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Imhoff, Roland. “Punitive Attitudes Against Pedophiles or Persons With Sexual Interest in Children: Does the Label Matter?” *Archives of Sexual Behavior* 44, no. 1 (January 2015): 35–44. <https://doi.org/10.1007/s10508-014-0439-3>.

35

The negative attitudes toward individuals with pedophilic interest may be rooted in the assumption that there exist no legal and socially accepted ways to act out such a sexual interest, leading to the equation of pedophilia and sexual abuse of children. However, there is no deterministic relationship between pedophilic sexual interest and child sex abuse, even though these two are often confused and their interrelation is overestimated (Seto, 2008).

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This confusion of psycho-medical and legal categories and the resulting exaggeration of the danger of pedophilia (as it then seems inevitable that a person with pedophilic desire will sexually abuse children) is not restricted to lay perceptions but has also invaded scientific writing about the issue (Feelgood & Hoyer, 2008).

Pedophilia refers to a dominant deviant sexual interest in prepubescent children and a desire to engage in sexual activities with them (Beier et al., 2009), whereas child sexual abuse refers to the criminal act of engaging in sexual contact with children (who per legal definition cannot consent to such activities).

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In summary, although we had no strong a priori hypotheses about the suppression effect, the results are very well in line with our a priori reasoning that the label “pedophilia” increases punitive attitudes.

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Study 2 provided further support for the notion that the label pedophilia bears additional negative connotation compared to a more descriptive naming of the sexual interest.

In that sense, being sick and needing treatment might be seen as an indirect sign of reduced responsibility and intentionality. If that was the case, we would expect a negative correlation between deviance and intentionality. Across the sample, we neither observed such a negative correlation, $r = .09$, $p = .190$, nor did we find a positive correlation which we did in Study 1: $r = .30$, $p = .001$. It may thus be that—at least for some participants—deviance is seen as more exculpatory in the US compared to the German sample.

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Taken together, these findings suggest that stigmatizing and punitive attitudes against pedophiles appear in a perceived climate of social support for such attitudes. As argued elsewhere (Jahnke & Hoyer, 2013), it may be particularly such a climate that makes it so hard for people with pedophilic interest to seek therapeutic help.

Men sexually interested in children will likely be discouraged from seeking help and confessing their desires to a professional if they perceive the public stigma too strong to overcome. It is thus dangerous, not only for the target of stigmatization if such negative views are publicly endorsed.

Jahnke, Sara, and Juergen Hoyer. "Stigmatization of People With Pedophilia: A Blind Spot in Stigma Research." *International Journal of Sexual Health* 25, no. 3 (July 2013): 169–84.
<https://doi.org/10.1080/19317611.2013.795921>.

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The stigma process starts with the labeling of a person or group as deviant or fundamentally different from oneself (Link & Phelan, 2001). Thus, belonging to a stigmatized group may not only reduce quality of life, but might also lead to self-harm, including drug abuse (Baiocco, D'Alessio, & Laghi, 2010; Lehavot & Simoni, 2011), suicidal behavior (Haas et al., 2011; Liu & Mustanski, 2012; Mustanski, Garofalo, & Emerson, 2010), and reluctance to seek help if it includes being labeled as a member of a stigmatized group (Ben-Zeev, Young, & Corrigan, 2010; Vogel & Wade, 2009).

170-171

Although there is evidence that child sex offenders with a deviant sexual preference are more likely to reoffend than are nonparaphilic sex offenders (Hanson & Bussiere, 1998), pedophilia is neither a necessary nor a sufficient condition for child sex offenses. People with pedophilia make up only 50% (or less) of the offender population (Seto, 2008), and there are those with pedophilia who cope with their sexual urges without committing sexual offenses or harming children (Feelgood & Hoyer, 2008; Hall & Hall, 2007)

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Agreement with the stereotype that pedophilia often or always coincides with child sex offenses is likely to prompt a high degree of discrimination against people with pedophilia, regardless of their actual behavior. This may have a negative impact on the mental health of a person suffering from pedophilia, and unwanted indirect effects on the likelihood of this person seeking therapy when needed. Both potential consequences may, presumably, put children at risk for child sexual abuse.

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The emphasis on internal factors in curing pedophilia suggests that it is seen as a problem that is coming from within the person. However, whether or not pedophilia is actually caused specifically by early adverse experiences, it continues to be a topic of debate in scientific literature (Freund & Kuban, 1994; Jespersen, Lalumiere, & Seto, 2009). Moreover, the questioned samples viewed external sources of help and self-reliance as the most important therapeutic means for sexual deviance (Twohig & Furnham, 1998).

McCartan (2004) found that most participants agreed that an individual with pedophilia partakes in a variety of sexual (e.g., kissing, 61%; fondling, 90%; masturbation, 86%; sex, 76%) and nonsexual (e.g., spending time, 70%; talking, 76%) activities with the child.

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Furthermore, the literature does not support the assumption that sexual (re-)offense rates committed by persons with pedophilia are excruciatingly high (McCartan, 2004, 2010), as recidivism rates in extrafamilial boy-victim sexual offenders—both characteristics indicative of pedophilic sexual interests (Seto & Lalumiere, 2001)—were only 35% after 15 years (Harris & Hanson, 2004).

However, there are no studies investigating whether this group or the general public would actually be willing to show prosocial behavior toward people with pedophilia (e.g., the intent to help them to not act upon their sexual impulses involving children).

