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Allen Bishop
Editor-in-Chief

Maggie Ingram	Gary Parmlee
Richard Kramer	Kailey Roche
Amy Lawrence	Maria Sklavou
Sarah Moss	Skye Stephens
Anselm Neumann	Jasmin Stevenson

Reviewers

*Review of publications from
February 2021 to June 2021*

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Introduction by Allen Bishop, Editor-in-Chief

Welcome to this third issue of B4QR.

Our readers may notice on our journal cover an impressive list of reviewers for this Summer Edition. Thanks to the success of our journal and to the dynamism of B4U-ACT's research community, we can now count on a larger team of contributors. As our pool of reviewers continues to grow, so does the possibility that a member of our reviewing team will be listed as one of the authors of our reviewed articles – which is the case in this issue.¹ In such cases, we ensure that the author is not among the reviewers of their own publication.

A total of seven publications are reviewed in this issue. The first three concern one of our core topics of interest: the stigmatization of minor attracted people. Our journal opens with another excellent piece by Craig Harper and Rebecca Lievesely (among others), which presents the results of a stigma-reduction intervention campaign targeting the general population. The following study by Elchuk et al. analyzes the impact on MAP suicidality and psychological distress of three key factors: degree of “outness” to others, perceived social support by family and friends, and internalized stigma. The last publication in this group (Wurtele et al., 2021), is primarily concerned with individuals who have been convicted of sex offenses involving children, but it raises topics that are relevant and important to the MAP community. To explore these topics at greater length than our standard reviews would normally allow, we have included a “Supplement” text to the main review, which can be found at the end of the Review section.

The following two publications investigate mental health professionals' knowledge and attitudes on issues related to minor attraction. Stephens et al. (2021) surveys 309 Canadian clinicians and students to determine the factors that may influence their decision to report a MAP client to the authorities. Gökçe et al. (2021) uses a much smaller sample (8) to explore a wider range of views held by Swedish public health professionals.

The last two publications address methodological and theoretical issues in the study of the prevalence of minor attraction in the general population. Ciardha et al. (2021) seeks to discover whether crowdsourcing is more effective than standard modes of data collection, while Pedneault et al. (2021) is a meta-analysis that sets out to determine whether cognitive measures provide an adequate assessment of attraction to children.

¹ See for instance Stephens et al. (2021) in this issue.

Our journal concludes as usual with the “Meet the New Generation” section. Our honored young scholar for this issue is Maria Sklavou, a PhD candidate at the University of Sheffield in the UK who brings a refreshingly multidisciplinary perspective to the topic of minor attraction.

We hope you will appreciate this third issue. For comments or suggestions, or if you would like to join our reviewing team, contact us at science@b4uact.org.

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

Reviewed Publications

Humanizing pedophilia as stigma reduction: A large-scale intervention study

Harper, C., Lievesley, R., Blagden N., Hocken, K. (2021)

Archives of Sexual Behavior.

This study seeks to measure the degree to which it is possible to reduce stigmatization of “persons with pedophilic interests (PWPI),” who are defined as those who have “a persistent and recurrent sexual interest in prepubertal children” or “a stable sexual preference” for same. The authors make clear the DSM-5 distinction between pedophilia and pedophilic disorder.

Arguing that pedophilia should be treated basically as a public health concern, the authors consider that reducing stigma against PWPIs is in the interest of society at large since it will improve the psychological well-being of the PWPIs and lessen the likelihood of their engaging in illegal behavior. Stigma is especially widespread and intense at the present time because of highly punitive public policies, yellow journalism, and dehumanizing treatment methods. Even mental health professionals reflect the stigma when treating PWPIs by focusing almost exclusively on risk reduction and neglecting their psychological well-being.

Three basic methods of reducing stigma against any “outgroup” are first discussed: 1) being given direct

or indirect contact with the stigmatized persons; 2) being given helpful information about the psychological and social situation of the stigmatized; and 3) challenging the very basis for the stigmatization (by stressing the overlap of the outgroup with the general population, or by pointing out the great diversity within the outgroup). For this study, the authors opted for using the first and the second methods with different test groups and comparing the results.

Whereas previous studies on reducing stigma against PWPIs have been conducted with psychology students and professional clinicians, this study explores the possibility of effecting a change of attitudes in the general public. For that purpose, the authors used a crowdsourcing platform to recruit a large cross-section of the public. After various winnowing processes, they ended up with 539 participants, all of whom were British citizens over age 18, evenly divided between male and female. Demographic data was collected, which allowed the authors to divide the participants into two relatively similar groups, each of which was tested with one of the two methods for stigma reduction.

All of the testing of attitudes was done through online questionnaires. Participants were first given an initial, baseline survey that measured participant attitudes using two instruments: the 30-item Stigma and Punitive Attitudes Scale (SPS), which was developed specifically to examine facets of stigmatization toward MAPs, and the 21-item Attitude to Sex Offenders Scale (ATS-21), use of which was justified on the grounds that “people typically report completing the ATS-21 with ‘pedophiles’ or ‘rapists’ in mind.”

After finishing the tests, one-half of the participants were then shown one five-minute video, and the other half were shown a different one. The first video, aiming at “narrative humanization,” was taken from the UK television documentary “The Paedophile Next Door.” It presents a man who, “self-identifying as having non-exclusive pedophilic interests,” provides “information about his ‘coming out’ as pedophilic, the discovery of his own sexual orientation, and the lack of services available to people like him who would like further support to remain offense-free.” The second video took an “informational” approach and featured psychologist James Cantor speaking about the neurobiological basis of pedophilia.

After viewing the videos, the participants were asked to respond again to the Stigma and Punitive Attitudes Scale (SPS), to see if there had been any

change in their attitudes. The ATS was not administered again since its scores were “reported to be stable over time and resistant to individual experimental influence.” It was found that both video presentations had in general brought about more positive attitudes in the participants. Interested in seeing whether the change would last, the authors administered the SPS test again to the same participants four months later. As a result, they ended up with three measurements for each participant: T1 (baseline, pre-video), T2 (right after the video), and T3 (four months after the video).

The SPS measures people’s attitudes regarding MAPs along four scales: perception of dangerousness (“Pedophiles are predatory”), perception of deviance (“Pedophiles are sick”), perception of intention (“Pedophilia is something you choose”), and need for punitive measures (“Pedophiles should be pre-emptively detained”). The scales range from 1 (most positive attitude) to 7 (most negative), with 4 being the midpoint; thus, a higher score indicates a more negative attitude.

The figures comparing the three different times of measures are presented in a series of charts, which distinguish the scores of the participants according to whether they saw the narrative video (the UK documentary) or the informational one (James Cantor). The results can be summarized as follows:

	T1	T2	T3
PERCEPTION OF DANGEROUSNESS:			
Narrative video	5.37	4.63	5.11
Informational video	5.43	4.74	5.18
PERCEPTION OF DEVIANCE:			
Narrative video	5.11	4.92	5.00
Informational video	5.07	5.17	5.03
PERCEPTION OF INTENTIONALITY:			
Narrative video	4.09	3.70	3.78
Informational video	4.05	3.44	3.65
NEED FOR PUNITIVE MEASURES:			
Narrative video	4.31	3.87	4.09
Informational video	4.27	3.84	4.04

Much of the paper is devoted to explicating these figures, but they speak fairly well for themselves. As would be expected, there is little difference between the two groups in the baseline measurement (T1). The post-video measurements (T2), in all eight comparisons except one, showed a discernible improvement of attitudes; the improvement was most notable in the perception of dangerousness. With the same single exception, the four-month measurement (T3) showed a slight rebound in negativity, but always remaining below the baseline. The exception was the perception of deviance for those who had viewed the informational video,

which had stressed the innate character of the attraction; the negativity actually increased immediately after the viewing, but it surprisingly decreased at the four-month point.

The study concludes that both methods for mitigating stigma appear to be effective. The T3 measurements for dangerousness and punitiveness were lowered nearly equally by both methods, and the ones for intentionality were lowered even further by the informational video. In the case of deviance, the pattern is different, but the end result is almost equivalent. Despite the similarity of results, the authors favor the narrative approach because it counters more directly the dehumanization which is at the heart of stigmatization. In appealing to a person's intuitions, they claim, narrative humanization is more persuasive than confronting a person with cold, clinical facts. This preference appears to be based less on the test results than on the authors' own humanistic leanings.

