the meaning of their budding awareness, describing different appraisals and responses. During this period, participants were yet to identify or label their experience with certainty; instead they considered alternative explanations. Some

## MORE THAN “POTENTIAL OFFENDERS”

participants described thinking perhaps their interest in children was normal, or that it was a temporary phase. As described by Finn:

*I didn't see my attraction, as anything abnormal, because I didn't know a regular person could be a pedophile. This thought continued for many years after, although became weaker. I started to more understand what it was that I am attracted to... For a long time I thought my attraction was just normal, although to children.*

*Jakub: I started to realise that I'm curious about boys, they sexually aroused me... but I didn't find as something very unusual at that age, I thought that it's probably a common thing for other people at that age... and I was attracted to women, so I didn't think it was something I need to deal with. Like it could be something temporary possibly.*

Jessie also had a similar initial interpretation (although he later experienced pronounced confusion):

*I had just figured that was all going to sort of come later for me... that I was just... some kind of late developer.*

It is acknowledged in the DSM-5 that pedophilia is difficult to assess at the age in which it initially presents because of the similarity with “age-appropriate sexual interest in peers” and normal sexual curiosity (American Psychiatric Association, 2013). Participants' early perception of their attractions as “normal” is therefore

unsurprising. Due to their own young age, the age disparity between themselves and their objects of attraction was not yet accentuated.

Theories of gay and lesbian identity development also describe a phase of “identity confusion” or “exploration” in which individuals begin to interpret their sexual thoughts, feelings and actions (Cass, 1984; Degges-White, Rice, & Myers, 2000; McCarn & Fassinger, 1996; Troiden, 1988). Individuals may have an array of responses to cope with their growing awareness of atypical sexual attractions. Like the current participants, prior to identifying as gay, one response is to consider a more conventional explanation for attractions; interpreting them as a normal phase that they will grow out of (Troiden, 1988).

As above, Finn’s ability to make sense of his attraction at a young age was constrained by his limited understanding of pedophilia. In order to uptake an identity, people must have an awareness of its existence and have information about the individuals who possess the identity (Troiden, 1988). This is particularly highlighted in the experiences of Carl. More than a generation older than other individuals in the study, Carl explained that the term pedophile was not part of the common vernacular when he was young and the issue did not become discussed in the media until the 1980’s. Carl’s only exposure to a sexual attraction to children was through his family within which child sexual abuse had been normalised. Therefore, for a number of decades Carl did not perceive his attraction to children as something of concern. He explained:

*...I understood that it was wrong but, um, to act on it, but I thought everybody was attracted to little girls so I didn’t think it was weird. I didn’t*

## MORE THAN “POTENTIAL OFFENDERS”

*think of myself as a pedophile for most of those years. Um just I knew that I was sexually attracted to little girls... Um this is so far back in the dinosaur age so many years ago, that it didn't have any of the stigma...attached to it... Nearly everybody in my family was either abused or was an abuser...so sexual abuse was the norm in those days- what we refer to as sexual abuse.*

Sexual identity development is sensitive to the information received from others about that identity (Kaufman & Johnson, 2016). For example, individuals who have been exposed to positive reflected appraisals in their upbringing about same-sex attraction report a smoother negotiation of their sexual identity than those who received negative messaging (Kaufman & Johnson, 2016). This effect appears meaningful for Carl. During the part of his life that he was exposed to a normalised view of sexual attraction to children he did not appear to be troubled by it, explaining that his “pedophilia just simmered in the background”.

Contrary to individuals who considered that their attraction might be normal, several individuals described a period of heightened confusion and negotiation as they struggled to make sense of their attraction. These individuals understood their attraction to be unusual and wanted to find an explanation for it.

In Ryan's words:

*It was confusing... I didn't really know how to understand it. There's no manual for this... I basically, um, you know figured there was something wrong with me. Um I must have been you know mentally ill, or, just a bad*

## MORE THAN “POTENTIAL OFFENDERS”

*person for, um, you know for looking at kids this way. Um, you know, I knew that it wasn't, wasn't typical, it wasn't accepted as being a normal thing.*

Max was surprised to learn his peers didn't identify with his attractions towards a young girl:

*Well yeah when I was about fourteen I remember telling my friends that- once again a girl, six grader- and um I thought that she was really attractive and my friends were like, “wow that's kind of weird” and that's the first time I really started thinking “maybe something is a little off here”.*

The process of beginning to interpret the meaning of atypical sexual attractions can be distressing (Cass, 1984; Degges-White et al., 2000; McCarn & Fassinger, 1996; Troiden, 1988). Individuals with pedophilia have been described as experiencing “bewilderment”, “shock”, and “denial” during the process of first becoming aware of their sexual attraction to children (Goode, 2010). Theories of gay and lesbian identity development describe discomfort and dissonance during phases of “identity confusion” (Cass, 1984; Degges-White et al., 2000; Troiden, 1988). While redefining one's attraction as potentially normal is one coping response, others may respond with denial or avoidance (Troiden, 1988).

Jessie, while initially perceiving his attraction to be normal, began to respond with denial, suppression and searching for alternative explanations for his attraction.

*Well I was pretty good at ignoring it. Ah when I was... 15 or 16 I finally admitted that I was a homosexual. Ah and I came out and did all that ah but*

*really I wasn't and I'm not attracted to men... I pretty much told myself, "oh maybe you just like younger guys. That's sort of normal, you're still only a teenager" ...I had found a community online of gay youth that I had made some very good friends in and sort of wanted yeah to believe that I was normal-er than I am, I think.*

Similarly, Nate also believed he was gay which he perceived would be accepted by his family.

*...I just assumed I was gay. I thought, "well it's alright cause my family were open-minded, they were quite you know, they weren't fussed as long as we-my sister and I- were happy.*

In regard to same-sex attraction, it has been noted that some individuals may reject the possibility of being gay to adopt a less-distressing heterosexual identity (Cass, 1984). In regard to Jessie and Nate's attraction to children, a similar phenomenon was observed. They perceived same-sex attraction to be a more acceptable sexuality. Interestingly, one participant in Freidmond's (2013) interviews with minor-attracted persons also described initially identifying as gay. Therefore in making sense of an attraction to children, same-sex attraction may be an alternative identity that is explored for some individuals. This may present a more familiar and less distressing possibility to those experiencing confusion.

**Acknowledgement.** For almost all individuals, the naivety and negotiation phase culminated in an acknowledgement or conscious admission of what their attraction was. This tended to involve some association of their attraction with the



## MORE THAN “POTENTIAL OFFENDERS”

label pedophilia. This represented the end of naivety regarding their sexuality for some and the end of the struggle for a less confronting explanation for others.

For Nate, acknowledgment arose from the fact that despite his own aging, his age preference remained fixed:

*...the boys that I had found attractive to begin with became much less interesting and it was always the new crop of year sevens...so that was really the first time I actually had a sort of conscious, “maybe I am- maybe it is actually children specifically rather than just it is just an attraction.*

For some participants, events of arousal were interpreted as confirmation of pedophilic attraction. Levi described his moment of “awakening” while on a trip with family friends, including the friends young daughter:

*Um and just some of the stuff she was doing towards me I suddenly felt quite aroused and realised you know there was quite an attraction going on here. So of course... I told her “this is inappropriate” and got her out of there and yeah suddenly I was like well, yeah...I think as soon as you get aroused its like you don't really have much to question past that, yeah it you know becomes obvious.*

Likewise, Jessie alluded that his acknowledgement was related to arousal towards a child in a movie he was watching:

## MORE THAN “POTENTIAL OFFENDERS”

*...well at that point it was pretty much undeniable. I'm not going to be really graphic here of anything but yeah. I couldn't really deny it at all at that point. Because yeah, I believe he was 8 and I was probably almost 20 and I pretty much said to myself, "yeah okay, like this is something that is not going to go away... yeah gonna be something to deal with for a while."*

For several other participants, the moment of acknowledgement happened with learning the meaning of pedophilia. After years of confusion and attempts to find answers, an internet search led Ryan to identify his attraction as pedophilia:

*I was about seventeen... I looked on Wikipedia for, um, the definition for pedophilia. Um, like I said I was, I still didn't have an intellectual framework for, for what I was experiencing. I wanted to try and understand, you know, what I was going through...and so I read this definition on Wikipedia and I said, "well yeah that actually... explains what I've been going through the last, um, five years or so perfectly and much better than any of the so called experts that I interacted with."*

Max had a similar experience:

*...it didn't really start affecting me until I was about sixteen and that's when I started like, to know, what word people described that attraction, how people viewed it, and that's when it started- that's when it really hit home and started where I um felt a little depressed and started thinking about you know, my future and how that will affect me. So it wasn't until about sixteen that it really, really hit me.*

The above experience depict a point or phase in participants’ lives during which they concluded with relative certainty that they had pedophilia. Theories of gay identity development also find that periods of identity confusion culminate in the conclusion that one is “probably” gay (Cass, 1984; Troiden, 1988). Participants’ acknowledgement of their sexual identity appeared to be a solitary experience, reaching conclusions through internal reflection and private signals of sexuality. The significance of reflection and comparison in identifying as minor-attracted has been documented by other researchers (Cash, 2016; Freimond, 2013; Goode, 2010; Houtepen et al., 2016). In coming to understand their sexuality, these researchers noted that minor-attracted individuals made comparisons between their own attractions and their peers attractions, or, their own attractions at different points in time. The discovery of minor-attraction was also linked to in-person events such as a crush on a classmate, and the media, for example, seeing an “attractive” child on television (Cash, 2016).

As above, some interview participants made sense of their attraction to children when learning the definition of pedophilia. Interestingly, all individuals except one referred to themselves as a pedophile or their attraction as pedophilia at some point during the interviews. Other studies with minor-attracted persons report variation in the labels that individuals assign their identity (Cash, 2016; Freimond, 2013; Goode, 2010) and as discussed, the term pedophile may elicit heightened stigma (Imhoff, 2015). Terminology appears to be linked to particular online support communities and therefore participants use of the pedophile label may have been due to many belonging to Virtuous Pedophiles (Virtuous Pedophiles, 2018). The one individual who did not directly use the term pedophilia to describe his attractions

reported he had not visited Virtuous Pedophiles and was a member of an alternative online community. It is also possible however that participants used the term pedophilia to ease communication during interviews given it is a familiar scientific term. They may privately find alternative terms more meaningful. While pedophilia was a term that most interview participants used to make sense of their identity during the interviews, they were not asked if this was their preferred term and given the sensitivity of labelling this cannot be assumed. It is recognised that not all adults who are sexually attracted to children find this label useful (Freimond, 2013).

**Looking across the three subthemes of the acknowledgement process.** As discussed, participants’ overall experience of acknowledging their sexual identity appeared to form three sub-themes: *‘first awareness’*, *‘making sense’* and *‘acknowledgement’*. In regard to the trajectory of pedophilic identity development, research with minor-attracted persons agree that the adoption of a sexual identity is gradual (Cash, 2016; Freimond, 2013; Goode, 2010; Houtepen et al., 2016). Such research depicts identity development in minor-attracted persons to be a process whereby individuals first awareness and questioning of their sexuality develops over time towards a realisation that their attraction to children is fixed. The experiences of participants in the current study are consistent with this process view of sexual identity development. It is important to acknowledge however that each participant had an idiosyncratic journey through the acknowledgement process, with transitions between phases varying from continuous to discrete, i.e. punctuated by particular events. Furthermore, not all participants necessarily experienced each phase.

While in the current study there was an identifiable sense of linearity to participants’ movement through their identity acknowledgement process, gay and

lesbian identity development theories have been critiqued for overemphasising the linearity of sexual identity development (Degges-White et al., 2000; McCarn & Fassinger, 1996; Savin-Williams & Diamond, 2000). These theories extend the stages of development however to include associating with similarly oriented others, “coming out” and developing a positive view of one’s sexual orientation. It is these latter stages that are more problematic in regard to linearity. In the current study, linearity was clear only in regard to the acknowledgment process. Participants did face further challenges with their sexual identity after acknowledgement however the temporal structure of these experiences was complex. Due to this, these later challenges are not structured together with the acknowledgement process to form a larger stage model.

### **Summary**

Overall in consideration of this theme, participants experienced their sexual attraction to children as dynamic. Their attraction was a synthesis of sexuality phenomena but did not include sexual behaviour with children. Not only were there many aspects to participants’ experience of attraction, but their relationship to their minor-attraction changed with time. Participants had increasing comprehension of what began as vague warning signs to minor-attraction. This process of comprehension mirrored identity development in gay and lesbian individuals, further suggestive that minor-attraction is a sexual orientation.

As reported, there are only a handful of studies that relate to identity development in minor-attracted persons and none have proposed a theory of identity development. Gay and lesbian identity development models were used in interpretation on the basis that like minor-attraction they are patterns of sexual

## MORE THAN “POTENTIAL OFFENDERS”

attractions experienced by a minority and are subject to stigma. It is important to acknowledge however that while gay and lesbian relationships and sexual behaviour are considered appropriate, sexual relationships and behaviours between adults and children are not. This position does not appear to limit the use of the models in the above interpretation as the early phases of identity development are concerned primarily with intra-individual psychological processes rather than relationships and sexual behaviours.

As alluded to in this theme, coming to terms with being attracted to children was emotionally challenging. This next theme examines more closely the experience of ‘*Stigma and Identity Distress*’ experienced by participants as a result of being attracted to children.

## Chapter 8

### Theme 2: Stigma and Identity Distress

This theme relates to participants’ experience of stigma and distress in regard to their sexual attraction to children. It is comprised of two subthemes: ‘*Stigma*’ and ‘*Identity Distress*’. The first subtheme was about participants experiences of stigma which detailed the vilification of people with pedophilia, particularly in the media as well as their experiences of within-group stigma, that is, judgement from peers within the minor-attracted community. The second subtheme, ‘*Identity Distress*’, detailed feelings of great despair and depression that were linked to participants’ sexual identity. This involved living in fear of being stigmatised as well as the internalisation of some stigmatising beliefs. Additionally, participants experienced a sense of loss around what their future may hold due to their sexual attractions. This theme of ‘*Stigma*’ and ‘*Identity Distress*’ is discussed as follows.

#### Subtheme 1: Stigma

This subtheme was comprised of two parts. The first component was the ‘*vilification*’ of people with pedophilia. Participants described having an acute awareness of the negative public perception of people with pedophilia including their demonization in the media. There was significant discussion of this vilification and its contribution to vigilantism and abuse in some situations, especially particular cultural settings. The second component to the ‘*Stigma*’ subtheme was the presence of ‘*within-group stigma*’. Within the minor-attracted community, participants noted debates and discrimination between different subgroups of minor-attracted persons.

**Vilification.** A number of participants commented on the frequent misrepresentation of people with pedophilia in the media as “child sex offenders”. They noted that even when people with pedophilia were not confused with those who had sexually offended, offending was portrayed as an inevitable outcome for them. Finn, explained that he initially did not recognise himself as having pedophilia because of this stigma:

*I didn't label myself a pedophile before that, because pedophiles were always shown as the villain and I didn't think of myself like that.*

Levi elaborated, saying:

*...the issue is a lot of people associate, um, sort of pedophiles or people who are attracted to kids with people who sexually abuse kids. It's sort of the worst kind of thing is making that association when they are two different groups. Ya know one's an attraction and one's an action. Um, so I think yeah that sort of conception, or that idea in the general public is pretty hurtful and same also with that “ticking time bomb” sort of idea, that yeah, the idea that people are going to offend and there's nothing we can do about it, it's just a matter of time. Um, I think those two are probably the two sorts of worst ideas out there as such.*

Ryan made a similar observation:

*...yeah like the news media in particular, it constantly talks about so called “convicted pedophiles” ...you can't convict someone for having a sexual*



## MORE THAN “POTENTIAL OFFENDERS”

*orientation... many of the people who offend against children aren't even attracted to children, but they get lumped in with us and we all get tarred with the same brush. And because this is the only... exposure that people who, who are labelled as being attracted to children get, um, in the popular discourse, then that reinforces that, that prejudice and misunderstanding and, um, fear and hatred as well.*

Ryan observed that the above misrepresentations left minor-attracted persons who had not abused children invisible. He believed that not only were negative representations rife, but there was an absence of any alternative representations:

*We don't see ourselves in the media, we don't see positive or even neutral representations.*

As explored in the literature, many people perceive individuals with pedophilia as a danger to children and believe they enjoy the sexual abuse of children (Jahnke & Hoyer, 2013; Jahnke, Imhoff, et al., 2015; McCartan, 2010). Punitive attitudes towards those attracted to children are held even in the absence of any mention of criminal behaviour, providing further evidence that criminality is simply assumed (Imhoff, 2015). Other minor-attracted samples report being treated as “molesters” and “pre-criminals” even among mental health services (Cacciatori, 2017). As observed by participants, this confusion between pedophilia and child sex offending is attributed to the representation of the issue in the media where the discourse is “overshadowed by sensationalism and limited framing” (Theaker, 2015, p. 8).

## MORE THAN “POTENTIAL OFFENDERS”

Participants in this study spoke of a general saturation of negative language and imagery in the portrayal of people with pedophilia. This included the “monster” and “creepy old man” stereotypes among others.

*Levi: ...yeah I think quite a few people have this idea that people who are attracted to kids are sort of almost like ravenous beasts that can't control themselves, ya know, they're ya know, going to attack us... hiding in the shadows ready to pounce.*

*Nate: ...we're not all sort of shady men in trench coats standing around school playgrounds.*

*Max: ...that's the biggest things that depresses me, it's the media on the subject. Cause there is only one mode and it is just hate. There is no middle ground. There is no, um, “well some people might not feel this way”. It is “They are evil. They need to die”.*

Not only did the media perpetuate such beliefs, but Jakub had observed that researchers had also contributed:

*...I think there may be like a lot of people like didn't interpret carefully their findings that like, I guess, you kind of get the picture of pedophiles some kind of like manic, neurotic psychopath and so on.*

Carl considered the role of terminology in perpetuating these beliefs.

*If you analyse what happens on Virtuous Pedophiles, one of the things that we do is talk about the nomenclature- the words...you know do we want to be called pedophiles? Do we like “minor-attracted person”- MAPS? Is that just removing the stigma and you know reattaching the stigma to a new word?*

Again, the literature clearly demonstrates that members of the public have a highly negative emotional response to thoughts of people with pedophilia. Not only do many people report anger towards those with pedophilic interests but a small proportion endorse death as a good outcome for such individuals (Jahnke, Imhoff, et al., 2015; Jahnke, Philipp, et al., 2015). Even samples of criminology postgraduate students associate pedophilia with hostile personality traits such as being “not normal”, “sick” and “perverts” (McCartan, 2010). Minor-attracted persons across research studies have expressed frustration with these associations (Cacciatori, 2017; Houtepen et al., 2016). As raised by Carl, while there is a link between the stigma and the term pedophile (Imhoff, 2015), the matter of appropriate terminology is yet to find resolution and therefore may require further research.

Over and above negative representations pedophilia, participants discussed how stigma could escalate to threats of abuse and physical harm. Participants had heard of vigilante groups targeting individuals both online and in-person. Max from the United States reported:

*...people post every now and then about how someone has killed someone when they've found out, even if they haven't acted on it. They'll just go and kill em. And so that's obviously pretty frightening... The problem now is that because of the way the media is and because ...the way people are, there are*

## MORE THAN “POTENTIAL OFFENDERS”

*people that infiltrate the online support groups and have outed members...trying to find out information, maybe where they live...and then they'll tell the community that the person's at.*

Levi, from New Zealand, suggested that such a form of vigilantism may be bound to particular geographical areas. Commenting on international differences in threats, he stated:

*Especially living in New Zealand I don't think you're gonna have random vigilante groups come around and do anything stupid... I mean in terms of dangers...you hear of more I guess people willing to do stupid stuff over in places like America and all that....*

American participant Carl, confirmed a heightened culture of gun violence in his home country:

*There are plenty of vigilantes out there that threaten to kill people, and that's happened a couple of times but I don't particularly fear death because my neighbour points a gun at me occasionally just conflict over property issues. We live in a wild community.*

A phenomena known “pedophile hunting” has emerged in the last two decades as documented in the news and popular media (Astapenia, 2013; Grigoriadis, 2007; Perraudin, 2017). This vigilantism is promoted in television shows and documentaries such as “To Catch A Predator” and “The Pedophile Hunter” and has been observed in the United Kingdom, United States, and Russia.

## MORE THAN “POTENTIAL OFFENDERS”

The phenomenon generally involves “hunters” posing as children online to expose intending child sex offenders (Grigoriadis, 2007; Perraudin, 2017). Hunters are said to use harassment and violent offenses against those they are pursuing (Milne, 2018). Interestingly, no research on vigilantism against people with pedophilia could be located in the literature. The dearth of research on this phenomenon may be related to the discomfort of seeing people with pedophilia as victims rather than the “perpetrator” stereotype.

Despite the lack of research on violence against people with pedophilia, like the current participants, feelings of being unsafe and a fear of being discovered have been reported by other minor-attracted persons (Cacciatori, 2017; Cash, 2016). Given the common confusion of people with pedophilia with people who have sexually abused children, it is plausible they could be targeted by vigilantes despite having not offended.

**Within-group stigma.** Not only may stigma be perpetuated by those outside of the minor-attracted community, but participants also described within-group stigma. As explored in the literature review, human beings have a strong tendency to organise themselves into social groups on the basis of different values and will favour their in-group and discriminate against the out-group even when differences are insignificant (Turner, 1975). It appeared that within the minor-attracted community, some in-groups and out-groups had been established on the basis of different preferences and beliefs.

For example: Jessie described that within the minor-attracted community, those attracted to very young children and infants could be judged more critically.

## MORE THAN “POTENTIAL OFFENDERS”

He experienced this as frustrating and arbitrary given that no individuals were acting on their attractions. He explained this phenomenon:

*Ah it's like, sort of... our normal to be attracted to people who are twelve, eleven/twelve. Ah like I've gone into a number of ah heated arguments with people over their comments about people who are attracted to toddlers. Ah it's sort of like a “punching down” sort of thing I think. Where people can say “oh its totally normal if I'm attracted to like a twelve-year-old girl, but if you're attracted to like a four year old you're a freak”*

Jessie explained that this stigma had also influenced his self-perception when he first became aware of his attractions, stating:

*At that time I, I had accepted being a pedophile a lot more than I had accepted my attraction to the younger kids.*

The “punching down” phenomenon described by Jessie may also represent the defence mechanism of “displacement” (McCleod, 2009). This involves the redirection of the aggression felt towards one object to a more powerless one. In this case, the minor-attracted person, frustrated at being stigmatised and judged by the public, searches for a more vulnerable member of their group to direct frustrations upon (i.e. those attracted to infants).

Participants also alluded to additional conflicts between the different online support groups within the minor-attracted community:

## MORE THAN “POTENTIAL OFFENDERS”

*Ryan: Virtuous pedophiles, they're referred to on Visions of Alice as being the self-hating pedophiles club. They, they very much buy into the discourse of, um, mental illness and you know wanting, wanting a cure, wanting a fix, wanting to be able to, um, you know, engage with the mental health community in order to get rid of this thing. Um and I don't blame them.*

*Carl: ...people on Visions of Alice developed a list of how to respond to interviews... this particular person who made up the list is like the archenemy of VirPed, she says unkind things about VirPed.*

As above, some participants appeared to have developed an in-group attachment to their online support community and perceived other minor-attracted communities as out-groups. In the case of the above participants, this grouping was on the basis of different beliefs about minor-attraction and about how they should engage with researchers. There may have been an element of misunderstanding to participants perceived differences with other minor-attracted groups however. Ryan's belief that Virtuous Pedophiles see pedophilia as something which can be cured is inconsistent with the information shared on their website. While Virtuous Pedophiles state that the shame and distress associated with pedophilia can be addressed, they explain the attraction itself cannot change (Virtuous Pedophiles, 2018).

“Debate and dissent” and “splintering” within the minor-attracted community has previously been highlighted around other key issues including whether masturbating to fantasies of children can increase a person's proclivity to child sex offending and what the age of consent should be (Cantor, 2014; Goode,

2010). Most importantly what appears to emerge from these within-group conflicts is that the affiliations that minor-attracted persons have to particular subgroups within their wider community hold significance. They are a nuanced group with heterogenous beliefs and values; “there is no monolithic, homogenous ‘view’ held by all pedophiles” (Goode, 2010, p. 136). These differences within the minor-attracted community may at times contribute to conflicts and prejudice as is common when human beings form social sub-groupings.

### **Subtheme 2: Identity Distress**

Closely linked to the experience of stigma was participants’ experience of significant emotional distress. This included depression, anger and even suicidality. Some participants spoke of this despair as the most significant challenge they faced in living with an attraction to children. These emotional difficulties also impacted functioning in social and educational life.

In regard to the nature of distress, Max described:

*...I was getting to be very depressed, it was affecting my grades and I didn’t want to be around anyone at that point... I wasn’t around my friends too much. I just, I was feeling like a loner and I didn’t wanna- I wanted to get back up to where I wasn’t so depressed... It all seemed to lead back to the attraction, so I figured that was causing it.*

Others were similarly affected:



## MORE THAN “POTENTIAL OFFENDERS”

*Levi: ...first few years I guess you're living in that sort of fear and shame...I guess yeah it sort of consumed me, yeah, with all those negative feelings, um, yeah sort of did have quite a bit role like I sort of developed depression and eventually became suicidal, um, and sort of obsessed about it quite a bit.*

*Ryan: ...it was pretty hard... I was very depressed as an adolescent... it was difficult and I felt, I felt you know lonely and alienated.*

*...so I spent about three months in and out of, um, the psych ward. Um, not only for depression, but... it was indivisible from the fact that I was attracted to children and I couldn't, couldn't manage it.*

*Jessie: ...[I] dropped out of school and started working nights and yah pretty much just 180 and no-one understood.*

It is well-documented that having a stigmatised identity- particularly a hidden one- can have detrimental effects on wellbeing (Meyer, 2003; Pachankis, 2007; Smart & Wegner, 2000). Pedophilia is perhaps one of the most stigmatised identities and “many aspects of life are much more challenging for minor-attracted people than for those who possess socially acceptable sexual identities.” (Freimond, 2013, p. 76). Experiences of severe distress, suicidality, depression, anxiety, alienation and shame are reported by minor-attracted persons (B4U-ACT, 2011b; Beier et al., 2009; Cacciatori, 2017; Cash, 2016; Freimond, 2013; Houtepen et al., 2016; Schaefer et al., 2010).

Identity distress was chronologically linked to the labelling of some participants’ sexual identity as pedophilia.

