

Adults with Pedophilic Interests in the United States: Current Practices and Suggestions for Future Policy and Research

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Abstract Adults with pedophilic interests are often viewed by the public as a homogenous subgroup based on what we know from those who sexually offend against children. The stigma associated with child sexual abuse may serve to deter such behaviors but may also interfere with the person's stability and willingness to seek assistance in managing pedophilic interests. This article contrasts the sex offender response and prevention efforts typically employed in the U.S. (i.e., containment, registration, and notification policies and public education programs) with treatment programs aimed at preventing child sexual abuse in Germany, Belgium, and Canada. Five major areas are identified that should be further examined with regard to implementing preventative outreach and treatment programs in the U.S.: barriers to outreach and treatment programs, how to expand or reframe current preventative educational programs, implementation of such programs in light of current mandating reporting policies, promising treatment approaches for pedophilic interests among non-offenders, and ethical concerns relevant to preventative psychological interventions.

Keywords Pedophilic interests · Prevention · Child sexual abuse · Psychotherapy · Stigma · DSM-5

I knew it was illegal. I knew it was considered wrong. But I did not know why it was considered wrong. I figured it was something that wasn't allowed. I'd been using (child pornography) for two years, before I started to think these children are real people. And they could potentially be hurt with this. (Glass, 2014)

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Introduction

“Adam” is a young man featured on the radio program *This American Life* who, as a teenager, recognized a growing sexual interest in children. Over time, he realized the potential for harm should he act on his interests and searched for solutions. Contemporary perspectives on persons with pedophilic interests are influenced by both empirical and cultural sources that promote the image of these individuals as intractable predators (e.g., Abel et al., 1987; DeYoung, 1989; Sample & Bray, 2003). However, Adam's case does not fit this stereotype, highlighting how the U.S. has largely failed to proactively engage individuals with pedophilic interests who have not yet committed or have not been convicted of child sexual abuse.

According to the DSM-5, a diagnosis of pedophilic disorder (previously known as pedophilia) requires a prolonged period of sexually arousing fantasies or sexual urges involving prepubescent children that results in sexually abusive behaviors or significant distress, or sexually abusive acts toward prepubescent child victim (American Psychiatric Association, 2013). However, it has been suggested that the criteria for pedophilic disorder are stringent enough to exclude many individuals experiencing pedophilic interests (Seto, 2008). A proposed alternative identifier is “minor-attracted people” (B4U-ACT, 2014; Freimond, 2013), though such a non-empirical identifier might be so general that it fails to capture the specific concerns being studied in the current context (e.g., ongoing sexual interests in prepubescent children versus sexual attraction toward adolescents) and at worst reflects a minimization of the potential risk that such individuals present to children. A debate over such terminology is beyond the scope of this review, and instead we will focus on persons with some degree of pedophilic sexual interests, regardless of persistence, distress or impairment, or overt sexual behavior.

Research on individuals with pedophilic interests has traditionally focused on men convicted of child sexual abuse, resulting in a

narrow understanding of this larger population. However, some research has examined the prevalence of pedophilic interests in the general public. According to the DSM-5, only 3–5 % of the population meets criteria for pedophilic disorder (American Psychiatric Association, 2013). Again, though, this diagnostic criteria may exclude some individuals with pedophilic interests (Seto, 2008), and surveys investigating the prevalence of pedophilic interests specifically have produced varied findings. In a comparison of psychiatric patients with the general population, Fedora et al. (1992) found that 18 % of 60 non-clinical controls showed arousal to pedophilic stimuli. Briere and Runtz (1989) found that 21 % of 193 undergraduate students self-reported a history of pedophilic interests. Hall, Hirschman, and Oliver (1995) examined a community sample of 80 men, 20 % of whom self-reported pedophilic interests and 26 % of whom showed arousal to images of female children, as measured by a penile plethysmograph. Other studies suggest lower rates of pedophilic interests or fantasies, from 4 to 9 % (Beier, Alhers, Schaefer, & Feelgood, 2006; Dombert et al., 2016; Templeman & Stinnett, 1991). Finally, while the proportion of women estimated to exhibit sexual interests in children is expected to be low (e.g., 3–4 %; Abel & Harlow, 2001; Fromuth & Conn, 1997; Goode, 2010), extant research has not thoroughly evaluated rates of pedophilic interests in female samples of non-offenders.

As the proposed likelihood of any individual committing a first-time sex offense (of any type) is only 1–3 % (Hanson, Harris, Helmus, & Thornton, 2014), some individuals with pedophilic interests may not have resources or motivation to refrain from acting on their sexual interests. However, rather than helping these individuals manage their sexual behavior, contemporary efforts to reduce child sexual abuse focus largely on efforts to prevent known child abusers from committing further offenses (e.g., Center for Sex Offender Management, 2008). The question of how to make resources available for non-offending individuals with pedophilic interests goes largely unanswered. As sexual interest, pedophilic or otherwise, is a stable characteristic in offenders and non-offenders alike (Abel & Harlow, 2001; Association for the Treatment of Sexual Abusers, 2001; Hanson, 1998), developing proactive outreach and treatment approaches for individuals to protect children is an area ripe for development.

