

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/299657027>

# Non-Offending Pedophiles

Article *in* Current Sexual Health Reports · May 2016

DOI: 10.1007/s11930-016-0076-z

---

CITATION

1

---

READS

4,063

2 authors:



**James M Cantor**

Centre for Addiction and Mental Health

84 PUBLICATIONS 2,034 CITATIONS

SEE PROFILE



**Ian V McPhail**

University of Saskatchewan

25 PUBLICATIONS 52 CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:



Mandatory Reporting of Childhood Sexual Abuse [View project](#)



Screening Scale for Pedophilic Interests [View project](#)

All content following this page was uploaded by [Ian V McPhail](#) on 05 April 2016.

The user has requested enhancement of the downloaded file. All in-text references [underlined in blue](#) are added to the original document and are linked to publications on ResearchGate, letting you access and read them immediately.

## **Non-Offending Pedophiles**

James M. Cantor, Ph.D.<sup>1,\*</sup>

Ian V. McPhail, M.A.<sup>2</sup>

### Author Note

<sup>1</sup> Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health, 33 Russell Street, Toronto, Canada.

<sup>2</sup> University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

\* Please address correspondence to James M. Cantor, Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health, 33 Russell Street—office 2017, Toronto, Ontario, Canada M5S 2S1

This pre-print has been accepted for publication in *Current Sexual Health Reports* (as of April 4, 2016) and does not exactly replicate the final version. It is not a copy of the original published article and is not suitable for citation.

## **Abstract**

Non-offending pedophiles are a unique population of individuals who experience sexual interest in children, but despite common misperceptions, have neither had sexual contact with a child nor have accessed illegal child sexual exploitation material. An emerging body of research has examined the prevalence of pedophilic interests, characteristics of non-offending pedophiles, correlates of pedophilic interests, and stigma associated with pedophilia. Treatment programs are beginning to produce findings regarding the effectiveness of treatment in supporting non-offending pedophiles to remain offence-free. The current review spans these areas of research and discusses potential treatment options for working with non-offending pedophiles based on that research base.

**Keywords** non-offending pedophiles; treatment; stigma-related stress; pedophilia

## Introduction

Non-offending pedophiles are a unique population who have been gaining more attention in sexological research and treatment and in popular culture. These are individuals who experience sexual attraction to children but have no (known) sexual contact with a child, typically expressing the strong desire never to do so. In recent years, online networks have been established for self-identified pedophiles to share information and support as they cope with pedophilic interests (e.g., b4uact.org; virped.org). Treatment programs for self-identified pedophiles at risk for offending have also begun to emerge. Examples of these include the Prevention Project Dunkelfeld in Germany [1] and the “Help Wanted” program, a prevention-focused project based in the United States [2]. As well, a small body of empirical research examining the prevalence of pedophilic sexual interests in the population, the correlates of pedophilic interests, the characteristics and experiences of non-offending pedophiles, and stigma has begun to accrue. This review summarizes the empirical research published in these areas and discusses treatment of non-offending pedophiles<sup>1</sup>.

### **Non-offending pedophiles: Prevalence, correlates, and characteristics**

Recent research has attempted to estimate the prevalence and incidence of sexual interest in children and how many of these individuals have not acted on such interests. In a self-selected sample recruited online and through radio and newspaper advertisement ( $N = 1,516$ ; 52.7% female), 1.8% of the male and 0.8% of the female respondents to an online, revised version of the Wilson Sex Fantasy Questionnaire reported ever having fantasies involving sex with a child

---

<sup>1</sup> In this article, we take *pedophilia* to mean a range of possibilities in terms of sexual interest directly towards prepubescent children, rather than rely on a strict diagnostic definition that includes criteria regarding objective temporality, preferentiality of interest, and clinical distress when defining pedophilia (i.e., DSM-5 pedophilic disorder diagnosis). This broad approach is taken in order to accommodate the existent literature that typically does not attempt a diagnostic definition of pedophilia, but rather assesses constructs including “sexual interest in children” or “sexual fantasies involving children”.

