

SELF-ESTEEM, PERCEIVED SOCIAL SUPPORT, AND SUICIDALITY
AMONG ADULTS ATTRACTED TO CHILDREN

By
Maggie Ingram, M.H.S.

A dissertation submitted to Johns Hopkins University in conformity with
the requirements for the degree of Doctor of Philosophy

Baltimore, Maryland
March 2021

Abstract

This dissertation explores the impact of self-esteem and perceived social support on suicidal ideation and behavior among adults attracted to children who have not offended against children. Factors associated with adverse mental health outcomes in this vulnerable population have long represented a gap in the literature. This study contributes to a small but growing body of work examining the impact of stigma-related stress on non-offending adults attracted to children through three aims:

1. I modified an existing measure of perceived social support to capture support that is not perceived to be conditional on the participant's attraction to children remaining hidden. I performed validation analyses on the original and modified tools and compared participants' scores on the two versions of the scale to identify concerns about conditionality of support. Finally, I used reflexive thematic analysis to explore participants' reasons for disclosing or not disclosing their attraction. (Chapter 2)
2. I conducted semi-structured interviews with 15 adults attracted to children who self-reported suicidal ideation or behavior in their lifetime. Using interpretative phenomenological analysis, I explored and interpreted interview data to generate themes driven by individual participants' characterizations of their suicidal ideation and behavior. (Chapter 3)
3. I used multiple linear regression to investigate the relationship between self-esteem, perceived social support, and suicidal ideation and behavior in a sample of 150 adults attracted to children. I also examined the role of demographic variables (age, gender identity, race/ethnicity) and potential mediators (lifetime major depressive disorder, and hopelessness) in these relationships. (Chapter 4)

My findings contribute to the growing body of research on suicidal ideation and behavior, self-esteem, and perceived social support among non-offending adults attracted to children.

Through my aims, I found that:

1. Both the original MSPSS and modified MSPSS-U demonstrated high internal reliability and moderate construct validity. Differences in scores on the original and modified scales indicated that people attracted to children have concerns about conditionality or loss of support that may impact their perceptions of support. Themes associated with barriers and facilitators to disclosure were identified.
2. Themes generated through Interpretative Phenomenological Analysis of respondents' descriptions of their own suicidal ideation and behavior included low self-esteem/worthlessness, often due to internalized stigma; cumulative effect of the attraction and other stressors; and lack of hope for a positive or fulfilling future.
3. Participants demonstrated high rates of suicidal ideation and behavior, depression, and hopelessness, with low levels of self-esteem and moderate perceived social support,. Lower self-esteem and lower perceived social support were associated with increased suicidal ideation and behavior. Findings also provided support for the mediating role of hopelessness in the relationship between self-esteem and suicidality and perceived social support and suicidality.

Results of the study underscore the impact of stigma-related stress on the mental health of adults attracted to children. Based on the findings of all three aims, psychological factors that may contribute to suicidal ideation and behavior among adults attracted to children include internalized stigma (particularly about the inevitability of offending), low self-esteem, insufficient or conditional social support, hopelessness, and depression. Because these factors are malleable, they may represent important opportunities for prevention of suicidality in this population.

Acknowledgments

There are so many people I want to thank for their role in getting me to this point in my life and career. To Dr. Elizabeth Letourneau, my advisor and role model, thank you for your years of incredible work— work that drew me to Hopkins like a magnet. Thank you for your warmth and humility from the very first day we met, when I told you that you were my hero and you called me a dork. Thank you for your support, guidance, and inspiration. I am unbelievably lucky to have you as a mentor and have the opportunity to continue my work with you.

Thank you to all the members of my thesis advisory committee, oral exam committee, and final defense committee— Dr. Judy Bass, Dr. Jacquelyn Campbell, Dr. Renee Johnson, Dr. Elizabeth Letourneau, Dr. Sabriya Linton, Dr. Paul Nestadt, Dr. Roland Thorpe, and Dr. Holly Wilcox. Your ideas, support, and expertise have made this project so much stronger, and I feel blessed to have the opportunity to learn from and work with all of you. Thank you also to Dr. Ryan Shields for mentoring me during my Master's program and continuing to be a source of inspiration and support.

Thank you to the members of my community advisory board— Elliot, Finlay, Michael, Richard, and Russell—who donated their time and experience and contributed invaluable insights to the project. You helped me keep the voices of people attracted to children present in the study and supported me throughout this process. This project would not have been possible without your guidance and I appreciate all of you so much.

Thank you to my mentors at St. Edward's University, Dr. Delia Paskos and Dr. Sara Villanueva. The two of you were not only my role models during my undergraduate program— you became two of my best friends. You have rooted me on and supported me in every possible way. Sara, you emailed Elizabeth on my behalf and set up the phone call that quite literally set all of this in motion. I will be forever grateful to have the two of you in my life and in my corner.

Thank you to Patty Scott, who works so hard on behalf of all students. You looked out for me and brightened my life in many ways during my time in the program. Thank you to the

Osage Nation and JHU Center for American Indian Health for your generosity and support throughout my academic journey. You made it possible for me to pursue my dreams and demonstrated in countless ways the value you see in my future.

Thank you to all my incredible friends in both homes, Baltimore and Texas. I'm blessed to say there are too many of you to name. Thank you, John, for being my first friend in Baltimore and a wonderful buddy, colleague, and sounding board throughout our time together at Hopkins. Thank you to my cohort, Emily, Darlynn, and Kira, for the check-ins and adorable time-lapse photos. Thank you to my amazing chosen family—Andy, Cindy, Elise, Jay, Jeromy, Katherine, Kelsey, Nico, Sara, and Shelby. Your love and friendship is a constant ray of light in my life, and every one of you means more to me than you could ever know. Thank you to my dogs (i.e., my angels), Penny and Roadie. You have been my study buddies, adventure partners, and best friends every single day.

Thank you isn't enough for my beautiful, unbelievable family: my dad John, my moms Shelley and Shannon, my sister Abby, my grandparents Tisa, Inez, and Dennis, my cousin Olivia, and the rest of our crazy bunch. There truly aren't words to express my love and appreciation for you. You are my best friends, my cheerleaders, my heroes, my happy place, and my greatest source of belly laughs. Moving away from you to pursue this dream was the hardest thing I've ever done, and I only made it through because of your visits, FaceTime calls, care packages, and unwavering love and support. Thank you for believing in this work and believing in me. Not only could I not have gotten to this point without you— I wouldn't be who I am without you. I will never be able to thank you enough.

Finally, and most importantly, thank you from the bottom of my heart to the people who participated in this study and shared it with others. You trusted me, opened up to me, and shared intimate aspects of your life and mental health, all with the goal of helping others. I'm honored to share your stories, and it is my greatest hope that this work will be used to improve mental health and well-being among people attracted to children.

Table of Contents

Title	i
Abstract	ii
Acknowledgments	iv
Table of Contents	vi
List of Tables	vii
List of Figures	viii
Chapter 1: Introduction	1
1.1 Attraction to Children	1
1.2 The Impact of Stigma-Related Stress on Mental Health	1
1.3 Suicide Risk among People attracted to Children	2
1.4 The Present Study	4
1.5 References	8
1.6 Tables and Figures	14
Chapter 2: Perceptions of Social Support	16
2.0 Abstract	17
2.1 Introduction	18
2.2 Methods	20
2.3 Results	26
2.4 Discussion	38
2.5 References	45
2.6 Tables and Figures	52
Chapter 3: Experiences with Suicidal Ideation and Behavior	54
3.0 Abstract	55
3.1 Introduction	56
3.2 Methods	58
3.3 Results	63
3.4 Discussion	78
3.5 References	86
3.6 Tables	91
Chapter 4: The Role of Self-Esteem and Social Support in Suicidality	96
4.0 Abstract	97
4.1 Introduction	98
4.2 Methods	101
4.3 Results	107
4.4 Discussion	111
4.5 References	116
4.6 Tables and Figures	125
Chapter 5. Conclusions and Recommendations	134
5.1 Aim 1 Findings	134
5.2 Aim 2 Findings	135
5.3 Aim 3 Findings	136
5.4 Implications and Recommendations	140
5.5 References	143
Bibliography	145
Appendices	162

List of Tables

Introduction (Chapter 1)

Table 1.1. *Participant Characteristics*

Aim 1 (Chapter 2)

Table 2.1. *Participant Characteristics*

Table 2.2. *Differences in Sample Means for MSPSS and MSPSS-U*

Table 2.3. *Categories of Important People Told and Not Told About Attraction*

Aim 2 (Chapter 3)

Table 3.1. *Participant Characteristics*

Table 3.2. *Criteria for Validity in Qualitative Research and Means to Meet Them*

Table 3.3. *Criteria for Validity in IPA Research and Means to Meet Them*

Table 3.4. *Participant Time of Discovery of Attraction and Onset of Suicidality*

Table 3.5. *Participant Superordinate Themes Associated with Suicidal Ideation/Behavior*

Aim 3 (Chapter 4)

Table 4.1. *Participant Characteristics*

Table 4.2. *Reported Suicidal Ideation and Behavior Among Participants*

Table 4.3. *Variable Correlations*

Table 4.4. *Simple Linear Regressions*

Table 4.5. *Preliminary Models Compared to Final Model*

Table 4.6. *Regression Analysis Summary*

Table 4.7. *Self-Esteem Mediation Analysis*

Table 4.8. *Perceived Social Support Mediation Analysis*

List of Figures

Introduction (Chapter 1)

Figure 1.1. *Participant Recruitment and Retention*

Aim 1 (Chapter 2)

Figure 2.1. *Participant Recruitment and Retention*

Aim 2 (Chapter 3)

None

Aim 3 (Chapter 4)

Figure 4.1. *Participant Recruitment and Retention*

Chapter 1. Introduction

1.1 Attraction to Children

Attraction to children is an emotionally charged topic that is often discussed only in the context of child sexual abuse. Researchers estimate that around 1% of the general male population is preferentially attracted to children (Ahlers et al., 2011; Dombert et al., 2016; Seto, 2008), but little is known about what proportion of these individuals do not offend against children. Emerging research suggests that there may be a large number of such individuals (Seto, 2008; Seto, 2009); two studies involving individuals with attraction to children found that the majority of respondents had not been convicted of a sexual offense against a child (Riegel, 2004; Bailey et al., 2016). Various self-help groups have recently emerged for people with attraction to children who do not abuse children, including B4U-Act and Virtuous Pedophiles. Still, most research on attraction to children is informed by forensic samples of people who have sexually offended against children (Seto, 2008; Seto, 2009; Levenson, Willis & Vicencio, 2017). Because of this, individuals who are attracted to children but do not sexually offend against children are a largely invisible population in mental health research and treatment.

1.2 The Impact of Stigma-Related Stress on Mental Health

Attraction to children is among the most stigmatized identities in modern history (Feldman & Crandall, 2007; Imhoff, 2014). The limited available research suggests that individuals who are attracted to children are at risk for experiencing mental health and interpersonal problems, such as social isolation, depression, and suicidal ideation, as a result of stigma-related stress (B4U-ACT, 2011a; B4U-ACT, 2011b; Cantor & McPhail, 2016). Meyer's (2003) minority stress theory argues that multiple stigma-related processes may act as further sources of stress, such as expectations of rejection, heightened vigilance, efforts to hide and conceal the stigma, and internalization of stigmatizing views (Meyer, 2003).

According to the Psychological Mediation Framework, developed by Hatzenbuehler (2009), members of stigmatized groups confront increased stress exposure resulting from

stigma. This stigma-related stress creates elevations in general emotion dysregulation, social/interpersonal problems, and cognitive processes conferring risk for psychopathology, and these processes in turn mediate the relationship between stigma-related stress and psychopathology (Hatzenbuehler, 2009). Research shows that belonging to a stigmatized group may not only reduce quality of life, but might also lead to suicidal behavior, as well as reluctance to seek help, if help-seeking risks being labeled as a member of a stigmatized group (Haas et al., 2011; Liu & Mustanski, 2012; Mustanski, Garofalo, & Emerson, 2010; Ben-Zeev, Young, & Corrigan, 2010; Vogel & Wade, 2009).

1.3 Suicide Risk among People attracted to Children

Emerging research suggests that stigma-related stress contributes to suicidal ideation and behavior among people attracted to children (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Shields et al., 2020; Stevens & Wood, 2019; Vogt, 2006; Walker, 2017). In a 2011 survey of 193 people attracted to children, 46% of participants reported they had seriously thought about ending their life for a reason related to their attraction to children. Of these, 32% reported planning a method to end their life, and 13% reported making an attempt (B4U-Act, 2011b). These rates are far higher than in the general population, for which there is a lifetime prevalence of suicidal ideation of about 9% and a lifetime prevalence of suicide attempts of about 3% (Nock et al., 2008).

Qualitative studies of people attracted to children also found that experiences with suicidal ideation and behavior were common, even when researchers were not explicitly studying suicidality (Cacciatori, 2017; Shields et al., 2020; Stevens & Wood, 2019; Walker, 2017). Shields (2020) found that, for most participants, the discovery of attraction to their children was accompanied by significant distress, which led in some cases to suicidal ideation and behavior. Stevens and Wood (2019) found that references to self-hatred, self-harm, and suicide were the largest theme related to mental health, representing 30% of responses. Cacciatori (2017) and Walker (2017) found that significant suicidal distress was a driving factor

in finally seeking help for mental health problems for some participants. Taken together, these studies suggest that adults attracted to children may be at serious risk of suicidal ideation and behavior.

1.3.1 Self-Esteem

Self-esteem, which refers to an individual's overall judgment of their self-worth (Xu, Li, & Yang, 2019), is a known protective factor for psychological well-being (Geyh et al., 2011; Huang et al., 2014; Taylor & Brown, 1988). People attracted to children often experience feelings of low self-esteem, and low self-worth that may contribute to suicidal ideation and behavior (Cash, 2016; Stevens & Wood, 2014). Cash (2016) found that people who were attracted to children had an average score of 17.79 on the Rosenberg Self-Esteem scale (RSES; Rosenberg, 1965) compared to an average score of 22.21 in the general population. A sense of self-esteem and self-worth may increase risk of suicidal ideation and behavior for people attracted to children.

One factor thought to contribute to self-hatred and low self-esteem in this population is internalized stigma (Cacciatori, 2017; Freimond, 2013). It is often assumed by society at large that people attracted to children will inevitably offend against children if given the opportunity (Feelgood & Hoyer, 2008). Some people attracted to children, despite never having offended, internalize this fatalistic view and experience self-hatred and/or suicidal ideation related to fears about one day sexually abusing a child (Stevens & Wood, 2014; Shields, 2020)

1.3.2 Perceived Social Support

Social support is another well-established protective factor for psychological well-being (Antonucci, 1990; Lee & Holtzer, 2020; Pillemer & Holtzer, 2016). The absence of social support is associated with suicidal ideation and behavior, depression, and other mental health problems (Cohen & Janicki-Deverts, 2010; Kawachi & Berkman, 2001; Lee & Holtzer, 2020; Thoits, 2011; Uchino, 2006; Umberson & Montez, 2010; Xu, Li & Yang, 2019). Because adults attracted to children often experience significant stigma-related stress (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Cantor & McPhail, 2016; Cash, 2016; Shields et al., 2020; Walker, 2017;

Walker, 2020), the protective benefits of social support may be of particular importance for this population.

Perceived social support—the perception by an individual that they are cared for and have support available should they need it—may be more critical to psychological well-being than actual received support (Gurung, 2006; Lakey & Orehek, 2011; Wethington & Kessler, 1986; Xu, Li & Yang, 2019). Perceptions of sufficient social support can protect people from the harmful effects of stress (Barrera, 1986; Cohen & Wills, 1985; Lee & Holtzer, 2020; Pillemer & Holtzer, 2016; Xu, Li & Yang, 2019). However, people attracted to children may be at greater risk of experiencing social isolation or perceptions of insufficient social support than the general population due to their stigmatized identity (Cash, 2016; Jahnke et al., 2015). Perceptions of insufficient social support may increase their already elevated risk of suicidal ideation and behavior.

1.4 The Present Study

To better understand the factors associated with suicidal ideation and behavior among people attracted to children, this study uses three aims to explore perceived social support, self-esteem, and suicidal ideation and behavior in a sample of 150 adults attracted to children.

1.4.1 Aims

In Chapter 2, I explore the construct of perceived social support using reflexive thematic analysis and attempt to modify and validate a tool meant to capture perceived unconditional support in the context of disclosing one's attraction to children. In Chapter 3, I explore experiences with suicidal ideation and behavior in a subset of 15 participants with reported lifetime suicidality using interpretative phenomenological analysis. In Chapter 4, I use multiple linear regression to investigate the impact of self-esteem and perceived social support on suicidal ideation and behavior among adults attracted to children.

1.4.1.1 Aim 1. For aim 1, I modified an existing measure of perceived social support to capture support that is not perceived to be conditional on the attraction remaining hidden. I then

surveyed 150 adults attracted to children, who completed the original (MSPSS) and revised (MSPSS-Unconditional) measures of perceived social support as well as measures of internalized stigma, depression, and suicidal ideation and behavior. I examined the reliability and construct validity of the original MSPSS and the modified MSPSS-U. Then I compared participants' scores on the two versions of the scale, looking for differences between total scores and subscale scores that would reflect concerns about conditionality of support. Finally, I used reflexive thematic analysis to explore responses to open-ended questions about participants' reasons for disclosing or not disclosing their attraction; this allowed me to explore perceptions of social support among this sample in greater depth.

1.4.1.2 Aim 2. For aim 2, I conducted semi-structured interviews with 15 adults attracted to children who self-reported some form of suicidal ideation or behavior in their lifetime in the online survey. Using interpretative phenomenological analysis, I explored and interpreted interview data to generate themes driven by participants' characterizations of their suicidal ideation and behavior.

1.4.1.3 Aim 3. For aim 3, I used multiple linear regression to investigate the relationship between perceived social support, self-esteem, and suicidal ideation and behavior based on responses to the online survey by the full sample of 150 participants. Demographic variables (age, gender identity, and race/ethnicity) and potential mediators (lifetime major depressive disorder and hopelessness) were also included in analysis.

1.4.2 Recruitment and Participants

While recruitment of a truly random and representative sample of participants is ideal, it can be challenging to reach members of stigmatized populations for research (Maestre et al., 2018). As such, I relied upon convenience sampling, a form of non-probability sampling that refers to taking a sample of people who are easy to contact or reach. Specifically, I engaged with two support forums for people attracted to children, B4U-Act and Virtuous Pedophiles, both of which helped promote this study. I also recruited participants through Twitter accounts

followed by people attracted to children (i.e., JHSPH Moore Center, B4U-Act, my own account). Finally, I invited participants to share the study with other eligible people, a method known as snowball sampling that is often used when studying members of stigmatized (or other hard to reach) populations (Faugier & Sargeant, 1997).

The final sample for this study consisted of 150 adults ages 18 to 73 who self-reported sexual attraction to children (for Chapter 3, a subset of 15 participants with reported lifetime suicidality was selected). Inclusion criteria were a) being attracted to children 13 years or younger; b) being 18 years or older; and c) having no history of sexual contact with a child as an adult. Participant characteristics are listed in Table 1.1. Briefly, about half of the participants (49%) were 18-25 years old, 31% were 26-35 years old, 10% were 36-45 years old, and 10% were over 45 years old. Most participants identified as male (71%), white (83%), and non-Hispanic/ Latino (81%). More than half of participants (62%) reported sexual attraction to adults (18+) in addition to attraction to children. A flowchart detailing participant recruitment and retention can be found in Figure 1.1.

1.4.3 Procedures

All participants completed the online survey (Aims 1 and 3, and a subset of 15 participants participated in semi-structured interviews (Aim 2).

1.4.3.1 Online Survey. Individuals who saw the recruitment posting or were told about the study by other participants and were interested in participating were directed to a Qualtrics survey, where they were provided with consent information and encouraged to email the study team with any questions or concerns before continuing with the survey. Study participation was entirely voluntary, and several steps were taken to assure participant anonymity and confidentiality. I did not collect any personally identifying information (e.g., names, addresses). In addition, I ensured that Qualtrics did not collect the IP addresses of survey respondents (collection of IP addresses is often an automatic feature of survey providers and web hosting platforms that must be disengaged). Participants were not compensated for the online survey.

All study procedures were approved by the Johns Hopkins University Bloomberg School of Public Health Institutional Review Board.

1.4.3.2 Semi-Structured Interview. Survey respondents who reported lifetime suicidal ideation or behavior in the original survey were invited at the end of the survey to participate in an in-depth interview to discuss their experiences. Respondents only saw the invitation if they endorsed having experienced suicidal ideation or behavior during their life, and the invitation was closed once recruitment goals were met. Interested and eligible respondents were directed to a secure website, where they were asked to create and enter a non-identifying email address for contact by the researcher. I contacted respondents at their requested email addresses to schedule the semi-structured interviews. On the day of the interview, I contacted the participant via Skype using their selected non-video method (text chat or voice call). I provided consent information and gave participants the opportunity to ask questions or express concerns. After addressing questions and concerns and obtaining verbal informed consent, I conducted semi-structured interviews exploring participants experiences with suicidal ideation and/or behavior. The shortest interview was 43 minutes and the longest was 144 minutes. All interview participants were provided with a code for a \$15 Amazon credit.

1.4.5 Summary and Motivation for Research

The goals of the current study were to expand the limited existing research on the impact of stigma-related stress on suicidal ideation and behavior among non-offending adults attracted to children and shed light on the significant mental health problems experienced by this population. I aimed to highlight specific areas of need and identify malleable factors associated with suicidality, such as low self-esteem, insufficient perceived social support, or depression. My hope is that the findings will be used to inform efforts to prevent or ameliorate adverse mental health outcomes, such as suicidal ideation and behavior, among adults attracted to children.

1.5 References

- Ahlers, C., Schaefer, G., Mundt, I., Roll, S., Englert, H., Willich, S. & Beier, K. M. (2011). How unusual are the contents of paraphilias? Paraphilia-associated sexual arousal patterns in a community-based sample of men. *Journal of Sexual Medicine*, 8, 1362-1370.
- Antonucci, T.C. (1990) 'Social Supports and Social Relationships', in R.H. Binstock & L. K. George (eds) *The Handbook of Aging and the Social Sciences*, 3rd edn. San Diego, CA: Academic Press. Ch. 11, pp. 205-226.
- B4U-ACT. (2011a). Mental health care and professional literature. Retrieved from:
<https://www.b4uact.org/research/survey-results/spring-2011-survey/>
- B4U-ACT. (2011b). Youth, suicidality, and seeking care. Retrieved from
<https://www.b4uact.org/research/survey-results/youth-suicidality-and-seeking-care/>.
- Bailey, J. M., Hsu, K. J., & Bernhard, P. A. (2016). An Internet study of men sexually attracted to children: Sexual attraction patterns. *Journal of Abnormal Psychology*, 125, 976-988.
- Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 14(4), 413-445.
- Ben-Zeev, D., Young, M. A., & Corrigan, P.W. (2010). DSM-V and the stigma of mental illness. *Journal of Mental Health*, 19, 318-327.
- Cacciatori, H. (2017). The lived experiences of men attracted to minors and their therapy-seeking behaviors (Unpublished doctoral dissertation). Walden University, Minneapolis, MN: <https://scholarworks.waldenu.edu/dissertations/3867/>
- Cantor, J. M., & McPhail, I. V. (2016). Non-offending pedophiles. *Current Sexual Health Reports*, 8, 121-128.
- Cash, B.M. (2016). Self-identifications, sexual development, and wellbeing in minor-attracted people: An exploratory study (Master's thesis). Cornell University, Ithaca, NY:
<https://ecommons.cornell.edu/handle/1813/45135>

- Cohen, S., & Janicki-Deverts, D. (2010). Can we improve our physical health by altering our social networks? *Perspectives on Psychological Science*, 4(4), 375–378.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.
- Dombert, B., Schmidt, A.F., Banse, R., Briken, P., Hoyer, J., Neutze, J., et al. (2016). How common is men's self-reported sexual interest in prepubescent children? *J Sex Res*, 52:214–23.
- Faugier, J., & Sargeant M. (1997). Sampling hard to reach populations. *Journal of Advanced Nursing*, 26, 790-797.
- Feldman, D. & Crandall, C. (2007). Dimensions of mental illness stigma: what about mental illness causes social rejection? *Journal of Social and Clinical Psychology*, 26(2), 137–154.
- Freimond, C.M. (2009). Navigating the stigma of pedophilia: The experiences of nine minor-attracted men in Canada (Master's thesis). Simon Fraser University, British Columbia, CA: <https://summit.sfu.ca/item/13798>
- Geyh, S., Peter, C., Muller, R., Bickenbach, J. E., Kostanjsek, N., Ustün, B. T., et al. (2011). The Personal Factors of the International Classification of Functioning, Disability and Health in the literature—A systematic review and content analysis. *Disabilities Rehabilitation*, 33, 1089–1102.
- Gurung, R. (2006). "Coping and Social Support". *Health Psychology: A Cultural Approach*. Belmont, CA: Thomson Wadsworth. pp. 131–171.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., ... Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58, 10–51.
- Hatzenbuehler M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological bulletin*, 135(5), 707–730.

- Huang, C. Y., Chen, W. K., Lu, C. Y., Tsai, C. C., Lai, H. L., Lin, H. Y., et al. (2014). Mediating effects of social support and self-concept on depressive symptoms in adults with spinal cord injury. *Spinal Cord*, 53(5), 413.
- Imhoff, R. (2014). Punitive attitudes against pedophiles or persons with sexual interest in children: does the label matter? *Archives of Sexual Behavior*, 44, 35–44.
- Jahnke, S., Schmidt, A. F., Geradt, M., & Hoyer, J. (2015). Stigma-related stress and its correlates among men with pedophilic sexual interests. *Archives of Sexual Behavior*, 112.
- Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, 78(3), 458–467.
- Kondrat, D. C., Sullivan, W. P., Wilkins, B., Barrett, B. J., & Beerbower, E. (2018). The mediating effect of social support on the relationship between the impact of experienced stigma and mental health. *Stigma and Health*, 3(4), 305–314.
- Krishnan, K., George, L., Pieper, C., Jiang, W., Arias, R., Look, A., & O'Connor, C. (1998). Depression and social support in elderly patients with cardiac disease. *American Heart Journal*, 136(3), 491–495.
- Lakey, B., & Orehek, E. (2011). Relational regulation theory: A new approach to explain the link between perceived social support and mental health. *Psychological Review*, 118(3), 482.
- Lee, J., & Holtzer, R. (2020). Independent associations of apathy and depressive symptoms with perceived social support in healthy older adults. *Aging & Mental Health*, 1–7. Advance online publication.
- Levenson, J. S., Willis, G. M., & Vicencio, C. P. (2017). Obstacles to help-seeking for sexual offenders: Implications for prevention of sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 26(2), 99–120.

- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385.
- Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine*, 42, 221–228.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697.
- Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*, 100, 2426–2432.
- Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic reviews*, 30(1), 133–154.
<https://doi.org/10.1093/epirev/mxn002>
- Pillemer, S. & Holtzer, R. (2016). The differential relationships of dimensions of perceived social support with cognitive function among older adults. *Aging & Mental Health*, 20(7), 727–735.
- Riegel, D.L. (2004). Letter to the Editor: Effects on Boy-Attracted Pedosexual Males of Viewing Boy Erotica. *Arch Sex Behav* 33, 321–323 (2004).
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Saltzman, K. M., & Holahan, C. J. (2002). Social support, self-efficacy and depressive symptoms: An integrative model. *Journal of Social and Clinical Psychology*, 21(3), 309–322.
- Seto, M. (2009). Pedophilia. *Annual Review of Clinical Psychology*, 5, 391–407.
- Seto, M. (2008). *Pedophilia and sexual offending against children: Theory, assessment, and intervention*. Washington, DC: American Psychological Association.

- Shields, R., Murray, S., Ruzicka, A., Buckman, C., Kahn, G., Benelmouffok, A. & Letourneau, E. (2020). Help wanted: Lessons on prevention from young adults with a sexual interest in prepubescent children. *Child Abuse & Neglect*, 105.
- Stevens, E. & Wood, J. (2019). "I Despise Myself for Thinking about Them." A Thematic Analysis of the Mental Health Implications and Employed Coping Mechanisms of Self-Reported Non-Offending Minor Attracted Persons, *Journal of Child Sexual Abuse*, 28:8, 968-989.
- Symister, P., & Friend, R. (2003). The influence of social support and problematic support on optimism and depression in chronic illness: A prospective study evaluating self-esteem as a mediator. *Health Psychology*, 22(2), 123–129.
- Taylor, S. & Brown, J. (1988). Illusion and well-being: A social cognitive perspective on mental health. *Psychological Bulletin*, 106, 231–248.
- Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145–161.
- Uchino, B. N. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, 29(4), 377–387.
- Umberson, D., & Montez, J. K. (2010). Social relationships and health a flashpoint for health policy. *Journal of Health and Social Behavior*, 51(1_suppl), S54–S66.
- Vogel, D. L., & Wade, N. G. (2009). Stigma and help-seeking. *The Psychologist*, 22, 20–23.
- Vogt, H. (2006). Pädophilie - Leipziger Studie zur gesellschaftlichen und psychischen Situation pädophiler Männer ("Paedophilia - Leipzig study on the societal and psychological situation of paedophile males"), Lengerich, Germany: Pabst Science Publishers. ISBN 3-89967-323-9 (in German)
- Wade, T. & Kendler, K. (2000). The relationship between social support and major depression: Cross-sectional, longitudinal, and genetic perspectives. *The Journal of Nervous and Mental Disease*, 188(5), 251–258.

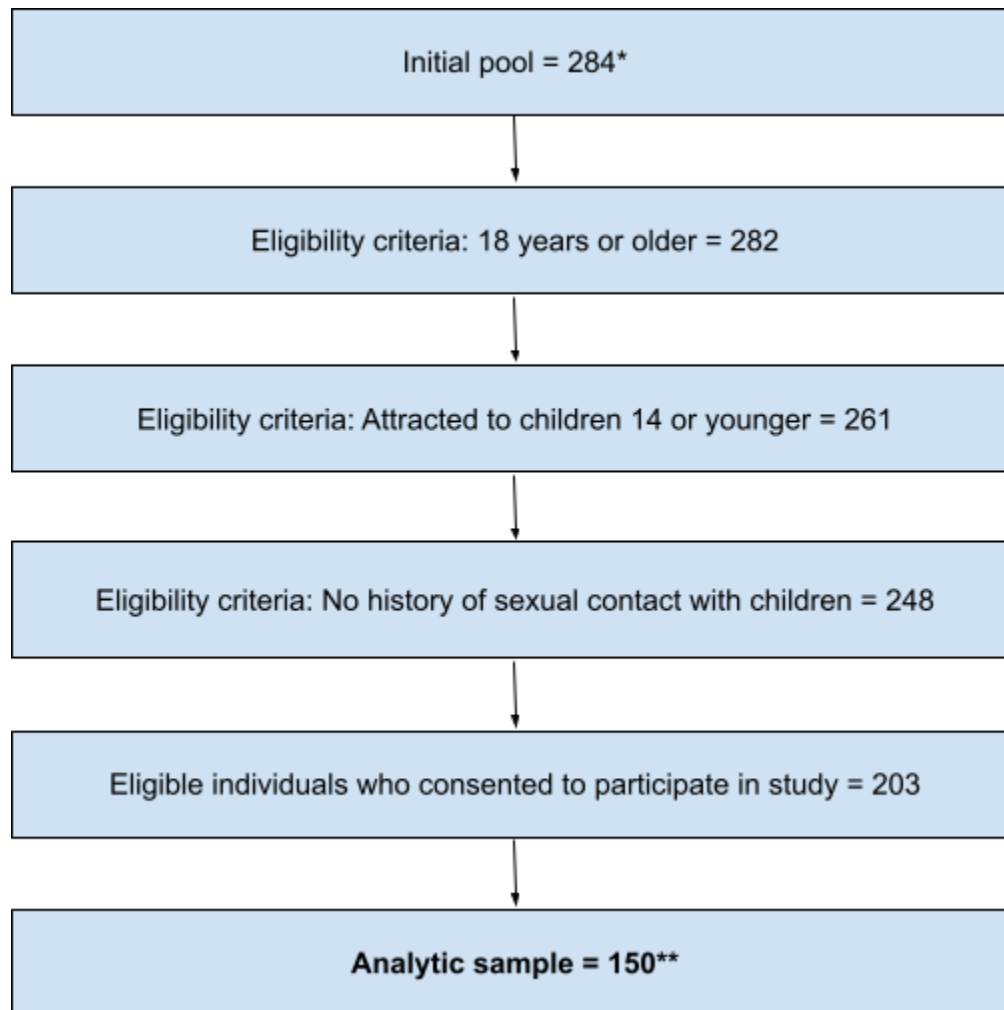
- Walker, A. (2020). 'I'm not like that, so am I gay?' The use of queer-spectrum identity labels among minor-attracted people. *Journal of Homosexuality*, 67(12), 1736–1759.
- Walker, A. (2017). Understanding resilience strategies among minor-attracted individuals (Doctoral dissertation). CUNY Academic Works. Retrieved from https://academicworks.cuny.edu/gc_etds/2285/
- Wethington, E., & Kessler, R. C. (1986). Perceived support, received support, and adjustment to stressful life events. *Journal of Health & Social Behavior*, 27(1), 78–89.
- Xu, Q., Li, S., & Yang, L. (2019). Perceived social support and mental health for college students in mainland China: The mediating effects of self-concept. *Psychology, Health & Medicine*, 24(5), 595–604.