The authors criticize the informational method because it focuses excessively on the biological and medical aspects of the attraction, thus obscuring the rich human dimensions of the person under study and increasing the perception of "deviance." They conclude that "this medicalized view has the potential to produce an attitude in lay observers that people with pedophilic sexual interests are in some way 'doomed to deviance' by unchosen and unchangeable sexual interests." We are left with the

question, though, as to whether a different type of informational video, one less medicalized and more person-oriented, would have produced very different results.

In concluding, the authors advocate the adoption of “person-first language” that allows individuals to appear as “whole identities rather than being viewed purely on the basis of their sexual interests or offense histories.” They propose that one means of reducing stigma in the general public might be to

make MAPs regular characters in TV shows, in the same way that LGBT persons have become visible in the media in recent decades.

The improvements in attitudes were small but measurable, but the intervention itself, a 5-minute video, was also small. This study gives evidence that more extensive and more intense efforts along these lines would be to the benefit of MAPs and society as a whole.

Stigma-Related Stress, Complex Correlates of Disclosure, Mental Health, and Loneliness in Minor Attracted People

Elchuk, D. L., McPhail, I. V., & Olver, M. E. (2021).

Stigma and Health. Advance online publication. <https://doi.org/10.1037/sah0000317>

This article by Canada-based researchers Desiree Elchuk, Ian McPhail and Mark Olver sets out to explore the relationship between stigma-related stressors and mental health outcomes for minor attracted persons (MAPs). This work provides some insightful conclusions about the well-being of MAPs that could usefully guide relevant clinical practice.

The authors have identified three stigma-related stressors, based on previous research on the stigma against various other communities: 1) degree of outness to others, 2) perceived social support by family and friends, and 3) internalized stigma, which, for their purposes, is called internalized pedonegativity. With these stressors having assumed the role of independent variables, the authors explore their (direct or mediated) effects on “mental health outcomes” (i.e., the dependent variables). The mental health outcomes identified were psychological distress and suicidality. A key concept here is that of loneliness, which the authors hypothesized to mediate (i.e., to help explain) the relation between the above-mentioned independent and dependent variables.

A sample of 202 MAPs was recruited from the online forums Virtuous Pedophiles and Visions of

Alice, to whom a series of questionnaires/measurement scales were administered to gauge, among other things, the qualities of their relationships, their perceived social support, their outness levels, their internalized stigma, their loneliness, whether they had experienced general psychological distress within the last seven days before participating in the study, and whether they had exhibited any potential suicidal behaviors. The authors conducted both bivariate correlations to test the relationship between different variables, and mediation analysis to determine whether, and to what extent, loneliness functioned as a mediator between the identified stigma-related stressors (independent variables) and mental health outcomes (dependent variables).

The results showed that higher levels of perceived social support are associated with less psychological distress and suicidality, highlighting the importance of a strong social network for MAPs. Loneliness played a significant role here, partially mediating the relationship between perceived social support from friends, while fully mediating that of support from family and mental health outcomes, suggesting that family can play a crucial protective role in affecting the levels of loneliness experienced by MAPs.

Internalized pedonegativity was also associated with higher levels of psychological distress and suicidality; loneliness only partially explained this relationship, indicating that internalized stigma should be a pivotal focal point for clinicians dealing with MAPs in and of itself. The data analysis also revealed very interesting findings in relation to the third stressor (level of outness). Disclosure itself was not sufficient to improve MAPs' well-being; rather, it was the consequences of such disclosure, thus its quality, that mattered. As such, "concealment may be a more functional strategy than a disclosure that has negative consequences" (pp. 21-22). It is also worth mentioning that 64.4% of participants had disclosed their attraction to someone in their lives (with mothers and close family members and friends being those to whom the disclosure was more likely to be made), but, in the majority of cases, the attraction was rarely discussed.

Among the many merits of this study, we must highlight the fact that it bridges a crucial gap between research for the minor-attracted community and research for other stigmatized communities for which the adverse effects of stigma-related stress have already been examined by the relevant strand of literature. Given that MAPs are unfortunately among the most highly stigmatized groups in society, they too can greatly benefit from strong social support and from a holistic approach that would also focus on decreasing potential internalized stigma. Much to their credit, and in conjunction with

their in-depth analysis of the complexities of disclosure, the authors also touch upon the problematic issue of mandated reporting by clinicians and stress the importance of educating professionals. It is also worth mentioning that despite the generally gloomy picture that the article paints of the MAP reality, marked by the severe stigma and the loneliness experienced by MAPs (which is greater than the loneliness experienced by persons convicted of sexual offenses), the authors take care to also highlight the resilience of this group: "[t]his speaks to the social acuity of MAPs to identify people in their lives that would not be rejecting, courage on their part to take the risk of making a disclosure" (pp. 22-23).

The only critical points that one can raise pertain to methodological aspects and relevant considerations. Regarding participant selection and recruitment, an obvious question, also recognized by the authors, would be whether the fact that Visions of Alice is addressed to MAPs who are attracted to girls, as opposed to Virtuous Pedophiles, which is not specific to any gender orientation, had any impact on the representativeness of the sample and the study in general. Also, it is still a bit unclear why only three independent variables (stigma-related stressors) were identified (i.e., level of outness, perceived social support, internalized pedonegativity) and why these were deemed more significant than other possible candidates. Similarly, it would have been useful to delve deeper into why "mental health outcomes"

(dependent variables) comprised only “psychological distress” and “suicidality”. The authors also laid out the importance of loneliness for mental health but did not fully explain why it served best as mediator when other choices were available, such as “lower self-regard” or “self-depreciating attitudes” which were mentioned (together with loneliness) elsewhere in the text (p. 6). Loneliness is also a quite complex and multifaceted concept (with not necessarily always the same connotations in every context and for every person), and the article could arguably benefit from some more clarity in relation to how this concept was operationalized for the purposes of this study. Another point to make, which the authors recognize themselves, relates to the generalizability of the findings and the general limitations that come with a quantitative cross-sectional design.

It would also have been worthwhile to think about issues pertaining to intersectionality. More

specifically, it would be of interest to see whether the effect of stigma-related stressors on the mental health of MAPs would be exacerbated if MAPs also belonged to other stigmatized minorities (sexual, ethnic, or otherwise). Relatedly, and going back to the operationalization of the various concepts that were utilized in this research, it is worth wondering whether concepts that were used, for instance as part of the various measurement scales that were administered to participants, were also tested to see if they have the same meaning across different cultures. This is especially important considering that the forums that the researchers drew their participants from can be quite multicultural.

Having noted the above, one cannot stress enough how innovative and - most importantly - refreshing this study is, especially because it uses the ever-so-popular concept of “risk-factors” not in relation to potential offending, but in relation to the general well-being of MAPs.

"They're Not Monsters!" Changing University Students' Perceptions of Child Sex Offenders through Education and Contact

Wurtele, S. K. (2021).

Journal of Criminal Justice Education: <https://doi.org/10.1080/10511253.2021.1892159>

This study examines an intervention whose daunting task is to reduce the stigmatization and dehumanization of people who have committed child sex crimes, arguably the most hated group in Western society. While the study does not specifically target stigma directed toward minor attracted persons (MAPs), its findings could be relevant to those who wish to do so, particularly in the case of MAPs who have committed such crimes. Additionally, a critical examination of this study could provide lessons for improving similar efforts regarding MAPs.

The study's rationale for destigmatization is clearly the prevention of child sexual abuse. Wurtele begins by stating, "Child sexual abuse (CSA) is a serious public health problem of global magnitude," and refers to "the wide-ranging negative consequences of this public health problem for child victims, communities, and societies" (p. 201). Citing a number of studies, the author argues that prevention efforts are hampered by inaccurate and extremely negative public and professional perceptions of "child sex offenders (CSOs)" which potentially increase risk factors for offending and reduce the accessibility of treatment.

The author summarizes the small body of research on educational approaches to counteract stereotypes and negative attitudes held by college students and prospective clinicians toward MAPs and people who have committed sex crimes (including the author's previously conducted study of students in her "Sex Crimes Against Children" [SCAC] course). Then she lays down the purposes of the current study: to replicate her previous research examining the impact of education on college students' knowledge about child sexual exploitation and to "examine the anti-stigmatizing effect of providing opportunities for students to interact directly with people who had committed SCAC" (p. 204).