Traditional Prevention of Child Sexual Abuse in the United States

Tabachnik and Klein (2001) highlight three major periods of change in the perception of child sexual abuse. In the 1970s and 1980s, victims became more open about their stories of abuse, and schools implemented funded programs designed to protect children from potential abusers. In the 1990s and 2000s, stories of violent sexual crimes against children became more common-

place in popular media, increasingly depicted in books, television, and movies. The third period of change was marked by improved understandings and responses to child sexual abuse. However, the U.S. government's response has primarily involved legislation limiting access to potential victims (Center for Sex Offender Management, 2001, 2008), while nonprofit organizations have focused on educating the public on recognizing and responding to concerning sexual behaviors (e.g., Darkness to Light, 2013; Stop It Now!, 2014). Overall, the underlying assumption behind these programs is that (some) individuals with pedophilic interests will act on their sexual interest, and most efforts trend toward addressing the assumption of inevitable abusive sexual behavior instead of encouraging pro-social behavior and psychological well-being.

Federal and State-Driven Prevention Methods

Legislation aimed at prevention has overwhelmingly focused on the behaviors of those “acting-out” on their pedophilic interests and the punitive role of the criminal justice system. Such efforts have been fueled by the goal of limiting access to victims, premised on a belief that individuals who have committed acts of child sexual abuse are predatory and habitually driven by their desires (Center for Sex Offender Management, 2001). Incarceration reflects the ultimate effort to limit victim access among known child sexual abusers. The practice of incarcerating sexual offenders ballooned in the 1980s and early 1990s. Across the U.S., the number of incarcerated sexual offenders more than tripled between 1980 and 1990 (Greenfeld, 1997) and nearly doubled between 1990 and 1996 (Bureau of Justice Statistics, 1999). In California alone, the rate of sex offender incarceration increased nearly five-fold between 1971 and 1984 (Leon, 2011). Additionally, some sexual offenders are subject to post-incarceration civil commitment. While this may provide an additional level of containment and treatment to those offenders deemed most likely to reoffend, several of these programs have been criticized for failing to engage in sufficient treatment to reduce offenders' risk (Miller, 2010; Prentky, Barbaree, & Janus, 2015).

Notification laws are also premised on the belief that public awareness of known offenders increases community protection from such individuals. One result of this assumption is that offenders are subject to registration and community notification requirements upon returning to the community. Washington State pioneered such laws in 1990 with legislation authorizing state officials to notify the public when sex offenders were released from prison (Lieb & Nunlist, 2008). Since then, three major legislative acts at the national level reflect this goal: The Jacob Wetterling Act, Megan's Law, and the Adam Walsh Act have set increasingly higher standards for states to implement a registration and notification infrastructure (Center for Sex Offender Management, 2008).

Nonprofit Agency Prevention Efforts

A number of groups operate prevention programs in the U.S., many of which focus solely on educating the public in recognizing behavioral warning signs of pedophilic interests, sexual planning, or sexual behavior involving young children. For example, Darkness to Light suggests a “5-Step Training,” with foci on education, minimizing access to potential victims, and reporting suspected or observed predatory behaviors to appropriate authorities (Darkness to Light, 2013). VIRTUS: Protecting God’s Children is a similar program adopted by many Roman Catholic dioceses in the U.S. (National Catholic Risk Retention Group, Inc., n.d.).

Many other programs provide public education but also include some direct service to those with pedophilic interests to prevent child sexual abuse. For example, Stop It Now! provides a helpline intended to supply feedback to observers of actual or potential child sexual abuse behavior, but also offers assistance to those concerned about their own pedophilic interests (Stop It Now!, 2014). The Enough Abuse Campaign offers educational resources in California, Maryland, Massachusetts, New Jersey, and New York. However, they only provide indirect treatment referrals to persons with pedophilic interests in Massachusetts via the Massachusetts Association for the Treatment of Sexual Abusers and Massachusetts Adolescent Sex Offender Coalition (Massachusetts Citizens for Children, 2010). The Child Molestation Research & Prevention Institute makes available public education and treatment referrals from a nationwide list of programs. However, this organization’s stated goal for treatment is that it “must stop sexual desire for children” (Child Molestation Research & Prevention Institute, Inc., 2014). Such an approach is generally not considered an empirically supported goal of treatment; pedophilic interests are relatively stable and are more readily addressed through behavior management strategies (Center for Sex Offender Management, 2008; Schober et al., 2005; Seto, 2008).