1.6 Tables and Figures

Table 1.1. Participant characteristics

	N	%
Age		
18-25	67	48.91
26-35	42	30.66
36-45	14	10.22
46-55	2	1.46
56-65	9	6.57
66-75	3	2.19
Gender Identity		
Man	107	71.33
Woman	20	13.33
Non-Binary	10	6.67
Gender Fluid	7	4.67
Agender	3	2.00
Not Listed	3	2.00
Race		
White	125	83.33
Black	8	5.33
Asian	4	2.67
Not Listed	7	4.67
Multiple Races	6	4.00
Ethnicity		
Hispanic/Latino	14	9.72
Non-Hispanic/Latino	116	80.56
Not listed/Multiple	14	9.72
Attracted to people 18+	93	62.00

Figure 1.1. *Participant recruitment and retention*



*Initial pool refers to individuals who opened the online survey

**Participants were included in the final analytic sample if they answered the items measuring lifetime suicidal ideation/behavior and at least one of the primary independent variables (self-esteem, perceived social support).

Chapter 2. Perceptions of Social Support Among Adults attracted to Children

2.0 Abstract

Perceived social support is an established protective factor against mental health problems such as depression and suicidality. Members of stigmatized groups are particularly vulnerable to experiencing insufficient social support, though such support may be of particular importance for maintaining their mental health. Little is known about perceptions of social support among one of the most stigmatized groups in society, adults attracted to children. Adults attracted to children may feel that some, if not all, of their social support is conditional on their attraction remaining hidden. The current study seeks to explore and assess the construct of perceived social support in the context of attraction to children. First, I modified an existing measure of perceived social support to capture support that is not perceived to be conditional on the attraction remaining hidden. I performed validation analyses on the original MSPSS and the modified MSPSS-Unconditional. Second, I compared participants' scores on the two versions of the scale, looking for differences between total scores and subscale scores that would reflect concerns about conditionality of support. Third, I used reflexive thematic analysis to explore responses to open-ended questions about participants' reasons for disclosing or not disclosing their attraction to explore perceptions of social support among this sample in greater depth. Results of validation analyses supported reliability, criterion validity, and construct validity of the modified scale. Scores on the modified version of the scale were lower on average than scores on the original, reflecting some level of concern about conditionality of support in this sample. Participants described barriers to disclosure (e.g., stigma and judgment, concerns about negative impacts on relationships) as well as facilitators to disclosure (e.g., reduced sense of fear, desire to improve social connectedness). Results highlight concerns about conditional support within this population, identify barriers and facilitators to disclosure of the attraction to close others, and provide insights about how to better capture the construct of perceived social support among adults attracted to children.

2.1 Introduction

The relationship between social support and mental health has been well-documented in the literature, with social support acting as a protective factor for psychological well-being and the absence of social support acting as a risk factor for adverse mental health outcomes such as depression and suicidality (Chioqueta & Stiles, 2007; Cohen & Janicki-Deverts, 2010; Gariépy, Honkaniemi & Quesnel-Vallée, 2016; Grav et al., 2012; Henderson, 1992; Kawachi & Berkman, 2001; Kleiman et al., 2012; Kleiman & Liu, 2013; Lee & Holtzer, 2020; Sedivy et al., 2017; Thoits, 2011; Uchino, 2006; Umberson & Montez, 2010; Wade & Kendler, 2000). Research suggests that individuals with stigmatized or marginalized social identities are particularly vulnerable to experiencing insufficient social support (Biggam & Power, 1997; Kecojevic, Basch, Kernan, Montalvo, & Lankenau, 2019; Meyer, 2003; Rapier, McKernan & Stauffer, 2019; Rokach & Cripps, 1999). Adults attracted to children are members of one of the most stigmatized groups in modern society (Feldman & Crandall, 2007; Imhoff, 2014), yet little is known about perceptions of social support in this population.

Perceived social support is defined as the perception by an individual that they are cared for and have support available should they need it (Antonucci, 1990; Lee & Holtzer, 2020; Pillemer & Holtzer, 2016). Research suggests that *perceived* social support may be more critical to psychological well-being than *received* support, which refers to specific supportive actions offered during times of need (Gurung, 2006; Lakey & Orehek, 2011; Wethington & Kessler, 1986; Xu, Li & Yang, 2019). Perceived support may reflect generalized impressions of support abstracted from multiple experiences over time and may have greater predictive power than received support (Bolger & Amarel, 2007; Hobfoll, 2009). For example, there is evidence that perceived social support is more robust in predicting depression than received support (Grav et al., 2012; Lett et al. 2005, 2009), and higher perceived, but not received, social support is consistently associated with better health outcomes (Glanz, Rimer & Viswanath, 2008; Lee & Holtzer, 2020).

During stressful events, perceived social support may impact a person's mental health via a general beneficial effect, regardless of that person's actual experiences of support (Lahey & Cronin, 2008). Perceptions of sufficient social support can also create a "buffer," protecting people from the harmful effects of stress (Barrera, 1986; Cohen & Wills, 1985; Lee & Holtzer, 2020; Pillemer & Holtzer, 2016; Xu, Li & Yang, 2019). Adults attracted to children experience significant stress, such as internalization of stigmatizing views and anticipation of rejection, as they attempt to navigate their stigmatized identity (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Cantor & McPhail, 2016; Cash, 2016; Shields et al., 2020; Walker, 2017; Walker, 2020). Therefore, the protective benefits of perceived social support may be of particular importance for this population.

Research indicates that people who experience stigma and/or depression may isolate from others or view their social support networks as less supportive (Kondrat et al., 2018; Krishnan et al., 1998; Lee & Holtzer, 2020; Link & Phelan, 2001; Wade & Kendler, 2000), making adults attracted to children more vulnerable to social isolation and perceptions of insufficient support. For adults attracted to children and likely have not disclosed to certain important people in their life (Shields et al., 2020; Walker, 2017), perceptions of insufficient social support may stem from concerns about what would happen if their current sources of support knew about their attraction. Many people attracted to children report having close family and/or friends, but they fear rejection or ostracization by that social network if they intentionally disclose their attraction or their attraction is otherwise discovered (Shields et al., 2020; Walker, 2017). In other words, people attracted to children may currently have supportive friends and family but may feel that these connections are dependent on their attraction remaining hidden.

Viewing support as *conditional* could lead to perceptions of insufficient support that might not be captured with tools currently used to measure perceived social support. Current measures, such as the widely used Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1990), were designed for general populations and assess current sources

of support. Therefore, they are not likely to capture concerns about conditional support or loss of support among people with stigmatized identities— in this case, people attracted to children. For example, the MSPSS would capture that a respondent has friends they can talk to about their problems, but it would not capture whether the respondent believes this would still be the case if the respondent disclosed their attraction to children. Research is needed to understand if concerns about loss or conditionality of support undermine the protective benefits of perceived social support among adults attracted to children.

The current study seeks to address gaps in the literature by exploring the construct of perceived social support among adults attracted to children and developing a tool meant to capture *perceived unconditional support* in this population. The study has three aims. First, I modified the MSPSS to reflect unconditional support and surveyed adults with attraction to children using the original and modified measures. I performed validation analyses on both versions of the tool. Second, I compared participants' scores on the original and modified versions of the MSPSS and looked for differences between the family, friends, and special person subscales. Third, I used reflexive thematic analysis to explore participants' reasons for disclosing and not disclosing to important others, to explore their perceptions of social support in greater depth. Themes generated from qualitative analysis help explain differences found between responses on the original and modified scales.

2.2 Methods

The MSPSS was modified to capture perceived unconditional support. Participants were surveyed with the original and modified versions, and differences in these scores were examined. Reflexive thematic analysis was used to explore participants' perceptions of social support in greater depth.

2.2.1 Recruitment and Participants

The sample for this study consisted of 150 adults ages 18 to 73 who self-reported sexual attraction to children. Inclusion criteria were a) being attracted to children 13 years or younger;

b) being 18 years or older; and c) having no history of sexual contact with a child as an adult.

Sampling and recruitment information is described in detail in Chapter 1.

Participant characteristics are listed in Table 2.1. Briefly, about half of the participants (49%) were 18-25 years old, 31% were 26-35 years old, 10% were 36-45 years old, and 10% were over 45 years old. Most participants identified as male (71%), white (83%), and non-Hispanic/ Latino (81%). More than half of participants (62%) reported sexual attraction to adults (18+) in addition to attraction to children. A flowchart detailing participant recruitment and retention can be found in Figure 2.1.

2.2.2 Procedures

Individuals who saw the recruitment posting or were told about the study by other participants and were interested in participating were directed to a Qualtrics survey, where they were provided with consent information and encouraged to email the study team with any questions or concerns before continuing with the survey. Study participation was entirely voluntary, and several steps were taken to assure participant anonymity and confidentiality (see Chapter 1). All study procedures were approved by the Johns Hopkins University Bloomberg School of Public Health Institutional Review Board. Additionally, I developed a community advisory board of five adults attracted to children to ensure the perspectives and feedback of the community under study would be consistently incorporated into the study.

2.2.3 Measures

The MSPSS was used to measure perceived social support in the sample. This tool was also modified to capture concerns about conditionality or loss of support. Measures of lifetime depression and suicidality were used to assess construct validity of the original and modified versions of the MSPSS.

2.2.3.1 Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) consists of 12 items on a 7-point Likert scale measuring social support from friends, family, and

special persons. Each of three subscale scores represent the average item rating for the specific subscale items (range 1 to 7). Total scores represent the mean score across all items (range 1 to 7). In all cases, higher mean scores indicate higher perceived social support (Zimet et al., 1988). Mean scores less than 3 reflect low perceived support, mean scores between 3 and 5 reflect moderate perceived support, and mean scores over 5 reflect high perceived support (Zimet et al., 1988).

A three-factor structure has been established for the MSPSS (reflecting subscales of family, friends, special persons; Zimet et al., 1990). High internal consistency has been reported for the measure's total score (0.93-0.98) and subscales (range of 0.81-0.91, depending upon the specific subscale; Dahlem, Zimet & Walker, 1991; Khalil, 2014; Wongpakaran, Wongpakaran & Ruktrakul, 2011; Zimet et al., 1990). Total scores were negatively correlated with anxiety ($r = -0.18$; $p < 0.01$) and depression ($r = -0.24$; $p < 0.01$), reflecting moderate construct validity (Zimet et al., 1990). The MSPSS also demonstrated high internal consistency in this sample; Cronbach's alpha for the measure's total score was 0.92, with alphas of 0.90, 0.94, and 0.94 for the subscales of family, friends, and special persons respectively.

2.2.3.1.1 Modification of MSPSS. The MSPSS was modified with permission from its author. Items were revised to capture support not perceived to be conditional on a respondent's attraction remaining hidden. Original scale items were revised as follows: "My friends really try to help me" became "If everyone in my life knew I was attracted to children, my friends would really try to help me." The modified version of the MSPSS is described as MSPSS-Unconditional (MSPSS-U) in this manuscript (see Appendix B).

Additional items were included alongside the original and modified scale items to further explore participants' perceptions of social support. Participants were asked which of their sources of social support know and don't know about their attraction to children. Categories included: friend, parent, sibling, other family member, significant other, support group, therapist, online friend or community, religious or spiritual mentor, or "other." Participants were also asked

to describe their reasons for disclosing and not disclosing to sources of social support to better understand concerns about loss or conditionality of support.

2.2.3.2 Lifetime Depression Assessment Self-Report

The Lifetime Depression Assessment Self-Report (LIDAS; Bot et al., 2017) was used to assess construct validity of the MSPSS and MSPSS-U. LIDAS assesses lifetime major depressive disorder (MDD) according to DSM-IV criteria (Bot et al., 2017) and is based on the widely used Composite International Diagnostic Interview (CIDI; Robins et al., 1988). The LIDAS assesses nine symptoms of MDD including two core symptoms: depressed mood or loss of interest in normal activities. Additional items assessed symptoms of self-harm or suicide, weight/appetite changes, sleep problems, psychomotor retardation or agitation, concentration problems, and feelings of worthlessness. An individual was classified as having lifetime MDD if they reported at least five symptoms, including at least one core symptom of MDD, or if they endorsed being diagnosed with or treated for MDD in their lifetime. In terms of validity, the combination of MDD symptoms and self-reported depression diagnosis and treatment resulted in adequate levels of both sensitivity and specificity (≥ 80) compared with the index CIDI for MDD (Bot et al., 2017). In this study, I removed the item related to self-harm and suicide item to reduce potential for multicollinearity with the suicide measure; no participants failed to meet the criteria for MDD on this basis alone. The modified LIDAS demonstrated high internal consistency in this study ($\alpha=0.87$).

2.2.3.3 Suicide Behaviors Questionnaire-Revised

A second measure used to assess construct validity of the MSPSS and MSPSS-U was the Suicide Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 1999). The SBQ-R consists of 4 items measuring past, current, and future suicidality. Scores are reported on a continuous scale from 3-18, with higher scores representing higher risk of suicidal ideation and behavior (Osman et al., 1999). Scores on the SBQ-R are also useful in differentiating between suicidal and nonsuicidal subgroups; a cutoff score of 7 indicating significant risk of suicidal

ideation and behavior was found to maximize sensitivity (93%) and specificity (96%) rates (Osman et al., 2001). The coefficient alpha estimates for internal consistency ranged from 0.76 to 0.87 (Osman et al., 2001). In this sample, the SBQ-R demonstrated moderate internal consistency ($\alpha=0.76$).

2.2.4 Analytic Approach

A mixed methods approach was chosen for this study in order to explore the construct of perceived social support among adults attracted to children from in greater depth than could be achieved by either qualitative or quantitative methods alone. The quantitative component, represented by differences in scores on the original and modified scales, will capture perceptions about potential changes to support upon disclosure (i.e. conditional support). The qualitative component, consisting of open-ended items about barriers and facilitators to disclosure and the impact of disclosure, will help explain differences observed on the scales and highlight salient aspects of perceived social support among adults attracted to children.

2.2.4.1 Scale Validation

Validation of the modified scale was completed by analyzing the psychometric properties (reliability and validity) and factor structure (dimensionality) of both the MSPSS and MSPSS-U.

2.2.4.1.1 Reliability. I evaluated the scale's internal consistency using Cronbach's alpha, which estimates the proportion of total variation that is due to actual variation, rather than measurement error. A score of 0.9 or higher reflects high internal consistency (DeVellis, 2012).

2.2.4.1.2 Validity. I assessed two types of validity, (1) criterion-related validity, and (2) construct validity. Criterion-related validity is concerned with comparing a new scale to an existing gold standard. For this step, I compared the original MSPSS as the gold standard to the modified version as the new scale. I expected that the modified version's scores would correlate with the original MSPSS, but would be lower on average, reflecting concerns about conditionality of support. To assess construct validity, which is concerned with the theoretical relationship of a variable to other variables, I examined correlations between the MSPSS and

MSPSS-U and scales for depression (LIDAS; Bot et al., 2017) and suicidal ideation and behavior (SBQ-R; Osman et al., 1999). Correlations between these scales would support existing theoretical relationships between the variables they measure.

2.2.4.1.3 Dimensionality. I performed confirmatory factor analysis to assess which of the previously identified factor structures of the MSPSS best fit in this sample of individuals with attraction to children. The three-factor model proposed by scale developers has often been supported, but other models have been proposed (Ho & Chan, 2017). I performed confirmatory factor analysis via structural equation modeling on both the original and modified versions of the MSPSS, since neither has been validated in this population.

2.2.4.2. Sample Mean Differences

I calculated sample means for the total modified MSPSS and MSPSS-U, as well as for the individual subscales (family, friends, special persons) of both tools. I calculated sample mean differences using two-sample t tests, comparing respondents' perceived support with and without the condition of disclosure of the attraction.

2.2.4.3 Qualitative Analysis

I analyzed open-ended questions about participants' reasons for disclosing or not disclosing using reflexive thematic analysis. Reflexive approaches (e.g., Braun & Clarke, 2006, 2019; Hayes, 2000) involve identifying codes and developing them into themes that are conceptualized as patterns of shared meaning. Reflexive approaches embrace qualitative research values and the subjective skills the researcher brings to the process (Braun et al., 2014). Constructivism, which refers to the idea that truth and meaning are constructed rather than discovered (Hughes, 2012), was the epistemological foundation for analysis of these responses.

Following the guidance of Braun and Clarke (2006), I first familiarized myself with the data by reading and re-reading responses to open-ended questions and writing down initial observations. I then generated initial codes by coding features of the data in a systematic

fashion across the dataset and collating all data relevant to each code. Coding was open and organic, and no coding framework was used. After coding across the entire dataset, codes were then organized into potential themes, gathering all data relevant to each theme, and themes were checked to see if they worked in relation to the coded extracts and the entire dataset. Themes were incorporated into a thematic “map” of the analysis, which was then refined through ongoing analysis and evaluated by the members of the project’s community advisory board. Finally, compelling extract examples were selected in order to illustrate the themes generated during analysis. I retained written idiosyncrasies from online chats (e.g., punctuation, lower case “I”) and verbal idiosyncrasies from the audio interviews (e.g., filler words, pauses) to remain as authentic as possible to respondents’ original descriptions.

2.3 Results

In this section, I review results from scale validation, describe differences between scores on the original MSPSS and revised MSPSS-U, and illustrate themes generated through qualitative analysis of open-response questions included in the online survey.

2.3.1 Scale Validation

I measured several psychometric properties of the MSPSS and MSPSS-U. These included reliability, construct validity, criterion validity, and dimensionality of both versions of the scale. No participants had missing data for either the original or modified scales.

2.3.1.1 Reliability

Cronbach’s alpha for the original MSPSS was 0.92 in this sample, with alphas of 0.90, 0.94, and 0.94 for the subscales of family, friends, and special persons respectively. Cronbach’s alpha for the modified MSPSS-U was 0.94, with alphas of 0.95, 0.96, and 0.97 for the subscales of family, friends, and special persons respectively. Therefore, both the original and modified full scale and individual subscales demonstrated high internal reliability in this sample.

2.3.1.2 Validity

To assess criterion validity, I ran a Spearman Rank test to compare average scores on the MSPSS-U with average scores on the original MSPSS. The Spearman's correlation coefficient for the two versions of the scales was 0.65 ($p < 0.001$), reflecting a moderate to strong positive correlation with high statistical significance. As I expected, participants' average scores on the MSPSS-U were correlated with, but significantly lower than, scores on the original MSPSS ($t(298) = -0.76$; $p < 0.001$).

To assess construct validity of the MSPSS and MSPSS-U, I ran Spearman Rank tests on these scales and two relevant external scales, the LIDAS (Bot et al., 2017), which measures lifetime depression, and the SBQ-R (Osman et al., 2001), which measures lifetime suicidality. The MSPSS showed a negative association with the SBQ-R ($r = -0.43$, $p < 0.001$), as did the MSPSS-U ($r = -0.35$; $p < 0.001$). A significant inverse association was also found between the MSPSS and the LIDAS ($r = -0.26$; $p = 0.001$) and the MSPSS-U and the LIDAS ($r = -0.18$; $p = 0.031$). Taken together, these findings demonstrate support for moderate construct validity of the MSPSS and MSPSS-U.

2.3.1.3 Dimensionality

The three-factor structure originally identified by Zimet (1990) was confirmed for the original MSPSS and replicated for the MSPSS-U in this sample, with items loading as expected for the family, friends, and special persons subscales. The chi-squared test of overall goodness of fit was significant for both the MSPSS and MSPSS-U, indicating that neither model fit the data. However, chi-squared test statistics have high power, meaning that they reject models very easily, even when we otherwise conclude (e.g., by examining the differences between the fitted and sample correlations) that the lack of fit is not very large in magnitude (Kaplan, 2008). Additional research may be warranted to investigate dimensionality of the MSPSS and/or MSPSS-U in this population.

2.3.1 Quantitative Analysis

I examined differences in scores between the original MSPSS and modified MSPSS-U, including differences in scores among subscales of both versions. I also assessed the number of categories of people participants had and had not told about their attraction to children.

2.3.1.1 Differences in MSPSS Scores

On a scale of 1 to 7, the mean score of the original MSPSS was 4.57 (CI 4.34-4.81). As predicted, the mean score of the MSPSS-U was lower than the original at 3.82 (CI 3.56-4.08; $p < 0.001$; see Table 2.2). Most participants (67%) scored lower on the modified scale than the original, 6% showed no difference between scales, and 27% scored higher on the modified scale than the original.

Both the original and modified scales were divided into three subscales assessing perceived social support among family members, friends, and special persons. Each subscale had a range of 1 to 7. Differences between sample means of the individual subscales were analyzed in addition to total scale mean differences (see Table 2.2). The mean score of the original family support subscale was 4.01 (CI 3.72-4.30), and the mean score of the modified family support subscale was 3.35 (CI 3.05-3.65; $p = 0.002$). The mean score of the original friend support subscale was 4.82 (CI 4.54-5.10), and the mean score of the modified friend support subscale was 3.74 (CI 3.43-4.06; $p < 0.001$). The mean score of the original special persons subscale was 4.89 (CI 4.58-5.20), and the mean score of the modified special persons subscale was 4.37 (CI 4.04-4.70; $p = 0.025$).

2.3.1.2 Categories of People Told and Not Told

Participants provided generalized information about which important people in their lives they had and had not told about their attraction (see Table 2.3). Out of ten possible categories (e.g., parent, friend, significant other, etc.), the average number of categories of important people participants *had* told was 2, and the average number of categories of important people participants had *not* told was 4. The most commonly endorsed categories of important people

participants had told were friend (47%), online community or friend (43%), parent (24%), and mental health professional (22%). The most commonly endorsed categories of important people participants had *not* told were parent (71%), friend (67%), sibling (66%) and other family member (61%). Only 15% of participants ($n=23$) said that all the important people in their lives know about their attraction.

2.3.2 Qualitative Analysis

Reflexive thematic analysis was used to generate themes from participants' responses to open-ended items about barriers and facilitators to disclosure. Participants were not required to respond to open-ended items.

2.3.2.1 Barriers to Disclosure

Participants were asked to provide reasons for not telling the important people in their lives about their attraction to children. Of 150 participants, 135 (90%) responded to this open-ended question. No significant differences were observed between responders and non-responders in terms of demographics or scores on the MSPSS or MSPSS-U. I generated four major themes regarding participants' barriers to disclosure: (1) concerns about stigma and judgment; (2) concerns about impacts on close people and relationships; (3) concerns about direct personal consequences (e.g., loss of housing, job, personal safety); and (4) unspecified fears, such as concerns about disclosure ruining their lives. In addition to themes related to barriers to disclosure, some participants reported not disclosing to certain people because doing so was simply unnecessary or unimportant.

2.3.2.1.1 Concerns About Stigma and Judgment. Many participants reported not disclosing to important others due to fear of stigmatizing or judgmental reactions from important people in their lives or society at large. Some of these referred broadly to the "stigma towards being a pedophile" or "the general taboo around pedophilia," and others explicitly described stigma related to the conflation of attraction to children and sexual abuse of children.

Some participants mentioned fearing the reactions of important people who they did not think would react well or be able to understand. They expressed concerns about the ability of their therapists or certain friends or family members to react in a neutral or positive way. One participant said, "I do not think some people in my life (particularly those who lean more to the right, politically) will be able to fully disregard the stigma and stereotypes." Some participants described specific comments made by friends or family that made them anticipate negative reactions. One participant said, "A lot of my friends have expressed death wishes on non-offending pedophiles." Comments of this nature reinforced participants' fears about judgmental or stigmatizing reactions and prevented them from disclosing their attraction to the people closest to them.

In addition to fearing the reactions of specific people in their lives, many participants spoke about the reactions of people or society more broadly. One participant expressed that "people would judge me for being this way, and I'm not ready for that yet." Another said: "Extreme social stigma is what I would expect if I would share this part of who I am." Many participants referred to a general taboo or stigma surrounding attraction to children when describing concerns about societal reactions. One participant said, "The general paranoia around pedophiles and the belief that all pedophiles are child abusers keeps me from disclosing my attractions."

In many cases, participants' concerns about negative reactions was directly attributed to the conflation of attraction to children with sexual abuse of children or predatory behavior. When asked to describe his reasons for not disclosing the attraction, one participant said:

I envision a future where I'm suddenly discovered and people search their memories for when I might have been alone with a child, any child. Telling anyone, even a therapist, feels like a near impossibility given the risks.

Similarly, another participant said, "They would assume that I want to actually harm children, or that I've done so in the past." Another expressed fear that his sister, who is a therapist, would

feel professionally bound to report him. Some participants feared that they would no longer be trusted around children, particularly children in their family. When asked about reasons for not disclosing, one participant said: "...not being allowed around my younger brothers, whom I am not attracted to but I do not want to be seen as a predator." Participants' descriptions did not reflect concerns they would actually offend; rather, they feared people would assume they would offend or had already offended.

For these and many other participants, concerns about being viewed as a predator or a danger to children represented a significant barrier to disclosure of their attraction. One participant emphasized the importance of disentangling attraction and abuse: "Child sexual abuse is a very real issue and shouldn't be ignored. But there are people like me who get lumped in with the others, and people don't seem interested in helping us. By us, I mean the non offenders."

2.3.2.1.2 Concerns About Impacts on Close People and Relationships. In addition to fears about negative initial reactions, many participants described fears of a lasting adverse impact on important people or relationships in their lives. These responses reflected fears related to loss, rejection, negative changes to important relationships, and perceived negative impacts on loved ones.

Fear of negative impact on important relationships, including a total loss of the relationship, was one of the most commonly cited barriers to disclosure in this sample. One participant said, "I severely don't want to potentially ruin my relationships or make them subconsciously look at me differently." Many participants described similar concerns of relationships being changed for the worse, if not lost entirely. Another participant said that, if they were to disclose their attraction, "no one would accept me, they would instantly turn on me and treat me like an animal." Another said, "I'd rather live with the uncertainty than I would being rejected by those who meaningfully contribute to my life." Some participants were concerned about losing important people because they had already lost important people upon previous

disclosure of their attraction: “I did open up to a small number of close friends who seemed very open-minded in the past, but they all rejected me.”

Participants’ concerns about the important people in their lives were focused not only on the impact to the relationship but also on the potential impact of disclosure for the other person. Participants were concerned that disclosing their attraction would burden their loved ones and create problems in their lives. One participant feared that their “family would be broken and destroyed by it,” and another said, “I would be worried that disclosing this would cause harm to my loved ones by creating trauma or other psychological damage.” One participant feared the impact of social stigma on the people he loved, in addition to the emotional burden: “My family would be hopelessly upset and concerned about me... don’t want to harm their lives/jobs because of their association with me.” Taken together, concerns about impacts on important others and relationships represented another significant barrier to disclosure in this sample.

2.3.2.1.3 Concerns About Direct Personal Consequences. In addition to concerns about negative reactions and negative impacts on close others and relationships, some participants attributed their lack of disclosure to the risk of direct consequences in their lives. Participants feared that disclosing their attraction would have a devastating impact on their lives due to consequences for employment, education, housing, opportunities for parenting, and even personal safety.

One participant said, “Any knowledge of this in my work environment would be the end of my career,” while another feared “being fired, and having news of my attractions spread around so I could not have a good job or house.” Some participants feared becoming homeless due to being kicked out of their current living situation. One participant feared the loss of academic and parenting opportunities: “I’m a nursing student and plan on working in pediatrics. If people knew I was a MAP, then I’d be worried about being expelled from school and/or be unable to find work. I’d also like to foster/adopt children some day and would likely be unable to if people knew I was a MAP.”

Participants also feared direct consequences to their personal safety. One participant feared that “someone who doesn't know me but hates people like me might attack or even kill me,” while another cited “fear of being lynched.” Some participants described nonspecific fears about safety, like “I am paranoid about my safety” and “I do not want to put my life in jeopardy.” In other cases, concerns about personal safety were related to the person's own suicidal ideation or behavior. One participant said, “If I say something about this, I'm gonna kill myself,” and another similarly feared they would be “devastated and likely suicidal” if they told anyone.

Concerns about loss of livelihood, housing, opportunities, and personal safety prevented many participants from disclosing their attraction. These concerns, similar to concerns about negative reactions and impacts on relationships, were rooted in the stigma associated with attraction to children and its conflation with sexual abuse of children.

2.3.2.1.4 Unspecified Fears. Many participants described fears related to disclosing their attraction that were unclear in terms of which specific area of their lives they were concerned might be impacted. One participant described being “afraid of opening a door without being [able] to go back and screw my life even more.” Another participant said, “Every time I've tried to confront it, or put it out in the open, I feel as if everything I've built in life would break.” Many participants described fears of disclosure having a broad, negative impact on their lives: “Once some know, it's likely many will know, and that quickly destroys what semblance of a life I have.”

Many participants also described fears of being “outed,” without necessarily specifying what they feared would happen as a result. One participant said, “I can't trust all my friends not to let the information spread,” while another said, “It just isn't something I can risk having come out in a bad moment.” One participant said they feared “doxing [being outed online]” and another said they were “afraid that they would tell other people, and therefore that I couldn't control who knows and who doesn't anymore.”

Though these respondents did not describe the specific consequences they feared, the

barriers to disclosure described by other respondents may provide insight into possible reasons why some adults attracted to children fear disclosure or being outed would have a broad and devastating impact on their lives.

2.3.2.1.5 Disclosure as Unnecessary or Unimportant. In contrast with the barriers to disclosure described by many participants, some participants described not telling people about their attraction because doing so was inconsequential for them, either in general or in the context of that particular relationship. One participant said, “I haven’t told any other members of my family, because I’m not that close with them, and I feel like it’s more of a personal topic.” For another, “[The attraction] never came up, I get support about this topic from other people meaning they actually are not relevant for it.” Another participant said, “I do not consider myself a threat or potential rapist... so I am not obliged to seek help not to commit a crime. It’s not something that keeps me awake, really. I know who I am and that my ethics would be above my instincts.” Disclosure as unnecessary or unimportant was endorsed by relatively few participants, indicating that most participants did not disclose their attraction because they were too afraid of the consequences.

2.3.2.2 Facilitators to Disclosure

In addition to describing reasons for not disclosing, participants were also asked to describe their reasons for choosing to disclose to any important people in their life. Out of 150 total participants, 119 (79%) responded to this open-ended question. No meaningful differences were observed between responders and non-responders in terms of demographics or scores on the MSPSS or MSPSS-U. I generated three major themes associated with the decision to disclose: 1) a desire for improved well-being or mental health; 2) a desire to maintain or improve social connectedness, and 3) a reduced sense of fear about consequences of disclosure. In addition to these themes, some participants described relationships that were formed in the context of the other person knowing about their attraction, rendering disclosure unnecessary. Others reported not needing to disclose because friends and family found out in other ways,

such as being told by someone else.

2.3.2.2.1 Desire for Improved Well-Being or Mental Health. The most commonly cited reasons among participants for telling important people in their lives about their attraction centered around personal mental health and well-being. For some, disclosing their attraction allowed them a form of self-expression or a freedom from hiding themselves. One participant said, “My main purpose for telling them was to not have anything to hide from them, and to be able to talk freely about everything without the need to censor myself.” Others considered the attraction to be a significant part of their lives or identities: “I felt the need to open myself up to someone because it's an important part of myself that I don't want to leave closeted forever.” One participant said, “Despite the terrible price I pay for insisting I am equal to other humans, I receive a profound sense of dignity and freedom by being as out as possible about being NOMAP [non-offending minor-attracted person]/pedophile.”

Participants also described telling important people for the purpose of alleviating or seeking support for mental health problems. One participant said, “Each and every time I told someone about this attraction, it was in a time of crisis. I was dealing with severe self hate and desperately needed someone to help.” Some referenced distress surrounding the attraction or a need for support in navigating it. One participant said, “I was having a breakdown about [the attraction] and had to tell someone or I would have committed suicide.” Another said, “I want help with controlling my impulses and deciding how I'm going to project this part of me onto the future.”

Many participants described telling others to alleviate the psychological burden of hiding their attraction. Some participants described this as a sense of needing to talk about it or get it “off their chest.” One participant said, “I had to talk about it. It was chewing me up from the inside.” Others specifically referenced the impact of keeping the secret. One participant expressed that “not telling anyone at all became self-destructive” and another said they “couldn't live with keeping it secret anymore.” One participant said, “If I hadn't been able to unburden

myself to one person I'm not sure I'd be here right now.”