*Paul: I was living with the sexual attraction towards children before, but giving that attraction a name and seeing what the world was thinking about those persons was the part, which creates the depression.*

*Max: ...and that’s when I started like, to know, the word people described that attraction, how people viewed it, and that’s when it started- that’s when it really hit home and started where I um felt a little bit depressed and started thinking about, you know, my future and how that will affect me.*

People may develop negative beliefs about a stigma early in life before they have even identified as part of a stigmatised group (Quinn & Earnshaw, 2011). Thus when the individual becomes aware of their membership to the stigmatised group, “they have the full weight of the negative belief structure with which to contend... this internalised stigma can be quite corrosive to the self and well-being” (Quinn & Earnshaw, 2011, p. 165).

Models of concealable stigma explain that distress is partly a function of how integrated a persons stigmatised identity is into their overall sense of self (Meyer, 2003; Quinn & Chaudoir, 2009). When a stigmatised identity is newly acquired, it is poorly integrated with the persons other identities and this generates confusion and despair (Cass, 1984; McCarn & Fassinger, 1996). Therefore experiences of distress may be linked to the first discovery of one’s minor-attraction (Cash, 2016; Houtepen et al., 2016).

Participants spoke of three challenges underlying their identity distress. This included the anticipation of stigma from others, internalised stigma and sense of loss around their future possibilities.

**Anticipated stigma.** Participants spoke of fear in anticipation of how others would perceive them. This involved concern that they would be hated or rejected from both those close to them and wider society. As Paul articulated:

*Knowing that you belong to one of the most hated subgroups of society is burdensome.*

Others shared this sentiment:

*Carl: ... I've always had low self-esteem and feeling fear of being rejected....looking back now I think that probably was tied to the fear that if people really knew me, if people really knew I was sexually attracted to children, they would write me off. They would hate me.*

*Jessie: ...one of my main fears about all of this was that my family would reject me and I would be left alone... like I had sort of thought no one is going to accept this.*

Living with a stigmatised identity is characterised by uncertainty as to how one will be perceived (Goffman, 1963) and for those with a hidden stigma there is the additional threat of discovery (Pachankis, 2007). Like the participants, a fear of

being rejected, misunderstood, discovered and exposed is commonly reported by minor-attracted persons (Cacciatori, 2017; Cash, 2016; Houtepen et al., 2016). Such individuals experience preoccupation, hypervigilance and suspiciousness in social situations which is linked to heightened negative affect (Pachankis, 2007; Quinn & Chaudoir, 2009). Living with this burden is “an inner turmoil that is remarkable for its intensity and its capacity for absorbing an individual’s mental life” (Smart & Wegner, 2000, p. 221).

Anticipated stigma is likely troubling because of the threat it presents to the individuals need to belong. The motivation to foster enduring attachments to significant others is a fundamental human need and critical to survival and reproduction (Baumeister & Leary, 1995; Maslow, 1943). Maladjustment and psychopathology result when these efforts are disrupted (Maslow, 1943). Accordingly, human beings will put substantial cognitive, emotional and behavioural effort into avoiding the disruption of social bonds (Baumeister & Leary, 1995; Blackhart, Nelson, Knowles, & Baumeister, 2009). In minor-attracted persons this can contribute to the concealment of sexual identity from family and friends and not seeking professional help (Cacciatori, 2017).

**Internalised stigma.** As well as anticipating negative beliefs about pedophilia, some participants described internalising the negative beliefs that they had observed in society. This included believing that they were monsters or destined to offend. For example:

*Nate: ...it was an aspect of me that I really didn't like.*

## MORE THAN “POTENTIAL OFFENDERS”

*Jessie: I was very much in a state of self-hatred still that was sort of irrational or conditioned by society or something”.*

*Ryan ...just feeling I was, I was a terrible person and I needed to, to punish myself.*

*Paul: When I recognised that there are a big difference on how I think of me and how society thinks of me, I had a hard time struggling with not knowing who I really am; a child friendly and loving person or a monster?... the public attitude had much influence on me. I started to think about me as a monster, which some day will abuse a child.*

*Carl: ...I subscribed to the idea society convinced me that I would eventually offend. So I was quite hopeless.*

A persons sense of self is socially influenced, shaped by their group membership (Abrams & Hogg, 2004; Turner, 1975) and how they imagine others perceive them (Cooley, 1983). Accordingly, as depicted in models of concealed stigma, those with stigmatised identities are susceptible to defining themselves by the unfavourable stereotypes held towards their group. They often internalise prejudice about themselves, developing a negative self-concept (Meyer, 2003; Pachankis, 2007). As with the current study, there is preliminary evidence that minor-attracted persons can suffer from internalising stigma and may identify with the “monster” image of pedophilia- a phenomenon that has been labelled “internalised pedonegativity” (Cash, 2016; Freimond, 2013).

People are driven towards establishing a stable and positively oriented self-concept as this is linked to high self-esteem (Campbell & Lavalley, 1993; Melton, 2005; Turner, 1975). This would be challenged in those who have identified with the “monster” image of pedophilia. Self-esteem is a fundamental human need (Maslow, 1943), signalling social inclusion and decreasing a person’s perception of themselves as susceptible to mortality (Burke, Martens, & Faucher, 2010; Greenberg et al., 1992; Leary, 2005; Leary, Tambor, Terdal, & Downs, 1995; Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). When a self-esteem buffer is not present, individuals are less protected from a sense of their mortality and are vulnerable to anxiety (Greenberg et al., 1992; Pyszczynski et al., 2004). It is this mechanism (i.e. a lack of anxiety buffer from the low-self esteem that internalised stigma generates) that may explain the distress experienced by minor-attracted persons.

**Sense of loss.** The final source of participants’ distress was a deep sense of loss around their future possibilities. After acknowledging they were attracted to children, some participants felt that certain hopes for their future would no longer be realistic or appropriate. They discussed a sense of grief for these losses which centred around themes of intimacy, love, family and vocation.

*Finn: You can have a relationship with someone you love and if you haven’t, you can still look forward to one day having it. I can’t fill that void. I try to, but it won’t work. First it was with my habit and now with other things I don’t think any of it will every fill it. And that’s what’s making me sad.*

*Jessie: ... that's what creates really the functional impairment. The inability to have relationships with adults or get married, start your own family, things like that. You can't really live by societies expectations.*

*Max ...that's when it really hit home and started where I, um, felt a little bit depressed and started thinking about you know, my future, and how it will affect me...Well my whole life....I wanted kids and a family...and after I realised that might- that probably wasn't going to happen now...*

*Levi: Umm yeah I just love teaching and I would have liked to do a career in teaching but it's not really an option anymore, umm, and I used to be quite involved in like helping run youth groups...which I don't do anymore.*

There is a lack of positive “role models, scripts and possibilities” for those who are attracted to children (Freimond, 2013). Some minor-attracted persons report a fear of being alone forever when discovering their sexual identity (Cash, 2016). Close and caring attachments are essential to fulfilling the fundamental need for love and belonging (Greenberg et al., 1992). Establishing an intimate relationship and family is a means through which one can achieve this need (Maslow, 1943). Individuals who are engaged in intimate relationships have higher levels of subjective wellbeing than those who are single (Kamp Dush & Amato, 2016; Soons & Liefbroer, 2008). People who do not have children face stigmatisation (Letherby, 2010) and older adults with negative attitudes towards their own childlessness are more lonely and depressed (Umberson, Pudrovskaya, & Reczek, 2010). The prospect of not having an intimate partner or family as described by participants could therefore be psychologically threatening.

It is difficult to determine the likelihood of participants’ fears being realised as there is very limited research indicating the percentage of minor-attracted people in the community who are in relationships or have children. In one sample of non-offending men attracted to children, the majority were single and few reported having children (Schaefer et al., 2010). While this suggests that some (albeit a minority) minor-attracted persons can achieve a conventional family structure it is not known whether such individuals were exclusively or non-exclusively attracted to children, or felt satisfied with their family life. It would be expected that the possibility of finding a fulfilling family life would be contingent on non-exclusivity and the individuals self-perceived risk of being around children.

### **Summary**

As evidenced above, stigma constituted a considerable challenge for participants. They lived with an awareness of the negative public perceptions of people with pedophilia and even within the minor-attracted community they could be susceptible to instances of prejudice. This potential for vilification and social rejection manifested in common psychological burdens including a sense of social threat and internalised stigma. In consideration of this, together with additional concerns of being unable to achieve a conventional future, it is understandable that participants experienced distress.

This next theme details another prominent challenge (and potential gateway to support) faced by those living with an attraction to children: Disclosure. As detailed in the current theme, participants experienced fear at the prospect of others



## MORE THAN “POTENTIAL OFFENDERS”

finding out about their attraction to children. The disclosure theme captures how participants navigated these concerns when coming out to selective others.

## Chapter 9

### Theme 3: Disclosure

This theme was about participants disclosing their sexual attraction to children to others and was organised into four subthemes. The first subtheme, ‘*The Decision Process*’, encompassed how participants decided to disclose and/or conceal their sexual identity. The next three themes were organised by the particular audience selected for disclosure. Participants were not uniformly ‘out’ but rather had disclosed their attractions in varying degrees to particular individuals or groups. The second subtheme, ‘*Personal Coming Outs*’ detailed the systematic process that participants used to screen and disclose their sexual identity to friends and family. The third subtheme, ‘*Online Peer Forum Disclosures*’ explained the sense of normalisation and belonging that participants experienced after coming out to other minor-attracted persons online. Finally, the fourth subtheme, ‘*Professional Disclosures*’ detailed experiences of disclosure to professionals, namely what made this difficult and what was helpful.

#### Subtheme 1: The Decision Process

In talking about their decision to disclose their sexual identity, participants attributed meaning to three aspects of their experience: the ‘*mental struggle*’ of considering whether to disclose; a ‘*desperation point*’ that in many cases was the catalyst for disclosure, and finally, the decision to conceal their sexual identity from certain audiences (‘*concealment*’).

**Mental struggle.** Participants described experiencing a conflict between wanting to disclose their sexual identity to someone and being afraid of doing so.

## MORE THAN “POTENTIAL OFFENDERS”

This conflict involved a weighing up of the costs and benefits of disclosure, a process which one participant called a “mental struggle”. Participants described the tensions in their decision-making:

*Jakub: Like I knew I wanted to say to someone but I didn't want to, I was a little bit concerned.*

*Nate: The actual email I wrote out and sort of thought about sending it and then about not sending it... it could have been anybody set up for any reason.*

*Finn: [I] was shaking so much I could barely press the right keys on my keyboard to write an introduction.*

Tension is inherent in the disclosure of personal and sensitive information (Chaudoir & Fisher, 2010; Corrigan & Matthews, 2009; Dindia, 1998; Jourard, 1971a, 1971b; Omarzu, 2000). Disclosure confronts individuals with the dialectical conflict between impulses to reveal and impulses to conceal; “one experiences anxiety in disclosing one’s true feelings, yet failure to disclose engenders the anxiety of not being oneself” (Dindia, 1998, p 85). As depicted in disclosure models, weighing up of these subjective benefits and costs is characteristic of decisions to disclose a stigma to others (Greene et al., 2006; Omarzu, 2000). Minor-attracted persons experience the decision to disclose their sexual identity as difficult and can spend months to years considering the pros and cons of doing so (Freimond, 2013).

## MORE THAN “POTENTIAL OFFENDERS”

Participants shared a strong sense of apprehension and fear about the costs of disclosure. The particular source of fear included the potential for the loss of relationships and rejection from work or institutions.

*Jessie worried: ...that I would lose my place to live... lose my family, ah everything, my job...I sort of mulled over that for two to three weeks.*

*Ryan...there was obviously the fear that if I, if I disclosed this to anyone it could ruin my life. Um, particularly if, if it got out... I was concerned like, um, you know maybe they'd, they'd kick me out of my school, cause there was, um, there was a primary school next door... I was scared I'd basically be a liability.*

*Once you disclose this to someone you sort of, you sort of feel like they're always going to be watching you... Basically the idea is, um, you know if you think you're being watched...you start, um, basically disciplining yourself and behaving in a way that you otherwise wouldn't, um, in order to preemptively govern yourself to prevent, um, the external force from coming in and, and imposing government on you.*

*Nate: ...a constant worry as to what's gonna happen, what if they, what if somebody takes it the wrong way? What if somebody tells someone else I know? What if, what if, what if, what if! ... I don't want them to worry. I don't want them to sort of get the wrong idea and think... that I'm constantly on the brink of abusing a child but I'm not.*

## MORE THAN “POTENTIAL OFFENDERS”

In some geographical areas with mandatory reporting laws, disclosure was perceived as having particularly high costs as participants faced the threat of being reported to authorities on that basis of their attractions alone.

*Jessie: ...in the current sort of climate I feel that ah there would be no real rebuke against a practitioner who erred on the safe side and reported somebody who was a pedophile who had not abused a child.*

Despite the potential for risk in disclosing their sexual attraction to children, participants shared a desire to open up. Some felt burdened by the negative emotions associated with concealment. Disclosure offered the potential for support with these difficult inner experiences.

*Finn: I have thought about seeking professional help but I haven't gotten around to it yet. I think it would be good to have another person's opinion about it, or have something to make me function better.*

*Levi: First few years I guess you're living in that sort of fear and shame and you know not really able to tell anyone. It sort of, I guess when you bottle things up it consumes you quite a lot, so I guess yeah it sort of consumed me yeah with all those negative feelings.*

*I had finally decided, feeling too much guilt and stuff, to go talk to a counsellor about it.*

*Ryan: ...I was 15, I was a minor, so, um, any medical, psychological type, type thing that I'd be accessing would have to go through, go through a parent. Um, so I pretty much had to explain to her what was going on and why I needed these things.*

In regard to potential benefits, disclosure can present a pathway to support and acceptance, ultimately promoting wellbeing (Corrigan & Matthews, 2009; Dindia, 1998; Jourard, 1971a, 1971b). A desire to feel “completely accepted by loved ones” and to build relationships on truth and acceptance is cited by minor-attracted people as a primary motivator for disclosure (Freimond, 2013). Disclosures of stigma do however risk rejection, self-consciousness and physical harm (Corrigan & Matthews, 2009) threatening an individual’s fundamental need to belong. Chronic rejection experiences are also internalised into the self-concept and reduce self-esteem (Blackhart et al., 2009). Given that pedophilia elicits strong negative affect, punitive and even violent beliefs in others (Jahnke, Imhoff, et al., 2015; Jahnke, Philipp, et al., 2015) a sexual attraction to children is a high-risk stigma to disclose. Disclosures with high potential utility and high potential risk are associated with the most distress and anxiety (Omarzu, 2000). Therefore, the disclosure decision for minor-attracted individuals is imbued with particularly strong conflict and unrest.

**Desperation point.** For many participants, resolving the above conflict was only possible at a point of desperation and despair. At such a low point, the cost of not coming out was maximised and participants felt that there was no option but to disclose. Levi articulated his decision to disclose his sexual identity to his parents:

## MORE THAN “POTENTIAL OFFENDERS”

*I sort of developed depression and eventually became suicidal, um, and sort of obsessed about it quite a bit but then just sort of reached a point where I finally decided to talk to some family members about it and that kind of stuff... Um, so I told my parents first and that was when I was at breaking point...dealing with [professional supports] made me suicidal and I decided that the worst thing someone can do is kill themselves and no one ever knows why. So I decided, well, I decided I was going to kill myself and then decided to tell my parents first at least so they'd know why, rather than always wondering “what did we do wrong?”*

Levi was not alone in his experience. More than half of the participants described making their disclosures at a breaking point.

*Max: if I wasn't at the point where I figured I was going to die anyway I wouldn't have”.*

*Ryan: things had gotten to the point where I, I couldn't um, couldn't just leave and leave things going as they were, like, getting more and more depressed and self-harming and, um, not really knowing what to do about it.*

Living with a stigma is challenging, however concealing stigma presents the additional burden of heightened preoccupation, vigilance and suspiciousness (Pachankis, 2007). Concealment can engender shame (Kelly, 2002) and maintain distress through the prevention of support (Dindia, 1998). When individuals do not freely express their authentic selves, feelings of alienation can result and personal growth is limited (Jourard, 1971a; Kelly, 2002).

For those who are distressed to the point of suicidality, disclosure could offer a means of breaking through the cycle between concealment and distress (Pachankis, 2007). It presents the opportunity to ameliorate hypervigilance and receive support. As discussed, it is the significant risk of rejection that prevents individuals from disclosing stigma and receiving these potential benefits. When an individual is suicidal however, the concealment of their identity is associated with the ultimate risk: their death. When suicidal, participants perceived little room for their wellbeing to plummet further and therefore the comparative costs of disclosure appeared less. Given the risks of disclosing an attraction to children are particularly high, it may take such conditions of desperation for the benefits of disclosure to outweigh the risks.

**Concealment.** Overall disclosure was infrequent and selective. Every participant had disclosed their sexual identity at least to an online peer forum, however the concealment of their sexual identity from other audiences or in other contexts predominated. This concealment of sexual identity presented as a core part of living a sexual attraction to children. The choice to conceal was recognised as a valid outcome of the earlier described decision-making process.

Participants justified their choice to conceal their sexuality:

*Finn: I don't know how [my family] would react to it, but probably not positively. I never talked about my sexuality to family and there was some shame there...I was always of the opinion that family doesn't have to know*



## MORE THAN “POTENTIAL OFFENDERS”

*who I am sexually attracted to and who I am not. I saw no reason why they should care about it.*

Similarly, Jessie had chosen to conceal his sexual identity from his father, perceiving little benefit in doing so.

*We're not particularly close and he's significantly older than my mother... he comes from a very different background and is much more conservative... I don't really feel much of a need to tell him... because I don't really get emotional support from him so I don't really see a positive there.*

Jakub saw concealment of his sexuality from his family and friends as prudent in his current position however held hope towards future disclosures:

*Yes I would really like to be able to [disclose] one day...I know all my friends...may have some prejudices. I think....like if I explained it to them I think they would understand it but like, I don't know I can talk about that that much with some other people. Most of the people I talk to were pretty educated so like I felt better about it, and like, I think the problem also is that I'm not that willing to test their position. Like it's, like the topic of sexuality wasn't even discussed in my family very much.*

Max perceived the risk of disclosure too high for many individuals:

*...I worry that the risk is so high of rejection and if it's the parents that reject you that it would be such a horrible thing that...it's not even worth the*

*risk...For the forums for people who have told their parents- its like 50/50. 50% were supportive to not-really-but-okay-with-it-kind-of, and then like several people said their parents like beat them up or threw them out the door and out on the street or um things like that and were just horrible to them.*

Individuals can never be completely “out” in regard to their concealed stigmatised identity with disclosure better understood as a dynamic life-long process, an important part of which is concealment (Chaudoir & Fisher, 2010; Dindia, 1998). The benefits of disclosure can be significantly limited in those whose stigma is highly culturally devalued (Chaudoir & Fisher, 2010). Additionally, research suggests that satisfaction with social support increases up to a limit of seven confidants at which point it may become difficult to maintain the costs associated with further close relationships (Stokes, 1983). People therefore generally conceal their stigma from a large group and only reveal themselves to a small selective few (Dindia, 1998).

Available research indicates that concealment of one’s sexual identity is typical among minor-attracted persons. Most keep their sexual identity separate from their public identity (Cash, 2016; Freimond, 2013). The choice to conceal a stigmatised identity is increasingly recognised as a practical and mature strategy for some individuals in certain circumstances (Kaufman & Johnson, 2016, Kelly, 2002). This challenges the traditional view which conceived of disclosure as necessary to developing a healthy identity (Cass, 1984; Jourard, 1971a, 1971b). Disclosure is now understood to be more complex and often constrained by contextual, relational and situational variables (Corrigan & Matthews, 2009; Kaufman & Johnson, 2016;

Kelly, 2002; Rasmussen, 2004). Not all significant others will be supportive recipients of a disclosure and can invalidate new ways of being (Jourard, 1971a). As discussed by participants, decisions to conceal were informed by understandings of the other persons values and the quality of their relationship with them, rather than simply reflecting a poor self-image.

**The next three subthemes in the disclosure theme were primarily concerned with disclosing to specific audiences and are discussed in turn.**

### **Personal Coming Outs**

While concealment was common, many participants had disclosed their sexual identity to a member of their family, a partner or a close friend(s). These disclosure experiences tended to be described in terms of *‘the systematic process’* coming out and *‘the response’* to their coming out.

**A systematic process.** Once participants had made the decision to come out to someone close to them, importance was placed on how they came out. The process of coming out appeared, more often than not, to be well considered and planned.

A number of participants described using a “litmus test” to initiate the coming out process. This allowed them to test the recipient’s likely response prior to making themselves vulnerable. Selected recipients included family members, friends, colleagues and partners.

## MORE THAN “POTENTIAL OFFENDERS”

*Jakub: ...I tried to check his position to the topic before I told him. It was like something I used in other coming outs as well. For example, I found some article on the internet about pedophilia and I tried to discuss it with the person I wanted to tell...to think I could see what the response might be.*

*Max: ...kind of for a while I'd talk about the subject, um, in relation to other people to get a sense of how she'd feel about it, you know, someone who hasn't actually acted on it and, um, how she'd feel about a person like that. And she seemed like she was okay with it as long as they hadn't acted on it and didn't seem like such a big deal. So at that point I finally felt comfortable, um, telling her...*

Jessie also used a litmus test when coming out to his mother in the form of an article about a person with pedophilia who was non-offending. This did not go as he had expected however:

*I told her that there was something I'd like her to read and I opened up on her laptop and sat there while she started reading it. Bad idea ah I tell people never to come out this way. Because then –it's a fairly lengthy article-like it takes more than two or three minutes. So then I'm sitting there like freaking out basically.*

Other signals of a recipient's likely response were also used. Reciprocity was valued by Jakub:

## MORE THAN “POTENTIAL OFFENDERS”

*...The friend of mine told me some pretty like personal information. So I decided to tell her something personal about me.*

Interestingly, on another occasion Jakub explained he came out to someone because their friendship was one he was willing to risk:

*Jakub: It was during one weekend so I didn't know the person that well. I guess it was, it was the reason I decided to tell him, it was because I thought it was somewhat safer to tell someone, um, who I am not in that close contact with.... if he didn't take it well then...I would just lose some friend that I don't know that much...*

A disclosure of sexual identity to at least one significant person is common among minor-attracted persons who participate in research (Cash, 2016; Freimond, 2013; Schaefer et al., 2010). There is little detail given however as to *how* they make these disclosures. As with the current participants, general disclosure theories indicate that individuals strategically orchestrate their disclosure events (Dindia, 1998; Greene et al., 2006; Omarzu, 2000).

The recipient for disclosure entails the most important factor in disclosure as it is this person's response which mediates the relationship between disclosure and wellbeing (Greene et al., 2006). When selecting a recipient, disclosers search for someone trustworthy. This trustworthiness is often be signalled by the recipient's own willingness to disclose something personal (Jourard, 1971a). As described by participants, the use of a litmus test to identify an appropriate recipient is also a common strategy among persons looking to disclose sensitive information (Chaudoir

& Fisher, 2010; Dindia, 1998; Omarzu, 2000). This helps disclosers determine if the recipient will be able to meet their needs and how they may need to adjust disclosure boundaries (Dindia, 1998). Further tactical decisions are made regarding the setting of the event as well as the breadth, depth and duration of the information shared (Chaudoir & Fisher, 2010; Dindia, 1998).

**The response.** In addition to describing how they disclosed to significant others, participants also described personal coming outs in regard to the response that was received. Most participants described positive responses, which were defined as receiving support and acceptance. As recounted by Levi who came out while telling his parents he was suicidal:

*...they were more distressed, um, by me wanting to kill myself than the fact that I was attracted to kids. Um which I guess was the right thing I needed to hear, um, yeah and they sort of yeah I guess they took the fact that I was suicidal quite hard. Umm, yeah but then they still said yeah no matter what they'll still love me, um, and they could sort of accept me and yeah so I guess overall it was pretty positive.*

Another participant, Jessie, described feeling that “a huge weight was lifted” following his mother’s response to his disclosure, despite her initial shock.

*...she was very shocked... and then she asked me all sorts of questions about it. Ah pretty much I think the conversation went on two or three hours... we talked about it a lot that night... she told me that she still loved me ah which I really needed to hear and that ah we'd talk about this again some time.*

Finn and Jakub recounted similar outcomes:

*Finn: in the end it answered my question, would people still like me if they knew. The answer was, they most likely wouldn't really care, or accept it rather quickly. And that's what happened.*

*Jakub: ...it was like a really good feeling to know that there is someone I can tell and who won't like condemn me for that... Well it was the feeling of relief.*

As mentioned, it is the reaction of a disclosure recipient that provides the stigmatised person access to the psychological benefits of disclosure (Chaudoir & Fisher, 2010; Greene et al., 2006). As earlier identified, many participants suffered from a pervasive fear of rejection which produced significant distress and created tension in regard to the decision to “come out”. Being met with acceptance from significant others represented a disconfirmation of these fears and helps fulfil the fundamental human need to belong. Minor-attracted persons have previously reported lowered stress, increased belonging and meaning in relationships as well as feelings of increased self-esteem following positive disclosure experiences (Freimond, 2013). Positive disclosure experiences also have the ability to facilitate cognitive processing of the disclosers thoughts and feelings and alleviate the burden of self-monitoring and social inhibition (Chaudoir & Fisher, 2010; Greene et al., 2006).

Only one participant recounted a disclosure that ended with a distressing outcome. Carl, while accepted by his wife and family, experienced rejection from his university class and community. He recounted:

*So I said, “well I’m sexually attracted to little girls for the past 50 years but I choose not to act on it”, and they all promptly rejected me. Treated me like I was some moron from outer space... first they offered me to have a, a re-education...I call it a brainwashing session... and then they eventually just told me I had to go home right then. To leave the premises. So they threw me out. That was the most traumatic experience I’ve ever had in my life.*

While Carl was the only participant who recounted a traumatic response from a personal disclosure, Jessie explained that things had become “very awkward” following his disclosure to friends however did not elaborate beyond this. Negative and even neutral responses to disclosure can inhibit the benefits for wellbeing and lead to a chronic fear of further disclosure (Chaudoir & Fisher, 2010; Chaudoir & Quinn, 2010). In minor-attracted individuals, negative disclosure experiences are perceived as increasing stress, fear and relationship strain (Freimond, 2013). Social exclusions represent disturbing threats to the fundamental need to belong, signalling risk for survival and reproduction (Baumeister, Brewer, Tice, & Twenge, 2007; Baumeister & Leary, 1995). Chronic rejection is also linked to low self-esteem (Blackhart et al., 2009) reducing safeguards against anxiety (Greenberg et al., 1992).

A mix of responses to disclosures of sexual identity are reported in minor-attracted individuals (Cash, 2016; Freimond, 2013; Goode, 2010). Reactions range from acceptance and compassion to complete rejection and loss of relationships.