In Stiels-Glenn's (2010) study of German psychotherapists, 12.8% of the participants indicated they were willing to accept sexual offenders for treatment. However, only 4.7% would treat patients with pedophilia, and only 3.5% would treat child sex offenders. Some therapists specified the reasons for their responses with a lack of knowledge (20% of all who provided additional information), a focus on fields of work other than psychotherapy (13.3%), or further reasons that were unrelated to stigmatization.

Based on the few studies we could identify, evidence suggests that people with pedophilia are perceived as a threat that must be avoided.

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Pedophilia has been shown to be associated with higher rates of mood, anxiety, and/or substance abuse disorders compared with the general population (Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999; Schaefer et al., 2010). However, as the evidence for links between pedophilia and mental illness is cross-sectional, it is not clear whether higher rates of mental illness in pedophile samples should be interpreted as a psychopathology being a precursor of the condition, or a consequence of stigma. Among the articles that satisfied our search criteria, only three surveys investigated stigma experiences of people who self-identify as being attracted to minors (Kramer, 2011; Wilson & Cox, 1983).

B4U-ACT (2011a) found that 46% of the respondents conveyed having seriously considered suicide; 32% had plans to carry out suicide; and 13% have actually attempted suicide for reasons related to their pedophile sexual interests. Of the participants who reported suicide ideation, 67% responded that they were not able to talk about it to another person.

Forty-two percent of the sample reported having received mental health care for reasons related to their pedophilia sexual interests. Among this subgroup, therapy satisfaction was mixed (39% satisfied, 39% not satisfied).

In the second survey of the B4U-ACT group (2011b), 58% of the participants agreed that they had once wanted to see a mental health professional for a reason related to their **pedophilia sexual interests** (i.e., coping with the stigma)...

More than half of those who received health care services reported to have hoped to improve their self-concept (67%), deal with public stigma (60%), and figure out ways to live in society as a person with pedophilia (57%). In the client's opinion, the professional less often attempted to address these issues (51%, 30%, and 33%, respectively), while putting more emphasis on learning to control sexual urges (45%) and reduce or extinguish pedophile attraction (43%).

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In Wilson and Cox's (1983) survey, participants were divided in their feelings toward their pedophile preference: Some mentioned positive feelings (35% happy, proud, positive; 6% reconciled), but many responses were clearly negative (27% disturbed, 17% frustrated, 14% puzzled, 6% sad/hopeless/depressed, 5% guilty/ashamed, and 4% bitter or angry with society). The authors describe that "it was quite often the attitude of society that was the cause of their disturbance or puzzlement rather than their paedophilia per se" (Wilson & Cox, 1983, p. 28).

Although the studies we found were too scarce, heterogeneous, and unsystematic to provide more than preliminary evidence, they seem to coalesce around the notion that pedophilia is among the most stigmatized human characteristics.

Also, most samples were biased in favor of young and/or well-educated participants.

Moreover, no single study explicitly asked participants how they would perceive and judge nonoffending people with pedophilia or persons with pedophilia enrolled in preventive treatment programs like the *Dunkelfeld* project (Beier et al., 2009). It is possible that when people are questioned about their attitudes toward *people with pedophilia*, many will give information on what they think and feel about *child sex offenders*, and none of the studies made an effort to counteract this confusion of terms (e.g., by giving a clear definition of the two distinct phenomena).

179-180

While we do in no way wish to downplay or legitimize the severe crime that is child sexual abuse, we have reasonable grounds to believe that stigma against people with pedophilia is doing a disservice to the prevention of this particular form of violence. Firstly, public stigma is likely to discourage individuals who perceive themselves at risk for committing sexual offenses from seeking help among health professionals or their friends and family (Kramer, 2011; Seto, 2012), which therefore cuts them off from sources of social control and support. Furthermore, a lack of positive identification models (Fog, 1992), reduced self-esteem, or other problems resulting from or maintained by stigmatization (e.g., social phobia; Hoyer, Kunst, & Schmidt, 2001) could lead to less efficient attempts to deal with deviant sexual impulses (Ward, Hudson, & Marshall, 1995). Therefore, stigmatization is likely to not only contribute to higher risks for social, emotional, and cognitive problems among persons with pedophilia, but also to higher risks for abusive behavior.

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Simply put, researchers should not ignore stigmatization of pedophilia just because it is controversial or unusual to construe “the pedophile” as a *victim of stigmatization* instead of a-priori labeling the person as an *actual or potential offender*, let alone as someone who does not deserve respect as a human being.

Jahnke, Sara, Roland Imhoff, and Juergen Hoyer. “Stigmatization of People with Pedophilia: Two Comparative Surveys.” *Archives of Sexual Behavior* 44, no. 1 (January 2015): 21–34. <https://doi.org/10.1007/s10508-014-0312-4>. (PDF pages)

2

Yet, we argue that confusing the logically distinct categories of pedophilia and child sexual abuse does not only create an enormous social and emotional burden for the discredited PWP, who see their life opportunities diminished because of a condition they could neither choose nor change (Seto, 2012), but that stigmatization of atypical sexual interests can also influence sexual (Smolenski, Stigler, Ross, & Rosser, 2011) and non-sexual (Kuyper & Fokkema, 2010; Ploederl et al., 2013) behavior of stigmatized individuals.

5

People who abuse alcohol were generally seen as more in control of their condition than PWP (with, e.g., 29 % agreeing to the item “People have the choice whether they have a dominant sexual interest in children or not,” as compared with 56 % who agree that “People have the choice whether they drink large amounts of alcohol almost daily”).

8

Also, PWP were believed to pose a greater danger to children and adolescents than the two other groups (with, e.g., 94 % agreeing that PWP posed a danger to children, but only 33 and 67 % perceiving sexual sadists or people with antisocial tendencies in such a way).