Virtuous Pedophiles is a relatively new organization whose stated goal is to deter individuals with pedophilic interests from abusing children. Instead of focusing on public education about potential risk, this organization focuses on reducing the stigma associated with pedophilic interests. Additionally, Virtuous Pedophiles (2015) provides peer support to individuals who do not want to act on their pedophilic interests.

The most significant exception to these public education programs is B4U-ACT, an organization aimed at providing mental healthcare to “minor-attracted people” (i.e., individuals with pedophilic interests). This organization was founded by mental health professionals in collaboration with self-identified individuals with pedophilic interests who wished to abstain from engaging in child sexual abuse. This organization offers resources and education to treatment providers as well, but limited to persons residing in Maryland (B4U-ACT, 2014).

Similarly, the Help Wanted Project of the Moore Center for the Prevention of Child Sexual Abuse examines how to work

with young people with pedophilic interests. The goal of this program is early intervention to provide individuals with resources to self-regulate their behavior. However, at this time the program remains in the exploratory research stage (Moore Center for the Prevention of Child Sexual Abuse, n.d.).

Limitations and Costs of Current Response and Prevention Methods

Traditionally, the view of individuals with pedophilic interests (extending the stereotypes of known child molesters) held by many professionals and the public is that of a “monster” or “beast” (Marshall, 1996). Not surprisingly, the efforts supported by most of the general public focus on penal sanctions and community notification rather than support and rehabilitation (Anderson & Sample, 2008; Levenson, Brannon, Fortney, Baker, 2007a; Lieb & Nunlist, 2008; Saad, 2005). Despite the popularity of government-driven prevention measures, they significantly impact public resources. Although the cost of incarceration varies from state to state (Vera Institute for Justice, 2012), it continues to rise each year (Schmidt, Warner, & Gupta, 2010). For example, in 2004, the average cost of incarceration in Maryland was estimated to be \$20,000 per individual (McVay, Schiraldi, & Ziedener, 2004) and in 2012 was estimated at \$38,383 per individual (Vera Institute for Justice, 2012). Additionally, the per-individual cost of incarceration in that one state is approximately five times the cost of community treatment programming (McVay et al., 2004). Even more concerning, this per-individual amount can exceed \$167,000 annually, depending on jurisdiction (New York City Independent Budget Office, 2013).

Concurrently, community notification policies may adversely impact government agencies. For example, Zgoba, Witt, Dalessandro, and Veysey (2008) have noted that the implementation and management of sex offender registries strains law enforcement resources, while Zevitz and Farkas (2000) found that probation officers have greater difficulty finding housing for convicted offenders due to community notification policies, suggesting these policies may have a destabilizing impact on supervisees (Farmer, Beech, & Ward, 2012). Additionally, information within registries is often incorrect (Levenson & Cotter, 2005), with error rates varying from 25 % (Tewksbury, 2002) to 75 % (Salmon, 2010). These inaccuracies may be due to a number of reasons. For example, Salmon’s (2010) analysis found that many inaccuracies were due to data entry errors or unclear information being communicated between agencies, resulting in incomplete, inaccurate, or omitted data.

Under an assumption of preventing child victimization, the cost of community registration and notification programs would be justified by a reduction in child sexual abuse (and other sex offenses). Among convicted offenders, empirical research has failed to find a consistent reduction in recidivism attributable to these efforts (Socia & Stamatel, 2010; Veysey & Zgoba, 2010; Welchans, 2005). As a strategy to deter first-time offenses, out-

comes are mixed. There is some support for sex offender registries preventatively impacting those who have not yet engaged in an act of sexual abuse (Drake & Aos, 2009; Letourneau, Levenson, Bandyopadhyay, Armstrong, & Sinha, 2010), though other research indicates that sex offender registration is largely ineffective as a prevention tool (Levenson, D'Amora, & Hern, 2007b; Prescott & Rockoff, 2011; Singal, 2014). For example, 95 % of individuals on New York State's sex offender registry were registered following their first sexual offense as opposed to repeated offenses (Sandler, Freeman, & Socia, 2008)—thus, persons on the registry are not necessarily “repeat” offenders whose offenses could have been prevented through registration efforts.

Social Cost of Current Methods of Prevention

High-profile offenses are used as an archetype for all persons with pedophilic interests. They are portrayed as socially isolated, with a history of childhood abuse, a need to abstain from masturbation, excessive testosterone levels or “sex maniacs,” and deceitful in order to avoid treatment (Fedoroff & Moran, 1997). In the words of Paul, a man convicted of child sexual abuse, “From what I heard in the news about people like me, it sounds like we’re these ticking time bombs and then suddenly there’s this switch that’s tripped and we just metamorphis [sic] into horrible werewolf creatures” (CBC Radio One, 2014). Political and social leaders often use this stereotype to inflame “moral panic” and to support reactive solutions lacking in empirical support (Angelides, 2004), rather than exploring more complicated but constructive, proactive, and preventative solutions.

