

B4U-ACT Quarterly Review
Volume 2, Issue 4, Autumn 2022
December 21, 2022

B4QR

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*Review of publications from
July 2022 to November 2022*

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Introduction by Allen Bishop, Editor-in-Chief

Welcome to the fourth edition of the second volume of B4QR. This Autumn issue of our journal could very well be called the *doxastic* issue, since the six articles being reviewed in this issue are all related to the general topic of *beliefs and attitudes*.

Our first two articles explore the beliefs and attitudes of the general population towards minor-attracted people and individuals who have committed a sex crime involving a minor. Lawrence and Willis (2022) compared the impact of two intervention campaigns, a “humanizing” campaign and an “informative” campaign, on the attitudes towards MAPs of 694 participants in New Zealand. Both interventions resulted in small reductions for most measures of stigma, but contrary to the authors’ expectations and to previous findings¹, the informative campaign had a greater impact on participants’ “perception of dangerousness” of MAPs. Glina et al (2022) conducted a systematic review exploring laypeople’s beliefs and myths about attraction to children or sexual abuse of children. A total of 61 articles from around the world were analyzed, showing a wide variety of beliefs on these topics.

The next two articles investigate the beliefs and attitudes of therapists and therapy students. Schmidt and Niehaus (2022) analyzed the views of 429 Swiss therapists towards MAPs and their willingness to have MAP patients. The survey results sadly tend to justify many MAPs’ reluctance towards seeking therapy, since the Swiss participants expressed great reluctance to provide therapy to MAPs. Brown and Kloess (2022) studied the attitudes of British therapists and students towards females who have committed a sexual offense involving a minor. Their semi-structured interviews showed a tendency of participants to disempower women perpetrators while simultaneously supporting harsh punishment – more so for the student participants than the professionals.

The remaining two articles concern the beliefs and attitudes of MAPs themselves. Stelzmann et al. (2022) held four focus groups with 20 MAPs pursuing therapy as part of the Dunkelfeld project in Germany, with the goal of better understanding MAPs’ perceptions of the media coverage of pedophilia. Unsurprisingly, participants felt that media coverage was largely negative and had a detrimental impact on their life, including their mental health and help-seeking. Cantor et al. (2022) conducted a content analysis of posts of “Girl Lover” forums. The authors searched for various “justifying beliefs” and “cognitive distortions” held by the forum participants. Our reviewers highlight the paper’s frequent conflation of sexual attraction and sexual behavior and challenge many of its assumptions.

¹ See Harper et al. (2021), reviewed in B4QR 1 (3).

This journal issue introduces a new section called “Responses from Authors,” where the authors of articles reviewed in previous issues are given the opportunity to reply to our reviews. Dr. Christian Joyal from Université du Québec à Trois-Rivières is the first author to be included in this new section. In his invited comment, Joyal highlights various shortcomings in the review of Joyal (2022) in our previous journal issue.² His response is followed by a brief reply from myself, in which I raise points of agreement and disagreement with his criticisms.

Our journal closes as usual with the “Meet the New Generation” section. Our honored young scholar in this issue is Evelyn Thorne, a postdoctoral fellow at the Moore Center for the Prevention of Child Sexual Abuse at Johns Hopkins Bloomberg School of Public Health, where she also completed her PhD in Public Health in 2020. Evelyn has been a regular reviewer for B4QR and will be joining our editorial team starting with the next journal issue.

We hope you find this concluding edition to our second volume informative and engaging.

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

² B4QR 2 (3).

Reviewed Publications

Understanding and influencing public attitudes surrounding people with a sexual interest in children

Lawrence, A. & Willis, G.M. (2022)

Stigma and Health 7 (3), <http://dx.doi.org/10.1037/sah0000391>

In their 2022 article, “Understanding and Influencing Public Attitudes Surrounding People With a Sexual Interest in Children,” authors Lawrence and Willis investigate the impact of two types of anti-stigma interventions aimed at increasing understanding about attraction to children. One was a “humanizing narrative” video - a video describing the lived experience of a man who is attracted to children, and the other was an “informative” video with fact-based information about attraction to children. The authors hoped to gauge the relative success of each intervention strategy to improve the efficacy of future anti-stigma campaigns.

The authors recognize the importance of this research, given the fact that attraction to children is often considered criminal by default, which means that help for people attracted to children is generally only available after a crime has been committed. People with an attraction to children often forgo reaching out to mental health professionals out of fear of further stigmatization and mandatory reporting, and as recent research by Schmidt &

Niehaus (2022) and Walker et al (2022) show, these fears are quite justified.

For the purposes of this study, the authors recruited a final sample of 694 participants from New Zealand via an anonymous online survey and randomly assigned them to one of the two anti-stigma interventions. The sample was predominantly female (72%), with a mean age of 41. Before the video was played, the participants were first asked to record their attitudes towards people with a sexual attraction to children along the following measures: 1) affective reactions (pity, disgust, anger, fear); 2) intentionality (perceptions of a person’s ability to control their attraction); 3) supportive attitudes (endorsement of prevention programs); 4) social distance (willingness to interact with people attracted to children); 5) perceptions of dangerousness; and 6) perceptions of deviance. The authors hypothesized that both interventions would reduce stigma, but that the humanizing intervention would result in greater stigma reduction than the purely informational intervention. Results of the two types of interventions on stigma measured are

presented in the table below, which was reproduced from the original article.

Table 4
Attitudinal Estimated Marginal Mean Scores Across Two Time Points of Data Collection, by Intervention

Attitudinal measures	Humanizing		Informative	
	T1	T2	T1	T2
People do not choose to have a sexual interest in children.	2.95 (.07)	2.41 (.07)	2.99 (.07)	2.22 (.07)
People with a sexual interest in children can control acting on their sexual interests.	2.20 (.07)	2.19 (.06)	2.17 (.07)	2.02 (.06)
People are not responsible for their sexual preferences, but they are responsible for their behavior.	1.61 (.06)	1.57 (.05)	1.59 (.06)	1.46 (.06)
Supportive attitudes	6.15 (.16)	5.91 (.18)	6.15 (.17)	5.97 (.18)
Social distance	14.14 (.25)	12.50 (.28)	14.16 (.26)	12.48 (.28)
Dangerousness	5.64 (.11)	4.86 (.12)	5.66 (.11)	4.48 (.12)
Deviance	11.68 (.30)	10.35 (.29)	11.40 (.30)	9.99 (.30)

Note. T1 = pre-intervention; T2 = post-intervention. Data represent estimated marginal means with ±1 Standard error of mean (SEM) in parentheses.

As found in a similar study in 2021 conducted by Harper and colleagues, both interventions resulted in small reductions for all measures of stigma (with the exception of “controllability,” which was not significantly impacted by either type of campaign in the current study). In both studies, effects between interventions were similar, but in the current study, the informative intervention was associated with “greater reductions in perceptions of dangerousness and increased understanding that sexual interest in children is not a choice.” This finding is contrary to the authors’ hypothesis as well as findings from prior research, which indicate that humanizing narratives are slightly more effective than purely

informational videos in terms of reducing stigma (Harper et al., 2021).

The authors of the current study note that this unexpected finding could be due to mistrust by participants of the humanizing narrative. As 59% of the sample reported no prior contact with someone attracted to children, the authors posit that this video could have potentially been their first introduction to the counter narrative that not all people attracted to children commit a child sex crime. They further suggest that the humanizing intervention might have been “too confronting for the New Zealand public to consider the validity of the narrative of a true account,” considering the strong prevalence of the “monster narrative” perpetuated in the media (McCarten, 2010). However, they do not explain how this distinguishes this present study from previous research, given that the “monster narrative” is likely not a New Zealand-specific phenomenon. Additionally, differences in pre- and post-intervention stigma levels based on prior personal contact with someone attracted to children were not reported by the authors, but this would be interesting to evaluate considering approximately 40% of the sample reported such personal contact.

Another element that might explain the relatively weaker impact of the humanizing video in the current study, which the authors do not consider, is the fact that the humanizing video did not present a real minor-attracted person but rather an “actor

reading the lived experience” of a minor-attracted person. Although the article does not provide further clarification, one of the authors told us in private correspondence that there was a disclaimer at the beginning of the video stating that it was an actor reading a real MAP’s story on their behalf. The fact that the participants were told at the offset that the person they were about to see was just an actor could very well have had an impact on (the intensity of) their reactions. In comparison, the video used in Harper et al. (2021), which had a stronger impact on the participants, presented a real minor-attracted person sharing his personal story.

Interestingly, while the informational video in the current study appeared to have a greater impact on reducing perceptions of dangerousness and the belief that people choose to be attracted to children, participants who viewed the humanizing narrative still reported greater emotional impact and engagement with the intervention video. Furthermore, as previously noted, neither intervention appeared to impact participants’ perceptions of the ability of a person attracted to children to refrain from acting on their attractions, indicating that additional research is needed to determine the best way of countering this misconception. However, taken together, the results of Harper et al. (2021) and the current study indicate that both types of campaigns can be effective in reducing various aspects of stigma and

misinformation related to people attracted to children.

Throughout the article, the authors do an excellent job of discussing the distinction between attraction and action, as well as the adverse effects of conflating these concepts on the well-being of people attracted to children and the effectiveness of abuse prevention efforts. The authors note that one critical impact of the conflation of attraction and action is the misapplication of moral and criminal frameworks in understanding attraction to children, which focuses primarily on risk and behavior control, and is only designed for people who have already committed an offense.

In a previous review, the authors had identified several measurement issues in anti-stigma studies that could have inadvertently contributed to the conflation of attraction and abuse, and they directly addressed these issues in the current study by modifying and adding items to account for the effects of valence framing. For example, under intentionality, they added the following item: “People are not responsible for their sexual preferences, but they are responsible for their behavior.” Under dangerousness, they modified the item, “There exists no strong relationship between pedophilia and sexual abuse of children” to read: “Many people with a sexual interest in children never have sexual contact with a child.” Deliberate efforts like these to distinguish and specify concepts

are important for research, as these are very loaded terms that need consistent clarification.