The study involved 162 undergraduate students, 85% female, with a mean age of 21.7, almost all of whom majored in either psychology or criminal justice. They were recruited from two different semesters of the author's SCAC course and offered extra credit for participation. The course included a variety of readings, discussions, and presentations. Students read literature on typologies of child sexual offenders, the diagnostic criteria for Pedophilic Disorder, and material from experts and MAPs posted on the Virtuous Pedophile website. Students debated whether pedophilia is a sexual orientation,

attended presentations on human trafficking and internet crimes against children, and interacted with mental health and law enforcement professionals who worked directly with people convicted of child sex crimes. According to the author, these professionals “emphasized seeing the human behind the sex offender label” (p. 207). Students also viewed the movie *Doubt* and the British documentary *The Paedophile Next Door*, discussed how the media plays a central role in public perceptions of CSA and CSOs, and read about the history and consequences of sex crime legislation. Importantly, they also engaged in face-to-face conversations with men convicted of child sex crimes and their therapist.

Participants in the study were measured, both at the beginning and at the end of the study, using the author’s “Attitudes toward Child Sex Offenders” scale. Along with items based on the course, there were also items adapted from other scales and surveys designed to measure attitudes and perceptions of people who had committed sex crimes. Four areas were assessed:

“Knowledge and myths about CSOs” (p. 205). This area actually included not only items about the characteristics of people who had committed child sex crimes, but also statements about the nature of such crimes in general, and a few items about MAPs.

“Affect-based judgments and interest in associating with CSOs” (p.205). This included items such as “CSOs need affection and support just like anybody else,” and “I would like working professionally with CSOs” (p. 206).

“Attitudes toward treatment.” This included statements such as “Treatment for CSOs is ineffective,” and “CSOs are highly resistant to treatment and are likely to re-offend” (p. 206).

“Attitudes toward sentencing and management.” Examples were “CSOs should remain in prison for their whole life,” and “Convicted CSOs can live safely in a community without posing a threat to children” (p. 206).

Because one goal of the study was to replicate the author’s previous research, the first area above was not limited to myths contributing to stigma toward those who had committed child sex crimes. For example, the instrument included the items “CSOs who molest same-sex children are homosexuals,” and “Juveniles who commit sex offenses will most likely commit sex offenses as adults” (p. 205), thus addressing common misconceptions that could stigmatize gay people and juveniles, respectively. Many other items focused more on knowledge that would aid in the prevention of sexual abuse, such as “CSOs are more likely to abuse children who are strangers than children they know” (p. 205).

In fact, without care, efforts to educate the public and professionals regarding many items on the survey could contribute to more punitive attitudes, even toward juveniles, by heightening anxieties and fear. Examples of such items were the false statements: “The majority of CSOs are caught, convicted, and incarcerated,” “Compared with males, female CSOs cause less harm to children,” and “Siblings rarely commit sexual offenses against their siblings” (p. 205). Of note for those interested in the destigmatization of MAPs, the instrument included three items referring to MAPs: “All pedophiles are CSOs,” “One can choose to be a pedophile,” and “Being a pedophile is a crime in the United States” (p. 205).

Thus, the first portion of the study instrument constituted a measure of knowledge regarding three separate topics (people who have committed child sex crimes, the nature of those crimes, and MAPs) with varying potential to increase or decrease negative attitudes.

Another point to raise, in relation to the third assessed area as above, pertains to the operationalization of the concept of “treatment.” More specifically, it is unclear what the concepts of “treatment” and “rehabilitation,” which the author juxtaposes to punitiveness and the criminal justice system, actually entail. This is crucial, as the line between so-called rehabilitative and so-called punitive approaches can be very thin, with

“treatment” many times functioning as yet another form of (additional) punishment.

Upon analyzing the data gathered from administering the survey at the beginning and end of the course, the author found large and statistically significant increases in scores in all four areas. The increases in two of them were especially large: “Knowledge and myths about CSOs” and “Attitudes toward treatment”. Even though the “knowledge and myths” area was not limited to stigmatizing beliefs toward those committing child sex crimes, a correlational analysis found that students with more knowledge in this area “showed more positive affective responses and willingness to associate with CSOs, along with positive attitudes toward sex offender treatment and rehabilitation and reduced support for punitive sentencing policies” (p. 210).

At the end of the course, students were also asked to provide their opinion about the videos and invited speakers. A large majority (77%) rated the panel of men who had committed child sex crimes as “incredibly valuable.” High ratings were significantly related to high scores on “Affect-based judgments and interest in associating with CSOs,” reduced support for punitive sentencing, and positive attitudes toward treatment. The author writes: “Findings support the powerful humanizing impact of having direct contact with members of the stigmatized group” (p. 211). This is similar to

findings from studies of interventions designed to destigmatize MAPs.

The author notes three limitations of the study. First, students were not randomly assigned to the course, so it is unclear how generalizable the study is. Second, the course included both classroom instruction and “contact components,” so the effects of each component could not be separated. Third, all outcome measures were based on self-report at the end of the course, so long-term effects on attitudes and behavior are unknown.

The author makes the important observation that prevention efforts “need to move from individual-level activities to systematic strategies aimed at changing macrosystem characteristics including public stigma and legislation” and must involve “challenging public dehumanization of individuals who have committed CSA” (p. 212). This perhaps lies at the core of promoting effective, just, and humane responses to both MAPs and individuals who have committed child sex crimes.

One step toward this goal could be the use of person-first language by researchers and practitioners—already advocated by the mental health field in general—so that individuals’ identities would not be equated with the worst acts they have committed. While the person-first phrase “people who had committed SCAC [sex crimes against children]” is used early in Wurtele’s article,

the term “CSO” (“child sex offender”) is used throughout most of the rest. Of course, the author is not alone in this, as much of the literature uses terms like “perpetrator,” “offender,” and “juvenile offender,” although that may be starting to change (e.g., Willis, 2018).

But a broader “macrosystem” issue that needs examination is the conception, apparently dominant among both the general public and professionals, that sexual abuse is fundamentally different from other forms of child abuse, and far more harmful, with an accompanying view of those who commit it as fundamentally different and worse. Obviously, different forms of abuse may have different causes, but care must be taken so that professional language, prevention approaches, and treatment methods do not imply that people (including juveniles) who commit sex crimes are uniquely malicious or defective in psychological make-up and require more extreme punishment, treatment, and control methods than those applied to people who abuse children in nonsexual ways. Particularly when these approaches appear less constrained by legal, ethical, and therapeutic considerations, they can contribute to the stigmatization and dehumanization that Wurtele’s study attempts to rectify. Unfortunately, various practices and publications in the field, including Wurtele’s study, contain elements that seem to reinforce this unhelpful and inaccurate conceptualization. We explore this issue at greater length, and offer suggestions for improvement, in the

supplement text to this review, which can be accessed at the end of the Review section of the journal or by [clicking here](#).

To those who believe that both MAPs and people convicted of sex crimes involving children—whether adult or juvenile—have the same value and human rights as any other people, it is encouraging that a growing number of researchers and practitioners in forensic psychology and sex abuse prevention are working to reduce the stigmatization and dehumanization of these

populations. This study is an example of such an effort. It does suffer from some flaws that may contribute to the very stigma it addresses—flaws that are found in many studies related to sexual abuse (see supplement). In spite of this, it points to a promising approach to decreasing stigmatization of one of the most reviled groups of people in Western society—an approach that would be of interest to those who wish to do the same for MAPs, in the service of improving the quality of life for both children and adults.

Mandatory Reporting and Clinician Decision-Making When a Client Discloses Sexual Interest in Children

Stephens, S., McPhail, I. V., Heasman, A., & Moss, S. (2021).

Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement:

<https://doi.org/10.1037/cbs0000247>

Concerns about mandatory reporting represent a significant barrier to seeking mental health services for people attracted to children, but little is known about decision-making by clinicians in the context of a client disclosing attraction to children. The authors of this article sought to address this gap by examining factors that would influence clinicians' decision to report in such a context, including their demographic characteristics, clinician stigma, and situational factors.

A convenience sample of 309 Canadian registered mental health clinicians and student trainees was recruited for this study. No specific information was collected regarding the clinicians' knowledge about (or completed training on) minor-attracted people, though past history of reporting was assessed. The authors also assessed the clinicians' stigma towards people attracted to children and their knowledge of mandatory reporting laws. They then provided the clinicians with hypothetical situations involving client disclosure of attraction to children and asked them whether they would report and why.