## MORE THAN “POTENTIAL OFFENDERS”

Those with highly culturally stigmatised identities are typically more vulnerable and attuned to rejection (Chaudoir & Fisher, 2010). The infrequency of negative personal disclosure experiences in the current study is surprising in light of this. This suggests that the systematic way in which individuals selected recipients, planned and carried out their disclosures protected them from more traumatic responses. As indicated by Levi:

*Usually the most negative, or the few negative ones you have read, are usually when people find out the wrong way, yeah cause of you know some discovery of something or whatever.*

Despite the mostly positive responses to disclosures, there was a sense that some participants felt the impact was fleeting or unfulfilling. In Max’s account there was indifference to the outcome of his personal disclosure:

*And she was kind of accepting, just told me, you know, any time you need to talk about it or whatever you can and that kind of thing. And it was kind of nice to tell someone but it wasn’t that great. I don’t know how much real effect it had on me. Other than someone knew and that was kind of nice... Um I don’t really talk about it.*

Similarly, Finn stated:

*It felt good to have those doubts leave me. I don’t talk about my sexuality with them though as it makes non-pedophiles uncomfortable.*

In regard to this phenomenon, Carl, offered some wisdom:

*I think the problem for most people who have somebody come out to them, is it's such a sensitive subject, they don't know how to respond. So it's like when you go to a funeral and you end up saying nothing...so after they've come out and there's this silent period where it's like the elephant in the room that nobody talks about- after the coming out. So you know if you could not make a big deal out of it but be open to listen if there's you know the person wants to talk about it- do. If they don't, don't. But don't ignore it; don't pretend they didn't say anything.*

Having experienced great fear in anticipation of disclosure, it would be expected that a response of acceptance from significant others would have transformative long-term effects for participants. However as described by Carl, disclosure recipients can feel burdened by the secrets entrusted to them and may avoid the discloser in the aftermath (Kelly, 2002). Additionally, recipients can offer advice that while intended to be supportive can be dismissive of distress (Kelly, 2002). This may include searching for a “bright side” or “silver lining”. Importantly, the benefits of disclosure are enhanced when people choose recipients who are not only discrete and non-judgemental, but insightful (Kelly, 2002). When individuals are facilitated to increase their insight and perspective through a disclosure, they feel better than those who have only the benefit of catharsis (Kelly, 2002). Given the confusion that surrounds pedophilia, it is plausible that while accepting, disclosure recipients did not have the knowledge to help participants develop their self-awareness. This absence of revelation may explain the lack of profound long-term change described by participants.

### **Subtheme 3: Online Peer Forum Disclosures**

Every participant had disclosed their sexual identity to an online community of adults who are attracted to children. For participants who described this disclosure experience, one particular aspect featured: the feeling of belonging.

**Belonging.** Peer disclosures helped participants who felt alienated feel part of a collective where they were normal.

*Nate: Just reading through the threads going, “this is me; this is what I find. This is me” ... it was none of the preconceived concerns there ... there was no judgements, there was just people going, “yup I know what that’s like, this is how I survived too” ... it was just nice really. It was just nice to ... know there are other people doing, feeling the same thing.*

*Finn: Just talking to other pedophiles also makes my attraction feel very normal; sometimes uncomfortably comfortable ... These experiences which I had and thought nobody else had, the others also had. Sometimes my stories were so close to the other’s stories, it was strange.*

Jessie used the words “transformative”, “shocking” and “mind-blowing” to describe his experience. He elaborated:

*Before that I was sort of totally alone with this. I had no real- nobody had ever discussed this with me before ... When I got up the very next day I had four or five people answering and it was, yah, it was pretty good to hear ...*

## MORE THAN “POTENTIAL OFFENDERS”

*Things along the lines of “you’re not a monster just for feeling this way. You get to choose your actions and that’s what you have to hold yourself to and be judged by and not what you’re thinking and feeling”.*

Jessie also experienced a shift in his thinking about his attraction. He stated:

*It was... really good to have some sort of positive role models... who were not the stereotypical, like, creepy old man.*

The isolation from one’s community of stigmatised peers is a maintainer of distress among stigmatised persons. Community resources are one means through which stigmatised persons can be empowered towards better wellbeing: “...when group-level resources are absent, even otherwise-resourceful individuals have deficient coping” (Meyer, 2003, p. 677). A cohesive peer network provides an antidote to the isolation, fear and depression that characterise the stigmatised experience (Corrigan & Matthews, 2009; Mead, Hilton, & Curtis, 2001; Meyer, 2003; Seebohm et al., 2013). Marginalised person’s experience “sudden relief in knowing that they’re not alone and that others share the same concerns” (Mead et al., 2001, p. 143). Finding belonging is “particularly valued” among minor-attracted persons given they are situated in circumstances “where one feels not only misunderstood but actively hated and despised by a wider society” (Goode, 2010, p. 96).

Not only does disclosing one’s identity to peers fulfil the need to belong, but positive interactions with peers can enhance identity (Cass, 1984; Kaufman & Johnson, 2016; Troiden, 1988). Minor-attracted individuals feel more able to talk

openly about their feelings around minor-attracted others (Houtepen et al., 2016). Peers allow stigmatised persons to “present their more genuine selves- stigma and all” (Pachankis, 2007, p. 340) and can give authentic and non-judgemental support (Mead et al., 2001). This can challenge internalised negative beliefs about the self and individuals may start to view themselves holistically and not just by their label (Seebohm et al., 2013). Such changes to self-perception are powerful as they can enhance self-esteem (Campbell & Lavalley, 1993) and reduce anxiety (Greenberg et al., 1992; Pyszczynski et al., 2004).

Finally, due to a wealth of experiential knowledge, peers can provide perspective and assist in meaning-making in a manner that others may not be able to (Mead et al., 2001; Seebohm et al., 2013). As earlier discussed, having a disclosure recipient who is insightful provides additional benefits to discloser (Kelly, 2002). In this sense, disclosure to a peer has unique and powerful benefits compared to disclosures to significant others.

### **Subtheme 4: Disclosures to Professionals**

While many participants had disclosed their attractions to significant others and all had disclosed online to others who were attracted to children, approximately half of participants had disclosed their sexual identity to a mental health professional. Some persons had made more than one disclosure. Descriptions of these disclosures seemed to be imbued with a sense of frustration at the inadequacy of support. Participants noted *‘the gap’* in support available to those living an attraction to children. Furthermore, participants shared feeling *‘misunderstood and judged’* by professionals. There were only two accounts of positive experiences with

## MORE THAN “POTENTIAL OFFENDERS”

professionals- *‘beacons of hope’* - characterised by the therapists use of basic counselling skills.

**The gap.** Participants who had disclosed their sexual identity to professional supports described inadequate care. Participants observed a gap in both the services available to them and training of therapists to support those with an attraction to children. This gap was observed by individuals in New Zealand, the United States and Germany.

Some participants were passed through referral after referral as therapists reported they were ill-equipped to work with a minor-attracted client in the community.

American participant Max recounted:

*I can't remember if I was sixteen or if I had turned seventeen at this point- but I did contact, a, um, a few therapists over email... most of them were just like, “well I don't really know what to do, um, I can try to refer you”. I got a few referrals bumped around, and 'till finally I hit one person that finally said they had done it only with prisoners- people who had actually been guilty of it...I'd say 80% of 'em were just referrals to other people until I finally got to that guy.*

German participant Paul had a parallel experience:

*Paul: I was once interested which of the psychiatrist in my periphery would help me if I would needed help. So I wrote around 20 psychiatrist emails, most of them didn't even reply. Five of them reply that they will not take pedophile clients and only two of them give me addresses of other colleagues.*

New Zealander Ryan said he was referred through a “slough of different psychologists”. He stated:

*I recognised that, um, you know that the assistance I needed really wasn't, wasn't there. Um there didn't really seem to be an understanding of what I was going through.*

*The reality was that there just wasn't actually anything there for someone in my situation, facing my issues. At least not until the point when I would actually, um, cross the line and go harm someone.”*

The research literature also highlights the gap in services available to those who are attracted to children but have not acted on this attraction (Goodier & Lievesley, 2018; Piche et al., 2018; Schaefer et al., 2010). As participants experienced, services have predominately been established in the context of the criminal justice system, designed to treat those who have sexually offended against children and prevent reoffending. Several publicly available therapeutic programs have been set up in response to this identified need (e.g. STOPSO, United Kingdom and the Berlin Prevention Project, Germany) however these reach very limited geographical areas. Not only is there a paucity of public services available to those

who have an attraction to children, but there is a lack of therapists who are competent to practice with minor-attracted persons (Goodier & Lievesley, 2018; Levenson et al., 2017; Piche et al., 2018). Uncertainty as to where to find a knowledgeable professional is a frequent barrier to receiving treatment among minor-attracted individuals (B4U-ACT, 2011a). Researchers have recommended that therapists address the lack of expertise and training for working with minor-attracted persons (Cacciatori, 2017; Levenson et al., 2017).

The lack of services is problematic as it does not reflect a lack of need. Non-offending minor-attracted persons express concern at the lack of public services available for them (Cacciatori, 2017) and there is evidence they are willing to travel significant distances to receive help if it is made available (Beier et al., 2009). Furthermore, individuals who have sexually offended report they would have used therapeutic services had they been available prior to offending (Chasan-Taber & Tabachnick, 1999; Piche et al., 2018).

In addressing the gap in services available to minor-attracted persons, it may be important that treatment plans address more than just sexual offending risk. As was demonstrated in the PPD (Beier et al., 2015), implementing programmes designed for the treatment of sexual offending may not produce significant changes on cognitive, emotional and sexual treatment targets for non-offending persons. These persons may already have appropriate risk management abilities. The ideal treatment approach would focus on “coping with and managing pedophilic interests while leading a meaningful and fulfilling life” (Cantor & McPhail, 2016, p. 122). As discussed, participants in the current study experienced challenges that were broader



## MORE THAN “POTENTIAL OFFENDERS”

than risk management, namely stigma and identity distress, and these must be considered when developing services for such persons.

**Misunderstood and judged.** Not only were participants’ disclosures met with a gap in expertise, but some expressed feeling misunderstood and judged by professionals whom they had opened up to.

Participants described therapists who misunderstood them to be sex offenders or believed that they would inevitably become so. Max described his experience with therapists who could not comprehend he hadn’t acted on his attractions:

*And that person was just convinced that I had acted on it before and was trying to tell like, “oh just tell me that you, um, you acted on it, and because of your age, um, you won’t be charged with anything, it would just be therapy, um, don’t worry about it.” And that was actually more of an issue because he, um, the guy just gave me an out- a way that I could act on it and then I wouldn’t really get in trouble. Um I ended up not doing it but that, that was even worse.*

*There were a few that were just like, um, reacted kind of bad. I can’t remember exactly what like the emails- it was a long time ago- but stuff like, “oh you need more help than I can give”, “oh you should probably like report yourself to the police”, or something like that”.*

New Zealander, Levi, described a similar experience with a therapist:

## MORE THAN “POTENTIAL OFFENDERS”

*...he almost insinuated that I was a ticking time bomb and there's not much you can do about it. Um and he was like, "you can try to fight it but it's always going to be there", which is sort of true in a way but the way he sort of worded it made it sound like it was always gonna be a real bad struggle and that yeah I was almost destined to offend.*

In regard to his overall experience of therapists, Levi added:

*...I felt quite judged by them, as I said like they couldn't accept me as being attracted to kids like you know they felt they sort of somehow had to kill that part off of me, which is I think you know like any sex orientation it's part of who you are, you can't just cut it off and yeah be someone else.*

In the most extreme reaction that was described, Carl reported being met with outright rejection by a therapist whom he had disclosed his attraction to. He recounted:

*[I] told her that I was sexually attracted to children and she immediately freaked out, "oh I can't deal with that. Don't ever come back". And she abandoned me without a counsellor or without a referral to another counsellor. So that left me feeling totally helpless. That was pretty traumatic.*

The fear of being judged or subject to prejudice by mental health professionals is commonly cited amongst minor-attracted persons as a barrier to treatment (B4U-ACT, 2011a; Cacciatori, 2017; Goodier & Lievesley, 2018).

Individuals fear they will be treated as abusers, at-risk or monsters (Cacciatori,

2017). Concerns around breaches of confidentiality are also common (Cacciatori, 2017) and there are instances of individuals being reported to authorities despite having never acted on their attraction (Cash, 2016; Freimond, 2013). This has been attributed in part to the ambiguity of mandatory reporting laws when it comes to non-offending individuals (Cacciatori, 2017). Mandatory reporting laws can hold clinicians criminally liable for failing to report clients who are in “reasonable” danger of harming a child. These laws simultaneously protect therapists from overcautious breaches of confidentiality made in “good faith” (Brown & Strozier, 2004). The cost of trusting a client who is attracted to children is therefore much higher for a therapist than the cost of mistrusting them despite the person having no history of offending. This contributes to the reporting of minor-attracted persons to authorities on the basis of attraction alone (Johnston, 2017, p. 2) and creates a culture where it is harder for minor-attracted persons to seek help (Bleyer, 2015). The role strain that clinicians are faced with in treating minor-attracted clients may explain their hesitancy to work with such individuals.

Even when minor-attracted clients are accepted into treatment, the focus of therapy may often be incompatible with their personal goals (B4U-ACT, 2011a). As discussed above, clinicians should not assume minor-attracted persons require support solely with managing behaviour and risk. While a number of minor-attracted persons report wanting help to deal with sexual frustration and feelings; improving self-concept and coping with negativity from society are more prominently endorsed as goals for professional support seeking (B4U-ACT, 2011a). Treatment focusing only on managing risk at the expense of addressing emotional needs may fail to adequately address distress. Mandatory reporting laws can contribute to this issue as

they have the power to draw clinician attention away from important clinical issues to focus on reporting (Bean, Softas-Nall, & Mahoney, 2011).

The stigma that participants experienced from therapists is a concerning reflection on the mental health profession given that being empathetic and non-judgemental are fundamental therapeutic skills (Norcross, 2010; Squier, 1990). Feeling empathised with is an essential condition for clients to build coping skills and adhere to treatment regimens (Squier, 1990). With the high levels of distress and suicidality described by minor-attracted individuals, access and adherence to mental health support is critical. Chronic rejection decreases self-esteem (Blackhart et al., 2009) which while associated with further suffering for the individual, has been linked to sexual offending (Baumeister et al., 2007). Therapist responses may therefore have significant consequences for safety and risk. The above experiences add weight to recommendations that clinicians explore their personal responses to minor-attracted persons and seek greater supervision when working with such clients (Levenson et al., 2017).

**Beacons of hope.** Amongst their negative experiences with therapists, two participants also described positive experiences in disclosing their sexuality to a professional. The positive features of these experiences were characterised simply by the use of basic therapeutic and counselling skills.

New Zealander, Ryan, spoke of the moment he told his high school counsellor about his attraction to children:

*...she was really good... she didn't force me to disclose anything that I didn't, I couldn't bring myself to do right away. Um, so she sort of just said, "I'll make some suggestions and you can say yes or no." And like we went over things like um, you know "is someone hurting you?" or "is um are you having some issues", um, um- one of the things that came up was, um, "is it a sexual thing?" and I said, um, "yeah I think so." Um, from there, um, she couldn't really narrow it down any further and I eventually just came out and said, you know, "I'm attracted to kids". And she was really supportive, um, she didn't, um, I mean no-one, no-one really knows how, how to deal with this at the moment. And she was no exception but she was really, she did her best. Um she sort of, she said, um, you know, "you haven't, you haven't act-harmed any kids, um, you know you haven't gone on the internet and looking at pornography, um, you know you're a good person and I commend you for that."*

He later added:

*...she didn't write me off because of it. She didn't, um, you know judge me harshly. Um, I didn't get kicked out of the school. It was quite good...having someone that I could, I could at least talk to and get some understanding from.*

Similarly, Carl from the United States found a humanistic approach by a doctor helpful:

*...I went to the doctor and he was very kind hearted and understanding and supportive. I came out totally to him, the whole story... very supportive. He was an angel... just to be treated as a person to me is the biggest factor. In counselling we call it a therapeutic relationship... so the best thing was just to have somebody who was understanding and feel like there was hope and help, it was not inevitable for me to abuse....*

For any client group it is recommended that “practitioners should make the creation and cultivation of a facilitative therapy relationship a primary aim” (Norcross, 2010, p. 133). The therapists conveyance of empathy together with the building of alliance, goal consensus and collaboration are essential in establishing a strong therapeutic relationship as is the “need for therapists to communicate a caring, respectful attitude that affirms a client’s basic sense of worth” (Norcross, 2010, p. 123). The relationship between the client and therapist is a consistent predictor of positive therapeutic outcomes, accounting for the most amount of treatment variance, regardless of the treatment model used (Ardito & Rabellino, 2011; Norcross, 2010). Minor-attracted persons with positive experiences of professional support seeking listed compassion, understanding and reflective listening as key features of the experience (Cacciatori, 2017). In a forensic sample, individuals similarly described counsellors who listened, appeared to understand them, did not judge them and instilled hope as most helpful (Levenson et al., 2017). It would be expected that these qualities would be particularly imperative for minor-attracted clients given that a fear of being judged is a considerable barrier to help seeking in those who are attracted to children (B4U-ACT, 2011a; Cacciatori, 2017; Goodier & Lievesley, 2018).

## **Summary**

Disclosure was a theme with dichotomous elements of both stress and relief. The decision process entailed uncertainty as participants navigated the tension between fear of rejection and desire for support. Once the decision to disclose was made, participants used well-recognised strategies to ensure that disclosure had greater odds of success. Given the systematic way in which disclosure was managed, the outcomes of this sample were predominately positive however as seen, the audience of disclosure significantly impacted the experience of disclosure. While family and friends were largely supportive, disclosures to these persons were not imbued with the sense of transformation that was offered from peer supports. This suggested that while participants found acceptance to be important, it was a sense of belonging and camaraderie that they experienced as particularly potent as an outcome of disclosure. Finally, while there were two instances of supportive professional disclosures, what emerged from participants’ experience of professional disclosures was that professionals were largely ill-equipped to meet the needs of minor-attracted persons.

This next theme details the more everyday strategies participants used to live well. This includes both means of coping with distress, and ways of managing their attraction to children without acting upon desires. In some instances, disclosure opened the door to receiving support and developing coping strategies.

## Chapter 10

### Theme 4: Strategies for Living Well

This theme describes the strategies participants employed to get through day-to-day life. This was comprised of two subthemes: ‘*Coping with Emotions*’ and ‘*Managing the Attraction*’. ‘*Coping with Emotions*’ described how participants managed distress linked to their sexuality. This involved the avoidance and suppression of emotion as well as the development of more adaptive strategies which provided more lasting relief from distress.

The second subtheme, ‘*Managing the Attraction*’, captured how participants regulated their sexual behaviour in light of their attraction to children. This included their ‘*internal qualities*’ such as values and self-control, as well as intentionally enacted strategies.

#### Subtheme 1: Coping with Emotions

While, as previously discussed, participants experienced high levels of distress as a result of being attracted to children, all had developed ways to cope with this distress. For some participants, this began with problematic or unhealthy ways of coping (‘*maladaptive coping*’). This involved the suppression and avoidance of emotion. With time however, participants developed adaptive coping skills in place of these strategies. These were comprised of two categories: ‘*cognitive strategies*’ and ‘*social support*’. The former involved using supports to help process emotions and the latter involved participants accepting or restructuring thoughts about themselves and their attraction, including having hope for their future.



**Maladaptive coping.** In an attempt to cope with the distress of their sexual identity, many participants initially avoided and suppressed difficult thoughts and emotions. These coping strategies were predominately characteristic of the early days in participants’ acknowledgement processes when the burden of stigma was new and overwhelming, and they were yet to cultivate a support system. Nate described his attempts to bury his feelings:

*So, I tended- I could keep a lid on it when I was around other people... when I was alone... I would shout and there, there was a tendency to ... be really angry and just shout and sort of hit bushes with sticks and all this sort of stuff just trying to get the- just trying to release the tension and get the anger out. It never, I mean I never wanted to show this to anybody in person, so I never did it in front of other people not only just because of the whole pedophilia thing, it's just because I didn't want to burden other people with my feelings is how it's always felt.*

For other participants, the avoidance of emotions was facilitated through problematic behaviours. The particular form of behaviour varied between participants however shared the underlying function of an escape from distress.

Carl, had tried to suppress his attraction to children through prayer:

*Cause I had prayed about it and it hadn't gone away- tried to pray the gay away- I mean tried to pray the pedophilia away- it didn't work.*

Jessie, described using substances as a means of coping with his distress.

*Ah I overdosed a few months later, ah and then I went through a really bad stretch with alcohol.*

*... yeah, I have a serious problem with alcohol... this remains something I turn to when things go to shit in my life... So yeah I definitely continue to watch for my coping- trying to develop proper coping mechanisms for stressful situations like this.*

Ryan also experimented with alcohol as a coping mechanism:

*I was having trouble sleeping one night and I, I um got some of my dad's alcohol and had a drink. Um, didn't really think too much of it, um, but scared the shit out of my parents. Cause you know they had been told that I was suicidal. And now I was drinking as well.*

*...just um, having trouble sleeping also just I don't know just wanting to numb like all the difficult, all the difficult thoughts I guess.*

Ryan had also used self-harm to cope after recognising his attraction to children.

*Back when I was, um, fifteen I started self-harming. You know I'd start, um, I'd take pins and I'd, um, scratch myself up and down my arm, um, drawing blood... basically just feeling I was, I was a terrible person and I needed to, to punish myself cause that's basically what society says- if people are like this they deserve to be punished.*

As was the case for participants’ attraction to children, when facing challenging situations that people believe they must accept, they may commonly try to avoid or escape difficult emotions (Folkman et al., 1986). This unwillingness to experience unpleasant thoughts, feelings and sensations is known as experiential avoidance (Kashdan, Barrios, Forsyth, & Steger, 2006). Experiential avoidance is a powerful motivator of alcohol and substance use (Baker, Piper, McCarthy, Majeskie, & Fiore, 2004; Levin et al., 2012) and is linked to other problematic behaviours including self-harm (Kingston, Clarke, & Remington, 2010). For the participants these behaviours provided what Kingston et al. (2010) discuss as “short-term negative reinforcement through the reduction of aversive experience”; that is, they offer immediate relief from unpleasant emotion (p.146).

Importantly however, as participants experienced, these avoidant coping strategies do not provide lasting relief from distress (Kashdan et al., 2006). Instead, the results are paradoxical as “attempting to hide or inhibit unpleasant thoughts, feelings and bodily sensations serves to increase the frequency and distress of these same experiences” (Kashdan et al., 2006, p. 1302). Suppression of emotion is associated with less successful mood repair, rumination, intrusions and more negative emotion (Beals, Peplau, & Gable, 2009; Gross & John, 2003). Suppression is additionally associated with less positive emotion (Gross & John, 2003). The perpetual avoidance of emotion denies individuals the “the pleasures of being fully immersed in any activity” (Kashdan et al., 2006, p. 1302) and prevents them from making sense of their feelings (Beals et al., 2009). Reflective of these negative side effects of avoidance, all participants reported going on to develop more adaptive

coping strategies with time. As Jessie stated however, a degree of vigilance was maintained towards previous unhelpful ways of coping.

Participants’ adaptive coping mechanisms were divided into ‘*Social Support*’ and ‘*Cognitive Strategies*’. The former involved developing healthy internal emotion regulation skills, while the latter involved drawing from interpersonal resources.

**Cognitive strategies.** Despite early maladaptive coping, almost all participants described having made changes to their thinking patterns in order to cope with their sexual identity. This involved either changing the content of their thoughts, or their relationship to them. This included a ‘*redefinition*’ of participants’ attraction as only one part of themselves, ‘*acceptance*’ of their sexual identity, and ‘*hope*’ for the future.

***Redefinition.*** As detailed previously an attraction to children could be all-consuming. Some participants had internalised stigma and questioned whether they were a bad person because of their attractions. To address these thoughts and associated distress, participants developed new ways of understanding themselves and their attraction. This was a process of redefinition that included reevaluating themselves holistically to take account all of their valuable attributes and identities.

This redefinition is captured by Paul:

*The attraction to children does not define me. And it does not define any pedophile. There are so much more aspects of our personality which have an impact on who we are.*

Levi also came to redefine himself after struggling with his identity. He now advises others on how to do this:

*...I love to tell people that yeah there's so much more to life; there's so much more to you as a person um than just what you're attracted to. And there's still so many things you know you can sort of be involved in, or so many different parts of who you are which are just as important, um so you can still focus on those. People don't just see you as someone attracted to kids, you know, they'll see you as, ya know, say a basketball player, or a snowboarder, or a musician... you aren't just this one thing. It's just one small part of many things that make up you.*

For Ryan, his position against child sexual abuse was beneficial in helping to redefine his identity:

*[My sexual identity] doesn't mean I'm a bad person or anything...I'm not doing anything bad because of it and so I'm okay more less with it.*

Jakub cultivated a similar view:

*...being a pedophile doesn't say if you're a good person...there are other people who feel the same... a lot of people attracted to children live a productive life and can, can be happy in their lives...*

As previously explored when acknowledging their attraction to children, participants had internalised pedonegativity, likely lowering their self-esteem and creating heightened anxiety. Through redefinition however, participants challenged their appraisals of themselves as monstrous and terrible beings. This was replaced with an understanding that they were multifaceted and valuable. This involves cognitive reappraisal which is an important emotion-focused coping strategy that is associated with a number of psychosocial benefits (Gross & John, 2003). It is particularly beneficial when persons face problems that cannot be changed (Folkman & Lazarus, 1980; Folkman et al., 1986). In the case of participants, their underlying attraction to children was experienced as fixed and unchangeable, however their appraisal of it was something which they had agency over. By using reappraisal to establish an affirming self-concept, participants likely enhanced their self-esteem, providing a buffer to distress (Greenberg et al., 1992; Pyszczynski et al., 2004).

While not extensively explored in other research, there is evidence that some minor-attracted people may similarly cultivate a more-positive self-image and re-evaluate themselves (Freimond, 2013; Goode, 2010). Additionally, staff at a helpline set up to support minor-attracted people described encouraging their service users to learn that their attraction is just one part of who they are (Goodier & Lievesley, 2018). Interestingly, this process of redefinition is much alike that described in theories of gay identity development (Cass, 1984; Troiden, 1988). In the final stages of sexual identity development, gay men are said to synthesise and integrate their sexual identity into their overall identity. This represents “healthy personality functioning” (Cass, 1984; Troiden, 1988). While this does not imply that having redefined themselves, the current participants have reached some final stage of

identity development, it suggests that this is a strategy associated with wellbeing in stigmatised persons.