The stigma associated with pedophilic interests may serve as a social control that dissuades these individuals from engaging in sexual abuse behaviors involving children (Scruton, 2000). In contrast, though, those with pedophilic interests may experience a series of negative personal consequences, including negative self-concept, poor sense of identity, diminished self-efficacy (Pachankis, 2007), and disconnection from larger society (van Naerssen, 1991). Externally, they may maintain shallower relationships (Pachankis, 2007), avoid discussing their pedophilic interests in psychotherapy (Tan & Grace, 2008), and devalue the views of society in favor of embracing a pedophilic subculture (Freimond, 2013).

When this stigma causes further distress, individuals may engage in one of two broadly defined stress management approaches (Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009). One is avoidance, such as using drugs and alcohol to manage the emotional consequences of stigma (Tewksbury & Mustaine, 2009), or withdrawal and suicidality. In an online survey of 193 self-identified individuals with pedophilic interests across North America and Europe, the impact of this stigma led 46 % of individuals to consider suicide, 32 % to plan suicide, and 13 % to attempt suicide (Kramer, 2011). The alternative approach is assimilation into pedophilic subculture. The Internet may be a haven for individuals with pedophilic interests (Holt, Blevins, & Burkert, 2010), as

online communities provide readily accessible validation, reinforce pro-pedophilic rhetoric (e.g., boy lover versus child abuser), and support a perception that acting on pedophilic interests is not harmful to children (Durkin & Hundersmarck, 2007).

Current prevention measures serve a purpose, whether it be restricting known offenders from potential victims (Center for Sex Offender Management, 2001, 2008) or educating the public on how to better keep children safe (e.g., Darkness to Light, 2013). However, these measures do little to directly benefit those with pedophilic interests who have not engaged in child sexual abuse, and whatever proactive impact exists is attenuated by how the focus on public safety in these prevention measures inhibits open discussion of concerning sexual interests (Freimond, 2013; Tan & Grace, 2008, van Naerssen, 1991). This suggests that additional services aimed at addressing pedophilic interests more proactively are warranted.

Current Proactive Psychological Interventions for the Prevention of Child Sexual Abuse

Paul's story from *Ideas with Paul Kennedy* was one of two examples used to highlight the dichotomies of two prevention systems—one focusing on containment and punishment (i.e., the U.S. approach) and one focusing on intervention (CBC Radio One, 2014). In contrast to the US reactive and containment-based approach, several countries have devoted resources to secondary prevention methods, such as psychological interventions aimed to prevent individuals with pedophilic interests from acting on them (Beier et al., 2009; Bogaert, Bezeau, Kuban, & Blanchard, 1997; K. Vanhoeck, personal communication, June 21, 2014; Seto, 2008).

The Prevention Project Dunkelfeld (PPD) provides an example of one such preventative intervention program. The German word *Dunkelfeld* literally translates to “dark field.” This term is used to describe those whose pedophilic interests have not yet been “brought to light,” or not yet detected by the authorities through reported offenses, as well as those who have offended against children but have not yet been caught. In contrast, *Hellfeld* (translated: light field) offenders refer to those whose offenses are known to authorities. The PPD's approach addressed two components: how to reach individuals with pedophilic interests (whether or not they had committed a sexual offense against a child) and how to treat those with pedophilic interests (Beier et al., 2009).

The outreach campaign included several messages: (1) empathy and understanding for the (potential) client; (2) de-emphasizing fear of punishment; (3) distancing the program from discriminatory messages; (4) assuring confidentiality and anonymity; and (5) significantly noting that preventative interventions are to further child protection, rather than assisting perpetrators. The messages from public advertisements roughly translated to, “You are not guilty because of your sexual desire, but you are responsible for your behavior. There is help! Don't become an

offender!” and “Do you like children more than you/they like?” with a play on words in the original German. These messages were used to construct citywide posters in Berlin, commercials aired on television and in movie theaters, and the Web site www.kein-taeter-werden.de (note: kein-taeter-werden translates to English as “don’t become an offender”; Beier et al., 2009).

The PPD has succeeded in reaching individuals with pedophilic interests with a total of 476 self-referrals from Germany, Austria, and Switzerland received by the treatment clinic. The PPD treatment program initially accepted 204 individuals, including those who had engaged in undetected child sexual abuse, those who had completed supervision for a sexual offense but feared they may offend again, and those with pedophilic interests who had never offended against a child. The treatment program consisted of a combination of cognitive behavioral therapy, sex therapy, and anti-androgen treatment, all with the goal of preventing child sexual abuse behavior (Beier et al., 2009). Individuals who completed androgen deprivation therapy showed decreases in the amount of fantasies and increases in the perception of self-control (Amelung, Kuhle, Konrad, Pauls, & Beier, 2012), and following 1 year of cognitive behavioral treatment, these individuals showed reduced deficits in emotion, sexual regulation, and offense-supportive attitudes (Beier et al., 2015). Still, long-term outcome research is still needed to assess the efficacy of this program in preventing child sexual abuse (Långström et al., 2013).

