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Running head: SELF-IDENTIFIED MAPS' ATTITUDES TOWARDS ADULT-CHILD SEX

Qualitative Analysis of Attitudes towards Adult-Child Sexual Activity Among Minor Attracted

Persons

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#### Abstract

This study uses qualitative methodology to explore narrative responses to a question regarding the harmful vs. beneficial effects of adult-child sex on children. Data was gathered from a survey of self-identified Minor Attracted Persons (MAPs). Two-hundred and sixty seven survey participants provided narrative responses. Results indicated a significant amount of variability in perceptions of harm and of mitigating or aggravating factors. Understanding the subjective perspectives of MAPs, the range of their attitudes, and the issues that they identify as pertinent is critically important for clinical efficacy in the treatment of pedophilia.

#### Keywords

Minor Attracted Persons; Adult-Child Sex; Qualitative research; pedophilia; child sexual abuse

It has long been recognized that adults who are sexually attracted to and/or sexually engage with children frequently hold permissive attitudes towards adult-child sexual activity that strongly deviate from conventional societal beliefs. Similarly, sexual offenders against children have been shown to endorse cognitive distortions that serve to deny, minimize, justify, and rationalize their behavior (Abel, Becker & Cunningham-Rathner, 1984; Bailey, Bernhard & Hsu, 2016; Bumby, 1996; Ward & Keenan, 1999). Nonetheless, there are significant gaps in our knowledge about the full range of attitudes towards adult-child sex among individuals who are sexually attracted to children. Given the high rate of child sexual abuse (U.S. Department of Health and Human Services, 2012) in-depth understanding of the psychological processes associated with pedophilic attraction is of significant public import.

Although the data is not conclusive on this point, there is evidence that favorable attitudes increase the risk of pedophilic activity with children. Sex offenders against children with more positive attitudes towards adult-child sex have been shown to be more likely to recidivate (Helmus, Hanson, Babchishin, & Mann, 2012; Mann, Hanson & Thornton, 2010). Bumby (1996) has also shown that sexual offenders' cognitive distortions as assessed by the MOLEST and RAPE Scales correlated to their number of victims and the duration of their sexually assaultive behavior. In our own study of minor attracted persons (MAPs) in the community, we found those who have acted on their pedophilic urges to have more positive attitudes towards adult-child sex than those who had refrained from such activity (Cohen, Ndukwe, Yaseen & Galynker, 2017). However, Bailey et al., (2016) found no difference in attitudes between community-based MAPs who had and had not sexually engaged with children. Thus, the relationship between pedophilic attitudes and behavior is likely to be complex. As such, a finer grained

understanding of attitudes toward child-adult sex among minor attracted persons may provide critically valuable information relevant to the prevention of child sexual abuse as well as the treatment of individuals with pedophilia.

A number of studies look at the specific content of pedophilic attitudes towards adult-child sex. Early studies were largely restricted to forensic samples, comprised of individuals convicted of sex offenses (Abel, Mittleman & Becker, 1985; Bumby, 1996; Ward & Keenan, 1999; Stermac & Segal, 1989). With the advent of the internet, however, online forums and websites devoted to minor attracted persons have proliferated, allowing researchers to gain access to MAPs outside of the criminal justice system, including those who have never sexually engaged with children (Houtepen, Sijtsema & Bogaerts, 2016; Jahnke, Schmidt & Malon, 2017; Cohen et al., 2017; Holt, Blevins & Berkert, 2010). Common themes across both bodies of literature include the beliefs that 1) adult-child sex is not harmful to children, 2) children are naturally sexual and should be allowed free sexual self-expression, 3) intimate, sexual relationships benefit both children and adults, 4) children are knowing and willing participants in sexual activity with adults, and 5) any resulting harm is solely due to society's stigmatizing judgments (Holt et al., 2010; Jahnke et al., 2017; Ward & Keenan, 1999; Abel et al., 1985). While studies consistently showed MAPs to endorse such attitudes more frequently than non-pedophilic controls (Jahnke et al., 2017; Gannon & Polaschek, 2006), there is evidence of variation among different MAP samples (Arkowski & Vess, 2003; Johnson, 2013), suggesting greater heterogeneity in pedophilic individuals' attitudes towards adult-child sex than is typically appreciated.