Clinicians were randomized to receive one of nine vignettes before answering a series of questions

about the vignette. In each vignette, the clinician was asked to imagine that a client had disclosed an attraction to children but expressed a commitment to not offend against children. In some vignettes, the client also disclosed use of illegal sexual material involving children and/or access to children by being a parent or working as a janitor at an elementary school. Clinicians were asked whether they would report their client in these hypothetical situations, then they were asked to answer some open-ended questions about their decision. The authors also obtained demographic information about the clinicians in the sample and information about their professional background.

In line with prior findings, the authors found that few demographic or professional factors were associated with their reporting decisions. On the other hand, clinician stigma did have an impact on likelihood of reporting, explaining 11% of the variance in reporting decisions by clinicians in this sample. When neither situational factor (i.e. use of illegal material or access to children) was present in the vignette, only 11% of clinicians in the sample said they would report. When both factors were present, 60% said they would report. Access to

children appeared to have more influence on reporting decisions than use of illegal material among clinicians in this sample; the latter was associated with an increase of approximately 2.5 times the odds of reporting, whereas the former was associated with an increase of 3.7-4.4 times.

The most common reasons for reporting were concerns of harm to children, concerns about professional liability, and adherence to training guidelines. Common reasons for not reporting included the belief that the client was not at risk for a contact sexual offense, concern for the client if the information was disclosed, and—interestingly—adherence to training guidelines. Clinicians also expressed the need to consult with colleagues or gather additional information before making a decision. Responses appeared to reflect thoughtful decision-making by clinicians, indicating that anti-stigma campaigns could be effective in correcting misinformation and reducing well-intentioned over-reporting.

This study has many strengths. The authors are very knowledgeable in this field, they for the most part avoid stigmatizing language throughout the study, and they do not treat people attracted to children as a homogenous group who are all at equally high risk of abusing children. They provide a solid summary of the relevant background literature, and they clearly and thoroughly describe their methodology. The authors are thoughtful in their consideration and

discussion of the complexities of reporting decisions in this context, noting that the ambiguity of mandatory reporting laws, particularly the concept of “at risk,” could contribute to variation in decision-making by clinicians.

The authors underscore the importance of understanding reporting laws and not reporting based on misinformation (e.g. believing use of illegal sexual material involving children triggers mandatory reporting). Importantly, they highlight the need to address clinician stigma and to counter false narratives about risk. They emphasize that reports should not be made based on presumed risk, noting that additional research is warranted as to whether these situational factors are indeed risk factors and whether the presence of these factors raises a situation to the level of making a report. They also reflexively describe factors that might have increased the validity of the study, such as more explicitly stating in the vignettes that the hypothetical client had never offended against a child. They also note that because their study relied on a convenience sample, findings may not be representative of clinicians in general.

One area that could have been strengthened is the discussion of implications of this important study. In the introduction, the authors describe multiple reasons why a person attracted to children might seek mental health services, including stigma-related stress, unaddressed mental health needs, and desire

to avoid offending. However, in the section about implications for service provision, they frame their discussion mostly around abuse prevention, missing an opportunity to highlight the implications of the study for the mental health of people attracted to children more broadly. It is a positive finding that many clinicians appear to make deliberate and thoughtful reporting decisions; this may indeed remove a barrier to help-seeking prior to a person committing a sexual offense. However, it's important to note that this also removes a barrier to help-seeking for people who are not at risk of offending, but may be at risk for anxiety, depression, or suicidal ideation or behavior. Additionally, the authors note that over-reporting may impede efforts of child protection agencies to follow-up on cases of suspected abuse, but do not mention that over-reporting can also harm the children of those unnecessarily reported by causing disruption to the family or loss of jobs or social standing. The authors likely limited their discussion of implications for the sake of space and scope, but these are important implications of their work that warrant mention in this review.

In addition, the authors found it “somewhat promising” that when “there is an absence of situational factors that signal potential risk (e.g., access to children), only a small minority of clinicians would report.” However, for a person who is attracted to children, an 11% (or 1 out of 9) chance that a clinician would report feelings alone

could still be a significant deterrent to seeking help, especially considering the potentially negative consequences of such a report (whether real or imagined). This is even more of an issue for one who is a parent or has a job where children are present, in which case the chance of being reported may be about 4 times as great. There are many other ways in which a person can be regularly in the presence of children, such as through their extended family or neighborhood. Thus, if the findings of this study reflect clinicians' views at large, the proportion of minor-attracted people who might have a 40 or 50% chance of being reported for feelings alone could be sizable.

It is also notable that the vignettes failed to specify the age or sex of children to which the client was attracted, but the vignettes that involved interaction with children indicated that those children were of elementary school age. Apparently the researchers and their subjects were to assume that the client was attracted to those children they might interact with, or to all children in general. This may reinforce the stereotype that the feelings of people who are attracted to children are indiscriminately directed toward all children.

The authors note that there was a significant amount of unexplained variance in clinicians' reporting decisions, and that clinicians' demographic and professional factors had little relationship with their decisions. This raises the question of whether other

clinician characteristics may be important. Future studies may wish to examine personality or ideological factors since researchers have found them to be related to prejudicial attitudes.

Overall, this is a very well-designed study and well-written article. The authors' investigation and

discussion of reporting decisions by clinicians and their implications for client help-seeking is thorough and thoughtful. Taken together, their findings and discussion thereof represent an important contribution to the provision of mental health services among people attracted to children.

Health care professionals' view on pedophilic disorder: a qualitative study

Bayram, G., Parks, A., Juth, N., Rahm, C. (2021)

Sexual and Relationship Therapy: <https://doi.org/10.1080/14681994.2021.1900560>

The present study investigates the views and clinical approach of Swedish health care professionals treating individuals who are sexually attracted to prepubescent children. Specifically, it explores professionals' understandings around the diagnosis of pedophilia, the changeability of attraction to children, and the aims of treatment. The findings suggest that these three topics produce heterogeneous opinions and that the current professional views are not in line with published international consensus. The article also explores the aims of treatment from a professional's perspective and their experience of patient treatment aims, highlighting the (in)congruities that exist between them. A further premise of this research was that by exploring healthcare professionals' perspectives, potential barriers to effective care may be identified which can inform future research directions.

Addressing the distinction between pedophilia and pedophilic disorder made in the ICD-10 and the DSM-5 respectively, the authors highlight that the difference in diagnostic criteria may lead to different attitudes and treatment from health care professionals. They raise concerns that the discrepancies of the disorder criteria may result in a lack of treatment quality control, and as such,

patients may be receiving differing treatment depending on whom they sought assistance from.

The authors also highlight discrepancies between paraphilic treatment guidelines developed by the World Federation of Societies of Biological Psychiatry (WFSBP) and patient aims. The WFSBP treatment aims are 1) to control paraphilic fantasies and behaviors in order to reduce the risk of recidivism 2) to control sexual urges 3) to decrease the level of distress of the individual and 4) to enhance the non-paraphilic sexual interests and behaviors. However, this research identifies several additional treatment goals from the patients' perspective, including managing shame and stigma, sadness about the lack of opportunities for sexual gratification, and issues not directly related to sexual attraction (e.g., depression, anxiety, low self-esteem, and unhealthy coping strategies such as drug or alcohol use.)

The study conducted semi-structured interviews with 8 Swedish public healthcare professionals who had each treated 15+ individuals sexually attracted to children. They were selected from different professional backgrounds including forensic psychology, psychiatry, and psychotherapy, and were an even gendered split. All interviews included the

same set of 10 open-ended questions. The questions focused on the opinions of professionals regarding the nature of pedophilia as well as personal experiences from treating with minor-attracted patients. For this study, only 3 questions, pertaining to the specific research question, were analyzed. The interviews were analyzed using a qualitative descriptive content analysis to extract categories and subcategories from the content in the interviews. A brief summary of findings from the interview questions and their related themes are presented below.

Concerning the first question, “Do you think pedophilia without distress or acting-out should be considered a mental disorder?”, two categories were created under the theme “arguments for and against pedophilia being a disorder.” Three professionals believed pedophilia was a sexual orientation, and as such should not be diagnosed as a mental disorder. The other five professionals supported the diagnosis of pedophilic sexual attraction (by itself) as a mental disorder, on the grounds that this sexual attraction predetermines that one cannot establish a healthy reciprocal relationship.