Some didn't need support for the attraction itself, but they needed to be able to disclose the attraction to receive support for related issues and stigma-related stress. One participant said, “I told my therapist about this so that I could talk about my fear of losing my partner (as well as other fears about being minor attracted, like losing friends and jobs).” Another said, “I told another family member of my own volition when explaining the underlying cause of my depression.” These participants felt they were unable to gain effective treatment for mental health problems and other stressors without disclosing their attraction.

Taken together, participants' descriptions of disclosing to alleviate psychological burden and remove barriers to treatment illustrate that the desire to improve well-being and mental health was a powerful facilitator for disclosure in this sample.

2.3.2.2.2 Reduced Sense of Fear. When asked about their reasons for telling important people, many participants described factors that made them less concerned about negative reactions or consequences. Some participants anticipated a positive or neutral reaction due to shared interests. One participant felt comfortable telling a friend because they “both liked lolicon [fictional representations of young girls].” Another said, “I would tell a friend that I have confidence and in fact I have told him, since he has the same problem as me.” Other participants described traits of the person(s) that made them worry less about their reaction: “I felt as though I could trust them, and many of them deal with struggles of their own, but of a different nature. I have many open-minded friends.”

Several participants identified anonymity or confidentiality as key factors that made them less afraid of negative consequences. One participant said, “I'm smart enough in IT security to have an entire persona that's disconnected from the me in real life.” Another said the person he told “did not know any identifying information of mine, so there was little risk in telling him.” Other participants specifically referred to the inability to be outed or reported as a facilitator to disclosure. One participant said, “After many years, I confided in [my therapist] about my

attraction to kids (after his assurances he would not report me).” Another said, “Both my therapist and pastor cant tell anyone so i felt safe sharing with them.”

2.3.2.2.3 Desire to Maintain or Improve Social Connectedness. Another salient theme related to participants’ reasons for disclosure was anticipated benefits to their sense of social support and connectedness. Participants described wanting to find people who could relate to and accept them or confirm that existing relationships were not conditional on the attraction remaining hidden.

In some cases, participants wanted to find support and connect with others who are attracted to children. One participant said, “Friends are paedos [pedophiles] too so I told to build community,” and another said, “I also wanted to know and talk to more people with the same attraction.” Others talked about joining communities to provide support. One participant said, “I joined to support others, knowing how tough it is to go through this.” Some participants described wanting to build community by raising awareness or creating allies: “Coming out to people allows me to teach them more about minor-attraction, and create allies in a socio-political struggle.”

In addition to seeking new connections, some participants disclosed to maintain or improve existing connections. Many participants believed disclosure was an important part of a real or close relationship. One participant said, “I feel like I can't have a truly close connection with someone without them knowing.” Another said, “To me, no friendship feels complete until I reveal that I am a MAP to them.” Some participants believed the person “deserved to know” or felt that they “couldn’t keep something that significant” from them.

Others described needing to know the relationship would not be lost or damaged if the person knew about their attraction. One participant said, “I wanted to feel that at least one of my friendships isn't dependent on secrecy and being silent about who I am.” Another said, “I needed to know that he would still love me (even though I am attracted to children).” One participant felt that “it was impossible to have a true, deep relationship without them knowing the

truth. The fear that somebody you care about would turn on you if they knew the true you is heartbreaking.” These descriptions reflect that a desire for increased or improved social connections motivated many respondents to either disclose their attraction to important people in their lives or seek out new connections that would not be dependent on the attraction remaining hidden.

2.3.2.2.4 Relationship Formed in Context of Knowing About Attraction. In addition to themes related to the decision to disclose to important people, a final theme raised by some participants involved relationships that were formed on the basis of the other person already knowing about the participant’s attraction. In most cases, this was in the context of support groups or forums with other people attracted to children. Some participants described important people in their lives finding out about their attraction in other ways (e.g., they were outed by close friends or family or doxed online).

2.4 Discussion

This study explored the construct of perceived social support among adults attracted to children, providing insight into important considerations for measuring perceived social support in this population. Validation analyses demonstrated mixed support for use of the MSPSS and MSPSS-U in this sample. Differences in scores between the MSPSS and MSPSS-U captured concerns about conditionality of support in the context of disclosing one’s attraction to children. Results of qualitative analysis shed light on the reasons people do and do not disclose their attraction to important people in their lives, adding depth and nuance to the exploration of perceived social support.

2.4.1 Validation Analyses

Both the MSPSS and MSPSS-U, including their subscales, demonstrated high internal reliability in this sample. The original three-factor was confirmed for both scales, reflecting subscales for friends, family, and special persons, however the chi squared test was significant, indicating potential issues with model fit. There was moderate support for construct validity, as

scores on the MSPSS and MSPSS-U were negatively correlated with scores on the SBQ-R and the LIDAS. In terms of criterion validity, there was a moderate positive correlation between scores on the MSPSS and MSPSS-U. The fact that the MSPSS and MSPSS-U were not perfectly correlated provides support for my hypothesis that there is a meaningful difference between the construct of perceived social support and perceived unconditional social support.

2.4.2 Differences in MSPSS and MSPSS-U Scores

As predicted, participants scored lower on the MSPSS-U than the original MSPSS, indicating that participants perceived social support was impacted negatively by the idea of disclosing their attraction to the close people in their lives. The differences in scores on the two scales reflect concerns about the conditionality of social support or potential loss of social support not captured by the original MSPSS. In fact, the MSPSS-U may be most useful in conjunction with the MSPSS, rather than in place of it, in order to emphasize the differences in scores between the two scales.

On both the MSPSS and MSPSS-U, the greatest perceived support was found for the “special person” subscale, followed by “friends,” and “family.” The difference in scores between the MSPSS and MSPSS-U was greatest for the “friends” subscale, indicating that participants had more concerns about conditional support from friends than family or special persons. The difference in scores was smallest for the “special persons” subscale. One potential explanation for this is that the “special person” category may represent someone who either already knows about their attraction or who they are close enough with that they do not fear a negative impact on the relationship, reducing concerns about conditionality.

2.4.3 Categories of People Told and Not Told

The most commonly endorsed categories of important people in the participants’ lives who knew about the attraction were friends and online friends/communities. Participants may feel most comfortable disclosing to members of online communities for multiple reasons. First, these online communities likely refer to support groups or forums specific to attraction to

children, as groups of this nature came up frequently during qualitative analysis. Furthermore, people are able to remain anonymous in online communities, thereby reducing or eliminating some of the potential consequences of disclosure.

The most commonly endorsed categories of people participants had not told were parents, followed by friends and siblings. Adults attracted to children may avoid telling family members such as parents or siblings due to the increased stakes involved with potential rejection by a family member; many participants feared the loss of their relationships with their family upon disclosure, and some young participants even lived with their parents or depended on them for financial support. Some participants described not telling their parents or other family members simply because it was a personal topic, although this was less common.

The fact that friends were commonly endorsed for both disclosing and not disclosing indicates that adults attracted to children may feel comfortable disclosing to a specific friend or friends but may fear the reactions of other friends. This illustration of selective disclosure among participants aligns with Walker's (2017) finding that disclosing one's attraction to children is a process in which individuals choose to disclose to some people while remaining "closeted" to others.

2.4.4 Barriers to Disclosure

When asked to describe reasons they had not told important people in their lives about their attraction to children, participants expressed concerns about stigma and judgment, concerns about negative impacts on the other person(s) or on their relationship(s) with them, and concerns about direct personal consequences (e.g., loss of job, housing, safety). Often, participants described experiencing many of these concerns concurrently. Taken together, the fears expressed by participants help explain the reported lack of disclosure to many important people in their lives. Only a small minority of participants endorsed not telling important people in their lives because doing so would be inconsequential, unnecessary, or unhelpful for them,

indicating that adults attracted to children may desire to tell the people closest to them, but the fear of rejection, loss, judgment, and other consequences often outweighs that desire.

In line with the findings of Shield (2020), many participants in this study reported having close friends, family, and other important people in their lives, but they expressed concerns about these relationships changing for the worse or being lost entirely if their attraction to children was known. These findings provide support for the concept of conditional support, which was measured by the differences in scores on the MSPSS and MSPSS-U. Participants' insightful descriptions of their fears regarding stigma, judgment, and loss of relationships help explain why, on average, participants reported lower perceived support under the condition of everyone knowing about their attraction.

2.4.5 Facilitators to Disclosure

When asked to describe reasons for disclosing their attraction to important people in their lives, some participants described the reduced potential for negative consequences (e.g., anonymity of the internet preventing “real-life” implications, anticipated positive reaction due to traits of the other person or comments they made, lack of judgment in online communities of others who are attracted to children). These responses represent another example of participants balancing desires to tell close others with anticipated consequences. When the potential for negative impacts on their lives and relationships is reduced, adults attracted to children may feel comfortable enough to disclose to important others.

Other participants disclosed in order to strengthen existing relationships or build new ones. Some felt that honesty about who you are is an essential part of a true relationship and wanted to become closer to important people in their lives or confirm that existing bonds would still be there if they disclosed. These responses emphasize that, for adults attracted to children, disclosing (or at least the feeling that disclosure is possible without rejection or loss) may be an important part of social connectedness. In line with prior research, some participants wanted to disclose in order to build a community of other people attracted to children where they can give

and get support and be fully themselves (Freimond, 2009; Goode, 2010). Many participants described the importance of finding and connecting such communities, almost always online.

Finally, some participants disclosed to important others due to a desire to improve their personal well-being, either by seeking support for mental health problems, relieving the burden of harboring a secret, or being able to express themselves freely and fully. These responses emphasize the deleterious impact of hiding one's attraction on participants' mental health and highlight the importance of being able to safely provide context about mental health problems. Responses reflecting the desire to express oneself fully support previous findings in this community; specifically, when people attracted to children feel unable to disclose a part of their identity due to fear of negative consequences, it may hinder their ability to live in an authentic and self-actualized way and lead to increased social isolation (Cash, 2016; Cacciatori, 2017; Freimond, 2009; Goode, 2010; Pedersen, 2017).

2.4.6 Limitations

The results from this study should be interpreted with the context of some potential limitations. First, convenience sampling was used in order to access this vulnerable and hard-to-reach population. Because this is a form of non-probability sampling, it precludes the ability to generalize outside the sample characteristics. The sample was predominately white, and most participants were men. Though some people of color, women, and non-binary people were included in the sample, there were not enough to run analyses looking at differences by race, ethnicity, or gender identity. I recruited through online communities of people attracted to children, meaning results may not be generalizable to adults attracted to children who are not connected with such communities. Additionally, I was not permitted by my institutional review board to include people under the age of 18 or adults with histories of sexual contact with children. Thus, results should not be assumed to generalize to these groups.

Another limitation involves use of the MSPSS and MSPSS-U. Concerns about loss or conditionality of support, as measured by the difference in scores between the MSPSS and

MSPSS-U, may be underestimated if participants were talking about people who already know when answering the original MSPSS items. If a participant is referring to friends who already know about the attraction when they say, “I have friends who really try to help me,” their perception of their friends’ support is not likely to change given the condition presented in the modified scale: “If everyone in my life knew about my attraction to children, my friends would really try to help me.” Thus, additional research is warranted to further refine tools aimed at measuring perceived social support and investigate the impact of conditional versus unconditional social support on the mental health of adults attracted to children.

2.4.7 Strengths

My use of a community sample of adults attracted to children, but who have not had sexual contact with children and therefore are not in forensic settings (e.g., prison, residential treatment), represents a strength of the study. Much of the existing research about attraction to children still comes from samples of forensic populations (i.e., individuals who have sexually offended), and thus cannot be defensibly applied to general populations. The use of a community sample underscores the impact of stigma on mental health for people who have not sexually abused children.

Another strength is my use of a mixed-methods approach, which allowed for an in-depth exploration of perceived social support among adults attracted to children, through which I was able to capture multiple facets of perceived support. By modifying the MSPSS to capture perceived unconditional social support and comparing scores on the original MSPSS and MSPSS-U, I was able to shed light on concerns about conditionality of support among adults attracted to children. I was then able to explore respondents’ perceptions of support in greater depth through reflexive thematic analysis of open-response items about reasons for disclosing and not disclosing. Taken together, findings from these analyses provide important insights for further exploration and assessment of perceived social support.

2.4.7 Implications

Differences in scores on the original and modified scales demonstrated that adults attracted to children have concerns about conditionality or loss of support that reduce their sense of perceived support. Findings from qualitative analyses helped explain the differences in scores between the MSPSS and MSPSS-U. Themes generated from analysis aligned with many of the barriers to disclosure identified in other research, such as fear of judgment and fear of rejection or loss (Shields et al., 2020; Walker, 2017), and facilitators to disclosure, such as the anonymity and lack of judgment found in an online community of people attracted to children, the need to provide context for mental health problems in order to receive support for them, or the need for self-expression and authenticity in their relationships (Freimond, 2009; Goode, 2010)

This study represents a valuable contribution to the literature on social support among adults attracted to children, an area which is still in significant need of exploration. Taken together, the findings indicate that, for adults attracted to children, concerns related to conditional support may negatively impact perceptions of social support, an important protective factor against mental health problems. Results from this study also support prior findings that online communities of other adults attracted to children may represent an important reprieve from this sense of conditional support and a way to obtain social connectedness without hiding the attraction (Freimond, 2009; Goode, 2010). We also provide support for others' findings that people attracted to children may desire to tell the closest people in their lives about their attraction but avoid doing so due to fears of rejection, loss, and other consequences (Shields et al., 2020; Walker, 2017).

My hope is that this research will help shed light on the complex construct of perceived social support among adults with attraction to children, in order to improve measurement of the construct and identify strategies for improving perceptions of support within this vulnerable population. Adults attracted to children are members of a highly stigmatized group and are at

increased risk of mental health problems and social isolation; therefore, understanding and improving their perceptions of social support is of critical importance.

2.5 References

- Antonucci, T.C. (1990) 'Social Supports and Social Relationships', in R.H. Binstock & L. K. George (eds) *The Handbook of Aging and the Social Sciences*, 3rd edn. San Diego, CA: Academic Press. Ch. 11, pp. 205-226.
- B4U-ACT. (2011a). Mental health care and professional literature. Retrieved from:
<https://www.b4uact.org/research/survey-results/spring-2011-survey/>
- B4U-ACT. (2011b). Youth, suicidality, and seeking care. Retrieved from
<https://www.b4uact.org/research/survey-results/youth-suicidality-and-seeking-care/>.
- Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 14(4), 413–445.
- Biggam, F. H., & Power, K. G. (1997). Social support and psychological distress in a group of incarcerated young offenders. *International Journal of Offender Therapy and Comparative Criminology*, 41(3), 213–230.
- Bolger, N., & Amarel, D. (2007). Effects of social support visibility on adjustment to stress: Experimental evidence. *Journal of Personality & Social Psychology*, 92(3), 458–475.
- Bot, M., Middeldorp, C., de Geus, E., Lau, H., Sinke, M., van Nieuwenhuizen, B., Smit, J., Boomsma, D., & Penninx, B. (2017). Validity of LIDAS (Lifetime Depression Assessment Self-report): A self-report online assessment of lifetime major depressive disorder. *Psychological Medicine*, 47(2), 279–289.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Braun, V., Clarke, V., & Rance, N. (2014). How to use thematic analysis with interview data. In A. Vossler, & N. Moller (Eds.), *The counselling & psychotherapy research handbook* (pp. 183–197). Sage.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise & Health*, 11(4), 589–597.

- Cacciatori, H. (2017). The lived experiences of men attracted to minors and their therapy-seeking behaviors (Unpublished doctoral dissertation). Walden University, Minneapolis, MN: <https://scholarworks.waldenu.edu/dissertations/3867/>
- Cantor, J. M., & McPhail, I. V. (2016). Non-offending pedophiles. *Current Sexual Health Reports*, 8, 121–128.
- Cash, B.M. (2016). Self-identifications, sexual development, and wellbeing in minor-attracted people: An exploratory study (Master's thesis). Cornell University, Ithaca, NY: <https://ecommons.cornell.edu/handle/1813/45135>
- Chioqueta, A. P., and T. C. Stiles. 2007. The relationship between psychological buffers, hopelessness, and suicidal ideation: Identification of protective factors. *Crisis* 28, no. 2:67–73.
- Cohen, S., & Janicki-Deverts, D. (2010). Can we improve our physical health by altering our social networks? *Perspectives on Psychological Science*, 4(4), 375–378.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.
- Dahlem, N., Zimet, G., & Walker, R. (1991) The multidimensional scale of perceived social support: a confirmatory study. *J Clin Psychol.* 47: 756-761.
- DeVellis, R. F. (2012). Scale development: Theory and applications. Thousand Oaks, Calif: SAGE.
- Feldman, D. & Crandall, C. (2007). Dimensions of mental illness stigma: what about mental illness causes social rejection? *Journal of Social and Clinical Psychology*, 26(2), 137–154.
- Freimond, C.M. (2009). Navigating the stigma of pedophilia: The experiences of nine minor-attracted men in Canada (Master's thesis). Simon Fraser University, British Columbia, CA: <https://summit.sfu.ca/item/13798>

- Gariépy, G., Honkaniemi, H., & Quesnel-Vallée, A. (2016). Social support and protection from depression: Systematic review of current findings in Western countries. *British Journal of Psychiatry*, 209(4), 284-293.
- Glanz, K., Rimer, B., & Viswanath, K. (2008). Health behavior: Theory, research and practice (5th ed.). San Francisco, CA: Wiley.
- Goode, S. (2010). Understanding and Addressing Adult Sexual Attraction to Children: A study of paedophiles in contemporary society. Oxford, UK: Routledge.
- Grav, S., Hellzèn, O., Romild, U. & Stordal, E. (2012). Association between social support and depression in the general population: The HUNT study, a cross-sectional survey. *J Clin Nurs*. 21(1-2):111-20.
- Gurung, R. (2006). "Coping and Social Support". Health Psychology: A Cultural Approach. Belmont, CA: Thomson Wadsworth. pp. 131–171.
- Hayes, N. (2000). Doing psychological research: Gathering and analysing data. Open University Press.
- Henderson, A. S. (1992). Social support and depression. In H. O. F. Veiel & U. Baumann (Eds.), The series in clinical and community psychology. The meaning and measurement of social support (p. 85–92). Hemisphere Publishing Corp.
- Ho, S. & Chan, E. (2017). Modification and validation of the multidimensional scale of perceived social support for Chinese school teachers. *Cogent Education*, 4:1, 1277824
- Hobfoll, S. E. (2009). Social support: The movie. *Journal of Social & Personal Relationships*, 26(1), 93–101.
- Hughes, J. (2012). Epistemological dimensions in qualitative research: the construction of knowledge online. In Hughes, J. (Ed.), SAGE internet research methods (pp. 151-164). SAGE Publications Ltd.
- Imhoff, R. (2014). Punitive attitudes against pedophiles or persons with sexual interest in children: does the label matter? *Archives of Sexual Behavior*, 44, 35–44.

- Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, 78 (3), 458–467.
- Khalil K. (2014). Factors affecting health promotion lifestyle behaviors among Arab American women [doctoral dissertation]. ProQuest Dissertations and Theses database. Retrieved from: <http://gradworks.umi.com/35/80/3580965.html>.
- Kecojevic, A., Basch, C. H., Kernan, W. D., Montalvo, Y., & Lankenau, S. E. (2019). Perceived social support, problematic drug use behaviors, and depression among prescription drugs-misusing young men who have sex with men. *Journal of Drug Issues*, 49(2), 324–337.
- Kaplan, D. (2008). Structural equation modeling (Second edition). Sage.
<http://essedunet.nsd.uib.no/cms/topics/latentvar/2/7.html>
- Kleiman, E. & Liu, R. (2013). Social support as a protective factor in suicide: Findings from two nationally representative samples. *Journal of Affective Disorders*, 150, no. 2:540–45.
- Kleiman, E., Riskind, J., Schaefer, K. & Weingarden, H. (2012). The moderating role of social support on the relationship between impulsivity and suicide risk. *Crisis*, 33:273–79.
- Kondrat, D. C., Sullivan, W. P., Wilkins, B., Barrett, B. J., & Beerbower, E. (2018). The mediating effect of social support on the relationship between the impact of experienced stigma and mental health. *Stigma and Health*, 3(4), 305–314.
- Krishnan, K., George, L., Pieper, C., Jiang, W., Arias, R., Look, A., & O'Connor, C. (1998). Depression and social support in elderly patients with cardiac disease. *American Heart Journal*, 136(3), 491–495.
- Lakey, B., & Cronin, A. (2008). Low social support and major depression: Research, theory and methodological issues. In K. S. Dobson & D. Dozois (Eds.), *Risk factors for depression* (pp. 385–408). San Diego, CA: Academic Press.
- Lakey, B., & Orehek, E. (2011). Relational regulation theory: A new approach to explain the link between perceived social support and mental health. *Psychological Review*, 118(3), 482.

- Lee, J., & Holtzer, R. (2020). Independent associations of apathy and depressive symptoms with perceived social support in healthy older adults. *Aging & Mental Health*, 1–7. Advance online publication.
- Lett, H., Blumenthal, J., Babyak, M., Strauman, T., Robins, C. & Sherwood, A. (2005). Social support and coronary heart disease: epidemiologic evidence and implications for treatment. *Psychosomatic Medicine*, 67, 869–878.
- Lett, H., Blumenthal, J., Babyak, M., Catellier, D., Carney, R., Berkman, L., Burg, M., Jaffe, A. & Schneiderman, N. (2009). Dimensions of social support and depression in patients at increased psychosocial risk recovering from myocardial infarction. *International Journal of Behavioral Medicine*, 16, 248–258.
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697.
- Osman, A., Bagge, C. L., Gutierrez, P. M., Konick, L. C., Kopper, B. A., & Barrios, F. X. (2001). The Suicidal Behaviors Questionnaire--Revised (SBQ-R): Validation with clinical and nonclinical samples. *Assessment*, 8(4), 443–454.
- Osman, A., Kopper, B.A., Linehan, M.M., Barrios, F.X., Gutierrez, P.M., & Bagge, C.L. (1999). Validation of the Adult Suicidal Ideation Questionnaire and the Reasons for Living Inventory in an adult psychiatric inpatient sample. *Psychological Assessment*, 11, 115–123.
- Pedersen, M.R. (2017). The Politics of being a Pedophile: An anthropological exploration of political engagements and narratives among minor attracted people (Master's thesis). Aarhus University, Aarhus, DK:
<https://b4uact.org/wp-content/uploads/2014/12/The-Politics-of-being-a-Pedophile.pdf>

- Pillemer, S. & Holtzer, R. (2016). The differential relationships of dimensions of perceived social support with cognitive function among older adults. *Aging & Mental Health*, 20(7), 727–735.
- Rapier, R., McKernan, S., & Stauffer, C. S. (2019). An inverse relationship between perceived social support and substance use frequency in socially stigmatized populations. *Addictive Behaviors Reports*, 10.
- Robins, L. N., Wing, J., Wittchen, H. U., Helzer, J. E., Babor, T. F., Burke, J., ... Towle, L. H. (1988). The Composite International Diagnostic Interview: An epidemiologic instrument suitable for use in conjunction with different diagnostic systems and in different cultures. *Archives of General Psychiatry*, 45(12), 1069–1077.
- Rokach, A., & Cripps, J. E. (1999). Incarcerated men and the perceived sources of their loneliness. *International Journal of Offender Therapy and Comparative Criminology*, 43(1), 78–89.
- Šedivý, N., Podlogar, T., Kerr, D. & De Leo, D. (2017). Community social support as a protective factor against suicide: A gender-specific ecological study of 75 regions of 23 European countries. *Health & Place*, 48, 40–6.
- Shields, R., Murray, S., Ruzicka, A., Buckman, C., Kahn, G., Benelmouffok, A. & Letourneau, E. (2020). Help wanted: Lessons on prevention from young adults with a sexual interest in prepubescent children. *Child Abuse & Neglect*, 105.
- Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145–161.
- Uchino, B. N. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, 29(4), 377–387.
- Umberson, D., & Montez, J. K. (2010). Social relationships and health a flashpoint for health policy. *Journal of Health and Social Behavior*, 51(1_suppl), S54–S66.

- Wade, T. & Kendler, K. (2000). The relationship between social support and major depression: Cross-sectional, longitudinal, and genetic perspectives. *The Journal of Nervous and Mental Disease*, 188(5), 251–258.
- Walker, A. (2020). 'I'm not like that, so am I gay?' The use of queer-spectrum identity labels among minor-attracted people. *Journal of Homosexuality*, 67(12), 1736–1759.
- Walker, A. (2017). Understanding resilience strategies among minor-attracted individuals (Doctoral dissertation). CUNY Academic Works. Retrieved from https://academicworks.cuny.edu/gc_etds/2285/
- Wethington, E., & Kessler, R. C. (1986). Perceived support, received support, and adjustment to stressful life events. *Journal of Health & Social Behavior*, 27(1), 78–89.
- Wongpakaran, T., Wongpakaran, N., & Ruktrakul, R. (2011). Reliability and Validity of the Multidimensional Scale of Perceived Social Support (MSPSS): Thai Version. *Clinical practice and epidemiology in mental health: CP & EMH*, 7, 161–166.
- Xu, Q., Li, S., & Yang, L. (2019). Perceived social support and mental health for college students in mainland China: The mediating effects of self-concept. *Psychology, Health & Medicine*, 24(5), 595–604.
- Zimet, G.D., Dahlem, N.W., Zimet, S.G., & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*; 52:30-41.
- Zimet, G.D., Powell, S.S., Farley, G.K., Werkman, S. & Berkoff, K.A. (1990). Psychometric characteristics of the Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 55, 610-17.

2.6 Tables and Figures

Table 2.1. *Participant characteristics*

	N	%
Age		
18-25	67	48.91
26-35	42	30.66
36-45	14	10.22
46-55	2	1.46
56-65	9	6.57
66-75	3	2.19
Gender Identity		
Man	107	71.33
Woman	20	13.33
Non-Binary	10	6.67
Gender Fluid	7	4.67
Agender	3	2.00
Not Listed	3	2.00
Race		
White	125	83.33
Black	8	5.33
Asian	4	2.67
Not Listed	7	4.67
Multiple Races	6	4.00
Ethnicity		
Hispanic/Latino	14	9.72
Non-Hispanic/Latino	116	80.56
Not listed/Multiple	14	9.72
Attracted to people 18+	93	62.00

Table 2.2. *Differences in sample means for MSPSS and MSPSS-U*

	Original MSPSS Mean (<i>range 1-7</i>)	Modified MSPSS-U* Mean (<i>range 1-7</i>)	Sample Mean Difference (t-test)
Total scale	4.57 (4.34-4.81)	3.82 (3.56-4.08)	0.76 (t(298)= 4.27; $p<0.001$)
Family subscale	4.01 (3.72-4.30)	3.35 (3.05-3.65)	0.66 (t(298)= 3.15; $p=0.002$)
Friends subscale	4.82 (4.54-5.10)	3.74 (3.43-4.06)	1.08 (t(297)= 5.03; $p<0.001$)
Special persons subscale	4.89 (4.58-5.20)	4.37 (4.04-4.70)	0.52 (t(298)= 2.25; $p=0.025$)

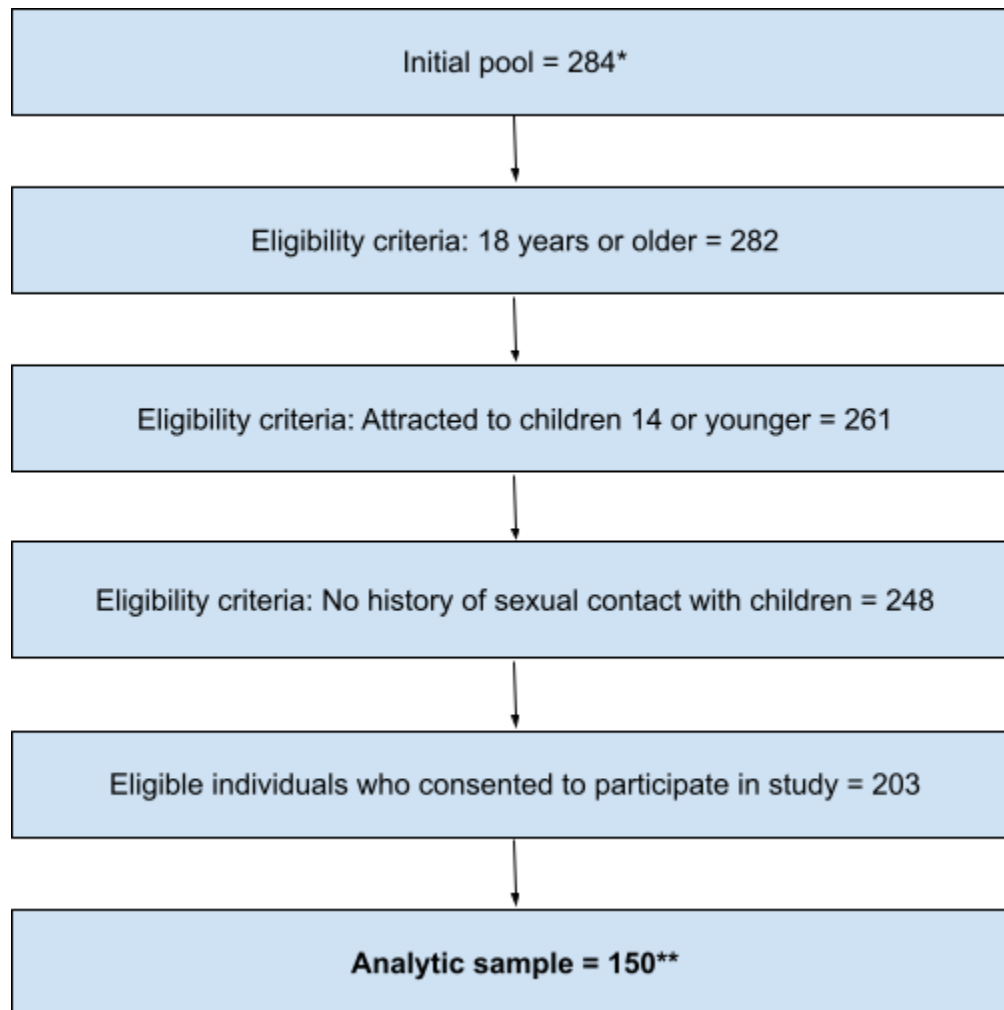
*Example original item: “*I can count on my friends when I need them.*”; example modified item: “*If everyone in my life knew I’m attracted to children, I believe I could count on my friends when I need them.*”

Table 2.3. Categories of important people told and not told about attraction*

	Told N(%)	Not Told N(%)
Parent	36 (34)	106 (71)
Sibling	22 (15)	99 (66)
Partner/Significant Other	32 (21)	40 (27)
Friend	71 (47)	49 (33)
Other Family Member	13 (9)	91 (61)
Online Friend/Community	65 (43)	42 (33)
Support Group	25 (17)	26 (17)
Mental Health Professional	33 (22)	25 (33)
Spiritual/Religious Mentor	9 (6)	32 (21)
Other	8 (5)	14 (9)

*Mean number of categories told= 2; mean number of categories not told= 4

Figure 2.1. *Participant recruitment and retention*



*Initial pool refers to individuals who opened the online survey

**Participants were included in the final analytic sample if they answered the items measuring lifetime suicidal ideation/behavior and at least one of the primary independent variables (self-esteem, perceived social support).

Chapter 3. Experiences with Suicidal Ideation and Behavior Among Adults attracted to Children

3.0 Abstract

Suicide represents a significant public health problem, with around 800,000 deaths per year worldwide and up to 20 times as many episodes of self-harm and suicide attempts. Members of socially stigmatized groups may experience increased risk of suicide due to stigma-related factors, such as expectations of rejection, internalization of stigmatizing views, or potential for greater social isolation. Research suggests that adults attracted to children, even those who do not offend against children, face extreme stigma due to their attraction and experience increased risk for suicidal ideation and behavior. The current study seeks to explore experiences with suicidal ideation and behavior among adults attracted to children to identify potential targets for intervention and treatment. I conducted semi-structured interviews with 15 adults who self-reported attraction to children and who also self-reported some form of suicidal ideation or behavior in their lifetime. Using interpretative phenomenological analysis, I explored and interpreted interview data to generate themes driven by participants' characterizations of their suicidal ideation and behavior. Superordinate themes related to suicidality in this sample included low self-esteem or self-worth, cumulative impacts of the attraction and other stressors, and concerns about the ability to have a positive future due to the attraction. Results underscore the importance of addressing internalized stigma and instilling hope for the future to prevent suicidal ideation and behavior among adults attracted to children.

3.1 Introduction

Suicide represents a significant global public health problem, with around 800,000 deaths per year worldwide and up to 20 times as many episodes of suicide attempts and self-harm (World Health Organization, 2014; Platt, Arensman & Rezaeian, 2019). Members of stigmatized groups may be at increased risk of depression and suicide due to multiple stigma-related processes, such as expectations of rejection, internalization of stigmatizing views, or potential for greater isolation (Hatzenbuehler, 2009; Langhinrichsen-Rohling, Lamis & Malone, 2010; Meyer, 2003; Suicide Prevention Resource Center, 2008). Little is known, however, about experiences of suicidal ideation and behavior among adults attracted to children— a group that is highly stigmatized even in the absence of sexual offending (Imhoff, 2014).