### **Limitations of the current literature**

While the attitudes towards adult-child sex of persons with pedophilia have long been recognized as clinically significant, there is much about the relationship between pedophilic attitudes and behavior that is not understood. For one, there is insufficient research on disapproving or negative attitudes towards adult-child sex that minor attracted persons may hold. This is a critically important

consideration as such attitudes may serve as a protective factor against acting on pedophilic inclinations and thus represent a meaningful treatment goal. Secondly, there is room for greater exploration of MAPs' mixed views about adult-child sex, how such activity might be seen as positive in some aspects but negative in others. Recognition of such ambivalence might enhance the therapeutic alliance with a treatment provider and thereby improve treatment efficacy.

Furthermore, although there is an increasing focus on MAPs outside the criminal justice system (Jahnke et al., 2017; Holt et al., 2010), there is still need for research into community-based MAPs including both abstinent MAPs and those who have molested children but were never apprehended (Hanson, 2000). Finally, many studies utilize self-report questionnaires, which allow for quantitative and statistical analysis but necessarily restrict the range of responses recorded (Drapeau et al., 2005).

Qualitative methodology, utilizing thematic analysis, offers a powerful means to study MAPs' subjective experience (Braun & Clarke, 2006) and likewise has been gaining traction in the pedophilia literature (Drapeau et al., 2005; Houtepen et al., 2016; Holt et al., 2010). Qualitative research involves the exploration of relatively unstructured, open-ended narratives to identify themes and sub-themes that can be examined more precisely in future quantitative studies. In this way, qualitative studies can provide a more expansive and nuanced understanding of subjects' subjective experience with more in-depth data than provided by quantitative self-reports (Drapeau, 2005; Srivastava & Hopwood, 2009).

Additionally, it is important to note the variation in terminology within the relevant literature. Because of the wide divergence of such attitudes from societal norms and consensual beliefs, researchers have often referred to such favorable attitudes as cognitive distortions, borrowing from the cognitive behavioral literature on depression (Maruna & Mann, 2006). However, as these authors point out, there is some confusion about this concept as it does not always distinguish between generalized attitudes and offense-specific externalization of responsibility, which may have differential relationships to offense risk. Thus it is important to clarify the specific nature of the attitudes studied.

The present study uses qualitative methodology to explore narrative responses to a question regarding the harmful vs. beneficial effects of adult-child sex on children collected on an internet survey. Subjects included minor attracted persons living in the community, including both those who had and had not previously sexually engaged with children.

## **Methods**

### **Internet Survey**

A web-based survey was used to access minor attracted persons (MAPs) living in the community with a specific focus on those who report having never acted on their pedophilic urges. The survey consisted of 8 study instruments used to assess participants' sexual attitudes and history, legal and clinical history, and personality traits. The survey link at Surveymonkey.com was made available on-line for a period of 7 months, from November 2014 to May 2015. This work results from a collaboration between researchers at Mount Sinai Beth Israel and an organization named B4U-ACT, which represents a collaborative effort between MAPs who commit to living within the law and mental health professionals. In this study, we use the term minor attracted persons (MAPs) to refer to individuals who experience persistent attraction to children as this term is preferred by individuals who self-identify as attracted to underage minors and does not imply behavior (Kramer, 2011).

### **Confidentiality**

Because of the sensitivity of the information, special provisions were taken to protect subjects' confidentiality and thus to maximize honest self-disclosure. All information filled out by participants was fully anonymous. Outside of basic demographic information (sex, age (in 10 year ranges), education level, ethnicity), no identifying information was collected. Additionally, we obtained a waiver of consent and a waiver of research authorization from the Beth Israel Institutional Review Board. We also obtained a Confidentiality Certificate from the United States federal government, which protects the confidentiality of the data even from subpoena.

## **Subjects**

The science director of B4U-ACT contacted potential subjects through the organization's mailing list and other means of contact. Potential participants were provided with the link to the website where they could complete the survey. Inclusion criteria included participant age of 18 or above, acknowledged persistent and specific sexual attraction to either prepubescent or pubescent children, and sufficient English language skills to provide valid answers for the questionnaires.

## **MAP questionnaire**

The MAP Questionnaire was developed by the research team in collaboration with B4U-ACT to investigate subjects' personal experience of being a minor-attracted person. Specific to this study, subjects were asked "What impact do you believe sexual activity with an adult has on a child?" The scale was rated 1-7, with 1= Has no negative impact, 4=Has some negative impact, and 7=Has intensely negative impact. A narrative response field followed the quantitative question, stating "if you would like to comment on the above question, please enter your comment in the box below." Narrative responses were then examined using qualitative analytic techniques.