The second question, “What do you think about the changeability of sexual interest in prepubescent children with or without treatment?”, generated two themes: “changeability of sexual interest to prepubescent children with treatment” and “changeability of sexual interest to prepubescent

children without treatment.” Some referred to the change as a change in patterns of sexual habits and some referred to it as a total change in sexual attraction. Two interviewees stated that sexual attraction to children would not change with or without treatment, attributing their opinions to pedophilia being a sexual orientation. Four interviewees expressed the opinion that patients can benefit from treatment in terms of controlling their sexual impulses and adjusting their lifestyles, regardless of whether pedophilia is something that can be changed. Three of the five interviewees who thought that change in pedophilic sexual attraction could be achieved with treatment stated that it was patient dependent. Those who believed in the possibility of change also stated that different life situations and different personal methods can aid in achieving that goal. Some professionals were ambivalent about the changeability of sexual attraction to children based on a lack of data.

The final question explored in this study, “What is the main aim of the treatment of someone with pedophilia? From your experience, are the aims of the patient and the therapist in line or in conflict?”, generated four themes. The first theme “the main aim of the treatment, according to the therapist” centered around all interviewees emphasizing the importance of eliminating the risk of abuse and to prevent harmful or illegal actions. Other treatment goals from the therapist’s perspective were to understand the nature of pedophilia, to increase

patient's quality of life, to protect the society while protecting the patient, and to stop using exploitative materials. The second theme, "the main aim of treatment, according to the patient" also centered around mitigating harmful behavior to others. Changing their sexual attraction, understanding the nature of pedophilia, justifying "immoral feelings" by being in treatment, sharing their lives with another person, and legal necessities were additional patient treatment goals according to the therapists. The third theme identified was "points where the aims of the patient and the therapist fit or conflicts." Professionals discussed conflicts arising when treatment was involuntary and patients had legal obligations. Other conflicts cited were: lack of therapeutic engagement, cognitive distortions, distrust of the therapist, and attempting to reach a solution quicker than the therapeutic process would allow. The fourth and final theme was "patients' and therapists' joint aim with treatment," which was focused on the problems associated with the attraction and the risks of acting sexually with children. Professionals discussed the importance of avoiding conflict through sharing the same purpose of treatment, striking a balance between the aims of both the therapist and the patient, or making the patient see the problematic sides of their attraction.

The authors found that there were heterogeneous opinions among Swedish healthcare professionals as to the diagnosis, cause, and changeability of attraction to children, as well as the experienced

treatment aims from the professionals' perspective. The research found that the focus of the interviewees, regardless of the question, always returned to preventing child sexual abuse. A significant finding was that most of the professionals interviewed were not following, as the authors described, the growing international consensus (DSM-5 and ICD-11 forthcoming in 2022) on the topic of diagnostic criteria for pedophilic disorder. The authors did not specify whether the interviewees were aware of the differing diagnostic criteria, but they acknowledged that the professionals likely followed the ICD-10, thus making their diagnosis of pedophilia legitimate - albeit without the accompanying distress and/or offending criteria as put forward by the DSM-5 and forthcoming ICD-11. Where this may present an issue is that there is not necessarily a professional consensus as to the definition of pedophilia and pedophilic disorder, which the authors suggest may affect parity of treatment and its outcomes. The authors write that a diagnostic definition of pedophilia that does not have to include distress or offending (as is the case in pedophilic disorder) may better serve a population with a diversity of expectations and reasons to engage with treatment, but do not mention that the degree to which a diagnosis of "pedophilia" would stigmatize clients needs to be considered. The conflation of pedophilia with pedophilic disorder, and the differing definitions thereabouts is an on-going source of confusion within the wider field and is brought into focus once again in this article,

the authors themselves using the two terms interchangeably.

Although it may have been outside the scope of the study, it would have been helpful to further explore how the identified views throughout all three questions impacted the treatment provided. The professionals were never asked how they thought their views impacted their treatment approach. It would also be interesting to understand how treatment aims were reached. The authors propose that patients might be “over-treated” depending on the diagnostic criteria / definition of pedophilia or pedophilic disorder the professional follows; however, the extent to which adherence to a diagnostic label then informs the treatment approach is unclear. The authors also never mentioned whether the individuals treated by the health professionals included a non-forensic group, as this may provide more insight into the attitudes of the treating professional and would certainly impact treatment aims of both the therapist and the client.

In the discussion section, the authors bring out interesting nuances on the changeability of sexual attraction to children, but it remains unclear what

“changeability” actually meant to both the therapists and the clients. What does a therapist mean when they claim to have “cured a pedophile”, and more importantly, what does that mean to the individual who has supposedly been “cured?” Definitions and understandings of changeability could have been expanded upon further. The authors note that understanding the cause of the sexual attraction and decreasing the risk of criminal acts were shared goals of patients and therapists. However, patient concerns unrelated to their sexual orientation, i.e., depression, anxiety etc., were not addressed by the professionals. The authors suggest this indicates a disconnection between patients and therapists in the treatment process. They highlight the need for addressing patient equality when producing national standards. The authors accurately stress the importance of utilizing professionals to inform future research directions and generating national standards based on first-hand experience, and suggest future research is required, consisting of additional professional samples. What would complement this well would be to conduct interviews with minor-attracted people living in Sweden to determine whether the perceived goals identified by therapists are shared by the clients.

How well do indirect measures assess sexual interest in children? A meta-analysis.

Pedneault, C. I., Hilgard, J., Pettersen, C., Hermann, C. A., White, K., & Nunes, K. L. (2021).

Journal of Consulting and Clinical Psychology: <https://doi.org/10.1037/ccp0000627>

According to Pedneault et al. (2021), cognitive measures of sexual attraction to children¹ involve the completion of computerized measures designed to assess sexual attraction to children. Cognitive measures are indirect measures because sexual attraction is inferred from the person's responses, as opposed to being directly assessed (e.g., self-report). There are many different types of cognitive measures. Pedneault et al. examined three types of cognitive measures: 1) Viewing Time where people view a series of images of people across the lifespan and are asked to perform a task as their response time is measured; 2) Implicit Association Tests (IAT) where people sort stimulus words (ugly, beautiful) into different overarching categories (child-sexy, adult-not sexy); 3) Task Irrelevant Paradigms where people complete an unrelated cognitive task as they view stimuli that would vary in sexual attractiveness to the individual completing the task. Both across and within these categories of measures there is a lot of variation in the procedures that are used. For example, there are different variations of Viewing Time measures that would use different images of people across the lifespan.

In their study, Pedneault et al. (2021) set out to examine whether cognitive measures provide an adequate assessment of sexual attraction to children. They conducted a meta-analysis to answer their research question. A way to think about a meta-analysis is that researchers treat each individual research study as a "participant." In a meta-analysis each study contributes an effect that is entered into the analysis (in fact some individual studies might contribute multiple effect sizes to the overall analysis). A meta-analysis quantitatively summarizes the effects across different studies to address the research question. When meta-analyses are well-conducted, they can be very helpful in understanding the noise that can exist across individual studies (e.g., discrepant findings across different studies).

Pedneault et al. (2021) conducted their meta-analysis in two ways.² First, they looked at the overall difference on cognitive measures between those who are and who are not sexually attracted to children. They found that the cognitive measures distinguished between these two groups; however, there was a lot of variation across the different

¹ The term sexual attraction to children is used throughout the review, but it is worth noting that Pedneault et al. (2021) use the term sexual interest in children in their article.

² There were many analyses that they conducted that are informative and we have only been able to provide a cursory overview so interested readers are encouraged to review the full article if they want to get a more nuanced picture of the results.

studies that contributed to heterogeneity in their overall effect size estimate. They conducted a series of analyses to try and better understand this heterogeneity by examining those factors that might influence the ability of cognitive measures to distinguish their groups; however, they were not able to pinpoint any significant variables that contributed to the observed heterogeneity.

At this point in our discussion of the article, it is important to highlight a relevant limitation that is applicable to this component of their meta-analysis. As highlighted by Pedneault et al. (2021), they inferred sexual attraction to children by offense status. More specifically, they defined those who are sexually attracted to children as those with a victim under the age of 16. Therefore, offense status is treated as synonymous with sexual attraction. They compared this group to other groups classified as not being sexually attracted to children because they did not have an offense history that was suggestive of this (e.g., those who sexually offended against adults). As most of the readership of B4QR is aware, not everyone who commits a sexual offense against children is sexually attracted to them. In fact, 40-50% of those who offend against children are not sexually attracted to children and offend against them for other reasons.³ Pedneault et al. are clearly aware of this limitation and attempted to provide a more direct comparison by grouping people as more likely to be sexually attracted to children if they had

certain features (e.g., offended against boy victims, self-reported sexual attraction to children). Nonetheless, they did not find that this impacted the heterogeneity in their results and the analyses were still very heavily based on offense behavior. Unfortunately, this is a common issue in research on the topic and since they relied on past studies to conduct the study, it is largely out of their control.