*Acceptance.* A further important cognitive strategy that participants used to cope with distress was acceptance. This involved ceasing attempts to struggle against and escape their attraction to children and accepting it as a part of their identity. For example Max when asked if he separated himself from his attraction, replied:

*I used to try but now it, it feels like it's a part of me definitely and that it's just inseparable from me.*

Max was not alone in finding peace in acceptance. Others stated:

*Jessie: ...you can choose how you think, but you can't choose your attractions. So if you're going to work to change on of those, change how you're approaching it because you are never going to succeed at getting rid of [the attraction].*

*Levi: ...like any sex orientation it's part of who you are, you can't just cut it off and yeah be someone else... Can't explain where it came from or how it happened, it's just part of who you are and that's life.*

*Paul: I found myself...accepting myself as who I am. I'm okay with my orientation*

The efficacy of acceptance as a therapeutic tool was further endorsed by Carl. He said he had spoken with a therapist who worked with adults who are attracted to children.

*Carl: She said most of what she does is helping people to accept it. So acceptance is actually one of the modules...the point is, “I didn’t ask for this, whether I was born with it, whether it developed in my childhood- I’ve got it! I’ve got to deal with it, I don’t have to act on it, but I accept it! That’s what I’m stuck with for life, probably”.*

Letting go of attempts to control, fight or change one’s attraction to children is characteristic of an acceptance and commitment-based philosophy (Harris, 2009). In this approach, experiential avoidance (as participants initially relied on) is considered a maintainer of distress and therefore individuals are encouraged to fully experience, rather than fight, difficult thoughts, feelings and sensations (Hofmann & Asmundson, 2008). The use of self-acceptance is briefly mentioned regarding two minor-attracted persons identified as “discrepant cases” in one qualitative study (Cacciatori, 2017). There is also emerging evidence of the benefit of acceptance-based therapy for addressing distress in those with stigmas including HIV and same-sex attraction (Lillis, Hayes, Bunting, & Masuda, 2009; Luoma, Kohlenberg, Hayes, Bunting, & Rye, 2008; Skinta, Lezama, Wells, & Dilley, 2015; Yadavaia & Hayes, 2012). For individuals within these groups, acceptance-based therapies reduced distress, shame, experiential avoidance and self-stigmatising beliefs (Lillis et al., 2009; Luoma et al., 2008; Skinta et al., 2015; Yadavaia & Hayes, 2012). Additionally, increases in self-esteem, general mental health and social support have been reported (Lillis et al., 2009; Luoma et al., 2008; Skinta et al., 2015; Yadavaia &



Hayes, 2012). Given the similarities in identity distress suffered among minor-attracted persons and other stigmatised groups, this supports acceptance as a helpful moderator of distress for participants and their peers. As such persons experience their attraction to children as immutable, and suppression and avoidance of experience was reported as unsuccessful, acceptance presents a natural fit for managing distress.

**Hope.** Several individuals coped with their distress by finding hope for the future. For one individual, Jessie, this hopefulness was for a future change in the social climate. He explained:

*I remind myself that, “yes this is what things are like now, but, you no idea what things are gonna be like in a hundred years”. Ah I think about that a lot- that things can change quite quickly.*

For others, hope was directed towards a shift in their attractions.

*Nate: I’d like to think that the older I get the less, the less the feelings will be there because of, I think it’s something like your testosterone levels in men sort of decrease over time and so I’m hoping that would have a sort of natural reduction in libido.*

*Max: ...I kinda am attracted to people my age. So maybe someday I’d fall in love...*

The belief that something positive that one does currently not have, may one day manifest is a “vital psychological resource” (Lazarus, 1999, p. 654). Hope provides “the grounds for our continuing engagement in life, even when there is only a slender thread of hope on which to rely” (Lazarus, 1999, p. 676). This has important consequences for enhancing psychological adjustment (Snyder, 2002).

Interestingly, participants appeared to be able to hold a dialectic between acceptance and hope. They accepted their attraction to children as a fixed part of themselves, but also remained hopeful that it (or society) could change in the future. While hope could be seen as in conflict with acceptance, Lazarus says these two concepts are rather “intertwined and probably powered by the same or a similar process” (Lazarus, 1999, p. 655). It is argued that a person “cannot accept a harsh fate without some hope about the possibility of a positive life in the face of severe loss” (Lazarus, 1999, p. 655). This psychological resource may therefore provide participants a sense of relief from the earlier described sense of loss regarding their future ability to find intimacy, love, family and a vocation. Hope is said to only be problematic if it detracts from putting effort into more beneficial or changeable things (Lazarus, 1999). In the case of participants, having hope for the future did not appear to impact the use of other coping strategies.

**Social support.** The use of social support was a widely cited coping strategy among participants and often supported the development of the above cognitive strategies. Support was predominately sought from other adults who were attracted to children, however also included family, friends and partners. This support regulated distress by giving participants a sounding board with which to process their emotions.

*Levi: ... I think the biggest one as I mentioned is that when you're bottling stuff up it's just not good, so um yeah, I think just being able to talk about it and sort of get it off your chest and know that people still accept you, um, I think helps you, yourself sort of put a bit more perspective and not think that it's the end of the world...*

*Jessie: Yeah just going over it ah and getting a second opinion on it from someone who's not thinking that way at the moment, ah, who's thinking much more clearly.*

*Ryan: Like I've said my partner knows and for the most part she's quite supportive, she's quite happy to talk to me about, um, the issues we face and, um, you know, if it, if it's particularly bothering me on a particular day, like if there's something which has, um, you know triggered me or set me off, or got me thinking, or, or if I'm just curious about what her thoughts are on some particular thing, um, she's happy to talk to me... for the most part I think it's having someone that can listen to you and, um, you can discuss things with and get, get a different perspective on it.*

*Max: The most helpful things has been um just asking my experiences through, um, life, of how people reacted to that and telling them how horrible people have been cause it feels really nice when I can tell someone, “see these horrible things people say and it's about me” and they'll say, “yeah that, that's just unbelievable. I can't believe people would be so horrible”. It's nice that someone actually recognises it...*

Social support is a well-established moderator of life stress (Beals et al., 2009; Cobb, 1976; Cohen & Willis, 1985). It can empower distressed persons to address problematic aspects of their situation (problem focused coping) or regulate their emotional response to a stressor (emotion-focused coping) (Folkman & Lazarus, 1988). Participants used social support in an emotion-focused capacity; that is their supports facilitated the processing of difficult emotions (Folkman & Lazarus, 1980). They were able to express difficult feelings that were burdening them and receive acceptance and feedback on the issues they were facing.

As participants experienced, the act of verbalisation has an important stand-alone regulatory effect on emotion (Cohen & Willis, 1985; Zaki & Williams, 2013). Using language to label and elaborate on emotional experiences helps people make sense of their distress (Beals et al., 2009; Zaki & Williams, 2013). This presents an alternative to emotional suppression which as explored, disrupts the sense-making process (Beals et al., 2009). Additionally, having social supports who are accepting and offer feedback has important consequences for appraisals that may be exacerbating distress. The communication that a person is valued buffers against threats to self-esteem (Cohen & Willis, 1985). It can help a stigmatised person to reevaluate themselves and their situation in a positive and affirming way (Cohen & Willis, 1985; Pachankis, 2007). Given participants' hypervigilance to rejection and internalised stigma, assistance with reappraising potential threats and reappraising their own value aligned with their support needs.

In regard to the source of social support, participants reported that their minor-attracted peers were particularly helpful. Their support was received through

## MORE THAN “POTENTIAL OFFENDERS”

online peer support forums. Peer support in particular is a primary buffer to stress among stigmatised persons (Meyer, 2003). It provides a valuable and less-threatening alternative (or adjunct) to professional support due to a lesser likelihood of discrimination (Faulkner & Basset, 2012). Participants explained the benefits of peer support:

*Finn: Yeah, normalising it and realizing that I was not alone with my experiences. That it was actually fairly “common” to have the experiences I had.*

*Other pedophiles had a much larger positive impact on my coping.*

*Jakub: ...it was mostly talking about like feelings, experiences and so on... I've got quite a lot of people I can talk to on the Czech one so it's a place for me where I can go to talk about my feelings and to listen to experiences of others...*

*Max ...just, those that I can talk about my experience with this, like we can vent our anger about how people are completely um okay with like removing the constitution...and it's just a nice place to vent anger with other people who obviously understand.*

Rather than forcing individuals into a “patient” role, peer support is seen as an “expansion of community” (Mead et al., 2001). This appeal of peer support among minor-attracted persons is reflected in the growth of online peer support forums (Cantor, 2014) . Having a discrimination-free space has particular relevance

for participants given their earlier discussed fear of being prejudiced by mental health professionals and the threat of mandatory reporting (B4U-ACT, 2011a; Cacciatori, 2017; Goodier & Lievesley, 2018). These peer communities can play an important role in shaping how minor-attracted persons view themselves (Goode, 2010). “The online community... can set up powerful shared understandings of what it means to be a ‘pedophile’ and how one may be expected to think, to feel and to behave” (Goode, 2010, p. 96). Furthermore, among minor-attracted persons, peer support has been described as an antidote to the isolation and frustration of everyday life (Cantor, 2014; Freimond, 2013). Participants’ experiences align with this, similarly valuing the reciprocal sharing that takes place among peers and finding commonalities in their experiences.

### **Subtheme 2: Managing the Attraction**

In addition to ‘*Coping with Emotions*’, the second set of strategies participants used to get through day-to-day life involved ‘*Managing the Attraction*’. Unlike ‘*Coping with Emotions*’ which involved dealing with stigma and a negative self-image, ‘*Managing the Attraction*’ involved participants’ regulation of their sexual behaviour. In accordance with the focus of this study, while attracted to children, participants had never sexually abused a child. They described several different strategies for how and why they had not acted on their attraction.

Most prominently, participants emphasised that it was their ‘*Internal Qualities*’ that were responsible for their ability to manage their attraction. They did not experience themselves as inherently dangerous to children and therefore managing their attraction was a natural way of being rather than an active struggle.

## MORE THAN “POTENTIAL OFFENDERS”

They described values which conflicted with harming children as well having the ability to exercise self-control.

Participants also described that having legal ‘*Outlets*’ for their sexual urges was important. This ranged from artwork depicting children, to masturbation to fantasies of children and having adult sexual relationships. Finally, participants used ‘*Involvement with Children*’ as a way to regulate their sexual behaviour. There were a number of participants who felt that social contact with children mitigated their risk of offending by increasing their sense of companionship and humanising children.

**Internal qualities.** As earlier explored, there is a presumption that individuals who are attracted to children are inherently dangerous (Jahnke, Imhoff, et al., 2015). Even in research on people with pedophilia who are non-offending, such individuals have been labelled “potential offenders” (Beier et al., 2009; Schaefer et al., 2010), inadvertently contributing to this view. Participants in the current study however, described prosocial values and a robust sense of control over their behaviour. For many, not abusing a child was a natural outcome of these qualities.

In regard to their prosocial values, participants perceived sexual contact as harmful to children and asserted they did not wish to hurt a child.

*Jessie: ...the thought of putting a child through something like that is just not something that has ever been sort of on the table or even an option for me.*

*Like its always been something where I’ve been like, “this is a terrible thing and I don’t want to contribute to it.*

*Jakub: ...I don't need to employ some strategies to prevent myself from acting inappropriately towards children in my real life.*

*...I would say it's a conscious decision for me and the main motivation is that I don't need- want- to harm a child and also there are other factors as rigorous and so on but I would say that's the most important factor for me.*

*Carl: ...I do recognise that my spiritual roots gave me the moral strength to not act on it, to know that it was wrong and to make a choice not to do it. ...just being, being a good person, not harming people. I mean there are specific values, but it's not like there's a code 37:5 that says don't have sex with little girls, it's, it's under the broad umbrella of “thou shall not commit adultery”, and it covers appropriate sexual behaviour, in our tradition, in our understandings”*

*Paul: Isn't it time to see pedophiles as healthy people instead of some kind of kinky person which should be monitored all day? I know a lot of other pedophiles, not only via internet but also face to face and when I meet them there are nice men and women, with no urge to hurt a child.*

The above statements provide an important challenge to the stigma of pedophilia and support what participants said within the ‘*Redefinition*’ theme- that being sexually attracted to children does not necessarily say anything about one's personality and other traits. The association between pedophilia and antisocial traits is likely the result of sampling bias in the study of pedophilia which has



predominantly relied on forensic samples. There is no reason to believe that participants would have antisocial beliefs and values as a function of being sexually attracted to children.

In regard to participants management of their attraction to children, prosocial values have face validity as a barrier to risk. People are motivated to behave in ways which are consistent with their beliefs and criminal cognitions and deviant sexual scripts have long been implicated as increasing risk of child sex offending (Hall & Hirschman, 1991; Marshall & Barbaree, 1990; Ward & Beech, 2006; Ward & Siegert, 2002). Those who offend against children tend to hold beliefs that sexualise children, justify criminal and antisocial behaviours and the person’s right to enact such activity (Hall & Hirschman, 1991; Marshall & Barbaree, 1990; Ward & Beech, 2006; Ward & Siegert, 2002).

While replacing antisocial cognitions with prosocial ones is used to reduce risk of recidivism in child sex offenders (Andrews & Bonta, 2010; Blackburn, 1993), there is little research specifically on the role of prosocial cognitions in minor-attracted persons that have not offended. Only one study related to this could be found and it suggested that the neural mechanisms of moral judgement were the same among people with pedophilia who were offending and non-offending, with inverse patterns to “healthy” controls (Massau, Kargel, et al., 2017). While this study does not support participants’ experiences, it was limited by sample size and a very specific experimental manipulation. More promising are the growing communities of minor-attracted people which define themselves specifically by their non-offending status and morality (B4U-ACT, 2018; Virtuous Pedophiles, 2018). For example, the Virtuous Pedophiles website states “we believe that sexual activity between adults

## MORE THAN “POTENTIAL OFFENDERS”

and children is wrong” (Virtuous Pedophiles, 2018). Like participants, this suggests that it is these values that are fundamental to such individuals lack of offending.

A further important internal quality that helped participants manage their attraction was self-control. Participants explained that they were not governed by their sexual urges and interests, but rather were in firm control of them.

*Levi: they're just other attractions and we are in control of them*

*Max: [pedophilia] doesn't make people into a maniac that can't control themselves*

Several participants communicated their ability to exercise self-control using analogies:

*Max: ...people get angry all the time and think, “oh I'd just like to kill them right now”, but they don't do it. And I wish that more people would realise that's the same thing with me.*

*Paul: What happens if you are alone in a room with a man, will you try to have sex with him instantly?*

*Carl: most guys are not gonna rape every woman they meet on the street right? So they can say no. They can resist.”*

While emphasising his values and self-control, Carl still found it beneficial however to be mindful of the potential for risk.

*I think that we're all at risk...a lot of the guys will just say you know, "there's no way I would do that". Well I don't say that, I say, you know, "I'm at risk". I know that I'm at risk and I think my admitting I'm at risk helps me...to be more careful.*

For Nate, self-control was facilitated by the externalisation of his libido. This created distance between his urges and his behaviour, helping him to exert control over it:

*I am aware that I personify my libido and always treat it like a separate entity which makes you sound crazy when you say it out loud but...it gives me somebody to blame... I can go, "that's not me. That's my libido wanting to do those things"... Yes of course my libido is part of me but...it means that I've got somebody to renegade against... it works so I'm not knocking it.*

Participants' confidence in their self-control provides another challenge to the association of pedophilia with dangerousness. The centrality of self-control to their non-offending status fits with theories of child sex offending in which the inability to delay and inhibit behaviours is associated with risk of offending (Blackburn, 1993; Hall & Hirschman, 1991; Marshall & Barbaree, 1990; Ward & Beech, 2006; Ward & Siegert, 2002). Self-control also appears among proposed protective factors for the desistance from sexual offending (de Vries Robbe, Mann, Maruna, & Thornton, 2015). Participants' experience additionally aligns with the

emerging body of research suggesting that people with pedophilia who have not offended can be distinguished from those who have on the basis of their greater self-regulation skills (Cohen et al., 2018; Kargel et al., 2017; Massau, Tenbergen, et al., 2017; Mitchell & Galupo, 2017; Schiffer et al., 2017).

Interestingly, both of the internal qualities that participants have described (values and self-control) may work together to prevent them from offending. In the Integrated Theory of Sexual Offending (Ward & Beech, 2006), deficits in these major interlocking neurological systems work together to produce the clinical symptoms that created offending. It would therefore be expected that strengths in these neurological systems would work together to lower risk. Participants’ prosocial beliefs and values (part of the “perception/memory system”) should activate positive goals (in the “motivation/emotion system”) and in turn, their good self-regulation abilities (as per the “action selection and control system”) should enable them to organise their behaviour to meet these goals. Thus, while participants’ values and self-control may be individually significant in helping them to not act on their attraction to children, these abilities may have an important interaction effect.

**Outlets.** In addition to having prosocial internal qualities, some participants also used more specific behavioural strategies to manage their attraction. The importance of finding appropriate and legal outlets for sexual urges and interests was one such strategy. There were a number of different outlets that helped participants meet their sexual needs including artwork, fantasies, discussing their sexual interests and having adult sexual relationships. The child-based stimuli were used for the purposes of arousal and masturbation, but also for participants to more broadly explore and experience their sexuality:

*Finn...I try to find things that can work as an outlet for my attraction. One of which is talking about it, but I also like to look at art which centres around child nudity or sexuality. It's something not to get excited from, but to enjoy that beauty. For some time I tried to block out all things children related from my life, not even looking at children, but that just made me feel horrible and didn't work at all, to no surprise from other pedophiles. Now I just enjoy the sight.*

Those who used masturbation and sexual fantasies as an outlet explained:

*Levi: ... managing my attractions, um, yeah I guess yeah I don't sort of... bottle stuff up anymore, so I allow myself to have fantasies, of ya know, when I feel the urge to do so.*

*Jakub: ... I use masturbation with fantasies, or with some non-pornographic or pornography with young looking models to deal with desires, or I can also use pornography with women so that's my way to deal with the sexual desires.*

While from a religious conservative background that opposes masturbation, Carl developed a pragmatic approach to the issue:

*.... I'm spiritually opposed to it- I would prefer to avoid it but it happens sometimes. I would prefer not to think about children when it happens but if it happens and I'm thinking about children I don't beat myself up for it.... A*

## MORE THAN “POTENTIAL OFFENDERS”

*lot of the guys on VirPed use it as a specific strategy- recommend it- as a specific strategy. I know it sounds weird to non-minor-attracted people- sounds like, “oh you’re using kids”, but it’s like- especially exclusives- they have no other outlet... I would see it as the lesser evil...a lot of the guys will say- specifically when you’re at risk- I mean when you have to spend time with your nieces or whatever... relieve the tension before you have to spend time with them and that’s a strategy specifically and deliberately used. I know that professionals have... differences of opinion... the people of VirPed differ. One of the nice things about Virtuous Pedophiles is that we respectfully disagree.*

As Carl explained, the outlets available for meeting sexual needs may be related to the degree of exclusivity of a person’s attraction to children. He further elaborated:

*Carl: Everybody on VirPed... are always saying, “well if you’re not exclusive then you know, focus on the adults as much as possible.” You can’t get rid of the attraction to children, but you can, you know... focus on the adult relationships. Which I am very thankful that I have this wonderful wife.*

As part of an “intimacy deficits pathway”, theories of sexual offending explain that unmet sexual needs can increase risk of offending (Ward & Siegert, 2002). Sex is a basic human need (Maslow, 1943). It falls within the category of physiological needs in Maslow’s theory of human motivation which is the most fundamental, or “prepotent”, category of basic human needs. Sex is multi-determined drive however, having relevance to the other categories of need,

including the love and affection needs (Maslow, 1943). Given that sexual fulfillment has such a crucial role in human motivation, it cannot simply be ignored in minor-attracted persons or expected to be suppressed. According to Maslow’s theory, when basic needs are unmet, they will “monopolise consciousness” and organise behaviour. Therefore, given that sex is part of the base level of needs it has the potential to be a significant preoccupier if unmet.

Despite this and as discussed earlier, conventional sexual offending treatments attempt to address deviant arousal by discouraging the use of child-themed sexual fantasies and try to condition arousal to adults (Laws & Marshall, 1991). Problematically, there is a lack of robust evidence to support this approach (Barbaree et al., 1995; Laws & Marshall, 1991; Marshall, 1996; O’Donohue & Plaud, 1994), and as earlier explained, minor-attracted persons experience their attraction to children as fixed and unchangeable. Therefore while as Carl stated, those who are non-exclusively attracted to children may focus on meeting their sexual needs through adult partners, this does not satisfy the sexual needs of those who are exclusively minor-attracted. These persons are caught in a paradoxical situation; their unmet sexual needs may increase their risk, yet, they are discouraged from meeting their sexual needs via child-based fantasies and stimuli.

The participants’ experiences offer an important challenge to the conventional approach to understanding and treating deviant arousal. Participants have maintained an offence-free lifestyle despite using child-based sexual stimuli and fantasies. Not only does this suggest that these activities are not inherently harmful, but participants find these outlets lower their risk of having sexual contact with a child. As Finn said, blocking child-themed things from his life increased his

distress and “didn’t work at all”. Research suggests that other non-offending minor-attracted persons may regularly masturbate to fantasies of children and these individuals can also make a clear distinction between fantasy and reality (Goode, 2010). Corresponding with this, it has been argued that there should be more support for minor-attracted individuals to fulfil their sexual needs in legal ways including pornographic images of virtual children (Freimond, 2013).

As emphasised by one participant, there doesn’t seem to be a one-size-fits-all approach to this issue and flexibility and pragmatism are important. Participants use of child-themed sexual outlets may therefore be viewed in relation to their other characteristics and strategies. As earlier described, participants reported prosocial values and a strong sense of control over their sexual behaviour. These qualities may help them to maintain a distinction between their fantasy life and reality, understanding the harm that could be caused from enacting abusive behaviours. Dispositional characteristics are associated with those who cross over from child pornography offending to contact offending (Houtepen et al., 2014), and as earlier mentioned, neuropsychological characteristics may distinguish people with pedophilia who have offended from people with pedophilia who have not (Cohen et al., 2018; Kargel et al., 2017; Massau, Tenbergen, et al., 2017; Mitchell & Galupo, 2017; Schiffer et al., 2017). The use of child-themed sexual fantasies and outlets that don’t harm children in their production may be appropriate for those who perceive offending to be harmful and can regulate their sexual behaviour.

**Contact with children.** Similarly complex in regard to participants’ management of their attraction was their level of involvement with children.



## MORE THAN “POTENTIAL OFFENDERS”

Participants discussed a range of different experiences ranging from regular contact to no contact.

Several participants did not have any contact with children. Interestingly, this appeared related to be to their lifestyle rather than intentional avoidance:

*Finn: I don't have any contact with children and haven't had that for years now... I don't see that changing in the coming years, so I don't think there will be much opportunity for it to happen.*

*Jakub: ... possibly because I don't meet children in my life very much.*

Jakub did explain however that if another minor-attracted person was struggling with their sexual attraction to children, he would advise them not to interact with children:

*I'd try to give them some advice and recommend them for example, if they are not sure how they would respond to children, I would advise them not to be around children and things like that.*

Despite this and contrary to both stereotypical perceptions of people with pedophilia and theories of child sex offending, a number of participants explained that contact with children was helpful in managing their risk. They found interacting with children to be a meaningful part of their life and actively maintained roles in which they had contact with children.

## MORE THAN “POTENTIAL OFFENDERS”

Nate, who assists with a youth group, was particularly candid on this subject. He explained that contact with children created a sense of emotional fulfilment, kept him busy, increased his empathy for children and de-idealised them (reducing his desire for an intimate relationship with a child):

*It feels like I'm around peers... it just feels good teaching kids stuff... to have a positive influence in their lives. So that's nice. Erm and it keeps me busy. It keeps me incredibly busy, yeah, it's... devil makes work for idle hands and all that. It's just there's so much to do that, well even with them there the thought of offending just isn't there because there's too much to do, there's too much to think about that it's just a non-entity.*

*...the end of our school summer holidays...is the hardest time for me. That's the time I have to really watch myself. Watch where I'm going online...the desires are strongest when I've been away for four weeks... and then I get that regular contact back again and it's BAM. The desire to offend just plummets again. It's the distraction, it's the keeping busy and... it helps me to see them as people... a constant reminder that they're not the angelic wonderful creatures of fantasy land. They can be really bloody annoying sometimes, you know... its constantly er sort of sticking two fingers up to my libido and going, "this is what, this is, this is what kids are really like."*

Similarly, Carl said:

*We've done a lot of things with children, we interact with children a lot. To me, interacting with groups of children is actually helpful, because it, it*

## MORE THAN “POTENTIAL OFFENDERS”

*keeps them from being idealised. I see them as real people. With all the foibles and obnoxious, mischievousness.*

Ryan, who had worked with children in a mentoring capacity, similarly found contact with children a meaningful part of his life:

*The thing is, minor-attracted people, um, it's not just lust, you know we do have a genuine, um, genuine admiration and respect for children. A genuine empathy for them. We really do want what's best for them and... a lot of the time that can actually translate into really positive, um, outcomes where people are actually able to work positively with children.*

Within theories of child sex offending, contact with children is understood to increase dynamic risk of sexual offending as it provides a situational context or trigger for offending (Ward & Siegert, 2002). Within a relapse prevention approach to treatment, a situation in which a child is present would be considered “high risk” and avoided (Yates & Ward, 2007). Furthermore, an individual’s belief that being around children decreases their risk would likely be treated as a cognitive distortion. However, given that participants have no offending history the expectation that contact with children would increase their risk must be re-examined.

Participants were able to interact with children without offending, suggesting that closeness with children is not necessarily a sufficient risk factor to offending on its own for a minor-attracted person. As earlier explored, participants held prosocial values and self-control. These were likely important mediating factors in making contact with children safe for participants. Additionally, participants explained that

## MORE THAN “POTENTIAL OFFENDERS”

contact helped to de-idealise children and increased their sense of empathy towards them. Realising that children are not perfect and would be hurt by abuse may work to decrease risk by challenging offence-supportive beliefs and deviant sexual scripts which are known risk factors to offending (Hall & Hirschman, 1991; Marshall & Barbaree, 1990; Ward & Beech, 2006; Ward & Siegert, 2002).

Importantly, among the participants who did have contact with children, there was a cautious negotiation of interactions. Most participants had clear boundaries and mechanisms in place that ensured their appropriate conduct.