## **Qualitative analysis: Iterative process**

To perform the qualitative analyses, the authors used methods drawn from the previously published techniques of iterative thematic analysis (Srivastava & Hopwood, 2009) and consensual qualitative research (CQR) (Hill et al., 1997, 2005). Iterative thematic analysis focuses upon the identification of themes and subthemes through careful reading and re-reading of the data (Srivastava & Hopwood, 2009). CQR incorporates the use of open-ended questions in data collection; several raters to gather diverse perspectives; consensus decision making about the meaning of the data; and at least one auditor to review the work and minimize the effects of groupthink (Hill et al., 1997, 2005).

In the present study, the research team (SS & LJC) first reviewed the texts multiple times to identify individual themes and then to group the themes into thematic domains and sub-domains. After

these domains were reviewed and revised within the immediate research team, they were presented to a larger research committee. To ensure the exhaustiveness and clarity of the identified thematic domains, a separate rater (AV) who had not participated in identification of domains and subdomains performed the final coding of narrative responses. As this study employed qualitative rather than quantitative methodology, inter-rater reliability coefficients were not calculated.

## **Results**

### **Subjects**

Overall, 750 subjects initiated participation in the online survey. Of those, 504 responded to a quantitative question asking subjects to rate the impact of adult-child sexual activity on the child and 268 provided a narrative response to the open-ended question following the rating scale.

### **Descriptive Statistics**

Demographic characteristics are presented in Table 1. Subjects were overwhelmingly male and of white race. They averaged 36 years of age and a level of education equal to an associate's degree. Almost 2/3 of the subjects denied ever having sexual contact with a child or adolescent as an adult (159; 60.7%). Of note, our means of validating subjects' denial of prior sexual engagement with children or adolescents is presented elsewhere (Cohen et al., 2017). Subjects who provided qualitative responses reported significantly more education than those who did not ( $p=.006$ ) but the two groups did not significantly differ on any other variable.

### **Respondents to the Quantitative Question**

Five hundred and four (504) subjects answered the quantitative question. Of those who answered, 77 (15.3%) rated 1 (no negative impact), 46 (9.1%) rated 2 and 50 (9.9%) rated 3 on the 1-7 Likert scale. Additionally, 154 (30.6%) rated 4 (some negative impact) and 50 (9.9%) and 51(10.1%) rated 5 and 6, respectively. Finally, 76 (15.1%) endorsed a rating of 7 (intensely negative impact). Of the 504 subjects who provided ratings, 241 (47.8%) also provided a comment.

## Respondents to the Narrative Question

Two hundred and sixty-seven (267) subjects responded to the narrative question; 26 provided a comment but no rating (9.7%) and 241 (90.3%) provided both ratings and comments. Although subjects who provided comments endorsed a broad range of attitudes towards adult-child sex on the 1-7 scale, subjects who provided comments rated the impact to be less harmful than subjects who did not ( $3.58 \pm 1.8$  vs.  $4.41 \pm 1.8$ ;  $t(502)=4.94$ ,  $p<.001$ ). The largest group of subjects providing comments rated 4=Has some negative impact (87; 32.6%) or 1=Has no negative impact (51; 19.1%) on the quantitative scale. Thus the sample who provided comments favored subjects with either accepting or very mixed attitudes towards adult-child sexual activity.

## Thematic Domains

Our findings indicate a considerable amount of variability in the narrative responses. Three thematic domains were identified: 1) the Overall Level of Harm, 2) the Potential Source of Harm or Benefit, and 3) Subjects' Own Childhood Sexual Experiences. The first domain, Overall Level of Harm, was divided into 3 subdomains: always harmful, depends on circumstances and nothing inherently harmful (Tables 2-3). The second domain, Potential Sources of Harm or Benefit, was divided into 2 subdomains, factors that can be harmful and reasons why not harmful or even beneficial (Tables 4-5). The third, smaller domain, subject's own childhood sexual experiences, was not divided into subdomains (Table 6). Each domain or subdomain was then divided into multiple specific themes.