Although the PPD currently represents the most prominent effort in proactive prevention, it is not the only program to address this issue. Belgium’s I.T.E.R. Center for Prevention and Treatment hosts a program concerning impulse control, reoffending, empathy awareness, and the acceptance of responsibility using individual psychotherapy, pharmacological treatment, sex therapy, and couples and family therapy (I.T.E.R., n.d.). Their prevention efforts emphasize public education in tandem with psychotherapy for individuals with pedophilic interests. This prevention program is strongly influenced by the PPD and has succeeded in outreach through hosting a Web site with prevention information as well as networking with local healthcare providers (K. Vanhoeck, personal communication, June 21, 2014).

Canada also hosts a program for individuals with pedophilic interests who want to avoid committing acts of child sexual abuse. The Behavioral Sexology Department of the Clarke Institute of Psychiatry, while largely involved in assessment, openly served individuals with pedophilic interests (Bogaert et al., 1997). In 1998, the Clarke Institute of Psychiatry merged with three other treatment facilities into the Centre for Addiction and Mental Health (CAMH; CAMH, 2012), which offers services for people who have or may be at risk to engage in child sexual abuse behaviors (Cantor, 2011).

While not an explicit treatment resource, Stop It Now! is an important partner in outreach for those seeking treatment. Stop It Now! has been efficacious in promoting outreach in the Netherlands (Eisenberg, Mulder, van Horn, & Stam, 2014), the UK, and Ireland (Brown et al., 2014), and some parts of the U.S. (Stop It

Now!, 2000). Combining this type of outreach service with treatment providers may be beneficial for those who require referrals for appropriate services.

Limitations and Research Needed for Implementation

Programs like the Prevention Project Dunkelfeld suggest the real possibility of outreach and treatment for individuals with pedophilic interests. With regard to implementing a similar program in the U.S., further research is required to effectively address barriers to policy change and means of implementing treatment programs. Additionally, methods of engaging in ethical treatment remain to be definitively identified.

Barriers to Proactive Outreach and Treatment

The current climate toward individuals with pedophilic interests in the U.S. presents a number of potential barriers to engaging in proactive, preventative treatment approaches. Developing treatment options for non-offending individuals with pedophilic interests should consider these, as they may interfere with both outreach and intervention. In the following section, we briefly describe political, social, and cultural facets of these barriers.

Policies Potentially Interfere with Outreach and Treatment

One factor contributing to the PPD’s successful outreach is that mandatory reporting practices in Germany are limited compared to practices in the U.S. German reporting standards do not allow reporting child sexual abuse offenses except in cases that avert imminent danger or plans to murder a child (Beier et al., 2009). Current U.S. mandatory reporting laws require many professionals to report suspected or known child sexual abuse to the authorities (Child Welfare Information Gateway, 2014). While these laws are aimed at protecting children, a paradoxical result of seeking treatment for those with pedophilic interests might include familial, social, occupational, or legal consequences (Chill, 2004; Owhe, 2013), which in turn may contribute to individuals acting on their pedophilic interests (Farmer et al., 2012; Kruttschnitt, Uggen, & Shelton, 2000; Wakeling, Freemantle, Beech, & Elliott, 2011). Despite the ongoing debate about the value of mandated reporting (Berlin, Malin, & Dean, 1991; Melton, 2005; Tufford, 2012), these laws continue to engender significant public and professional support.

Stigma Interferes with Outreach and Treatment

While negative feelings in therapy are not uncommon for a therapist, in typical therapy environments such feelings are more commonly associated with in-treatment behavior rather than a client’s history (Pope & Tabachnick, 1993). However, many

providers experience negative feelings when working with sex offenders, such as fear or anger in response to addressing a specific case, or increased emotional hardening and pessimism (Moulden & Firestone, 2010). This may be complicated by the majority of therapists lacking knowledge of or comfort with discussing sexuality issues, including pedophilic interests (Decker, 2010). However, most of the research in this area focuses on providers working with convicted sex offenders, leaving providers uncomfortable with known details of offenders' child sexual abuse behaviors (e.g., Hall & Hall, 2007). With regard to attitudes toward pedophilic interests specifically, though, providers have evidenced fewer negative impressions of individuals with pedophilic interests than members of the general public, though many (40 %) acknowledge anger when thinking of such individuals (Jahnke, Philipp, & Hoyer, 2015).