*Nate: ...the rules I enforce more strictly than other leaders. You won't have one adult in a room at any one time, with any group of kids. You're never on your own with a child... Because of being a pedophile I concentrate on that a lot more than others might be... not because I'm worried I'm gonna launch or attack a child but because... an accusation would be so much more damaging for me.*

*Carl: Our church has a couple very good rules. The first one I don't think is a very good- helpful. That is, they do a background check on everybody that works with kids. I don't think that saves anybody but anyway, um the other two are very good. A “two person- two adults- in a room” and an “open door, open window” policy. So those are good factors.*

*Ryan: I know a lot of people will be uncomfortable with that idea, um you know, a minor-attracted person being, you know, working with children but*

*it's just a matter of professionalism and not, not allowing that- you know having a sexual orientation- to overpower you having a job.*

*...like anyone can be a danger to children in the wrong circumstances and we just need to, just need to set the circumstances up in such a way that its conducive to the best possible outcome.*

*Max: ...the only time I've ever had an issue was if there was a baby. Because I know they wouldn't be able to remember anything, so, when someone was like, "oh could you look after my, my um child for a little bit?", I just told em no. And that was the only point where I've actually had an issue. If it's an older kid it's not really something that I have had an issue struggling against"*

The use of boundaries within participants' interactions with children provides evidence of their earlier reported ability to self-regulate. It also provides evidence of their understanding that crossing boundaries with children would be wrong and harmful. Only one participant did not describe clear boundaries, reporting that he allowed himself to have physical contact with children. He asserted that this wasn't for sexual gratification however but had emotional and social significance to him:

*Paul ... I spend time with kids if it is possible. Playing around and cuddle with them. And enjoy each minute of this.*

*... is playing and cuddling, being with a kid "acting on this attraction"?*

Cantor and McPhail (2016) offer guidance as to whether or not contact between people with pedophilia and children is appropriate. Professionals working with minor-attracted individuals must assess the meanings associated with the contact with children. If there is an indication that this contact is being used for the purposes of grooming and establishing a sexual relationship, then it would be considered unsafe. Ultimately, what emerges from participants’ different experiences is that contact with children is not inherently problematic for non-offending minor-attracted persons. In the case of participants this appears to be an issue best understood within the context of their offending-status, self-regulation abilities, prosocial beliefs and empathy.

### **Summary**

Presented in this theme was an understanding of minor-attracted persons contrary to stereotypical expectations of risk and antisociality. Participants drew from their own internal skills and the support of others to cope with distress and prevent themselves from sexually offending against children. Thus participants were best understood as emotionally resourceful and in control of their sexual behaviour. What was also clear in this theme is that “living well” for a minor-attracted person is about more than just managing risk. Coping with the difficult emotions that arise from having a stigmatised identity was crucial to life satisfaction and this suggests that support services aimed at minor-attracted persons should cover both of these domains. As a continuation of this, the next theme, ‘*Vision for Change*’, presents participants’ ideas for how society could go about better supporting minor-attracted persons.

## Chapter 11

### Theme 5: Vision for Change

This theme described participants’ vision for how society could change to reduce the challenges faced by those living with (but not acting upon) an attraction to children. There were three important subthemes that comprised individual’s vision for change. The first subtheme, ‘*Support Options*’, detailed how the gap in services for minor-attracted persons could be addressed. The second subtheme, ‘*De-stigmatisation*’, explained participants’ desire for unhelpful public beliefs about pedophilia to be challenged. The third subtheme, ‘*Education*’, entailed participants’ desire for school sex education programmes to inform children about minor-attraction.

#### Subtheme 1: Support Options

Many participants’ vision for change centred around the development of community support services and resources for minor-attracted persons. This was borne from a dissatisfaction with the limited support available to those attracted to children as highlighted earlier. Participants raised the importance of having different support options to choose from that catered to a range of different needs and comfort levels. There was a particular emphasis on two models: ‘*in-person peer support groups*’, and ‘*specialised therapists*’.

**In-person peer support groups.** Participants reported positive experiences with online peer support forums and they discussed their desires for further peer support options. Many participants desired greater face-to-face support and connection and suggested that online peer support groups could be taken offline.

*Jessie (Canada): I do wish there were people near me that I could go meet up like in more of a typical group setting... sort of like an N.A. drug and alcohol support service that would ah, cater to pedophiles.*

*Jakub (Czechia): Well considering the experience from the online communities I think support group might be helpful. I think, like the pedophiles seeking help can have more trust in people who experience the same feelings. And I think it can help a lot to the to see there are people who have the same feelings but like, handle it, or feel alright. So, I think that helps a lot to people who go to [online communities]. So I think it might work in person as well.*

*Levi (New Zealand): ...I always feel there's a limited amount of um, how much you can get to know someone or a limited amount of help you can give someone online and via sort of anonymous means as well.*

Further exploring how to utilise peer resources, participants suggested that minor-attracted role-models or mentors would be helpful.

*Finn: I think it would have been better in my youth if there was also a form of a role-model pedophile.*

*Levi: I think yeah for me if I was to be mentoring people then I'd probably every so often, or yeah, start with spending a bit of time with them and always being available and then as they sort of get on top of things you'd*



## MORE THAN “POTENTIAL OFFENDERS”

*sort of just catch up, probably check in every so often see how things are going, make sure they're not sort of relapsing in any way or maybe there's just been a really bad life event that's put them in a worse position you know.*

However, Finn acknowledged it may be difficult to determine what this role-model would be like:

*Non-pedophiles would not be pleased with a role model pedophile that has positive relationships with children and pedophiles would not be pleased with a role model that abstains from all child-related things.*

As discussed, peer support has many benefits for the wellbeing of stigmatised persons (Corrigan & Matthews, 2009; Mead et al., 2001; Meyer, 2003; Seebohm et al., 2013). Given the limited professional support services and therapists trained to work with minor-attracted persons (Goodier & Lievesley, 2018; Piche et al., 2018; Schaefer et al., 2010), expanding peer support options may be a crucial avenue for this often-misunderstood community. Online peer support forums have already emerged as a highly valued source of support for non-offending minor-attracted persons (Goode, 2010). Participants' disclosure of their sexual identity to their peers provided a sense of belonging that was “transformative” for their self-perception. Given the success of online peer supports, it is unsurprising that participants have a demand for establishing face-to-face groups.

The use of face-to-face peer-support groups and role-modelling is a model championed by Alcoholics Anonymous (A.A.; Alcoholics Anonymous, 2017). A.A. is a non-professional peer support network that operates through gatherings in

community spaces (Kelly, Magill, & Stout, 2009, p. 238). It is focused on helping people to recover from alcoholism and maintain abstinence from drinking (Alcoholics Anonymous, 2017). While not recovering, the current participants, like those in A.A., are united by the shared goal of abstinence albeit from child sexual abuse as opposed to alcohol abuse. While aspects of A.A. such as “recovery” and the surrendering to a higher power, may not have relevance to non-offending minor-attracted persons, the group processes that facilitate change in A.A. may be modelled.

Within the A.A. setting this “fellowship” forms the “vital social context in which recovery behaviours are learned, modeled and supported” (Kelly et al., 2009, p. 241). Individuals share their recovery stories, providing opportunity for social learning and the cohesive group dynamics encourage self-discovery and set norms for accountability (Moos, 2008). Not only do persons gain benefit from their peers, but reciprocating this support is also a valuable treatment component. In helping others, the persons own commitment to change is strengthened (Kelly & Yeterian, 2008). Participants in the current study have similarly described sharing their experiences within online peer support forums. This suggests an openness towards adopting an AA-style in-person support group and ability to benefit from therapeutic group processes. This mutual-help group format has successfully been adapted to treat other problem behaviours and it appears plausible that it could have a similar positive impact on minor-attracted persons who wish to live free from child sex offending.

As participants also suggested, having positive non-offending role-models may have further benefits for their coping and abstinence from offending. A.A.

utilizes role-models in the form of “sponsors”; individuals who have been sober for a long period of time that guide newer members with their sobriety (Whelan, Marshall, Ball, & Humphreys, 2009). This is grounded in the idea that “an alcoholic who no longer drinks has an exceptional faculty for “reaching” and helping an uncontrolled drinker” (Alcoholics Anonymous, 2017). Similarly, it may be expected that a minor-attracted person who has successfully refrained from offending and coped with the difficulties of having their sexual orientation may have unique therapeutic reach to a young minor-attracted person. Prosocial minor-attracted mentors may have the potential to add value to peer support groups.

**Specialised therapists.** While there are many benefits to peer support, particularly for this highly stigmatised community, there are potential limitations. For example, participants were vigilant about risks to their safety in organising such groups. As discussed earlier, members of the public can experience anger towards people with pedophilia and this can escalate to vigilantism.

*Max: The problem now is that because of the way the media is and because people- the way people are- there are people that infiltrate the online support groups and have outed members, um, trying to ding out information, maybe where they live, just whittle it down.*

*Levi: You really have to... do a careful sort of vetting process, I guess like you can't have a group where anyone can come along, because yeah you will get some people that shouldn't be there...*

## MORE THAN “POTENTIAL OFFENDERS”

Participants also wondered whether a lack of outside perspective or moderation could lead to a subset of individuals discussing harmful ideas:

*Ryan: ...the troubles with the likes of Visions of Alice and the other MAP forums is it sort of becomes like a ghetto or a bubble where you're only talking to other people like yourself and you don't have, you don't have outside perspective. You don't have alternative viewpoints. Um it can become a bit of an echo-chamber. Um they'll start talking about how, you know, how wonderful it would be to abolish the age of consent for instance.*

*Max: At first I kind of asked for help [from Annabelleigh] but that ah, I didn't really like that site too much coz people there are more, um, for it should be legal, um, and I'm not a person who thinks it should be legal.*

Finally, a group setting could be intimidating for some:

*Ryan: I know some people might prefer one-on-one. Um, having to, I guess having an audience of peers can make, in some ways, it can be like having a support group of people who, who you know have, have similar, they're in a similar situation but at the same time it's having to put yourself out there in front of an audience and it's a very sensitive subject and a lot of people might not be comfortable with doing that, even if, even if all the people in the room are in the same boat. So having, just having a different choice available would be really important.*

Given these limitations, there is a need for more support options in addition to peer support. Professional support may ameliorate shortcomings of peer support by providing a discrete, private setting, an outsider perspective and one-to-one attention. Despite this potential, as participants earlier highlighted, professional support is currently limited by a lack of specialised services and therapist inexperience. Participants had a number of recommendations for how professional supports could be developed. This focused on increasing the number of specially-trained competent therapists:

*Ryan: There needs to be better training for, for, um, people in psychological and social work services around this issue. Um they need to be more aware of, um, the debates in this area- that it is a very contested and poorly understood, um, concept- and that there are a lot of nuances which tend to get, um, pushed underground or, um, overlooked.*

*Levi: Yeah thinking back, sort of the supports that would have been good is just I guess people that know a bit about what they're talking about. Yeah as I've mentioned, ya know, because I was dealing with all these counsellors and other specialists who didn't know what they were talking about and ya know, often they'd give you the worst advice possible. So I guess yeah more awareness and understanding around yeah people who are attracted to kids, you know, and um not the sex offender kind but the other kind. Um I think that'd be a big one.*

*Nate: Um well having spoken to others on VirPed and they, there's a lot that say therapy does help when done correctly... therapists are people too and*

## MORE THAN “POTENTIAL OFFENDERS”

*there are not going to be a great deal of therapists trained specifically in this sort of um sexuality and, and the issues that could arise from it, to go around. Um so that would be- I feel that would be helpful for others.*

Participants specified what treatment needs therapists would need to support them with. They explained that help-seeking wasn't necessarily about risk-management, but for issues of general wellbeing such as identity and stigma. Participants asked that when considering their treatment needs, clinicians see them as human beings, not just “potential offenders”.

*Paul: ...any help, which has in mind to want to control pedophiles to not “act on their desires” is not useful. So the German project, “Kein Tater Werden” has its focus on preventing child abuse, instead of having its focus on the client himself. A therapy focused on the feelings of a person and their real fears would help more than doing a therapy under the cloak of child protection.*

*Ryan: ...they need to give us the benefit of the doubt. Like if, um, in that particular, particular instance I told you about, um, I basically felt like I was on trial. Um, you know they dragged up these things from my past that I didn't want to talk about and that were frankly irrelevant to, um, to what I was seeking assistance with at the time, and they were you know making some really, really inappropriate, um, insinuations at me because of it. Like they presumed that because I didn't want to talk about this thing that, um, I was hiding it. Or that I was, um, yeah basically acting like I had something to hide. And the thing is, like, there is a difference between having something to*

*hide and having something you want to hide from. And you know, um, simply not wanting to be discriminated against because of it. I think it's fair enough. And they need to actually respect that. And they need to respect that we're actually coming from a place where we are extremely marginalised and there isn't really a lot of appropriate support and a lot of what does get shoved onto you is very adversarial and inappropriate.*

*Levi: ...I think for a lot of people, having read a lot of stuff about what other people talk about on VirPed and what not, um yeah, just seems that people just want to be able to talk about it and just wanna sort of be able to get off their chest I guess.*

Participants' desire for specialist therapists stems from the earlier identified gap in services available to them and the judgement and misunderstanding faced when working with professionals. The need for greater training and supervision of therapists to work with such clientele has been increasingly identified (Cacciatori, 2017; Freimond, 2013; Levenson et al., 2017; Piche et al., 2018). Therapists may be unwilling to work with such clientele because of personal reactions (Jahnke, Philipp, et al., 2015) as well as courtesy stigma'; fearful that in working with this client group, they may face prejudice and discrimination by association (Cantor & McPhail, 2016). As participants have suggested, it is important that therapists set aside personal reactions to pedophilia, so they can extend the empathy and warmth they would provide to any other clients. As earlier discussed, attention to the therapeutic relationship is a fundamental task of the therapist and critical to facilitating change in treatment (Norcross, 2010; Squier, 1990). In research with men who had sexually offended (some of whom had pedophilia), those who had

previously sought help to manage their behaviour found a non-judgemental therapist who used active listening to be among the most helpful aspects of their experience (Levenson et al., 2017). Attention to these process issues appears critical to any therapist preparing to work with or specialise in working with minor-attracted clients.

Participants have described a tendency for therapists to be overly focussed on risk at the expense of other therapeutic needs. As with any client, issues of risk should not be ignored, but nor should they be the sole focus of therapy. Emerging research suggests that focusing predominantly on risk may be insufficient in minor-attracted persons who have not offended. As previously explained, a therapeutic programme structured around sexual offending theory and risk factors as part of the Berlin Prevention Project failed to produce significant change across treatment targets in minor-attracted clients who had not offended (Beier et al., 2015). This suggested that such persons may not necessarily benefit from a copy-and-paste sexual offending treatment plan. As was evident in participants’ experiences of sexual fantasies and contact with children, there is a need for more complex examination of treatment issues when working with non-offending clientele.

A comprehensive set of treatment targets for minor-attracted persons who have no history of offending may include stigma, life satisfaction and meaning in addition to risk management (Cantor & McPhail, 2016). B4U-ACT (2008) provide the following perspective on supporting minor-attracted persons:

Some minor-attracted people seek services to help them deal with issues that result from society’s negative reactions to their sexual feelings. Others seek



## MORE THAN “POTENTIAL OFFENDERS”

assistance and support in finding satisfying lives and relationships while living within the law. We believe that in all these cases, clients should have access to compassionate and confidential services that meet their needs and that help them feel safe to talk openly about their sexual feelings.

This focus on a more expansive range of issues in conjunction with sexuality aligns with participants’ life experiences. As earlier discussed, their strategies for living well involved a both coping with the negative emotions related to stigma and identity distress and managing their attraction to children. Thus, a comprehensive therapeutic programme for minor-attracted persons would be expected to balance these sets of needs too.

Participants also talked about a desire for greater transparency around limitations to confidentiality when entering treatment. Participants wished for assurances that they would not be reported to authorities without due cause:

*Jessie: If it was clearly stated ah like exactly what- like if they would say on a website or when you first kind of book an appointment. Ah, “if you say something along these lines that is what I will report for. I will not report just for, ah, the sexual orientation itself”. That would be very reassuring.*

*Max: I think that would start with therapists that could actually come and talk... it all has to do with the law for reporting someone to CPS if they just have the attraction. And I know it’s at least, ah, four states around me like that.*

*Jakub: I think it's also [helpful] when the mental health professionals like get the people to know what kinds of treatment they can expect and to show that they are- they aren't prejudiced against them.*

Greater transparency in regard as to what will be kept confidential by the therapist would help address common fears of confidentiality breaches that limits help-seeking in minor-attracted persons (Cacciatori, 2017). As discussed earlier, mandatory reporting laws in many jurisdictions work to offer more benefits to therapists for reporting minor-attracted clients than not reporting them (Brown & Strozier, 2004). While clinicians must work within these legal parameters, they can ensure (as participants have asked) that clients are adequately informed about the limits of confidentiality. This can empower clients to make informed decisions about whether they are likely to benefit from treatment. Providing clients with clear information about the boundaries of confidentiality is a fundamental ethical duty of therapists and should be afforded to all clients regardless of their sexual identity.

While therapists can attempt to implement legal requirements fairly into their practice with minor-attracted clients, the concern remains that the laws themselves may deter minor-attracted persons seeking help (Cacciatori, 2017; Johnston, 2017). In establishing a comprehensive public health approach to addressing pedophilia and preventing child sexual abuse, policies that encourage, not discourage minor-attracted persons from seeking help are needed. The success of the Berlin Prevention Project in encouraging minor-attracted persons to access therapeutic programmes has in part been attributed to the absence of mandatory reporting laws (Beier et al., 2015). There is no question that at-risk persons should not be reported to relevant authorities in cases where there is imminent or ongoing risk to a child, (Johnston,

2017). However, Johnston (2017) also suggest that ambiguity of mandatory reporting laws can lead therapists to consider minor-attraction alone as indicative of risk of harm (Johnston, 2017). For individuals like the current participants who have prosocial values and a commitment not to act on their attraction to children, this appears punitive without cause. Without stronger clarity as to what constitutes risk, therapists are able to exercise too much discretion, which given the level of stigma around pedophilia, can be unhelpful for this client group.

### **Subtheme 2: De-stigmatisation**

In addition to service development participants were particularly vocal about a desire to see the de-stigmatisation of pedophilia. A particular view that participants wished to see challenged was the misperception that all people with pedophilia have sexually abused children or are “ticking time bombs” for abuse. The effects of this stigma were labelled as “hurtful” and “horrific”. Participants wished for widely held assumptions to be replaced with an understanding that minor-attracted persons are human beings.

*Ryan: I'd ask that people be more open-minded, um, and inform themselves better and really question the really one-dimensional things that we see on the six-o'clock news and all the crime shows and a lot of, um, you know the popular media.*

*Jakub: ...pretty much stop seeing pedophiles as monsters and then the next, [people] might start to see that it may be okay to accept people with attraction towards children, than to like drive them underground.*

*Jessie: Well I think that ah we've got to get more of these media articles out to reach people... And this is actually why I did my media interview- was because I wanted to contribute to this. Ah and that generally I think that the more people that come out ah the more people are going to see- like on an individual basis- that we're not all evil people. And that at some point were going reach a mass where ah a significant portion of the population knows someone who is a pedophile and at that point I think there is going to be a lot less stigma because people can talk about it a lot more easily.*

*...[being attracted to children] brings a lot of challenges... being hated by society does not make any one less likely to abuse a child. And that I would argue that it makes them more likely to do harm. And that really that we're not anything like how we are portrayed. Ah I think the whole narrative about the child molester who grooms the child and then abducts them or whatever ah is what a lot of people think of and that that is like judging all like all straight people by like Jeffrey Dahmer or something like that. Which you can't really ah argue with any sort of real generalisation.*

*Paul: There is no thing like THE pedophile. Therefore they will be not THE problem of pedophiles. And of course, there will not be THE solution for all the problems.*

*Levi: I guess yeah I'd like people to know that they are, ya know, we are normal people you know, just like everyone else, um yeah that we are- most of us- um yeah under control and not obsessed by it, it's just like anyone else*

## MORE THAN “POTENTIAL OFFENDERS”

*we have attractions to certain people and um they're just other attractions and we are in control of them and we can still live pretty good lives.*

As participants discussed, destigmatisation of pedophilia is important for two reasons. Firstly, it may be beneficial for the wellbeing of minor-attracted persons suffering from identity distress. Secondly, it may contribute to the safety of the community by way of supporting the subset of minor-attracted individuals who may feel at risk of offending against children.

For participants stigma was a cause of negative self-perception, fear and hypervigilance and was a barrier to support. Many of the coping skills that participants had developed involved challenging their internalised stigma. Destigmatising pedophilia at a societal level therefore would have considerable consequences for the wellbeing of those living with an attraction to children who uphold prosocial lifestyles. As human beings, minor-attracted persons have a fundamental desire to be accepted and find belonging in society (Maslow, 1943). While participants were able to find a sense of belonging within their peer group and with key support people, they still lived with an undercurrent of being marginalised by society and concealing a large part of themselves publicly. Destigmatisation of pedophilia could create conditions for a more complete sense of acceptance and authenticity and remove barriers to accessing support.

Participants stated that being hated by society doesn't help prevent minor-attracted persons from abusing children. Misperception and stereotyping instead generate inadequate responses to the issue of minor-attraction and child sexual abuse:

Misinformation leads to poorly developed social policies that are unlikely to enhance public safety, and the passage of ineffective laws...Reshaping public information through the widespread dissemination of factual information is a first step in advocating evidence-based social policies that will be more successful in protecting children.

(Levenson & D'Amora, 2007, p. 192)

Establishing appropriate service and destigmatizing pedophilia may ensure that minor-attracted persons feel safe to use prevention services. Thus, any comprehensive public-health approach to managing pedophilia or preventing child sexual abuse must address public beliefs about the issue (Chasan-Taber & Tabachnick, 1999).

The media is the critical source through which this change can be affected (Levenson & D'Amora, 2007). Media campaigns to destigmatise minor-attraction have been piloted in conjunction with programmes established to support those attracted to children (Beier et al., 2015; Chasan-Taber & Tabachnick, 1999). Participants in this study suggested that the focus of these media campaigns should be on humanising people with pedophilia, encouraging them to seek help through conveying an empathic and non-judgemental attitude, and informing the public on the difference between an attraction to children verse action towards children (Beier et al., 2015; Chasan-Taber & Tabachnick, 1999). There is evidence that these destigmatising campaigns are effective in both shaping public attitudes about minor-attracted persons and encouraging minor-attracted persons to seek support (Beier et al., 2009; Beier et al., 2015; Chasan-Taber & Tabachnick, 1999; Schaefer et al.,

2010). Research has also indicated that members of the public are capable to having positive responses to stories of minor-attracted persons that convey them in a new light (Jahnke, Philipp, et al., 2015; Theaker, 2015). These findings provide support that the destigmatisation of minor attraction can be achieved in a way that does not condone abuse, but rather, facilitates minor-attracted persons to seek psychological support.

### **Subtheme 3: Education**

Alongside de-stigmatisation, participants also wished to see sex education in schools address the issue of minor-attraction and normalise this sexuality for those who may identify as attracted to children. Some individuals had observed a gap in their own sex education, for example, as Nate stated:

*One thing I think that would help...was if somebody had just acknowledged somehow, somewhere in my teenage years, that pedophilia is a thing and that people are attracted to kids and they don't necessarily do anything harmful with that attraction... I've thought about this quite a bit and I mean, my sex ed. classes were basically the mechanics... that would have been massive for me as a teen.*

*Yeah I'm getting frustrated about it now just thinking about how many children could... could not be abused and could even not abuse themselves, just with a bit of, just with ten minutes in a school classroom... the quicker the message can gotten out there that not all pedophiles are bad and that this could easily be your child that's feeling this way, your husband, your sister,*

*or whatever, um, it just seems like the more children could be saved from otherwise being abused.*

Ryan stated:

*...another really important thing is, um sex education. They really should, should be teaching about, um, all of, all of, um, you know the different, um, different kinds of sexuality that there are out there including minor-attracted people. It's gonna be controversial as hell but it is something that needs to be done. I think back when I was doing sex ed. in high school I, I wasn't very hopeful that this would even be addressed, and it wasn't but, um, I remember thinking, um, you know this would be a really good opportunity to pass this, this information on... Just saying, “hey you know some people are like this and if you are then it's not your fault, you're not a bad person and here are some ways you can, you can understand it and, um, cope and here's some support”.*

Finn agreed:

*Maybe it would just be good to have the information that one can be a pedophile and not be bad.... That being a pedophile is a realistic situation and that it's fine.*

Typically, children are only educated about pedophilia at school in the context of child sex offending. They are taught to identify and report potential abusers (McMahon & Puett, 1999). Thus, they are given an understanding of



## MORE THAN “POTENTIAL OFFENDERS”

themselves as potential victims of child sexual abuse, but not as individuals who could be sexually attracted to children. As earlier reported however, adolescence is the critical period in which participants began to experience the warning signs and confusion in regard to their sexuality. During this time, their identity distress began to build, and many had not yet disclosed their attraction to others, nor developed other coping skills. Some participants had internalised the stigma about pedophilia, including the belief that they would inevitably offend during these years.

Accordingly, education during this adolescent period “that one can be a pedophile and not be bad” may therefore have benefits for wellbeing and risk. It provides an opportunity to challenge the unhelpful stereotypes that could direct young minor-attracted individuals towards negative self-perception or an offending pathway.

Participants indicated that there may be a particularly high level of need for support during adolescence given that some online peer support forums are restricted to those aged over 18 years of age. Max explained:

*...the forums do not allow, um, people that are under 18 because you never know who, who's a member of the forums and we could like, I know, I talked to the administrators of one and they are always worried that someone might try to, um, contact 'em and, um, get involved with 'em or something which is harmful to the site obviously so most of 'em ban anyone under the age of 18.*

While this age restriction may protect minor-attracted youth from minor-attracted adults it means that primary resources of this community are unavailable to them. Delivering better sex-education in schools would be one means of ensuring this vulnerable young population is reached and conversations about sexuality and

sexual abuse in schools could also be used to convey messages about how young people can cope should they find themselves in the position of being attracted to children.

As participants suggested, such messages would be most beneficial in a de-pathologising tone. Young people can be reassured that they are not at fault for their attractions but have the ability to respond to them in a prosocial way.

### **Summary**

Participants have offered a comprehensive vision for societal changes that would promote their wellbeing and the safety of children. Peer support groups present a promising way to use within-group experience and knowledge to support minor-attracted persons wellbeing and abstinence from offending. Participants also recognised the need for professional services over and above peer support however. They identified a need for therapist training, both in understanding the needs of minor-attracted persons and ensuring practice with such persons adheres to ethical duties. Participants’ vision for de-stigmatisation will provide the conditions that enable minor-attracted persons to utilise these services. Through humanising minor-attracted persons in the media and encouraging them to access services, the fear which currently acts as a barrier to help-seeking will be addressed. As discussed, this is crucial to improving the wellbeing of minor-attracted persons, and, to preventing those who may be vulnerable to offending from doing so. Finally, alongside the above changes, education about minor-attraction in schools provides a means for reaching and supporting minor-attracted persons during a period in which confusion about sexual identity is emerging.