### *Overall Level of Harm*

This domain addressed the degree to which subjects believed adult-child sex caused harm to the children involved. Subjects endorsed a wide range of attitudes. Importantly, a non-trivial proportion of subjects (32, 12%) endorsed highly *negative* attitudes towards adult-child sex. Some subjects stated unequivocally that such activity had a long-lasting, even lifelong negative effect on the child. Some subjects noted that the effect might not be harmful in all circumstances but as the outcome cannot be



predicted in advance, it is not morally acceptable to impose this risk on the child. Other subjects noted that their sexual desires biased their assessment, and thus rendered them incapable of making an objective judgment. The largest proportion of subjects (n=155, 57.8%) stated that the impact on the child depended upon circumstances and listed age of child, nature of sexual contact, presence of force or violence, the nature of the relationship and the child's consent as moderating factors. Many subjects listed penetration, force or violence, and young age as aggravating factors while the closeness of the relationship and the child's consent were listed as mitigating factors. A moderate amount (n=44, 16.4%) stated that there was nothing inherently harmful in adult-child sexual activity; rather, it is society's negative attitudes that cause harm. Specifically, these respondents identified social stigma and the related pressure to keep the sexual activity a secret as causes of shame, guilt and fear in the child.

#### *Potential Sources of Harm or Benefit*

This domain addressed ways or circumstances in which adult-child sex could be either harmful or beneficial to children (i.e., mediating or moderating factors). Importantly, even subjects who did not believe adult-child sex was unequivocally harmful recognized potential sources of harm within the context of adult-child sexual activity. Subjects mentioned the power imbalance between adults and children, the related potential for adults to exploit and manipulate children, children's natural wish to please adult authority figures, and a child's immature understanding of the implications of sexual activity as sources of potential harm. Additional potential sources of harm mentioned included young age of child, penetration, force or violence, physical harm and the social stigma of pedophilic activity.

A portion of subjects listed reasons as to why adult-child sexual activity was not inherently harmful or was even beneficial (n=50, 18.7%), stating that children are capable of consenting to sexual activity and that consensual sexual activity is not harmful. Some subjects stated that older children or adolescents are not harmed by sexual activity with older partners. Other subjects stated that sexuality

is a natural part of life for children as well as adults and that sexual relationships can be loving and enjoyable for children.

#### *Subjects' Own Childhood Sexual Experience*

In the final domain, subjects referenced their own history of childhood sexual experiences (n=17, 16.3%) The 16 subjects who mentioned their own sexual abuse history varied as to the impact they believed it had on them, some stating that it had a clear negative impact, some unsure of the impact and others asserting that it did no harm.

### **Discussion**

The goal of this paper was to investigate attitudes toward adult-child sex using qualitative research methodology in a community-based sample of MAPs, including those who have reportedly refrained from sexual engagement with children. This paper adds to the published literature in that it incorporates both negative and positive attitudes. Subjects endorsed a wide range of attitudes, revealing more complexity and variety in their responses than has typically been captured in prior investigations into pedophilic attitudes towards adult-child sex.

Our findings are consistent with prior research in that subjects reported a variety of reasons why adult-child sex is not harmful or even beneficial to the child (Gannon, & Polaschek, 2006; Hanson, & Morton-Bourgon, 2005; Ward, 1999; Abel et al., 1989; Jahnke et al., 2017; Holt et al., 2010). For example, subjects in this study endorsed views that the sexual relationship between adult-child dyad can be loving and natural, that children are sexually curious, and that any harm done is due to the societal taboos not the activity itself. As will be discussed further, many subjects supported the benefits of consensual sexual activity, presuming that children are capable of consenting to sexual activity with adults.

However, subjects in our study also reported mixed and even negative attitudes toward adult-child sex. Those who reported mixed attitudes described circumstances or reasons why adult-child sex

could be detrimental to the child, even if they did not believe adult-child sex to be inherently harmful. Such aggravating factors include violence and/or rape, emotional manipulation, physical injury resulting from penetration, and very young age. Similar views were described in Holt et al.'s qualitative analysis of pedophilic chat rooms (2010). Indeed, these positions are consistent with empirical research, which shows that such factors aggravate the negative sequelae of child sexual abuse (Chaffin, Whering, Newlin, Crutchfield, & Dykman, 1997; Dube et al., 2005). Additionally, society's strongly negative attitude toward adult-child sexual activity was mentioned as a negative factor even if the activity itself was not perceived to be inherently harmful, which was also consistent with prior work (Holt et al., 2010; Jahnke et al., 2017).