Emerging research suggests that adults attracted to children experience suicidal ideation and behavior (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Shields et al., 2020; Stevens & Wood, 2019; Vogt, 2006; Walker, 2017). The lifetime prevalence of suicidal ideation for the general population is about 9%, and the lifetime prevalence of suicide attempts is 3% (Nock et al., 2008). In a survey of 193 people who reported being attracted to children and who were recruited from an online self-help group, 46% of participants reported they had seriously thought about ending their life for a reason related to their attraction to children. Of these, 32% reported planning a method to end their life, and 13% reported making an attempt (B4U-Act, 2011b).

Qualitative studies also found that experiences with suicidal ideation and behavior were common among people attracted to children, even when researchers were not explicitly studying suicidality (Cacciatori, 2017; Shields et al., 2020; Stevens & Wood, 2019; Walker, 2017). Shields (2020) found that, for most participants, the discovery of attraction to their children was accompanied by significant distress; for some participants, this distress led to suicidal ideation and behavior. Stevens and Wood (2019) found that references to self-hatred,

self-harm, and suicide were the largest theme related to mental health, representing 30% of responses. Cacciatori (2017) and Walker (2017) found that, for some participants, significant suicidal distress was a driving factor in finally seeking help for mental health problems.

The increased risk of suicidal ideation and behavior among people attracted to children is likely due in part to stigma-related stress. According to the Psychological Mediation Framework of suicidality (Hatzenbuehler, 2009), members of stigmatized groups experience stigma-related stress that leads to elevations in general emotion dysregulation, social/interpersonal problems, and cognitive processes. These processes confer risk for psychopathology and mediate the relationship between stigma-related stress and adverse mental health outcomes (Hatzenbuehler, 2009). Research shows that people attracted to children face intense stigma, even when they have not sexually offended (Imhoff, 2014). The stigma associated with navigating attraction to children can lead to stressors such as internalization of stigmatizing views and anticipation of rejection (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Cash, 2016; Shields et al., 2020; Walker, 2017). This stigma-related stress increases the risk of negative mental health and interpersonal outcomes among people attracted to children (Cantor & McPhail, 2016).

Furthermore, risk of mental health disorders and suicidal ideation increases sharply during adolescence and young adulthood (Kessler et al., 2008; Nock et al., 2008), when people attracted to children typically become aware of their attraction (Berlin, 2014; Hall & Hall, 2007; Seto, 2004; Shields et al., 2020;). Research suggests that this discovery is often accompanied by confusion and emotional distress (Shields et al., 2020; Walker, 2017). The distress associated with becoming aware of one's attraction to children, combined with the general increase in suicide risk during adolescence and early adulthood, could place people attracted to children at particularly high risk of suicidal ideation and behavior when they are first discovering their attraction.

The current study seeks to explore experiences with suicidal ideation and behavior among people attracted to children, addressing gaps in the literature on the impact of stigma on suicidality among non-offending people attracted to children. The goal of the study was to identify potential targets for preventing or ameliorating suicidal ideation and behavior and related factors (e.g., depression) among adults attracted to children. To achieve this, I conducted semi-structured interviews with 15 adults attracted to children and used interpretative phenomenological analysis (IPA; Smith, 2004) to generate themes related to their characterizations of their own suicidality. To my knowledge, this is the first study using IPA to explore suicidal ideation and behavior in this population.

3.2 Methods

Interpretative Phenomenological Analysis (IPA) was used to explore experiences with suicidal ideation and behavior in a sample of 15 adults attracted to children and reported thinking about or attempting suicide in their lifetime.

3.2.1 Recruitment and Participants

The sample for this study consisted of 15 adults who self-reported sexual attraction to children and reported lifetime suicidal ideation or behavior. Participants were drawn from a larger sample of 150 adults between the ages of 18 and 73 who participated in a survey about mental health, self-esteem, and social support (aims 1 and 3). Methods used to recruit the larger sample for the survey study are described in Chapter 1.

Inclusion criteria for the original sample were a) being attracted to children 13 years old or younger; b) being 18 years of age or older; and c) having no history of sexual contact with a child as an adult. Purposive sampling, a method of sampling where participants are selected based on criteria relevant to a particular research question, was used to select the subset of 15. All participants who endorsed lifetime suicidal ideation or behavior on the original online survey were invited to participate in an in-depth interview about their experiences. The first 15 participants who signed up for and scheduled an interview were selected. Two of these

participants did not follow up for scheduling, so the interview invitation was re-opened so two additional interviewees could be recruited.

Participants had a mean age of 36 (range = 19 to 73 years). Most ($n=11$) identified as male, 2 as female, and 2 as non-binary. Four participants reported being exclusively attracted to children; nine participants reported being non-exclusive (i.e., also being attracted to adults), and two participants did not specify exclusivity. Additional demographic characteristics were not obtained to preserve participant confidentiality and preclude the ability of the study team to connect interviewees with their original survey data. Participant characteristics can be found in Table 3.1. Participants were assigned pseudonyms to maintain participant confidentiality.

3.2.2 Procedures

Survey respondents who reported lifetime suicidal ideation or behavior in the original survey were invited at the end of the survey to participate in an in-depth interview to discuss their experiences. Recruitment and scheduling procedures, as well as steps taken to ensure confidentiality, are described in detail in Chapter 1.

After addressing questions and concerns and obtaining verbal informed consent, I conducted semi-structured interviews exploring participants experiences with suicidal ideation and/or behavior. Participation in the original survey study and this interview study was entirely voluntary. In the interview study, interviewees could skip questions they did not feel comfortable answering or end the interview at any time. No participants asked to end the interview prior to getting through all the questions on the interview schedule. Regardless of interview length, all interviewees were provided a unique code for a \$15 Amazon gift card as a token of appreciation for their time.

Interviews were audio-recorded with consent from participants to allow for transcription and analysis. At the end of the interviews, participants were asked if they were currently having thoughts of suicide. In the event that someone said yes, I offered to connect participants to a Suicide Hotline. All interviewees were provided with information on relevant resources, including

self-help groups for people attracted to children and committed to not offending (i.e., B4U-Act, Virtuous Pedophiles), the National Suicide Prevention Lifeline, and 911. All study procedures were approved by the Johns Hopkins University Bloomberg School of Public Health Institutional Review Board. Additionally, I developed a community advisory board of five adults attracted to children to ensure the perspectives and feedback of the community under study would be consistently incorporated into the study.

3.2.3 Measure

I developed an interview schedule using guidelines described by Smith and Osborn (2003) and obtained and incorporated feedback from the project's community advisory board. The format of the interview schedule was semi-structured and open-ended, allowing for richer, more in-depth information about participants' experiences. Questions were focused on the following content areas: 1) experiences with discovering their attraction to children; 2) experiences with suicidal ideation and/or behavior; and 3) changes to their mental health over their lifespan. Additional topics were explored as appropriate based on participants' responses. The interview schedule is provided in Appendix C.

3.2.4 Analytic Approach

Interview data were analyzed using IPA, an inductive approach to qualitative analysis involving in-depth investigation of each participant's lived experience of a specific event (Smith, Flowers & Larkin, 2009; Smith & Osborn, 2003). A common characteristic of IPA studies is that they address existential issues of considerable importance to the participants. Many IPA studies are about significant life-transforming or life-threatening events, conditions, or decisions (Smith, 2004). This method of qualitative analysis allowed me to gather and condense rich, in-depth information regarding participants' experiences with suicidal ideation and behavior. Moreover, IPA emphasizes peoples' perceptions of objects or events, while also recognizing the central role of the researcher in making sense of that personal experience (Smith, 2004; Giorgi &

Giorgi, 2003; Palmer, 1969). The sample size of 15 was selected to enable the level of depth required by IPA while still including a variety of perspectives from this understudied population.

Participants' characterizations of their own suicidality were analyzed to generate superordinate themes (i.e., themes that span the dataset) and identify potential areas of importance for preventing suicidal ideation and behavior among adults attracted to children. Smith's (2011) criteria for IPA-based study quality and Yardley's (2010) criteria for qualitative studies were used to guide and assess validity of qualitative analyses. Criteria included sensitivity to context, commitment/rigor, transparency/coherence, impact/importance, sufficient sampling from corpus to show density of evidence for each theme, adherence to theoretical principles of IPA, and production of a coherent, plausible, interesting analysis. Validity criteria and means to meet them used in the current study are presented in Tables 3.2 and 3.3.

Because member checking was not possible due to the anonymity of the study, the project's community advisory board provided input and guidance throughout the project.

3.2.4.1 Epistemology

The construction of knowledge in qualitative research is related to the philosophical underpinnings, or epistemology, that researchers choose (James & Busher, 2009). The current analysis was conducted through the lens of constructivism, which refers to the idea that truth and meaning are constructed rather than discovered (Hughes, 2012). Constructivism is appropriate for this study, as phenomenological approaches to qualitative analysis emphasize respondents' lived experiences and their subjective appraisal of those experiences (Smith et al., 2009). A constructivist approach is also important for this analysis because IPA reflects a double hermeneutic, whereby the researcher tries to make sense of the participant trying to make sense of an experience (Smith, 2011). Furthermore, IPA is idiographic in its commitment to detailed analysis of individual experiences, acknowledging that people may construct meaning in different ways, even in relation to the same phenomena (Hughes, 2012). I committed to prolonged and repeated engagement with each interview transcript, attempting to remain

grounded in participant responses while interpreting their insights and drawing meaningful connections between salient constructs.

3.2.4.2 Reflexivity

Reflexivity refers to the process through which a researcher examines the role of the self in the creation of knowledge and carefully self-monitors the impact of their biases, beliefs, and personal experiences on their research (Berger, 2015; Dodgson, 2019). Reflexivity is essential for ensuring rigor and quality in qualitative research (Dodgson, 2019). As an adult who is not attracted to children, but who has worked closely with adults attracted to children, it was important to identify any preconceived biases or assumptions I brought to analysis. It was also important to consider how my perspective and role may have influenced my interpretation of participant responses as well as the responses themselves. To aid in reflexivity, I journaled about my experiences after the interviews and throughout the analysis process. Examples of my journal entries related to reflexivity are provided in Appendix D.

3.2.4.3 Analysis of Interviews

Following the guidelines set out by Smith & Osborn (2003), I annotated the first case with general notes about interesting or significant comments and began to identify concepts that seemed important to the participant. On the left side of the transcript, I made phenomenological, exploratory comments. As I read and re-read the first interview, I organized the preliminary comments into themes, with the goal of capturing the essential quality of what was found in the text. I noted these themes on the right side of the transcript and looked for broader constructs and potential connections between them. This led to the creation of a “thematic map” based on the first participant’s description of their experiences with suicidality and their mental health since discovering their attraction (Smith & Osborn, 2003). Examples of initial thematic maps generated through engagement with individual transcripts are provided in Appendix E.

Following the creation of the thematic map for participant 1, I repeated the same process with the other 14 participants. According to Smith & Osborn (2003), the thematic map from

participant 1 can either be used to guide analysis for the next participant, or the researcher can choose to start over with identifying themes, as long as the researcher is able to discern repeating patterns while also acknowledging new issues that emerge as they work through each of the transcripts (2003). I used a combination of these strategies, treating each new interviewee as a “blank slate” but using similar terminology to describe concepts I had noticed in previous interviews.

After analyzing all 15 interviews, I constructed a table representing superordinate themes across the dataset and translated these themes into a narrative account, using excerpts from the transcripts to support interpretation (Smith & Osborn, 2003). Throughout this process, I continually re-read interview transcripts to check for context and accuracy of my interpretations, refining themes as appropriate. I retained written idiosyncrasies from online chats (e.g., punctuation, lower case “I”) and verbal idiosyncrasies from the audio interviews (e.g., filler words, pauses) to remain as authentic as possible to respondents’ original descriptions. Pseudonyms are used when reporting results to maintain participant confidentiality.

3.3 Results

As noted, all respondents had endorsed sexual attraction to children and lifetime suicidal ideation or behavior. For eight respondents, the onset of suicidal ideation or behavior occurred between the ages of 12 and 17 years (during adolescence). One respondent experienced suicidal ideation for the first time in college, and four respondents experienced suicidal ideation for the first time later in adulthood. Two respondents did not explicitly describe when they first experienced suicidality. For most respondents ($n=10$), onset of suicidality occurred after discovery of their attraction to children, and half of these respondents experienced suicidality within approximately one year of discovering their attraction. Two respondents experienced suicidal ideation prior to discovering their attraction. The remaining three respondents did not specify the timing of either their first suicidal thoughts or the discovery of their attraction.

Respondents' onset of suicidality and time of discovery of attraction to children are reported in Table 3.4.

Using IPA, I analyzed respondents' characterizations of their suicidality to explore associated psychological factors and processes. Superordinate themes related to suicidality in this sample included low self-esteem or self-worth, cumulative impacts of the attraction and other stressors, and concerns about the ability to have a positive future due to the attraction. Superordinate themes for each participant are provided in Table 3.5 and illustrated in the following sections.

3.3.1 Low Self-Esteem or Self-Worth

Of the 15 respondents, 12 described issues with self-esteem and self-worth as factors in their suicidal ideation and behavior. Internalized stigma, particularly about sexual offending against children, was commonly described among these respondents, despite never having offended against a child. For many respondents, issues with self-esteem and self-worth were directly attributed to internalized stigma associated with being attracted to children; for others, attraction to children was described as one of many factors contributing to a general sense of worthlessness.

3.3.1.1 Internalized Stigma About Attraction

Respondents commonly described internalized stigma related to their attraction to children, often due to the public's conflation of people attracted to children with people who perpetrate child sexual abuse. Ty believed he would eventually harm a child, despite the fact that he had not done so and did not want to:

I think I just kind of assumed that I was a time bomb for a while, like... I never wanted to do anything, I never did do anything, but there was a while where I was like, well I'm one of these people so I guess I must be that way...

This internalized stigma about sexual offending against children made him feel like he “didn’t really deserve to exist” and led him to consider suicide. When asked to describe the period in his life when he was suicidal, he said:

I think a lot of it was like if I ever act on it then I have to, so that was also just like, well if I haven’t acted on it yet then I don’t have to yet, or if I don’t feel like I’m about to act on it, then I don’t have to yet. It was like... I guess the best way I can describe it is, I don’t know if you’ve seen the movie World War Z, but it’s a zombie movie and there’s a part where Brad Pitt gets bit or he thinks he got bit, and he stands on the edge of a building and he’s looking for signs that he’s turning into a zombie, because if he was he was gonna jump and if he wasn’t then he wasn’t.

Ty’s insightful description reflects the difficulty he experienced reconciling his lack of desire to harm a child with the internalized stigma that led him to believe this would one day change. Julia expressed similar concerns, saying that when her younger sister was born, she realized she really was attracted to children and felt suicidal due to her desire never to hurt a child:

I would take care of [my sister] and it just made me realize that I really truly am this way, and that I’m attracted to kids. And that was hard on me because I really cared about her and I didn’t want to hurt her, but when I was looking after her, I would often have thoughts about things that I didn’t want to do, but I still had those thoughts because of the attraction. And I just didn’t want to be alive because I never want to do anything that could ruin a kid’s life.

Julia’s suicidal ideation was reinforced by strangers online, who said that people attracted to children “don’t deserve to breathe” and that she should take her life before she hurts someone. She internalized messages about her lack of worth as a person and likelihood of harming a child, and this internalized stigma continued to contribute to suicidal thoughts at the time of the interview:

Julia: ...even though I don't always want to do it, I still think about it that someday, if I die before I grow old or something, it would be because of suicide

MI: What do you think is behind that feeling?

Julia: Because I have been told of course that I don't deserve to breathe and that I shouldn't be in this world, and a part of me believes this, that the world would be better off with me dead

Like Julia, Nathan experienced shame and low self-esteem due to internalization of stigmatizing attitudes towards people attracted to children. I asked if he had any desire to tell the important people in his life about his attraction, and he said:

Nathan: i would like to yes, but I still carry a lot of guilt and shame associated with it

MI: Do you think you can try to put into words where the guilt and shame comes from?

Nathan: i can try. i suppose its a lot of internalization of what society thinks about pedophiles. I am an avid reader of the news and current events, so I would always see comments about what other people think

Nathan later expressed that his current suicidal thoughts are usually related to these feelings of guilt and shame.

Charles also described the impact of internalized stigma, reflecting on the tumultuous period in his life when he discovered he was attracted to children: "I felt like a character in a movie and my part was being written for me by a bunch of people who didn't know me but were happy to be disgusted by me." Already feeling the impact of stigma, Charles sought treatment from a mental health therapist, who reinforced his fears of "having his part written for him" by assuming he was a danger to children:

I made an appt with the first [therapist] available, and he made me feel like shit. if I ever have felt genuinely suicidal, in a contemplative sense, it would have been then. he just had no concept that I might be wanting help, it was all just about what a threat I was to children, and about how my feelings were wrong and sick and I had to stop having them.

Though Charles did not directly attribute his suicide attempt to internalized stigma, feelings of low self-esteem related to his attraction were evident in his description of that period of his life:

I couldn't control my activity. I was masturbating compulsively, to the point where my body was doing weird stuff I'd never seen before, and I was staying up all hours, and keeping a lot of secrets from my partner, which was making me feel truly horrible. my suicide attempt was more or less cryptic. it was exactly like the self harm in my teens and 20's. I didn't think "I'm not good. I might as well be dead", just like I didn't sit around thinking "I must punch myself in the face". what happened is that I had an argument with my partner, and I'd been drinking, and I decided to drive to stay with some friends, about 4 hours away. I wasn't drunk, but it was about 3am and I started feeling tired. I drive a lot and, even then, I knew how lethal tiredness is, but all I did was drive faster, thinking, basically: "I don't care if I die"

Later in the interview, I asked Charles if there was anything he wanted to bring up that we had not discussed, and he took the opportunity to emphasize the impact of stigma and shame:

I think if I was going to sum all of it up in a sentence, it would be that I've learned what an incredibly corrosive, evil thing it is to be burdened with stigma and shame, and that nothing is going to be more destructive to a person's character than to be subjected to those things...

Charles's reflection exemplifies feelings described by many respondents who experienced self-esteem issues related to their attraction to children. Interestingly, his responses also illustrate the impact of internalized stigma on mental health even for those who do not consciously or explicitly attribute their mental health issues to internalization of stigmatizing views.

3.3.1.2 General Sense of Worthlessness

In addition to self-esteem issues that were explicitly brought on by internalized stigma associated with attraction to children, some respondents described general issues with

self-esteem and self-worth that predated the discovery of their attraction. However, even when attraction to children was not described as the sole or primary cause of low self-esteem, it appeared to compound existing self-esteem issues and contribute to respondents' sense of worthlessness. For example, George described financial problems as the major source of his self-esteem issues and suicidal ideation, but he acknowledged the exacerbating impact of the attraction on his low self-worth: "It just affected my self-esteem in terms of, you know, here I am, I can't handle money, I have this other attraction, I'm a worthless person. It added to it."

Ben also described a general sense of low self-esteem that was exacerbated by his attraction to children. He said his first period of suicidality was related to an embarrassing incident with a friend he did not want to discuss, and I asked him if that was the only time in his life when he experienced suicidal thoughts. He said:

Ben: if only. unfortunately around like 20 or so I just started feeling down because of feeling like a loser. the attraction only further worsening my mental health

MI: Can you describe that further? Just whatever thoughts or feelings you were experiencing.

Ben: Existential crisis. Like it feels like nothing I do will amount to anything and my self doubt is so strong it makes it difficult to try to better myself. Doesn't help that all my friends are really well on their way to having nice lives and I feel like I've done nothing.

When I asked him to expand on the role of the attraction in his low self-esteem, he said: "Well if you are already feeling worthless, just imagine also being the literal most hated type of human on the planet."

Matt also described general feelings of worthlessness that were intensified by his attraction to children:

I have never been able to succeed at anything important in my life, and I haven't developed any useful skills. I seem to have a generally negative impact on others. When

I first realized I was a pedophile, I saw it as another failure of mine to be at least a decent human.

At the time of the interview, Matt still experienced self-esteem issues and feelings of worthlessness which he said do not “really connect to [his] attraction to children in any meaningful way anymore.” He had been able to get to a place of acceptance with his attraction to children but was unable to shake feelings of worthlessness in other areas of his life.

Michael, who experienced suicidal ideation following the suicide of his brother-in-law and again after his divorce, said feelings of worthlessness also contributed to his poor mental health: “I just have low self-esteem no matter how good I am, I know I'm good, I know I built a log house and [lists several specific accomplishments omitted here to preserve anonymity] and done a lot of things successful in life, but I still feel low self-esteem, worthless.” Upon further reflection, he concluded that his feelings of worthlessness were likely exacerbated by his attraction to children, even if he wasn't conscious of it at the time. He expanded on the impact of discovering his attraction to children on his self-esteem:

...it left me feeling totally helpless and hopeless, so I had succumbed to society's view that it was inevitable, that some day I would sexually interact with a little girl and that left me feeling totally devastated and I think influenced my feeling, self-esteem, you know I didn't consciously think of it, “oh I have low self-esteem because of this,” but underneath there was the underlying feeling that, if people knew, they would hate me

In contrast with Michael's description of an unconscious impact of low self-esteem on mental health, Frank explicitly attributed his suicidal ideation to the sense of worthlessness he was experiencing at the time: “It was either work on my issues or kill myself at that point, because I couldn't live... I couldn't survive any longer with hating myself, with hating life, with being depressed.”

Taken together, respondents' reflections on self-esteem and self-worth illustrate the detrimental impact of stigma and shame on their mental health. For 12 of 15 respondents,

issues related to self-esteem and self-worth were described as contributing factors in their suicidal ideation and behavior, with internalized stigma about attraction to children as a common thread underlying their sense of worthlessness.

3.3.2 Cumulative Effect of Attraction and Other Stressors

Ten participants described attraction to children as a factor that culminated with other stressors to contribute to suicidal ideation. The additive effect of the stress associated with navigating an attraction to children on top of other stressors, such as existing mental health problems or a lack of social connectedness, created significant distress among respondents.

3.3.2.1 Existing Mental Health Problems

For some respondents, the stress associated with navigating their attraction to children exacerbated existing mental health problems. Ty described trying to simultaneously navigate his attraction to children, depression, obsessive-compulsive disorder (OCD), and other stressors:

...when one thing starts to really affect your mental health, at least for me, it's like a lot of other things stack on top of it. I also happen to have OCD and other issues, so when that started to affect me and make me depressed, all the other issues just stockpiled on top of it, it was all really bad at the same time

The concept of mental health problems such as depression and anxiety being exacerbated by attraction to children was commonly described among respondents. For Nick and Jordan, discovering the attraction led to increased intensity of anxiety and depression. When asked if he experienced symptoms of anxiety and depression prior to discovering his attraction, Nick said:

I probably had maybe some minor depressive episodes over the years, entirely undiagnosed, but I don't think anything entirely significant. I've always been socially anxious or maybe just a little generally anxious but nothing extreme. But everything was just taken to a major new level when I had that realization.

Similarly, Jordan said they started “having a lot of anxiety and feeling more depressive in general” when they realized they were attracted to children. I asked what about this discovery made them feel more anxious or depressed, and they responded:

That's actually kind of a difficult question. I've never answered that before. I think... I guess I would say that it has ... a big part of it was not feeling like I wasn't able to find any sexual satisfaction in my life, which is obviously kind of a difficult thing to cope with. Another thing was knowing that I'd be isolated from my community if I ever were to make this a public thing, especially going into the field like nursing now, like if I was to come out publicly, I would probably never be able to find a job, especially not a job in pediatrics, which is where I want to work. I guess that's it, really.

For Thomas, the relationship between his bipolar depression and his attraction to children was bidirectional:

As far as the relationship to my mental health I would say that I don't think my pedophilia is the cause of my mental illness nor do I think my mental illness is the cause of my pedophilia but both play into each other. The stressors related to my pedophilia can exacerbate my depressions. On the flip side my manias can increase my libido and make my attractions more intense (although my manias have been well controlled by medication)... I think on the depressions the pedophilia can feed into the self-loathing “I'm a freak” thing even though when I'm not in a depressed state I generally don't really think that way and have come to mostly accept my pedophilia for what it is.

In this quote, Thomas demonstrates how his bipolar disorder and his attraction to children each exacerbated the distress associated with the other, resulting in a level of distress that was more than the sum of its parts.

3.3.2.2 Lack of Social Connectedness

Some respondents described a lack of social connectedness or a sense of social isolation as factors contributing to their suicidal ideation. For these respondents, a lack of social

connectedness represented an additional stressor to navigate while they were also attempting to navigate their attraction to children.

Frank said that his attraction to children “certainly lent towards the depression and the feelings of suicide,” but he specified that it was a “combination of having this attraction along with all my other problems.” I asked what some of these other problems were, and he said: “A big one was social anxiety, other ones were not being particularly successful in life, not having friends... there was a period of like three decades, and that's not an exaggeration, where I did not have a friend.” For Frank, social isolation and anxiety combined with the stress of navigating his attraction to children to create significant distress.

Nick also described a cumulative effect of a lack of social connectedness in combination with mental health issues and the stress associated with attraction to children.

I'd already been dealing with the knowledge of my attractions and the implications and everything for about half a year, or maybe even a little longer, so I was already in a very deeply depressed and anxious state, and I think I probably pulled back a bit from my friend group. I still saw them and enjoyed spending time with them, but it was just harder to motivate myself to do that. And then, when I was in a new environment already dealing with the depression and anxiety, I just felt kind of more alone than I ever had. So you know I just kind of... it was just another big thing I was dealing with on top of this other stuff.

For Nick, the attraction and other stressors caused him to isolate himself from his existing social network. This lack of social connectedness exacerbated the existing stressors, creating a cycle leading to additional depression and isolation.

Ty also described the impact of being attracted to children on top of experiencing a lack of social connectedness: “Of course you know, having peers and friendships at the time dealing with all of that, it was next to impossible, so that also kind of helped to contribute to it being

more of a rut I was stuck in.” Ty expressed that he does not like or relate to other adults, making it difficult for him to connect with people and maintain fulfilling friendships.

Nathan said discovering the attraction made him feel different and triggered the start of his depression. Existing issues with social anxiety and a lack of social connectedness were exacerbated by this discovery:

Nathan: I guess it was just a feeling that I had this big secret I had to keep at all costs

MI: what made you feel like you needed to keep it a secret at all costs?

Nathan: because i knew (or thought I knew) at the time what it means to be a pedophile... that its probably the worst thing you could ever be

Nathan’s description highlights the impact of the stigma associated with attraction to children on feelings of social connectedness. He had already experienced feelings of social anxiety and isolation prior to discovering his attraction, but the discovery added to these feelings by making him feel he had to hide his attraction from others to avoid judgment and rejection.

3.3.3 Concerns About Positive Future Related to Attraction

Six participants described concerns about a positive future due to their attraction to children. These concerns were associated with respondents’ suicidal ideation and behavior; they saw no other possibility for addressing what they viewed as inescapable distress associated with being attracted to children. Though fewer than half of respondents described concerns about the inability to achieve fulfillment or have a positive future, these concerns represented a significant driving factor in suicidal ideation and behavior among respondents who emphasized them.

3.3.3.1 Distress Over Immutability of Attraction

Some respondents cited the discovery that their attraction to children was not able to be changed as a factor in their depression and suicidal ideation. Interestingly, these concerns were rarely accompanied by specific fears; the burden of living with an attraction to children was described more broadly.

Nathan described becoming “very depressed at the realization that these attractions would never go away and that this was something I would have to deal with for the rest of my life.” Jordan wanted to change their attraction when they first discovered it, and they felt hopeless when they realized this was not possible:

...it was mostly just feeling like I wanted to change my attractions and be attracted to adults, and feeling like I couldn't, well knowing that I couldn't, but being in denial of that. I think that kind of just led me to thinking that, you know, it wasn't really worth it for me, you know, cuz there was nothing I could really do, I couldn't even really talk to friends about it or family.

Similarly, Nick was distressed to realize that it was “essentially impossible” to will himself not to think sexually about children. His discovery of the emotional component of his attractions reinforced his concerns about their immutability:

...Up to that point in my life my attraction to children had been just entirely sexual in nature, and it was very kind of bizarre but it was almost like a light switch turned on one day and I realized I have a very deep emotional attraction as well, and I think that's probably also kind of a big part of what made me realize that something else was going on than just a phase.

Nick considered suicide as a way to escape not only his current distress, but also what he viewed as an inevitably negative future.

I was going through a constant state of crisis and I didn't see anyone understanding or being helpful, I thought that I was basically doomed to live with these attractions and honestly at the time I thought I was doomed to offend someday. And I was just at such a low point that I would constantly think about ending my life, just to kind of escape that.

Emily also described the idea of suicide as an escape from a future of being attracted to children.

Emily: The first solution I had in mind when I stopped denying it 2 years ago was I'm going to kill myself. I was quite suicidal and depressed afterwards.

MI: Why do you think realizing you were attracted to children made you feel suicidal or consider suicide a "solution"?

Emily: Probably because I looked up if there was a cure for it and I found that I had to live with this for the rest of my life

When I asked her what aspects of the attraction she was worried about living with, she said her biggest concerns were "having to live a lie" and "not being able to tell anyone."

3.3.3.2 Lack of Fulfillment

For other respondents, concerns about a positive future revolved around fears related to the ability to find fulfillment in life due to their attraction to children. Expanding on his earlier comments highlighting concerns about the stability of his attraction to children, Nick described fears about an inability to find fulfillment in life due to his attraction and expressed an inability to envision a positive future for himself:

...At this point, the large majority of my distress as I've said is feeling like I'm not going to find fulfillment in life... so I need to see someone who can help me figure out how to find fulfillment and feel fulfilled and I guess be grateful when I do experience it. But that's such a challenging thing I think for anyone to be able to do really, for anyone to be able to say, you should do this and you should find this fulfilling... I don't know that it really works that way... I will say that, as kind of dark as it is, I've kind of felt for years like my life will end someday in suicide, and you know, I don't want that to be the case, but I also realistically I just kind of look at it and I struggle to think about where I can find fulfillment. And it's challenging for me, so it's not like I have any plans, it's not like I intend to do something today or tomorrow or even in the next 10 years. But I just don't know that I want to get to like 70 or 80 years old and essentially be alone.

Nick also worried that his attraction to children would keep him from being able to have children, something he had always wanted but did not feel he could allow himself to do. Despite not wanting to sexually abuse a child, he did not feel he could “trust that [he] would be a safe parent.” He also noted that he would not be able to easily have a child even if he felt confident about his ability to safely parent, since he is not sexually attracted to other adults. The conflict between Nick’s strong desire to be a parent and his concerns about his ability to safely or feasibly do so represented another area of Nick’s life in which he believed his attraction to children would preclude his ability to find fulfillment.

Jordan described similar concerns about the inability to fulfill their desire to be a parent, wondering if they would be able to determine the appropriate boundaries.

I think more than anything it would be... my main concern about it really is just like, how would I express that [affection] to her, you know, in that like how would I keep things appropriate with her and not cross any boundaries? Obviously I don't want to be in like a relationship with my own child, you know I want to be a parent to my own child.

Jordan went on to say that these fears were a major source of distress and isolation for them, but they did not feel they could get the support they needed from a mental health professional due to their reluctance to disclose their attraction to children:

I remember I expressed to him, feeling like all the people that I was around were parents and it was something that I wanted and I felt kind of jealous that I felt like they had something I wanted and didn't have, but I think being able to provide the context of also being attracted to children would have been helpful, because although that I wouldn't say it's directly related to wanting to be a parent, it's still important in context because it's something that I have to think about being a parent, you know.

For Raul and Alex, concerns about fulfillment were specific to the inability to have relationships with the people to whom they are attracted. Raul did not experience “intense self-hatred” when

he discovered his attraction, but he experienced distress as his preoccupation with his attraction increased:

I just accepted myself as I was. but as my obsession with this part of myself increased, it started affecting me. I had desires that were impossible to realise, and they grew more and more intense over time... At some point I legitimately thought that life was not worth living if I could not realise these desires.

Raul expressed that the inability to realize his desires for a relationship with a child “created more and more frustration inside... to a point in which it became almost unbearable.” He described believing at one time that a consensual relationship with a child was possible and feeling frustrated that he could not fulfill this desire.

I believe that what generated such a sheer amount of frustration was not the fact that it was impossible to realise my dreams, but that it was technically possible, but impossible in practice. I did go through quite a lot of fiction, in which everything was idealised. I wanted to believe that the real world was like that, that it was possible to have happy, consensual sex with kids. So inside my mind, my dreams were realisable, but almost impossible to accomplish without serious consequences. when I finally snapped out of it, and convinced myself that it was actually not possible, somehow everything was better.

For Alex, the inability to fulfill their desire for a relationship with a child manifested as emptiness rather than frustration:

My attraction, like I've said before, and I tend to say this a lot, just because a lot of people will constantly say that, oh all pedophiles are just perverts and attracted to children sexually, like no I love children, I have these true romantic feelings for them and that is what causes the void and the loneliness. Not being able to connect with adults for one and then also not being able to truly connect with children the way that I want to connect with them.