under the age of 12 years [3]. In a large, self-selected sample of 8,718 German-speaking adult males recruited online, 2.4% reported having experienced sexual fantasies involving children during adulthood (e.g., experiencing sexual excitement to imagining sexual behaviour with a child) and having no sexual contact with a child in the past [4]. Of these men, only six men indicated that they had perceived the need to seek professional help for sexual fantasies involving children. When considering both men who had sexual contact with children and those with no such contact, these authors estimated that 0.6% of the sample may meet the DSM-5 diagnostic criteria for pedophilic disorder [5]. This estimate is only approximate, since the authors used proxies from their measurement protocol to estimate rates of pedophilic disorder and did not include a clinical interview. In another prevalence study, of 367 German males, 15.5% reported sexual fantasies (e.g., daydreams and masturbation fantasies) involving pre-pubescent children and, of these men, 26.3% found children to be intensely arousing while 5.3% reported experiencing distress due to pedophilic fantasies and arousal [6]. In a self-selected sample of university students, the rates of distressing, prolonged (i.e., > 6 months) sexual pre-occupation with prepubertal children was 0.2% in male and 0.8% in female respondents [7]. By way of comparison to understand prevalence estimates of pedophilic disorder, the lifetime prevalence of schizophrenia is estimated to be 0.87% and bipolar I disorder estimated to be 0.24% in population-based research [8].

Alanko and colleagues [9], in a population-based sample of 3,904 male twins, found the incidence of pedophilic interests to be 1% ( $n = 39$ ) and hebephilic interests<sup>2</sup> to be 5.7% ( $n = 223$ ), with ten of these men reporting having had sexual contact with children. Pedohebephilic

---

<sup>2</sup> *Hebephilic interests* refers to sexual interest in pubertal children who have begun developing secondary sex characteristics.

interests<sup>3</sup> were operationalized as having sexual interest in or sexual fantasies about prepubescent and pubescent children over the past 12 months. In this study, genetic influences significantly accounted for the findings; however, the nonshared environmental component explained 85.4% of the variation in pedohebephilic interests. These findings suggest that, whereas genetic heritability may influence development of pedophilic interests, other factors may also influence the development of these interests.

The (im)mutability of pedophilia is a key aspect of helping non-offending pedophiles manage their sexual arousal and to refrain from offending. The accrual of empirical data exploring this issue is central to understanding and providing treatment to non-offending pedophiles: If pedophilia is immutable, then treatments for these individuals need basically to focus on coping with and managing pedophilic interests while leading a meaningful and fulfilling life, and not on changing the person's basic orientation. Whereas some authors have claimed that pedophilic interests may remit [11, 12], re-analysis of these data and methodological and statistical issues identified by other authors suggest that no such changes in orientation actually occurred [13-16].

Whereas there are few, if any, data suggesting flexibility of pedophilic interests in non-offending individuals, some recent research examines correlates of exclusivity in pedophilic interests [17]. This research examined the age at which pedophilic individuals first recognized that their sexual interests were different from their peers, exclusiveness of sexual interests, and flexibility of pedohebephilic interests in a sample of 75 minor-attracted men recruited online. The age when these men first recognized their pedohebephilic interests ranged from 6 to 44 years, with a mean of 17 years of age; other research has also found that the majority of a sample

---

<sup>3</sup> *Pedohebephilic interests* is the superordinate category that includes both pedophilic individuals and hebephilic individuals.

of help-seeking, non-offending pedophiles were aware of their sexual interests by the age of 20 [18]. A majority of the men in Tozdan and Briken [17] were motivated to pursue treatment; however, self-efficacy to change their pedophilic interests was associated with a non-exclusive attraction, suggesting that pedophiles who are exclusively attracted to children do not believe their attractions can be altered. As well, the age of realizing their pedohebephilic interests may also be important, because early age was associated with higher levels of exclusivity of these interests and lower flexibility of their pedohebephilic interests.

In a comparative study, non-offending pedophilic men were less likely to report a behavioral propensity to engage in sexual contact with a child when compared with pedophilic men who had sexually offended in the past [19]; however, the non-offending pedophiles endorsed similar levels of arousal to and enjoyment of scenarios involving sexual contact with children. This research suggests that one important characteristic of non-offending pedophiles is their lower level of willingness to engage in sexual activity with children. Non-offending pedophiles have similar levels of working memory and selective attention for sexual cues as non-pedophilic men [20]. . In addition, compared with incarcerated pedophiles, non-offending pedophiles have also been found to display less supportive attitudes toward sex with children and higher levels of self-efficacy for controlling sexual urges [21]. A further comparative study found that a sample of pedophilic men (55% non-offending) had stronger automatic and implicit associations between children and sex than non-pedophilic men, providing support that implicit cognition plays a role in sexual interest in children [22]. Taken together, these findings suggest that non-offending pedophiles are less likely to view sexual activity with children as acceptable, may be more able to manage their responses to sexual stimuli, and may believe they are better

able to control their sexual arousal and behavior than pedophilic individuals who do act on their sexual interests.