Two of the most commonly noted mitigating factors, that is factors perceived to lessen any potential harm, involved a positive relationship between the adult and child and the child's capacity to consent. Similar findings have been reported previously (Jahnke et al., 2017; Abel et al., 1989). In this paradigm, warm, loving consensual sex between adults and children is not perceived as harmful; rather it is likely to be beneficial to both partners. The notion that a close relationship mitigates the impact of adult-child sex is not supported by evidence. In fact, the opposite appears to be true; the closer the relationship between the child and the perpetrator, the greater the psychological damage (Chaffin et al., 1997; Feiring, Taska & Lewis, 2002). Furthermore, this perspective assumes that children have the ability to consent. With that, many subjects equate the legal concepts of *assent and consent*. Consent is only possible when an individual is competent to appreciate the full implications of his or her choices. Assent occurs when someone (i.e., the child) agrees to participate in an activity although not competent to give fully informed consent. As subjects' listing of aggravating factors were largely in agreement with social norms and empirical research, the issue of consent may be the focal point by which the subjects' views differ from social and legal norms.

Twelve percent of the sample felt that the adult-child sex dyad was inherently harmful and provided a rationale for their position. As the reasons provided were generated by minor attracted persons themselves, they may elicit less resistance and thereby provide effective discussion points in the treatment of individuals who are sexually attracted to or have sexually engaged with children. Importantly, much of their reasoning addressed why assent does not equal consent, given the inherent power difference between adults and children and children's immature reasoning capacities. Secondly, subjects addressed the risk of doing harm outside of the certainty that such harm will occur, particularly to children who are not competent to assess the risk themselves and to make an informed choice. Thirdly, the issue of lack of objectivity was mentioned, such that one's self-interest precludes wholly objective analysis of harm to children.

### **Clinical Implications**

This paper has significant clinical implications. Understanding MAPs' subjective perspectives, the range of their attitudes and the issues that they identify as pertinent is critically important for clinical efficacy, which in turn should better protect children and the public from child molestation. As many non-acting MAPs did endorse somewhat to strongly positive attitudes about adult-child sex, disapproving attitudes may not be necessary to prevent MAPs from acting on their pedophilic desires. However as the forensic literature shows a statistically significant relationship between favorable attitudes towards adult-child sex and recidivism risk (Helmus, et al., 2013 & Hanson, & Morton-Bourgon, 2005; Mann et al., 2010), such attitudes should not be ignored. Thus, clinicians might initially agree to disagree in therapy as long as the MAP patient commits to avoiding illegal pedophilic activity, with attitude change being a long term rather than immediate goal. Likewise, addressing the elevated risk of harm vs. the certainty of harm may be a more effective intervention for those MAPs with permissive attitudes. Finally, the central issue of consent and the distinction between assent and consent should be attended to in treatment.

It is worth considering what drives the tenacious attachment to permissive attitudes among this population. The literature on stigma may be of use here, with evidence that MAPs experience extremely high levels of stigma and that this is extremely distressing for them (Jahnke, Schmidt, Gerard & Hoyer, 2015). Indeed, our own data shows a very high rate of suicidal ideation among this population and that such ideation is strongly associated with stigma related variables (Cohen, Wilman-Depena, Barzilay, Yasessn & Galynker, under review). Therefore, it is highly likely that one of the major drivers of favorable attitudes toward pedophilic activity is protection of the pedophilic individual's self-esteem. Of note, a similar notion was proposed by Maruna & Mann (2006) in their critique of the concept of cognitive distortions. Thus, MAP patients might be more receptive to challenging their own rationalizations of adult-child sex after they have processed their experiences of stigma in therapy and the resulting negative effect on self-esteem.

### **Limitations of Research**

Our findings should be viewed in the context of a number of limitations. With any anonymous survey study, researchers cannot guarantee the accuracy of the subjects' responses. Moreover, the sensitivity of the topic will likely increase the risk of social desirability bias. Nonetheless, we took multiple precautions to maximize respondent self-disclosure. The qualitative methodology also precludes calculation of psychometric validity and inter-rater reliability. However, the qualitative approach allowed for greater complexity and nuance in subjects' responses. Additionally, sex differences in attitudes were not explored in this study but might be fruitfully explored in future research. Moreover, subjects who provided comments rated adult-child sex to be less harmful on the quantitative scale than did those who did not provide comments, suggesting some limitations in generalizability. Likewise, there are likely self-selection biases among all online survey respondents. Further, these findings may not generalize to demographically different MAPs as our sample was English speaking, 50% within the United States, and overwhelmingly white. Taken in the context of these limitations, however, the

present study adds valuable information to the current literature on minor attracted persons' attitudes about adult-child sexual activity. A comprehensive understanding of such attitudes is essential for effective treatment and preventive efforts with the minor attracted population.