The authors note the implications of stigma reduction for abuse prevention, writing that we must provide an opportunity for people attracted to children to seek help to reduce risk of offending behavior, but, importantly, they also emphasize the need to address and reduce the impacts of stigma on

people attracted to children for the sake of their mental health and well-being. The exclusive focus on prevention in previous anti-stigma campaigns can inadvertently contribute to the pathologizing and criminal determinism so common in discussions of attraction to children. More publications like this article by Lawrence and Willis are needed to break the pattern.

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Lay People's Myths Regarding Pedophilia and Child Sexual Abuse: A Systematic Review

Glina, F., Carvalho, J., Barroso, R., & Cardoso, D (2022)
Sexual Medicine Reviews 10(4), DOI: 10.1016/j.sxmr.2022.06.010

This systematic review by Glina et al (2022) attempts to tie together much of the existing literature on lay people's myths regarding pedophilia and child sexual abuse (CSA). Its purpose is to synthesize these findings for professionals to refer to when devising prevention programs and strategies to encourage help seeking behavior among people with an attraction to children. This paper provides insight into what lay people around the world believe about CSA and pedophilia, as well as some of the presuppositions of the individuals researching them. Although it adds to our understanding of the phenomenon of stigmatization of minor-attracted people, the paper has important limitations that make it contribute itself to the very stigmatization it is studying.

For this systematic review, the authors followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to identify articles and conducted a database search using terms including but not limited to "sexual child abuse," "CSA," "pedophilia," "child molesters," "lay people," "public opinion," "myths," and "perceptions." For this review, the authors included articles published between 1989 and 2022, and only articles that researched participants who were not directly involved professionally or personally with pedophilia.

The first database search yielded a total of 11,955 results. Of these, 163 were selected for further screening, leading to a final dataset of 61 articles. The authors reviewed the articles for myths and divided identified myths into seven categories: (i) blame diffusion, (ii) denial of abusiveness, (iii) restrictive stereotypes, (iv) victim age and consequences, (v) social stigma, (vi) punitive attitudes, and (vii) treatment.

Unsurprisingly, under the categories "social stigma" and "punitive attitudes," the general public exhibited consistently negative attitudes towards people with an attraction to children. People held highly antagonistic attitudes towards such people, even when no criminal activity was mentioned.³ Many believed that the terms "pedophiles" and "child sex offenders" were interchangeable.⁴ People with an attraction to children were seen as a "threat"⁵ and viewed more negatively than sadists and people with traits of antisocial personality disorders.⁶

Within the category of "treatment" for people with an attraction to children and people who have committed sex crimes against children, there were

³ Imhoff (2015).

⁴ Wurtele (2018).

⁵ Jahnke & Hoyer (2013).

⁶ Jahnke et al (2015).

mixed findings. The participants of some studies had little optimism about the efficacy of treatment⁷, while other respondents considered treatment a viable tool.⁸ In most studies, participants were largely divided about the role of treatment for people with an attraction to children and/or people who have committed child sex crimes.⁹

It should be noted at this point that neither the authors of this article, nor, seemingly, the authors of the articles they reviewed actually define exactly what is meant by “treatment,” its purpose, or its end goal. This is an oversight that should be avoided, as attraction to children is often discussed as something in need of a “cure,” or otherwise as an attraction requiring specific, clinically-oriented methods of managements, as opposed to simply a form of human sexual desire.

Perhaps surprisingly, despite the pervasive repugnance of lay people towards people with an attraction to children, there was *considerable* variation regarding lay people’s view of CSA. Beliefs about the seriousness, harmfulness, and abusiveness of CSA were highly contingent on the age of the minor¹⁰, the gender of the minor and the gender of the adult¹¹, how willing/resistant the minor was, and how they reacted to the event¹²,

whether it was the adult or the minor who initiated the sexual interaction,¹³ and whether the interaction was heterosexual or homosexual.¹⁴

Scenarios involving female adults and male minors were consistently deemed less abusive than all other gender combinations¹⁵ and many studies showed that male respondents generally viewed CSA less seriously than females.¹⁶ According to Reynolds & Birkimer (2002), male respondents’ perceptions of the severity of CSA only matched the perceptions of female respondents when the minor in question was a prepubescent child.

Moreover, there was much confusion over what behavior/activity actually counted as CSA. In one study in the UK, for example, participants cited “Spending time with the child, talking with the child, as well as hugging, play-acting, kissing, fondling, masturbation, and sex” as CSA,¹⁷ while participants in another study from India believed that acts of CSA were limited to rape or sodomy.¹⁸

Often, when summarizing the “main findings” for each of these studies, the authors simply write that participants had a “good understanding” of what constituted CSA, or that they had a “lack of

⁷ Jahnke & Hoyer (2013).

⁸ Centers for Disease Control and Prevention (1995).

⁹ Richards (2018); Fontes et al. (2001); McCarten (2014).

¹⁰ Reynolds & Birkimer (2002); Maynard et al. (1997), Lam et al. (2010).

¹¹ Leone et al. (2019); Banton & West (2020).

¹² Reynolds & Birkimer (2002).

¹³ Drugge (1991).

¹⁴ Broussard et al. (1991); Bornstein et al. (2007).

¹⁵ Leone et al. (2019); Hestick & Perrino (2009); Fontes et al. (2001).

¹⁶ Davies et al. (2009); Magalhaes et al. (2021); Tennfjordl, S. (2006).

¹⁷ McCarten (2014).

¹⁸ Pandey & Reddy (2020).

knowledge” about CSA. This may reflect that the authors were confident in rating the “accuracy” of lay people’s definitions of CSA, in spite of professionals’ inability to reach consensus on the legal, clinical, and epidemiological criteria of CSA for several decades, with still much disagreement.¹⁹

Multiple studies revealed that CSA involving a teenager was seen as less consequential than CSA involving a younger child, particularly when the adult was a female. One article even noted that some participants found the scenario featuring a female perpetrator and a male teenager “seductive.”²⁰ The authors labelled the attitudes of these participants “concerning,” for, as they state, teenagers, “like prepubescent children...do not have the sexual or emotional maturity to fully comprehend the context of sexual abuse or even to make informed decisions.”²¹

Perhaps the most uncomfortable finding of this article falls under the category “blame diffusion.” This category relates to the beliefs that other people besides the perpetrators share some of the blame of CSA, such as the family, and even the minor themselves. The fact that anyone would view the minor in a sexual interaction with an adult as “blameworthy” is highly concerning. However, it is also worth wondering how researchers may have framed their studies in acquiring these results.

A closer inspection of three of the articles used in this dataset²² reveals that the questionnaires used terms such as “guilt,” “blame,” and “fault.” In the article by Davies et al (2009), for example, a brief vignette was provided to participants featuring two different endings. The vignette shows a 15-year-old girl named Carla meeting a 40-year-old man named Jim over the internet. According to the text, “Jim asks her if she would like to have sex,” and “Carla agrees.” Later, Carla regrets it. In the second vignette, all is the same, except Carla refuses and Jim holds her down and rapes her. Based on the specific version of the vignette each participant was shown, the participants were asked to answer questions like, “To what extent should Carla be blamed for what happened?” and “What happened to Carla was her own fault because she was too naive. How much do you agree?”

The purpose of this questionnaire was to demonstrate how often victims are blamed by society for their own sexual abuse. However, it is the questions themselves that create the binary categories of “guilty” and “not-guilty.” It would be interesting to see how many participants would have responded with condemnation if a more diverse array of emotions were available to select from. In other words, while studies such as these seek to destigmatize minors who suffer sexual harm at the hands of an older adult, they actually reinforce the

¹⁹ Matthews & Collin-Vezina (2019).

²⁰ Fontes et al (2001).

²¹ P. 19.

²² Theimer & Hansen (2020), Davies et al. (2009), and Magalhaes et al. (2021).

construct of the “perfect victim.”²³ Note that this paper by Davies et al (2009) is only a single study in this systematic review. It does, however, shed light on some of the ways “diffusion of blame” in hypothetical cases of CSA are measured.

Ultimately, from the perspective of lay persons, individuals with an attraction to children rarely elicit sympathy, and are considered defective and dangerous. There is considerable disparity between people’s opinions of child attraction and the seriousness of particular sex crimes, with highly diverse responses based on factors such as the gender of the respondents, the age and gender of the hypothetical minor and adult, and the context of their relationship.

This systematic review should be seen as an authoritative summary of much of the research on lay people’s understanding of people with an attraction to children and CSA over the previous several decades and should serve as a reference point for studies of a similar nature in the future. It simultaneously presents a wide view of the general public’s knowledge of these issues, as well as the theoretical framework through which they are studied. Unfortunately, it also has important limitations that actually contribute to the stigmatization of minor-attracted people, which we briefly discuss in conclusion.

Although the authors properly distinguish pedophilia from child sexual abuse at the beginning of their article, the very *essence* of the article is to constantly put CSA and pedophilia side by side, as if they were two sides of the same coin. In their introduction, they cite a study by Jahnke and Hoyer on stigma towards minor-attracted people, and they comment on that study saying that it “introduces an important topic and addresses an important social matter. However, the authors focused specifically on stigma research and did not address CSA myths leaving room for broader research.” But separating myths on CSA and myths on minor attraction, as Jahnke et Hoyer did, strikes us as a worthy and important methodological choice, because it helps avoid conflating the two. In contrast, Glina et al.’s study has the unfortunate effect of reinforcing this conflation, since it explores “CSA-cum-pedophilia” myths and frequently groups the two together with “and/or” expressions, as if the two naturally come together.