Other research has examined the correlates of pedophilic interests and provides an understanding of some clinically significant issues associated with pedophilic interest. Using a subsample from Alanko et al. [8], Santilla and colleagues [23] found that pedohebephilic interests were associated with reporting sexual and physical abuse in childhood, higher levels of general sexual desire, higher frequency of sexual fantasies, and more frequent masturbation. Similar findings were reported by Klein and colleagues [24] who used a subsample from Dombert and colleagues [4]. In this research, pedophilic interests were associated with higher total sexual outlets, higher sex drive, greater amounts of time engaging in sexual fantasies and adult pornography consumption, and contact offending and illegal online child sexual exploitation material use. For individuals who reported having experienced childhood sexual abuse, 8.2% also reported pedohebephilic interests. Other research found that paraphilic interests in general, including pedophilic interests, are associated with being single, engaging in extra-relationship sexual contacts, ever having used pornography for sexual arousal, lower subjective health [7], total sexual outlets, sexual preoccupation (e.g., frequency of masturbation and partnered or illegal sexual activity), sexual compulsivity (e.g., impairment and distress due to meeting sexual needs), impulsivity, and sensation-seeking [10].

Self-reports of pedophilic individuals and the nature of their attractions can provide a rich source of data that complements and expands upon recent quantitative studies [25]. Most of the sample became aware of their pedophilic attraction as they matured into adulthood and described the experience as aging while their attractions did not age along with them. A majority of the sample described experiencing romantic feelings toward children, rather than their attractions



being strictly sexual in nature, and included falling in love with a child or having fantasies about a romantic relationship with a child. For some, being in social relationships with children (e.g., friendships and coaching) and the emotional attraction they experienced were more satisfying than the possibility of having a sexual relationship with a child [25, 26]. Further, when some of these men did not have social relationships with children, they felt more fixated on and troubled by their attraction. Some used substances to avoid their feelings, others sought help from professionals, other non-offending pedophiles, or other supports in their lives; still others were less focused on their pedophilic interests when in a meaningful relationship with an adult partner. Professionals helped some of these men accept their pedophilic interests by separating their sexual attraction from their sexual behavior and by managing their sense of selves (e.g., distancing themselves from stories of “child rapists” [25 p8]). Engaging with other pedophilic individuals helped these men see that others with their interests were able to avoid offending, which brought a sense of hope. Having other social supports that knew about their interests helped because their supports could help them maintain boundaries with children, challenge potentially distorted thinking, and provide them with feedback regarding their behavior with children. Half of the sample used pornography depicting adults to relieve sexual arousal, and one man used child sex dolls for that purpose. This research, while using qualitative methodologies with relatively small samples, highlights several ways these men cope with their attraction towards children and provide a preliminary suggestion that their interests in children expand beyond sexual attraction and include a complex set of sexual, emotional, and romantic processes.

## **Stigma**

A recent review of the literature examining stigma towards individuals with pedophilia suggests that while there is generally a lack of research with this population, there are a number of stigma-related phenomena facing pedophilic individuals [27]. For instance, lay people attribute pedophilia variously to being physically or sexually abused in childhood, parents being absent during childhood, having negative early sexual experiences, being allowed to watch pornography at a young age, and inadequate coping with emotions [28]; ascribe negative judgments and traits to pedophilic individuals (e.g., being evil or “disgusting”); and are pessimistic about treatability of pedophilia [29, 30]. One main ramification of having a sexual interest in children, even if one does not act on it, is that these individuals are likely to face intense stigma due to their pedophilic interests and because of this stigma-related stress, be at increased risk of negative mental health and interpersonal outcomes. Stigma for non-offending pedophiles is an important area to research, because the negative outcomes associated with stigma-related stress (e.g., social and interpersonal problems; emotional dysregulation [31]; limited life opportunities [27]) are also theorized to be central risk factors for the initiation of sexual offending [32, 33].

In two studies, Jahnke and colleagues [34] examined the strength and prevalence of the public’s stigma toward pedophilic individuals compared with attitudes towards individuals with other mental disorders. Participants ( $n = 854$ ; 51.9% women) expressed more stigmatizing attitudes toward pedophilic individuals, greater fear of and anger towards pedophilic individuals, less pity for pedophilic individuals, and exhibiting desire for greater social distance from pedophilic individuals compared with alcoholic individuals. The second study replicated these findings when comparing attitudes towards pedophilic individuals versus attitudes towards individuals with sexual sadism and individuals with antisocial tendencies. Other research has

found that the public sees a direct link between pedophilic interests and abusing a child [35]. When participants were presented with a *pedophilia* label versus a *sexual interest in children*, the *pedophilia* label was related to more punitive attitudes, especially for those who ascribed more intentionality to pedophilic individuals. This study suggests that the terms *pedophile*, *pedophilic*, and *pedophilia* may have a more negative connotation than the more descriptive label *sexual interest in children*. Qualitative research examining the content of comments posted online in response to an episode of the National Public Radio podcast *This American Life* focusing on a pedophilic individual found that the majority of comments were positive and supportive or were a mixture of positive and negative sentiment toward the pedophilic individual featured in the episode [36]. The lay public appears to hold stigmatizing attitudes toward pedophilic individuals, but that in certain instances (e.g., presenting a pedophilic youth in a sympathetic light), members of the public are willing to express their support for individuals struggling with their pedophilic interests.