The broader sex offender treatment literature may fuel apprehensions about working with this population as well. For example, California's Sex Offender Treatment and Evaluation Project presents inconclusive results of treatment (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005). While this research may be interpreted optimistically for some offenders, it is still used as an argument that treatment is not effective for this population (Ware, 2011). Another major concern is that treatment might "teach" offenders to covertly engage in sexually abusive behaviors (Barbaree, Langton, & Peacock, 2005). However, recent research does not support the belief that treatment has this detrimental impact (Polaschek, 2014). Overall, recent evidence suggests that problematic treatment outcomes are more associated with prescribing either too much or too little treatment, targeting characteristics of the individual rather than empirically supported treatment goals (Andrews & Bonta, 2010; Hanson et al., 2009; Långström et al., 2013).

In addition, these concerns are often concurrently used by public figures to motivate public fear and apprehension (Angelides, 2004; Quinn, Forsyth, & Mullen-Quinn, 2004). Negative media coverage against individuals with pedophilic interests skews public opinion against providing resources for such persons (Adams, 2001). This is an example of the "not in my back yard" (NIMBY) effect, which has a number of consequences for individuals with pedophilic interests, including interference with treatment-seeking behavior and therapeutic success (Brown, 2013).

The overall impact of professional and public stigma against individuals with pedophilic interests may interfere with treatment seeking (Shechtman, Vogel, & Maman, 2010; Vogel, Wade, & Heckler, 2007), as social disapproval is a major barrier to entering and completing therapy (Corrigan, 2004). Kramer (2011) found that 85 % of individuals with pedophilic interests expect to be misunderstood by therapists, and many expect to be disrespected (54–82 %), judged (63–89 %), treated unethically (46–79 %), or have their confidentiality violated (51–76 %). Furthermore, even if they do pursue treatment, they may underreport symptoms because of their expectation of stigmatization (Corrigan &

Matthews, 2003) or prematurely discontinue treatment (Rochlen, Mohr, & Hargrove, 1999).

Cultural Factors Interfere with Outreach and Treatment

A third concern is that cultural factors may exist that either unintentionally or deliberately interfere with prevention or intervention efforts. These cultural factors may minimize the likelihood of an individual wanting to address pedophilic interests, minimize the resources available to address pedophilic interests, or positively reframe pedophilic interests in opposition to population norms. These include private avoidance (Alaggia, 2002; Alaggia & Kirshenbaum, 2005), institutional avoidance (Gutierrez & McLaren, 2012; McAlinden, 2006; Proffitt & Corrigan, 2012), political avoidance (Choo et al., 2010; Paul, Gray, Elhai, Massad, & Stamm, 2006), and groups supporting pedophilic interests (DeYoung, 1989; Goode, 2006).

Private Avoidance Existing family structures may discourage disclosing pedophilic interests or child sexual abuse. Factors connected to familial silence include rigid, patriarchy-based family structure, a history of familial violence, closed or indirect communication patterns, and social isolation (Alaggia & Kirshenbaum, 2005). In families where child sexual abuse has occurred, some family members may view themselves as co-conspirators in the "family secret" which discourages help-seeking behavior (Paine & Hansen, 2002). In another vein, other marginalized groups, such as religious or ethnic cultural minorities, may be hesitant to report abuse by a member of their own community for fear of being labeled or further stigmatized by the majority, including their representatives in law enforcement. Again, this interferes with prevention and help-seeking behavior.

Institutional Avoidance Institutions' willingness to look past individuals' pedophilic interests and child sexual abuse is often connected to reputational and financial concerns. For example, some institutions may be motivated to discourage whistle-blowing regarding these issues (Gutierrez & McLaren, 2012), and in other cases, institutions may be motivated to covertly address an individual's pedophilic interests and behaviors rather than making them publicly known (Proffitt & Corrigan, 2012). This is often complicated by what McAlinden (2006) refers to as institutional grooming, or the process by which individuals often rise to positions of power in self-protective environments and use the organization for protection from attention or prosecution. Institutional avoidance of pedophilic interests has recently become a highly publicized phenomenon following high-profile cases of child sexual abuse within the Roman Catholic Church and at Penn State University. In these examples, the institutions' subcultures inherently contributed to the abuse of power and the exploitation of granted authority to engage in abusive behavior (Böhm, Zollner, Fegert, & Liebhardt, 2014; Staller, 2012).

Political Avoidance Political avoidance is more indirect, including a lack of allocation of resources to address pedophilic interests, particularly when resources are notably limited. Rural areas are a good example of this, as the limited availability and accessibility of resources in rural areas are major impediments to prevention or intervention (Faver, Crawford, & Combs-Orme, 1999). Although rural areas have been shown to experience greater reports of caregiver abuse of children (Walsh & Mattingly, 2012), rural areas continue to underserve children subjected to abuse due to a lack of child abuse-related resources (Choo et al., 2010; Paul et al., 2006). Furthermore, rural areas typically offer fewer specialized mental health services, further complicating the underutilization of mental health care due to limited awareness and stigma about mental illness (Gamm, Stone, & Pittman, 2010).