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Table 1. Demographic and Clinical Information

	<b>Mean</b>	<b>Standard Deviation</b>
Age	35.92	15.3
Education	6.01	1.9
	<b>Frequency</b>	<b>Percentage</b>
Gender		
Male	251	96.2
Female	7	2.7
Male to Female Transgender	1	0.4
Female to Male Transgender	2	0.8
Race/Ethnicity		
Mixed	7	2.6
White	219	82.6
Black	4	1.5
Asian/Pacific Islander	6	2.3
Hispanic	14	5.3
American Indian	1	0.4
Other	5	1.9
Prefer not to answer	9	3.4
Live inside United States	152	57.4
Employment Status		
Employed, working 40 hours or more	93	35.8
Employed, working 1-39 hours	40	15.4
Unemployed	27	10.4
Homemaker	1	0.4
Student	58	22.3
Retired	20	7.7
Disabled, not able to work	21	8.1
History of sexual engagement with child or adolescent	103	39.3
Arrested for sexual offense against a minor	32	12.1
Convicted for a sexual offense against a minor	29	10.9

*Note.* For education, 6=Associate's Degree, 5= some college.

Table 2. Overall Assessment of Harm: Always Harmful

Specific Themes	Examples	Frequency
Definite negative effect	<ol style="list-style-type: none"> <li>1. I am very aware that adult sexual contact with children is uniformly bad for the child.</li> <li>2. Psychological effects for life.</li> <li>3. It can be world-wrecking for children</li> </ol>	14 (5.2%)
Cannot take risk even if not harmful sometimes	<ol style="list-style-type: none"> <li>1. It's possible that there exist some children who would not be negatively impacted, but it is safest to assume all children would be harmed.</li> <li>2. Even if the child agrees and enjoys, the sexual activity has rather high impact on future life and wellbeing.</li> <li>3. Many children may not find the sexual contact harmful, but I should not steal their innocence or destroy their mental health for temporary pleasure.</li> </ol>	14 (5.2%)
Might be biased, cannot assess	<ol style="list-style-type: none"> <li>1. I'm biased. I can't have a neutral view of child sexuality, so I need to take the safe road.</li> <li>2. That's a hard question to read and answer truthfully.</li> <li>3. I cannot answer this question because I cannot stop my feelings.</li> </ol>	5 (1.9%)

*Note.* Total: 33 (12.3%) subjects listed responses coded into this domain.

Table 3. *Overall Assessment of Harm: Depends on Circumstances*

Specific Themes	Examples	Frequency
Nature of sexual contact	<ol style="list-style-type: none"> <li>1. It depends on the person and the specifics of the sexual activity.</li> <li>2. If the adult is respectful of the child's wishes and mindful of the child's pleasure, I think it's entirely possible, if not, probable, that the child will view the activity as a good experience.</li> <li>3. Type of contact is really important, penetration is harmful.</li> </ol>	47 (17.5%)
If child consents	<ol style="list-style-type: none"> <li>1. I don't believe sexual activity is harmful if both the child and adult are consenting.</li> <li>2. I don't believe there is any inherent negative impact on children due to sexual activity... I do think it's important that the child understands what's going on before engaging, though.</li> <li>3. In cases where children consent to sex with an adult the only risk of a major psychological impact comes if that relationship is found out.</li> </ol>	45 (16.8%)
Nonspecific	<ol style="list-style-type: none"> <li>1. It depends on the circumstances.</li> <li>2. Depends on the individuals involved.</li> <li>3. There should be an alternative option for both depending on nuanced circumstances.</li> </ol>	45 (16.8%)
Age/maturity	<ol style="list-style-type: none"> <li>1. I think it depends on the young person in general, that in some cases they are ready for it earlier, and in some cases would still be impacted even if they are not a child anymore.</li> <li>2. It depends on the age and maturity, on what you do, and on other circumstances.</li> <li>3. Depends on age of minor.</li> </ol>	37 (13.8%)
Nature of relationship	<ol style="list-style-type: none"> <li>1. It depends on the communication between the adult and child. Also consent and a clear understanding of where they want the relationship to go. I am strongly against 'sex buddies' with no emotional relationship to accompany.</li> <li>2. The question also ignores the nature of the relationship, as with most activities a child would be more comfortable with say, a family friend rather than a complete stranger.</li> </ol>	33 (12.3%)

	3. If there is a good relationship between the two parties and the child is in love, there will be a good outcome.	
Force/violence	1. Unless it is forced, no act should ever by force. 2. I believe that any forced sexual activity is harmful, whether the victim is an adult of a child. 3. If nothing is being forced there will be positive stimulation.	30 (11.2%)

*Note.* 155 (57.8%) subjects listed responses coded in this domain.