The impact of negative attitudes on non-offending pedophiles is a key consideration in stigma research, as the experience of stigma-related stress is associated with multiple negative mental health and health outcomes [31, 37]. In a sample of non-offending pedophilic individuals, high levels of perceived social distance and fear of discovery were reported [21]. When this sample of non-offending pedophiles was compared with the normative samples for the self-reported measures used in the research, pedophilic individuals were found to have higher levels of psychopathology and social isolation and lower problem-focused approaches to coping with stress (e.g., not reacting with strong emotion or using wishful thinking to cope with stress). As well, fear of discovery was correlated with lower emotion-focused coping, lower self-esteem, higher perceived social distance, and higher fear of negative evaluation and social isolation.

Whereas a majority of participants reported that they would consider seeking professional support (52%), only 36% believed a professional would understand their problems. Other research suggests that pedophilic individuals are concerned that professionals they approach for help would stigmatize them further [26]. Recent findings also suggest that stigma, stereotypes, negative affective responses, and discriminatory intent towards pedophilic individuals displayed by psychotherapy trainees can be reduced through educational interventions [38]. Taken together, these studies suggest that non-offending pedophilic individuals experience stigma-related stress and that this stress may be linked to negative mental health and social outcomes. Fortunately, there is some evidence to suggest that stigmatizing processes exhibited by psychotherapists might be reduced through educational interventions targeting psychotherapists, which may in turn make non-offending pedophiles more comfortable seeking professional help to cope with issues arising from stigma, their sexual attractions, or other life problems.

Qualitative research provides some additional insights into how pedophilic individuals understand and cope with stigma. Pedophilic men reported that they disliked using the term *pedophile* to describe themselves, given the negative connotation of the term [26]. This description of the term *pedophile* as more negative maps onto the findings reported in Imhoff [35]. When disclosing their sexual interests in children, participants reported that they feared losing friends, being seen as a “sicko,” or not being accepted and that these fears lead some to isolate themselves, not pursue new friendships, or feel anxious or suspicious about social relationships [see also 25]. As well, not being able to disclose their sexual identities made some participants feel excluded from aspects of social relationships (e.g., sharing love interests, having intimate discussions with friends) or that they were not being authentic with their friends. Some participants had overall positive experiences when disclosing their interests, but most reactions

were mixed, such as experiencing stress and tension in their relationships. Of interest, receiving compassion, sympathy, and support and being able to discuss their attraction to counsellors was helpful for some participants.

### **Treatment with non-offending pedophiles**

Recently, effectiveness research from the Prevention Project Dunkelfeld has produced some preliminary results [39]. The treatment group in this project participated in a year-long cognitive behavioral therapy program and included targets such as motivation for change, self-efficacy, self-monitoring (including sexual fantasies and interests), sexualized vs. adequate coping strategies, emotional and sexual self-regulation, social functioning, attachment and sexuality, offense-supportive attitudes, developing empathy for children involved in child sexual abuse or child sexual exploitation materials, and relapse prevention strategies and goals. For the non-offending, pedohebephilic individuals (22.6% of the treatment group;  $n = 12$ ), no significant treatment gains were reported. Of these men, none engaged in sexual contact with a child, and 24% accessed online child sexual exploitation material over the year they were in treatment.

Given the emerging findings on stigma, mitigating the negative impacts of the experience of stigma associated with having a pedophilic orientation may be an important aspect of treating non-offending pedophiles. Research on stigma in sexual minorities suggests that experienced and perceived discrimination is linked with psychological distress, particularly if stigmatized individuals expect to be rejected [31, 40]. As well, stigma-related stress may be involved in problems with emotion regulation, social and interpersonal issues, and specific cognitive processes (e.g., experience of shame, anxiety) that increase risk for psychopathology. For pedophilic individuals, the experience of stigma and discrimination and their expectations of rejection may inform treatment, because these processes may increase the level of distress for

these clients. Awareness of stigma, pedophilic clients' experience of stigma and discrimination, and how these affect their functioning may be issues to monitor and address in prevention-focused treatment.