Groups Supporting Pedophilic Interests In contrast to the first three avoidance factors described above, some groups exist that engage in pro-pedophilic advocacy. The most well known of these is the North American Man-Boy Love Association (NAMBLA), whose stated goal is to abolish age of consent laws so that “consensual” sexual behavior between men and boys can occur without subterfuge (Holmes & Holmes, 2002). Other pro-pedophilic resources include Puellala, a group that focuses on pedophilic interests toward females; Logicalreality.com, which advocates for pedophilic behaviors under the concept of “sexual liberation”; and the Neptune Link Directory, which indexes information to facilitate child-abusive behaviors (Goode, 2006).

Although the known membership of groups like NAMBLA have trended significantly downward in recent years (DeYoung, 1989; Holmes & Holmes, 2002), the emergence of these groups is perhaps not surprising in light of the stigma associated with them (e.g., Quinn et al., 2004) and their internal need for stigma-managing strategies (Freimond, 2013). These include reframing the stigmatized issue (i.e., pedophilic interests) as positive, engaging in group comparisons favoring persons with pedophilic interests against the general population, and attempting to initiate changes in cultural perceptions (Freimond, 2013). Embracing the pro-pedophilic subculture has a further impact on treatment seeking, as therapy may challenge one’s self-concept (Goode, 2010; Miller, 1985).

Future Directions and Concerns

Modifying Current Prevention Methods

We need research that examines whether public education programs should be amended to encourage the treatment of individuals with pedophilic interests as a factor in protection of children from child sexual abuse. Many current programs focus solely on separating individuals with pedophilic interests from children (e.g., Darkness to Light, 2013; National Catholic Risk Retention Group, Inc., n.d.), and others are disproportionately focused on

providing education about the potential dangers of individuals with pedophilic interests (e.g., Massachusetts Citizens for Children, 2010; Stop It Now!, 2014). Again, this is concerning if these policies potentially increase the risk of engaging in child sexual abuse because of the associated stigma, social destabilization, and isolation (e.g., Farmer et al., 2012; Wakeling et al., 2011).

Sex offender management strategies may also inform how current prevention systems could be augmented. The Circles of Support and Accountability (CoSA) approach to working with offenders, for example, provides “wraparound care” during post-incarceration community reintegration in order to reduce recidivism and support offenders’ adoption of a pro-social lifestyle (Cayley, 1998; Hannem & Petrunik, 2007; Heise et al., 2000). While the social support provided by CoSA has benefited convicted child sexual offenders (Willis & Grace, 2009), it is less clear how these efforts might benefit individuals not involved in the criminal justice system.

Establishing and Evaluating Treatment Approaches

A number of suggestions have been made regarding preventative psychological interventions. Gilgun (n.d.) suggests five major recommendations for preventative treatment: (1) promote emotional expressiveness; (2) provide healthy sex education; (3) support sensitive and responsive parenting approaches; (4) challenge myths and misunderstandings about child sexual abuse; and (5) challenge beliefs of entitlement. Vanhoeck, Wanzeel, and Gykiere (2014) suggest that we should address sexual preference and self-control as primary targets, with additional goals of addressing childhood trauma, disorganized attachment, and personal victimization when applicable.

Recent empirical evidence highlights a number of sex offender treatment targets that could be incorporated into preventative programs. For example, self-regulatory deficits have been implicated in etiological models of sex offending behaviors (e.g., Stinson, Becker, & Sales 2008; Stinson, Robbins, & Crow, 2011), which could be extended to preventative treatments involving self-regulatory skills-based learning. Similarly, other research signals the importance of a pro-social identity in desisting from sexually abusive behavior (Göbbels, Ward, & Willis, 2012). Those with more pro-social influences (Zevitz, 2006) and lower rates of perceived alienation (Farmer et al., 2012), loneliness (Wakeling et al., 2011), and stable job histories (Kruttschnitt et al., 2000) show greater rates of desistance from sexually abusive behaviors.

Finally, the Good Lives Model (Ward, 2002; Ward & Mann, 2004) focuses on pro-socially obtaining primary human goods, such as a healthy life, knowledge, occupational excellence, independence, relationships, community, happiness, and creativity (Ward & Gannon, 2006). Within this framework, an individual seeking to avoid or desist from abusive behaviors might seek to obtain such human goods by focusing on the use of pro-social strategies, which may also be translatable into preventative care.