They emphasized the depth and impact of this emptiness and explained that it would be difficult for someone who is not exclusively attracted to children to understand:

I think I described it to a friend once as being gutted, like there's nothing in there, it's not just that emptiness that you feel in your chest sometimes when you're really missing someone or you know that I felt when I left my cousin, it's just... an absolutely gutted feeling like there's no reason to live, there's nothing out there. I mean obviously I know there is stuff out there, I like to do my art, I like to write, but there's no relationship for me.

Though Alex described periods of suicidality brought on by stressors such as their parents' divorce, sexual abuse at the age of 16, and the loss of their relationship with a close younger cousin, the sense of emptiness and lack of hope for the future they described appeared to be the most influential factor in terms of their mental health. At the time of the interview, Alex said they continue to experience "strong suicidal thoughts, mostly about the loneliness and emptiness" about two days per week:

Even on the days I'm not suicidal, I'm at the point where I just don't give a shit, like if it happens, it happens. There's nothing to this life. It's misery. It's emptiness. There's no connection, there's no ability to grow old and love someone that I love, because I wouldn't love them once they grew old.

For these respondents, concerns about the inability to find fulfillment or have a positive future contributed to feelings of hopelessness and represented a driving factor in their suicidal ideation and behavior.

3.4 Discussion

Respondents' descriptions of the period in their lives when they experienced suicidal ideation and behavior highlight important considerations for the prevention of suicide among adults attracted to children.

More than half of respondents reported onset of suicidal ideation and behavior during adolescence. In some cases, the respondent's onset of suicidal behavior occurred within one year of discovering their attraction to children, providing support for the idea that people attracted to children may be at increased risk when they are first discovering and attempting to navigate their attraction, due to the general heightened risk of suicidal ideation and behavior during adolescence as well as stigma-related stressors (Kessler et al., 2008; Nock et al., 2008; Shields et al., 2020; Walker, 2017). These findings underscore the need for preventive efforts aimed at preventing suicidal ideation and behavior among adolescents who are first discovering their attraction. Even for respondents who experienced onset of suicidality later in adulthood, a mental health intervention aimed at helping them navigate the stigma-related stress associated with attraction to children earlier in life may have had lasting benefits that could have protected against later suicidal ideation and behavior.

3.4.1 Superordinate Themes Related to Suicidal Ideation and Behavior

The themes generated through interpretative phenomenological analysis provide important insights into how people attracted to children make sense of their experiences with suicidal ideation and behavior. The superordinate themes associated with suicidality in this sample are a sense of low self-esteem or self-worth, the cumulative effect of the attraction and other stressors, and concerns about the ability to have a positive future. Findings align with the Psychological Mediation Framework (Hatzenbuehler, 2009) and other research indicating that it is not the sexual attraction itself that causes suicidality, but rather the stressors caused by having a stigmatized identity (Langhinrichsen-Rohling, Lamis & Malone, 2010; McDaniel, Purcell & D'Augelli, 2001; Suicide Prevention Resource Center, 2008). Specifically, stigma-related stress may be associated with emotion dysregulation, social and interpersonal issues, and specific cognitive processes (e.g., shame) that increase risk for psychopathology (Cantor & McPhail, 2016).

3.4.1.1 Low Self-Esteem or Self-Worth

Most respondents described low self-esteem or self-worth as major drivers in their suicidal ideation and behavior. Respondents' sense of worthlessness was either caused or exacerbated by stigmatizing views about attraction to children, including the widespread belief that everyone who is attracted to children will sexually abuse a child if given the opportunity. Some respondents described considering suicide as a way to ensure they would never harm a child, and for others, the internalized stigma about sexual offending simply made them feel they did not deserve to exist.

These findings align with the Psychological Mediation Framework (Hatzenbuehler, 2009) and other research about the impact of stigma-related stress on the mental health of people attracted to children and members of stigmatized populations more generally. One source of stigma-related stress that may increase risk of negative mental health and interpersonal outcomes among members of stigmatized populations is internalization of stigmatizing views (Cantor & McPhail, 2016; Hatzenbuehler, 2009; Langhinrichsen-Rohling, Lamis & Malone, 2010; Meyer, 2003). The impact of internalized stigma was evident among respondents in this sample, who overwhelmingly described feelings of worthlessness related to being attracted to children and, in some cases, feelings of being doomed to harm others.

Respondents' expressions of worthlessness and low self-esteem provide support for Cantor and McPhail's (2016) recommendation to address and mitigate the negative impacts of stigma in treatment for people attracted to children. Distinguishing between people attracted to children and people who sexually abuse children in the context of treatment may be an important aspect of addressing the adverse mental health outcomes associated with stigma in this population. The distinction between attraction and abuse should also be made explicitly clear in research and public discourse to educate the broader public and reduce the social stigma that contributes to these adverse outcomes.

3.4.1.2 Cumulative Effect of Attraction and Other Stressors

Another common theme among respondents when describing their suicidality was the idea of a cumulative effect of the attraction and other stressors. These respondents did not attribute their suicidality directly or fully to their attraction to children, but the stress related to navigating an attraction to children contributed to their anxiety, depression, and suicidal ideation when combined with other stressors. Again, these findings support the Psychological Mediation Framework (Hatzenbuehler, 2009) of suicidality in stigmatized populations; for these respondents, the cumulative effect of the attraction and other stressors created significant mental health and interpersonal problems and contributed to suicidal ideation and behavior.

Furthermore, though stigma-related stress was not always the primary cause of suicidality, respondents felt it was difficult to get effective treatment for issues like anxiety, depression, and social isolation without explaining the context of their attraction to children. They feared if they disclosed their attraction to a mental health professional, they would face stigma and discrimination that would exacerbate their sense of hopelessness or get them reported. Several respondents either avoided seeking treatment because of this or sought treatment but did not disclose their attraction, in line with the finding that stigma is a major impediment to seeking mental health treatment for people attracted to children (Beier, 2016; Piché, Mathesius, Lussier, & Schweighofer, 2016; Shields, 2020). One respondent described disclosing to his therapist and enduring a highly stigmatizing reaction that increased his suicidal ideation.

Taken together, these findings demonstrate that stigma-related stress is not only a significant contributor to suicidality among adults attracted to children, but also a barrier to seeking and obtaining effective treatment for other problems, such as depression and social isolation. Stigma-related stressors, such as internalization of stigmatizing views or anticipation of rejection, can exacerbate mental health problems and prevent people from getting the help they need. Additional research is needed to identify training content for incoming and existing mental

health professionals regarding best practices for treatment of depression and suicidal ideation and behavior of people attracted to children. Training should also include guidance on reporting requirements in the context of attraction to children (i.e., people should not be reported solely for having the attraction).

3.4.1.3 Concerns about Positive Future Related to Attraction

Fears about the immutability of the attraction or the ability to have a positive or fulfilling future represented another powerful contribution to suicidality for respondents who described these concerns. O'Connor and Nock (2014) posit that the inability to escape from stressful, humiliating, or defeating circumstances may be the most significant psychological factor associated with suicidal ideation and behavior, especially in the presence of motivational moderators, such as low levels of social support. Though this theme was described in relation to suicidality by fewer than half of respondents, the impact of this type of distress for those who emphasized it was clear.

Several participants expressed a desire and effort to change their attraction when they first discovered it and were distressed when they were unable to do so. In relation to suicidal ideation, respondents expressed the fear that it would be impossible for them to lead happy or fulfilling lives due to their attraction to children. These findings underscore the importance of Cantor and Phail's (2016) recommendation to develop treatments for people attracted to children that focus on coping with their attraction to children while leading a meaningful and fulfilling life rather than changing their basic orientation. Due to general barriers to treatment (e.g., access) and barriers specific to attraction to children (e.g., fear of being reported), more accessible interventions, such as publicly available, anonymous, online interventions, should also be developed.

Respondents' descriptions of the distress they experienced when they realized they could not change their attraction to children and the concerns they had about their ability to have a positive future provide support for the arrested flight model (Williams, 2001) of suicidality,

whereby suicide risk is increased when feelings of defeat and entrapment are high and the potential for rescue (e.g., social support) is low. These results indicate that feelings of defeat and entrapment must be addressed in research and treatment, and protective factors such as actual and perceived social support may be important for avoiding or mitigating adverse mental health outcomes associated with the immutability of attraction to children.

3.4.2 Limitations

The results of the study should be interpreted in the context of key limitations. First, the primary means of recruitment was through support groups for people attracted to children. Themes related to suicidality may differ for people attracted to children but not connected to these support communities. Furthermore, the sample was limited to adults over the age of 18 who have not had sexual contact with a child as an adult. Though the goal of qualitative analysis is not generalization, the lack of representation from people attracted to children but are not connected to support communities, are under 18 years of age, or have histories of sexual offenses represents a limitation in terms of the breadth of perspectives included.

Another limitation relates to recall bias. Respondents were all 18 years or older (in some cases much older) at the time of the interviews. Many participants reported onset of suicidal ideation and behavior during adolescence, and recall bias could impact respondents' recollections of that time in their life. The inability to interview people of all ages and speak to adolescents who were currently experiencing suicidal thoughts represents a limitation of the study. On the other hand, this meant that most respondents had time to reflect on the factors contributing to their suicidality, and they may have gained insights into their own mental health that they would not have had at the time they were experiencing suicidal ideation or behavior.

3.4.3 Strengths

A strength of this study is the use of a community sample of adults attracted to children who have not sexually abused a child. Attraction to children and sexual abuse of children are often conflated and much of the research about attraction to children comes from forensic

samples of people who have been convicted of sexual offenses. The present study adds to the emerging field of research addressing this gap by exploring suicidality in a non-forensic sample of adults attracted to children but have not had sexual contact with children. The results highlight the impact of stigma-related stress on mental health for adults attracted to children and do not sexually offend.

The employment of an idiographic, phenomenological approach to qualitative analysis represents another strength of the study. The in-depth exploration of each respondent's characterization of their own suicidality allowed for the generation of salient themes related to suicidal ideation and behavior in this sample. The sample size of 15 made possible the level of depth required by IPA while still allowing for a variety of different perspectives. Significant psychological constructs related to suicidality were identified, including lack of hope for the future and low self-esteem brought on by internalized stigma.

Another hallmark of IPA research is the idea of double hermeneutic, whereby the researcher attempts to make sense of how a respondent makes sense of an experience. My repeated engagement with the transcripts and commitment to interpreting respondents' remarks while staying grounded in their descriptions represents another strength of the study. By interpreting and drawing meaningful connections between respondents' comments throughout the interview, I was able to generate superordinate themes that captured salient aspects of respondents' experiences with suicidality.

Finally, the depth and richness of the interview data allowed for the generation of many additional themes beyond the scope of this analysis (i.e. factors associated with suicidality) that will be described in future manuscripts. In particular, themes associated with respondents' improved mental health may be important for identifying strategies for preventing depression and suicidal ideation and behavior among people attracted to children.

3.4.4 Implications

This study contributes valuable insights to the area of suicidal ideation and behavior among people attracted to children. Themes related to respondents' suicidal ideation and behavior highlight considerations and opportunities for suicide prevention in this population, including the importance of addressing internalized stigma and the need to educate mental health professionals about providing supportive treatment for this population.

Stigma-related stress was a significant contributor to suicidality among respondents, as well as a barrier to social connectedness and effective treatment for mental health issues. These findings align with the Psychological Mediation Framework of psychopathology (Hatzenbuehler, 2009) among stigmatized groups. According to this framework, stigma-related stress creates elevations in general emotion dysregulation, social/interpersonal problems, and cognitive processes conferring risk for psychopathology, and these processes in turn mediate the relationship between stigma-related stress and psychopathology (Hatzenbuehler, 2009). In this sample, stigma-related stress negatively impacted participants' self-esteem, hope for the future, and sense social connectedness, contributing to anxiety, depression, and suicidal ideation and behavior.

Respondents' expressions of worthlessness, low self-esteem, cumulative stress, and lack of hope for the future underscore the importance of addressing the impact of stigma-related stress when providing treatment for adults attracted to children. The attraction itself was rarely the source of distress, with the exception of respondents who were distressed about the inability to have relationships with children. Instead, stigma-related stressors, such as internalization of stigmatizing views, seemed to drive most respondents' suicidal ideation and behavior. Potential targets for treatment may include addressing internalized stigma, increasing self-acceptance, improving social connectedness, and identifying ways to find fulfillment, as these strategies may help reduce suicidal ideation and behavior in this vulnerable population.

3.5 References

- B4U-ACT. (2011a). Mental health care and professional literature. Retrieved from:
<https://www.b4uact.org/research/survey-results/spring-2011-survey/>
- B4U-ACT. (2011b). Youth, suicidality, and seeking care. Retrieved from
<https://www.b4uact.org/research/survey-results/youth-suicidality-and-seeking-care/>.
- Beier, K. M. (2016). Proactive strategies to prevent child sexual abuse and the use of child abuse images: Experiences from the German Dunkelfeld project. In H. Kury, S. Redo, & E. Shea (Eds.), *Women and children as victims and offenders: Background, prevention, reintegration: Suggestions for succeeding generations* (Vol. 2., pp. 499-524). Cham, Switzerland: Springer.
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219–234.
- Berlin, F. (2014). Pedophilia and DSM-5: The importance of clearly defining the nature of a pedophilic disorder. *American Academy of Psychiatry Law*, 42:404–7.
- Cacciatori, H. (2017). The lived experiences of men attracted to minors and their therapy-seeking behaviors (Unpublished doctoral dissertation). Walden University, Minneapolis, MN: <https://scholarworks.waldenu.edu/dissertations/3867>
- Cantor, J. M., & McPhail, I. V. (2016). Non-offending pedophiles. *Current Sexual Health Reports*, 8, 121–128.
- Cash, B.M. (2016). Self-identifications, sexual development, and wellbeing in minor-attracted people: An exploratory study (Master's thesis). Cornell University, Ithaca, NY:
<https://ecommons.cornell.edu/handle/1813/45135>
- Dodgson, J. E. (2019). Reflexivity in Qualitative Research. *Journal of Human Lactation*, 35(2), 220–222.

- Gariépy, G., Honkaniemi, H., & Quesnel-Vallée, A. (2016). Social support and protection from depression: Systematic review of current findings in Western countries. *British Journal of Psychiatry*, 209(4), 284-293.
- Giorgi, A. P., & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (p. 243–273). American Psychological Association
- Grav, S., Hellzèn, O., Romild, U. & Stordal, E. (2012). Association between social support and depression in the general population: The HUNT study, a cross-sectional survey. *J Clin Nurs*. 21(1-2):111-20.
- Hall, R. C., & Hall, R. C. (2007). A profile of pedophilia: definition, characteristics of offenders, recidivism, treatment outcomes, and forensic issues. *Mayo Clinic proceedings*, 82(4), 457–471.
- Hatzenbuehler M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological bulletin*, 135(5), 707–730.
- Hughes, J. (2012). Epistemological dimensions in qualitative research: the construction of knowledge online. In Hughes, J. (Ed.), *SAGE internet research methods* (pp. 151-164). SAGE Publications Ltd.
- Imhoff, R. (2014). Punitive attitudes against pedophiles or persons with sexual interest in children: does the label matter? *Archives of Sexual Behavior*, 44, 35–44.
- James, N. & Busher, H. (2009). On epistemological dimensions in qualitative research: the construction of knowledge online. In *Online interviewing* (pp. 5-18). SAGE Publications Ltd.
- Kessler, R., Amminger, G., Aguilar-Gaxiola, S., Alonso, J., Lee, S. & Ustun, T. (2008). Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatry*, 20(4), 359–364.

- Kleiman, E. & Liu, R. (2013). Social support as a protective factor in suicide: Findings from two nationally representative samples. *Journal of Affective Disorders*, 150, no. 2:540–45.
- Langhinrichsen-Rohling, J., Lamis, D. A., & Malone, P. S. (2011). Sexual attraction status and adolescent suicide proneness: the roles of hopelessness, depression, and social support. *Journal of homosexuality*, 58(1), 52–82.
- McDaniel, J. S., Purcell, D., & D'Augelli, A. R. (2001). The relationship between sexual orientation and risk for suicide: Research findings and future directions for research and prevention. *Suicide and Life-Threatening Behavior*, 31, 60–83.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697.
- Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic reviews*, 30(1), 133–154.
<https://doi.org/10.1093/epirev/mxn002>
- O'Connor, R.C. & Nock, M.K. (2014). The psychology of suicidal behaviour. *The Lancet Psychiatry*, 1, 73–85.
- Palmer, R. E. (1969). Hermeneutics: Interpretation Theory in Schleiermacher, Dilthey, Heidegger, and Gadamer. Evanston, IL: Northwestern University Press.
- Piché, L., Mathesius, J., Lussier, P., & Schweighofer, A. (2016). Preventative services for sexual offenders. *Sexual Abuse: Journal of Research and Treatment*, 30, 63-81.
- Platt, S., Arensman, E., & Rezaeian, M. (2019). National suicide prevention strategies – Progress and challenges. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 40(2), 75–82.
- Šedivý, N., Podlogar, T., Kerr, D. & De Leo, D. (2017). Community social support as a protective factor against suicide: A gender-specific ecological study of 75 regions of 23 European countries. *Health & Place*, 48, 40–6.

- Seto, M. (2004). Pedophilia and sexual offenses against children. *Annual Review of Sex Research*, 15, 321–361.
- Shields, R., Murray, S., Ruzicka, A., Buckman, C., Kahn, G., Benelmouffok, A. & Letourneau, E. (2020). Help wanted: Lessons on prevention from young adults with a sexual interest in prepubescent children. *Child Abuse & Neglect*, 105.
- Smith, J. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology, *Qualitative Research in Psychology*, 1:1, 39-54.
- Smith, J. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5 (1), 9–27
- Smith, J. & Osborn, M. (2003). Interpretative phenomenological analysis. In Smith, J.A., editor, *Qualitative psychology: a practical guide to research methods*. London: Sage.
- Smith, J., Flowers, P. & Larkin, M., 2009. *Interpretative Phenomenological Analysis: Theory, Method and Research*, first ed. Learning. Sage Publications, London.
- Stevens, E. & Wood, J. (2019). "I Despise Myself for Thinking about Them." A Thematic Analysis of the Mental Health Implications and Employed Coping Mechanisms of Self-Reported Non-Offending Minor Attracted Persons, *Journal of Child Sexual Abuse*, 28:8, 968-989.
- Suicide Prevention Resource Center (2008). *Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth*. Newton, MA: Education Development Center, Inc.
- Vogt, H. (2006). *Pädophilie - Leipziger Studie zur gesellschaftlichen und psychischen Situation pädophiler Männer* ("Paedophilia - Leipzig study on the societal and psychological situation of paedophile males"), Lengerich, Germany: Pabst Science Publishers. ISBN 3-89967-323-9 (in German)

Walker, A. (2017). Understanding resilience strategies among minor-attracted individuals (Doctoral dissertation). CUNY Academic Works. Retrieved from https://academicworks.cuny.edu/gc_etds/2285/

Williams, J. M. G. (2001). Suicide and attempted suicide. Understanding the cry of pain. London: Penguin.

World Health Organization. (2014). Preventing suicide: a global imperative. World Health Organization.

Yardley, L. (2011). Demonstrating validity in qualitative research. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 234-251). London: SAGE.

3.6 Tables

Table 3.1. *Participant characteristics*

Characteristic	<i>n</i>	%
Gender Identity		
Man	12	80.00
Woman	2	13.33
Non-Binary	2	13.33
Age		
18-25	6	40.00
26-35	1	6.67
36-45	1	6.67
46-55	1	6.67
56-65	1	6.67
66-75	2	13.33
Exclusivity of Attraction		
Exclusive	4	26.67
Non-exclusive	9	60.00
Unspecified	2	13.33

Table 3.2. *Criteria for validity in qualitative research and means to meet them in current study*

Criteria for validity (Yardley, 2000)	Means to meet in current study
Sensitivity to context	<ul style="list-style-type: none">• Researcher presents respondent's quotations when examining and presenting results• Anonymity of study participation and researcher's role as volunteer for B4U-Act might help ensure more acceptable environment to respondent• Researcher created a community advisory board of people attracted to children to ensure the presence of member voices and perspectives
Commitment and rigor	<ul style="list-style-type: none">• Homogeneity of respondent sample (in relation to attraction to children and endorsement of lifetime suicidality)• Researcher paid attention to participant cues and asked appropriate probe questions• Researcher repeatedly engaged with individual transcripts and treated each as a "blank slate" in order to emphasize the unique personal experience of each respondent• Researcher interpreted respondents' characterizations while staying grounded in the data
Transparency and coherence	<ul style="list-style-type: none">• Methods of respondent sampling, stem questions included in the interview schedule, and processes guiding analysis are detailed in study report and appendices• Researcher sought to find balance between common structures and description of individual cases, illustrating how common structures reflect in the experiences of individual respondents• Researcher provided excerpts from journal used to aid in reflexivity
Impact and importance	<ul style="list-style-type: none">• Results highlight important target areas for suicide prevention in target population• Results contribute to literature on people attracted to children but do not sexually offend against children

Table 3.3. *Criteria for validity in IPA research and means to meet them in current study*

Criteria for validity (Smith, 2011)	Means to meet in current study
Subscribes to theoretical principles of IPA	<ul style="list-style-type: none">● Phenomenological: Researcher emphasized respondents' subjective characterization of their own experiences with suicidality● Hermeneutic: Researcher interpreted respondents' characterizations while staying grounded in the data, and drew meaningful connections between themes● Idiographic: Researcher repeatedly engaged with individual transcripts and treated each as a "blank slate" in order to emphasize the unique personal experience of each respondent
Sufficiently transparent so reader can see what was done	<ul style="list-style-type: none">● Methods of respondent sampling, stem questions included in the interview schedule, and processes guiding analysis are detailed in study report and appendices● Researcher provided excerpts from journal used to aid in reflexivity
Coherent, plausible and interesting analysis	<ul style="list-style-type: none">● Researcher sought to find balance between common structures and description of individual cases, illustrating how common structures reflect in the experiences of individual respondents● Results are plausible given existing literature● Results highlight important target areas for suicide prevention in target population
Sufficient sampling from corpus to show density of evidence for each theme	<ul style="list-style-type: none">● N>8: extracts from at least three participants for each theme + measure of prevalence of themes

Table 3.4. *Participant time of discovery of attraction and onset of suicidal ideation/behavior*

Pseudonym	Age	Gender Identity	Discovery of Attraction	Onset of Suicidality
Raúl	24	Man	15-16	16-17
Ty	21	Man	15	~16-19
Michael	69	Man	Unable to determine time of discovery	Adulthood
George	71	Man	Teenage years (unclear)	Adulthood
Frank	46	Man	13	Unable to determine
Thomas	57*	Man	Experienced attraction in high school; labeled at 19-21	Adulthood
Matt	19	Man	16 years old	Prior to discovery of attraction
Nick	26	Man	Experienced attraction at 12; labeled at 16	16-17
Jordan	23*	Non-Binary	Experienced attraction at 13-14; realized at 15-16	17-18
Emily	20	Woman	13 years old	Prior to high school (unclear)
Charles	60	Man	Experienced attraction at 11; felt self-conscious at 17	Adulthood
Julia	19	Woman	14-15	15
Alex	19	Non-Binary	14-15	12
Nathan	37	Man	Experienced attraction at 12-13; labeled at 15	During college (unclear)
Ben	23*	Man	13-14	17

Table 3.5. *Participant superordinate themes associated with suicidal ideation and behavior*

Pseudonym	Age	Gender Identity	Low Self-Esteem or Self-Worth	Cumulative Impact of Attraction and Other Stressors	Concerns about Positive Future Related to Attraction
Raúl	24	Man			X
Ty	21	Man	X	X	
Michael	69	Man	X	X	
George	71	Man	X	X	
Frank	46	Man	X	X	
Thomas	57*	Man	X	X	
Matt	19	Man	X		
Nick	26	Man		X	X
Jordan	23*	Non-Binary		X	X
Emily	20	Woman	X		X
Charles	60	Man	X		
Julia	19	Woman	X	X	
Alex	19	Non-Binary	X	X	X
Nathan	37	Man	X	X	X
Ben	23*	Man	X		

**denotes age approximation*

**Chapter 4. The Role of Self-Esteem and Social Support in Suicidality
Among Adults attracted to Children**

4.0 Abstract

Suicide represents a significant public health problem, with over 800,000 suicide deaths worldwide each year and up to 20 times as many episodes of self-harm and suicide attempts. Research suggests that people attracted to children, like other members of stigmatized groups, may be at elevated risk for suicidal ideation and behavior compared to the general population due to stigma-related stress. Psychological factors, such as self-esteem and perceived social support, are thought to contribute to suicidal ideation and behavior in the general population and among other stigmatized groups. However, the investigation of psychological factors associated with suicidal ideation and behavior among adults attracted to children represents a significant gap in the literature. The current study sought to explore the impact of self-esteem and perceived social support on risk of suicidal ideation and behavior in a sample of 150 adults who were attracted to children. Multiple linear regression was used to investigate the relationship between self-esteem, perceived social support, and risk of suicidal ideation and behavior in this sample. Demographic variables as well as potential mediators of the relationships between self-esteem, perceived social support, and suicidal ideation and behavior were also included in the regressions. Formal mediation analysis was conducted for lifetime major depressive disorder and hopelessness using the Baron and Kenny method. Most participants (69%) showed significant risk of suicidal ideation and behavior. Both self-esteem and perceived social support demonstrated significant, inverse relationships with suicidal ideation and behavior after adjustment for covariates. Depression and hopelessness showed significant positive associations with suicidal ideation and behavior in the final model. Mediation analyses provided support for the role of hopelessness, but not depression, in the relationships between self-esteem and suicidality and perceived social support and suicidality. Results demonstrate high risk for depression and suicidal ideation and behavior among adults attracted to children and highlight important opportunities for prevention and intervention. Improving self-esteem and bolstering social support may be key in preventing suicidal ideation and behavior in this population.

4.1 Introduction

Suicide represents a significant public health problem, with over 800,000 suicide deaths worldwide each year and up to 20 times as many episodes of self-harm and suicide attempts (Platt, Arensman & Rezaeian, 2019; World Health Organization, 2014). Research suggests that people attracted to children may be at elevated risk for suicidal ideation and behavior compared to the general population (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Shields et al., 2020; Stevens & Wood, 2019; Vogt, 2006; Walker, 2017). The lifetime prevalence of suicidal ideation for the general population is about 9%, and the lifetime prevalence of suicide attempts is 3% (Nock et al., 2008). In a 2011 survey of 193 people who reported being attracted to children, 46% of participants reported they had seriously thought about ending their life for a reason related to their attraction. Of these, 32% reported planning a method to end their life, and 13% reported making an attempt (B4U-Act, 2011b). Despite this evidence of increased risk, factors associated with suicidal ideation and behavior among adults attracted to children remain a gap in the literature.

Increased risk of suicidal ideation and behavior among people attracted to children is likely due in part to stigma-related stress. Even in the absence of a sexual offense against a child, people attracted to children face severe stigma, which can lead to expectations of rejection and internalization of stigmatizing views, with concomitant negative impacts on psychological factors such as self-esteem and perceived social connectedness (Cantor & McPhail, 2016; Feldman & Crandall, 2007; Hatzenbuehler, 2009; Imhoff, 2014; Meyer, 2013; Meyer, 2003; Pachankis, 2007). This stigma-related stress contributes to a variety of adverse mental health outcomes, including depression and suicidal ideation and behavior, among people attracted to children (Cantor & McPhail, 2016; Feldman & Crandall, 2007; Imhoff, 2014).

4.1.1 Self-Esteem

Self-esteem, which refers to an individual's overall judgment of their self-worth (Xu, Li, & Yang, 2019), plays a key role in psychological adjustment to a variety of stressors (Geyh et al.,

2011; Huang et al., 2014; Thoits, 1994). Research suggests that a positive self-concept (i.e., seeing oneself as good) is fundamental in the maintenance of psychological well-being (Taylor & Brown, 1988). People attracted to children often experience feelings of self-hatred, low self-esteem, and low self-worth that may contribute to suicidal ideation and behavior (Cash, 2016; Stevens & Wood, 2014). This decreased sense of self-esteem and self-worth increases risk of adverse mental health outcomes for people attracted to children.

Cash (2016) found that a sample of people who were attracted to children had a significantly lower (worse) score on the Rosenberg Self-Esteem scale (RSES; Rosenberg, 1965) compared to the general population ($M = 18$ vs 22 , respectively). One of the factors thought to contribute to self-hatred and low self-esteem in this population is internalized stigma (Cacciatori, 2017; Freimond, 2013). In the public view, it is often assumed that people attracted to children either have already offended or inevitably will offend against children (Feelgood & Hoyer, 2008; McKartan, 2004). Some people attracted to children, despite never having offended, internalize this deterministic view and experience self-hatred and/or suicidal ideation related to fears about one day sexually abusing a child (Stevens & Wood, 2014; Shields, 2020).

Low self-esteem increases risk of depression and hopelessness, two of the most commonly cited risk factors for suicidal thoughts and behaviors (Ribeiro et al., 2018). According to the cognitive theory of depression (Beck, 1967), low self-esteem should not be considered a mere symptom of depression, but rather a causal factor with the ability to impact the onset and maintenance of depression (Dentale et al., 2020). Research suggests that high self-esteem also acts as a buffer against the onset of hopelessness (Baumeister et al., 2003; Metalsky et al., 1993), and that low self-esteem is related to lack of hope for the future (Beck et al., 2004). Furthermore, according to the self-esteem theory of depression (Brown & Harris, 1978), low self-esteem increases vulnerability to depression, which interacts with negative events to lead to the development of hopelessness (Abela, 2002). Thus, the relationship between self-esteem and suicidal ideation and behavior may be mediated by depression and hopelessness.

4.1.2 Perceived Social Support

Social support is another well-established protective factor for psychological well-being (Antonucci, 1990; Lee & Holtzer, 2020; Pillemer & Holtzer, 2016). The absence of social support is associated with suicidal ideation and behavior, depression, and other mental health problems (Cohen & Janicki-Deverts, 2010; Kawachi & Berkman, 2001; Lee & Holtzer, 2020; Uchino, 2006; Thoits, 2011; Umberson & Montez, 2010; Xu, Li & Yang, 2019). Because adults attracted to children often experience significant stigma-related stress (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Cantor & McPhail, 2016; Cash, 2016; Shields et al., 2020; Walker, 2017; Walker, 2020), the protective benefits of social support may be of particular importance for this population.

Research suggests that perceived social support— the perception by an individual that they are cared for and have support available should they need it— may be more critical to psychological well-being than received support, which refers to specific supportive actions offered during times of need (Gurung, 2006; Lakey & Orehek, 2011; Wethington & Kessler, 1986; Xu, Li & Yang, 2019). Perceptions of sufficient social support can create a “buffer,” protecting people from the harmful effects of stress (Barrera, 1986; Cohen & Wills, 1985; Lee & Holtzer, 2020; Pillemer & Holtzer, 2016; Xu, Li & Yang, 2019). However, people attracted to children may be at greater risk of experiencing social isolation or perceptions of insufficient social support than the general population due to their stigmatized identity (Cash, 2016; Jahnke et al., 2015). This sense of social isolation or lack of social connectedness further increases their already elevated risk of suicidal ideation and behavior.

Perceived social support may impact risk for suicide in a variety of ways. Strong perceived social support can impact and sustain a person’s sense of self-worth, which may aid in positive adjustment to stress and reduce psychological distress (Saltzman & Holahan, 2002; Symister & Friend, 2003). Perceived social support also impacts depression and hopelessness. Low levels of perceived social support can predict future depressive symptoms and diagnosis

(Sheeber et al., 1997; Stice et al., 2004), and lower perceived social support has been associated with greater hopelessness (Madani et al., 2018; Oztunc et al., 2013; Yagmur & Duman, 2016). As depression and hopelessness are known risk factors for suicidality, the relationship between perceived social support and suicidal ideation and behavior may be mediated by depression and hopelessness.

4.1.3 Current Study

In the current study, I sought to explore the effects of self-esteem and perceived social support on suicidal ideation and behavior among adults attracted to children. I also performed mediation analyses to investigate the role of impact of depression and hopelessness in the relationship between self-esteem and suicidality and perceived social support and suicidality.

4.2 Methods

I surveyed 150 people who self-reported attraction to children to investigate the relationships between self-esteem, perceived social support, and suicidal ideation and behavior in this population. I hypothesized that lower self-esteem and lower perceived social support would each be associated with higher risk of suicidal ideation and behavior. I also examined the impact of potential mediators of these relationships—depression and hopelessness—hypothesizing that these variables would explain part of the relationship between self-esteem, perceived social support, and suicidal ideation and behavior in this sample.