Another potential approach to the treatment of non-offending pedophiles would be to address psychologically-meaningful risk factors that have been linked to future offending by individuals who have been convicted of a sexual offence against a child. Whereas these risk factors are taken from the forensic literature, certain risk factors make sense in the context of treating non-offending pedophiles to support an offence-free lifestyle. Cantor [41] suggested that individuals offend when they are at their most vulnerable and experience pervasive loneliness. Loneliness and social rejection are key risk factors in etiological theories of child sexual abuse [42], as well as being linked to suicidality [43], reduced intelligent thought, and decreased self-regulation [44]. As well, interacting with children to meet social, emotional, and intimacy needs, while being a strong predictor of sexual offending against a child [45], has also been linked to loneliness and social rejection in sexual offenders and may be a means that a pedophilic individual uses to reduce the experience of loneliness [46, 47]. Working through the experience of loneliness and finding ways to satisfy social and intimacy needs may be key aspects of preventative treatment with non-offending pedophiles.

Helping non-offending pedophiles manage their sexual arousal to children in everyday life is also a logical target for prevention-focused interventions. Because sexual arousal to children is another strong predictor of engaging in sexual behavior with children in adjudicated sexual offenders [48, 49], providing cognitive and behavioral techniques for managing sexual arousal may improve non-offending pedophiles' ability to manage sexual urges in their daily lives. This treatment focus is supported by recent research that finds self-reported pedohebephilic sexual

interests are associated with markers of sexual preoccupation, such as higher rates of masturbation and higher frequency of sexual fantasies [23, 24]. Such findings may suggest that dealing with pedophilic sexual fantasies are issues potentially facing non-offending clients in their daily lives. Individuals who have sexually offended against children are more likely than other populations to report histories of having been abused themselves as children [50], and recent research indicates experiencing childhood sexual abuse is associated with higher rates of self-reported pedohebepilic interests [23, 24]. Clinicians may also screen for trauma histories among pedophilic clients. Treating ongoing symptomatology associated with trauma and abuse may also improve non-offending pedophilic individuals' ability to function in daily life and successfully manage their sexual behavior.

## **Conclusions**

A non-trivial number of non-offending pedophiles exist, and recent research is providing some initial understanding of them. We see that non-offending pedophiles experience a range of problems relevant to clinical interventions, such as childhood abuse, hypersexuality, and lower perceived health. Research on the mental health needs of non-offending pedophiles should continue to develop our understanding of the consequences of living with pedophilic interests. More research is also needed to identify in sharper relief what psychological processes distinguish non-offending pedophiles from those who do offend against a child or access online child sexual exploitation material. In this research domain, qualitative research is likely to expand greatly and complement quantitative approaches, so this combined (?) approach is strongly encouraged.

Future research and theoretical work into the nature of pedophilia should consider recent developments in understanding sexualities [51]. Specifically, there is evidence to suggest [25,

26, 46, 47] that some pedophilic individuals, both those who have offended and those who have not, experience romantic attachments to children that are not strictly sexual and include love and nurturance, both in a romantic sense and a non-romantic sense (e.g., friendships and mentoring relationships). Some pedophilic individuals report that spending time with children in social situations was a means they employed to mitigate the intensity of their sexual attractions to children and meet social needs [26] or that this social contact was more valued than the sexual component of their interests in children [25]. These preliminary findings suggest the cautious clinician will assess the meaning of social contact with children for a non-offending pedophilic client. Assessing for the meaning for social contact with children will provide a clearer understanding of whether this social behavior is engaged in to groom a child for sexual contact or if it may be serving a protective function or increasing risk for a client. Research is needed to expand our understanding of the nature of these affective connections, the role they play in non-offending pedophiles' lives, and whether these feelings towards children are protective or risk factors for sexual contact with children.

In comparison with treatment with criminal-justice involved individuals, the treatment of non-offending pedophiles is an area that is in dire need of development. While preliminary evidence suggests that treatment can prevent the majority of these men from pursuing sexual contact or online sexual material involving children, the understanding of how treatment helps these individuals is currently lacking. Recent research literature suggests several issues germane to the treatment of non-offending pedophiles in order to help these individuals not offend (e.g., sexual pre-occupation, hypersexuality, managing sexual arousal). We have suggested a number of potential treatment targets to prevent offending based on our experience with criminal-justice involved individuals and the existent literature with non-offending pedophiles. Given the



prevention focus of such interventions and research, clinicians and researchers are encouraged to follow guidelines for developing and implementing prevention research in order to increase the impact and quality of their research (e.g., [52]).