Table 4. Overall Assessment of Harm: Nothing inherently harmful

Specific Themes	Examples	Frequency
Harm caused by stigma	1. There is too much stigma that causes shame. 2. The harm is caused by the secrecy, shame, and stigma society imposes on children as they grow into adults. 3. My belief is that the only ways this type of sexual relationship harms children is by the extreme social stigma related to children and sex and by acts of sex that involve coercion.	21 (7.8%)
Harm caused only from society's response	1. Most of the negative impact comes from social programming and fear and religious attitudes towards sexuality. 2. Not inherently harmful if desired by minor but societal conditions make negative impact likely. 3. I think as soon as the adult is exposed and the other adults and law enforcement around the child start telling the child that they are a victim that that damages the child's self-esteem.	22 (8.2%)
Although socially taboo not inherently harmful	1. It is only harmful because society says so. 2. Society now says that it is negative, but it is not.	2 (0.7%)
Pressure to keep secret	1. I'm convinced that engaging in mutually desired sexual activity is not causing anything bad for the child in itself. But the pressure to keep it a secret can be too much of a burden. 2. I think if an adult is respectful and kind, and listens to what the child is okay with and stops if the says 'stop', there is no immediate negative impact. But sadly we don't live in a vacuum and as soon as the adult starts saying 'Shh, you can't tell ANYONE we did that or you'll get in trouble/you'll never seem me again/ I'll be upset' then the child is being fed fear and linking it to their experiences.	2 (0.7%)

*Note.* 44 (16.4%) subjects listed responses in this domain.

Table 5. Sources of Potential Harm: Factors that Can be Harmful

Specific Themes	Examples	Frequency
Social Stigma	<ol style="list-style-type: none"> <li>1. Stigma around adult-child sex is the main reason for harm.</li> <li>2. I believe any negative impact of sexual activity of an adult with a child depends entirely on the society within which they live. Not the act or acts itself.</li> <li>3. The social setting... will play a major role in influencing the quality of these sorts of encounters and relationships... If there is overbearing social conflict, of course this will have a negative impact. It may be a very serious impact.</li> </ol>	78 (29.1%)
Violence, rape	<ol style="list-style-type: none"> <li>1. Sexual abuse and rape is the only form of sexual contact that is harmful.</li> <li>2. There's a big difference between, say, incestuous rape and, say, touching that would be consensual.</li> <li>3. Rape is always harmful.</li> </ol>	53 (19.8%)
Emotional vulnerability/ may impose consequences later in life	<ol style="list-style-type: none"> <li>1. The emotional context may influence the child later in life.</li> <li>2. I think it depends on the situation. In some cases, the child may not experience negative thoughts or feelings until later so you just never know the impact.</li> <li>3. I believe sexual activity with an adult can have an intensely negative impact on a child- not that it always necessarily does, but that it can. It depends on how the child processes the experience, both at the time and later as an adult.</li> </ol>	24 (9.0%)
Power imbalance, child immaturity	<ol style="list-style-type: none"> <li>1. I believe the power imbalance is so great; the level of independence and competency in children is so low, that any sort of sexual contact with them is too risky.</li> <li>2. Children can be very vulnerable to adults and may agree with whatever they say.</li> <li>3. I think it is possible that a child could desire and initiate such behavior, but as the adult I would be in a sense making a decision for that child, because the child doesn't understand the social perceptions attached to that behavior. I am responsible for my actions, and if I did something that caused parents or my community grief, even if that grief was based in misunderstanding</li> </ol>	21 (7.8%)