4.2.1 Recruitment and Participants

While recruitment of a truly random sample of participants is ideal, it can be challenging to reach members of stigmatized populations for research (Maestre et al., 2018). As such, I relied upon convenience sampling, a form of non-probability sampling that refers to taking a sample of people who are easy to contact or reach. Specifically, I engaged with two support forums for people attracted to children, B4U-Act and Virtuous Pedophiles, both of which helped promote this study. I also recruited participants through Twitter accounts followed by people attracted to children (i.e., JHSPH Moore Center, B4U-Act, my own account). Finally, I invited

participants to share the study with other eligible people, a method known as snowball sampling that is often used when studying members of stigmatized (or other hard to reach) populations (Faugier & Sargeant, 1997).

The final sample for this study consisted of 150 adults ages 18 to 73 who self-reported sexual attraction to children. Inclusion criteria were a) being attracted to children 13 years or younger; b) being 18 years or older; and c) having no history of sexual contact with a child as an adult. Participant characteristics are listed in Table 4.1. Briefly, about half of the participants (49%) were 18-25 years old, 31% were 26-35 years old, 10% were 36-45 years old, and 10% were over 45 years old. Most participants identified as male (71%), white (83%), and non-Hispanic/ Latino (81%). More than half of participants (62%) reported sexual attraction to adults (18+) in addition to attraction to children. A flowchart detailing participant recruitment and retention can be found in Figure 4.1.

4.2.2 Procedures

Individuals who saw the recruitment posting or were told about the study by other participants and were interested in participating were directed to a Qualtrics survey, where they were provided with consent information and encouraged to email the study team with any questions or concerns before continuing with the survey. Study participation was entirely voluntary, and several steps were taken to assure participant anonymity and confidentiality. I did not collect any personally identifying information (e.g., names, addresses). In addition, I ensured that Qualtrics did not collect the IP addresses of survey respondents (collection of IP addresses is often an automatic feature of survey providers and web hosting platforms that must be disengaged). Participants were not compensated for the online survey. All study procedures were approved by the Johns Hopkins University Bloomberg School of Public Health Institutional Review Board.

4.2.3 Measures

The dependent variable in this analysis was suicidal ideation and behavior. The independent variables in this analysis were self-esteem and perceived social support. Potential mediators of the relationship between independent variables and suicidal ideation and behavior—lifetime major depressive disorder (MDD) and hopelessness—were also included. Regressions were also adjusted for participant demographic factors, including age, gender identity, and race/ethnicity.

4.2.3.1 Suicidal Behaviors Questionnaire—Revised

The Suicidal Behaviors Questionnaire—Revised (SBQ-R; Osman et al., 1999) was used to measure current and lifetime suicidality. The SBQ-R consists of four items measuring past, current, and future suicidality. Specific items and response options in the SBQ-R are reported in Table 4.2. Total scores are created by summing scores across the four items and range from 3 to 18, with higher scores representing higher risk of suicidal ideation and behavior (Osman et al., 1999). Scoring guidelines for the SBQ-R are provided in Appendix G.

Scores on the SBQ-R have been useful in differentiating between suicidal and nonsuicidal subgroups; a cutoff score of 7 for significant risk of suicide was found to maximize sensitivity (93%) and specificity (96%) rates (Osman et al., 2001). The SBQ-R demonstrated moderate to high internal consistency ($\alpha = 0.76$ to 0.87 ; Osman et al., 2001). In this sample, the SBQ-R demonstrated moderate internal consistency ($\alpha = 0.76$).

4.2.3.2 Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) consists of 10 items measuring both positive (e.g., “On the whole, I am satisfied with myself”) and negative (e.g., “At times I think I am no good at all”) feelings about the self. Items are summed to provide a total score of self-worth (range of 10 to 40), with higher scores representing higher self-esteem (Rosenberg, 1965). Scores that are less than half of the possible total indicate low self-esteem (Rosenberg, 1965). In this study, I used a 7-point Likert scale rather than a 4-point scale for

consistency across measures, creating a range of 10-70 for the RSES. The RSES demonstrated construct validity. For example, RSES total scores are negatively associated with mental health and behavioral disorders (Bagley, Bolitho, & Bertrand, 2007). Scores from the RSES also have evidence of high reliability ($\alpha=0.85-0.96$; e.g., Bagley & Mallick, 2001; Sinclair et al., 2010; Vispoel, Boo, & Blieiler, 2001; Wongpakaran & Wongpakaran, 2012). In this sample, the RSES with the modified 7-point Likert scale demonstrated high internal consistency ($\alpha=0.90$).

4.2.3.3 Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) consists of 12 items on a 7-point Likert scale measuring social support from friends, family, and special persons. The original MSPSS was used for this aim rather than the modified MSPSS-U from aim 1, to aid in comparison with other research.

Each of three subscale scores represent the average item rating for the specific subscale items (range 1 to 7). Only participants' total scores were used for this analysis. Total scores represent the mean score across all items (range 1 to 7). In all cases, higher mean scores indicate higher perceived social support (Zimet et al., 1988). Mean scores less than 3 reflect low perceived support, mean scores between 3 and 5 reflect moderate perceived support, and mean scores over 5 reflect high perceived support (Zimet et al., 1988).

A three-factor structure has been established for the MSPSS (reflecting subscales of family, friends, special persons; Zimet et al., 1990). High internal consistency has been reported for the measure's total score (0.93-0.98) and subscales (range of 0.81-0.91, depending upon the specific subscale; Dahlem, Zimet & Walker, 1991; Khalil, 2014; Wongpakaran, Wongpakaran & Ruktrakul, 2011; Zimet et al., 1990). Total scores were negatively correlated with anxiety ($r = -0.18$; $p < 0.01$) and depression ($r = -0.24$; $p < 0.01$), reflecting moderate construct validity (Zimet et al., 1990). The MSPSS also demonstrated high internal consistency in this sample; Cronbach's alpha for the measure's total score was 0.92, with alphas of 0.90, 0.94, and

0.94 for the subscales of family, friends, and special persons respectively (Paper 1). The original three-factor structure for the MSPSS was also confirmed in this sample (Paper 1), though subscales were not used in analysis.

4.2.3.4 Lifetime Depression Assessment Self-Report

The Lifetime Depression Assessment Self-Report (LIDAS; Bot et al., 2017) was used to measure lifetime MDD. LIDAS assesses lifetime MDD diagnosis according to DSM-IV criteria (Bot et al., 2017) and is based on the widely used Composite International Diagnostic Interview (CIDI; Robins et al., 1988). The LIDAS assesses nine symptoms of MDD including two core symptoms: depressed mood or loss of interest in normal activities. Additional items assessed self-harm or suicide, weight/appetite changes, sleep problems, psychomotor retardation or agitation, concentration problems, and feelings of worthlessness. An individual was classified as having lifetime MDD if they report at least five symptoms, including at least one core symptom of MDD, or if they endorsed being diagnosed with or treated for MDD in their lifetime. In terms of validity, the combination of MDD symptoms and self-reported depression diagnosis and treatment resulted in adequate levels of both sensitivity and specificity (≥ 80) compared with the index CIDI for MDD (Bot et al., 2017). In this study, I removed the item related to self-harm and suicide item to reduce potential for multicollinearity with the SBQ-R; no participants failed to meet the criteria for MDD on this basis alone. The modified LIDAS demonstrated high internal consistency in this study ($\alpha=0.87$).

4.2.3.5 The Beck Hopelessness Scale- Short Form

The Beck Hopelessness Scale- Short Form (Beck, 1988; Forintos et al., 2013) consists of 4 items: (1) I feel that the future is hopeless and that things cannot improve; (2) my future seems dark to me; (3) things just won't work out the way I want them to; and (4) there's no use in really trying to get something I want because I probably won't get it. Each item is rated from 1 to 4. A total score is created by summing across the four items, with higher scores representing greater hopelessness (Beck, 1988). Scores of less than 15% of the total possible score are

considered within the normal range, and scores greater than 70% of the total possible score indicate severe hopelessness (Beck & Steer, 1988). For this study, I used a 7-point Likert scale rather than a 4-point scale for consistency across measures, creating a range of 4-28 rather than 4-16. In prior research, the short form version of the scale demonstrated moderate internal consistency ($\alpha=0.80$) and was significantly correlated with the original scale ($r=0.88$; Forintos, 2013). In this study, the short-form of the BHS with the modified 7-point Likert scale demonstrated high internal consistency ($\alpha=0.89$).

4.2.4 Analytic Approach

I used multiple linear regression to investigate the relationship between self-esteem, perceived social support, and suicidality among 150 adults who were attracted to children. Analysis was conducted using STATA 13.0 (StataCorp, 2013).

The distribution of continuous variables (age, hopelessness, perceived social support, self-esteem, suicidal ideation and behavior) was analyzed using the Shapiro–Wilk test, which tests the null hypothesis that a sample came from a normally distributed population (Shapiro & Wilk, 1965). In this sample, most continuous variables did not follow a normal distribution (indicated by $p<0.05$), so medians and interquartile ranges were calculated for the variables in addition to means. Correlations between variables were examined using Spearman's Rank tests.

4.2.4.1 Missingness

As depicted in Figure 1, among individuals who provided data for this study were some who failed to respond to the suicide risk measure and at least one of the primary independent variables measures (self-esteem, perceived social support). The data from these participants were excluded from analyses. No significant differences in demographics were observed between eligible respondents whose data were excluded from analyses due to incompleteness ($n=53$) and those whose data did inform analyses ($n=150$). Among the final sample of 150, missingness was low. No variable used for analysis, aside from age, was missing for more than

10 participants. Missing data was handled in STATA 13 by testing two methods: listwise deletion, a process which removes participants with missing data for regression variables, and multiple imputation, a process that generates missing values by creating multiple plausible imputed datasets and combining results from all of them. When results were similar for both methods, I used listwise deletion for the final model.

4.2.4.2. Regression Analyses

I ran simple linear regressions on all variables under study (self-esteem, perceived social support, lifetime MDD, and hopelessness) and suicide. Next, I ran multiple linear regressions, first including only the two primary independent variables (self-esteem and perceived social support). Then, I included the block of potential mediators (lifetime MDD and hopelessness). Finally, I included the block of demographic variables (age, gender identity, and race/ethnicity). The final model was selected based on prior theory, greatest R^2 value, and lowest BIC value.

4.2.4.2.1 Mediation Analysis. I conducted mediation analyses using the Baron & Kenny (1986) method to explore associations found in multiple linear regression. I tested the path between each independent variable and the outcome; each independent variable and each mediator; and each mediator and the outcome, controlling for the independent variable. Under this method, if any of these equations are non-significant, there is no evidence for mediation (Baron & Kenny, 1986).

4.3 Results

This study investigated the impact of self-esteem and perceived social support on suicidal ideation and behavior among 150 adults who were attracted to children.

4.3.1 Descriptive Statistics

In addition to demographic information, scores for dependent, independent, and potential mediator variables are reported in Table 4.1.

4.3.1.1. Dependent Variable

Using a cutoff of 7 or higher on the SBQ-R (Osman et al., 1999), 69% of participants ($n=104$) showed significant risk of suicidal ideation and behavior. More specifically, about 86% of participants ($n=132$) reported thinking about or attempting suicide at some point during their lives, 45% ($n=68$) reported having made a plan, and 17% reported having made an attempt ($n=26$). When asked how often they had thought about killing themselves in the past year, 27% said never ($n=36$), 39% said between 1 and 4 times ($n=52$), and 33% said 5 or more times ($n=44$). Results from all SBQ-R items are provided in Table 4.2. Though individual items were not used in analysis, participants' scores on individual items represent findings in and of themselves, as they reflect different aspects of suicidal ideation and behavior among this understudied population. Likewise, the cutoff for significant suicide risk was not used in analysis, as scores were analyzed continuously, but the proportion of participants meeting this cutoff represents an important finding.

4.3.1.2 Independent Variables

In terms of self-esteem, the mean score among participants was 39.91. About 24% of participants ($n=34$) had scores lower than 30, indicating low self-esteem. Participants had a mean score of 4.57 on the MSPSS, which assessed perceived social support. About 13% of participants ($n=19$) had low perceived support, about 49% ($n=74$) had moderate perceived support, and 38% ($n=57$) had high perceived support.

4.3.1.3 Potential Mediator Variables

Participants demonstrated high levels of depression and hopelessness. Most participants (87%) in this sample met criteria for lifetime MDD. About 47% of participants ($n=68$) had scores on the short form of the BHS that indicated severe hopelessness. None of the participants were considered in the normal range of hopelessness scores.

4.3.2 Variable Correlations

Correlations between variables were examined using Spearman's Rank tests (see Table 4.3). Suicidal ideation and behavior showed significant negative correlations with self-esteem ($r = -0.63, p < 0.001$) and perceived social support ($r = -0.43, p < 0.001$) and significant positive correlations with depression ($r = 0.52, p < 0.001$) and hopelessness ($r = 0.55, p < 0.001$). Self-esteem showed a significant positive correlation with perceived social support ($r = 0.39, p < 0.001$) and a significant negative correlation with hopelessness ($r = -0.70, p < 0.001$). Perceived social support also showed a significant negative correlation with hopelessness ($r = -0.38, p < 0.001$).

4.3.3 Regression Analyses

Multiple linear regression was used to examine associations of self-esteem and perceived social support with suicide risk, accounting for demographic variables and potential mediators (lifetime MDD and hopelessness).

4.3.3.1 Simple Linear Regressions

Simple linear regressions were performed on the primary independent variables and suicidal ideation and behavior as well as the potential mediators and suicidal ideation and behavior. Results of simple linear regressions are reported in Table 4.4. Self-esteem and perceived social support demonstrated significant, inverse relationships with suicidal ideation and behavior. Lifetime MDD and hopelessness demonstrated significant, positive relationships with suicidal ideation and behavior.

4.3.3.2 Model Selection

Three models were considered. The first model included only the two primary independent variables, self-esteem and perceived social support. The second model included the two primary independent variables and the two potential mediators— lifetime MDD and hopelessness. The third model included all variables in model 2 along with demographic variables (age, gender identity, race/ethnicity). Results comparing preliminary models to the final

model are provided in Table 4.5. The final model was selected based on prior theory, greatest R^2 value, and lowest BIC value.

4.3.3.3 Final Regression Model

The final model (model 3; see Table 4.5) was statistically significant, with the independent variables explaining a substantial proportion of the variance in suicidal ideation and behavior (adj. $R^2 = 0.49$, $F(14, 114) = 7.97$, $p < .001$). Results of regression analyses from the final model are presented in Table 4.6. As hypothesized, both self-esteem and perceived social support showed significant, inverse relationships with suicidal ideation and behavior in this sample, even after adjusting for demographic variables and potential mediators. Demographic variables (age, gender identity, race/ethnicity) were not significantly associated with suicidality in any of the three models, including the final model.

4.3.3.3.1 Self-Esteem. Self-esteem had a significant inverse relationship with suicidal ideation and behavior in all three models. In a simple linear regression of self-esteem on suicidal ideation and behavior, self-esteem alone accounted for 36% of the variability in outcomes related to suicidal ideation and behavior ($p < 0.001$; see Table 4.5). In the final model, scores on the SBQ-R decreased by 0.12 for every increase of 1 on the RSES ($p < 0.001$; see Table 4.6), which had a range of 10 to 70.

4.3.3.3.2 Perceived Social Support. Perceived social support also had a significant inverse relationship with suicidal ideation and behavior in all three models, aligning with my hypothesis. Prior to including other covariates, perceived social support accounted for 18% of the variability in outcomes related to suicidal ideation and behavior ($p < 0.001$; see Table 4.5). In the final model, scores on the SBQ-R decreased by 0.54 with every increase of 1 on the MSPSS ($p = 0.023$; see Table 4.6), which had a range of 1 to 7.

4.3.4 Mediation Analysis

Two potential mediators of the relationship between self-esteem, perceived social support, and suicidal ideation and behavior were included in regressions— lifetime MDD and

hopelessness. I then conducted formal mediation analyses using the Baron & Kenny (1986) method to further investigate associations identified in multiple regression.

4.3.4.1 Lifetime MDD. Lifetime MDD was also significantly associated with suicidality in this sample. Participants who met criteria for lifetime MDD had SBQ-R scores 3.44 points higher than participants who did not meet criteria for lifetime MDD ($p < 0.001$). In formal mediation analyses, lifetime MDD was not found to mediate the relationship between self-esteem and suicidality or perceived social support and suicidality (see Tables 4.7 & 4.8). One potential explanation for this is that the lack of variability in the sample for meeting criteria for lifetime MDD may preclude the ability to detect mediation effects.

4.3.4.2 Hopelessness. Finally, hopelessness was significantly associated with suicidal ideation and behavior in this sample, even after accounting for lifetime MDD. Scores on the SBQ-R increased by 0.13 with every increase of 1 on the Beck Hopelessness Scale ($p = 0.007$), which had a range of 4 to 28. Formal mediation analyses provided support for hopelessness as a partial mediator of both the relationship between self-esteem and suicidality and the relationship between perceived social support and suicidality (see Tables 4.7 & 4.8).

4.4 Discussion

The results of this study contribute to a small but growing body of literature regarding the impact of stigma-related stress on the mental health of adults attracted to children.

4.4.1 Descriptive Statistics

In this sample, participants demonstrated elevated risk of suicidal ideation and behavior compared to the general population. In the general population, the lifetime prevalence of suicidal ideation is about 9%, and the lifetime prevalence of suicide attempts is 3% (Nock et al., 2008). In this sample, 86% of participants reported considering or attempting suicide in their lifetime and 69% met the criteria for significant risk of suicidal ideation and behavior.

About 24% of participants in this sample had scores indicating low self-esteem on the RSES, compared to 9% in a sample of the general U.S. adult population (Sinclair et al., 2010).

Though there are no established population norms on the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), mean scores between 5.0 and 6.01 have been found among various samples (Cecil et al., 1995; Dahlem et al., 1991; Kazarian & McCabe, 1991; Zimet et al., 1990; Zimet et al., 1988), while the mean score among participants in this sample was slightly lower (4.56). Furthermore, the mean score for perceived social support in this sample was even lower after accounting for concerns about conditionality or loss of support in the context of disclosure of the attraction (Chapter 2).

Participants demonstrated high levels of depression and hopelessness. Most participants (87%) in this sample met criteria for lifetime MDD compared to the lifetime prevalence of MDD among adults in the U.S. of around 21% (Hasin et al., 2018). About half of participants indicated severe hopelessness, and none of the participants were considered in the normal range of hopelessness scores.

The elevated rates of suicidal ideation and behavior, low self-esteem, depression, and hopelessness in this sample are striking. These findings align with those from other studies (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Shields et al., 2020; Stevens & Wood, 2019; Vogt, 2006; Walker, 2017) in suggesting significant mental health problems among people attracted to children.

4.4.2 Variable Correlations

Though the measures in this study are established and widely used tools, many of them have not yet been used to study the mental health of adults attracted to children. Scores on most measures used in the study correlated as expected. As in other populations, suicidal ideation and behavior showed significant negative correlations with self-esteem and perceived social support and significant positive correlations with depression and hopelessness in this sample. Self-esteem showed a significant positive correlation with perceived social support and a significant negative correlation with hopelessness. Perceived social support also showed a significant negative correlation with hopelessness.

4.4.3 Regression Analyses

Results of regression analyses demonstrated that self-esteem and perceived social support were significantly, inversely associated with suicidal ideation and behavior in this sample, even after accounting for demographic variables and potential mediators (lifetime MDD and hopelessness). Participants with lower self-esteem and lower perceived social support demonstrated greater risk for suicidal ideation and behavior than participants with higher self-esteem and perceived support. While the importance of self-esteem and social support for mental health have been widely studied among general populations, these relationships have not yet been formally examined among people attracted to children. Findings of this study suggest that self-esteem and perceived social support may be important components of treatment strategies aimed at reducing and preventing suicidality in this population.

4.4.4 Mediation Analyses

Mediation analyses using Baron & Kenny's (1968) method demonstrated support for hopelessness as a partial mediator of the relationship between self-esteem and suicidality and perceived social support and suicidality. Hopelessness was highly endorsed by this sample, indicating that it may be an important target for treatment of suicidal ideation and behavior. There was no evidence for the mediating role of lifetime MDD in these relationships, which may be due to lack of variability in the sample (approximately 90% of the sample met criteria).

4.4.5 Limitations

This study has several limitations. First, data were cross-sectional, meaning I was unable to confirm causality in the relationships between self-esteem, perceived social support and suicidal ideation and behavior, and other covariates in the sample. Second, while the use of convenience sampling allowed access to this hard-to-reach population, this strategy limits generalizability outside the sample characteristics. Specifically, I recruited through online communities of people attracted to children, meaning the results may not be generalizable to adults attracted to children who are not connected with such communities. Furthermore, the

sample was predominately white, and most participants were men, meaning the results should not be assumed to generalize to women, non-binary people, and people of color. Though some people of color, women, and non-binary people were included in the sample, there were too few to power analyses looking at differences by race, ethnicity, or gender identity. Results also cannot be generalized to groups who were ineligible to participate— people under the age of 18 and people with histories of sexual offenses against children.

4.4.6 Strengths

A significant strength of the study is the use of a community sample of adults attracted to children but have not sexually offended against children. Most research on people with sexual interest in children relies upon forensic samples, which are distinct from community samples in important ways including having more criminogenic factors. Reliance on forensic samples greatly limits generalizability of findings and also reifies the inaccurate perception that people with sexual attraction to children are or will become offenders. This study highlights the significant and largely unmet mental health needs of non-offending people attracted to children. Furthermore, the sample size was large enough to power regression analyses that provided insights into factors associated with suicidal ideation and behavior in this understudied population, which can be used to inform suicide prevention and intervention efforts.

4.4.7 Implications

Findings from this study align with previous research suggesting high rates of suicidal ideation and behavior among adults attracted to children (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Shields et al., 2020; Stevens & Wood, 2019; Vogt, 2006; Walker, 2017). Further, this study replicates findings from other studies that demonstrate positive impacts of self-esteem and perceived social support on suicidal ideation and behavior (Cohen & Janicki-Deverts, 2010; Geyh et al., 2011; Huang et al., 2014; Kawachi & Berkman, 2001; Lee & Holtzer, 2020; Taylor & Brown, 1988; Thoits, 2011; Thoits, 1994; Uchino, 2006; Umberson & Montez, 2010; Xu, Li & Yang, 2019). This study also suggested that— as in other populations—

depression and hopelessness temper the buffering impact of self-esteem and perceived social support on suicidal ideation and behavior among adults attracted to children. Because self-esteem and perceived social support are malleable factors associated with suicidality, they may represent important targets for improving mental health in this vulnerable population.

This study underscores the significant mental health issues faced by adults attracted to children— in particular, their increased risk for suicidal ideation and behavior, low self-esteem, low perceived social support, depression, and hopelessness, compared to the general population. However, it also highlights important opportunities for prevention and intervention. For adults attracted to children, improving self-esteem and bolstering perceived social support may be key in preventing suicidal ideation and behavior. Addressing potential mediating factors, such as hopelessness, may also be an important component of treatment. Additional research is needed to explore these relationships further and develop interventions aimed at reducing and preventing suicidal ideation and behavior among people attracted to children.

4.5 References

- Abela, J. R. Z. (2002). Depressive mood reactions to failure in the achievement domain: A test of the integration of the hopelessness and self-esteem theories of depression. *Cognitive Therapy and Research*, 26(4), 531–552.
- Abiri, S., Oakley, L.D., Hitchcock, M.E., & Hall, A. (2016). Stigma related avoidance in people living with severe mental illness (SMI): findings of an integrative review. *Community Mental Health J.*;52(3):251e61.
- Antonucci, T.C. (1990) 'Social Supports and Social Relationships', in R.H. Binstock & L. K. George (eds) *The Handbook of Aging and the Social Sciences*, 3rd edn. San Diego, CA: Academic Press. Ch. 11, pp. 205-226.
- B4U-ACT. (2011a). Mental health care and professional literature. Retrieved from: <https://www.b4uact.org/research/survey-results/spring-2011-survey/>
- B4U-ACT. (2011b). Youth, suicidality, and seeking care. Retrieved from <https://www.b4uact.org/research/survey-results/youth-suicidality-and-seeking-care/>.
- Bagley, C., Bolitho, F., & Bertrand, L. (2007). Norms and Construct Validity of the Rosenberg Self-Esteem Scale in Canadian High School Populations: Implications for Counselling. *Canadian Journal of Counselling and Psychotherapy*, 31(1).
- Bagley, C., & Mallick, K. (2001). Normative data and mental health construct validity for the Rosenberg Self-Esteem Scale in British adolescents. *International Journal of Adolescence and Youth*, 9(2-3), 117-126.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 14(4), 413–445.

- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. E. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, 4, 1-44.
- Beck, A.T. (1988). "Beck Hopelessness Scale." The Psychological Corporation.
- Beck, A.T. (1988). "Beck Hopelessness Scale." The Psychological Corporation.
- Beck, A.T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. Harper & Row; New York, NY.
- Beck, A. T., Freeman, A., & Davis, D. D. (2004). *Cognitive therapy of personality disorders* (2nd ed.). New York: The Guilford Press.
- Beck, A. T., & Steer, R. A. (1988). *Manual for the Beck Hopelessness Scale*. San Antonio, TX: Psychological Corp.
- Bot, M., Middeldorp, C., de Geus, E., Lau, H., Sinke, M., van Nieuwenhuizen, B., Smit, J., Boomsma, D., & Penninx, B. (2017). Validity of LIDAS (Lifetime Depression Assessment Self-report): A self-report online assessment of lifetime major depressive disorder. *Psychological Medicine*, 47(2), 279–289.
- Brown, G. W., & Harris, T. O. (1978). *Social origins of depression: A study of psychiatric disorder in women*. New York: Free Press.
- Cacciatori, H. (2017). *The lived experiences of men attracted to minors and their therapy-seeking behaviors* (Unpublished doctoral dissertation). Walden University, Minneapolis, MN: <https://scholarworks.waldenu.edu/dissertations/3867>
- Cantor, J. M., & McPhail, I. V. (2016). Non-offending pedophiles. *Current Sexual Health Reports*, 8, 121–128.
- Cash, B.M. (2016). *Self-identifications, sexual development, and wellbeing in minor-attracted people: An exploratory study* (Master's thesis). Cornell University, Ithaca, NY: <https://ecommons.cornell.edu/handle/1813/45135>

- Cecil, H., Stanley, M.A., Carrion, P.G., & Swann, A. (1995). Psychometric properties of the MSPSS and NOS in psychiatric out-patients. *Journal of Clinical Psychology*, 51, 593-602.
- Cohen, S., & Janicki-Deverts, D. (2010). Can we improve our physical health by altering our social networks? *Perspectives on Psychological Science*, 4(4), 375–378.
- Dahlem, N., Zimet, G., & Walker, R. (1991) The multidimensional scale of perceived social support: a confirmatory study. *J Clin Psychol*. 47: 756-761.
- Dentale, F., Vecchione, M., Alessandri, G. et al. (2020). Investigating the protective role of global self-esteem on the relationship between stressful life events and depression: A longitudinal moderated regression model. *Curr Psychol* 39, 2096–2107.
- Faugier, J., & Sargeant M. (1997). Sampling hard to reach populations. *Journal of Advanced Nursing*, 26, 790-797.
- Feelgood, S., & Hoyer, J. (2008). Child molester or paedophile? Sociolegal versus psychopathological classification of sexual offenders against children. *Journal of Sexual Aggression*, 14, 33–43.
- Feldman, D. & Crandall, C. (2007). Dimensions of mental illness stigma: what about mental illness causes social rejection? *Journal of Social and Clinical Psychology*, 26(2), 137–154.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14(4), 245–258.
- Forintos, D. P., Rózsa, S., Pilling, J., & Kopp, M. (2013). Proposal for a short version of the Beck Hopelessness Scale based on a national representative survey in Hungary. *Community Mental Health Journal*, 49(6), 822–830.

- Freimond, C. M. (2013). Navigating the Stigma of Pedophilia: The Experiences of Nine Minor-Attracted Men in Canada, 1–99.
- Geyh, S., Peter, C., Muller, R., Bickenbach, J. E., Kostanjsek, N., Ustün, B. T., et al. (2011). The Personal Factors of the International Classification of Functioning, Disability and Health in the literature—A systematic review and content analysis. *Disabilities Rehabilitation*, 33, 1089–1102.
- Gurung, R. (2006). "Coping and Social Support". *Health Psychology: A Cultural Approach*. Belmont, CA: Thomson Wadsworth. pp. 131–171.
- Hasin, D.S., Sarvet, A.L., Meyers, J.L., et al. (2018). Epidemiology of Adult DSM-5 Major Depressive Disorder and Its Specifiers in the United States. *JAMA Psychiatry*; 75(4):336–346.
- Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological bulletin*, 135(5), 707–730.
- Huang, C. Y., Chen, W. K., Lu, C. Y., Tsai, C. C., Lai, H. L., Lin, H. Y., et al. (2014). Mediating effects of social support and self-concept on depressive symptoms in adults with spinal cord injury. *Spinal Cord*, 53(5), 413.
- Imhoff, R. (2014). Punitive attitudes against pedophiles or persons with sexual interest in children: does the label matter? *Archives of Sexual Behavior*, 44, 35–44.
- Jahnke, S., Schmidt, A. F., Geradt, M., & Hoyer, J. (2015). Stigma-related stress and its correlates among men with pedophilic sexual interests. *Archives of Sexual Behavior*, 112.
- Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, 78 (3), 458–467.
- Kazarian, S.S. & McCabe, S.B. (1991). Dimensions of social support in the MSPSS; Factorial structure, reliability, and theoretical implications. *Journal of Community Psychology*, 19, 150-160.

- Khalil, K. (2014). Factors affecting health promotion lifestyle behaviors among Arab American women [doctoral dissertation]. ProQuest Dissertations and Theses database. Retrieved from: <http://gradworks.umi.com/35/80/3580965.html>.
- Laakey, B., & Orehek, E. (2011). Relational regulation theory: A new approach to explain the link between perceived social support and mental health. *Psychological Review*, 118(3), 482.
- Lee, J., & Holtzer, R. (2020). Independent associations of apathy and depressive symptoms with perceived social support in healthy older adults. *Aging & Mental Health*, 1–7. Advance online publication.
- Madani, H., Pourmemari, M., Moghimi, M., & Rashvand, F. (2018). Hopelessness, perceived social support and their relationship in Iranian patients with cancer. *Asia-Pacific Journal of Oncology Nursing*; 5: pp. 314-319.
- Maestre, J. F., Eikey, E. V., Warner, M., Yarosh, S., Pater, J., Jacobs, M., Marcu, G., & Shih, P. C. (2018). Conducting research with stigmatized populations: Practices, challenges, and lessons learned. In CSCW 2018 Companion - Companion of the 2018 ACM Conference on Computer Supported Cooperative Work and Social Computing (pp. 385-392). (Proceedings of the ACM Conference on Computer Supported Cooperative Work, CSCW). Association for Computing Machinery.
- McCartan, K. (2004). 'Here there be monsters': The public's perception of paedophiles with particular reference to Belfast and Leicester.
- Metalsky, G. I., Joiner, T. E. Jr., Hardin, T. S., & Abramson, L. Y. (1993). Depressive reactions to failure in a naturalistic setting: A test of the hopelessness and self-esteem theories of depression. *Journal of Abnormal Psychology*, 102(1), 101- 109.
- Meyer, I. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology of Sexual Orientation and Gender Diversity*, 1(S), 3–26.

- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697.
- Nock, M., Borges, G., Bromet, E., et al. (2008). Cross-national prevalence and risk factors for suicidal ideation, plans and attempts. *Br J Psychiatry*. 192(2):98-105.
- Osman, A., Bagge, C. L., Gutierrez, P. M., Konick, L. C., Kopper, B. A., & Barrios, F. X. (2001). The Suicidal Behaviors Questionnaire--Revised (SBQ-R): Validation with clinical and nonclinical samples. *Assessment*, 8(4), 443–454.
- Osman, A., Kopper, B.A., Linehan, M.M., Barrios, F.X., Gutierrez, P.M., & Bagge, C.L. (1999). Validation of the Adult Suicidal Ideation Questionnaire and the Reasons for Living Inventory in an adult psychiatric inpatient sample. *Psychological Assessment*, 11, 115–123.
- Oztunc, G., Yesil, P., Paydas, S., & Erdogan, S. (2013). Social support and hopelessness in patients with breast cancer. *Asian Pacific Journal of Cancer Prevention*; 14: pp. 571-578.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133(2), 328–345.
- Pillemer, S. & Holtzer, R. (2016). The differential relationships of dimensions of perceived social support with cognitive function among older adults. *Aging & Mental Health*, 20(7), 727–735.
- Platt, S., Arensman, E., & Rezaeian, M. (2019). National suicide prevention strategies – Progress and challenges. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 40(2), 75–82.
- Ribeiro, J. D., Huang, X., Fox, K. R., & Franklin, J. C. (2018). Depression and hopelessness as risk factors for suicide ideation, attempts and death: Meta-analysis of longitudinal studies. *The British Journal of Psychiatry*, 212(5), 279–286.