Clinicians should consider the stigma-related stressors facing non-offending pedophiles, how these individuals make meaning of themselves and cope with their attractions, how they pursue social contact with children in ways that are beneficial or detrimental, ongoing psychological sequelae from earlier experiences of abuse, and improving interpersonal functioning. Stigma reduction efforts may be a key aspect in encouraging individuals struggling to cope with pedophilic interests to seek help, since stigma is a major impediment to seeking mental health treatments [53]. Because it is likely that non-offending pedophiles, as a stigmatized group, will experience stigma-related stress and psychological risk factors caused by this stress (e.g., alcohol use, anxiety, depression [31]), improving coping with stigma-related stress (e.g., reducing rumination, hypervigilance, suppression), improving social support networks, and reducing pessimism and hopelessness are potential processes to target in future treatment efforts. These aspects of treatment with non-offending pedophiles focus on supporting their ability to live a meaningful and fulfilling life and improving overall psychological well-being and sense of self-efficacy. The difficulties in treating non-offending pedophiles are complex, not insurmountable, and clinicians and researchers are encouraged to get involved in this most challenging and open frontier in our field.

Given what is known about the effects of stigma in sexual minorities [31], we anticipate that the experience of stigma will be associated with problematic outcomes such as alcohol use [54, 55] and maladaptive forms of coping (e.g., suppressive or reactive coping; [56]). Because stigmatized statuses confer risk for mental health problems, such as anxiety, depression, alcohol

use, and polysubstance abuse [31], future research should assess for elevated rates of these mental health concerns in non-offending pedophiles and whether experiences of stigma are associated with greater symptomatology.

Public stigma has been researched by Jahnke and colleagues [34], while provider-based stigma [37] has received less formal attention. Furthering our understanding of the stigmatizing stereotypes, prejudices, and discrimination toward non-offending pedophiles by treatment providers, child protection workers, and law enforcement officers will also be a fruitful avenue of research. Having said this, it is also important to consider, both for the individual clinician and in research studies, the potential *courtesy stigma* [37] associated with working with a stigmatized group like non-offending pedophiles. Clinicians who do offer treatment to this population may face prejudice and discrimination for simply providing services to non-offending pedophiles. This research will provide knowledge about the specific hesitations and potential roadblocks to treating non-offending pedophiles and improve the ability to dispel myths that impede the provision of services to this population.

## References

Papers of particular interest, published recently, have been highlighted as: • Of importance •• Of major importance

1. Beier KM, Ahlers CJ, Goecker D, et al. Can pedophiles be reached for primary prevention of child sexual abuse? First results of the Berlin Prevention Project Dunkelfeld (PPD). *J Forensic Psychiatry Psychol* 2009;20:851–67.
2. Shields RT, Benelmouffok A, Letourneau EJ. Help wanted: Lessons on prevention from non-offending young adult pedophiles. Poster presented at the 34<sup>th</sup> annual conference for the Association for the Treatment of Sexual Abusers, Montréal, Québec, Canada. October, 2015.
3. [Joyal CC, Cossette A, Lapierre V. What exactly is an unusual sexual fantasy? \*J Sex Med.\* 2015;12:328–340.](#)
4. Dombert B, Schmidt AF, Banse R, et al. How common is males' self-reported sexual interest in prepubescent children? *J Sex Res.* 2015; doi: 10.1080/00224499.2015.1020108
5. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington, DC: Author; 2013.
6. [Ahlers CJ, Schaefer GA, Mundt IA, et al. How unusual are the contents of paraphilias? Paraphilia-associated sexual arousal patterns in a community-based sample of men. \*J Sex Med\* 2011;8:1362–70.](#)
7. [Abdullahi H, Jafojo RO, Udofia O. Paraphilia among undergraduates in a Nigerian university. \*Sex Addict Compulsivity.\* 2015;22:249–57.](#)
8. [Perälä J, Suvisaari J, Saarni SI, et al. Lifetime prevalence of psychotic and bipolar disorders in a general population. \*Arch Gen Psychiatry.\* 2007;64:19–28.](#)