9

A descriptive analysis of our data, however, showed that about one third of participants nevertheless considered pedophilia itself to be controllable in that one can choose whether to have a sexual interest in children or not. This assumption is not in accordance with scientific data or clinical experience (Hall & Hall, 2007). In fact, evidence strongly indicates that people with this condition have as little control over the object of their desires as individuals with a homo- or heterosexual orientation towards adults (Seto, 2008).

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Child sex offenses may occur for many reasons other than a genuine sexual interest in children and a subgroup of PWP whose size is currently unknown, but possibly large, deliberately abstains from sexual contacts with children (Schmidt, 2002).

A striking 14 % of the sample agreed that they should better be dead (and even twice as many in Study 2) and 39 % would recommend imprisonment (compared with 3 or 5 % who would demand similarly drastic measures for people who abuse alcohol), even though the questionnaire

made clear that the person had never committed a crime. While it has previously been shown that social distance towards PWP is higher than towards persons suffering from one of many other mental disorders (Feldman & Crandall, 2007), ours was the first study to reveal social distance towards this group to be prevalent even in the explicit absence of criminal behavior (for a similar effect on punitive attitudes, see Imhoff, 2014).

11

Though prevalent in all age groups, public stigma towards PWP seems to be particularly pronounced among younger people.

12

As has been shown for many other mental disorders, trouble and suffering does not only arise from the symptoms of the disorder, but also from unfavorable societal reactions (Rusch et al., 2005). For many people with a mental disorder, fears of being stigmatized as such hold them from seeking professional help (Leaf, Bruce, Tischler, & Holzer, 1987) and leads to lower levels of self-esteem (Corrigan, Faber, Rashid, & Leary, 1999) and self-efficacy (Corrigan, Watson, & Barr, 2006).

Obviously, a more compassionate and ethical treatment of PWP could help increase the number of PWP who risk disclosing their sexual interest in children to friends, family, and, of course, health care specialists. Thus, the effect of perceived stigma on variables such as motivation for therapy or child abuse risk vulnerabilities needs to be considered, including planning and executing efficient child abuse prevention programs directed at PWP (Beier et al., 2009; Seto, 2012).

Jahnke, Sara, Kathleen Philipp, and Juergen Hoyer. "Stigmatizing Attitudes towards People with Pedophilia and Their Malleability among Psychotherapists in Training." *Child Abuse & Neglect* 40 (February 2015): 93–102. <https://doi.org/10.1016/j.chiabu.2014.07.008>. (PDF pages)

2

In a German survey, more than 95% of the responding psychotherapists were unwilling to work with patients diagnosed with pedophilia for various reasons, some of them relating to negative feelings and attitudes towards this patient group (Stiels-Glenn, 2010). In a recent public health survey of 352 clinical practitioners (medical doctors, psychologists, psychotherapists and other health care personnel) in Finland, 65% rated their skills and knowledge, and 38% their personal attitudes as poor or insufficient concerning the treatment of PWP (Alanko, Haikio, Laiho, Jahnke, & Santtila, 2014). Conversely, in a survey conducted and published by a US-based network of mental health specialists and people with a sexual interest in children, a large number of PWP named the expectation to be treated in a stigmatizing way by the professional as one of the primary reasons for their previous reluctance to seek help (Kramer, 2011). Therefore, reducing stigma against PWP among health care professionals must be considered an important prerequisite for timely child sexual abuse prevention and treatment targeting PWP.

The largest and most stable effects concerning more positive attitudes towards people with a mental illness, however, appear to be achieved by enabling contact between members of the general public and people with a mental illness (Corrigan et al., 2001). In general, people who report being familiar with people with a mental illness showed a more favorable reaction to this

group (Angermeyer & Dietrich, 2006; Corrigan, Edwards, Green, Diwan, & Penn, 2001; Link & Cullen, 1986).

Moreover, many members of the population falsely believe that pedophilia is a controllable disorder in the sense of Weiner (1985), implying that PWP can exert, at least to some degree, volitional control over whom they feel sexually attracted to (Jahnke et al., 2014).

Even more problematic, the public seems to be uninformed about the conceptual differences between pedophilia and child sexual offending, assuming that the vast majority of, or even all PWP irrevocably engage in sexual activities with minors (Feelgood & Hoyer, 2008; McCartan, 2004, 2010), although this is not the case. While we have very little information about PWP who never commit sexual crimes, this group must be expected to exist and to potentially make up a large proportion of PWP as a population (Goode, 2010; Schmidt, 2002).

3

While it needs to be addressed that reluctance to treat PWP could be due to numerous other reasons, most prominently a lack of knowledge or experience in the field (Stiels-Glenn, 2010), an anti-stigma intervention could nevertheless be effective in sensitizing practitioners to the needs and problems of such clients.

At this point, we would like to address ethical concerns that fellow researchers or practitioners might see in creating an anti-stigma intervention for the stigma against PWP: We do not think that child sexual abuse is acceptable in any way, nor do we believe that PWP never present any danger to children. On the contrary, we feel that our efforts to de-stigmatize pedophilia among health care professionals can contribute to the goal of protecting children from sexual abuse. In this respect, health care providers such as psychotherapists can make a huge contribution to children's safety if they accept and approach PWP in a respectful way without condoning behaviors that are against the law and/or might put children at risk of harm (Jahnke & Hoyer, 2013; Jahnke et al., 2014; Seto, 2012). In line with these assumptions, recent data from a German prevention project (Beier et al., 2014) revealed that CBT approaches could indeed change dynamic risk factors for sexual offenses against children among $n = 53$ undetected PWP (while no changes occurred for waiting list controls, $n = 22$). With regard to child sexual offending, 20% of previous offenders continued abusive behaviors, while 0% of the nonoffenders with pedophilia started offending during the one-year treatment project (note that significant decreases in offending could not be detected due to low base rates).

