

Study Report for Participants

Better Therapy for People Who Are Attracted to Children



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0 Short Summary of the Main Results

1) Participants accepted a wide range of labels for themselves.

All presented labels were rated as acceptable. Some labels were more popular than others: MAP was rated highest, followed by pedophile/hebephile. The labels pedophilic/hebephilic person and person with pedophilia/hebephilia received comparatively low scores.

2) Revealing a sexual attraction to children to a therapist is only linked to better outcomes if the therapist reacts in a supportive way.

Among participants with prior non-mandated treatment experiences, about a third had not disclosed their sexual attraction to their therapist. Revealing a sexual attraction to children was not linked to better or worse outcomes in treatment. However, participants who disclosed were more satisfied with the working relationship with their therapist than those who did not disclose.


3) The relationship between the experience of stigma and the motivation to seek treatment is complex.

Members of stigmatized groups may be fearful about being treated badly when their stigma is discovered (anticipated stigma). Others internalize negative societal ideas about themselves and come to see themselves as deeply deficient (internalized stigma). These experiences relate to the motivation to seek help in different ways. On the one hand, internalized stigma was related to a higher motivation to seek help in case of need. On the other hand, anticipating therapists to react badly upon disclosure is related to a lower motivation to seek help. General anticipated stigma was not linked to willingness to seek treatment.


1 Aims of the Survey



Research Question One assesses attitudes towards various labels.



Research Question Two is concerned with determining differences between therapy outcomes for people who have disclosed vs. have not disclosed their attraction to children to their therapist.

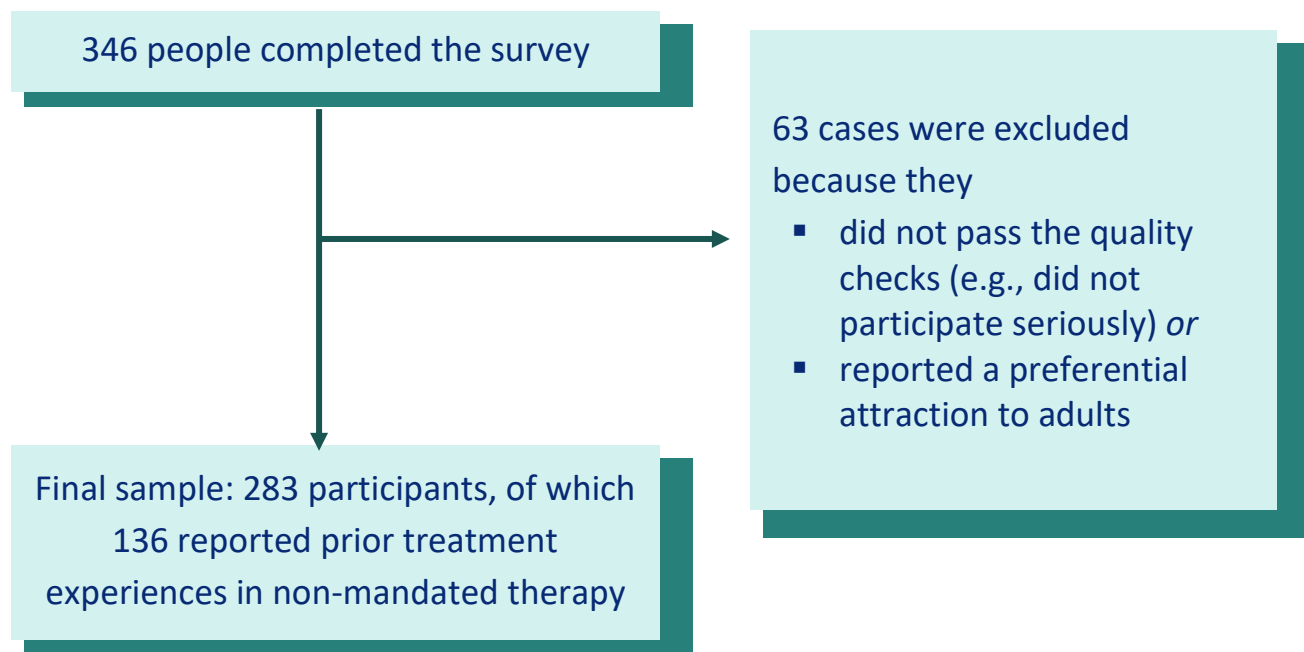


Research Question Three involves determining how different stigma processes relate to mental health outcomes and willingness to seek treatment.

2 Participants and Procedure

The online survey ran between January 2021 and May 2021. We recruited via numerous English and German web-forums for people with a sexual attraction to children as well as social media.