A second approach taken by Pedneault et al. (2021) addresses the above limitation. They examined the association between cognitive measures and other independent indicators of sexual attraction to children (e.g., self-report). They found evidence to support a small to moderate association between cognitive measures and the independent measures of sexual attraction to children that they examined. Like their first set of analyses (known group comparisons), there was also heterogeneity in the overall effect size that they reported. They attempted to identify sources of this heterogeneity and were able to identify some variables that contributed to this heterogeneity. For example, Viewing Time measures were more strongly associated with other measures of sexual attraction to children than the IAT.

Overall, the meta-analysis was conducted very well. There were several study strengths that can be highlighted, including but not limited to, the consideration of how publication bias (tendency to publish statistically significant results) could impact

³ Seto, 2018.

findings, an attempt to gather literature on the topic that has not been published, and the inclusion of task-irrelevant cognitive measures that have not been previously subject to meta-analysis. The authors also deserve considerable credit for pre-registering their study and making all their study materials available (e.g., the coding manual they used to code the studies that were included in the meta-analysis). The added transparency is appreciated and important when conducting psychological research. Overall, this study is methodologically rigorous and will likely be an important resource for researchers or clinicians who use cognitive measures in their own work.

Based on a review of the article, it seems like we can be cautiously optimistic about the use of cognitive measures. The authors advocate for their use in research but caution of their use in clinical settings.

The caution they provide is largely for those who may be assessed in forensic settings where the results of an assessment can have far reaching implications. It is worth noting that the authors are very clearly writing with forensic implications front of mind. As we know, there are individuals who are sexually attracted to children who seek out mental health services on a voluntary basis and have not offended. It appears that research has not examined these cognitive measures in people seeking services on a voluntary basis. This is an important gap in the research that should be addressed. It is also worthwhile considering the usefulness of cognitive measures in non-mandated settings since most people who seek these services would readily report their sexual attraction to children. A greater consideration of this in the article would have been helpful and useful to those working in non-forensic settings.

The prevalence of sexual interest in children and sexually harmful behavior self-reported by males recruited through an online crowdsourcing platform

Ó Ciardha, C., Ildeniz, G., Karoğlu, N. (2021).

Sex Abuse: <https://doi.org/10.1177/10790632211013811>

In this study, Ó Ciardha et al. seek to establish the feasibility of crowdsourcing to recruit men who self-report sexual attraction to children or sexually problematic behavior involving children, specifically to examine the possibilities of crowdsourcing as “(1) a method of recruitment for cross-sectional studies with stigmatizing outcome variables, and/or (2) a method of identifying subsamples of individuals with these interests or behaviors to form samples in more targeted future studies.” The goals of this project are thus not to provide novel analyses of attraction to minors among men, but to discover whether crowdsourcing in particular can be used as an alternative to other modes of data collection such as the study of criminal populations, surveys targeted toward online MAP communities (e.g., such as VirPed.org and BoyChat.org), the use of traditional market research companies, etc. – and, if so, what advantages and disadvantages crowdsourcing might confer. The authors provide initial discussion of some straightforward advantages of crowdsourcing, in particular the relatively low cost of surveying a large number of people, the ease of maintaining anonymity, and the ability to control for a variety of eligibility factors.

Using the crowd-sourcing platform Prolific, a non-representative sample of approximately 1,000 men from several Anglophone countries participated in a study via an online survey consisting of questions pertaining to lower and upper bounds on age of attraction, sexual attraction toward children, sexual fantasies involving children, proclivity to offend, perpetration of contact offending, and perpetration of offenses involving pornographic material involving children. These are followed by further questions concerning perceived honesty of answers and a general debriefing.

The initial results examined are presented graphically as the distribution of minimal and maximal ages of attraction as a function of the participants’ age. Nothing of interest concerning the article’s goal is discussed here. Notable, however, was the fact that only one individual appears who self-reports a range of age of attraction (7-10) that could be called exclusively pedophilic; furthermore, no exclusively hebephilic individuals were found. Discussion of this fact would have been welcome, as it interestingly shows that the data have not identified more than a single individual whose sexual interests lie exclusively with minors, surely of relevance to identification of target subsamples.

Still, the article succeeds in showing that crowdsourcing may indeed identify men “who self-report sexual interest in children or sexually problematic behavior involving children.” This is not particularly surprising, given the ease with which participants can answer questionnaires online, researchers’ access to large populations, the incentive of payment of participants, the guarantee of anonymity, and the fact that the kind of questions involved are fairly typical in establishing MAP populations.

However, whether the study demonstrates that crowdsourcing can recruit men who are sexually attracted to children, as the article seeks to do, is not so clear. If “recruitment” is to mean establishing a relationship for continued participation (for whatever period), then nothing at all has been demonstrated, since no attempt was made to seek out those participants of interest for further inquiry. As far as the goal of identifying subsamples “to form samples in more targeted future studies” (see (2) above), matters are still unclear: a certain subsample has certainly been identified, but how it might provide samples for more targeted studies remains unanswered, especially given the observation above that only one “exclusive” MAP was found in the sample. Some speculation concerning how this targeting might actually be accomplished would

have been welcome, especially given the need to preserve anonymity.

In the first part of the article, the authors consider certain methodological problems in measuring attitudes toward sexual attraction toward minors as a way toward establishing actual behavior, especially problems with proclivity measures. The results of the article, however, shed no additional light on how to deal with these kinds of problems: the article’s main result revealed only a relatively small number of participants (231; 23.1%) who fell into the categories of expressing sexual interest, proclivity toward sexual offense, or actual sexual offense. Overlap between these three categories (Fig. 2 in the article) was, moreover, inexact, with only 19 (8.2%) individuals belonging to all of them. The authors discuss various standard plausible explanations for the several cases of non-overlap, but none of them reveal or depend on anything unique to the use of crowdsourcing in the collection of data.

It remains to be seen how crowdsourcing will affect research on sexual attraction toward minors. Ó Ciardha et al. have shown that a survey of a fairly standard type has provided neither unexpected nor particularly problematic results. Further experimentation with such surveys, and exploration of possibilities for recruitment of MAP subsamples on their basis, are likely to be more interesting.

Review Supplements

Supplement to Wurtele et al. (2021)

This supplement to the earlier review of Wurtele (2021) outlines some of the ways that studies, public education efforts, and treatment programs in the area of sexual abuse prevention risk contributing to the stigmatization and dehumanization of people, including juveniles, who commit sex crimes involving children. These approaches involve the use of language and treatment methods that are fundamentally different from, and more extreme than, those used in combatting other forms of child abuse. We also explore unquestioned assumptions that may underlie these differences and make suggestions for improvement.

The professional language and narratives surrounding sexual harm are very different from those surrounding other forms of child maltreatment, even when committed by children themselves. For example, forensic psychologists, sexual abuse prevention programs, and the media commonly use the words “abuse” and “assault” to describe sexually aggressive behavior by children, but not to describe physical or verbal aggression by children.¹ Similarly,

¹ Stop It Now!, a leading international sexual abuse prevention organization, offers its publication on the topic of “preventing sexual abuse among children and youth” (Tabachnick, 2016). Similarly, the webpage childluresprevention.com/resources/molester-profile/ states that at least one-third of all childhood sexual abuse is committed by children, includes these children under the heading “child

the word “deviant” is commonly used to describe feelings and behaviors of adults and sometimes even children only in the context of sexual abuse.² In addition, prevention programs often explicitly describe all those who commit child sex crimes as “predators” whose entire lives are centered exclusively around accessing, grooming, and deceiving victims and parents to victimize multiple children.³ Clearly, the animal metaphor “predator” is literally dehumanizing. Such language and narratives are not generally seen in policies and programs designed to prevent, treat, or punish physical or emotional abuse of children, and run the extreme risk of demonizing youths and adults who commit sex crimes.

molesters” and labels their acts as “peer-to-peer abuse” and “sexual assaults,” despite noting that children under 12 should not be identified as exhibiting “sexually abusive behavior.”