5

Participants' acceptance of the anti-stigma program was excellent, with the majority of participants agreeing that the written information (72.1%) and the video (86.8%) were highly interesting. Further, many agreed that the program has helped them to improve their knowledge (29.4% low or very low improvement, 33.8% moderate improvement, 36.8% high or very high improvement). It was common for participants to rate the provided information as relevant for their professional work (14.7% low or very low relevance, 23.5% moderate relevance, 61.7% high or very high relevance). The quantity of information that we delivered within this 10-min intervention was perceived as optimal by 85.3%, whilst 13.2% would have preferred to have

received more information. Only one person reported that he or she would have preferred less information.

6

Looking at within-group differences from pretest to posttest, there was a significant effect indicating a reduction of agreement with stereotypes, of negative affective responses and social distance in the anti-stigma group.

7

Results revealed a stigma-reducing effect of the intervention on all outcomes (but not on motivation to work with PWP) compared to the control group. Most effects remained significant until the follow-up, although slightly diminished.

Taking into account the brevity, simple applicability, and low costs of the intervention, this is a very promising result.

The anti-stigma program was partially successful in correcting stereotyped assumptions about PWP. Regarding participants' baseline-level beliefs concerning controllability of pedophilia, we found that the majority of our sample did not agree that pedophilia is something that one can choose. Nevertheless, people in the anti-stigma group were even less likely to believe in the controllability of sexual interests in children after receiving the intervention compared to the control group.

The study furthermore showed that the affective responses sympathy and anger and the discrimination intention social distance towards PWP could be changed with an anti-stigma intervention. This is of high importance, as negative affective reactions and discrimination intentions are likely to complicate the development of a reliable and empathic therapeutic relationship. Maintaining an appreciative and respectful mindset towards PWP despite their risk of committing sexual offenses against children is a competence that is certainly necessary (although not necessarily sufficient) for high quality treatment.

Future research should also consider that a lack of motivation to offer treatment to PWP might be triggered by psychotherapists' fears to be stigmatized themselves.

These reasons (among others that will be discussed below, e.g., self-selection bias, social desirability) may explain why Stiels-Glenn's results paint a bleaker (and probably more realistic) picture of outpatient treatment availability for PWP in Germany (with only 4.7% of responding psychotherapists willing to offer treatment).

8

Therefore, we consider it likely that administering the anti-stigma program to an unselected sample of psychotherapists (e.g., during a psychotherapy course or an information session for the treatment staff of a hospital) would lead to an even greater decrease of stigma.

Yet, police officers, judges, or other professionals working in the criminal justice system, mental health professionals like physicians or nurses, or relatives of a patient with pedophilia could also

be considered meaningful target groups for stigma change. More research is needed to find out if this program is similarly effective for these groups

In many countries (e.g., the US, the UK, and Canada) it is much more likely that treatment will be offered post offense, in part because of mandatory reporting.

9

This group might be eligible for treatment before an offense occurs even in countries with mandatory reporting laws.

More treatment options and more/better qualified psychotherapists are clearly required to help PWP deal with their sexual interest in ways that are not illegal and/or harmful to children.

Harper, Craig A., and Todd E. Hogue. "The Emotional Representation of Sexual Crime in the National British Press." *Journal of Language and Social Psychology* 34, no. 1 (January 2015): 3–24. <https://doi.org/10.1177/0261927X14544474>. (PDF pages)

2

The national press have been cited as agenda setters of political and public discourse in the United Kingdom (Alibhai-Brown, 2013), and this influence is especially noticeable in the area of criminal justice.

3

One legislative issue that is considered to be important is that of anonymity, which is granted to those who make allegations of sexual abuse, but not those who are accused. The effect of this is that there is an underreporting of offences where the victim is known to the perpetrator for fear of identifying the victim. At the same time there is an interest in reporting on the "offender".

3-4

Greer (2003) investigated newsroom-level motivations to report sexual crime and found in that in general, corporate gain appeared to be a primary impetus. This work suggested that newspaper interests when reporting (sexual) crime are related to popularity and profiteering, as opposed to representativeness, accuracy, and informed public debate.

5

Further, McCartan (2004) suggests that media framing of sexual crime, particularly reporting that refers to the emotionally driven term "paedophilia," influences public judgments about the risks posed by child sex offenders and increases levels of public support for punitive policies to control them (see also Silverman & Wilson, 2002).

Kitzinger (2008) outlined the role of the press in reflecting, and in many cases endorsing, public anger about child sexual abuse, by criticizing the notion that the media have promoted a sense of "hysteria by creating a moral panic and encouraging a lynch-mob mentality" (p. 361). Instead, Kitzinger (2008) makes the case that press and public concern about the issue on "paedophiles-in-the-community" has been brought about by poor legislative decisions, which "begged more questions than [they] answered" (p. 364). One such example cited by Kitzinger (2008) was the

establishment of the U.K. sex offender registry in 1996. This policy decision led to questions being raised about what information could be disclosed about sex offenders, who could receive this information, and would any conditions be applied to any such disclosures.

It is also argued that individual events covered by the news media potentially have an impact on public perceptions about the relative riskiness of community-based sex offenders. McAlinden (2007) found that 47% of the public thought that it was unacceptable for those with sexual convictions to be in the community (rising to 70% for those who victimize children).