9. [Alanko K, Salo B, Mokros A, et al. Evidence for heritability of adult men's sexual interest in youth under age 16 from a population-based extended twin design. J Sex Med 2013;10:1090–9.](#)
10. [Dawson SJ, Bannerman BA, Lalumiere ML. Paraphilic interests: An examination of sex differences in a nonclinical sample. Sex Abuse. 2014:1–26.](#)
11. [Müller K, Curry S, Ranger R, et al. Changes in sexual arousal as measured by penile plethysmography in men with pedophilic sexual interest. J Sex Med 2014;11:1221–9.](#)
12. [Fedoroff JP, Curry S, Müller K, et al. Evidence that arousal to pedophilic stimuli can change: Response to Bailey, Cantor, and Lalumière. Arch Sex Behav. 2015;44:259-63.](#)
13. Bailey JM. A failure to demonstrate changes in sexual interest in pedophilic men: Comment on Mueller et al. (2014). Arch Sex Behav. 2015;44:249–52.
14. [Cantor JM. Purported changes in pedophilia as statistical artefacts: Comment on Müller et al. \(2014\). Arch Sex Behav. 2015;44:253–4.](#)
15. [Lalumière ML. The lability of pedophilic interests as measured by phallometry. Arch Sex Behav. 2015;44:255–8.](#)
16. [Mokros A, Habermeyer E. Regression to the mean mimicking changes in sexual arousal to child stimuli in pedophiles. Arch Sex Behav. 2015 Nov 19:1–5.](#)
17. • Tozdan S and Briken P. The earlier, the worse? Age of onset of sexual interest in children. J Sex Med 2015;12:1602–8. **Examined relationship between flexibility of pedophilic interests and onset, exclusivity, and self-efficacy.**
18. Schaefer GA, Mundt IA, Feelgood S, et al. Potential and Dunkelfeld offenders: Two neglected target groups for prevention of child sexual abuse. Int J Law Psychiatry. 2010;33:154–63.

19. [Mitchell RC, Galupo MP. Interest in child molestation among a community sample of men sexually attracted to children. Journal of Sexual Aggression. 2015; doi:10.1080/13552600.2015.1056263](#)
  20. Raven R. Executive functioning in non-offending pedophiles. MA [thesis]. Rotterdam, Netherlands: Erasmus University Rotterdam; 2014.
  21. [Jahnke S, Schmidt AF, Geradt M, Hoyer J. Stigma-related stress and its correlates among men with pedophilic sexual interests. Arch Sex Behav. 2015; doi:10.1007/s10508-015-0503-7](#)
  22. van Leeuwen ML, van Baaren RB, Chakhssi F, et al. Assessment of implicit sexual associations in non-incarcerated pedophiles. Arch Sex Behav. 2013;42:1501–7.
  23. Santilla P, Antfolk J, Räfså A, et al. Men's sexual interest in children: one-year incidence and correlates in a population-based sample of Finnish male twins. J Child Sex Abus. 2015;24:115–34.
  24. [Klein V, Schmidt AF, Turner D, et al. Are sex drive and hypersexuality associated with pedophilic interest and child sexual abuse in a male community sample? PLoS ONE. 2015;10: e0129730.](#)
  25. Houtepen JA, Sijtsema JJ, Bogaerts S. Being sexually attracted to minors: Sexual development, coping with forbidden feelings, and relieving sexual arousal in self-identified pedophiles. J Sex Marital Ther. 2015; doi:10.1080/0092623X.2015.1061077.
- Qualitative research providing in-depth understanding of pedophilic men's experiences in coping with and understanding their sexual interests.**

26. Freimond CM. Navigating the stigma of pedophilia: The experiences of nine minor-attracted men in Canada. MA [thesis]. Vancouver, Canada: Simon Fraser University; 2013.
27. [Jahnke S, Hoyer J. Stigmatization of people with pedophilia: A blind spot in stigma research. Int J Sex Health. 2013;25:169–84.](#)
28. [Furnham A, Haraldsen E. Lay theories of etiology and ‘cure’ for four types of paraphilia: Fetishism; pedophilia; sexual sadism; and voyeurism. J Clin Psychol. 1998;54:689–700.](#)
29. [McCartan KF. ‘Here there be monsters’: The public’s perception of paedophiles with particular reference to Belfast and Leicester. Med Sci Law. 2004;44:327–42.](#)
30. [McCartan KF. Student/trainee professional implicit theories of paedophilia. Psychol Crime Law. 2010;16:265–88.](#)
31. [Hatzenbuehler ML. How does sexual minority stigma “get under the skin”? A psychological mediation framework. Psychol Bull. 2009;135:707–30.](#)
32. [Marshall WL, Marshall LE. Attachment and intimacy in sexual offenders: An update. Sex Relation Ther. 2010;25:86–90.](#)
33. [Ward T, Siegert RJ. Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. Psychol Crime Law. 2002;8:319–51.](#)
34. [Jahnke S, Imhoff R, Hoyer J. Stigmatization of people with pedophilia: Two comparative surveys. Arch Sex Behav. 2015;44:21–34.](#)
35. [Imhoff R. Punitive attitudes against pedophiles or persons with sexual interest in children: Does the label matter? Arch Sex Behav. 2015;44:35–44.](#)