² Hof et al. (2009) titled their article on treatment for children and youth, “Deviant sexuality in children and adolescents: A protocol for the concurrent treatment of sexual victimization and sex offending behaviors.” In another article on the same topic, Thibaut et al. (2015) write, “Deviant sexual behaviour often starts with the development of deviant sexual fantasies associated with masturbation...Abel et al. (1985) showed that 42% of males with a paraphilic disorder exhibited deviant sexual arousal by age 15.”

³ For example, see childluresprevention.com/resources/molester-profile/ and educateempowerkids.org/8-ways-predator-might-groom-child/. The latter webpage refers to all people who commit child sex crimes as “predators” and claims, “for sexual predators, finding a new victim is the main focus of his or her life...a sexual predator first identifies then gains access to a child by any means necessary.”

Similarly, many of the methods used in treatment programs for adults and juveniles who commit child sex crimes are extreme and qualitatively different compared to those offered to adults or juveniles who abuse or harm children in nonsexual ways, and they appear to be therapeutically and ethically much more problematic. Such methods include polygraph testing, extreme emphasis on repeated disclosure of all past illegal or harmful behaviors in excruciating detail, as well as on patterns of defective thoughts and feelings, and regular reporting and monitoring of feelings and fantasies. Helping people who have abused children take responsibility for their actions and understand the harm they have caused is essential, but taking this to extremes could arguably contribute to dehumanization and intense psychological harm including self-hatred, depression, and suicidality. It is also noteworthy that such invasive measures (including those mentioned previously, but also others, like penile plethysmography), would be considered unimaginable and abusive in other contexts, but suddenly appear as intelligible and are readily accepted when it comes to sex offenders and “sexually deviant” persons more broadly.

Such extremes do appear to be quite common. One example is Kahn (2011), a popular 370-page workbook for use by adolescents between 12 and 18 years old who have committed sex crimes. Throughout much of the workbook, youths are presented with detailed and graphic descriptions of

abusive sexual behaviors, as well as long lists and categories of selfish and irresponsible thinking patterns, grooming behaviors calculated to lead to sexual victimization, threatening behaviors intended to gain victim compliance and enforce silence, and acts and thoughts leading to the repetition (cycle) of sexually abusive behaviors. The youth are required to meticulously identify, classify, describe, and analyze all examples of these in their own lives. In the process, they must repeatedly describe all of their victims, their sexual behaviors with them (sometimes in sexually graphic detail, including cases of bestiality, where they must provide the name, sex, and species of every animal they have sexually abused [see p. 76]), and how their crimes were discovered. For each victim, they must disclose how often these behaviors occurred, when they began and ended, how they planned their abuse, the grooming behavior they used, any force, bribes, or other means they used, how they felt before, during, and after the incidents, how their victims looked and probably felt during the incidents, the long-lasting effects on each of their victims, their victims' families, and other indirect victims (this is requested repeatedly), and how much responsibility they take for each incident. These questions are not all asked at the same time but rather in many separate exercises over the course of the workbook, so each exercise requires the youth to recount all of their victims. They must complete an extensive analysis of their cycle of abusive behavior, and write a detailed sexual history, including everything they've

heard or learned about sex throughout their lives and the circumstances under which they did so. At one point, they are instructed: "List the sexual experience about which you are most embarrassed and ashamed (such as sex with animals, masturbating with women's underwear, molesting young children, etc.)" (p. 78).

There is more, but this may suffice to make clear the extreme level of repetition and detail required and the extraordinary emphasis on the youth's patterns of negative behaviors, feelings, and thoughts. It is unclear such extremes are necessary to achieve accountability. There are some exercises on identifying the youth's strengths near the end of the workbook, but they seem overshadowed by the negatively-oriented exercises. Such an approach is not seen in treatment for any other kind of behavior involving violence or abuse of children, although it logically could be. There is a chapter on positive sexual expression, however it continues to emphasize the youth's "unhealthy or inappropriate sexual fantasies" and recommends a form of aversive conditioning to decrease them. Considering this dominant focus on identifying patterns of defective behaviors, thinking, and feelings, it seems difficult to imagine a person would complete such a program without feeling dehumanized and internalizing a perception of themselves and their sexuality as permanently defective, dangerous, and shameful. Similar approaches are used on

prepubescent children (MacFarlane & Cunningham, 2003; Kahn, 2007).

Perhaps most extreme of all is the electronic measurement of genital responses to "deviant" sexual stimuli administered by clinicians and aversive conditioning to reduce "deviant sexual arousal," both of which appear reminiscent of methods used on gay people 70 years ago. As of 2009, the most recent year North American treatment programs for adolescents and adults convicted for child sex crimes were surveyed, the penile plethysmograph was used by 31% of those for men and 10% of those for adolescent boys (McGrath et al., 2010, p. 60). This technology, used in the coercive and adversarial context of the correctional system, requires the adults and adolescents in question to be sexually aroused by exposure to images of children or audio descriptions of sex acts with them and to have their erections measured by an electronic device.

The use of this technique on juveniles may be decreasing; it was banned in British Columbia after public disclosure of its use there on boys as young as 13,⁴ and the Association for Treatment of Sexual Abusers recently recommended against using plethysmographs and polygraphs with juveniles, noting that they "include the potential for coercion

⁴ See <https://bc.ctvnews.ca/peter-meter-sex-testing-should-stop-watch-dog-1.631801> and <https://www.cbc.ca/news/canada/british-columbia/penile-tests-of-young-sex-offenders-invasive-report-1.1070849>.

and for engendering fear, shame, and other negative responses in adolescent clients" (Association for the Treatment of Sexual Abusers, 2017, p. 34). However, ethical issues surrounding the use of such technology on adults seems not be of concern to the profession yet, and its past use on both adolescents and adults may have contributed to their perception that they are seen as less than human.

The survey mentioned above also found that in the U.S., 67% of programs for men, 58% for adolescent boys, 56% for women, and 51% for adolescent girls used "behavioral sexual arousal control techniques" such as covert sensitization, odor aversion therapy, masturbatory satiation, aversive behavioral rehearsal, minimal arousal conditioning, and orgasmic conditioning (McGrath et al., 2010, p. 73). In the context of the extraordinary societal stigma surrounding "deviant" sexuality and the adversarial and coercive nature of the legal system mandating this treatment, dwelling not only on previous behavior patterns but also on people's especially intimate feelings (while conceiving of them as "deviant") could be psychologically destructive, degrading, and dehumanizing, as it was for gay people in the past. However, there are no guidelines in the literature to aid providers in preventing this treatment from being so, nor any explanations that distinguish it from its prior use on gay people, nor even any recognition that it could be harmful.⁵ Such

⁵ Thibaut et al. (2015) and McPhail & Olver (2020) review the literature to argue that these methods are effective with adolescents and adults, but do not address the possibility of

differential and extreme treatment without any recognition of its potential ethical and therapeutic shortcomings can give one the impression that those who commit child sex crimes are seen by professionals as undeserving of the therapeutic standards, ethical principles, and human rights granted to other people, including other types of criminals.

Such extreme approaches seem to be justified by the belief that sexual abuse is far more harmful and pervasive than all other forms of abuse. However, literature suggests that physical and emotional abuse are no less common or harmful than sexual abuse. All forms of abuse are severely underreported so it is difficult to estimate prevalence, but statistics over the past 25 years have fairly consistently estimated physical abuse to be twice as common as sexual abuse, and psychological or emotional abuse (considered the most difficult to detect) to range from slightly less common than sexual abuse to several times as prevalent.⁶

harm or ethical breaches other than the latter article briefly admitting that "the negative side effects of these interventions are unknown." The only articles on the ethics of these techniques found in an online search (e.g., "ethics of aversive conditioning," "ethics of arousal conditioning") referred to their use for addictions as controversial and pointed out that professional organizations consider their past use on gay people to be dangerous or abusive, due in part to the severe psychological harm that often resulted. No mention was made of their common use with juveniles and adults who have committed child sex crimes.