Participant Flow Diagram



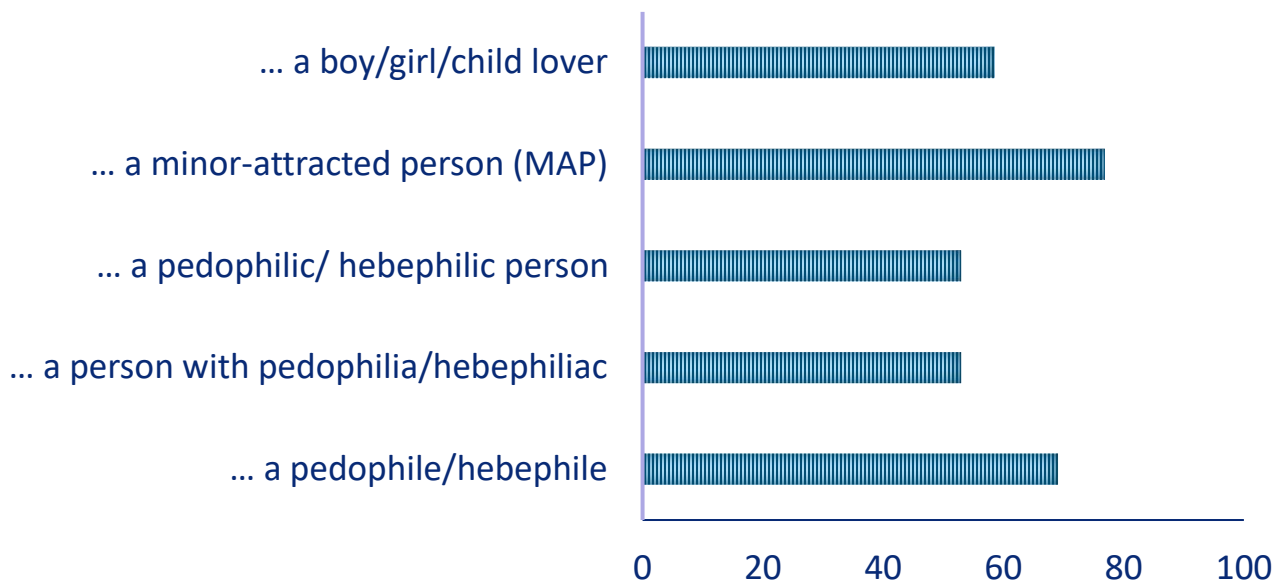
Description of Final Sample

Participants had an average age of 34 years (88% male). A slight majority reported higher attraction to children before puberty than to children in early stages of puberty.

3 Research Question One (Labels)

Participants indicated to what degree they identified with each label from a list of common labels for people with a sexual attraction to children. The table below shows the percentage of participants who agreed (to some degree) that they identified with each label.

% AGREEMENT WITH EACH LABEL



Participants also responded to open questions how they would label themselves and why. Our analysis of the responses revealed that self-labels were often contested, with participants expressing a sense of ambivalence with regards to labels, as exemplified by the following quote:

Pedophile certainly has negative connotations attached to it but I don't think MAP would help. The negative connotations would just transfer to the new word.

Nevertheless, some participants reported a preference for specific terms, particularly MAP (e.g., "because it carries the only connotation that I am attracted to minors, not necessarily a criminal") and girl/boy/child lover (e.g., "because it is common in my groups and it communicates love").

Regarding the term "person with pedophilia," participants tended to respond with criticism, as in the following excerpt.

"A person with pedophilia" sounds like I have a disease and seems to imply I can be cured somehow. I know there is controversy around the idea of pedo/hebephilia as an orientation but "a person with homosexuality" sounds ridiculous because it is. It's not additional to who I am. It's part of me.

Identity struggles linked to stigma or shame were another prominent theme in our data. Many voiced concerns that the language used to refer to sexual attraction to children could induce or contribute to the stigma surrounding this attraction.

The label "pedophile" is tainted and confused with abuser so I hate it.

Yet, a small number of participants wanted to take ownership of the label "pedophile" and to strip it of its negative connotations.

I understand the negative connotations some people associate with the term, but I don't, and I won't change what I call myself just because some people are underinformed. I'll gladly explain what I mean if asked, but I am a pedophile, and no one can take that term from me.

4 Research Question Two (Disclosure)

Among the 136 participants with prior experiences in non-mandated treatment, 96 told their therapist about their attraction to children, while 40 did not.

Disclosing a sexual attraction to their therapist was linked to a better alliance with the therapist, but not to client improvement. In other words, participants who had disclosed their sexual attraction to their therapist did not perceive more (or less) improvement of their well-being or relationships throughout treatment compared to participants who kept their attraction to themselves.

Not every client reported to have received therapist support upon disclosure:



26%

Of those who told their therapist disagreed with the statement "My therapist had become a real support regarding my sexual attraction to children".



67%

Of those who told their therapist agreed with the statement "My therapist had become a real support regarding my sexual attraction to children".

We also asked participants for reasons why they decided to disclose (or not disclose) their sexual attraction to children in treatment, and for the consequences of their decision. Many described disclosure as a process of desperation and emotional turmoil.

My emotions erupted like a volcano...I repressed my sexual orientation for too many years. So suddenly it all came out.

The majority of participants reported reluctance to disclose to a therapist. Many were expressing fears that disclosure will lead to negative outcomes or that “the overall level of risk outweighed any potential benefit of disclosing.” Some reported that this reluctance was borne out of actual negative experiences with therapists in the past.