The authors also justify the goal of stigma reduction for MAPs solely in terms of abuse prevention, writing that “it is extremely important to address and reduce stigma since it can be considered a major prevention obstacle.” It is unfortunate that the authors could not see stigma reduction for MAPs as valuable *in and of itself*, due simply to the intrinsic dignity of minor-attracted people, rather than only for the sake of preventing abuse. Finally, the authors present pedophilia *as such* as a disorder in the

²³ See DiBennardo (2018).

introduction, writing that “pedophilia is among the most stigmatized of disorders.” This flies in the face of the DSM’s distinction between pedophilia and pedophilic disorder and perpetuates a myth –

somewhat ironically, given the topic of the article – according to which attraction to children as such constitutes a mental illness.

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Outpatient Therapists' Perspectives on Working with Persons Who Are Sexually Interested in Minors

Schmidt, A. F., & Niehaus, S. (2022)

Archives of Sexual Behavior, <https://doi.org/10.1007/s10508-022-02377-6>

This article covers a quantitative analysis of Swiss therapists' stigmatizing views towards people who are attracted to children. Their primary finding is that the reluctance that people who are attracted to children experience towards seeking therapy is justified. The participants acknowledge that people who are attracted to children need therapy, while also reporting a reluctance to provide that therapy themselves. The authors recommend that outpatient therapists become aware of the principles of therapy with people who are attracted to children outlined by B4U-ACT and others, in the hopes that understanding these principles will decrease their stigmatizing attitudes and increase their willingness to treat people who are attracted to children. The article provides a highly valuable addition to the literature, and the authors show themselves to be stigma-aware throughout the manuscript.

The introduction starts off with a focus on prevention of child sexual abuse (CSA), which sets an initial tone of this being primarily a prevention-focused article. However, prevention ends up being a peripheral topic of the paper, which raises the question of why the authors chose to open with such a focus on CSA. The authors quickly switch to discussing stigma by the general public

and mental health professionals directed against people who are attracted to children, and it is this heavy stigma focus that truly resonates throughout the rest of the paper. The authors use stigma-aware language, such as using the term minor-attracted persons to describe people who are attracted to children (as opposed to "pedophiles") throughout the paper, and they emphasize that CSA and sexual attraction to children are not synonymous. The authors emphasize that CSA is perpetrated by people with and without an attraction to children, and that people who are attracted to children are not *destined* to perpetrate CSA.

Schmidt and Niehaus primarily focus on therapists' willingness to work with people who are attracted to children. To explore this, they examine the therapists' stigmatizing attitudes towards people who are attracted to children, experiences working with people who are attracted to children, willingness to treat this population, barriers to treating this population, and perceptions of the population's treatment needs. The participants were 427 (293 women and 134 men) Swiss outpatient therapists, recruited from June 2019 to October 2020. These therapists were asked to take part in a 10-15 minute long online survey which assessed

their experiences and challenges of working with people who are attracted to children.

The authors use multiple methods for the statistical analyses in this paper. They provide the correlations between all study variables, and they conducted an exploratory factor analysis as well as a network analysis. However, for the sake of this review, we will focus primarily on the frequencies to which participants responded in particular ways to each of the items.²⁴ In regards to stigmatization, the authors infer from their results that people who are attracted to children are justified in their concern about stigmatizing attitudes from therapists when seeking treatment. Schmidt & Niehause compare stigmatizing attitudes towards people who are attracted to children in their current sample to a community sample of Germans (Jahnke et al., 2015),

²⁴ We will briefly cover the results of the factor analysis and network analysis here. The factor analysis of the therapists perceived severity of minor-attracted peoples' treatment-relevant problems yielded four factors, 1) sexual and behavioral mental disorders (e.g., antisociality, hypersexuality), 2) intimacy problems (e.g., difficulty desisting from using child sexual exploitation materials, lack of satisfying and legal sexual experiences), 3) affective problems (e.g., loneliness, depression), and 4) interpersonal problems (e.g., emotion regulation problems, personality disorders). The factor analysis on the participants' perceived treatment barriers yielded two factors, 1) treatment barriers skills and liability (e.g., lacking treatment qualification, worrying treatment errors may lead to victimization of children), and 2) treatment barrier effort (e.g., unpredictable behavior of people who are attracted to children, treating people who are attracted to children is too much work). Regarding the network analysis, two main clusters were revealed. 1) stigmatization cluster, which consisted of the stigma subscales, and had an indirect negative correlation with treatment willingness. 2) treatment-related expectations cluster, which consisted of six factors found by the factor analysis previously mentioned. To the authors surprise, this second cluster was not related to any other study variable, including stigmatizing attitudes and willingness to treat people who are attracted to children.

and Russian sex therapists (Koops et al., 2016). While the current sample of Swiss therapists did show themselves to be less stigmatizing than the sample of the German general population or the sample of Russian sex therapists, they still held highly stigmatizing attitudes. For example, 20% of the participants believe that people who are attracted to children were destined to sexually abuse a child. The authors handle this finding well, by addressing that this is a knowledge deficit on the part of the therapists that only serves to further the stigmatizing conflation of sexual attraction to children and CSA perpetration.

A high degree of therapists showed punitive attitudes towards people who are attracted to children, with 84.7% agreeing with a statement saying that MAPs who have not committed a sexual crime involving a child should not be allowed to work with children and 40.3% saying that they should be mandated to receive psychotherapy. Over half (57.1%) of the therapists agreed with a statement saying that people who are attracted to children were "sick", and 48.9% disagreed that people who are attracted to children were "normal with just a rare sexual inclination." Strangely, the authors defined informing community members if someone who has perpetrated a child sex offense as a "punitive attitude towards MAPs," and included this finding among results related to people who are attracted to children. While community notification is a problem in its own right, the way the authors

reported this item made it appear that they were conflating an attraction to children with sexual offending against children. The authors likely present this item in this manner as it is consistent with how the scale was originally developed by Imhoff (2015). However, the authors already reduced the initial 30-item scale down to 15 items, making the inclusion of this item stand out even more. This was a rare piece of stigmatization from the authors themselves, which was especially jarring given the outstanding job they did on being stigma-aware throughout the rest of the paper.

Findings related to “social distance” were similarly negative. Only 31.2% of therapists would accept someone who is attracted to children as their colleague, 27.6% would accept them as a friend, 40.5% would accept them as a neighbor, and 75.4% would even talk to someone who is attracted to children, showing that 24.6% were either uncertain or would refuse to talk to someone who is attracted to children. Finally, a smaller, but still worrying, number of therapists reported that they believe that people who are attracted to children chose to have this attraction (3.1-8.4%).

These findings are particularly pronounced among female therapists, who show higher levels of stigmatization than male therapists, as well as less experience with clients who are attracted to children, and the clients that they did have were initially less revealing about their sexual attraction to children

than to male therapists. The authors do not speculate on why this may be, and simply say that this should be a topic of future research.

In regards to treatment experience with people who are attracted to children, 42% of the sample had treated at least one patient who is attracted to children. Schmidt & Niehause state that this is likely an overrepresentation due to self-selection bias in participating in the online survey, though this appears to be an assumption as they do not cite any estimate on the expected number of Swiss therapists who have treated this population. We believe this is a reasonable assumption, as therapists may find a study about the treatment of people who are attracted to children to be more personally relevant, and thus more likely to respond, if they have themselves treated people who are attracted to children. Therapists treated a median of 2 people who are attracted to children, which shows that, while they have some experience with this population, their experience is limited.

The participants provided a rank-order list of what they see as the main concerns when treating a client who is attracted to children. The top concerns identified by the therapists surrounded help with sexual and intimacy needs, specifically having a relationship with an adult, and fears of stigmatization. The authors made two observations to this finding. First, they point out that the concern over stigmatization is particularly noteworthy

considering the stigmatizing attitudes these therapists themselves show. Second, they observe that prior literature has found that people who are attracted to children generally focus on mental health issues, such as depression, anxiety, and loneliness (B4U-ACT, 2011; Levenson & Grady, 2019). The authors rightly address that this diverging therapeutic foci between the therapist (i.e. sexual needs) and people who are attracted to children (i.e. mental health needs) is one of the reasons people who are attracted to children are concerned about seeking therapy.

The authors describe the therapists as having “positive notions about the effectiveness of secondary prevention for MAPs” (p. 17) with secondary prevention referring to sex-abuse prevention efforts directed towards people who are attracted to children, which is a common, yet inaccurate, definition of secondary prevention in the CSA prevention field. The primary/secondary/tertiary prevention framework refers to the timing of the intervention, not the target. For prevention strategies targeting harmful behavior, only primary prevention occurs prior to the behavior occurring. Secondary and tertiary prevention are both after-the-fact responses. Meanwhile, the universal/selective/indicated prevention framework refers to the target of the intervention. Specifically, selective interventions are defined as strategies offered to at-risk subgroups (IOM, 1994). Schmidt & Niehaus, as well as many other professionals in the

area of the prevention of child sexual abuse, justify using the term “secondary prevention” as people who are attracted to children have a higher-than-average risk of sexually abusing a child, but this falls squarely under the definition of a selective intervention. This distinction is important, as using the term secondary prevention when referring to prevention efforts targeting people who are attracted to children is misleading and stigmatizing. By including treatment to people who are attracted to children as secondary prevention, it implies that people who are attracted to children have perpetrated a sexual offense involving a child, otherwise it would be considered primary prevention. While this was certainly not the intention of the authors, nor the intention of most people who include treatment to people who are attracted to children as secondary prevention, it is inherently stigmatizing and deserves to be called out to make others aware to not use this terminology.