## MORE THAN “POTENTIAL OFFENDERS”

These suggested changes align with a public health approach to addressing pedophilia and child sexual abuse. Rather than addressing the issue only amongst those minor-attracted persons who have offended against children, the public health approach addresses all members of society through the integration of different disciplines, organisations and communities (Mercy, 1999). These changes help vulnerable individuals to be reached and supported prior to engaging in problematic or harmful behaviours. As explained however, participants’ vision for change is about more than preventing harm to children, as it is recognised that not all minor-attracted persons are “potential offenders”. The benefit of these changes also have at their core a focus on reducing the suffering of minor-attracted persons.

## **Phase II**

### **The Surveys**

Presented in Chapter 12 are the results of descriptive statistical analyses of the survey data. These results are organised into four main domains as follows:

- Demographics
- The Attraction to Children
- Mental Health
- Help and Support-seeking.

In Chapter 13, the results are discussed with reference to the literature and the main themes identified in the interview phase.

## Chapter 12

### Survey Results

There was a total of 85 survey participants. It was expected that the nine interview participants were also among these survey participants, completing both phases of the research.

As discussed in the methodology chapter, as a result of missing data and attrition the sample size varied according to individual variables (see Appendices E-I for variable sample sizes).

Demographic and descriptive statistics of quantitative survey data were computed using SPSS 25.0 and are reported below. Results are presented in four sections:

- Demographics
- The attraction to children
- Mental health
- Help and support seeking

#### Demographics

The average age of participants was 32.5 years ( $SD= 13.3$ , range= 19-88). The sample was comprised of 91.7% ( $n= 77$ ) men, 6% ( $n= 5$ ) women, and 2.4% ( $n= 2$ ) male-to-female transgender persons. In regard to relationship status, 72.6% ( $n= 61$ ) of participants were single, 22.6% ( $n= 19$ ) were partnered, married or in a civil union, and 4.8% ( $n= 4$ ) were separated or divorced.

## MORE THAN “POTENTIAL OFFENDERS”

Participants resided across a total of 22 countries, with 37.5% ( $n= 30$ ) living in the United States, 12.5% ( $n= 10$ ) in Germany, 8.8% ( $n= 7$ ) in the United Kingdom, 7.5% ( $n= 6$ ) in New Zealand, 6.3% in Canada ( $n= 5$ ), 5% in the Netherlands ( $n= 4$ ), and 2.5% ( $n= 2$ ) in Brazil and France respectively. The remaining 17.5% ( $n= 14$ ) of participants resided in Afghanistan, Australia, Austria, Croatia, Czech Republic, Denmark, Hungary, Italy, Mauritius, Norway, Poland, Spain, Switzerland, and Vanuatu. For 92.5% ( $n= 74$ ) of participants this country of residence was also their country of birth. In regard to ethnicity, 92.1% ( $n= 70$ ) of participants identified as European, 2.6% ( $n= 2$ ) as mixed ethnicity, and 1.3% ( $n= 1$ ) as Indian. The remaining 3.9% ( $n= 3$ ) of participants' ethnicity was unclear.

In regard to participants' highest level of education, 23.2% ( $n= 19$ ) ended their education at a secondary school level, 14.6% ( $n= 12$ ) had completed a certificate or trade certificate, 57.3% ( $n= 47$ ) had completed university education, and 2.4% ( $n= 2$ ) specified they had completed postgraduate study. The remaining 2.4% ( $n= 2$ ) of participants listed their highest level of education as “other”, which was either unspecified or unable to be interpreted. Of the total participants, 67 specified their occupation. Of these, 3% ( $n= 2$ ) were in a managerial position, 35.8% ( $n= 24$ ) worked in general professional occupations, 13.4% ( $n= 9$ ) were employed in trades, manual labour and technical work, and 6% ( $n= 4$ ) worked in service and retail. A further 22.4% ( $n= 15$ ) of participants were students, 10.4% ( $n= 7$ ) were unemployed, 4.5% ( $n= 3$ ) were retired, and 4.5% ( $n= 3$ ) reported being employed but did not specify their occupation.

Of the participants who provided details about how they heard of the study ( $N= 67$ ), 79.1% ( $n= 53$ ) learned of the project via a minor-attraction support forum

or webpage, 14.9% ( $n= 10$ ) via Facebook or Twitter, 3% ( $n= 2$ ) via a newspaper article, and 3% ( $n= 2$ ) through another unspecified source.

These demographics results are summarised in Appendix J.

### **The Attraction to Children**

The mean age that participants reported first becoming aware of their attraction to children was 15.6 years ( $SD= 6.0$ , range= 1- 50), with 75% ( $n= 59$ ) of the sample aware of their attraction by age 17. On average, participants had been living with their attraction for 17.4 years ( $SD= 14.6$ , range= 1- 84). In terms of their child gender preference, 54.9% ( $n= 45$ ) of the sample indicated a preference for girls while 36.6% ( $n= 30$ ) indicated a preference for boys. The remaining 8.5% ( $n= 7$ ) of participants indicated being attracted to both girls and boys. In regard to the age groups of children that participants were strongly attracted to (of which they could select more than one category), 11% ( $n= 9$ ) were strongly attracted to 0-5 year-olds, 65.9% ( $n= 54$ ) were strongly attracted to 6-10 year-olds, 68.3% ( $n= 56$ ) were strongly attracted to 11-13 year-olds and 31.7% ( $n= 26$ ) were strongly attracted to 14-16 year-olds. No participants reported being strongly attracted to all age groups of children.

In terms of the exclusivity of their attraction to children, 26.8% ( $n= 22$ ) of participants identified as exclusively attracted to children, 51.2% ( $n= 42$ ) had a sexual preference for children but were also attracted to adults and 9.8% ( $n= 8$ ) had a sexual preference for adults but were also attracted to children. The remaining 12.2% ( $n= 10$ ) of participants reported an equal attraction to both children and adults.

## MORE THAN “POTENTIAL OFFENDERS”

In reporting how often they had sexual fantasies involving children, 3.7% ( $n=3$ ) of participants indicated never, 6.1% ( $n=5$ ) seldom, 18.3% ( $n=15$ ) occasionally, 46.3% ( $n=38$ ) often and 25.6% ( $n=21$ ) very often. In reporting how often they masturbated to sexual fantasies involving children, 7.3% ( $n=6$ ) said never, 9.8% ( $n=8$ ) seldom, 23.2% ( $n=19$ ) occasionally, 40.2% ( $n=33$ ) often and 19.5% ( $n=16$ ) very often.

These features of participants' attraction to children are summarised in Appendix K.

### **Mental Health**

In regard to mental health, 63.1% ( $n=53$ ) of participants had never received a mental health diagnosis, 25% ( $n=21$ ) of participants had received one previous diagnosis, 7.1% ( $n=6$ ) had received two diagnoses, and 4.8% ( $n=4$ ) had received three or more diagnoses. Of the total participants, 28.6% ( $n=24$ ) had been diagnosed with a mood disorder, 8.3% ( $n=7$ ) with attention deficit hyperactivity disorder, 6% ( $n=4$ ) with an anxiety disorder, 3.6% ( $n=3$ ) with a pervasive developmental disorder, and 7.1% ( $n=6$ ) had received other diagnoses. These other diagnoses included singular cases of trauma, psychosis, obsessive compulsive disorder, addiction, “homophilia”, and “impulse disorder”.

Of the participants, 77.4% ( $n=65$ ) reported no history of substance use difficulties while 8.3% ( $n=7$ ) reported having had difficulties with alcohol use, 7.1% ( $n=6$ ) with drug use, and 7.1% ( $n=6$ ) with both alcohol and drug use. Of those who had a history of difficulties with alcohol and/or drugs, 10.5% ( $n=2$ ) had received related rehabilitative treatment.



In terms of the level of distress they experienced as a result of being attracted to children, 9.8% ( $n= 8$ ) of participants reported no distress, 35.4% ( $n= 29$ ) little distress, 31.7% ( $n= 26$ ) moderate distress, 19.5% ( $n= 16$ ) severe distress, and 3.7% ( $n= 3$ ) very severe distress. In terms of the functional impact of an attraction to children, 51.2% ( $n= 41$ ) of participants reported difficulties with their mental health and wellbeing, 26.3% ( $n= 21$ ) with their family and home life, 41.3% ( $n= 33$ ) with their social life, 56.3% ( $n= 45$ ) with relationships, 21.3% ( $n= 17$ ) with their occupational and work life, and 3.8% ( $n= 3$ ) in other domains. A further 22.6% ( $n= 17$ ) of participants reported no difficulties in any life domains as a result of being attracted to children.

These mental health and wellbeing results are summarised in Appendix L and M.

### **Help and Support Seeking**

In regard to help sought for their attraction to children, 35% ( $n= 28$ ) of participants had sought professional guidance and 71.8% ( $n= 56$ ) had disclosed their attraction to persons other than professionals. More specifically, 40% ( $n= 31$ ) of the total participants had disclosed their attraction to friends, 34.6% ( $n= 27$ ) to family, 14.1% ( $n= 11$ ) to a spouse or partner, 9% ( $n= 7$ ) to peer supports, and 2.6% ( $n= 2$ ) to work colleagues. The remaining 10.5% ( $n= 8$ ) of participants had disclosed their attraction to children to others including a teacher, acquaintance, roommate, pastor, their own children, an unrelated child, and the public.

## MORE THAN “POTENTIAL OFFENDERS”

Of the total participants, 67 reported what potential support formats they would be open to using in the future for their attraction to children. Of these participants, 82.1% ( $n= 55$ ) said they would use online support groups, 60% ( $n= 51$ ) would use face-to-face counselling, 59.7% ( $n= 40$ ) would use email or txt counselling, 47.8% ( $n= 32$ ) would use group therapy, 26.9% ( $n= 18$ ) would use a helpline, 3% ( $n= 2$ ) would use a kaumātua or kuia (Maori cultural support), and 13.4% ( $n= 9$ ) would use a church minister or religious support. One person suggested that help guides for family and friends would be beneficial.

Finally, 63 participants answered all 10 items of the ATSPPH-SF indicating their attitudes toward seeking professional help. The Cronbach’s alpha of the scale was computed and found that the scale did not reach acceptable reliability ( $\alpha= .68$ ). Of the 10 items, 9 were worthy of retention as indicated by a decrease in the Cronbach’s alpha if deleted. The removal of item 4 (“*there is something admirable in the attitude of a person who is willing to cope with his or her attraction to children without resorting to professional help*”) resulted in an increase in the Cronbach’s alpha to acceptable reliability ( $\alpha= .73$ ). While the other items of the scale asked about how likely participants would be to seek help or how effective they thought help would be, this item asked them to make a value judgement of a help-seeker. This may explain its inconsistency with other items. Accordingly, this item was removed from the scale. This resulted in a mean ATSPPH-SF score of 15.89 ( $SD= 5.03$ , range= 3-25) and an average item score of 1.77 ( $SD= .56$ ).

These help and support seeking results are summarised in Appendix N.

## Chapter 13

### Survey Discussion

The survey participants’ demographic and descriptive data are discussed below in regard to the literature. The findings from the interview phase are also used where appropriate to enhance the understanding of survey findings.

#### Demographics

The demographic information collected in the surveys provided insight into the characteristics of non-offending minor-attracted persons, in particular the subset of this group who belong to online support forums and partake in research. Survey participants were on average, men in their early thirties, 75% ( $n= 42$ ) of whom were younger than age 39. This likely reflects the largely web-based recruitment and participation format of the study. This required a level of familiarity with online technology that may be associated with a younger cohort. Other research with online recruitment methods report participants of a comparable age bracket (Cash, 2016; Cohen et al., 2018; Mitchell & Galupo, 2017; Schiffer et al., 2017).

As found in other research with non-offending minor-attracted persons there was a high percentage of men in the survey (91.7%; Cash, 2016; Cohen et al., 2018). While the current research was open to all genders, only five women and two transgender persons participated in the surveys. There is little known about women or other identified genders in terms of an attraction to children. Previous researchers have tended to recruit only men and dismiss pedophilia as an issue for others (e.g. Santtila et al., 2015).

Despite a focus on men in research on minor-attraction, in general community samples, a greater prevalence of pedophilia is not consistently found in men (Abdullahi et al., 2015). Even when a greater prevalence of minor-attraction in men is found, it is not sufficient to account for the gender disparity found in the current research (Wurtele et al., 2014). The low rate of women who participated in the current study is likely explained by factors other than a difference in prevalence. It is plausible that the overall lack of attention to minor-attracted women in the literature has undermined their sense of inclusion, deterring them from wanting to participate in research. Additionally, women may perceive a greater social cost to acknowledging an attraction to children as the traditional notions of femininity such as nurturance and passivity are in conflict with the sexualising of children (Hayes & Carpenter, 2013; Peter, 2009). Alternatively, the male-dominant response in this research may reflect the gender composition of online support forums from which many participants were recruited. As a result of the male-dominant sample, it is difficult to assess the breadth of experience of minor-attracted women or transgender persons from the current research.

In regard to relationship status, more than three quarters of survey participants were single or separated/divorced. This greatly exceeds the proportion who were only attracted to children (26.8%), suggestive of barriers to intimate relationships among the sample. This finding may align with the subtheme ‘*sense of loss*’ in the interview phase. As discussed, interview participants experienced distress about a perceived inability to build intimacy and establish a conventional family structure. The high proportion of single participants in the survey phase may be reflective of these losses.

## MORE THAN “POTENTIAL OFFENDERS”

Generally, the nationality of participants in the survey was comparable to other research with non-offending minor-attracted persons. Aside from several outliers, most survey participants were from Europe (including the United Kingdom), the United States and Canada. Unique to this research was the participation of six New Zealanders. The composition of the survey sample is unsurprising given that participants were required to be English-speaking to partake. Furthermore, support communities for minor-attracted persons are concentrated in similar regions to the sample [e.g. the Berlin Prevention Project (Germany); STOPSO (United Kingdom); B4U-ACT (United States)]. Despite a range of international participants, there was little diversity in participants' ethnicity. The majority of survey participants identified as European (i.e. Caucasian, White), limiting the breadth of experience captured.

In regard to socioeconomic factors, survey participants were well educated, exceeding the OECD average university qualification rates for 25-34-year-old persons (OECD, 2018). Despite this, survey participants' unemployment rate (10.4%,  $n=7$ ) was elevated when compared to the estimated average world unemployment rate (5.29%; The World Bank, 2018). This may be considered with regard to the finding that 21.3% ( $n=17$ ) of survey participants indicated their attraction to children had impacted on their occupational and work life. In regard to those who were employed, a variety of occupations were reported with most engaged in professional and skilled work. Of note was that only 78.8% ( $n=67$ ) of survey participants provided information about their occupation. This responding rate was anomalous as surrounding questions elicited a 96.5% ( $n=82$ ) and 98.8% ( $n=84$ ) response rate. Due to the phrasing of the question “what is your current occupation?” and the open response format, it is possible that some persons who were students or

unemployed did not think it applicable to them. It is therefore possible the prevalence of students or unemployed persons in the survey sample could be higher than the data indicated. Altogether, educational and occupational findings suggest that non-offending minor-attracted persons can be well-educated and employed in diverse professional roles, however unemployment may present as an issue. It is difficult to assess whether this reflects the group more generally or is reflective of those who are likely to belong to online support forums and partake in volunteer research.

### **The Attraction to Children**

Quantitative data provided important information about the presentation of survey participants’ attraction to children. As reported, most survey participants first noticed their attraction to children during adolescence. While there was a broad range of ages at which survey participants reported awareness, this was the result of statistical outliers. When outliers (cases between 1.5 and 3 times greater than the interquartile range) were excluded from analysis, the range of minor-attraction onset was ages 9 to 22. The finding that an attraction to children generally presented during the pubertal period (and no later than early adulthood) is consistent with the findings in other samples of minor-attracted men, including the interview participants (Cash, 2016; Cohen et al., 2018; Freimond, 2013; Goode, 2010; Grundmann et al., 2016; Houtepen et al., 2016; Schaefer et al., 2010).

This pattern of onset supports the conception of minor-attraction as a sexual orientation (Seto, 2012). All survey participants reported still being attracted to children and seven reported living with their minor-attraction for between 42 and 54 years with one reporting 84 years. Other survey participants were much younger and

the average length of living with this attraction was found to be 17.6 years. These findings correspond with growing research suggesting the enduring nature of an attraction to children and the lack of compelling evidence to suggest minor-attraction can remit (Bailey, 2015; Cantor, 2018; Cash, 2016; Freimond, 2013; Goode, 2010; Grundmann et al., 2016; Houtepen et al., 2016; Lalumiere, 2015; Seto, 2012).

As experienced by interview participants, the survey participants' attraction to children did not generalise to all children but was specific to certain features. The majority of participants favoured one gender and a particular age bracket of child. As with other minor-attracted samples (Cash, 2016; Kargel et al., 2017; Schiffer et al., 2017), homosexuality was overrepresented compared to its prevalence among adult-attracted persons (Kinsey Institute, 2018). In regard to age preferences, the strongest attractions were most commonly reported for children aged 6-10 and 11-13 with approximately two thirds of the survey sample being strongly attracted to each of these age categories respectively. No information was elicited from the survey participants regarding their reasons for being attracted to these age groups. In other qualitative research however, minor-attracted persons emphasise that what is most attractive about children is their “uncomplicated joyousness and freedom...the playfulness, curiosity open-mindedness, energy, excitement and pleasure which children are seen to embody” (Goode, 2010, p. 102). In regard to physical attributes, they emphasise “natural beauty, size, proportion, smooth skin, softness and hairlessness” (Goode, 2010, p. 98). It may be that these psychological and physical attributes are maximised in children aged 6-13. They have more sophisticated social and communication skills than very young children/infants yet have an undeveloped physical appearance.

The small proportion of survey participants who reported being attracted to infants and young children (11%;  $n=9$ ) may in part be impacted by the contentious nature of infant-attraction. As identified in the interview phase, an attraction to very young children may be stigmatised within the minor-attracted community. As one interview participant explained, it took him longer to accept his attraction to infants because of this stigma and he suggested that many others could be in “significant denial” about this too. The structuring of the age brackets in the survey may have further complicated responses with an interview participant commenting that the age category of “0 to 5 years” was inappropriate. He reported this was a concern his peers in an online support community had shared. He suggested there was a difference between being attracted to an infant as opposed to a child of age three-to-five years. Therefore, more specific age categories may have elicited different response patterns, specifically around preferences for children aged three-to-five.

In regard to the exclusivity of survey participants’ attraction to children, approximately one quarter were exclusively attracted to children and the remaining three quarters non-exclusive. This is similar to some other quantitative research with non-offending samples (Cash, 2016; Kargel et al., 2017). Interestingly, the smallest subgroup of survey participants were those who were equally attracted to children and adults, or primarily attracted to adults. Together these groups comprised only 23% ( $n=18$ ) of the survey participants. While it is possible that this represents the general composition of minor-attracted persons, it may instead reflect the make-up of minor-attraction support forums (from which current participants were largely recruited). As raised by the interview participants, those who can find meaning in an adult intimate relationship may be less functionally impaired by their attraction to children. Minor-attracted persons who are equally or more attracted to adults would



be expected to have a greater possibility of finding satisfaction in an adult intimate relationship. Therefore, they may be less likely to seek help in online communities.

Survey participants also reported a common occurrence of sexual fantasies of children. While fantasies did not always involve masturbation, there was a large degree of co-occurrence. The distribution of both variables was negatively skewed indicating that it was more common for participants to have a higher frequency of sexual fantasies and masturbation than low. For the majority [90.2% ( $n= 74$ ) and 82.9% ( $n= 68$ ) respectively], these events occurred “occasionally” to “very often”. While the survey did not elicit what frequency ‘often’ meant, the data suggests that sexual fantasies and masturbation can be a common experience in non-offending minor-attracted persons without signalling risk. Similar to the interview participants this adds support to the emerging recognition that these phenomena are not inherently dangerous and may be helpful to some (although this latter point was not examined within the scope of the quantitative analysis) (Daleiden et al., 1998; Freimond, 2013; Goode, 2010; MacCulloch et al., 1983; Schaefer et al., 2010; Sheldon & Howitt, 2008). The commonplace nature of fantasy and masturbation in survey participants warrants a need for further review of treatment approaches for sexual offending risk that encourage abstinence from these acts.

### **Mental Health**

Surprisingly, survey participants reported lower levels of distress than identified in previous research. Most survey participants reported “little” to “moderate” levels of current distress as a result of their attraction to children. A similar previous study found participants’ distress was concentrated in the “severe” to “very severe” range (Schaefer et al., 2010). As Schaefer et al. (2010) research had

used participants wishing to participate in a treatment programme for their minor-attraction they may have been more acutely distressed and in need of support than the current participants (or at least presented themselves this way). Schaefer et al. (2010) research was also conducted before online support communities for minor-attracted persons gained momentum. The difference in distress levels may therefore suggest that the survey participants had a greater ability to regulate distress as a result of online peer support. This would correspond with the findings from interviews in which participants discussed that while they had suffered from depression, suicidality and other negative emotions, they had subsequently enhanced their mechanisms for coping with distress.

Further in regard to mental health, just over a third of survey participants had previously received a mental health diagnosis. Nearly one third of all survey participants had mood-related diagnoses however there was also a noted presence of attention deficit hyperactivity disorder, anxiety disorders and pervasive developmental disorders which in many instances were comorbid with the former. The prevalence of diagnosed mental disorder among survey participants falls within the interquartile range of international lifetime prevalence of mental and neurological disorders (Kessler et al., 2011). While mental health has been differentially assessed across other research with non-offending minor-attracted persons, other studies results are suggestive of similar or higher prevalence of mental health disorder than the survey participants (Cohen et al., 2018; Schaefer et al., 2010; Schiffer et al., 2017). Given that rates of diagnoses underrepresent the true prevalence of mental health disorder (World Health Organisation, 2001), the history of mental disorder among survey participants may be greater than reflected in the survey data. In consideration of the reservations raised by minor-attracted persons

## MORE THAN “POTENTIAL OFFENDERS”

about professional help seeking (B4U-ACT, 2011a; Cacciatori, 2017; Goodier & Lievesley, 2018) it is plausible that a history of undiagnosed mental health disorder could be prevalent. Supportive of this hypothesis was the 51.2% ( $n= 41$ ) of survey participants that reported their attraction to children caused them problems in the domain of their mental health. If not representing underdiagnoses of mental disorder, this may suggest the common presence of subclinical rates of mental health problems.

In regard to alcohol and drug use, 22.6% ( $n=19$ ) of survey participants reported difficulties with one or both. It is difficult to make comparisons with other samples of non-offending minor-attracted persons as drug and alcohol use has been rarely and differentially measured. The rates of substance use difficulties does appear however to be elevated compared to international lifetime prevalence of alcohol and drug use disorders (range= 2.2- 15%; Kessler et al., 2011). However, it is noted that in the current research it was not specified whether difficulties had to meet a clinically significant severity. Importantly, the survey data revealed that of those who had difficulties with substances, very few had received rehabilitative services (only 10.5%,  $n= 2$ ). This may add further evidence that the mental health support needs of minor-attracted persons are not being adequately addressed by professional services.

In regard to the life and functional impact of an attraction to children, a surprising 22% ( $n= 17$ ) of survey participants reported no effect. As the phrasing of the question was in present tense this does not imply such persons have never experienced difficulties however. As raised in other research, “the unparalleled stigma and lifelong inability to have sexual contact with the objects of one’s

attractions would challenge most men” (Cantor, 2014, p. 225). However as discussed, participants were largely referred to the research via peer support forums. This may provide evidence that peer support can contribute to coping and self-management skills resulting in an ability to effectively manage an attraction to children (to the extent of experiencing no current difficulties). Additionally, this finding suggests that the “pedophilic sexual interest” specifier was an important addition to the DSM-5 (American Psychiatric Association, 2013) as it recognises these persons who have not offended and are not currently distressed and impaired by their attraction.

In regard to areas in which other survey participants experienced difficulties, most commonly selected were mental health and personal relationships (family/home, social and relationships). These challenges correspond with the ‘*Stigma and Identity Distress*’ theme identified in the interview phase as well as other research identifying a fear of social rejection and difficulties with intimate relationships as a fundamental source of distress in minor-attracted persons (Cash, 2016; Freimond, 2013). This adds further support for therapeutic intervention for minor-attracted persons that takes into account such issues, rather than only risk (B4U-ACT, 2008)

### **Help and Support Seeking**

In regard to support seeking, the number of survey participants who had disclosed to professional supports was comparable to other studies which have assessed this (Cash, 2016; Schaefer et al., 2010). As identified in other research, rates of personal disclosure were higher than professional disclosures, again potentially reflecting either a lack of services, mistrust towards professionals, or

## MORE THAN “POTENTIAL OFFENDERS”

other barriers (B4U-ACT, 2011a; Cacciatori, 2017; Goodier & Lievesley, 2018; Levenson et al., 2017; Piche et al., 2018). Interestingly, the rate of personal disclosures (71.8%;  $n= 56$ ) in the current study was greater than reported in Schaefer’s 2010 study (51.5%). As earlier discussed, Schaefer’s research was conducted before the growth of online support forums, and therefore the lower rates of personal disclosures could be reflective of this. The emergence of enhanced peer support in the time since may have encouraged and empowered more frequent personal disclosures among minor-attracted persons.

The most common disclosures survey participants made in terms of personal support was to friends and family followed by spouses and partners, peer supports, work colleagues, and others. Considering the low proportion of survey participants in current relationships (22.6%,  $n= 19$ ), the proportion who had disclosed to a spouse or partner (14.1%,  $n= 11$ ) was notable. As discussed in interviews, when searching for a disclosure recipient, an ability to trust a person was identified as a key trait. It may be that a spouse represents these qualities. An anomalous result was the finding that only 9% ( $n= 7$ ) of survey participants reported disclosing their attraction to peer supports. Given that 79.1% ( $n= 53$ ) of survey participants had heard about the project via online support forums, the rate of persons who had disclosed to peers was expected to be far greater than reported. These disclosures may have been underreported due to participants interpretation of the question, perhaps not perceiving online disclosures or those within their own minor-attracted community as relevant.