⁶ Spinazzola et al. (2014) includes a review of the literature on prevalence and cites evidence that emotional abuse may be the most underreported type of abuse. More statistics can be found at <https://www.childtrends.org/indicators/child-maltreatment>, <https://www.ncbi.nlm.nih.gov/books/NBK195982/>, and <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

Moreover, a significant body of research has found emotional abuse and neglect to be on average at least as harmful as sexual abuse.⁷ In its release of one such study, the American Psychological Association (APA) wrote that children subjected to psychological maltreatment (bullying, terrorizing, coercive control, severe insults, debasement, threats, overwhelming demands, shunning and/or isolation) “suffered from anxiety, depression, low self-esteem, symptoms of post-traumatic stress and suicidality at the same rate and, in some cases, at a greater rate than children who were physically or sexually abused. Among the three types of abuse, psychological maltreatment was most strongly associated with depression, general anxiety disorder, social anxiety disorder, attachment problems and substance abuse. Psychological maltreatment that occurred alongside physical or sexual abuse was associated with significantly more severe and far-ranging negative outcomes than when children were sexually and physically abused and not psychologically abused, the study found. Moreover, sexual and physical abuse had to occur at the same time to have the same effect as psychological abuse alone on behavioral issues at school, attachment problems and self-injurious behaviors, the research found.”⁸ The APA went on to note that “psychological abuse is rarely addressed in prevention programs or in treating victims,” adding that the American

Academy of Pediatrics has identified emotional abuse and emotional neglect as “the most challenging and prevalent form of child abuse and neglect,” accounting for 36% and 52% of identified child maltreatment cases, respectively. Similarly, Dye (2020) found that “those who reported emotional abuse had higher scores for depression, anxiety, stress, and neuroticism personality compared to those who reported only physical, only sexual, or combined physical and sexual abuse,” and concluded from a brief review that “studies show emotional abuse may be the most damaging form of maltreatment causing adverse developmental consequences equivalent to, or more severe than, those of other forms of abuse.”

Obviously, nothing is to be gained from a contest to determine which form of abuse is the most harmful or most common. All forms should be targeted with equal dedication, but inaccurately treating one of them as uniquely pernicious and pervasive, and those who commit it as uniquely depraved, is not only counterproductive from a child protection perspective, but also leads to a severe risk of dehumanizing adults and juveniles who commit that form of abuse, in effect justifying and encouraging another form of abuse.

At the macrosystem level, for the purpose of reducing problematic attitudes toward adults and juveniles who have committed child sex crimes, it may be enormously productive for professionals in

⁷ Spinazzola et al. (2014) includes a review of this literature.

⁸ See <https://www.apa.org/news/press/releases/2014/10/psychological-abuse>

the field of sex abuse prevention to adopt language, policies, public education approaches, and treatment methods that are more in line with the best methods used to address physical and emotional abuse and neglect. They should comprehensively and critically examine their practices to ensure they do not pose a risk of dehumanization and psychological harm that is higher than that posed by the practices of those who work to combat physical and emotional abuse.

Like researchers and educators focused on other forms of abuse, those concerned with sexual abuse could place their work in the context of efforts to combat all forms of abuse. For example, like many articles about sex abuse prevention, the article from Wurtele reviewed in this journal issue begins with “Child sexual abuse (CSA) is a problem of global magnitude” and has “wide-ranging negative consequences...for child victims, communities, and societies” (Wurtele 2021, p. 201). Neglecting to point out that the same is equally true for other forms of child abuse (as is done in the previously cited studies of emotional abuse)⁹ can reinforce the false and harmful view that sexual abuse is uniquely pernicious and endemic and justifies more extreme approaches to combat it.¹⁰ Additionally, Wurtele

teaches a “Sex Crimes Against Children” course; if her university does not offer corresponding courses on physical abuse and emotional abuse, students may gain the impression that that sexual abuse is singled out because it is much more harmful and pervasive than other forms of abuse. It would also be productive for studies like Wurtele’s to address this common misconception.

Finally, justifying stigma reduction efforts only on the basis of preventing sexual abuse (as the Wurtele study does), without also predicating them on the full humanity and inherent worth of MAPs and people convicted of child sex crimes, reinforces their very stigmatization. Wurtele rightly notes that the press frequently dehumanizes “CSOs,” implying they are non-human and undeserving of human rights. However, we suggest that it may be just as important and remarkably effective (and possibly easier) to step up efforts to address this problem as it exists in the professional practices of forensic psychology and sexual abuse prevention.

⁹ Both Spinazzola et al. (2014) and Dye (2020) begin by noting the severe harm of all kinds of abuse and trauma without singling out emotional abuse, the subject of their studies. The former begins, “Nearly 3 million U.S. children experience some form of maltreatment annually, predominantly perpetrated by a parent, family member, or other adult caregiver,” and the latter begins, “Research shows that early childhood trauma can significantly alter a child’s normal development which can cause long-term impairments, even into adulthood.”

¹⁰ This false impression is also given by McPhail & Olver (2020) in their review supporting aversive arousal conditioning, whose very first sentence reads: “The sexual abuse of children has wide-ranging adverse

psychological, health, and financial impacts on victims and society.”

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Meet the New Generation

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

Maria Sklavou, PhD Student University of Sheffield



Maria Sklavou is a second-year PhD candidate based in the Department of Law at the University of Sheffield in the UK, and her research is funded by the Economic and Social Research Council. She is supervised by Dr Mark Brown and Dr David Thompson, to whom she is thankful. Even though she is completing a PhD in Criminology, her research interests are interdisciplinary and include historical perspectives on pedophilia and child sexual abuse, and the securitization and risk-management of these phenomena in the modern context of prevention. Her PhD takes a social constructionist approach to pedophilia, child sexual abuse, and relevant preventative policy making in the USA, the UK, Germany, and the Netherlands. She is now finishing the data collection phase of her study, which comprises qualitative interviews with both persons who are attracted to minors, and persons who work in related professions, programs, organizations, and communities from all four countries.

Maria completed her bachelor's degree in Law (LL.B.) in 2012 at the National and Kapodistrian University of Athens, Greece, where she is from. After working for several years in the legal profession in Greece, with a special interest in criminal law, she came to the UK in 2016, where she earned two master's degrees (MAs), one in International Criminology (2016-2017), and one in Social Research (2018-2019). Her thesis for her first MA (International Criminology) was a comparative project focusing on the stigma of pedophilia and de-stigmatization via community-based initiatives as a way of promoting social inclusion and child sexual abuse prevention. Following that, she became more interested in social constructionism, discourse analysis, and in-depth qualitative research, which is how she developed her current PhD project. Except for doing research, Maria also undertakes part-time teaching at the University of Sheffield and is an Associate Fellow of the Higher Education Academy in the UK. Among other things, in this role, she makes it a goal to try to educate

students on the topics of pedophilia and child sexual abuse and to challenge the readily-accepted relationship between the two, as well as various other commonly held and unquestioned stereotypes.

Feeling honored to be involved with and a volunteer for B4U-ACT, Maria is enthusiastic about being part of this vibrant research community, and about having the opportunity to network and exchange views with so many people. She is particularly grateful to all the minor-attracted persons, from all over the world, who kindly agreed to take part in her research. She is also very grateful to all the professionals and other persons involved with various initiatives from the four countries in her study who agreed to interview with her. She believes that, unfortunately, the voices of persons who are attracted to minors are frequently bypassed in relevant literature. Through her research, she sincerely hopes to do justice to all the voices and stories she has heard, challenge taken-for-granted concepts, and go beyond the medicalized and criminalized frameworks through which this topic is most commonly examined and understood.

B4U-ACT Resources

B4U-ACT is a 501(c)3 organization established to publicly promote professional services and resources for self-identified individuals who are sexually attracted to children and desire such assistance, and to educate mental health providers regarding approaches needed in understanding and responding to such individuals.

Our organization assists researchers from around the world, especially PhD students (<https://www.b4uact.org/research/research-collaboration/>). If you would like us to collaborate with you or your team on a project, and if you share our research ethos (<https://www.b4uact.org/about-us/statements-and-policies/research-ethos/>), contact us at science@b4uact.org. You can also email us if you would like to join our researcher email group.

We provide several additional services to support therapists, researchers, students, MAPs, and their family members:

- Workshops for professionals, researchers, and minor-attracted individuals (<https://www.b4uact.org/get-involved/attend-a-workshop/>)
- Advocacy/education (<https://www.b4uact.org/know-the-facts/>)
- Advice for MAPs seeking mental health services, including referral to approved professionals (<https://www.b4uact.org/attracted-to-minors/professional-support/>)
- Guidelines for therapists (<https://www.b4uact.org/psychotherapy-for-the-map/>)
- Online discussion group for professionals, researchers, and minor-attracted individuals (<https://www.b4uact.org/?event=dialog-on-therapy>)
- Peer support groups for MAPs (<https://www.b4uact.org/attracted-to-minors/peer-support/>) and their families (<https://www.b4uact.org/attracted-to-minors/support-for-family-friends-2/>)