- Robins, L. N., Wing, J., Wittchen, H. U., Helzer, J. E., Babor, T. F., Burke, J., ... Towle, L. H. (1988). The Composite International Diagnostic Interview: An epidemiologic instrument suitable for use in conjunction with different diagnostic systems and in different cultures. *Archives of General Psychiatry*, 45(12), 1069–1077.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Saltzman, K. M., & Holahan, C. J. (2002). Social support, self-efficacy and depressive symptoms: An integrative model. *Journal of Social and Clinical Psychology*, 21(3), 309–322.
- Shapiro, S. & Wilk, M. B. (1965). "An analysis of variance test for normality (complete samples)". *Biometrika*. 52 (3–4): 591–611.
- Shields, R., Murray, S., Ruzicka, A., Buckman, C., Kahn, G., Benelmouffok, A. & Letourneau, E. (2020). Help wanted: Lessons on prevention from young adults with a sexual interest in prepubescent children. *Child Abuse & Neglect*, 105.
- Sheeber, L., Hops, H., Alpert, A., Davis, B., & Andrews, J. (1997). Family support and conflict: prospective relations to adolescent depression. *J. Abnorm. Child Psychol.* 25, 333–344.
- Sinclair, S. J., Blais, M. A., Gansler, D. A., Sandberg, E., Bistis, K., & LoCicero, A. (2010). Psychometric Properties of the Rosenberg Self-Esteem Scale: Overall and Across Demographic Groups Living Within the United States. *Evaluation & the Health Professions*, 33(1), 56–80.
- StataCorp. (2013). *Stata Statistical Software: Release 13*. College Station, TX: StataCorp LP.
- Stevens, E. & Wood, J. (2019). "I Despise Myself for Thinking about Them." A Thematic Analysis of the Mental Health Implications and Employed Coping Mechanisms of Self-Reported Non-Offending Minor Attracted Persons, *Journal of Child Sexual Abuse*, 28:8, 968-989.

- Stice, E., Ragan, J., & Randall, P. (2004). Prospective relations between social support and depression: differential direction of effects for parent and peer support? *J. Abnorm. Psychol.* 113, 155–159.
- Symister, P., & Friend, R. (2003). The influence of social support and problematic support on optimism and depression in chronic illness: A prospective study evaluating self-esteem as a mediator. *Health Psychology*, 22(2), 123–129.
- Taylor, S. & Brown, J. (1988). Illusion and well-being: A social cognitive perspective on mental health. *Psychological Bulletin*, 106, 231–248.
- Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145–161.
- Thoits, P. A. (1994). Stressors and problem-solving: The individual as psychological activist. *Journal of Health and Social Behavior*, 35(2), 143–159.
- Uchino, B. N. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, 29(4), 377–387.
- Umberson, D., & Montez, J. K. (2010). Social relationships and health a flashpoint for health policy. *Journal of Health and Social Behavior*, 51(1_suppl), S54–S66.
- Vispoel, W. P., Boo, J., & Bleiler, T. (2001). Computerized and paper-and-pencil versions of the Rosenberg Self-Esteem Scale: A comparison of psychometric features and respondent preferences. *Educational and Psychological Measurement*, 61(3), 461-474.
- Vogt, H. (2006). Pädophilie - Leipziger Studie zur gesellschaftlichen und psychischen Situation pädophiler Männer ("Paedophilia - Leipzig study on the societal and psychological situation of paedophile males"), Lengerich, Germany: Pabst Science Publishers. ISBN 3-89967-323-9 (in German)
- Walker, A. (2020). 'I'm not like that, so am I gay?' The use of queer-spectrum identity labels among minor-attracted people. *Journal of Homosexuality*, 67(12), 1736–1759.

- Walker, A. (2017). Understanding resilience strategies among minor-attracted individuals (Doctoral dissertation). CUNY Academic Works. Retrieved from https://academicworks.cuny.edu/gc_etds/2285/
- Wethington, E., & Kessler, R. C. (1986). Perceived support, received support, and adjustment to stressful life events. *Journal of Health & Social Behavior*, 27(1), 78–89.
- Wongpakaran, T., & Wongpakaran, N. (2012). A comparison of reliability and construct validity between the original and revised versions of the Rosenberg Self-Esteem Scale. *Psychiatry investigation*, 9(1), 54–58.
- Wongpakaran, T., Wongpakaran, N., & Ruktrakul, R. (2011). Reliability and Validity of the Multidimensional Scale of Perceived Social Support (MSPSS): Thai Version. *Clinical practice and epidemiology in mental health: CP & EMH*, 7, 161–166.
- World Health Organization. (2014). Preventing suicide: a global imperative. World Health Organization.
- Xu, Q., Li, S., & Yang, L. (2019). Perceived social support and mental health for college students in mainland China: The mediating effects of self-concept. *Psychology, Health & Medicine*, 24(5), 595–604.
- Yagmur, Y. & Duman M. (2016). The relationship between the social support level perceived by patients with gynecologic cancer and mental adjustment to cancer. *International Journal of Gynaecology Obstetrics*; 134: pp. 208-211.
- Zimet, G.D., Dahlem, N.W., Zimet, S.G., & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*; 52:30-41.
- Zimet, G.D., Powell, S.S., Farley, G.K., Werkman, S. & Berkoff, K.A. (1990). Psychometric characteristics of the Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 55, 610-17.

4.6 Tables and Figures

Table 4.1. *Participant characteristics*

	N	%	Mean (SD)	Median (Q1-Q3)
Age				
18-25	67	48.91		
26-35	42	30.66		
36-45	14	10.22		
46-55	2	1.46		
56-65	9	6.57		
66-75	3	2.19		
Gender Identity				
Man	107	71.33		
Woman	20	13.33		
Non-Binary	10	6.67		
Gender Fluid	7	4.67		
Agender	3	2.00		
Not Listed	3	2.00		
Race				
White	125	83.33		
Black	8	5.33		
Asian	4	2.67		
Not Listed	7	4.67		
Multiple Races	6	4.00		
Ethnicity				
Hispanic/Latino	14	9.72		
Non-Hispanic/Latino	116	80.56		
Not listed/Multiple	14	9.72		
Suicidal Ideation/Behavior			9.43 (4.29)	9.5 (6-13)
Self-Esteem			39.91 (13.12)	40 (31-50)
Perceived Social Support			4.57 (1.44)	4.71 (3.83-5.58)
Lifetime Major Depressive Disorder	131	87.33		
Hopelessness			16.39 (6.67)	16 (11-22)

Table 4.2. Reported suicidal ideation and behavior among participants

Item	N	%
Have you ever thought about or attempted suicide?		
Never	18	12
It was just a brief passing thought	38	25
I have had a plan at least once to kill myself but did not try to do it	39	26
I have had a plan at least once to kill myself and really wanted to die	29	19
I have attempted to kill myself but did not want to die	7	5
I have attempted to kill myself and really hoped to die	19	13
How often have you thought about killing yourself in the past year?		
Never	36	27
1 time	17	13
2 times	18	14
3-4 times	17	13
5 or more times	44	33
How likely is it that you will attempt suicide someday?		
No chance	13	10
Very unlikely	33	25
Unlikely	23	17
Somewhat unlikely	20	15
Somewhat likely	24	18
Likely	13	10
Very likely	6	5
Have you ever told someone that you were going to kill yourself, or that you might do it?		
No	67	51
Yes, at one time, but did not really want to die	19	14
Yes, at one time, and really wanted to die	15	11
Yes, more than once, but did not want to do it	12	9
Yes, more than once, and really wanted to do it	19	14
Met cutoff for significant risk of suicidal ideation or behavior	104	69

Table 4.3. Variable correlations

Variable	Suicidal Ideation or Behavior	Self-Esteem	Perceived Social Support	Lifetime MDD
Suicidal Ideation or Behavior				
Self-Esteem	-0.63**			
Perceived Social Support	-0.43**	0.39**		
Lifetime Major Depressive Disorder	0.52**	-0.28**	-0.26*	
Hopelessness	0.55**	-0.70**	-0.38**	0.24*

*indicates $p \leq 0.05$. ** indicates $p \leq 0.01$.

Table 4.4. *Simple linear regressions*

Variable	B	R ²	p
Self-Esteem	-0.20	0.36	<0.001
Perceived Social Support	-1.27	0.18	<0.001
Lifetime MDD	3.92	0.09	<0.001
Hopelessness	0.36	0.31	<0.001

Table 4.5. Preliminary models compared to final model

Variable	Model 1	Model 2	Model 3
Self-Esteem	-0.17**	-0.13**	-0.12**
Perceived Social Support	-0.66**	-0.47**	-0.54*
Lifetime MDD		3.58**	3.44**
Hopelessness		0.14**	0.13*
Age			-0.006
Gender Identity			
Woman			0.06
Non-Binary			0.10
Gender Fluid			-0.13
Agender			0.85
Not Listed			0.82
Race/Ethnicity			
White/Hispanic or Latino			-0.63
Non-white/Non-Hispanic or Latino			-1.28
Non-white/Hispanic/Latino			-0.48
Not listed/Multiple			1.94
R ²	0.40	0.49	0.49
Bayesian information criterion (BIC)	762.60	749.21	731.59

*indicates $p \leq 0.05$. ** indicates $p \leq 0.001$.

Note: Model 1 includes only the primary independent variables; Model 2 includes primary independent variables and potential mediators (lifetime MDD and hopelessness); Model 3 includes primary independent variables, potential mediators, and demographic variables. Model 3 was selected based on prior theory, greatest R² value, and lowest BIC value.

Table 4.6. Regression analysis summary

Variable	β	95% CI		t	p
Self-Esteem	-0.12	-0.19	-0.06	-3.79	<0.001
Perceived Social Support	-0.54	-1.00	-0.08	-2.30	0.023
Lifetime MDD	3.44	1.68	5.20	3.87	<0.001
Hopelessness	0.13	0.004	0.26	2.04	0.044
Age	-0.01	-0.07	0.05	-0.23	0.819
Gender Identity*					
Woman	0.06	-1.70	1.83	0.07	0.942
Non-Binary	0.10	-2.31	2.50	0.08	0.937
Gender Fluid	-0.13	-3.22	2.96	-0.08	0.933
Agender	0.85	-3.22	4.93	0.41	0.679
Not Listed	0.82	-3.92	5.55	0.34	0.734
Race/Ethnicity**					
White/Hispanic or Latino	-0.63	-2.86	1.59	-0.57	0.573
Non-white/Non-Hispanic or Latino	-1.28	-3.45	0.88	-1.17	0.243
Non-white/Hispanic/Latino	-0.48	-4.68	3.71	-0.23	0.820
Not listed/Multiple	1.94	-1.24	5.12	1.21	0.230

Note: $R^2 = 0.49$ ($n=129$, $p<0.001$). CI = confidence interval for β .

*Reference category for gender identity: Man

*Reference category for race/ethnicity: White/Non-Hispanic or Latino

Table 4.7. Self-esteem mediation analysis

Mediator	Path*	Beta**	95% CI	p
Lifetime MDD				
Step 1	c	-0.20	-0.25 to -0.16	<0.001
Step 2	a	-0.001	-0.005 to 0.003	0.523
Step 3	b	3.92	1.93 to 5.91	<0.001
Step 4	c'	-0.20	-0.24 to -0.15	<0.001
Hopelessness				
Step 1	c	-0.20	-0.25 to -0.16	<0.001
Step 2	a	-1.37	-1.59 to -1.13	<0.001
Step 3	b	0.36	0.27 to 0.45	<0.001
Step 4	c'	-0.14	-0.20 to -0.08	<0.001

*path c = X (self-esteem) → Y (suicidal ideation and behavior); path a= X → M (lifetime MDD; hopelessness); path b = M → Y; path c' = X & M → Y

**unstandardized coefficients

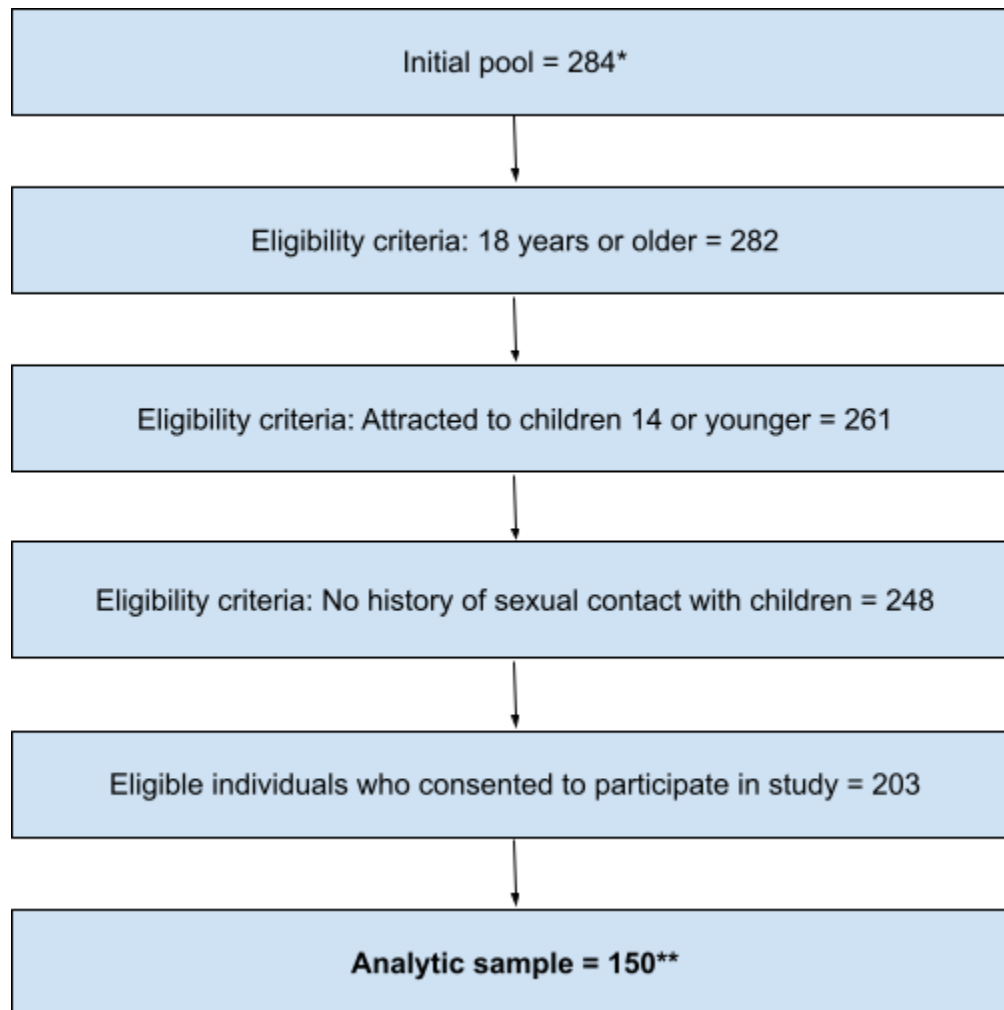
Table 4.8. *Perceived social support mediation analysis*

Mediator	Path	<i>Beta</i>	95% CI	<i>p</i>
Lifetime MDD				
Step 1	c	-1.27	-1.71 to -0.84	<0.001
Step 2	a	-0.27	-0.65 to 0.10	0.151
Step 3	b	3.92	1.93 to 5.91	<0.001
Step 4	c'	3.34	1.51 to 5.16	<0.001
Hopelessness				
Step 1	c	-1.27	-1.71 to -0.84	<0.001
Step 2	a	-1.99	-2.68 to -1.31	<0.001
Step 3	b	0.36	0.27 to 0.45	<0.001
Step 4	c'	-0.70	-1.15 to -0.25	0.002

*path c = X (perceived social support) → Y (suicidal ideation and behavior); path a= X → M (lifetime MDD; hopelessness); path b = M → Y; path c' = X & M → Y

**unstandardized coefficients

Figure 4.1. *Participant recruitment and retention*



*Initial pool refers to individuals who opened the online survey

**Participants were included in the final analytic sample if they answered the items measuring lifetime suicidal ideation/behavior and at least one of the primary independent variables (self-esteem, perceived social support).

Chapter 5. Conclusions and Recommendations

Findings from this study contribute to the limited existing research on the factors associated with suicidal ideation and behavior among adults attracted to children. Aim 1 findings shed light on the complex construct of perceived social support, an established protective factor against suicide, in this population. Qualitative findings from aim 2 illustrate many of the themes associated with suicidal ideation and behavior in a sample of adults attracted to children and report lifetime suicidality. Results of regression analyses in aim 3 identify factors associated with suicidal ideation and behavior among adults attracted to children, including self-esteem, perceived social support, depression, and hopelessness.

5.1 Aim 1 Findings

Both the original MSPSS and modified MSPSS-U demonstrated high internal reliability and moderate construct validity. Differences in scores on the MSPSS and MSPSS-U illustrated considerations for measuring and improving perceived social support in this population. Participants reported lower perceived social support under the condition of everyone in their life knowing about their attraction to children, demonstrating concerns about conditionality or loss of support that appeared to negatively impact their perceptions of support. Findings from qualitative analyses provide insight into the differences in scores between the MSPSS and MSPSS-U, highlighting reasons people attracted to children may fear conditionality or loss of support upon disclosure of their attraction.

Themes generated from qualitative analysis aligned with many of the barriers to disclosure identified in other research, such as fear of judgment, fear of rejection or loss, and fear of direct personal consequences (Shields et al., 2020; Walker, 2017). Themes related to facilitators to disclosure, such as the lack of judgment found in an online community of people attracted to children, the need to provide context for mental health problems in order to receive support for them, or the need for self-expression and authenticity in their relationships, also aligned with prior research (Freimond, 2009; Goode, 2010). These themes underscore the

stigma-related stress that prevents people from disclosing their attraction to loved ones and seeking support for mental health issues.

Taken together, the findings from Aim 1 indicate that, for people attracted to children, concerns related to conditional support or potential loss of support may negatively impact perceptions of social support. Because perceived social support is an important protective factor against adverse mental health outcomes, efforts to effectively measure and address this construct should be prioritized in future research with people attracted to children.

5.2 Aim 2 Findings

Findings from aim 2 contribute valuable insights to the area of suicidal ideation and behavior among people attracted to children. Themes related to respondents' suicidal ideation and behavior highlight considerations and potential opportunities for suicide prevention in this population, including the importance of addressing internalized stigma and educating mental health professionals about providing supportive treatment for people attracted to children.

Themes generated in Aim 2 shed light on some of the potential contributing factors to suicidal ideation and behavior among people attracted to children, specifically: low self-esteem, often due to internalized stigma; lack of hope for the future; and the cumulative impact of the attraction and other stressors. These findings underscore the importance of addressing the impact of stigma-related stress when designing preventive interventions or providing treatment for people attracted to children.

Stigma-related stress was a significant contributor to suicidality among respondents, as well as a barrier to social connectedness and effective treatment for mental health issues. These findings align with the Psychological Mediation Framework of psychopathology (Hatzenbuehler, 2009) among stigmatized groups. According to this framework, stigma-related stress creates elevations in general emotion dysregulation, social/interpersonal problems, and cognitive processes conferring risk for psychopathology, and these processes in turn mediate the relationship between stigma-related stress and psychopathology (Hatzenbuehler, 2009). In

this sample, stigma-related stress negatively impacted participants' self-esteem, hope for the future, and sense social connectedness, contributing to anxiety, depression, and suicidal ideation and behavior.

5.3 Aim 3 Findings

Findings from Aim 3 align with previous research suggesting elevated rates of depression and suicidal ideation and behavior among adults attracted to children (B4U-ACT, 2011a; B4U-ACT, 2011b; Cacciatori, 2017; Shields et al., 2020; Stevens & Wood, 2019; Vogt, 2006; Walker, 2017). About 70% of participants met criteria for significant risk of suicide, and about 90% met criteria for lifetime major depressive disorder.

Further, results of regression analyses showed that low self-esteem and low perceived social support were associated with more suicidality in this sample. Even after accounting for demographic variables and potential mediators, self-esteem and perceived social support both demonstrated significant, inverse relationships with suicidality, suggesting they may be important protective factors against suicidal ideation and behavior in this population.

Regression results also provided support for the mediating role of hopelessness in the relationship between self-esteem and suicidality and perceived social support and suicidality. Depression was not supported as a mediator of the relationship between self-esteem and suicidality or social support and suicidality. This may be due in part to the lack of variability of depression in the sample.

These findings underscore the significant mental health issues faced by people attracted to children— in particular, their increased risk for suicidal ideation and behavior, low self-esteem, low perceived social support, depression, and hopelessness, compared to the general population. However, results also highlight important opportunities for prevention and intervention; efforts to bolster malleable factors such as self-esteem and perceived social support may be important for addressing and ameliorating suicidal ideation and behavior among adults attracted to children.

5.4 Implications and Recommendations

My hope is that this research will help shed light on the mental health problems experienced by adults with attraction to children, in particular their elevated risk of suicidal ideation and behavior, to contribute to the limited existing research and inform interventions aimed at reducing these outcomes. This study and the available, if limited, literature also suggest the need for developing and validating tools to effectively measure complex psychological constructs, such as internalized stigma and perceived social support, among people attracted to children.

Perhaps most importantly, there now seems to be sufficient information indicating a need to prevent and mitigate adverse mental health outcomes, especially suicidality, among adults attracted to children who have not acted on that attraction. Future research should explore strategies for addressing psychological factors that influence suicidal ideation and behavior in this population. Based on the findings of this dissertation, such factors may include self-esteem, perceived social support, internalized stigma (particularly about the inevitability of offending), hopelessness, and depression. Because these factors are malleable, they may represent important opportunities for prevention of suicidality in this population.

Replication of findings from this study is warranted among underrepresented groups of people attracted to children (e.g., women and non-binary people, people of color) and groups who were ineligible for this study (e.g., adolescents, people with offense histories). Research with adolescents who are attracted to children may be particularly important, given their higher risk of suicidality in general and the stigma-related stress associated with discovery of their attraction. Efforts should also be made to recruit people who may not be connected to support communities (e.g., VirPed, B4U-Act), as their experiences may differ in meaningful ways from people who are connected to such communities. Efforts to investigate suicidal ideation and behavior among these underrepresented groups are needed in order to fully understand and address the impact of stigma-related stress on people attracted to children.

The development, validation, and targeted dissemination of effective prevention and clinical interventions that focus on addressing malleable factors, such as internalized stigma, self-esteem, perceived social support, and lack of hope for the future, represent important next steps in this field. There are well-validated preventive and clinical interventions (e.g., Wilcox & Wyman, 2016) that may be adapted for this population, potentially reducing the resources and time needed to make progress. It may be beneficial to consider the development of an online intervention to increase accessibility and preserve anonymity for this vulnerable population.

Finally, it is important to note that, in order to prevent suicidal ideation and behavior and mitigate the impacts of stigma-related stress, the source of the stigma must be addressed. The public shares widely held but inaccurate understandings of people attracted to children, believing that all people attracted to children will abuse children and all people who abuse children are attracted to children. Until the concepts of attraction to children and the behavior of child sexual abuse are no longer conflated, people attracted to children will continue to experience stigma-related stress that increases their risk of suicidality.

To this end, future research should focus on strategies for disentangling the concept of attraction to children and the behavior or sexual offending against children, not only for individual clients seeking self-acceptance in therapy, but also for researchers, mental health professionals, and members of the general public. A common goal of stigma-reduction efforts is to educate and demystify the stigmatized condition or identity to dispel myths while building empathy for the people affected (Hawke et al., 2014). One way to dispel myths, build empathy, and reduce prejudice is through direct contact with stigmatized persons (Pettigrew & Tropp, 2006). Though the behavior of child sexual abuse should continue to be stigmatized, the attraction—which is unchosen—should not. Personal accounts of people attracted to children but do not sexually abuse children may help members of the public understand and empathize with the mental health issues faced by this misunderstood population. An example of one such

account can be found in Luke Malone's groundbreaking piece, titled: "You're 16. You're a Pedophile. You Don't Want to Hurt Anyone. What Do You Do Now?" (2014).

5.4.1 Conclusion

This study highlights important considerations for suicide prevention among adults attracted to children, including the need to address low self-esteem, low perceived social support, internalized stigma, hopelessness, and depression in this population. Additional research is warranted to develop and disseminate effective interventions aimed at preventing suicide among people attracted to children. To fully address and mitigate the impact of stigma-related stress, efforts must be made to remove the conflation of attraction to children and sexual abuse of children and increase awareness of and empathy for the issues faced by this vulnerable population.

5.5 References

- B4U-ACT. (2011a). Mental health care and professional literature. Retrieved from:
<https://www.b4uact.org/research/survey-results/spring-2011-survey/>
- B4U-ACT. (2011b). Youth, suicidality, and seeking care. Retrieved from
<https://www.b4uact.org/research/survey-results/youth-suicidality-and-seeking-care/>.
- Cacciatori, H. (2017). The lived experiences of men attracted to minors and their therapy-seeking behaviors (Unpublished doctoral dissertation). Walden University, Minneapolis, MN: <https://scholarworks.waldenu.edu/dissertations/3867/>
- Freimond, C.M. (2009). Navigating the stigma of pedophilia: The experiences of nine minor-attracted men in Canada (Master's thesis). Simon Fraser University, British Columbia, CA: <https://summit.sfu.ca/item/13798>
- Hatzenbuehler M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological bulletin*, 135(5), 707–730.
- Hawke, L. D., Michalak, E. E., Maxwell, V., & Parikh, S. V. (2014). Reducing stigma toward people with bipolar disorder: Impact of a filmed theatrical intervention based on a personal narrative. *International Journal of Social Psychiatry*, 60(8), 741–750.
- Goode, S. (2010). Understanding and Addressing Adult Sexual Attraction to Children: A study of paedophiles in contemporary society. Oxford, UK: Routledge
- Malone, L. (2014, August). You're 16. You're a Pedophile. You Don't Want to Hurt Anyone. What Do You Do Now? Retrieved from:
<https://medium.com/matter/youre-16-youre-a-pedophile-you-dont-want-to-hurt-anyone-what-do-you-do-now-e11ce4b88bdb>
- Pettigrew, T. F., & Tropp, L. R. (2006). A meta-analytic test of intergroup contact theory. *Journal of Personality and Social Psychology*, 90, 751–783.

- Shields, R., Murray, S., Ruzicka, A., Buckman, C., Kahn, G., Benelmouffok, A. & Letourneau, E. (2020). Help wanted: Lessons on prevention from young adults with a sexual interest in prepubescent children. *Child Abuse & Neglect*, 105.
- Stevens, E. & Wood, J. (2019). "I Despise Myself for Thinking about Them." A Thematic Analysis of the Mental Health Implications and Employed Coping Mechanisms of Self-Reported Non-Offending Minor Attracted Persons, *Journal of Child Sexual Abuse*, 28:8, 968-989.
- Vogt, H. (2006). Pädophilie - Leipziger Studie zur gesellschaftlichen und psychischen Situation pädophiler Männer ("Paedophilia - Leipzig study on the societal and psychological situation of paedophile males"), Lengerich, Germany: Pabst Science Publishers. ISBN 3-89967-323-9 (in German)
- Walker, A. (2017). Understanding resilience strategies among minor-attracted individuals (Doctoral dissertation). CUNY Academic Works. Retrieved from https://academicworks.cuny.edu/gc_etds/2285/
- Wilcox, H. C., & Wyman, P. A. (2016). Suicide prevention strategies for improving population health. *Child and Adolescent Psychiatric Clinics of North America*, 25(2), 219–233.

Bibliography

- Abela, J. R. Z. (2002). Depressive mood reactions to failure in the achievement domain: A test of the integration of the hopelessness and self-esteem theories of depression. *Cognitive Therapy and Research*, 26(4), 531–552.
- Abiri, S., Oakley, L.D., Hitchcock, M.E., & Hall, A. (2016). Stigma related avoidance in people living with severe mental illness (SMI): findings of an integrative review. *Community Ment Health J.*;52(3):251e61.
- Ahlers, C., Schaefer, G., Mundt, I., Roll, S., Englert, H., Willich, S. & Beier, K. M. (2011). How unusual are the contents of paraphilias? Paraphilia-associated sexual arousal patterns in a community-based sample of men. *Journal of Sexual Medicine*, 8, 1362-1370.
- Antonucci, T.C. (1990) 'Social Supports and Social Relationships', in R.H. Binstock & L. K. George (eds) *The Handbook of Aging and the Social Sciences*, 3rd edn. San Diego, CA: Academic Press. Ch. 11, pp. 205-226.
- B4U-ACT. (2011a). Mental health care and professional literature. Retrieved from: <https://www.b4uact.org/research/survey-results/spring-2011-survey/>
- B4U-ACT. (2011b). Youth, suicidality, and seeking care. Retrieved from <https://www.b4uact.org/research/survey-results/youth-suicidality-and-seeking-care/>.
- Bailey, J. M., Hsu, K. J., & Bernhard, P. A. (2016). An Internet study of men sexually attracted to children: Sexual attraction patterns. *Journal of Abnormal Psychology*, 125, 976-988.
- Bagley, C., Bolitho, F., & Bertrand, L. (2007). Norms and Construct Validity of the Rosenberg Self-Esteem Scale in Canadian High School Populations: Implications for Counselling. *Canadian Journal of Counselling and Psychotherapy*, 31(1).
- Bagley, C., & Mallick, K. (2001). Normative data and mental health construct validity for the Rosenberg Self-Esteem Scale in British adolescents. *International Journal of Adolescence and Youth*, 9(2-3), 117-126.

- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 14(4), 413-445.
- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. E. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, 4, 1-44.
- Beck A.T. (1988). "Beck Hopelessness Scale." The Psychological Corporation.
- Beck, A.T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. Harper & Row; New York, NY.
- Beck, A. T., Freeman, A., & Davis, D. D. (2004). *Cognitive therapy of personality disorders* (2nd ed.). New York: The Guilford Press.
- Beck, A. T., & Steer, R. A. (1988). *Manual for the Beck Hopelessness Scale*. San Antonio, TX: Psychological Corp.
- Beier, K. M. (2016). Proactive strategies to prevent child sexual abuse and the use of child abuse images: Experiences from the German Dunkelfeld project. In H. Kury, S. Redo, & E. Shea (Eds.), *Women and children as victims and offenders: Background, prevention, reintegration: Suggestions for succeeding generations* (Vol. 2., pp. 499-524). Cham, Switzerland: Springer.
- Ben-Zeev, D., Young, M. A., & Corrigan, P.W. (2010). DSM-V and the stigma of mental illness. *Journal of Mental Health*, 19, 318-327.
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219-234.
- Berlin, F. (2014). Pedophilia and DSM-5: The importance of clearly defining the nature of a pedophilic disorder. *American Academy of Psychiatry Law*, 42:404-7.

- Biggam, F. H., & Power, K. G. (1997). Social support and psychological distress in a group of incarcerated young offenders. *International Journal of Offender Therapy and Comparative Criminology*, 41(3), 213–230.
- Bolger, N., & Amarel, D. (2007). Effects of social support visibility on adjustment to stress: Experimental evidence. *Journal of Personality & Social Psychology*, 92(3), 458–475.
- Bot, M., Middeldorp, C., de Geus, E., Lau, H., Sinke, M., van Nieuwenhuizen, B., Smit, J., Boomsma, D., & Penninx, B. (2017). Validity of LIDAS (Lifetime Depression Assessment Self-report): A self-report online assessment of lifetime major depressive disorder. *Psychological Medicine*, 47(2), 279–289.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Braun, V., Clarke, V., & Rance, N. (2014). How to use thematic analysis with interview data. In A. Vossler, & N. Moller (Eds.), *The counselling & psychotherapy research handbook* (pp. 183–197). Sage.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise & Health*, 11(4), 589–597.
- Brown, G. W., & Harris, T. O. (1978). *Social origins of depression: A study of psychiatric disorder in women*. New York: Free Press.
- Cacciatori, H. (2017). *The lived experiences of men attracted to minors and their therapy-seeking behaviors* (Unpublished doctoral dissertation). Walden University, Minneapolis, MN: <https://scholarworks.waldenu.edu/dissertations/3867/>
- Cantor, J. M., & McPhail, I. V. (2016). Non-offending pedophiles. *Current Sexual Health Reports*, 8, 121–128.
- Cash, B.M. (2016). *Self-identifications, sexual development, and wellbeing in minor-attracted people: An exploratory study* (Master's thesis). Cornell University, Ithaca, NY: <https://ecommons.cornell.edu/handle/1813/45135>

- Cecil, H., Stanley, M.A., Carrion, P.G., & Swann, A. (1995). Psychometric properties of the MSPSS and NOS in psychiatric out-patients. *Journal of Clinical Psychology*, 51, 593-602.
- Chioqueta, A. P., and T. C. Stiles. 2007. The relationship between psychological buffers, hopelessness, and suicidal ideation: Identification of protective factors. *Crisis* 28, no. 2:67-73.
- Cohen, S., & Janicki-Deverts, D. (2010). Can we improve our physical health by altering our social networks? *Perspectives on Psychological Science*, 4(4), 375-378.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.
- Dahlem, N., Zimet, G., & Walker, R. (1991) The multidimensional scale of perceived social support: a confirmatory study. *J Clin Psychol.* 47: 756-761.
- Dentale, F., Vecchione, M., Alessandri, G. et al. (2020). Investigating the protective role of global self-esteem on the relationship between stressful life events and depression: A longitudinal moderated regression model. *Curr Psychol* 39, 2096-2107.
- DeVellis, R. F. (2012). Scale development: Theory and applications. Thousand Oaks, Calif: SAGE.
- Dodgson, J. E. (2019). Reflexivity in Qualitative Research. *Journal of Human Lactation*, 35(2), 220-222.
- Dombert, B., Schmidt, A.F., Banse, R., Briken, P., Hoyer, J., Neutze, J., et al. (2016). How common is men's self-reported sexual interest in prepubescent children? *J Sex Res*, 52:214-23.
- Faugier, J., & Sargeant M. (1997). Sampling hard to reach populations. *Journal of Advanced Nursing*, 26, 790-797.