The survey data further revealed important findings regarding future help-seeking interests. Possible forms of help that most commonly appealed to survey

## MORE THAN “POTENTIAL OFFENDERS”

participants were online support groups, face-to-face counselling, email or txt counselling, and group therapy. This suggests an interest in formal structured therapeutic approaches or those which draw from the minor-attracted community. These results also suggest that online formats are received well by minor-attracted persons. Given the common fear of being stigmatised among minor-attracted persons (Cacciatori, 2017; Cash, 2016; Houtepen et al., 2016) the mitigation of rejection and ‘outing’ in online forums may explain the appeal of these approaches. However, as participants were recruited online they may have a bias towards digital resources. Least popular were religious supports and kaumātua or kuia. This niche appeal is unsurprising given that not all persons would be expected to have religious and cultural affiliations- particularly given that kaumātua and kuia are unique to the Māori culture. Furthermore, religious groups are often associated with holding negative attitudes towards sexualities other than adult heterosexuality (Herek & McLemore, 2013) and therefore may be considered unsuitable recipients for disclosure.

A particularly notable finding from this research was that while 60% ( $n= 51$ ) of survey participants indicated a willingness to use face-to-face counselling, only 35% ( $n= 28$ ) had previously sought professional help or guidance for their attraction. This suggests that the desire to seek help outweighs patterns of actual use. This has previously been observed in another sample of minor-attracted persons (B4U-ACT, 2011a). In the B4U-ACT study, this disparity was accounted for by various barriers to enacting help seeking including fear that a professional would respond to them with negativity, report them to authorities or be inexperienced to treat them. As recalled, participants of the interview phase identified similar barriers. This suggests

## MORE THAN “POTENTIAL OFFENDERS”

that to meet the demand for face-to-face counselling, greater efforts in intervention development and minimising barriers to support is critical.

It is these barriers that may also account for survey participants' mild scores on the ATSPPH-SF (adapted). Overall, survey participants had an average item score of 1.77 (where 0= disagree to benefits of help seeking and 3= agree). This suggested that they had a wavering belief in benefits of professional psychological support for an attraction to children. These scores are significantly below the average ATSPPH-SF scores obtained in other samples who have used this scale and reported average item scores. This includes an adult community sample recruited from a national health volunteer registry (Hammer, Parent, & Spiker, 2018), a sample of Asian American psychology students (Kim, 2007) and a sample of Asian American high school students (Omizo, Kim, & Abel, 2008). However, participants in such studies were asked about their attitudes towards psychological support in general thus limiting the ability to make comparisons to the current participants. The current participants' attitudes towards help for their attraction to children may not reflect their attitude to help for more general psychological issues.

Participants' lack of conviction toward the benefit of professional support for minor-attraction may be reflective of a lack of faith in the current available services. This would correspond with the negative experiences disclosed in research (Cacciatori, 2017). When considered together with other survey and interview findings, this most likely suggests not that survey participants are unmotivated to seek help, but that services and professionals are in greater need of development. This need for development of professional services has been identified elsewhere (Cacciatori, 2017; Freimond, 2013; Levenson et al., 2017; Piche et al., 2018).

## MORE THAN “POTENTIAL OFFENDERS”

Additionally, the use of ATSPPH-SF as an indicator of help seeking attitudes in minor-attracted persons may be considered with caution. Given it was adapted for use in the current survey, the validity is unknown. Furthermore, only 63 participants completed the ATSPPH-SF, with attrition in most cases appearing attributable to fatigue and time management (given that this was in the final section of the questionnaire). As a result, the ATSPPH-SF scores cannot be considered representative of all survey participants.

### **Summary**

Overall, the survey participants were demographically similar to other minor-attracted samples recruited online, that is, predominately well-educated men aged in their early thirties. Findings from the survey add to those of the interview phase by providing a broader sense of the experience of being minor-attracted. The findings were largely consistent with the themes identified in participant interviews. Minor-attraction developed and persisted in a similar manner to a sexual orientation and participants had specific patterns of attraction within the broader category of “children”. While, there was evidence that survey participants’ minor-attraction took a toll on their mental health and relationships (among other life domains), there was also a portion of persons whom appeared to be neither distressed or functionally impaired by their attractions. This was potentially reflective of the peer resources and communities accessed by survey participants. Like that observed among interview participants, the survey participants’ experiences suggested a need to develop professional resources for minor-attracted persons.

A more thorough review and integration of the interview and survey findings are presented in the next chapter.



## **Chapter 14**

### **Conclusion**

This research study asked what it is like to live with a sexual attraction to children, how such persons manage their attractions and what support needs they have. These questions can be considered in regard to the findings identified in participants’ interview accounts and survey results. The conclusions and implications of this research are presented below followed by the limitations of this study and directions for future research.

An attraction to children was experienced as complex. Participants valued the psychological and emotional elements of their attraction to children rather than behavioural expressions. Their experiences indicated that adults who are sexually attracted to children can develop a sexual identity that is distinct from sexual offending.

In understanding their sexual attraction to children, the concept of sexual orientation was meaningful for participants. The application of the sexual orientation concept was supported by quantitative data depicting the onset and endurance of participants’ attractions. This affirms the movement in the literature towards acknowledging and validating that a sexual attraction to children is not fundamentally a mental illness, but a sexual orientation (e.g. Cantor, 2018; Grundmann et al., 2016; Seto, 2012). This reframing of minor-attraction has important implications for the treatment of minor-attracted persons. It can alleviate blame from such persons for their patterns of attractions and discourages practices that attempt to change the orientation itself (Seto, 2012). It can empower minor-

attracted persons to address elements of the attraction which they can control such as their actions, how they construct their identity, and live with stigma (Cantor, 2018; Seto, 2012).

This research has shown the heterogenous attraction patterns that those attracted to children can have. Accordingly, the participants did not have a general attraction to all children but had specific preferences according to child age and gender. These patterns of attraction may have important psychosocial consequences. For example, individuals who are attracted to very young children may face greater stigmatisation.

The research provided detailed insight into the processes which some minor-attracted persons may undergo in coming to acknowledge their attraction to children. These findings support and deepen the recent understandings in this area (Cash, 2016; Freimond, 2013; Goode, 2010). The three phases of sexual identity development identified- first awareness, making sense and acknowledgement- depicted identity development as gradual, confusing and psychologically confronting. As noted previously by Goode (2010), the distress and isolation associated with the acknowledgement of minor-attraction suggest this is a critical phase during which minor-attracted persons could benefit from psychological support. As this process unfolded across adolescence and early adulthood, psychological support may best be targeted to this demographic. Having a framework from which to understand sexual identity development may have important application for minor-attracted persons in that it may normalise difficult thoughts and emotions, helping persons to make sense of states confusion. The identity development phases may also benefit those who work with minor-attracted

clients, guiding treatment. The phases of identity development identified in this research may be further researched in regard to their relevance for minor-attracted persons in general.

Distress was a prominent aspect of participants' experience of being minor-attracted. The interview participants identified isolation, stigma and the inability to meet conventional goals such as establishing a family as contributing to poor mood, maladaptive coping patterns and in some instances suicidality. Thus distress was predominately social in nature; that is, participants struggled with societal attitudes towards and assumptions about minor-attracted persons. This finding adds to increasing recognition that minor-attracted persons require support in living with stigma (Cantor & McPhail, 2016; Cash, 2016; Freimond, 2013; Goode, 2010). The wider public recognition of these support needs must be promoted as seeing minor-attracted persons as victims of society rather than threats to society confronts widely held beliefs (Jahnke & Hoyer, 2013; Jahnke, Imhoff, et al., 2015; Jahnke, Philipp, et al., 2015)

The issue of suicidality among minor-attracted persons warrants close attention. Some participants reported feeling suicidal during the time in which they had not yet disclosed their sexual identity to anyone. While for these participants this point of desperation was a catalyst for disclosure, it is concerning to consider the cases in which minor-attracted persons take their lives prior to telling anyone about their sexuality. The true burden of suicide among minor-attracted persons therefore remains under-recognised. Together with the common report of mental health difficulties by survey participants and possible indication of the underdiagnoses of

mental disorder, this conveys the importance of communities being vigilant to- and more accountable for- meeting the support needs of minor-attracted persons.

An encouraging finding was that, as recently recognised by the American Psychological Association (2013), distress can be a transitory rather than fixed aspect of being attracted to children. For some interview participants, distress had subsided with the development of support, insight and coping skills. A portion of survey participants identified little to no ongoing distress related to their attractions and no current functional impairment. While the experience of distress should not be downplayed, this indicates that when equipped with coping resources, minor-attracted persons may be able to achieve a sense of wellbeing. Participants demonstrated psychological resilience, developing internal, and interpersonal skills to cope with distress over time. In particular, emotion-focused coping strategies were utilised. The utility of emotion-focused coping among minor-attracted persons is promising given that the attraction itself is experienced as unchangeable. Accordingly, focusing on accepting the attraction and redefining it in relation to one's other attributes may be beneficial.

Disclosure appeared to serve a critical role in the commencement of participants' coping journey. Consistent with models of stigma disclosure, this research found minor-attracted persons may be systematic and careful in how and to whom they disclose their sexual identity. This is important in eliciting more positive responses from disclosure recipients. Disclosures that were described favourably were those which helped participants to feel accepted and a sense of belonging. Disclosures to minor-attracted peers had the most powerfully validating impact on participants. The experiential wisdom and positive influence of the non-offending

minor-attracted community was evident throughout this research. These peers played a role in helping persons to process difficult emotions and accept themselves. This finding is consistent with the recruitment strategy given that peer support communities was the source through which many participants were referred to this study .

This research suggested that some minor-attracted persons experience themselves as firmly in control of their sexual behaviour. They described achieving this through a combination of self-control and prosocial values as well as specific strategies that included finding alternative sexual outlets (such as masturbation to sexual fantasies of children) and having non-sexual contact with children. The latter finding adds to the recent argument that minor-attracted people should be supported to find appropriate sexual outlets (Cantor, 2014; Freimond, 2013; Goode, 2010) and that considering these linked to an increased risk of offending is unsupported. These findings also suggest that the consideration of all minor-attracted persons as “potential offenders” is premature. Minor-attracted persons may not necessarily experience themselves as at-risk of offending and when seeking help, they may identify goals unrelated to risk. This suggests an idiographic understanding of risk is needed when working with minor-attracted persons.

In line with recent research, an important recurring finding identified in this study was the need for enhanced professional support for minor-attracted persons. Participants’ desire for support was greater than their help-seeking. They identified a gap in services as a barrier to treatment and felt uncertain that professionals would uphold fundamental ethical principles of respect and confidentiality. This is of great

concern given the aforementioned level of vulnerability among the minor-attracted population.

Support services must be developed that specifically target minor-attracted persons. Participants expressed a particular interest in face-to-face professional support, digital support formats and peer-led groups. The findings of this research also suggest a need for treatment protocols to be developed that respond to the needs of non-offending minor-attracted persons. This would challenge the one-dimensional view of minor-attracted persons as potential offenders, instead conceptualising them as human beings who wish to belong in society and feel valued. While treatment protocols would include an assessment of risk and the development of risk management skills where appropriate, other areas of need must also be addressed (and even prioritised depending on the client). This research suggests such areas could include sexual identity development, living with stigma (including anticipated stigma and internalised stigma), navigating disclosure, developing social support and internal coping skills and addressing comorbid mental health issues (including risk to self and substance use). Protocols may benefit from validating and fostering the strengths that participants identified as important in managing their attraction, namely prosocial values and self-control.

Further corresponding with the recent literature was the finding that clinicians may benefit from training and supervision to work with non-offending minor-attracted clients. There is an indication that therapists may be unprepared for the ethical dilemmas that present when working with such clients and may succumb to stereotypical understandings of them (Jahnke, Philipp, et al., 2015; Johnston, 2017). Training and supervision may enhance clinician’s ability to balance ethical

principles of respect, confidentiality and transparency with that of minimising risk of harm to children. Clinicians may also benefit from being empowered to exercise clinical judgement when exploring the use of alternative sexual outlets such as fantasy and masturbation by their clients to manage their attraction to children.

Finally, this research identified a need to create public environments that are more understanding of minor-attracted persons and encourage them to seek support. Society can accept minor-attraction as a sexual orientation without condoning the sexual abuse of children. An inability to understand and tolerate this dialectic has considerable social costs. The findings of this research together with the emergent literature suggest that stigmatising minor-attracted persons may engender fear and shame, decreasing their likelihood of seeking help (B4U-ACT, 2011a; Cacciatori, 2017). Communities therefore have a responsibility to take seriously minor-attracted persons calls for social change including a vision for the de-stigmatisation of minor-attraction and more comprehensive sex-education in schools. In regard to destigmatisation, the media may provide an avenue for generating empathy towards non-offending minor-attracted persons through stories and messaging that humanise this group. Additionally, increasing young people’s understanding of minor-attraction through sex education in schools may reduce the suffering of those vulnerable adolescents who are coming to terms with their sexual identity.

### **Limitations**

This research uniquely contributes to the literature as it is comprised of non-offending minor-attracted persons, explores a broad range of topics (integrating the domains of wellbeing and risk), and combines qualitative and quantitative phases. There are however several key limitations to be highlighted.

As indicated in the methodology section, in order to take part in the study participants were to have never sexually abused a child. The project materials also elaborated they must have never “acted on” their sexual attraction to children. As discussed, this was intended to cover all forms of abuse, including accessing of CSEM, however this was not explicitly stated. This reflected early naivety to the complexities of offender typologies. Thus the meaning of sexual abuse and acted on was open to participants’ interpretation. As a result of this phrasing, it is plausible that persons who had previously accessed CSEM may have inadvertently been included in this study. Importantly however, the main means of participant recruitment was via Virtuous Pedophiles (2018). While the frequency of interview participants who were recruited specifically from this site was unable to be clearly determined, 79.1% ( $n= 53$ ) of survey participants reported they heard of the research through an online support community. This may have protected against the inadvertent inclusion of CSEM-users in the research. For example, the Virtuous Pedophiles community reports a moral stance against CSEM use, with their website stating: “we believe child pornography is wrong when a real child is involved because the child can be seriously harmed... We strongly urge pedophiles to never seek out or view illegal material” (cite). Visions of Alice (“Visions of Alice,” 2014) was another online forum that was referenced by small number participants indicating a link to the research may have been posted to this forum by way of snowballing. While this forum does not explicitly exclude offending persons from engaging on the forum, their rules preclude the discussion, encouragement or solicitation of illegal activity. Future researchers would benefit from explicitly defining the types of offending entailed by sexual abuse to ensure the right population is appropriately targeted.



The phenomenological analysis of participant interviews generated a rich and idiographic understanding of the participants’ experience of being minor-attracted. The drawback of idiography however is that claims about the generalisability of findings cannot be made (Frost et al., 2014). Through the interviews, insight into the experiences that may be possible for minor-attracted persons is gained rather than the experiences of minor-attracted persons in general.

With a phenomenological methodology, interviews attempted to access participants’ lived experience. As soon as an individual reflects on their experience and reduces it to words however, the lived quality is impacted (van Manen, 2014). Access to a participant’s lived experience is also limited by their ability and willingness to communicate (Frost et al., 2014). Self-awareness and language skills may restrict a participant’s ability to convey their experience and they may engage in impression management (Frost et al., 2014). While it was noted that native English speaking interview participants gave more detailed answers, those for whom English was a second language still communicated well. More relevant to this research was the potential impact of impression management with the suggestion of an interview participant that some online peer support communities may provide instruction to members on how to respond to interviews. The particular support community referenced only constituted a small number of participants in the overall study however.

The quantitative survey component of this research added a sense of the breadth to the interview findings. There were however sample biases that may have restricted the breadth and generalisability of these findings. The survey participants

## MORE THAN “POTENTIAL OFFENDERS”

were mostly young, well-educated European men belonging to online support forums for minor-attracted persons. These demographic similarities as well as the willingness to belong to a support community may increase the likelihood of such individuals having similar experiences of- and attitudes toward- being minor-attracted. Accessing a more diverse group of individuals may have provided a more varied set of experiences of minor-attraction.

The use of multiple terms for adult sexual attraction to children was a limitation of this study. Different terms were used for different purposes across the sections of this thesis in an attempt to fairly represent the literature and participants. Had participants been explicitly asked about terminology in the interviews and survey this issue may have been clarified. However, given the variation in terminology in the available literature and minor-attracted support communities it is possible this issue would have remained unresolved. The use of terminology for adults who are attracted to children in research is an area to be further explored in collaboration with minor-attracted communities.

In the time since this study was planned and conducted, a number of other studies with similar recruitment methods were published and were used to interpret the findings of this research. As these studies drew from the same or similar online support communities (and potentially some of the same participants), the overall breadth of experience captured in the literature may be limited.

Like other studies on adult sexual attraction to children, this research does little to advance the knowledge of minor-attracted women. While recruitment materials did not limit women from participating, they did not explicitly invite them

to take part. Outlining and emphasising that participation was open to all genders may have elicited a greater response from those other than men.

While having internationally diverse research participants increased the opportunity to capture idiographic experiences, this may complicate the implications and recommendations of this research. For example, the call for the de-stigmatisation of minor-attraction and development of support services for minor-attracted people may have less relevance to regions where such changes are already underway, e.g. Germany. Given the wide range of countries in which participants resided, it was not plausible within the scope of this thesis to contextualise conclusions and implications by geographical region. However when considering the findings of this study, the reader is encouraged to consider the unique context of the area in which they reside.

### **Directions for Future Research**

Future research is needed to assess the extent to which the insights of the current study generalise across larger more representative samples of minor-attracted persons in the community. In order to achieve this, researchers must recruit from outside of the online minor-attracted support communities. Quantitative studies of the patterns of attraction, mental health and support needs in large representative samples would add weight to the current literature.

It is also important for research to study particular subgroups of non-offending minor-attracted persons that have not been focused on in the literature such as women and older persons. There would be clinical utility, for example, in understanding how the challenges of being minor-attracted change across the lifespan and the longevity of strategies for coping and managing. Given that little is

known about the experience of the aforementioned subgroups, qualitative methodologies that provide detail and richness would be well-suited to such research.

Informed by the emerging literature, it is imperative that treatment protocols for supporting non-offending minor-attracted persons in the community are designed, piloted and assessed. As discussed, these protocols should be responsive to the broad range of challenges that minor-attracted persons may face as stigmatised human beings. Treatments should be assessed using targets that have relevance for this group. This might include, for example, measures of holistic wellbeing in recognition that treatment for minor-attracted persons is not simply about managing risk but improving their lives. Different formats for treatment delivery should be explored such as face-to-face professional support and peer-led groups.

It is also important that specific strategies for managing an attraction to children are tested using randomised control trials. In particular the efficacy of masturbation to sexual fantasies and the use of other sexual outlets (that don't involve the harm of children) must be examined. The benefits of these strategies may be measured in regard to both the impact they have on participants' sense of wellbeing and intimacy, as well on urges and risk.

Alongside treatment research, destigmatisation and education campaigns should be designed, piloted and assessed. These may examine the extent to which public beliefs about minor-attraction can be altered and the extent to which such campaigns have an effect on help-seeking among minor-attracted persons.

As discussed, a surplus of data was collected in the current study than was possible to analyse within the boundaries of a doctorate. To ensure that participants contributions are appropriately respected and utilised, data obtained in the surveys will be further examined in future planned publications.

In concluding this research it is important to return to the ethos of this project; that is, to bring about positive social change through empathy and understanding. Minor-attraction need not manifest in child sex offending or personal distress. For those who find themselves attracted to children, it is hoped that this study affirms the possibility of finding a meaningful and satisfying prosocial life. For those whom are unnerved by this research, it is hoped that this research encourages reflection upon the notion that while conventional reactions to this subject matter may relieve personal feelings of discomfort, they may not be effective in producing the social change that is ultimately desired.

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Appendix A

Summary of Previous Studies Examining the Experience of Minor-attraction in Non-forensic Samples.

Study	Sample Size and Gender	Offending Status of Sample	Sample Nationality	Methodological Features	Focus of Study
Schaefer et al. (2010)	97 men	Non-offending	German	Quantitative; recruited via media campaign, online sources and referral as part of the Berlin Prevention Project.	Demographics, the presentation of sexual attractions, and mental health.
Goode (2010)	54 men, 2 women	Offending and non-offending	Predominately North American and European	Qualitative; recruited via minor-attraction websites and message boards.	Demographics, the presentation of sexual attractions, sexual identity development, support experiences, the online pedophile community, and addressing adult attraction to children.
B4UACT (2011b)	188 men; 4 women	Non-offending <sup>a</sup>	Predominately North American and European	Quantitative; recruited via B4U-ACT online support network.	The presentation of sexual attractions, suicidality, and help seeking.
B4UACT (2011a)	200 men; 6 women; 3 transgender persons	Non-offending <sup>a</sup>	-	Quantitative; recruited via B4U-ACT online support network.	Mental health and professional help seeking.

<sup>a</sup>B4U-ACT is an online support network for those who are attracted to children but wish to prevent themselves from acting on their attractions. It is implied that such persons are non-offending however this is not specifically explicated in the reporting of the survey

Appendix A (Continued)

Study	Sample Size and Gender	Offending Status of Sample	Sample Nationality	Methodological Features	Focus of Study
Freimond (2013)	9 men	Non-offending <sup>b</sup>	Canadian	Qualitative; recruited via B4U-ACT online support network.	Sexual identity development, disclosure, stigma, and coping with stigma.
Cash (2016)	152 men; 8 women	Non-offending	-	Quantitative and qualitative; recruited via Virtuous Pedophiles and B4UACT online support networks.	Demographics, the presentation of sexual attractions, sexual identity development, mental health, and disclosure.
Houteven et al. (2016)	15 men	Offending <sup>c</sup> and non-offending	Dutch and Belgian	Recruited from online support networks and self-help groups.	The presentation of sexual attractions, sexual identity development, help-seeking/support, and sexual arousal.
Cacciatori (2017)	7 men	Non-offending	-	Qualitative; recruited via B4U-ACT online support network.	Mental health, stigma, professional support experiences, and expectations.

<sup>b</sup>Freimond (2013) states that her participants are non-forensic and there are several statements which strongly imply the sample are also non-offending however this is not explicitly stated.

<sup>c</sup>11/15 participants admitted previously accessing child sexual abuse images and 5/15 had previously engaged in sexual behaviour with children.

Appendix B

Survey

**Have you ever felt a sexual attraction towards children and are worried about these feelings?**

**ONLINE SURVEY**

**Respondent Consent**

Completion and submission of this survey implies consent.

I have read and understood the information sheet for this study and consent to the collection of my responses.

Yes

No

*"Just a reminder that we will not be asking any questions of a legal nature"  
"You may choose to skip any question you do not wish to answer"*

**For the purposes of this study, a child is defined as being aged 13 years and under.**

*"These first few questions will help us to get to know a little about you"*

1. What is your age \_\_\_\_\_

2. What is your gender?

Male

Female

Other (please specify) \_\_\_\_\_

3. What is your current relationship status:

Single

Partnered, married or civil union

Separated or divorced

Other (please specify) \_\_\_\_\_

4. What is your current country of residence \_\_\_\_\_

5. Where were you born? \_\_\_\_\_

6. What is your ethnicity?

\_\_\_\_\_

7. What is your highest level of educational attainment?

Secondary school/high school

Certificate/Trade Certificate

University Qualification

Other (please specify) \_\_\_\_\_

8. What is your current occupation? \_\_\_\_\_

9. Have you ever been diagnosed with a mental health disorder/condition?

Yes (please specify) \_\_\_\_\_

No

10a. Have you experienced difficulties with...

Alcohol use

Substance use

Both of the above

None of the above

10b. (If yes to 10a) Have you ever received drug and/or alcohol rehabilitation treatment?

Yes

No

*"These next questions will help us to find out about your attractions"*

11. At what age did you first become aware that you were attracted to children?

\_\_\_\_\_

12. How did you know you were attracted to children? (Please do not discuss any activity that may be of an illegal nature)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How did you feel when you first became aware of this attraction? (Please do not discuss any activity that may be of an illegal nature)

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**14. What age group are the children that you are most strongly attracted to?  
You may select more than one category.**

- 0-5 years
- 6-10 years
- 11-13 years
- 14-16
- All of the above

**15. What is the gender of the children that you are most strongly attracted to?**

- Male
- Female
- Both

**16. Which of the following best describes your sexual preferences?**

- Only attracted to children
- Mainly attracted to children, but also sexually attracted to adults
- Mainly attracted to adults, but also sexually attracted to children
- Equally attracted to both children and adults

**17. How frequently do you experience sexually arousing fantasies involving children?**

- Never
- Seldom
- Occasionally
- Often
- Very often

**18. How frequently do you masturbate to these sexual fantasies involving children?**

- Never
- Seldom
- Occasionally

MORE THAN “POTENTIAL OFFENDERS”

- Often
- Very often

**19a. How much distress do you experience as a result of being sexually attracted to children:**

- None
- Little
- Moderate
- Severe
- Very severe

**19b. If you do experience distress from your attraction, what is the nature of this distress? In other words, what actually happens to you when you are feeling this way?**

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**20a. Which areas of your life and functioning does your attraction to children cause difficulty in?**

- None that I am aware of
- Mental health and wellbeing
- Family/home life
- Social life
- Relationships
- Occupation/work life
- Other (please specify) \_\_\_\_\_

**20b. Please explain how the above areas are affected?**

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***“These next few questions will help us to understand what kind of support you may find useful”***

**21a. Have you ever sought professional help/guidance for your attraction to children?**

MORE THAN “POTENTIAL OFFENDERS”

- Yes
- No

**21b. (If yes to 21a) What type of help did you receive?**

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**21c. (If yes to 21a) How was this experience?**

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**22a. Have you disclosed your sexual attraction to children to anyone other than a professional, e.g. a friend or family member?**

- Yes
- No

**22b. (If yes to 22a) whom?**

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**22c. (If yes to 22a) How was this experience?**

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**23. What do you do to manage your sexual attraction to children? (Please do not discuss any activity that may be of an illegal nature)**

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**24. If you were to seek treatment or support in the future to help you manage this attraction**

**a. What would be helpful?**

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**b. What would make it difficult?**



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**25. What sort of support services would you be open to using?**

- Face-to-face counselling
- Help-line
- Email or text-based counselling
- Online support groups
- Group therapy
- Kaumātua or Kuia
- Church minister/religious help
- Other suggestions: \_\_\_\_\_

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**26. What would you like people to know about what it is like to live with an attraction towards children?**

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***“Finally, these last questions will help us to understand your thoughts on seeking help for your attraction to children”***

**27. Instructions: Read each statement below carefully and indicate the degree to which you agree or disagree with it:**

	<b>Disagree</b>	<b>Partly Disagree</b>	<b>Partly Agree</b>	<b>Agree</b>
a) If I believed I was having a mental breakdown because of my attraction to children, my first response would be to get professional attention.				
b) The idea of talking about my attraction to children with a psychologist strikes me as a poor way to get rid of emotional problems associated with it.				
c) If I had a serious emotional crisis at				

MORE THAN “POTENTIAL OFFENDERS”

<p>this point in my life because of my attraction to children, I would be confident that I could find relief in psychotherapy.</p>				
<p>d) There is something admirable in the attitude of a person who is willing to cope with his or her attraction to children without resorting to professional help.</p>				
<p>e) I would want to get psychological help if I were worried or upset for a long period of time by my attraction to children.</p>				
<p>f) I might want to have psychological counselling in the future for my attraction to children.</p>				
<p>g) A person with an emotional problem related to their attraction to children is not likely to solve it alone; he or she is likely to solve it with professional help.</p>				
<p>h) Considering the time and expense involved in psychotherapy, it would have doubtful value for a person with an attraction to children.</p>				
<p>i) A person with an attraction to children should work out his or her own problems; getting psychological counselling would be a last resort.</p>				
<p>j) Personal and emotional troubles from an attraction to children, like many things, tend to work out by themselves.</p>				

***“Thank you for taking the time to complete this survey. Before you go, it would be helpful for us if you could answer one last question...”***

**28. How did you hear about this project?**

- Support service webpage
- Advertisement poster
- Facebook
- Podcast
- Newspaper article
- Friend
- Family
- Other, please specify \_\_\_\_\_

**As a thank you for your participation, a \$1 donation will be made per participant to one of the charities listed below. Please select which charity you would like this donation to be made:**

- Oxfam International:** Working to fight poverty, its causes and effects.
- Amnesty International:** Preventing and ending grave abuses of human rights.
- Habitat for Humanity:** Building simple and affordable housing for families in need.
- International Medical Corps:** building health capacity in war torn societies
- World Wide Fund for Nature:** biodiversity protection and sustainable development.