If this case-specific effect of the press on public attitudes is true, then examining the strategies used by newspapers to report sexual crime may become even more important in the wake of recent high profile reports of historic sexual abuse by celebrities (see Gray & Watt, 2013).

10

Sexual crime made up 18% of the collected sample of articles on crime (official prevalence = 2%), with violent and acquisitive crimes accounting for 66% and 16% of articles on crime, respectively (official prevalence = 27% and 72%, respectively). Compared with official crime statistics (Ministry of Justice, 2012), this signifies a 9 times over-representation of sexual crime, an almost 2.5 times over-representation of violent crime, and a 4.5 times underrepresentation of acquisitive crime within the collected sample of articles. These differences between official and represented crime rates are presented in Table 3.

Negative emotion words made up 5.3% of all articles on crime, compared with 2% of articles about immigrants.

11

Table 3. The Representations of Crime in the National British Press Compared With Official Crime Figures.

	Recorded crime figures	%	Crime articles in study sample	%	Projected crime figures ^a
Sexual crime	52,178	2	81	18	506,317
Violent crime	747,448	27	300	66	1,856,492
Acquisitive crime	2,013,241	72	73	16	450,058
Total	2,812,867		454		2,812,867

a. "Projected crime figures" are calculated based upon weighted newspaper coverage of each crime category.

13

Of the 81 sexual crime articles, 33 (41%) of the headlines made reference to "monster," "fiend," "beast," "paedo," or "pervert".

Key phrases that had particular prominence in headlines of the tabloid sexual crime articles included "beast", "monster" and "perv", whereas the most offensive words used in headlines of broadsheet articles about sexual crime were "paedophile" and "rapist."

Despite violent crime being the most-reported crime type within the sample of articles collected, it was the scale of the over-representation of sexual crime within the sample that was the focus of the analysis.

14

It is important to appreciate the political landscape within which press reporting of sexual crime takes place. For instance, there is an on-going public debate about the treatment of sexual abuse victims within the British criminal justice system at present (see Hewson, 2013), with “victims-versus-offenders” being a common theme in many of these discussions (Drake & Henley, 2014). Additionally, the current British Government continues to advocate the “tough, but intelligent” message, advocating a rehabilitative drive in conjunction with tougher sentences and harsher prison conditions.

15

By promoting the “monster” caricature, it is easy for newspapers to present a homogeneous image of “the sex offender.”

It is argued that the key factor behind this finding is that newspapers do not wish to engage in evidence-based reporting of such a contentious issue, fearing that their position may be misconstrued as condoning sexual crime. This type of response was apparent when *The Guardian* published its article “Paedophilia: Bringing Dark Desires to Light” (Henley, 2013), which was promptly denounced by celebrity commentators in *The Sun* newspaper as “pro-paedophile propaganda” (Payne & Keenan, 2013). An alternative (or complimentary) explanation is that journalists, despite their position as society’s informers, are still members of the public, and as such they hold their own views and attitudes toward the topics that they write about.

17

In relation to the data at hand, the frequent usage of negative emotion words, such as “evil,” attributes a demonic, subhuman quality to sex offenders that is not the case for other offenders groups. More specifically, the dominant descriptors used, such as “fiend,” “beast,” “monster,” and “perv” (Figure 1) are all clear examples of the dehumanization of sex offenders by the national British press.

When these dehumanization processes are coupled with comparisons of “offenders-versus-victims” rights (an example of “advantageous comparison”; for a full discussion on this debate, see Drake & Henley, 2014), an argument can be made that the national British press are activating the mechanisms of moral disengagement at a societal level. The effects of this widespread activation of moral disengagement processes on support for punitive sexual crime policy, and attitudes towards sex offenders more generally, is another topic that requires greater empirical inquiry.

At a more general societal level, the methods used by the national British press to report on sexual crime may also serve a dissonance-reducing function.

In this sense, the press' negative reporting of sexual crime (particularly that which makes use of language such as "monsters" and "beasts") provides a clear framework for "us-vs.-them" styles of thinking. This delineation between the "good" and "bad" is suggested as a society-wide manifestation of the fundamental attribution error. The so-called "law abiding majority" ignores the fact that sex offenders are a heterogeneous group and come from a range of backgrounds and experiences. Newspapers instead consider specific and unusual aspects of perpetrators' personalities and experiences while highlighting how different the sexual offender is.

18

These punitive policies (e.g., community notification procedures and longer custodial sentences) potentially hinder the reintegration prospects of former sexual offenders once they are released back into the community (Maruna, LeBel, Naples, & Mitchell, 2009; Willis, Levenson, & Ward, 2010), which exacerbates social risk factors for recidivism (Ward & Siegert, 2002). When recidivism does occur, this is reported in a way that exacerbates initial public concerns, and perpetuates a cycle of public hostility, punitive policies, and the recidivism of sexual offenders. Each time this cycle is reported, cognitive dissonance on the issue of criminal rehabilitation is alleviated once more, producing more entrenched (and typically more negative) attitudes toward sexual offenders.

Recently, there has been a shift in the ways in which the public consume the news. Newspapers are being exchanged for online and increasingly social platforms, where news can be read, shared, and debated in real time with potentially anybody else in the world. Thus far the academic literature on the relationship between crime and the media has been slow to investigate how this consumption shift enables the rapid and widespread exchange of information and ideas.

19

Over-representation of sexual crime feeds into the public's thinking (and subsequent political discourse) about the most appropriate responses to sexual offending. The extent of these over-representations, in conjunction with the hostile reporting strategies adopted by newspapers, leads to the conclusion that punitive reactions to sexual crime are exaggerated by press reporting. That is not to say that negativity is not preexisting within public thinking, but rather the press enhances societal negativity toward sexual offenders, in line with Gerbner and Gross's (1976) uses and gratifications model of audiences.