One of the primary findings of the paper is that many of the therapists believe that people who are attracted to children would greatly benefit from therapy, but are unwilling to provide that therapy themselves due to low perceived competence in treating people who are attracted to children. The greatest hindrance to treating people who are attracted to children is a perceived lack of treatment qualification. Therapists without MAP treatment experience were far more likely than therapists with treatment experience to state that they lack the

treatment qualification needed to treat MAPs (90% vs 66%, respectively). Other perceived barriers towards treating people who are attracted to children that were endorsed by therapists with no MAP experience and with MAP experience, respectively, are fears that a mistake in treatment would lead to further victims (58.2% vs 54.5%), general feelings of feeling uncomfortable around MAP clients (58.2% vs 42.1%), worries about liability if they make a mistake (43.8% vs 36.0%), perceptions that treating people who are attracted to children would be too much work (32.5% vs 33.1%), perceptions of unpredictable behavior of people who are attracted to children (16.5% vs 20.8%), and finally, fears about what non-MAP clients would think about them treating MAP clients (11.8% vs 10.4%).

Several of the barriers endorsed by participants are rooted in stigmatizing attitudes towards people who are attracted to children. The authors point out that the therapists' belief that they lack the qualifications to treat people who are attracted to children may be rooted in a belief that people who are attracted to children are fundamentally different from their non-MAP clients, which is particularly likely when considering the finding mentioned earlier that around half of the therapists believe that people who are attracted to children are not "normal" with just a rare sexual attraction. In reality, people who are attracted to children often present for therapy because they want to work on mental health issues (e.g., depression, anxiety, and loneliness), which are

likely common concerns among their non-MAP clients. Due to this, the authors pose the question of whether it's necessary for therapists to have much specific training with people who are attracted to children, and that the main benefit of having more training would be to improve their perceived competence rather than actual competence. The authors recommend that therapists who are unwilling to work with people who are attracted to children, and therapists in training, should be made aware of the principles of treating people who are attracted to children outlined by B4U-ACT (2020), Jahnke (2018), and Levenson et al. (2020).

Despite many of the barriers being rooted in stigmatizing attitudes, the network analysis revealed that the link between stigmatization and willingness to treat people who are attracted to children was weak. Because of this, the authors conclude that the focus on anti-stigma interventions will have limited effectiveness in improving therapists' willingness to treat this population, and that increasing the therapists' perceived competence in treating people who are attracted to children should be considered to be at least equally important. It is important to note that a therapist's willingness to treat people who are attracted to children is not the only factor that needs to be considered. Therapists' stigmatization of people who are attracted to children would also decrease the quality of care provided and decrease their willingness to seek therapy. Additionally, the view that people who are attracted to children are

not “normal” and require a high degree of specialized training is itself rooted in stigma, so de-stigmatization campaigns may themselves improve the therapists’ perceived competence.

The authors identify several limitations. The study sample is limited to Swiss outpatient therapists and so may not generalize beyond this particular population. The sample may also not be representative of general Swiss outpatient therapists. Despite the survey instructions specifically addressing therapists without therapeutic experience with people who are attracted to children, there was an overrepresentation of therapists who had experience working with people who are attracted to children in this sample, implying some selection bias. This would likely bias the results into finding less stigma than what would be truly expected, so these findings should be considered as conservative estimates. The sample size was somewhat small, particularly for the network analysis, but is also the largest and most homogenous sample in research on therapists’ stigmatization of people who are attracted

to children. Finally, the internal consistency of three of the scales (dangerousness, deviance, and belief that more secondary prevention is needed) was below .60, so these findings should be interpreted cautiously.

These limitations do not detract from the paper’s worth. The findings are highly important, in that they shed light on therapists’ stigmatizing attitudes towards and barriers against treating people who are attracted to children, and the authors provided actionable steps in how to improve therapists’ willingness to treat people who are attracted to children. The authors were highly stigma-aware, they used non-stigmatizing language, and frequently addressed which views endorsed by the therapists were stigmatizing. Overall, it was a well-constructed, non-stigmatizing, and MAP-focused paper that provided important direction for increasing the number of therapists to provide competent therapy for MAPs. We hope it receives much attention by researchers and therapists alike.

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Attitudes towards and perceptions of females who sexually offend against children: a comparison between students and professionals

Brown, K. M. & Kloess J. A. (2022)

Journal of Sexual Aggression, DOI: 10.1080/13552600.2022.2110292

In this article, Brown and Kloess investigate attitudes towards females who have a history of unlawful sexual activity involving a minor/minors, or, in the forensic language used by the researchers, female sex offenders. To do so, Brown and Kloess compared a community sample of 10 non-psychology students with no history of study related to minor-attraction, with 10 professionals who work with female adults who have committed a sexual offense involving minors. The researchers conducted semi-structured interviews, identifying prominent themes from respondents. Interviews were mostly conducted in person (n=18), except for 2 interviews which were conducted over telephone due to the impact of coronavirus (COVID-19) and the resulting global pandemic.

Participants were 3 men and 17 women, aged between 19 and 58 years (mean age of 30 years). The student sample was made up of undergraduate and postgraduate students of diverse nationalities, compared to the professional sample which consisted of 9 British participants and 1 British Asian participant. Additionally, the professionals represented a range of groups, including 3 case workers and 2 occupational therapists. The sample size (n=20) is small but reasonable for a qualitative

analysis, and the authors note the lack of representativeness of their sample when compared to the wider community. Past research, they explain, has focused on psychology students' attitudes, and multiple studies support the suggestion that a "higher level of educational attainment may mediate more favorable attitudes towards males and females who commit sexual offenses." Such samples may be particularly unrepresentative, as the wider community is less likely to have advanced education and may have never encountered paraphilias/sex offender research, nor work or intend to work in a related therapeutic capacity.

In the paper, Brown and Kloess aim to better understand how attitudes and perceptions inform decision-making in regard to any treatment and supervision approaches that may be felt necessary for people who commit sexual offenses. In particular, they focus on the impact of the gender assigned to a person who has committed a sexual offense. In taking a qualitative, interview-based approach with a focus on female participants, their study differs from previous research, which the authors claim has largely focused on male participants and has been quantitative in nature. The authors provide a useful outline of previous research

on attitudes towards female adults who have committed sexual offenses. They note that female adults are viewed as less “dangerous” than males, and that research where gender was unspecified found that participants assumed the person who committed an offense was male and sexually involved with a female minor.

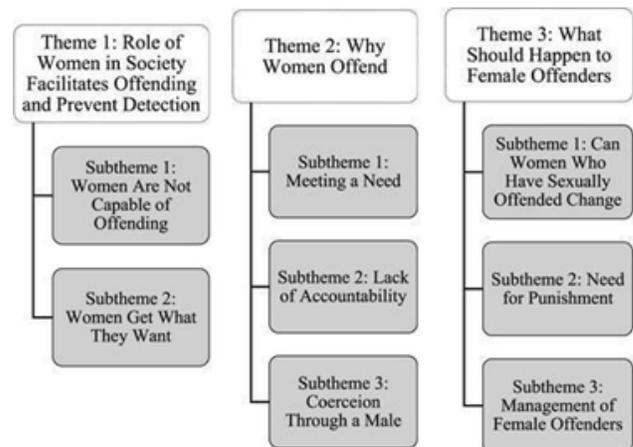
The authors cite various studies to support their claim that blanket, punitive approaches to criminalized sexual activity have been ineffective at preventing similar crime, and have instead subjected convicted persons to restrictions in their everyday lives that exacerbate risk factors known to be precursors to unlawful activity.²⁵ They write:

“Brown (1999) found that the general public was likely to engage in discriminative behaviors towards individuals who had been convicted of sexual offenses and were in the process of re-integrating back into the community, including refusing them housing. [...] [E]mployment, housing and social support are well-established protective factors that contribute to desistance from offending, thereby reducing someone’s risk of reoffending.”²⁶

The authors go on to say that “the general public are of the view that such legislation is positive and reduces risk. However, research has found no support for these strategies in reducing recidivism”,

and so the “public may therefore be unintentionally increasing the risk”. Accordingly, the authors are particularly interested in non-punitive approaches to unlawful age-disparate sexual contact, such as strengthening the therapeutic alliance within treatment contexts. However, if stigma and subsequent discrimination (e.g. denial of housing) increases recidivism risk, Brown and Kloess’s research summary would have benefited from referencing scholarship which accepts this premise and argues that minor-attracted people ought to be protected from discrimination under hate crime legislation.²⁷

In their findings, the authors identified 3 themes which they divide into sub-themes as represented by the graphic below, reproduced from the article.



Gender stereotypes were prevalent, with men viewed as “predators” and “creepy” in direct contrast to women who were “vulnerable” and “maternal” or, as

²⁵ These are: Nobles et al. (2012), Tewksbury and Jennings (2010) and Zgoba et al. (2010).

²⁶ Brown, S. (1999) and De Vries Robbé et al. (2015).

²⁷ McDonald (2014) and Haas (2022).

one participant put it: “*Women are soft and lovely and nurturing ... and then men are evil perverts.* (Lorraine).” Male offending was thought more serious and often assumed to include sadism or violence, in part because of female adults lacking a penis with which to penetrate – “*I guess there is less things they [female adults] could do.*” Similar to cited research by Buckley,²⁸ who found that older female adults having sex with male minors was “glorified” in the teacher-student dynamic, the authors found that “some students appeared to minimise the severity of offending by women, suggesting that they mainly targeted consenting ‘borderline teen’ (Laia) boys.”

This response reflects the scant attention paid to female MAPs, including in scientific literature until recently,²⁹ with the question of whether female offending is largely a function of preferential minor-attraction or not, or is less prevalent or less/not reported, remaining unanswered.

Participants tended to see female adults as “nurturing” and as “mothers,” imagery which for them excluded the potential for erotic feeling on the part of the female adult,³⁰ to such an extent that some participants experienced disbelief that females could engage sexually with minors. The authors describe how participants “removed responsibility,” either by

assuming that a woman would engage a minor sexually only via coercion by a male and not of her own choosing, or else that she must suffer from a mental illness causing her to act this way. Some even speculated that “hormonal and chemical imbalances” could be the sources of the behavior, while others highlighted the internal needs for love, affection and sexual gratification otherwise missing in life.