36. Theaker EA. Reframing the non-offending pedophile to combat child sexual abuse: A content analysis of public response to Luke Malone's "Help Wanted". MA [thesis]. Bothell, WA: University of Washington Bothell; 2015.
37. Pescosolido BA. The stigma complex. *Ann Rev Sociol.* 2015;41:87–116.
38. [Jahnke S, Philipp K, Hoyer J. Stigmatizing attitudes towards people with pedophilia and their malleability among psychotherapists in training. \*Child Abuse Negl.\* 2015;40:93–102.](#)
39. [Beier KM, Grundmann D, Kuhle LF, et al. The German Dunkelfeld Project: A pilot study to prevent child sexual abuse and the use of child abusive images. \*J Sex Med.\* 2015;12:529–42.](#)
40. Liao KY, Kashubeck-West S, Weng CY, et al. Testing a mediation framework for the link between perceived discrimination and psychological distress among sexual minority individuals. *J Couns Psychol.* 2015;62:226–41.
41. Cantor J. Gold star pedophiles in general sex therapy practice. In: Binik Y, Hall K, Editors. *Principles and practice of sex therapy* (5th ed.). New York: Guilford; 2014. pp. 219–34.
42. [Marshall WL, Marshall LE. The origins of sexual offending. \*Trauma Violence Abuse.\* 2000;1:250–63.](#)
43. Chang EC, Lian X, Yu T, et al. Loneliness under assault: Understanding the impact of sexual assault on the relation between loneliness and suicidal risk in college students. *Pers Indivi Dif.* 2015;72:155–9.

44. Stillman TF, Baumeister RF. Social rejection reduces intelligent thought and self-regulation. In: DeWall CN, Editor. *The Oxford handbook of social exclusion*. Oxford, UK: Oxford University Press; 2013. pp. 132–42.
45. [McPhail IV, Hermann CA, Nunes KL. Emotional congruence with children and sexual offending against children: A meta-analytic review. \*J Consult Clin Psychol\*. 2013;81:737–49.](#)
46. Hermann CA, McPhail IV, Helmus LM, Hanson RK. Emotional congruence with children is associated with sexual deviancy in sexual offenders against children. *Int J Offender Ther Comp Criminol*. 2015; doi: 10.1177/0306624X15620830
47. McPhail IV, Hermann CA, Fernandez YM. Correlates of emotional congruence with children in sexual offenders against children: A test of theoretical models in an incarcerated sample. *Child Abuse Negl*. 2014;38:336–46.
48. [Mann RE, Hanson KR, Thornton D. Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. \*Sex Abuse\*. 2010;22:191–217.](#)
49. McPhail IV, Hermann CA, Fernane S, et al. Validity of phallometric tests of sexual interests in children: A meta-analytic review. 2015; (unpublished).
50. Jespersen AF, Lalumière ML, Seto MC. Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child Abuse Negl*. 2009;33:179–92.
51. van Anders SM. Beyond sexual orientation: Integrating gender/sex and diverse sexualities via sexual configurations theory. *Arch Sex Behav*. 2015;44:1177–213.



52. Gottfredson DC, Cook TD, Gardner FEM, et al. Standards of evidence for efficacy, effectiveness, and scale-up research in prevention science: Next generation. *Prev Sci.* 2015;16; 893–926.
53. Mental Health Commission of Canada. Changing how we see mental illness. Ottawa, Canada: The Mental Health Commission of Canada, the Canadian Human Rights Commission, the World Psychiatric Association Scientific Section on Stigma and Mental Health, and the Public Health Agency of Canada; 2012.
54. [Pachankis JE. Uncovering clinical principles and techniques to address minority stress, mental health, and related health risks among gay and bisexual men. \*Clin Psychol.\* 2014;21:313–30.](#)
55. Molina Y, Marquez JH, Logan DE, et al. Current intimate relationship status, depression, and alcohol use among bisexual women: The mediating roles of bisexual-specific minority stressors. *Sex Roles.* 2015;73:43–57.
56. [Szymanski DM, Henrichs-Beck C. Exploring sexual minority women’s experiences of external and internalized heterosexism and sexism and their links to coping and distress. \*Sex Roles.\* 2014;70:28–42.](#)

## **Acknowledgements**

Ian V. McPhail was supported by the Social Sciences and Humanities Research Council of Canada.

Unofficial Preprint

**Compliance with Ethics Guidelines**

**Conflict of Interest**

The authors have no conflicts to disclose.

Unofficial Preprint

## **Human and Animal Rights and Informed Consent**

This article does not report any study with human or animal subjects.

Unofficial Preprint