- Feelgood, S., & Hoyer, J. (2008). Child molester or paedophile? Sociolegal versus psychopathological classification of sexual offenders against children. *Journal of Sexual Aggression*, 14, 33–43.
- Feldman, D. & Crandall, C. (2007). Dimensions of mental illness stigma: what about mental illness causes social rejection? *Journal of Social and Clinical Psychology*, 26(2), 137–154.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14(4), 245–258.
- Forintos, D. P., Rózsa, S., Pilling, J., & Kopp, M. (2013). Proposal for a short version of the Beck Hopelessness Scale based on a national representative survey in Hungary. *Community Mental Health Journal*, 49(6), 822–830.
- Freimond, C.M. (2009). Navigating the stigma of pedophilia: The experiences of nine minor-attracted men in Canada (Master's thesis). Simon Fraser University, British Columbia, CA: <https://summit.sfu.ca/item/13798>
- Gariépy, G., Honkaniemi, H., & Quesnel-Vallée, A. (2016). Social support and protection from depression: Systematic review of current findings in Western countries. *British Journal of Psychiatry*, 209(4), 284-293.
- Geyh, S., Peter, C., Muller, R., Bickenbach, J. E., Kostanjsek, N., Ustün, B. T., et al. (2011). The Personal Factors of the International Classification of Functioning, Disability and Health in the literature—A systematic review and content analysis. *Disabilities Rehabilitation*, 33, 1089–1102.
- Giorgi, A. P., & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology*:

- Expanding perspectives in methodology and design (p. 243–273). American Psychological Association
- Glanz, K., Rimer, B., & Viswanath, K. (2008). *Health behavior: Theory, research and practice* (5th ed.). San Francisco, CA: Wiley.
- Goode, S. (2010). *Understanding and Addressing Adult Sexual Attraction to Children: A study of paedophiles in contemporary society*. Oxford, UK: Routledge.
- Grav, S., Hellzèn, O., Romild, U. & Stordal, E. (2012). Association between social support and depression in the general population: The HUNT study, a cross-sectional survey. *J Clin Nurs*. 21(1-2):111-20.
- Gurung, R. (2006). "Coping and Social Support". *Health Psychology: A Cultural Approach*. Belmont, CA: Thomson Wadsworth. pp. 131–171.
- Hall, R. C., & Hall, R. C. (2007). A profile of pedophilia: definition, characteristics of offenders, recidivism, treatment outcomes, and forensic issues. *Mayo Clinic proceedings*, 82(4), 457–471.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., ... Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58, 10–51.
- Hasin, D.S., Sarvet, A.L., Meyers, J.L., et al. (2018). Epidemiology of Adult DSM-5 Major Depressive Disorder and Its Specifiers in the United States. *JAMA Psychiatry*; 75(4):336–346.
- Hatzenbuehler M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological bulletin*, 135(5), 707–730.
- Hawke, L. D., Michalak, E. E., Maxwell, V., & Parikh, S. V. (2014). Reducing stigma toward people with bipolar disorder: Impact of a filmed theatrical intervention based on a personal narrative. *International Journal of Social Psychiatry*, 60(8), 741–750.

- Hayes, N. (2000). Doing psychological research: Gathering and analysing data. Open University Press.
- Henderson, A. S. (1992). Social support and depression. In H. O. F. Veiel & U. Baumann (Eds.), *The series in clinical and community psychology. The meaning and measurement of social support* (p. 85–92). Hemisphere Publishing Corp.
- Ho, S. & Chan, E. (2017). Modification and validation of the multidimensional scale of perceived social support for Chinese school teachers. *Cogent Education*, 4:1, 1277824
- Hobfoll, S. E. (2009). Social support: The movie. *Journal of Social & Personal Relationships*, 26(1), 93–101.
- Huang, C. Y., Chen, W. K., Lu, C. Y., Tsai, C. C., Lai, H. L., Lin, H. Y., et al. (2014). Mediating effects of social support and self-concept on depressive symptoms in adults with spinal cord injury. *Spinal Cord*, 53(5), 413.
- Hughes, J. (2012). Epistemological dimensions in qualitative research: the construction of knowledge online. In Hughes, J. (Ed.), *SAGE internet research methods* (pp. 151-164). SAGE Publications Ltd.
- Imhoff, R. (2014). Punitive attitudes against pedophiles or persons with sexual interest in children: does the label matter? *Archives of Sexual Behavior*, 44, 35–44.
- Jahnke, S., Schmidt, A. F., Geradt, M., & Hoyer, J. (2015). Stigma-related stress and its correlates among men with pedophilic sexual interests. *Archives of Sexual Behavior*, 112.
- James, N. & Busher, H. (2009). On epistemological dimensions in qualitative research: the construction of knowledge online. In *Online interviewing* (pp. 5-18). SAGE Publications Ltd.
- Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, 78 (3), 458–467.

- Kazarian, S.S. & McCabe, S.B. (1991). Dimensions of social support in the MSPSS; Factorial structure, reliability, and theoretical implications. *Journal of Community Psychology*, 19, 150-160.
- Khalil K. (2014). Factors affecting health promotion lifestyle behaviors among Arab American women [doctoral dissertation]. ProQuest Dissertations and Theses database. Retrieved from: <http://gradworks.umi.com/35/80/3580965.html>.
- Kecojevic, A., Basch, C. H., Kernan, W. D., Montalvo, Y., & Lankenau, S. E. (2019). Perceived social support, problematic drug use behaviors, and depression among prescription drugs-misusing young men who have sex with men. *Journal of Drug Issues*, 49(2), 324–337.
- Kaplan, D. (2008). Structural equation modeling (Second edition). Sage.
<http://essedunet.nsd.uib.no/cms/topics/latentvar/2/7.html>
- Kessler, R., Amminger, G., Aguilar-Gaxiola, S., Alonso, J., Lee, S. & Ustun, T. (2008). Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatry*, 20(4), 359–364.
- Khalil, K. (2014). Factors affecting health promotion lifestyle behaviors among Arab American women [doctoral dissertation]. ProQuest Dissertations and Theses database. Retrieved from: <http://gradworks.umi.com/35/80/3580965.html>.
- Kleiman, E. & Liu, R. (2013). Social support as a protective factor in suicide: Findings from two nationally representative samples. *Journal of Affective Disorders*, 150, no. 2:540–45.
- Kleiman, E., Riskind, J., Schaefer, K. & Weingarden, H. (2012). The moderating role of social support on the relationship between impulsivity and suicide risk. *Crisis*, 33:273–79.
- Kondrat, D. C., Sullivan, W. P., Wilkins, B., Barrett, B. J., & Beerbower, E. (2018). The mediating effect of social support on the relationship between the impact of experienced stigma and mental health. *Stigma and Health*, 3(4), 305–314.

- Krishnan, K., George, L., Pieper, C., Jiang, W., Arias, R., Look, A., & O'Connor, C. (1998). Depression and social support in elderly patients with cardiac disease. *American Heart Journal*, 136(3), 491–495.
- Lakey, B., & Cronin, A. (2008). Low social support and major depression: Research, theory and methodological issues. In K. S. Dobson & D. Dozois (Eds.), *Risk factors for depression* (pp. 385–408). San Diego, CA: Academic Press.
- Lakey, B., & Orehek, E. (2011). Relational regulation theory: A new approach to explain the link between perceived social support and mental health. *Psychological Review*, 118(3), 482.
- Langhinrichsen-Rohling, J., Lamis, D. A., & Malone, P. S. (2011). Sexual attraction status and adolescent suicide proneness: the roles of hopelessness, depression, and social support. *Journal of homosexuality*, 58(1), 52–82.
- Lee, J., & Holtzer, R. (2020). Independent associations of apathy and depressive symptoms with perceived social support in healthy older adults. *Aging & Mental Health*, 1–7. Advance online publication.
- Lett, H., Blumenthal, J., Babyak, M., Strauman, T., Robins, C. & Sherwood, A. (2005). Social support and coronary heart disease: epidemiologic evidence and implications for treatment. *Psychosomatic Medicine*, 67, 869–878.
- Lett, H., Blumenthal, J., Babyak, M., Catellier, D., Carney, R., Berkman, L., Burg, M., Jaffe, A. & Schneiderman, N. (2009). Dimensions of social support and depression in patients at increased psychosocial risk recovering from myocardial infarction. *International Journal of Behavioral Medicine*, 16, 248–258.
- Levenson, J. S., Willis, G. M., & Vicencio, C. P. (2017). Obstacles to help-seeking for sexual offenders: Implications for prevention of sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 26(2), 99–120.

- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385.
- Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine*, 42, 221–228.
- Madani, H., Pourmemari, M., Moghimi, M., & Rashvand, F. (2018). Hopelessness, perceived social support and their relationship in Iranian patients with cancer. *Asia-Pacific Journal of Oncology Nursing*; 5: pp. 314-319.
- Maestre, J. F., Eikey, E. V., Warner, M., Yarosh, S., Pater, J., Jacobs, M., Marcu, G., & Shih, P. C. (2018). Conducting research with stigmatized populations: Practices, challenges, and lessons learned. In *CSCW 2018 Companion - Companion of the 2018 ACM Conference on Computer Supported Cooperative Work and Social Computing* (pp. 385-392). (Proceedings of the ACM Conference on Computer Supported Cooperative Work, CSCW). Association for Computing Machinery.
- McCartan, K. (2004). 'Here there be monsters': The public's perception of paedophiles with particular reference to Belfast and Leicester.
- McDaniel, J. S., Purcell, D., & D'Augelli, A. R. (2001). The relationship between sexual orientation and risk for suicide: Research findings and future directions for research and prevention. *Suicide and Life-Threatening Behavior*, 31, 60–83.
- Metalsky, G. I., Joiner, T. E. Jr., Hardin, T. S., & Abramson, L. Y. (1993). Depressive reactions to failure in a naturalistic setting: A test of the hopelessness and self-esteem theories of depression. *Journal of Abnormal Psychology*, 102(1), 101- 109.
- Meyer, I. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology of Sexual Orientation and Gender Diversity*, 1(S), 3–26.

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697.
- Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*, 100, 2426–2432.
- Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic reviews*, 30(1), 133–154.
- O'Connor, R.C. & Nock, M.K. (2014). The psychology of suicidal behaviour. *The Lancet Psychiatry*, 1, 73–85.
- Osman, A., Bagge, C. L., Gutierrez, P. M., Konick, L. C., Kopper, B. A., & Barrios, F. X. (2001). The Suicidal Behaviors Questionnaire--Revised (SBQ-R): Validation with clinical and nonclinical samples. *Assessment*, 8(4), 443–454.
- Osman, A., Kopper, B.A., Linehan, M.M., Barrios, F.X., Gutierrez, P.M., & Bagge, C.L. (1999). Validation of the Adult Suicidal Ideation Questionnaire and the Reasons for Living Inventory in an adult psychiatric inpatient sample. *Psychological Assessment*, 11, 115–123.
- Oztunc, G., Yesil, P., Paydas, S., & Erdogan, S. (2013). Social support and hopelessness in patients with breast cancer. *Asian Pacific Journal of Cancer Prevention*; 14: pp. 571-578.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133(2), 328–345.
- Palmer, R. E. (1969). *Hermeneutics: Interpretation Theory in Schleiermacher, Dilthey, Heidegger, and Gadamer*. Evanston, IL: Northwestern University Press.
- Pedersen, M.R. (2017). The Politics of being a Pedophile: An anthropological exploration of political engagements and narratives among minor attracted people (Master's thesis).

Aarhus University, Aarhus, DK:

<https://b4uact.org/wp-content/uploads/2014/12/The-Politics-of-being-a-Pedophile.pdf>

- Pettigrew, T. F., & Tropp, L. R. (2006). A meta-analytic test of intergroup contact theory. *Journal of Personality and Social Psychology*, 90, 751–783.
- Piché, L., Mathesius, J., Lussier, P., & Schweighofer, A. (2016). Preventative services for sexual offenders. *Sexual Abuse: Journal of Research and Treatment*, 30, 63-81.
- Pillemer, S. & Holtzer, R. (2016). The differential relationships of dimensions of perceived social support with cognitive function among older adults. *Aging & Mental Health*, 20(7), 727–735.
- Platt, S., Arensman, E., & Rezaeian, M. (2019). National suicide prevention strategies – Progress and challenges. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 40(2), 75–82.
- Rapier, R., McKernan, S., & Stauffer, C. S. (2019). An inverse relationship between perceived social support and substance use frequency in socially stigmatized populations. *Addictive Behaviors Reports*, 10.
- Ribeiro, J. D., Huang, X., Fox, K. R., & Franklin, J. C. (2018). Depression and hopelessness as risk factors for suicide ideation, attempts and death: Meta-analysis of longitudinal studies. *The British Journal of Psychiatry*, 212(5), 279–286.
- Riegel, D.L. (2004). Letter to the Editor: Effects on Boy-Attracted Pedosexual Males of Viewing Boy Erotica. *Arch Sex Behav* 33, 321–323 (2004).
- Robins, L. N., Wing, J., Wittchen, H. U., Helzer, J. E., Babor, T. F., Burke, J., ... Towle, L. H. (1988). The Composite International Diagnostic Interview: An epidemiologic instrument suitable for use in conjunction with different diagnostic systems and in different cultures. *Archives of General Psychiatry*, 45(12), 1069–1077.

- Rokach, A., & Cripps, J. E. (1999). Incarcerated men and the perceived sources of their loneliness. *International Journal of Offender Therapy and Comparative Criminology*, 43(1), 78–89.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Saltzman, K. M., & Holahan, C. J. (2002). Social support, self-efficacy and depressive symptoms: An integrative model. *Journal of Social and Clinical Psychology*, 21(3), 309–322.
- Šedivy, N., Podlogar, T., Kerr, D. & De Leo, D. (2017). Community social support as a protective factor against suicide: A gender-specific ecological study of 75 regions of 23 European countries. *Health & Place*, 48, 40–6.
- Seto, M. (2009). Pedophilia. *Annual Review of Clinical Psychology*, 5, 391–407.
- Seto, M. (2008). *Pedophilia and sexual offending against children: Theory, assessment, and intervention*. Washington, DC: American Psychological Association.
- Seto, M. (2004). Pedophilia and sexual offenses against children. *Annual Review of Sex Research*, 15, 321–361.
- Shapiro, S. & Wilk, M. B. (1965). "An analysis of variance test for normality (complete samples)". *Biometrika*. 52 (3–4): 591–611.
- Sheeber, L., Hops, H., Alpert, A., Davis, B., & Andrews, J. (1997). Family support and conflict: prospective relations to adolescent depression. *J. Abnorm. Child Psychol.* 25, 333–344.
- Shields, R., Murray, S., Ruzicka, A., Buckman, C., Kahn, G., Benelmouffok, A. & Letourneau, E. (2020). Help wanted: Lessons on prevention from young adults with a sexual interest in prepubescent children. *Child Abuse & Neglect*, 105.
- Sinclair, S. J., Blais, M. A., Gansler, D. A., Sandberg, E., Bistis, K., & LoCicero, A. (2010). Psychometric Properties of the Rosenberg Self-Esteem Scale: Overall and Across

- Demographic Groups Living Within the United States. *Evaluation & the Health Professions*, 33(1), 56–80.
- Smith, J. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology, *Qualitative Research in Psychology*, 1:1, 39-54.
- Smith, J. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5 (1), 9–27
- Smith, J. & Osborn, M. (2003). Interpretative phenomenological analysis. In Smith, J.A., editor, *Qualitative psychology: a practical guide to research methods*. London: Sage.
- Smith, J., Flowers, P. & Larkin, M., 2009. *Interpretative Phenomenological Analysis: Theory, Method and Research*, first ed. Learning. Sage Publications, London. Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145–161.
- StataCorp. (2013). *Stata Statistical Software: Release 13*. College Station, TX: StataCorp LP.
- Stevens, E. & Wood, J. (2019). “I Despise Myself for Thinking about Them.” A Thematic Analysis of the Mental Health Implications and Employed Coping Mechanisms of Self-Reported Non-Offending Minor Attracted Persons, *Journal of Child Sexual Abuse*, 28:8, 968-989.
- Stice, E., Ragan, J., & Randall, P. (2004). Prospective relations between social support and depression: differential direction of effects for parent and peer support? *J. Abnorm. Psychol.* 113, 155–159.
- Suicide Prevention Resource Center (2008). *Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth*. Newton, MA: Education Development Center, Inc.
- Symister, P., & Friend, R. (2003). The influence of social support and problematic support on optimism and depression in chronic illness: A prospective study evaluating self-esteem as a mediator. *Health Psychology*, 22(2), 123–129.

- Taylor, S. & Brown, J. (1988). Illusion and well-being: A social cognitive perspective on mental health. *Psychological Bulletin*, 106, 231–248.
- Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145–161.
- Uchino, B. N. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, 29(4), 377–387.
- Umberson, D., & Montez, J. K. (2010). Social relationships and health a flashpoint for health policy. *Journal of Health and Social Behavior*, 51(1_suppl), S54–S66.
- Vispoel, W. P., Boo, J., & Bleiler, T. (2001). Computerized and paper-and-pencil versions of the Rosenberg Self-Esteem Scale: A comparison of psychometric features and respondent preferences. *Educational and Psychological Measurement*, 61(3), 461–474.
- Vogel, D. L., & Wade, N. G. (2009). Stigma and help-seeking. *The Psychologist*, 22, 20–23.
- Vogt, H. (2006). Pädophilie - Leipziger Studie zur gesellschaftlichen und psychischen Situation pädophiler Männer ("Paedophilia - Leipzig study on the societal and psychological situation of paedophile males"), Lengerich, Germany: Pabst Science Publishers. ISBN 3-89967-323-9 (in German)
- Wade, T. & Kendler, K. (2000). The relationship between social support and major depression: Cross-sectional, longitudinal, and genetic perspectives. *The Journal of Nervous and Mental Disease*, 188(5), 251–258.
- Walker, A. (2020). 'I'm not like that, so am I gay?' The use of queer-spectrum identity labels among minor-attracted people. *Journal of Homosexuality*, 67(12), 1736–1759.
- Walker, A. (2017). Understanding resilience strategies among minor-attracted individuals (Doctoral dissertation). CUNY Academic Works. Retrieved from https://academicworks.cuny.edu/gc_etds/2285/
- Wethington, E., & Kessler, R. C. (1986). Perceived support, received support, and adjustment to stressful life events. *Journal of Health & Social Behavior*, 27(1), 78–89.

- Williams, J. M. G. (2001). *Suicide and attempted suicide. Understanding the cry of pain.* London: Penguin.
- Wilcox, H. C., & Wyman, P. A. (2016). Suicide prevention strategies for improving population health. *Child and Adolescent Psychiatric Clinics of North America*, 25(2), 219–233.
- World Health Organization. (2014). *Preventing suicide: a global imperative.* World Health Organization.
- Wongpakaran, T., & Wongpakaran, N. (2012). A comparison of reliability and construct validity between the original and revised versions of the Rosenberg Self-Esteem Scale. *Psychiatry investigation*, 9(1), 54–58.
- Wongpakaran, T., Wongpakaran, N., & Ruktrakul, R. (2011). Reliability and Validity of the Multidimensional Scale of Perceived Social Support (MSPSS): Thai Version. *Clinical practice and epidemiology in mental health: CP & EMH*, 7, 161–166.
- World Health Organization. (2014). *Preventing suicide: a global imperative.* World Health Organization.
- Xu, Q., Li, S., & Yang, L. (2019). Perceived social support and mental health for college students in mainland China: The mediating effects of self-concept. *Psychology, Health & Medicine*, 24(5), 595–604.
- Yagmur, Y. & Duman M. (2016). The relationship between the social support level perceived by patients with gynecologic cancer and mental adjustment to cancer. *International Journal of Gynaecology Obstetrics*; 134: pp. 208-211.
- Yardley, L. (2011). Demonstrating validity in qualitative research. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 234-251). London: SAGE.
- Zimet, G.D., Dahlem, N.W., Zimet, S.G., & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*; 52:30-41.

Zimet, G.D., Powell, S.S., Farley, G.K., Werkman, S. & Berkoff, K.A. (1990). Psychometric characteristics of the Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 55, 610-17.

Appendices

Appendix A

Multidimensional Scale of Perceived Social Support (Aims 1 and 3)

Appendix B

Multidimensional Scale of Perceived Social Support-Unconditional (Aim 1)

Appendix C

Interview Schedule (Aim 2)

Appendix D

Reflexivity Journal Entries (Aim 2)

Appendix E

Initial Thematic Maps (Aim 2)

Appendix F

Scoring Guidelines for the SBQ-R (Aim 3)

Appendix A. Multidimensional Scale of Perceived Social Support (Papers 1 & 2)

Please indicate how you feel about each statement.

(Strongly agree - Agree - Somewhat agree - Not sure/neutral - Somewhat disagree - Disagree)

1. There is a special person who is around when I am in need.
2. There is a special person with whom I can share my joys and sorrows.
3. My family really tries to help me.
4. I get the emotional help and support I need from my family.
5. I have a special person who is a real source of comfort to me.
6. My friends really try to help me.
7. I can count on my friends when I need them.
8. I can talk about my problems with my family.
9. I have friends with whom I can share my joys and sorrows.
10. There is a special person in my life who cares about my feelings.
11. My family is willing to help me make decisions.
12. I can talk about my problems with my friends.

Appendix B. Multidimensional Scale of Perceived Social Support-Unconditional (Paper 1)

Please indicate how you feel about each statement.

(Strongly agree - Agree - Somewhat agree - Not sure/neutral - Somewhat disagree - Disagree)

1. If everyone in my life knew I'm attracted to children, I believe there would be a special person who would be around when I am in need.
2. If everyone in my life knew I'm attracted to children, I believe there would be a special person with whom I could share my joys and sorrows.
3. If everyone in my life knew I'm attracted to children, I believe my family would really try to help me.
4. If everyone in my life knew I'm attracted to children, I believe I would get the emotional help and support I need from my family.
5. If everyone in my life knew I'm attracted to children, I believe I would have a special person who would be a real source of comfort to me.
6. If everyone in my life knew I'm attracted to children, I believe my friends would really try to help me.
7. If everyone in my life knew I'm attracted to children, I believe I could count on my friends when I need them.
8. If everyone in my life knew I'm attracted to children, I believe I could talk about my problems with my family.
9. If everyone in my life knew I'm attracted to children, I believe I would have friends with whom I could share my joys and sorrows.
10. If everyone in my life knew I'm attracted to children, I believe there would be a special person in my life who cares about my feelings.
11. If everyone in my life knew I'm attracted to children, I believe my family would be willing to help me make decisions.
12. If everyone in my life knew I'm attracted to children, I believe I could talk about my problems with my friends.

Appendix C. Interview Schedule (Paper 3)

1. Without asking for any identifying information, I'd like to spend a couple minutes just getting to know you a little bit. (~5 min)
2. Tell me about the time in your life when you discovered you were attracted to children. (~10 min)
 - a. Potential probe questions: How old were you? How did you realize/discover you were attracted to children? What was your initial reaction? Did you seek out any information or resources? Did you tell anyone or consider telling anyone? When you first discovered your attraction, what had you heard about people attracted to children? (~10 min)
3. Do you mind talking a little bit about the time in your life when you thought about or attempted suicide? (~30 min) *Phrasing may change depending on if participant has already brought up suicidal ideation or behavior in their past (e.g., in question 3)
 - a. Potential probe questions: What thoughts or emotions do you remember from the time when you considered/attempted suicide? Was there a particular reason you can identify that you considered/attempted suicide? What do you think might help young people attracted to children who are considering suicide? Other questions may arise based on participant responses.
4. Can you talk a little bit about your mental health at the time you discovered your attraction compared with your current mental health? (~20 min) *Phrasing may change depending on responses in previous question (e.g., You mentioned that you were suicidal when you first discovered your attraction, but that you aren't anymore...can you talk more about this?)
 - a. Potential probe questions: What do you think contributed to your mental health improving/getting worse (and additional questions following up on their responses; e.g., social support, stigma)? What do you think might help young people attracted to children who are struggling with their mental health? Other questions may arise based on participant responses.
5. Are there any topics we didn't discuss that you would like to talk about? (5 min)
6. How did you feel about participating in this study? (~5 min)
7. My last question for you is about your current safety. Are you currently considering suicide? *If yes*, have you made plans to end your life? (~5 min) **If yes* to either question, provide information and resources; stay on the line and offer to connect them to a hotline. *If no*, thank them for their time and remind them about the resource list.

Appendix D. Reflexivity Journal Entries (Paper 3)

Evolving perceptions

- Example: *As I read and think about more of the interviews, I'm struck by how insightful respondents are about their journey from the time when they were suicidal to where they are now. All of them have experienced some level of improvement in their mental health, and the factors they describe as contributing to this improvement will be important to explore in a future manuscript. Self-acceptance seems to be really important, which makes sense given the impact of internalized stigma and low self-esteem on suicidality among respondents.*

Day-to-day procedures

- Example: *I conducted interview #8 today. The respondent preferred a voice call. The interview lasted 99 minutes.*
- Example: *I analyzed two more interviews today. I have continued my procedure of annotating with notes on the left side of the transcript and generating themes on the right side. Depending on the length of the transcript, it seems like it takes about 4.5 hours for the first round of "engagement" with the transcript (including annotation, initial generation of themes, and generation of thematic map).*

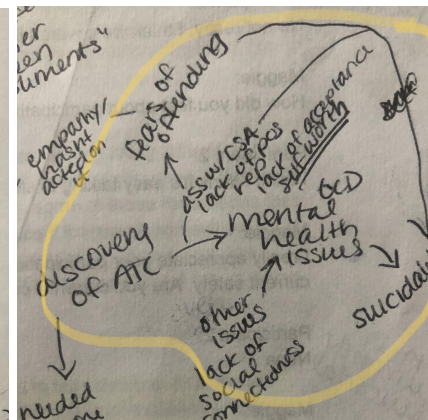
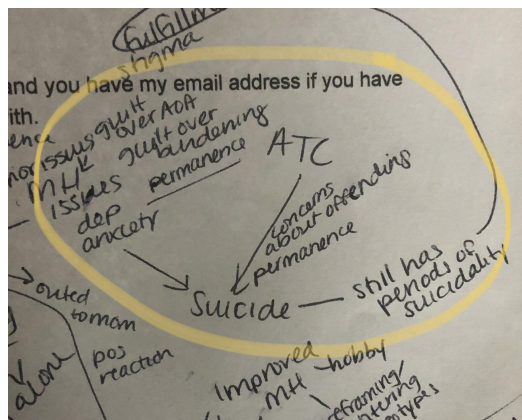
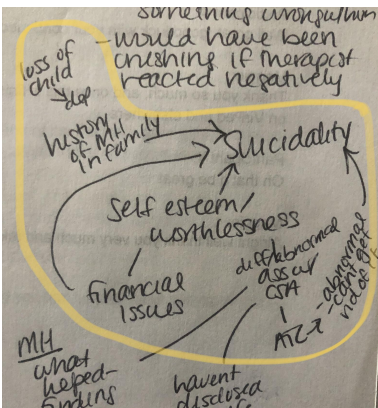
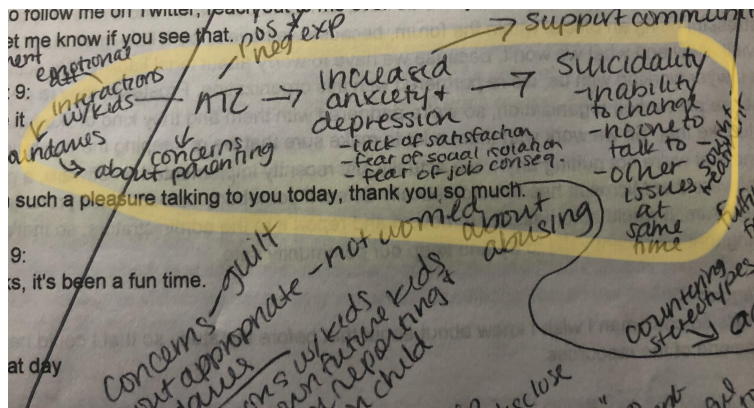
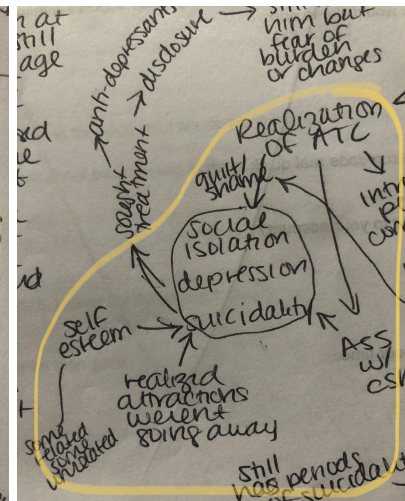
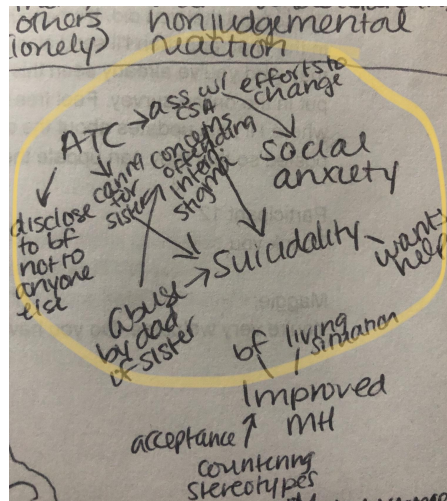
Methodological decision points

- Example: *I'm not sure what to do with descriptions of external stressors and traumatic life events related to respondents' suicidality (e.g., loss of a loved one, financial difficulties, parents' divorce). These are definitely important aspects of suicidality for some respondents, but respondents typically did not expand on these in terms of associated psychological factors and processes. Decision: Incorporate descriptions of these stressors when providing context for excerpts illustrating superordinate themes. This way, the role of these stressors is not missing completely from characterizations of respondents' suicidality, but the focus of analysis can remain on the superordinate themes.*

Day-to-day personal introspections

- Example: *I think some interviewees are less comfortable at first, before they know how I'm going to react or speak to them. Many interviewees seem to be more comfortable once they see that I'm neutral and non-judgmental.*
- Example: *I'm definitely struggling with knowing the appropriate balance between staying grounded in participants' descriptions while still maintaining the level of interpretation characteristic of IPA. One primary way this is manifesting for me is that I feel like I shouldn't say that a person has described a theme related to suicidality unless they directly and explicitly attribute their suicidality to the theme. I keep having to read about IPA and remind myself that part of the process is connecting meanings and interpreting between the lines. Still, it's really important to me to get people's stories right and not have them feel like I missed anything important or focused on something that really wasn't that important.*

Appendix E. Examples of Initial Thematic Maps of Individual Respondents (Paper 3)



Appendix F. Scoring guidelines for the SBQ-R (Osman et al., 1999)

Item 1: taps into <i>lifetime</i> suicide ideation and/or suicide attempts			
Selected response 1	Non-Suicidal subgroup	1 point	
Selected response 2	Suicide Risk Ideation subgroup	2 points	
Selected response 3a or 3b	Suicide Plan subgroup	3 points	
Selected response 4a or 4b	Suicide Attempt subgroup	4 points	Total Points

Item 2: assesses the <i>frequency</i> of suicidal <i>ideation</i> over the past 12 months			
Selected Response:	Never	1 point	
	Rarely (1 time)	2 points	
	Sometimes (2 times)	3 points	
	Often (3-4 times)	4 points	
	Very Often (5 or more times)	5 points	Total Points

Item 3: taps into the <i>threat of</i> suicide attempt			
Selected response 1		1 point	
Selected response 2a or 2b		2 points	
Selected response 3a or 3b		3 points	Total Points

Item 4: evaluates <i>self-reported likelihood</i> of suicidal behavior in the future			
Selected Response:	Never	0 points	
	No chance at all	1 point	
	Rather unlikely	2 points	
	Unlikely	3 points	
	Likely	4 points	
	Rather Likely	5 points	
	Very Likely	6 points	Total Points

Sum all the scores circled/checked by the respondents.

The total score should range from 3-18.

Total Score