Responses were often contradictory. While raising the various exculpatory factors described above, participants simultaneously characterized the female perpetrators as “clever” and “manipulative” in the process of committing their offense. The professional participants also often explained the offenses as being “motivated by a desire to gain control and a sense of power.”

Attitudes to punishment differed significantly. As the authors explain, “Students endorsed for female offenders to suffer the consequences [...] and some even promoted violence as way of reducing offending, and felt that this was ‘deserved.’” By contrast, “professionals seemed to feel that without treatment, punishment served no utility in promoting change, and reducing the risk of reoffending respectively.” This finding echoes research cited in the article, that “the most favorable attitudes [are] held by prison psychologists” and those who work with people who have committed sexual offenses. However, in part because the few professionals who worked with individuals who had committed a sex

²⁸ Buckley (2020).

²⁹ Lievesley and Lapworth (2022).

³⁰ For conflicting evidence, see Marin (1994) and Reamy and White(1987).

offense involving a minor departed from this trend, showing more punitive attitudes, Brown and Kloess felt that professionals “were aware of what they thought they ought to say” and were “less forthcoming” (i.e. less punitive) as a result.

The article is well-written and easy to read for non-specialists. Overall, the article bolsters existing findings discussed by the authors. However, the article is not without issues. For example, the authors criticize past research for grouping all sex offenses together and failing to stipulate or define the unlawful activity engaged in, tacitly communicating “the assumption that individuals who commit sexual offenses are a homogenous group.” However, Brown and Kloess repeatedly use forensic language (e.g. “offending behavior”) without definition, and fail to clearly state what kind of stimuli participants responded to over interview.

The main body of the article fails to specify if participants were given vignettes, or asked about their attitudes solely on the basis of the label “female sex offender”? Did the researchers specify the illegal activity engaged in? Through the absence of vignettes in the main body of the article and the absence of reference to specific activities, the article is particularly confusing and could easily lead readers to make false assumptions about Brown & Kloess’s research/research process. Clarification here would have helped readers determine the stimuli participants were given as part of the

interview process. The stimulus given, and the labels used - “sex offender” - are things which, in future, could be examined as another potential variable (in addition to gender) influencing attitudes towards people who engage in unlawful sexual behavior.

Future gender-sensitive research could benefit from larger samples to study variation or concurrence with previous findings. In particular, the potential ethnocentric (i.e. Western) bias of Brown & Kloess’s study, involving only English-speakers living in England, could be examined by comparing samples across cultures who live/work outside of England and are non-English speakers. Research with cross-cultural samples and multivariate analysis incorporating factors like gender, class, level of education, and the effects of differences in labelling/terminology used to describe lawbreakers, could begin to examine how gender interacts with other factors. Brown & Kloess are particularly concerned with identifying barriers to efficacious treatment, and future research could replicate/challenge their findings and, hopefully, widen the scope of factors to include how class, race, and the label “sex offender” itself, may contribute to attitudes towards imagined lawbreakers - including the willingness to treat them.³¹

³¹ For a previous investigation into minor-attraction and labelling theory, see Harris and Socia (2016).

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Media Coverage of Pedophilia and Its Impact on Help-Seeking Persons with Pedophilia in Germany - A Focus Group Study

Stelzmann, D., Jahnke, S., & Kuhle, L. F. (2022)

International Journal of Environmental Research and Public Health 19 (15), DOI: 10.3390/ijerph19159356

This study by Stelzmann, Jahnke, and Kuhle looks into media effects on help-seeking persons with “pedophilia” (attraction to prepubescent children) and “hebephilia” (attraction to pubescent children) in Germany. Guided by the model of reciprocal media effect, which points to the interactive relationship between the media and the subject covered, this qualitative study specifically examines how these persons perceive and evaluate media coverage of pedophilia in Germany (Research Question [RQ] 1), how this coverage affects participants’ everyday lives in the context of seeking and receiving treatment (RQ2), and how media should cover the topic in a more beneficial way to reduce negative impacts (RQ3). The authors have used focus groups as a research method to provide answers to these research questions.

Those who are attracted to children face an overwhelming amount of stigma, not only from the public but from mental health professionals as well. Much of this stigma comes from equating those who are attracted to children with those who have committed child sexual abuse. In reality, many individuals attracted to children do not go on to commit child sexual abuse, nor do they perceive themselves as being at risk to do so. Still, this

misconception persists. In the present article, Stelzmann et al. suggest that the media, and in particular undifferentiated (i.e., disseminating one message without any nuances) news media, play a role in perpetuating stigma toward those who are attracted to children and negatively impacting the well-being of those who have this attraction. The authors, however, also argue that there can be positive outcomes from media coverage that tends to be differentiated (i.e., more nuanced, distinguishes between attraction and action) in relation to the topic. While previous studies have examined the impact that the news media have on non-clinical samples of individuals attracted to children, the present qualitative study focuses on how the media coverage of attraction to children in Germany can affect help-seeking individuals with an attraction to children.

The article begins with a brief discussion of pedophilia, alongside a description of the German program “Kein Täter werden” (also known as Prevention Project Dunkelfeld) which provides in-person treatment oriented towards the prevention of child sexual abuse for those who are attracted to children. The authors then discuss the stigma surrounding attraction to children and how media

coverage can have an impact on this stigma. Indeed, the majority of media depictions of those allegedly attracted to children are of people who have committed severe, violent acts, such as sexually abusing and murdering children. There is often no evidence that such individuals have a legitimate sexual attraction to children beyond the fact that they committed a sexually violent act against a child. Research has shown that people commit child sexual abuse for reasons beyond having a sexual attraction to children, such as antisociality and opportunism (e.g., Seto, 2018).

Stelzmann et al. suggest that media depictions of those attracted to children not only impact the public's perceptions, but also the perceptions of those who have the attraction. According to the model of reciprocal media effects, those attracted to children may show strong cognitive and emotional reactions and behavioral changes due to media coverage about their group. Further, this group could be impacted by (perceived) reactions of the general public to the media coverage and therefore adjust their own attitudes and behaviors around that. Those attracted to children would have their own perceptions about how media coverage regarding child attraction impacts the general public. The portrayal of those attracted to children as "ticking time bombs" and "monsters" could increase feelings of hopelessness, stress, and inhibit help-seeking behavior.

In order to answer their 3 research questions, Stelzmann et al. conducted 4 focus groups, which included 20 individuals who were part of the "Kein Täter werden" program in Germany. Participants were asked about their interest in participating in this study during regular group therapy sessions.

Given the risk associated with being discovered as a person attracted to children, the authors took care to ensure the safety of their participants. First, the focus groups were conducted by the therapists at the program site rather than by the authors themselves. As the authors mention, by conducting the focus groups in a group therapeutic environment, the participants were more likely to feel safe to open up about their experiences, and they also had access to immediate support if they felt distressed about the subject. However, the fact that the focus groups were conducted as part of the individuals' regular therapy sessions with the Dunkelfeld program raises questions regarding participants' self-motivation and how unbiased their responses were, which is something that the authors also recognize to some extent as a potential limitation of their study. The authors also did not collect any demographic information, which reduces the likelihood that the participants would be identifiable. Focus group interviews lasted on average 1 hour and 26 minutes. Interviews were recorded and transcribed by the therapists. Using qualitative content analysis, Stelzmann et al. identified 3 main themes and 10 sub-themes. The findings are briefly described below.

The first theme discussed by the authors was that of “perception and evaluation of the media coverage” (p. 7). Participants expressed that the media’s focus on severe cases of child sexual abuse presents those attracted to children as “a kind of bogeyman” (p. 7) without any distinction. However, participants noted that there has been a change toward more accurate reporting on sexual attraction to children, though progress is slow. This is a quite interesting finding, that needs to be interpreted while bearing in mind that this is specific to Germany’s context, where Dunkelfeld has played a crucial role in (mostly medicalized rather than punitive) discourses on pedophilia. Still, despite this change, participants felt that journalists were restricted in what they could and could not report, therefore limiting the ability to have an open discussion on child attraction. Participants opined that journalists who went against the grain to report on these topics in a way that deviated from the narrative of those attracted to children being “monsters” would be up against immense hostility. Indeed, this type of response from the public is all too common – researchers, journalists, and even other members of the public are almost guaranteed to receive backlash for writing about child attraction in a way that does not conform to the current dominant discourses.³²

The second theme the authors identified is the impact of the media on the participants’ daily lives.

For many participants, media that reported on the topic of child attraction in an undifferentiated manner (i.e., only discussing child attraction in the context of child sexual abuse) left them with poorer self esteem, heightened anxiety, and fear. For instance, due to negative media coverage, some participants relayed that they experienced heightened hypervigilance over being “outed” and were even afraid to seek out information about sexual attraction to children online out of fear their search history would reveal their attraction. Moreover, some participants were fearful of hate speech and vigilante justice incited by the media. Perhaps as a result, media reports were often a topic of discussion in group therapy within Dunkelfeld. Such media reports sometimes also increased barriers to speaking openly about sexual attraction to children, delaying participants’ intentions to come out to their family and friends.

Interestingly, the authors report that, for some participants, media coverage of child attraction and child sexual abuse “could decrease the risk of criminal acts” (p. 7), by providing information on legal repercussions and encouraging some participants to re-evaluate their behavior in public. This point could perhaps benefit from some additional clarification regarding how exactly the authors reached this conclusion in their analysis and interpretation of the data. For example, given that the attitudes that were adjusted by some of the participants due to (stigmatizing) media coverage

³² See for instance the Walker controversy in 2021. Journalist Luke Malone has also been highly criticized for his reporting on child attraction.

included “walk[ing] around with a camera [to take pictures of clothed children and adolescents on the street]” (p. 9), which would not constitute a “criminal act”, one could raise the question of whether such findings reflect excessive fear and stress on the participants’ end, along with a tendency to police themselves (and their own minds), an interpretation which would be far more complex and require further, and potentially much deeper, analysis.