It is argued that the best way to tackle this issue is to develop a stronger public engagement programme from within the academic community. It is not enough to produce journal articles and present to like-minded peers at professional conferences, but evidence from empirical studies must be shared in more open ways within the public sphere.

Harper, Craig A., Ross M. Bartels, and Todd E. Hogue. "Reducing Stigma and Punitive Attitudes Toward Pedophiles Through Narrative Humanization." *Sexual Abuse: A Journal of Research and Treatment*, December 14, 2016, 107906321668156. <https://doi.org/10.1177/1079063216681561>. (PDF pages)

1

Pedophilia is broadly defined as a primary or exclusive sexual interest in prepubertal children, which causes harm, distress, and/or feelings of guilt and remorse (American Psychiatric Association, 2013).

2-3

In relation to pedophilia, stigmatization takes the form of stereotyping, emotional responses (such as fear, loathing, and hatred), and a belief that pedophiles should be incarcerated as a preventive measure. For example, in a recent study of Germans and Americans, a substantial proportion of participants were supportive of preventive incarceration for those labeled as pedophiles (Jahnke, Imhoff, & Hoyer, 2015), in spite of the study instructions explicitly stating that the people under consideration had not been convicted of any offenses. In the same samples, a pedophilic sexual interest was seen as something that a person chooses for himself or herself. These findings highlight why stigmatization toward pedophiles may be heightened. Given the conflation of “pedophilia” (as a sexual interest) with “child sexual abuse” (as a behavior), the attribution of controllability over pedophilic interests may reinforce the view that pedophiles (as a homogeneously labeled group) purposely seek out children to abuse. Moreover, self-stigmatization among pedophiles has been found to contribute to a fear of discovery, as well as reductions in cognitive and emotional functioning (Jahnke, Schmidt, Geradt, & Hoyer, 2015).

3

By improving public attitudes (or, as a minimum, developing a more evidence-based understanding of the nature of pedophilia), a social environment that is supportive of rehabilitative efforts may be fostered. The desired outcome of this change being increased treatment-seeking behavior among those who self-identify as having deviant sexual interests.

In relation to pedophilia, narrative-based depictions have been found to improve explicit attitudes among a group of trainee psychotherapists working with pedophiles (Jahnke, Philipp, & Hoyer, 2015). These effects were still present in follow-up tests between 1 week and 2 months later.

12

Consistent with Hypothesis 1, a significant interaction was observed between Condition and Time, $F(1, 97) = 19.91, p < .001, \eta^2 = 0.06$ (Figure 2). Analyses of simple main effects (with Bonferroni correction) revealed a significant reduction in moral disengagement scores in both the narrative condition ($p < .001$) and the informative condition ($p < .001$). The size of the effect of the manipulation, however, was much greater in the narrative condition ($d_z = 1.55$) than in the informative condition ($d_z = 0.88$).

18

At the explicit (self-report) level, significant reductions in these constructs were observed in both the narrative condition (whereby a self-identified pedophile spoke about his sexual interests from a first-person perspective) and the informative condition (in which information was presented by an expert). However, the size of the effect was substantially greater in the narrative condition, suggesting that a narrative presentation may be more effective in improving self-reported attitudes toward pedophiles.

These findings have implications for the ways in which we discuss the topic of pedophilia at a societal level. Analyses of media reports suggest that the “pedophile” label is often used as a catch-all term for child molesters (Feelgood & Hoyer, 2008; Harrison, Manning, & McCartan, 2010) and that this stereotype of a predatory pedophile comes to shape public perceptions of sexual offenders in a general sense (King & Roberts, 2017; Salerno et al., 2010). However, by presenting information about pedophilia using a first-person narrative format, such as that used in this study, it may be possible to improve societal attitudes toward people with pedophilic sexual interests.

A further implication of these attitudinal changes would be a rehabilitation supporting social environment, where those with deviant sexual interests who have not yet offended are not subjected to social isolation and loathing but are encouraged to seek treatment to manage their sexual urges.

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1

First, the idea that pedophilia may be best understood as a sexual orientation, which, akin to homo- or heterosexuality, starts early and remains stable over the course of life, is now gaining acceptance amongst the scientific community (Berlin, 2014; Grundmann, Krupp, Scherner, Amelung, & Beier, 2016; Seto, 2012). Second, most experts agree that although pedophilic interests cannot be changed at will, their behavioral expression can be controlled in order to comply with the standards of a society that does not permit sexual acts between adults and children (Beier, 2016; Berlin, 2014). Third, there is a growing awareness in the field that individuals with pedophilic interests are more heterogeneous than past research, due to its disproportionate focus on offender samples with high rates of psychopathology, was able to account for (Cantor & McPhail, 2016; Seto, 2007). If these statements are true, which current evidence strongly implies, we should expect research interests to move away from “preventing access to children and providing close supervision” (Harvard Mental Health Letter, 2010) to address more humanitarian issues centering on how pedophilic individuals can manage to live productive, happy, and law-abiding lives, while dealing with the stigma of their sexual identity (Cantor, 2014).

Note that the Diagnostic and Statistical Manual of Mental Disorders (now in its 5th edition, DSM-5, American Psychiatric Association, 2013) now uses the term pedophilia to describe a sexual interest in children that is not considered pathological in and of itself. A pedophilic disorder can only be diagnosed when the person who has pedophilic fantasies also commits corresponding sexual offenses involving children or child sexual exploitation materials, or experiences distress because of these urges. In line with these important terminological changes, the term pedophilia is henceforward used only to refer to a type of sexual interest in prepubescent children and does not imply a clinical diagnosis or sexual misconduct.