Finding a therapist who was experienced and knowledgeable with regards to sexual attraction to children (“MAP aware”) made it easier for participants to muster up the courage to speak about their sexuality. The open and supportive dialogue that would then ensue was described as freeing and transformative.

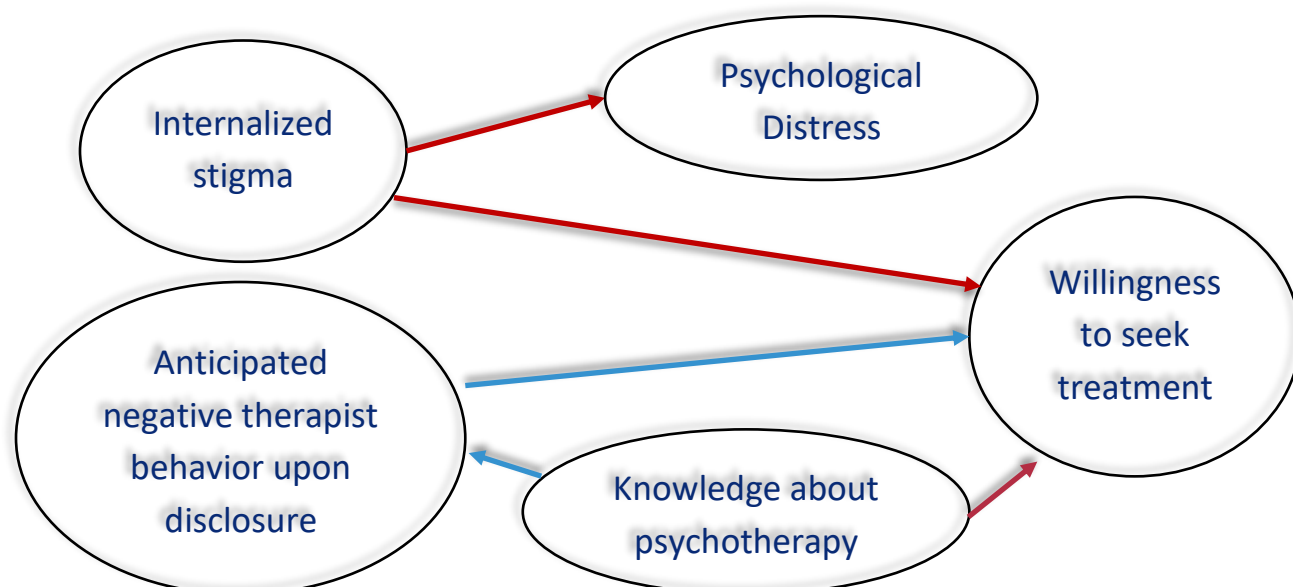
Participants reported various experiences with regards to the impact of disclosure. About a quarter of those who disclosed described its impact as highly positive, while another quarter described negative experiences. These different experiences are reflected in the quotes below.

They reacted well with me. Cheered me up. Said I shouldn't have to worry and beat myself up so much just for having these thoughts and sexual attractions in my head said I'm not a ticking time bomb.

Therapist became suddenly cold and abrasive. Gave me a lecture on how she disapproved of any form of adult child sexual contact. Told me she could do nothing more for me than suggest I attend Parents Anonymous session. End of therapy.

5 Research Question Three (Stigma, Mental Health, and Willingness to Seek Treatment)

The analysis shows that different stigma processes relate differently to willingness to seek treatment. The statistical model is depicted below, with red arrows representing positive relationships and blue arrows representing negative relationships. Participants who reported more internalized stigma were more likely to also report psychological distress and willingness to seek treatment. Participants who reported more knowledge about psychotherapy were also more likely to seek treatment. Participants who anticipated more negative therapist behavior upon disclosure were less likely to report willingness to seek treatment, and people with less knowledge about psychotherapy reported that they anticipated more negative therapist behavior upon disclosure. General anticipated stigma (i.e., the fear of being rejected by others) was not linked to willingness to seek treatment and was therefore not included in the model.



6 Further information and thank you note

We have planned three publications based on this dataset in scientific publications. Two articles are already published or accepted for publication:

Jahnke, S., Blagden, N., & Hill, L. (2022). Pedophile, child lover, or minor-attracted person? Attitudes toward labels among people who are sexually attracted to children. *Archives of Sexual Behavior*, 51(8), 4125-4139. <https://doi.org/10.1007/s10508-022-02331-6>

Jahnke, S., Blagden, N., McPhail, I., & Antfolk, J. (2023). Secret-keeping in therapy by clients who are sexually attracted to children. *Psychotherapy Research*. <https://doi.org/10.1080/10503307.2023.2265047>

Jahnke, S., McPhail, I., & Antfolk, J. (2023). Stigma processes and willingness to seek treatment among pedohebephilic people. [Manuscript submitted for publication].

We would like to thank everyone who has participated in this study! Your contribution has been invaluable in helping us get a deeper understanding of the use of labels, experiences with disclosure in treatment, and factors associated with the willingness to seek treatment in the first place.