Media coverage appeared to impact help-seeking behavior in varying ways. While some individuals found out about “Kein Täter werden” through the media, others admitted to being scared to reach out for help based on media representation as they did not want to be associated with the stereotypes they were presented with.

Finally, the authors developed the theme of beneficial media coverage on child attraction. Overall, participants felt it would be a step in the right direction for the media to stop conflating child attraction with child sexual abuse. Specifically, it was recommended that the media inform the public about the attraction in an unbiased way, advertise that there is help for those concerned about their attraction, and provide education on the different risks associated with child sexual abuse *apart* from child attraction. However, such media coverage would need to be intelligible within the context in which it would take place, and this perhaps would

render relevant efforts more challenging in countries that are more punitive than Germany, which is something that the authors also recognize. Further, participants opined that the media should provide the public with “more positive examples” of people attracted to children who have not acted sexually with a child. They also expressed a desire for a prominent individual to come out as being attracted to children to improve the public’s view of the attraction. Given the antipathy for those attracted to children, however, it seems likely that this act would lead to a variety of adverse impacts on the person, so alternative methods of achieving the same aim should be explored in future research. This would also take the onus of responsibility off of minor-attracted persons to reduce stigma against themselves and other MAPs.

In sum, participants of this study mostly felt that media coverage of child attraction was negative and had detrimental impacts on their life, including their mental health, coming out, and help-seeking. While some media served to better inform participants on how to seek help for concerns related to their attraction, participants perceived that this type of reporting was rare, and was mostly limited to presenting child attracted persons as (potential) child predators. The most surprising finding was that some individuals thought the negative media reporting helped them keep from acting on their attraction in illegal ways. However, readers should keep in mind that, as mentioned, this finding could be interpreted

in other ways too, and that the individuals in these focus groups were people who sought help because they felt they were at risk to act sexually with a child against their own values. It is possible that a focus group with a non-clinical sample would not feel as though they are at risk, and therefore would likely not find the media helpful nor even necessary in remaining offense free.

The authors end the article urging experts to “proactively support journalists in addressing pedophilia and to ensure fact-based media coverage” (p. 14). This is one of the important ways in which researchers and clinicians can push for change in how those attracted to children are perceived by the media and thereby the public. If we want journalists to take risks with their own careers in reporting on child attraction in a non-biased way, we at least need to make their job easier by working with them to ensure that their reports are objective and based on facts. To do this, researchers from this field need to become better at communicating their findings in a way that is straightforward and minimizes the opportunity to be misquoted. To a certain degree, we should also be holding the media accountable for the quality of their reporting on this topic. The results may not be as fruitful with tabloid media, but in emailing media organizations with higher standards of reporting, it is possible that we could spark

change in the way those attracted to children are portrayed.

Overall, the present study was novel and methodologically sound. The generalizability of the findings is limited due to the small sample and the fact that the authors gathered interview data only from those who would have perceived themselves at risk of acting sexually with a child (by virtue of their participation in “Kein Täter werden”). However, the authors note the inability to generalize outside the sample characteristics; furthermore, it is not the goal of qualitative studies to be generalizable to a broader population. Qualitative studies can often be conducted as a precedent to quantitative studies which statistically test a preconceived hypothesis. For future research, it would be interesting to see if there is a difference between the impact of the media in Germany in comparison to the United States. Since the time the data were collected in 2018, there seems to have been an increase in negative media representation of child-attracted persons in the United States, most of which appears to be politically driven. It would be compelling to compare the potential negative impacts between the two countries, where Germany has been promoting prevention and stigma reduction for nearly two decades.

A Content Analysis of Posts to an Online Support Forum for “Girl Lovers”

Cantor, N., Yucel, E., Mitchell, D. and Angelone, D.J. (2022)

Journal of Child Sexual Abuse, DOI: 10.1080/10538712.2022.2112348

In this study, Cantor et al. undertake a content analysis of posts on an English-language Internet forum of persons who profess sexual and/or romantic attraction to pubescent and/or prepubescent girls. Their goal is to categorize and assess the frequency of particular beliefs, called “cognitive distortions,” that lead “self-described ‘girl lovers’” to “justify their sexual attraction to children” and/or actual sexual relations with them. The authors write that their research fills a gap because two prior studies on such justifications only considered corresponding forums for men attracted to boys (“boy lovers”) while other studies relied on forensic samples, threatening generalizability.

Cantor et al. write that community-based populations “include individuals who have not acted on their sexual attraction toward children as well as those who have.” They state that those under supervision of authorities for suspected or proven offenses “may be more chronic and antisocial, have higher rates of additional psychopathology, and be more likely to have offended against girls.” Additionally, “forensic clients may provide accounts of their sexuality to criminal justice professionals and therapists that are different from those they provide to peers in an environment free of legal and social pressures.”

The authors review prior studies, both quantitative and qualitative, that have aimed “to understand commonly held cognitive distortions, such as justifications, among samples of men arrested for child sexual abuse,” attitudes that “justify the adult-child sexual activity, provide rationales for such activity to continue, and avoid the acknowledgment of negative consequences to the child.”

In particular, the framework for this study comes from a 1999 paper³³ which aimed to identify “justifications used on ‘boy love’ support forums,” results largely replicated a decade later.³⁴ Five types of justifications emerged:

1. Condemnation of condemners (claiming that authorities or condemnatory views iatrogenically cause all or most of the harm from sexual contact involving adults and minor);
2. Denial of injury;
3. Claim of benefit;
4. Appeal to higher loyalties (such as autonomy for young people); and

³³ Durkin and Bryant (1999).

³⁴ O’Halloran and Quayle (2010).

5. Basking in reflective glory ("BIRGing" – viewing "adult-child sex as part of a noble historical heritage that includes Ancient Greece and notable philosophers, scholars, and artists.").

The present authors used "a directed approach to qualitative content analysis" which "derives its codes from existing themes or research" – here, the five arguments just noted. In addition, to detect "any emergent new justifications or themes," the authors used a conventional content analysis. Four judges practiced coding on a sample of forum posts and started the study once the group's interrater reliability reached 0.83. The authors chose posts from a random month in 2019, numbering 406, but then excluded 38% of these for being "either links to pornography websites or anti-pedophilia posts" made by trolls, with a further 29% of the original sample excluded because the posts discussed current events or other topics. In the end, they arrived at a sample of 131 posts from 25 unique users. Judges coded all posts independently, and each judge discussed each coding with an auditor, and then, if differences remained, judges worked together to reach consensus. A "conventional content analysis was conducted on posts that did not contain one of the five justifications," which were then reviewed by the authors to identify any novel justifications or "emergent themes."

The authors report that only around 30% (n = 39) of the 131 posts analyzed contained either one or more

of the five justifications, with half containing more than one and therefore marked as "polythematic" (resulting in the total exceeding 100%). The thematic breakdown was as follows:

84.6% (n = 33) "Condemnation of condemners",
48.7% (n = 19) "Denial of injury", and
35.9% (n = 14) "Claim of benefit"
28.2% (n = 11) "Appeal to higher loyalties"
2.6% (n = 1) "BIRGing"

Compared to the respective 2010 and 1999 studies of the "boy lover" forums, more common justifications in this "girl lover" counterpart sample were "denial of injury" (49% vs 13% and 39%), "claim of benefit" (36% vs 17% and 10%), and "appeal to higher loyalties" (28% vs 13% and 5%), although these last two claims, the authors say, were only found here conjoined with other justifications, never alone. "BIRGing" was the least common rationale (3% vs 4% and 15%).

No justifications had been present in some 70% of the 131 posts (n = 92). The content analysis of these posts resulted in the identification of three emergent themes:

- "Expressing a desire for romantic relationships or interactions with girls"
- "Hypersexualization," defined as when board "[u]sers referenced their own sexual encounters with girls or fantasized about girls in a sexual context."

- "Creating a sense of community," when users "promote the existence of the forum and offer emotional support related to adult-child relationships, or other unrelated daily struggles and experiences."

The authors conclude that "many novel results" emerge from their study; for example, that "claim of benefit and appeal to higher loyalties often occurred within the same post in the current study, which differs from previous reports when claim of benefit occurred exclusively from appeal to higher loyalties." They speculate that more widespread Internet availability over 20 years has increased the pool of potential forum participants and that ways of surfing with greater anonymity have "altered the content that posters feel comfortable sharing on these forums, leading to reduced social desirability in postings."

Cantor et al. also report that "While we found justifications, we did not find excuses (which are different from justifications, in that excuses involve an admission that an act is wrong while simultaneously denying complete responsibility for the act) in any of the posts selected for this study," which the 2010 study found also to be rare. The authors write that none of the coded posts accepted responsibility for causing harm.

This paper reasonably employs a standard method – content analysis – and offers some meaningful, if

underwhelming and underpowered, results. The authors rightly note the limitation of their study due to their small sample size taken from only one forum, and the need to select from a large variety of forums. However, given that the paper seeks to expand on prior research and is based on an already established set of justification in the discourse of minor-attracted persons, it's surprising the authors used such a limited data set, 131 posts from only 25 apparently unique posters, when casting a wider net would have been called for to advance the field. Further, the authors acknowledge the limitation of their small sample size, but they do not describe the posting frequency or endorsement of justifications for individual users. Because of this, results derived from frequencies of justifications have the potential to be misleading. For example, 39% of the 131 analyzed posts included justifications, but it is unclear whether these posts were made by a majority of users, a handful of users, or a single user.

The authors lay out some implications of their study, but these implications seem rather simplistic and limited in scope. They are relevant only to clinicians working with individuals in mandated treatment as opposed to therapists providing voluntary therapy for MAPs in the general population who may participate in forums. The authors state that the differences between their findings and those of studies of "boy lover" forums suggest that clinicians should expect individuals attracted to girls to have different beliefs from those attracted to boys, in spite

of the possibility that beliefs among those in forensic treatment may differ from those on forums, and that differences from individual to individual may be greater than those between gender preference groups. It would seem more helpful in treatment to assess beliefs of the individual rather than to make assumptions based on gender preference.