**Once again we would like to acknowledge that due to the sensitive nature of this survey, participation may bring about feelings of psychological discomfort or distress. If this occurs, you are encouraged to seek psychological support. A number of recommended support services can be found [here](#).**

*We would like to invite you to participate in a follow-up interview to explore the survey points in more detail. If you are interested in taking part, please read the information sheet found [here](#).*

## Appendix C

### Interview Schedule

## **Interview Schedule**

Interview purpose: to explore the experience of those living with a sexual attraction towards children but have never sexually abused a child.

For the purposes of this study, a child is defined as being aged 13 years and under.

- Greeting
  - Explanation of project background/goals and how interview will operate
  - Housekeeping: confidentiality, recording, storage of data, oral consent.
  - Gather basic demographic information: age, gender, ethnicity, and occupation.
1. Tell me about the first time you became aware of your attraction towards a child (without using explicit details)...
  2. What is it like to live with an attraction towards children?
    - How does it influence or affect you on a daily basis?
    - How has it affected your life in a bigger sense?
    - Do you find it has an effect on others and your relationships?
  3. What are your fears or concerns about this attraction to children?
  4. What have you done about these feelings? Do you have specific strategies to manage them? Why do you think it is that you have never acted on this attraction?
  5. Have you ever sought help for this attraction? Is anyone else aware of it? If so, whom and how did they come to know about it? What is it like to have someone else aware of this?
  6. Do you wish to receive support/help for your attraction to children?
  7. If you were to seek help, what would make it difficult? What would make the process easier?
  8. What sort of help services do you think are missing or needed for you?
  9. How would you like things to change for you in the future in terms of your experience of living with this attraction?
  10. What effect do public attitudes have on you?
  11. What would you like the public to know about you and others like you who live with this experience?

Appendix D

Pre Interview Statement

**Pre Interview Statement**

*(Read aloud to participant by researcher)*

In this interview I would like to find out about your experience of living with a sexual attraction to children, the strategies you use to cope with this, and what support needs you have.

Please read through the information sheet (*researcher to provide participant with information sheet*). I will then go over the interview conditions verbally.

Before beginning the interview, it is important that you meet the following criteria: (*researcher to tick as each criterion met*).

To participate you must be:

- Be currently **living in New Zealand**
- Be of **age 16 years or over**
- Be **English speaking**
- Have experienced an **attraction towards a child/children**
- Have **never sexually abused a child**
- Not be a current student/staff member of Massey University

If you do not meet these criteria, please indicate so now and the interview can be terminated.

**Confidentiality:**

To protect your identity, your full name will not be collected or recorded as part of the interview. Furthermore, consent will be given verbally.

You will not be asked any questions relating to illegal activities or to disclose prior or intended offending.

Answers to questions will remain strictly confidential to the researcher. However, if at any point during the interview you were to disclose that you have a history of undetected child sexual abuse offences, or are at risk of harming yourself or others, I may be compelled to disclose information obtained through this research to the Police and/or other appropriate authority or support service.

If this were to occur you may wish to seek legal advice.

In such situations, I will need to consult with my research supervisor first via phone to determine the best course of action.

## MORE THAN “POTENTIAL OFFENDERS”

The supervisor will be available for consultation for the duration of the interview.

The content of the interview is not to be explicit in nature and I have the right to terminate the interview if content becomes explicit.

### **What are the participant’s rights?**

You are under no obligation to accept this invitation. If you decide to participate, you have a right to:

- Decline to answer any particular question;
- Withdraw from the study (at any point before the completion of the interview);
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used
- Be given access to a summary of the project findings when it is concluded
- Ask for the recorder to be turned off at any time during the interview.

### **How will data be managed?**

Interviews will be audio recorded and transcribed later by me. Recordings will be deleted after transcription. Transcriptions will be used for research purposes and will be stored securely for a period of five years, after which they will be destroyed.

### **Duration:**

Interviews are expected to take between **1-1.5 hours**.

### **Reimbursement of travel expenses:**

You will receive a **\$20 petrol voucher** as reimbursement for your travel expenses.

### **Additional Support**

Due to the sensitive nature of this survey, participation may bring about feelings of psychological discomfort or distress. If this occurs, you are encouraged to seek psychological support. A comprehensive list of recommended support services is available here: [www.linktoservices.xyz](http://www.linktoservices.xyz). You will also be provided with a print copy of these services at the end of the interview.

Referral to suitable support services can also be arranged in the interview. Please note I will not be able to provide any counselling myself.

Any questions?

### **Oral Consent:**

- Do you agree to the aforementioned conditions and consent to taking part in this study?

Appendix E

Disclosure of Risk Statement

**Disclosure of Risk/Criminal Conduct to Authorities Statement:**

The following statements (individualised by scenario) will be read to participants of the Phase II interviews if they are to disclose risk/conduct during the interview that necessitates the researcher contacting authorities.

Participants would have been made aware of the potential involvement of the Police/authorities if risk/criminal conduct were to be disclosed via both the information sheet and the Pre Interview Statement prior to oral consent.

Supervisors will be initially contacted via phone and informed of the disclosure situation and will confirm one of the following statements to be read.

**Scenario Q37(3b). The participant indicates they are at imminent risk of suicide:**

“The information you have disclosed to me in this interview suggests you may be at imminent risk of killing yourself. In order to ensure your safety, I will now be contacting [The Crisis Assessment & Treatment team/The Police]. In doing so I may need to provide them with information that has been obtained through this research. You may wish to seek legal advice.

To ensure that you are supported and that the CAT team (or Police) are able to reach you, could you provide me with your name (if not already provided), phone number and address? You are not compelled to provide me with this information but I am concerned for your safety and this will help me to arrange support for you. You may also wish to seek legal advice around this.”

**Scenario Q37(3c). The participant indicates they are at imminent risk of committing a child sexual abuse offence/harming others:**

“The information you have disclosed to me in this interview suggests you may be at imminent risk of committing a child sexual abuse offence (or harming others). In order to ensure the safety of others, I will now be contacting the Police. In doing so I may need to provide them with information that has been obtained through this research. You may wish to seek legal advice around the course of action you will take while I do so.”

**Scenario Q37(3d). The participant reports ongoing sexual abuse of a child:**

“The information you have disclosed to me in this interview suggests you may be committing child sexual abuse offence(s) of an ongoing nature. In order to ensure the safety of the child(ren), I will now be contacting the Police. In doing so I may need to provide them with information that has been obtained through this research. You may wish to seek legal advice around the course of action you will take while I do so. “

Appendix F

Survey Information Sheet

**Have you ever felt a sexual attraction towards children and are worried about these feelings?**

**Please consider taking a part in a research study that would like to know more about your experience of living with this attraction.**

**SURVEY INFORMATION SHEET**

Hello, my name is Sophie E. and I am currently working on completing my Doctorate of Clinical Psychology. The following project forms part of the requirement in completing my qualification.

**What is this research about?**

This research project is concerned with the group of people who have a sexual attraction to children, but want to prevent themselves from acting on these desires. By gathering information about the experience of living with such an attraction, we can work to develop support services.

For the purposes of this study, a child is defined as being aged 13 years and under.

**Anonymous survey**

If you have ever experienced a sexual attraction towards a child/children, but have not acted on these feelings, you are invited to participate in this **anonymous survey**.

The survey is anonymised so that there is no link back to participants or their location via IP addresses.

Participants will not be asked any questions that could make their identity known. Furthermore, the survey will not ask any questions relating to illegal behaviours/activity.

**Who is eligible to participate?**

To participate, you need to:

- Be of **age 16 years or over**
- Be **English speaking**
- Have experienced an **attraction towards a child/children**
- Have **never sexually abused a child**
- **Not be a current student/staff member of Massey University**

**What will participation involve?**

This anonymous survey will involve a number of questions that gather descriptive/demographic data and information about your experience of living with a sexual attraction to children. Participants will not be identifiable by this data. The survey can be accessed and completed online [here](#). Completion will take approximately **30-45 minutes**.



## MORE THAN “POTENTIAL OFFENDERS”

As a thank you for your participation, a \$1 charity donation per participant will be made upon your completion of the survey. You may select from a list of charities.

### **Please note:**

Due to the sensitive nature of this survey, participation may bring about feelings of psychological discomfort or distress. If this occurs, you are encouraged to seek psychological support. A comprehensive list of recommended support services is available here: [www.massey.ac.nz/childattractionresearch](http://www.massey.ac.nz/childattractionresearch)

### **How will data be managed?**

Collected data will be used for research purposes and will be stored securely for a period of five years, after which it will be destroyed. As previously mentioned, the identity of individual participants is anonymous.

A summary of research findings will be posted to this webpage after data has been analysed.

### **What are the participant’s rights?**

Completion and submission of the questionnaire implies consent. You have the right to decline to answer any particular question. You have the right to withdraw from the questionnaire at any point should you wish to.

### **Project Contacts:**

#### **Researcher:**

*Sophie E*

*Email: [childattractionresearch@gmail.com](mailto:childattractionresearch@gmail.com)*

#### **Research Supervisors:**

*Dr Mei Wah Williams*

*School of Psychology- Albany Campus*

*Massey University*

*Phone: +64 (09) 414 0800 ext 43104*

*Email: [M.W.Williams@massey.ac.nz](mailto:M.W.Williams@massey.ac.nz)*

*[Dr Veronica Hopner](#)*

*[School of Psychology- Albany Campus](#)*

*Massey University*

*Phone: +64 (09) 414 0800 ext 43101*

*Email: [V.Hopner@massey.ac.nz](mailto:V.Hopner@massey.ac.nz)*

**Please feel free to contact the researcher and/or supervisor if you have any questions about the project.**

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 15/051. If you have any concerns about the conduct of this research, please contact Dr Andrew Chrystall, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43317, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz).

Appendix G

Interview Information Sheet

**Have you ever felt a sexual attraction towards children and are worried about these feelings?**

**In addition to our anonymous online survey, we are also interested in finding out more about your experience of living with this attraction through a confidential interview**

**INTERVIEW INFORMATION SHEET**

Hello, my name is Sophie E. and I am currently working on completing my Doctorate of Clinical Psychology. The following project forms part of the requirement in completing my qualification.

**What is this research about?**

This research project is concerned with the group of people who have a sexual attraction to children, but want to prevent themselves from acting on these desires. By gathering information about the experience of living with such an attraction, we can work to develop support services.

For the purposes of this study, a child is defined as being aged 13 years and under.

**Confidential Interview**

If you have experienced a sexual attraction towards a child/children, but have not acted on these feelings, you are invited to participate in a confidential one-on-one interview.

**Who is eligible to participate?**

To participate, you must:

- Be currently **living in New Zealand**
- Be of **age 16 years or over**
- Be **English speaking**
- Have experienced an **attraction towards a child/children**
- Have **never sexually abused a child**
- Not be a current student/staff member of Massey University

**What will participation involve?**

In this interview we would like to find out about your experience of living with a sexual attraction to children, the strategies you use to cope with this, and what support needs you have. Questions will explore similar topics to those addressed in the anonymous online survey ([www.massey.ac.nz/childattractionresearch](http://www.massey.ac.nz/childattractionresearch))

This confidential interview can either be carried out with the researcher via **Telephone, Skype, or in person** depending on what you are most comfortable with. In-person interviews will be carried out in a **safe, discrete location** as agreed upon between you and the researcher such as an interview room at the Massey University Centre for Psychology or a meeting room in a public library.

## MORE THAN “POTENTIAL OFFENDERS”

To protect your identity, your full name will not be collected or recorded as part of the interview. Furthermore, consent will be given verbally.

### **You will not be asked any questions relating to illegal activities or to disclose prior or intended offending.**

Answers to questions will remain strictly confidential to the researcher. However, if at any point during the interview you were to disclose that you have a history of undetected child sexual abuse offences, or are at risk of harming yourself or others, the interviewer may be compelled to disclose information obtained through this research to the Police and/or other appropriate authority or support service. You may wish to seek legal advice regarding this.

The researcher may also contact the research supervisors via phone during the interview for guidance.

Interviews are expected to take between **1-1.5 hours**.

You will receive a **\$20 petrol voucher** as reimbursement for your travel expenses.

### **Please note:**

Due to the sensitive nature of this survey, participation may bring about feelings of psychological discomfort or distress. If this occurs, you are encouraged to seek psychological support. A comprehensive list of recommended support services is available [here](#).

Referral to suitable support services can also be arranged in the interview.

The content of the interview is not to be explicit in nature and the researcher has the right to terminate the interview if content becomes explicit.

### **How to participate**

**If you would like to participate in an interview, contact the researcher, Sophie E., via email on [childattractionresearch@gmail.com](mailto:childattractionresearch@gmail.com) with the subject heading confidential interview to discuss further.**

### **How will data be managed?**

Interviews will be audio recorded and transcribed later by the researcher. Recordings will be deleted after transcription. Transcriptions will be used for research purposes and will be stored securely for a period of five years, after which they will be destroyed.

A summary of research findings will be posted to this webpage after data has been analysed.

### **What are the participant's rights?**

You are under no obligation to accept this invitation. If you decide to participate, you have a right to:

- Decline to answer any particular question;
- **Withdraw from the study (at any point before the completion of the interview);**

## MORE THAN “POTENTIAL OFFENDERS”

- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used;
- Be given access to a summary of the project findings when it is concluded;
- Ask for the recorder to be turned off at any time during the interview.

### **Project Contacts:**

#### **Researcher:**

*Sophie E*

*Email: [childattractionresearch@gmail.com](mailto:childattractionresearch@gmail.com)*

#### **Research Supervisors:**

*Dr Mei Wah Williams*

*School of Psychology- Albany Campus*

*Massey University*

*Phone: +64 (09) 414 0800 ext 43104*

*Email: [M.W.Williams@massey.ac.nz](mailto:M.W.Williams@massey.ac.nz)*

*[Dr Veronica Hopner](#)*

*[School of Psychology- Albany Campus](#)*

*Massey University*

*Phone: +64 (09) 414 0800 ext 43101*

*Email: [V.Hopner@massey.ac.nz](mailto:V.Hopner@massey.ac.nz)*

**Please feel free to contact the researcher and/or supervisor if you have any questions about the project.**

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 15/051. If you have any concerns about the conduct of this research, please contact Dr Andrew Chrystall, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43317, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz).

Appendix H

Project Advertisement

**Have you ever felt a sexual attraction towards children and are worried about these feelings?**

**Please consider taking a part in a research study that would like to know more about your experience of living with this attraction.**

In New Zealand there is a lack of support services for people who are sexually attracted to children\*, have not acted on this attraction, but feel they may be at risk of doing so. Research suggests there are a number of people who have a sexual interest in children, but want to prevent themselves from acting on these desires. International studies report that 3% to 9% of males have experienced sexual fantasies about children and/or early adolescents. Furthermore, research suggests that between 1% and 4% of females report some degree of sexual attraction to children. There can be substantial difficulties, insecurities and fears in living with this attraction.

As part of my doctoral research, I would like to know more about this group.

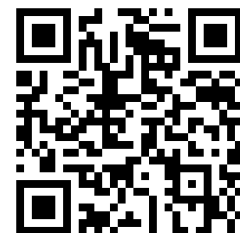
Your participation will help us to gather information about the experience of living with such an attraction so that we can work to develop support services.

\*For the purposes of this study, a child is defined as being aged 13 years and under.

**If you feel that the above description fits your experience, please consider completing our anonymous online survey.**

In order to participate you must:

- Be aged **16 years or older**
- Be fluent in English
- Have experienced an **attraction towards a child/children**
- Have **never sexually abused a child**
- Not be a current student/staff member at Massey University



If you would like to volunteer to take part, you can complete an **anonymous online survey** that can be found at:

<http://www.massey.ac.nz/childattractionresearch>

The survey is anonymised so that there is no link back to participants, or their location via IP addresses. Participants will not be asked any questions that could make their identity known. Furthermore, the survey will not ask any questions relating to illegal behaviours/activity.

More detailed information about the project and informational resources can also be found at this web address. The survey will take approximately **30-45 minutes** to fill out.

*We would greatly appreciate your participation*

**Researcher:**

*Sophie E*

*Email:*

*childattractionresearch@gmail.com*

**Research Supervisor:**

*Dr Mei Wah Williams*

*School of Psychology- Albany*

*Campus*

*Massey University*

*Phone: +64 (09) 414 0800 ext 43104*

*Email: [M.W.Williams@massey.ac.nz](mailto:M.W.Williams@massey.ac.nz)*

**Research Supervisor:**

*Dr Veronica Hopner*

*School of Psychology- Albany*

*Campus*

*Massey University*

*Phone: +64 (09) 414 0800 ext 43101*

*Email: [V.Hopner@massey.ac.nz](mailto:V.Hopner@massey.ac.nz)*

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 15/051. If you have any concerns about the conduct of this research, please contact Dr Andrew Chrystall, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43317, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz).

Appendix I

Interview Participant Demographics and Key Attraction Features

Pseudonym	Age	Ethnicity	Location	Gender	Occupation	Age at Attraction Onset (Years)	Length of Attraction (Years)	Exclusivity
Jessie	22	European	Canada	Male	Freight worker	12	10	Exclusive
Nate	30	European	United Kingdom	Male	Farmer	12	18	Exclusive
Jakub	26	European	Czechia	Male	Student	15	11	Non-exclusive
Levi	Late 20s	European	New Zealand	Male	Student	15	15	Exclusive
Finn	20	European	Netherlands	Male	Student	13- 14	6-7	Exclusive
Ryan	30	European	New Zealand	Male	Information technology	22- 23	7-8	Exclusive
Max	28	European	United States	Male	Construction engineer	12	16	Non-exclusive
Paul	25	European	Germany	Male	Student	11	11	Exclusive
Carl	64	European	United States	Male	Retired	12	52	Non-exclusive

## Appendix J

## Demographic Results of Survey Participants

Demographic Variable	<i>f</i>	%	<i>M</i>	<i>SD</i>	Range
Age ( <i>n</i> = 84)			32.5	13.3	19-88
Gender ( <i>n</i> = 84)					
Man	77	91.7			
Woman	5	6.0			
Transgender (male to female)	2	2.4			
Relationship status ( <i>n</i> = 84)					
Single	61	72.6			
Partnered/married/civil union	19	22.6			
Separated/divorced	4	4.8			
Country of residence ( <i>n</i> = 80)					
United States	30	37.5			
Germany	10	12.5			
United Kingdom	7	8.8			
New Zealand	6	7.5			
Canada	5	6.3			
Netherlands	4	5.0			
Brazil	2	2.5			
France	2	2.5			
Other <sup>a</sup>	14	17.5			
Same as country of birth ( <i>n</i> = 80)					
Yes	74	92.5			
No	6	7.5			
Ethnicity ( <i>n</i> = 76)					
European	70	92.1			
Mixed	2	2.6			
Indian	1	1.3			
Other <sup>b</sup>	3	3.9			

<sup>a</sup>*n*=1 each Afghanistan, Australia, Austria, Croatia, Czech Republic, Denmark, Hungary, Italy, Mauritius, Norway, Poland, Spain, Switzerland, Vanuatu.

<sup>b</sup>unable to interpret specified ethnicity



MORE THAN “POTENTIAL OFFENDERS”

Appendix J (Continued)

Demographic Variable	<i>f</i>	%	<i>M</i>	<i>SD</i>	Range
Education ( <i>n</i> = 82)					
Secondary school	19	23.2			
Certificate/trade cert.	12	14.6			
University	47	57.3			
Other specified: postgraduate study	2	2.4			
Other unspecified or indeterminate	2	2.4			
Occupation ( <i>n</i> = 67)					
Managerial	2	3.0			
Professional <sup>c</sup>	24	35.8			
Trades, manual and technical work	9	13.4			
Service and retail	4	6.0			
Student	15	22.4			
Unemployed	7	10.4			
Retired	3	4.5			
Other (indeterminate)	3	4.5			
Heard about the research project via... ( <i>n</i> = 67)					
Support service webpage/ support forum	53	79.1			
Facebook or Twitter	10	14.9			
Newspaper	2	3.0			
Other (unspecified)	2	3.0			

<sup>c</sup>e.g. business, finance, administration, engineering, information technology, teaching, research etc.

Appendix K

Features of Survey Participants’ Attraction to Children

Attraction Variable	<i>f</i>	%	<i>M</i>	<i>SD</i>	Range
Age of first awareness ( <i>n</i> = 79)			15.6	6.0	1-50
Years with attraction ( <i>n</i> = 78)			17.4	14.6	1- 84
Preferred gender of child ( <i>n</i> = 82)					
Boy	30	36.6			
Girl	45	54.9			
Both	7	8.5			
Age group of children strongly attracted to ( <i>n</i> = 82)					
1-5 years old	9	11.0			
6-10 years old	54	65.9			
11-13 years old	56	68.3			
14-16 years old	26	31.7			
All aged children	0	0.0			
Exclusivity ( <i>n</i> =82)					
Exclusive to children	22	26.8			
Non-excl. pref. children <sup>a</sup>	42	51.2			
Non-excl. pref. adults <sup>a</sup>	8	9.8			
Non-excl. equal <sup>b</sup>	10	12.2			

<sup>a</sup>non-exclusive with a preference for children (or adults).

<sup>b</sup>non-exclusive with an equal attraction to children and adults.

MORE THAN “POTENTIAL OFFENDERS”

Attraction Variable	<i>f</i>	%	<i>M</i>	<i>SD</i>	Range
Frequency of sexual fantasies of children ( <i>n</i> = 82)					
Never	3	3.7			
Seldom	5	6.1			
Occasionally	15	18.3			
Often	38	46.3			
Very often	21	25.6			
Frequency of masturbation to fantasies of children ( <i>n</i> = 82)					
Never	6	7.3			
Seldom	8	9.8			
Occasionally	19	23.2			
Often	33	40.2			
Very often	16	19.5			

Appendix F (Continued)

Appendix L

Mental Health of Survey Participants

Mental Health Variable	<i>f</i>	%
Previous mental health diagnosis ( <i>n</i> =84)		
None	53	63.1
One	21	25.0
Two	6	7.1
Three or more	4	4.8
Diagnoses specified ( <i>n</i> = 84)		
Mood Disorder	24	28.6
Attention Deficit Hyperactivity Disorder	7	8.3
Anxiety Disorder	5	6.0
Pervasive Developmental Disorder	3	3.6
Other <sup>a</sup>	6	7.1
Alcohol and drug use difficulties ( <i>n</i> = 84)		
None	65	77.4
Alcohol	7	8.3
Drugs	6	7.1
Alcohol and Drugs	6	7.1
Received treatment for difficulties <sup>b</sup>		
Yes	2	10.5
No	17	89.5

<sup>a</sup>*n*= 1 each: trauma, psychosis, obsessive compulsive disorder, addiction, “homophilia”, “impulse disorder”.

<sup>b</sup>of the *n*= 19 who endorsed having experienced difficulties with alcohol and/or drugs.

Appendix M

Impact of Attraction to Children on Survey Participants' Wellbeing

Variable	<i>f</i>	%
Level of distress ( <i>n</i> = 82)		
None	8	9.8
Little	29	35.4
Moderate	26	31.7
Severe	16	19.5
Very severe	3	3.7
Difficulties due to attraction ( <i>n</i> = 80)		
None	17	22.6
Mental health/wellbeing	41	51.2
Family/home life	21	26.3
Social life	33	41.3
Relationships	45	56.3
Occupation/work life	17	21.3
Other <sup>a</sup>	3	3.8

<sup>a</sup>college life, lying, sexual politics.

Appendix N

Survey Participants’ Help Seeking for their Attraction to Children

Variable	<i>f</i>	%	<i>M</i>	<i>SD</i>	Range
Sought professional help/guidance ( <i>n</i> = 80)					
Yes	28	35.0			
No	52	65.0			
Disclosure to others (non-professional) ( <i>n</i> = 78)					
Yes	56	71.8			
No	22	28.2			
Disclosure recipient ( <i>n</i> = 78)					
Friends	31	40.0			
Family	27	34.6			
Spouse/partner	11	14.1			
Peer support network	7	9.0			
Work colleagues	2	2.6			
Other <sup>a</sup>	8	10.5			
Services open to using in future ( <i>n</i> = 67)					
Online support group	55	82.1			
Face-to-face counselling	51	60.0			
Email/txt counselling	40	59.7			
Group therapy	32	47.8			
Help-Line	18	26.9			
Kaumātua or kuia	2	3.0			
Church minister/religious	9	13.4			
Other <sup>b</sup>	1	1.5			
ATSPPH-SF <sup>c</sup> (Adapted) total score ( <i>n</i> = 63)			17.5	5.1	3- 26

<sup>a</sup>teacher, acquaintance, roommate, pastor, own children, unrelated child, public.

<sup>b</sup>suggested guides for family/friends.

<sup>c</sup>Attitude Towards Seeking Professional Psychological Help Scale- Short Form