2

Yet, having a stigma is considered highly stressful even if the stigma carrier manages to avoid discrimination by hiding the stigmatized attribute (which is most likely the case for the majority of people with pedophilic interests in the community, Jahnke, Schmidt, Geradt, & Hoyer, 2015).

It is through stigma-related stress that stigmatization is believed to exert a negative effect on the well-being and mental health of a person possessing a stigma (Hatzenbuehler et al., 2013). As pedophilic individuals are also stigmatized due to their sexual makeup, we would expect their reactions to be similar to those of LGBTQ people.

Common stereotypes about pedophilic individuals include that they are dangerous, abnormal, amoral, and in control of being sexually attracted to children (Feldman & Crandall, 2007; Imhoff, 2015; Imhoff & Jahnke, 2018; Jahnke, 2018; Jahnke, Imhoff, & Hoyer, 2015). All of the aforementioned studies found a strong link between the stereotype of dangerousness and desires to punish or to avoid the person with pedophilia. In one experiment, a man with pedophilic interests was considered to be dangerous, even when participants were informed that this man has never, and will never, commit sexual offenses due to a corresponding moral conviction that such acts are wrong (Jahnke, 2018). Thus, compared to the low rates of previous incarcerations among community samples of pedophilic men (Bailey, Bernhard, & Hsu, 2016; Dombert et al., 2016; Jahnke, Schmidt, et al., 2015), the public strongly overestimates the relationship between pedophilia and sexual offending, and does not believe that any person with a sexual interest would be willing or able to manage these impulses in a responsible way.

The tendency in popular media to conflate the terms “pedophilia” and “sexual crime” (Harper & Hogue, 2015; Kitzinger, 2002) is likely to contribute to this common misperception, which, in turn, increases stigmatization even toward nonoffending people with pedophilia.

4

Their results suggest that patients’ previous experiences with psychotherapists were mostly negative due to inappropriate treatment methods and stigmatization. The strong motivation and willingness of PPD patients to travel long distances indicate that they were unable to find trustworthy and accepting therapists in their hometowns (Beier et al., 2015).

Thus, there is reason to believe that many pedophilic men experience trouble finding a suitable psychotherapist due to the stigmatized nature of their sexual interests.

4-5

Dynamic risk factors for sexual offending include variables relating to intimacy or social problems, legitimizing beliefs about adult-child sex, and self-regulation problems (e.g., coping deficits, Beier, 2016; Mann, Hanson, & Thornton, 2010).

5

Jahnke, Schmidt, et al. (2015) argue that stigmatization may indirectly increase the risk of sexual offending through deficits in social and emotional functioning (including deficits in coping with stress), a stronger belief that adult-child sex is morally permissible, and reduced willingness to seek professional help in case of need (see Figure 1).

In their study, German-speaking pedophilic men from online communities overestimated the public's desire for social distance, with less than eight percent agreeing that others would talk to people with pedophilia, let alone befriend them or accept them as neighbors. Also, the great majority of participants in the same sample believed that the public would prefer that nonoffending men with pedophilia were dead (63%) or in prison (84%), even though this opinion was not found to be shared by a majority of people in any of the surveys on public stigma against this group (Jahnke, 2018; Jahnke, Imhoff, et al., 2015; Jahnke, Philipp, et al., 2015; Koops et al., 2016). In general, participants reported strong fears of others finding out about their sexual interests and attempts to keep their pedophilic interests a secret. This fear of being discovered was significantly associated with more psychological and physical problems, fear of negative evaluation, loneliness, and emotional coping (as a dysfunctional coping style often found among sexual offenders against children, Whitaker et al., 2008) as well as less self-esteem.

6

This is unfortunate, as the few qualitative studies interviewing pedophilic men from the community revealed that such people are challenged to create positive identities due to the lack of role models, social support, and/or fears regarding potential negative consequences once others find out about their (usually hidden) sexuality (Freimond, 2013; Goode, 2009; Houtepen, Sijtsema, & Bogaerts, 2015). In search of support and validation that they are unlikely to find in a society that rejects even nonoffending people with pedophilic interests, many are likely to look for others sharing their sexual attraction to children on the Internet. Webforums for pedophilic individuals, however, may play a role in introducing or reinforcing moral beliefs or norms that justify sexual acts with children (Holt, Blevins, & Burkert, 2010; Jahnke, Schmitt, & Malón, 2017), which may in turn lower inhibitions to engage in sexual behavior with a child.

While both conditions led to a reduction of dehumanizing stereotypes perceived dangerousness, and punitive attitudes among the student participants, these effects were stronger when participants learned about pedophilia from somebody with pedophilic interests. Additionally, the latter condition was the only one that reduced a negative implicit bias. These findings raise hopes that "it may be possible to help community members see beyond the "pedophile" label, and instead to consider these people as individuals struggling with sexual interests that they do not want, and do not choose to have" (Harper et al., 2016, p. 19).

Desiring sexual acts with children is different from engaging in such acts. Among the 565 child-attracted men recruited in a recent online survey, 39% reported to have never offended (Cohen, Ndukwe, Yaseen, & Galyner, 2017), while about 50% of convicted sexual offenders against children do not show a dominant sexual attraction to children (as measured by penile plethysmography, Seto, 2007). In Dombert et al.'s (2016) community survey, 56% of men with pedophilic sexual interests had never committed child sexual abuse or used child sexual exploitation materials, whereas 44% of all reported sexual offenses were committed by men without pedophilic fantasies. People with pedophilia are likely to experience their sexual and emotional attraction to children in much the same way as nonpedophilic individuals experience their attraction to physically mature sexual partners, and, like anybody else, can make a choice to lead an offense-free life. Stigma research shows that many people have trouble differentiating between pedophilia and sexual offending.