Ethical Concerns

Such proposed outreach and proactive treatment programs present a number of ethical considerations that must be addressed. Many U.S. states have enacted policies that require the reporting of pedophilic interests (Child Welfare Information Gateway, 2014). Caplan (2006) has suggested such efforts are similar to quarantining persons with infectious diseases in that they serve to mitigate harm to others, though pedophilic interests hold a greater stigma than most medical conditions. Once public, this stigma may lead to a number of personal difficulties (e.g., Owhe, 2013; Tewksbury & Lees, 2006) and negatively impact the individual's family (Levenson & Tewksbury, 2009).

An additional ethical consideration pertains to the uncertain likelihood of the person acting on pedophilic interests. Empirical literature related to child pornography offenders may be relevant here—research is split on whether viewing child pornography is (Burke, Sowerbutts, Blundell, & Sherry, 2002; Seto, Cantor, & Blanchard, 2006) or is not associated (Eke, Seto, & Williams, 2011; Endrass et al., 2009) with contact child sexual abuse. For example, in a meta-analysis of internet sex offenders, nearly as many individuals reported a history of contact sexual offenses as those who did not (55 vs 45 %; Seto, Hanson, & Babchishin, 2011). Nevertheless, Russell and Purcell (2006) suggest that the continued use of child pornography over time may increase the desire for contact child sexual abuse behavior due to further eroticizing of children. Willingness to cross at least one social boundary (i.e., downloading or viewing child pornography) suggests a greater willingness to indulge in pedophilic interests. However, this research does not speak to the larger population of those who may have pedophilic interests (Beier et al., 2006; Briere & Runtz, 1989; Dombert et al., 2016; Fedora et al., 1992; Hall et al., 1995; Templeman & Stinnett, 1991).

Finally, any preventative treatment should be provided by professionals adequately trained to work with individuals with pedophilic interests. It is advisable for professionals to take advantage of specialized resources available through organizations such as B4U-ACT, the Association for the Treatment of Sexual Abusers, or other state-level organizations concerned with prevention and treatment of sexual offending.

Conclusion

The American public is gaining exposure to the personal stories of non-offending individuals with pedophilic interests (CBC Radio One, 2014; Glass, 2014; Virtuous Pedophiles, 2015) in direct contrast to standard messages that instigate fear and moral panic regarding such individuals (e.g., Angelides, 2004; Quinn et al., 2004). Significantly less research has focused on those with pedophilic interests who have not engaged in child sexual abuse behaviors (e.g., Beier et al., 2009; Freimond, 2013; Goode, 2010; Långström et al., 2013; Vanhoeck et al., 2014) when compared to

the attention paid to those who engage in child sexual abuse (e.g., Hall & Hall, 2007; Seto, 2008). As the majority of research on proactive prevention has been conducted in Europe and Canada, questions remain as to how this outreach and treatment can occur in the U.S.

The greatest challenge may be in addressing society's opinions about individuals with pedophilic interests. Public or political rhetoric about such a small and as yet not fully understood group (e.g., Angelides, 2004; Quinn et al., 2004) may serve a detrimental, socially disintegrative function (Farmer et al., 2012; Kruttschnitt et al., 2000; Wakeling et al., 2011). Organizations like the Association for the Treatment of Sexual Abusers (ATSA) and Stop It Now! are crucial in this effort, but much work remains. Changing public discourse is a first step in the much larger challenge of changing the public's fatalistic stereotypes about individuals with pedophilic interests (e.g., Fedoroff & Moran, 1997). Addressing these stereotypes is a major step in overcoming the social mechanisms which encourage individuals, families, and institutions to not openly address pedophilic interests (e.g., Alaggia, 2002; Alaggia & Kirshenbaum, 2005; Choo et al., 2010; Gutierrez & McLaren, 2012; McAlinden, 2006).

Nonprofit programs (e.g., Stop It Now!, The Enough Abuse Campaign, B4U-ACT, etc.) may provide an infrastructure to encourage this social attitude change. While education informs the public of the dangers presented by those relatively few sexual predators, there should also be an emphasis on those who are not predatory (Briere & Runtz, 1989; Fedora et al., 1992; Glass, 2014; Hall et al., 1995; Virtuous Pedophiles, 2015) and who would benefit from therapeutic support (Beier et al., 2009; Vanhoeck et al., 2014). In the meantime, while it may be difficult to evaluate their effectiveness (Harkins & Beech, 2007), a number of treatment options have been proposed to meet this goal (e.g., Beier et al., 2009; Gilgun, n.d.; Vanhoeck et al., 2014; Ward & Gannon, 2006).

Any effective efforts to prevent child sexual abuse are of benefit to society. The financial impact of preventing sexual abuse may be speculated (e.g., McVay et al., 2004; Zgoba et al., 2008), but the overall benefit of reducing child victimization is incalculable. As Beier et al. (2009) state, "therapy for potential offenders is proactive child protection and not 'perpetrator assistance'" (p. 857). Therefore, if child protection is paramount, we should seek to promote whatever ethical options may best achieve this goal.

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