More importantly than the above limitations, the study suffers from two fundamental flaws that have plagued past research on MAPs: a conflation of sexual attraction with sexual behavior, and a failure to consider the mental health needs of MAPs. These flaws limit its usefulness for both research and treatment.

The conflation of attraction and behavior can be seen in the questionable coding of posts as expressing the “condemnation of condemners cognitive distortion.” The authors write that this justification “is utilized to shift attention from the relationship between adult and child and cite the ignorance of societal mores and authority figures for any wrongdoings directly related to the relationship or desire for one.” It is unclear what is meant by “wrongdoings related to the desire for a relationship,” and while one may assume “relationships” here refer specifically to those that are sexual, the authors do not state this explicitly. Since many MAPs may desire or have fulfilling non-sexual relationships with children and express frustration about obstacles to such relationships, one is left wondering if these kinds of

sentiments were coded in this category, which would produce an elevated number of posts presumably complaining about obstacles to sexual behavior.

Furthermore, the following example of “condemnation of condemners” provided by the authors suggests a gross misunderstanding of a post on the forum: “I never recall the ex-gay ministry ‘Exodus’ being protested by those who hated gays. But the pedophile equivalent is being attacked by those who hate pedos (sic), and from all sides.” Clearly, the poster is speaking about popular hostility expressed toward groups such as Virtuous Pedophiles, comprised of MAPs who condemn adult-minor sex. One would hope that the researchers do not endorse attacks against such MAPs or consider expressions of outrage at such attacks to be a “cognitive distortion.” They also inexplicably interpret this post as a case where “users condemn a lack of societal hate or stigma toward other atypical groups.” On the contrary, the poster is expressing wonder at vitriol groups of law-abiding MAPs attract, not advocating the stigmatization of gay people, as the authors so uncharitably allege.

Even more fundamentally, the conflation of attraction with behavior and the lack of consideration of mental health factors permeates the study as the authors fail to distinguish between justifying sexual behavior and positively accepting sexual feelings. The study begins from the forensic

literature on "cognitive distortions that may underlie the perpetration of *child sexual abuse*," but write that their study examines how MAPs outside of forensic settings "justify their sexual *attraction* to children" (emphasis added). In light of evidence that sexual and romantic attraction to children is akin to a sexual orientation,³⁵ the authors seem to suggest that one's sexual orientation is something that can be "justified" and that, in the case of MAPs, it should not be. This would seem to imply that MAPs should take an ego-dystonic approach to their sexuality, rejecting it as something alien and destructive. In fact, on two occasions the authors refer to MAPs' belief that "their sexual attraction is not harmful" as something to be corrected. But the prevailing thought in the mental health and sexuality fields is that such a position would be detrimental to mental health. Without endorsing the view that acting sexually with a child is acceptable, it is not difficult to imagine the serious negative mental health consequences (e.g., severe anxiety, depression, hopelessness, and suicidality) of internalizing the view that one's sexuality—often a core part of self involving a sense of love and intimacy—is dangerous. This leaves MAPs in an untenable position with respect to their mental health; they must either "exorcise" their sexuality, or recognize their sense of love and intimacy as a permanent destructive force within them. An awareness of this problem among researchers and clinicians may be crucial for understanding beliefs held by some

MAPs that are referred to as "cognitive distortions" in this study and other forensic literature.

A number of researchers have suggested that the term "cognitive distortions" in the forensic literature is problematic because it is not well-defined and because outside of forensic contexts, it refers to irrational beliefs that contribute to poor mental health, while several common "cognitive distortions" identified in the forensic literature are actually protective of mental health.³⁶ Although these have not included the justifications addressed in this study, it is not difficult to see how some of the latter could contribute to improved mental health. In fact, Cantor et al. recognize that denial of injury "helps to preserve the self-concept" and BIRGing "may increase the self-esteem of users." However, they fail to follow up on the mental health implications of this possibility. Instead, they repeatedly insinuate that forum posters most likely use these justifications to engage in illegal behavior, writing that they "normalize the behaviors of these individuals and give them confidence to maintain their behavior," "may serve as a means to decrease the guilt about engaging in sexual acts with children," "may be made in an attempt to persuade other parties that their acts are not harmful," and allow them to preserve their self-concept "by rejecting the negative implications of one's actions."

³⁵ Seto et al. (2012); Mundy (2022).

³⁶ Marshall et al. (2011); Maruna & Mann (2006).

This flaw is also seen in Cantor et al.'s descriptions of "emergent themes." One of these themes is "creating a sense of community." The authors admit that "Given societal stigma, individuals with a sexual attraction to children may feel the need to protect themselves in various ways from condemnation...these individuals feel ostracized by the larger community due to their sexual attraction toward children. The internet therefore acts as a solace." However, the researchers again seem to ignore the validity of this as a mental health need, and instead conflate feelings ("preferences") with behavior, and forum users with "offenders," writing, "offenders receive constant reinforcement and normalization of their *preferences* and justifications within the forums. This could be a major barrier, and an important target for clinicians, as it may solidify the belief that their sexual *attraction* is not harmful" (emphasis added).

The possibility that some of the justifications and themes coded in this study may be protective of mental health obviously presents a conundrum for clinicians who work with those who have committed sex crimes, since they must strike a balance between not harming the mental health of those they work with and not encouraging dangerous behavior. However, MAPs who hold beliefs thought to be supportive of such behavior but who have desisted from it most likely exist, and studies involving them could be fruitful. Additionally, it is not clear that

changing such beliefs is necessary to prevent such behavior.³⁷

Cantor et al. appear to be unaware of these uncertainties about the necessity of changing beliefs, assuming that in treatment for those who've committed sex crimes, such justifications should be "challenged and targeted for intervention." However, literature reviews suggest that if this is done, it should be done with care, since direct confrontation is counterproductive, as is challenging beliefs before the individual fully engages in treatment and trusts the therapist. Instead, beliefs should be explored collaboratively, calmly, respectfully, and supportively in an effort to find their source.³⁸

In fact, Szumski et al. (2018) advocate that researchers (not only therapists) engage in this search by studying how these beliefs develop in the life courses of individuals, drawing from well-established concepts in the field of human social cognition, such as motivated reasoning. Certainly, such research would be in line with the above hypothesis regarding mental health. Additionally, it may be fruitful for researchers to consider MAPs' awareness of what other researchers have called "perceived non-coercive childhood sexual experiences with adults".³⁹ Jahnke et al. (2022) use this term "to refer to participants'

³⁷ Gannon & Polaschek (2006); Marshall et al. (2011); Ó Ciardha & Ward (2013).

³⁸ Marshall et al. (2011); Maruna & Mann (2006); Ó Ciardha & Gannon (2011).

³⁹ Jahnke et al. (2022); Felson et al. (2019).

subjective experience of a sexual act as having been positive and non-coerced, not as an endorsement of adult-child sex.” In all likelihood, at least some MAPs who hold beliefs supportive of adult-minor sex may do so partly as a result of an awareness of such research and/or experiences, along with a desire to protect their self-concept and accept their sexuality. Researchers and clinicians who are aware of this possibility may come to see such beliefs as less mystifying and irrational, and be better prepared to help MAPs or understand their cognitions. This may prove to be more fruitful than simply cataloging beliefs, as this study does.

There are undoubtedly many cases where MAPs inaccurately project sexual interest onto children or

adolescents. To the extent that the justifications and emergent themes the authors identify contribute to such projection, treatment that helps MAPs identify these sources of misperception could obviously be helpful. However, research and treatment approaches that go beyond the simplistic cataloging and confrontation of “cognitive distortions” and seek to understand how and why such beliefs develop during the life-course of an individual carry a much greater potential to promote both the well-being of MAPs and the protection of children, particularly if they draw from well-established knowledge in the fields of cognition, mental health, and sexuality.

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Author Responses

Response by Dr. Christian Joyal to review of Joyal (2022) in B4QR 2 (3)

General comments

I was quite surprised by the general negative tone of the review; it seems that several aspects of my paper were misunderstood by the reviewer. I will address (and, hopefully, clarify) these points in the next section.

To be clear, as a researcher at the International Center of Comparative Criminology and the Philippe-Pinel National Institute of Legal Psychiatry, I am well aware of the crucial distinction between child sexual abuse and pedophilia (which I have indeed called genuine [or intrinsic] pedophilia). According to the reviewer, this point is ambiguous in the paper, although I doubt it (more on that later). It seems that all the confusion is based on the premise of the reviewer that I defined pedophilia as a “pedophilic behavior” (p.23), which is incorrect, as discussed in the next paragraph.

Specific comments

According to the reviewer, my definition of genuine pedophilia is “pedophilic behavior” that occurs because of attraction to children”. (p.23). However, I specifically stressed that behaviors (e.g., child sexual abuse) should NOT be sufficient to define pedophilia, stating that “evidence of sexual preference or interest for children (e.g., corresponding sexual fantasies)” is paramount to the

definition (p.4). I further complained that according to current “official definitions of pedophilia, the sole presence of child sexual abuse behaviors is sufficient to give a diagnosis of pedophilic disorder”. (p.4). I also underlined that “Although an important distinction is made between child sexual abuse (the behavior) and pedophilia (fantasies, early onset, sexual preference for children) in forensic psychology, sexology and criminology (Seto, 2019), this nuance is commonly overlooked” (p.4). Therefore, no, I did not define genuine (or intrinsic) pedophilia as a “pedophilic behavior”, on the contrary.