	and was thus unjustified and unnecessary grief, I'm still responsible for causing it, because I understand the perceptions of the people around me.	
Physical Harm	<ol style="list-style-type: none"> <li>1. If you're not physically hurting them, it does not have any negative impact on them.</li> <li>2. If there is physical harm with coercion, it is not good.</li> <li>3. There must not be any bruises from force, you must be gentle.</li> <li>4. If a child is a willing participant in an age-appropriate activity (i.e. not likely to cause physical harm, pain or pregnancy), any negative impact is directly attributable to social reaction.</li> </ol>	19 (7.1%)
Young age/age difference	<ol style="list-style-type: none"> <li>1. Age, development, the type of sexual contact etc. probably strongly affect how damaging (if at all) a sexual relationship with a child would be.</li> <li>2. So much depends on context. How old is the child? How old is the adult?</li> <li>3. If the child is young, it may hurt them more.</li> </ol>	10 (3.7%)
Penetration	<ol style="list-style-type: none"> <li>1. Penetration (vaginal for girls or anal for both sexes) is harmful when the child's level of development makes such penetration impossible without physical harm. This will inevitably cause pain for the child.</li> <li>2. It depends... on what you do and other circumstances and there must not be penetration.</li> <li>3. Fondling is ok, but penetration is not good for the child.</li> </ol>	4 (1.5%)

*Note.* 142 (53.0%) subjects listed responses in this domain.

Table 6. Sources of Potential Harm: Reasons Why Not Harmful or Even Beneficial

Specific Themes	Examples	Frequency
Loving relationship	<ol style="list-style-type: none"> <li>1. These relationships can be loving for the child and adult.</li> <li>2. Child and adult will fall in love after experiencing each other.</li> <li>3. If said adult is empathetic, nurturing and helpful without taking advantage or seeking gratification, it could have a healthy and positive impact</li> </ol>	21 (7.8%)
Sexuality is natural	<ol style="list-style-type: none"> <li>1. Sexual activity by itself has no negativity. It's as human as breathing or running.</li> <li>2. Sex is natural even for children.</li> <li>3. Sexuality resides in nature, even if it proceeds against nature.</li> </ol>	18 (6.7%)
Children are able to consent	<ol style="list-style-type: none"> <li>1. For me, consent is the most important part. I believe that children should be able to consent.</li> <li>2. Children are able to express their sexuality and know when it's ok to engage in sex.</li> <li>3. The age of consent should begin around 10 or 12 years old. If the child is informed of sexuality and is conscious of it, and besides, is not forced and freely consents with another child, adolescent, or an adult, I see no problem that the laws are on our side.</li> </ol>	13 (4.9%)
Childhood sexuality is natural	<ol style="list-style-type: none"> <li>1. I think that there are some children who are curious and willing to experiment with adults.</li> <li>2. Children enjoy sex and it is beneficial.</li> <li>3. Children are able to express their sexuality.</li> </ol>	8 (3.0%)
Nonspecific	<ol style="list-style-type: none"> <li>1. I see no problem with engaging in sex with a child.</li> <li>2. There is no harm in sexual [activity] with children.</li> <li>3. There is no specific reason that a child would be hurt by sexual activity</li> </ol>	3 (1.1%)
Older Age	<ol style="list-style-type: none"> <li>1. If the boy is already going through puberty I see no harm in engaging sexually with him, they want to explore this new world.</li> <li>2. As long as the child is 8 years old, but not any younger.</li> <li>3. If you're 16 or older, then very little to no negative impact. If you're much younger, then it would probably be very confusing.</li> </ol>	3 (1.1%)

Note. 49 (18.3%) subjects listed responses in this domain



Table 7. Subjects' own Childhood Sexual Experiences

Specific Themes	Examples	
Unsure of impact	<ol style="list-style-type: none"> <li>1. I experienced a relationship with an older male as a child, but I don't remember the details or if it harmed me.</li> <li>2. Had it done to me, but I can't remember the details.</li> <li>3. I began having sex with other boys and men when I was 13. I am unsure if it had a negative impact. My childhood was bad in other areas.</li> </ol>	7 (2.6%)
It didn't harm me	<ol style="list-style-type: none"> <li>1. As a child I actively sought out older men for sexual experiences.....no harm was done.</li> <li>2. From personal experience I wanted to learn and enjoyed the experience.</li> <li>3. No harm was done to me. I had fun.</li> </ol>	5 (1.9%)
It harmed me	<ol style="list-style-type: none"> <li>1. As a victim of childhood rape by my father I know how negatively it can affect you.</li> <li>2. My abuse had tremendous negative impact on my life.</li> <li>3. I was terrified of my abuser.</li> </ol>	4 (1.5%)
Nonspecific	<ol style="list-style-type: none"> <li>1. I can remember fantasizing about older boys and men sexually as young as 5 years old.</li> </ol>	1 (0.4%)

*Note.* 17 (6.3%) subjects listed responses in this domain.