While it could be dangerous to underestimate the reoffending risk among paraphilic offenders, underestimating their ability or motivation to live offense-free might also undermine treatment success.

People with pedophilia who seek mental health care need a therapist who is well informed about pedophilia and able to provide nonjudgmental assistance. Despite prevalence rates (3–4% among the male population, Baur et al., 2016; Dombert et al., 2016) that match those of nonheterosexual orientations or atypical sexual interests, specific training opportunities, literature, or courses that prepare practitioners to work with pedophilic individuals as a highly stigmatized group are extremely rare. However, there is a large and growing body of research on the treatment of clients who identify as lesbian, gay, or bisexual (Murphy, Rawlings, & Howe, 2002; Nichols & Shernoff, 2007), as well as numerous LGBTQ-related training opportunities directed at mental health staff, such as workshops, graduate or postgraduate courses, or supervision with therapists who are experienced regarding the treatment of LGBTQ clients.

Therefore, mental health professionals who seek to improve their practice might find it helpful to familiarize themselves with the literature on working with clients from the LGBTQ or BDSM community or seek other types of education (e.g., training, supervision) to gain these specific competences.

Even though it is common and tempting to believe otherwise, ostracizing people with pedophilia is unlikely to help keep children safe (Jahnke & Hoyer, 2013; Lasher & Stinson, 2016). On the contrary, social stigma may have a detrimental effect on risk factors for sexual offending, such as poor mental health, emotion-focused coping, and social isolation. Even pedophilic individuals who present very little danger due to good behavioral control and a strong motivation not to offend are likely to face considerable problems if others find out about their sexual interests.

Since the stigma attached to pedophilia can be expected to be much stronger than the stigma surrounding LGBTQ orientations, related experiences of stress are likely to contribute to even higher rates of psychopathology among pedophilic individuals. Therefore, clinical and forensic practitioners should address stigma and help their pedophilic clients deal with its potential repercussions.

Hence, treatment that focuses on improving stigma-management (e.g., by increasing self-acceptance and finding means to satisfy emotional and social needs) may further reduce the risk of sexual offending among this group.

7-8

Achieving an offense-free life is usually the primary treatment goal for people with pedophilic interests. As there is no method to selectively reduce sexual attraction to children, current treatment protocols focus on diminishing dynamic risk factors for child sexual abuse (Beier, 2016). Yet, treatment opportunities for pedophilic individuals are sparse, and seeking treatment may have deleterious familial, social, or legal consequences for people with pedophilia, especially in countries with mandatory reporting laws (Cantor, 2014; Lasher & Stinson, 2016). By creating circumstances where those with pedophilia have limited access to psychotherapy and

are discouraged from seeking it, structural stigma may undermine efforts to prevent sexual offending. Stigma research has furthermore revealed stigmatizing attitudes on the part of clinical practitioners, which may dissuade pedophilic individuals from disclosing their sexual interests or from pursuing therapy. Pedophilic individuals appear to have little trust that mental health professionals would treat them respectfully, even in countries like Germany, where laws assure patient confidentiality even when a patient discloses past sexual offenses, and that do not oblige psychotherapists to report planned sexual offenses (but note that psychotherapists are allowed to break confidentiality in the latter case).

8

An inflexible and excessive focus on techniques of behavioral control of sexual urges toward children might signal stigmatizing attitudes when the patient in question neither needs nor seeks assistance to live offense-free. Similarly, not believing in a client's statement that he or she has never offended against children due to stereotypical beliefs about the nature of pedophilia might threaten the therapeutic alliance.

Psychologists should strive to destigmatize pedophilia and to treat patients with these sexual interests as respectful and empathetically as they would treat other clients. Mental health professionals and scientists also carry a responsibility when they communicate about pedophilia outside of therapeutic settings. This includes a stronger commitment to separating sexual interests and criminal behavior when speaking or writing about pedophilia. For instance, findings based on incarcerated offender samples should not be over-generalized to all people with pedophilic interests (Cantor & McPhail, 2016; Feelgood & Hoyer, 2008; Seto, 2007). In this regard, explicitly referring to pedophilia as a sexual orientation and separating it from sexual offending in the new DSM-5 (American Psychiatric Association, 2013) constitutes a laudable decision, that should not be retracted in response to the pressure of a misinformed public (see also Berlin, 2014).

Misconceptions about pedophilia and reservations regarding people with this sexual orientation are highly prevalent and may impair efforts to prevent sexual offenses. Although stigmatization of people with pedophilia has ceased to be the "blind spot" of stigma research (Jahnke & Hoyer, 2013), especially regarding the prevalence of prejudice, social distance, and punitive attitudes, there is a dearth of studies examining links between stigma-related stress and risk factors for sexual offending. Future research should deepen our knowledge on how stigma affects the lives of those with pedophilia, and identify strategies to alleviate its adverse consequences on mental health and sexual offending risk. Pedophilic individuals should not be deprived of social contact and life chances based on their sexual interests, but instead deserve to be judged by their choices and acts. Psychologists and mental health professionals are in a unique position to help clients with pedophilia deal with stigma and live meaningful and offense-free lives, and to advocate for a more humane treatment of these people at a societal level.