In the same vein, I was quite surprised that the reviewer felt (p.23) that: 1) “this distinction is very unclear throughout most of the article, and sometimes even directly contradicted”; 2) “Joyal’s frequent conflation of the term “pedophilia” with “child sexual abuse” makes it difficult at times to interpret his arguments and findings clearly”, and; 3) “the importance of being thoughtful and intentional about language, which can not only be dehumanizing and contribute to misinformed societal stigma but can also lead to misinterpretation and misapplication of research findings”. Wow! These are strong assertions, especially given the aforementioned clarifications...

Still, after re-reading the paper, I agree with the reviewer that my use of the terms “pedophilic behavior” in reference to child sexual abuse could be confusing. My intent was to stress the fact that most cases of child sexual abuse by persons with neurological damage are not in fact “pedophilic”, contrarily to what is commonly seen in the literature. However, I should have made this point clearly at the beginning and use “child sexual abuse” thereafter.

The reviewer also stated that “From what one can discern, Joyal is not investigating “genuine” attraction to children versus attraction to children brought on by neurological damage. Rather, he appears to be investigating people who engage sexually with children due to attraction to children versus those who do so because of neurological damage”. **Yes, that’s exactly it!** What appeared clear to other reviewers seems to have been unclear to this one. The main goal of the study was to assess the claims that neurological damage can lead to pedophilia (the so-called “late-onset” pedophilia) which I, as a neuropsychologist, know it’s incorrect. Unfortunately, given that the DSM-5’s definition of pedophilia disorder can be based solely on child abuse, many neurologists consider these behaviors as evidence for pedophilia. I reread my whole paper and this seems quite clear (maybe it’s just me).

The reviewer then correctly stressed: “In other words, Joyal is saying that neurological damage may not cause attraction to children, but it may lead to

changes in impulsivity or hypersexuality that could make someone more likely to act” (p.23). **Again, yes! That’s it!** I truly do not understand how this might be unclear.

The reviewer also correctly wrote: 1) “Joyal describes the purpose and goal of the systematic review as an attempt to “explore the possibility that [cases of child sexual abuse following neurological damage] are more closely associated with generalized behavioral impulsivity or hyperactivity than a late onset sexual interest toward children.” (pp.23-24); 2) “Joyal argued that these results support the hypothesis that “acquired pedophilia” is “more closely related with behavioral impulsivity in general than sexual deviance in particular” (p.24) and; 3) “Joyal cites a brain imaging meta-analysis in which people attracted to children did not differ from controls and concludes that “anomalies of fronto-temporal regions appear to be more closely associated with child sexual abuse (acting out) than pedophilia” (p.24). Again, how these goals and conclusions could be considered confusing or unclear is beyond me...

Maybe the reviewer was misled by the title of the paper: “The neuroanatomical bases of pedophilia and the importance of distinguishing genuine vs. acquired types: A systematic review”. It might have led the reader to believe that the paper was about genuine pedophilia whereas, on the contrary, it was about child sexual abuse. The term pedophilia was put in the title because it is regularly (and

incorrectly) diagnosed instead of child sexual abuse. Thus, it was important to use that term (genuine pedophilia) even if the paper is not about it, in order to contrast it with the so-called “acquired pedophilia”, commonly used in neurology and neuropsychology. The paper focusses on the common (and incorrect) use of so-called “acquired pedophilia” neurological cases to stress the fact that it is not even pedophilia. But nowhere in the text it is said that people with genuine (or real or intrinsic) pedophilia participated in the studies reviewed here, on the contrary.

Now, I think the following remark was actually funny: “Joyal (perhaps unintentionally) raises an important point about potential issues with using sexual behavior as a criterion for pedophilic disorder” (p.25). Perhaps unintentionally? Seriously? This was the whole point of the paper (see previous paragraphs, here).

The reviewer also felt that “various other groups of people who could be inaccurately diagnosed with pedophilic disorder based on these criteria (e.g, people who commit opportunistic or situational

offenses)” were left out. (p.25). This is evident, but it was not the goal of this study. We intentionally focussed on neurological cases. When the reviewer went on, saying that “the focus of this review was on pedophilia” (p.25), I understood that something was really wrong... Either the reviewer read the paper too rapidly or it was badly written (or both). In any case, this is really unfortunate, sad in fact.

At the end, the reviewer argues that “practical information to aid [the reader] in distinguishing between and responding effectively to child sexual abuse that occurs as a result of preferential attraction versus abuse that occurs due to neurological damage” was lacking. But this is hyper well-known, especially to readers of a journal named “Sexual Offending: Theory, Research, and Prevention”! This is not the place for such basic information.

Lastly (and importantly), the paper reports the first thorough, systematic review of the literature on the subject (the supposedly late onset or acquired pedophilia), an important aspect that was mostly disregarded by the reviewer.

Reply from Allen Bishop, Editor-in-Chief

I wish to thank Dr. Joyal for his reaction to our review. Dr. Joyal took the time to express his reservations not only here in writing, but also during our virtual research colloquium on the B4QR

Summer Issue, which was held on September 18, 2022.

Having re-read the original paper, I believe that Dr. Joyal is correct when he says that our review mistakenly claims that he defines genuine pedophilia

as “pedophilic behavior that occurs because of attraction to children.” Dr. Joyal does *not* conflate attraction and behavior in his definition of genuine pedophilia, and he even argues that it is a *problem* that the DSM-5 presents sexual *behavior* as a *sufficient* criterion for the diagnosis of pedophilic disorder.

With this very important point being made, we believe that our more general criticism in our review about ambiguity in the concept of pedophilia remains, although this criticism should have been made differently in the review. The concept of “acquired pedophilia” at the heart of the paper is in itself problematic. That concept is used to refer to “cases of child sexual abuse brought on by neurological damage.” Using the term “pedophilia” to refer to a form of sexual abuse is inherently problematic and stigmatizing. This is of course no fault of Dr. Joyal, since this is an established technical concept that he merely uses, but it probably would have been better to give the technical definition of “acquired pedophilia” at the beginning of the article and not use that term for the duration of the article, because using the term inevitably led to some confusion.

To give an example of this confusion, Dr. Joyal’s key finding is that acquired pedophilia is associated with “disinhibition and hypersexuality but not with true modification of sexual interest.” What this means, if we stick to the suggested terminology, is that acquired pedophilia is not associated with... an

acquisition of pedophilia! This can seem like an oxymoron for someone who does not keep in mind the technical meaning of “acquired pedophilia” as referring to sexual abuse of children brought on by neurological damage.

This is the kind of confusion that was meant in the review. There are also other choices of words in the article that suggest an overly tight association between attraction and sexual abuse. For instance, the expression “pedophilic behavior” is sometimes used in the article to refer to sexual abuse of children.⁴⁰ Now, child sexual abuse is not an exclusively pedophilic behavior. After all, there are teleiophiles who commit such abuse – even ones without brain damage! The expression “pedophilic behavior” also gives the impression that the abuse of children is an inherent, or at least expected, behavior in pedophiles. We therefore recommend avoiding that expression and simply speaking of “offending behavior” or a similar expression.

These are the kinds of conceptual issues that we felt led to confusion in the article. But we should not have written that Dr. Joyal’s definition of genuine pedophilia was in itself problematic, since it was not. We also should have done a better job highlighting the many strengths and important findings of the article. Apart from the central finding of the article, about the link to hypersexuality and impulsivity, I

⁴⁰ Dr. Joyal acknowledged this point after it was raised to him at our colloquium, and he subsequently modified his written reply (reproduced here) to express his agreement with our concern regarding the expression “pedophilic behavior.”

thought that Dr. Joyal's discussion of the DSM-5 conditions for pedophilic disorder was extremely important. It is indeed highly problematic that the DSM presents "behaviors involving sexual activity with a prepubescent child" as sufficient for meeting the diagnostic.

To conclude, as the Editor-in-Chief of B4QR, I wish to apologize to Dr. Joyal for some of the shortcomings in our review, and I once again thank him for having taken the time to write his response and come address our research community at our virtual colloquium.

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.

**Evelyn Thorne, Post-Doctoral Fellow
Moore Center for the Prevention of Child Sexual Abuse
Johns Hopkins University**



Evelyn Thorne is a postdoctoral fellow at the Moore Center for the Prevention of Child Sexual Abuse at Johns Hopkins Bloomberg School of Public Health, where she also completed her PhD in Public Health in 2020.

Evelyn has been acquainted with the minor-attracted community since she was a teenager, as she had a friend who disclosed their attraction to children to her. Following that, she has made a number of MAP friends, including one of her current closest friends. As such, she has been aware for much of her life of the harms that societal stigma has had on her friends.

In 2014, her final year of undergrad, Evelyn had an interest in criminology, particularly surrounding child sexual abuse, and was looking into finding a criminology program for grad school. However, she was uncomfortable with how her criminal psychology class would use the term “pedophile” to refer to someone who has sexually abused a child. In the same year, she read Luke Malone’s Medium article, titled “You’re 16. You’re a pedophile. You don’t want to hurt anyone. What do you do now?” The article introduced Evelyn to Dr. Elizabeth Letourneau, the director of the Moore Center for the Prevention of Child Sexual Abuse, and to the topic of primary prevention of child sexual abuse. Evelyn was excited to work with Dr. Letourneau because Letourneau understood that MAPs are not destined to sexually offend against a child.

Evelyn is currently working on the Help Wanted project, which is an online course designed by the Moore Center and targeted towards adolescents and young adults who have an attraction to children.

The goals of Help Wanted are to reduce risk factors associated with child sexual abuse perpetration, and to promote the well-being of MAPs for its own sake, with one of the core philosophies guiding the project being “you deserve good health and happiness.” Evelyn will serve as the data analyst for the upcoming randomized-control trial, and conceptualizing good health and happiness as outcomes in and of themselves is important to her.

Evelyn first attended a B4U-ACT symposium in 2017, and since then has been proud to be involved with B4U-ACT and is grateful to everyone involved who make it such a great organization.

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/>)