SHIFTING THE FOCUS: A MULTIMETHOD EXPLORATION OF RESILIENCY AMONG CHILD-ATTRACTED PERSONS

by

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Abstract

Existing literature suggests that a variety of biopsychosocial factors may be related to sexual attraction to children, but why some individuals successfully refrain from offending remains largely unknown. Emerging research has examined the experiences of child-attracted persons. Child-attracted person is a modified version of the self-referential term minor-attracted person, used to describe an individual who is sexually attracted to individuals under the legal age of consent, which varies by legal system. This research program used a multimethod approach to explore heterogeneity among child-attracted persons. First, quantitative data were collected from 116 self-identified child-attracted persons and 208 university students. Participants completed an online survey of 11 self-report measures, assessing a variety of factors that have been found to be related to sexual offending, such as emotional congruence, sexual narcissism, negative affect scales, and personality. Comparative analyses indicated many similarities between the samples, although there were several key differences. A latent profile analysis indicated that a four-profile model best fit the data. The child-attracted profiles were labelled socially energized, psychologically distressed, interpersonally problematic, and childhood focused. Although the profiles differed with respect to key resiliency factors, they did not differ in terms of most demographic characteristics. Second, qualitative data were collected from 23 self-identified child-attracted persons in the form of semi-structured interviews. Thematic analysis of the qualitative data uncovered several key themes across the interviews, including understanding attraction to children as a sexual orientation; how such attractions are viewed and treated societally; engagement in sexuality; mental health concerns and associated therapy services; and the overall impact of the attraction. Finally, several measures related to attraction to children were modified and analyzed for statistical reliability. Taken together, the findings of this research program support the presence of heterogeneity among the child-attracted community. This supports the necessity to develop assessment and treatment options that incorporate such

differences. Further, the findings of the research program, and other emerging research exploring sexual attraction to children, suggest serious negative mental health outcomes associated with identifying as attracted to children and with the associated stigma, often beginning in adolescence. These findings underscore the need to continue to pursue research in this area and develop further understandings of sexual attraction to children and related outcomes.

Key words: *pedophilia, minor attraction, minor-attracted persons, child-attracted persons, chronophilia, stigma, resiliency, well-being*

Lay Summary

The research examined child-attracted persons, individuals who are sexually attracted to children. Several issues were examined, including when these attractions usually develop, how the attractions impact functioning, how sharing this information with their family and friends impacts them, and their own understanding and lived experiences associated with being sexually attracted to children. Most child-attracted persons developed their attraction to minors during adolescence, often during puberty. Child-attracted persons often experienced profound shame, stigmatization, loneliness, and a lack of meaningful romantic relationships. However, they also experienced self-acceptance, friendship with other child-attracted persons, and alternative ways of enhancing their own well-being. Overall, the research suggested that child-attracted persons experience a range of outcomes associated with their attraction. More research is needed to understand how to help adolescents experiencing such attractions, and how to provide evidence-informed therapy for child-attracted persons to enhance their well-being, which would inherently result in risk prevention.

Preface

The following research was reviewed by the University of British Columbia – Okanagan's Behavioural Research and Ethics Board, certification number H18-01821. The data were remotely collected from various continents by the author, Crystal Mundy, in Kelowna, British Columbia.

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Chapter 1: Introduction

Most research examining sexual attraction to children has evaluated individuals who have engaged in sexual contact with a child, often in a forensic setting. Further, existing research often fails to provide specific diagnostic information, including differentiating between offenders who are and are not attracted to children or differentiating between those who are exclusively versus non-exclusively attracted to children (Tenbergen et al., 2015). Research suggests that up to half of those who offend against children are not actually attracted to children, but engage in these behaviours for other reasons, such as opportunity (Seto, 2008). Although this is important research, it is also crucial to investigate the characteristics and resiliency factors that allow some individuals to manage and/or accept their attraction to children in everyday life without criminal consequences. The existing research that focuses on individuals who have sexually offended is not generalizable to these child-attracted persons (Cornel, 2015; Tenbergen et al., 2015). Given the scarcity of literature in this area, the research program sought to identify and examine characteristics that may be associated with child-attracted persons' ability to refrain from engaging in problematic sexual behaviours. Existing literature was reviewed to identify relevant etiological, assessment, and treatment factors among those who have sexually offended against children. The research program aggregated and extended this research to examine how these biopsychosocial factors are related to sexual attraction to children (see Figure 1). The findings of this research program can provide insight for future theory development and may inform the development of treatment to enhance the well-being of child-attracted persons and prevent problematic sexual behaviours.

1.1 Conceptualization of Sexual Attraction to Children

Chronophilias, which refer to primary sexual attraction to age/maturity categories other than young sexually mature adults, are being increasingly examined as possible sexual orientations (Seto,

2017). Pedophilia, specifically, has been extensively examined within the literature, often within forensic contexts. Moreover, a growing area of research is examining the experiences of *minor-attracted persons*, a commonly used self-referential term (Global Prevention Project, 2019). The term *minor attraction* is more encompassing than pedophilic interests, as minor attraction can refer to individuals having a primary attraction to persons under the legal age of consent. This includes sexual attraction to infants (i.e., nepiophilia), pre-pubescent children (i.e., pedophilia), or pubescent children and adolescents (i.e., hebephilia). Although minor-attracted person is the commonly used self-referential term, *child-attracted person* has been used throughout this document because the literature base is drawn mainly from data involving pedophilic disorder and child sexual abuse. Despite the use of this term, it is important to note that recent research across a breadth of forums has suggested that *pedophile* may be the preferred label for many child-attracted persons (Martijn, Babchishin, Pullman, & Seto, 2020).

Individuals who self-identify as having a dominant sexual interest in prepubescent children (i.e., pedophilia) are often reacted to negatively, even if they have not committed an offence. For example, Jahnke, Imhoff, and Hoyer (2015) found between 14-28% of participants in their study stated that (non-offending) child-attracted persons would be better off dead. These findings were recently replicated in a North American sample (Walters, Mundy, & Cioe, in preparation). Acceptance of merely the existence of attraction to children, both in academia and the public, has been difficult due to continued conflation between attraction and child sexual abuse (Skultety, 2020). Even trained therapists and counsellors have identified obstacles, particularly the unique legal and ethical concerns related to problematic sexual behaviours, that cause them to refuse to offer treatment to such individuals (Levenson & Grady, 2019; McPhail, Stephens, & Heasman, 2018). Therefore, child-attracted persons who would seek out services are often underserved. Given the literature regarding barriers to seeking services, it can be inferred that

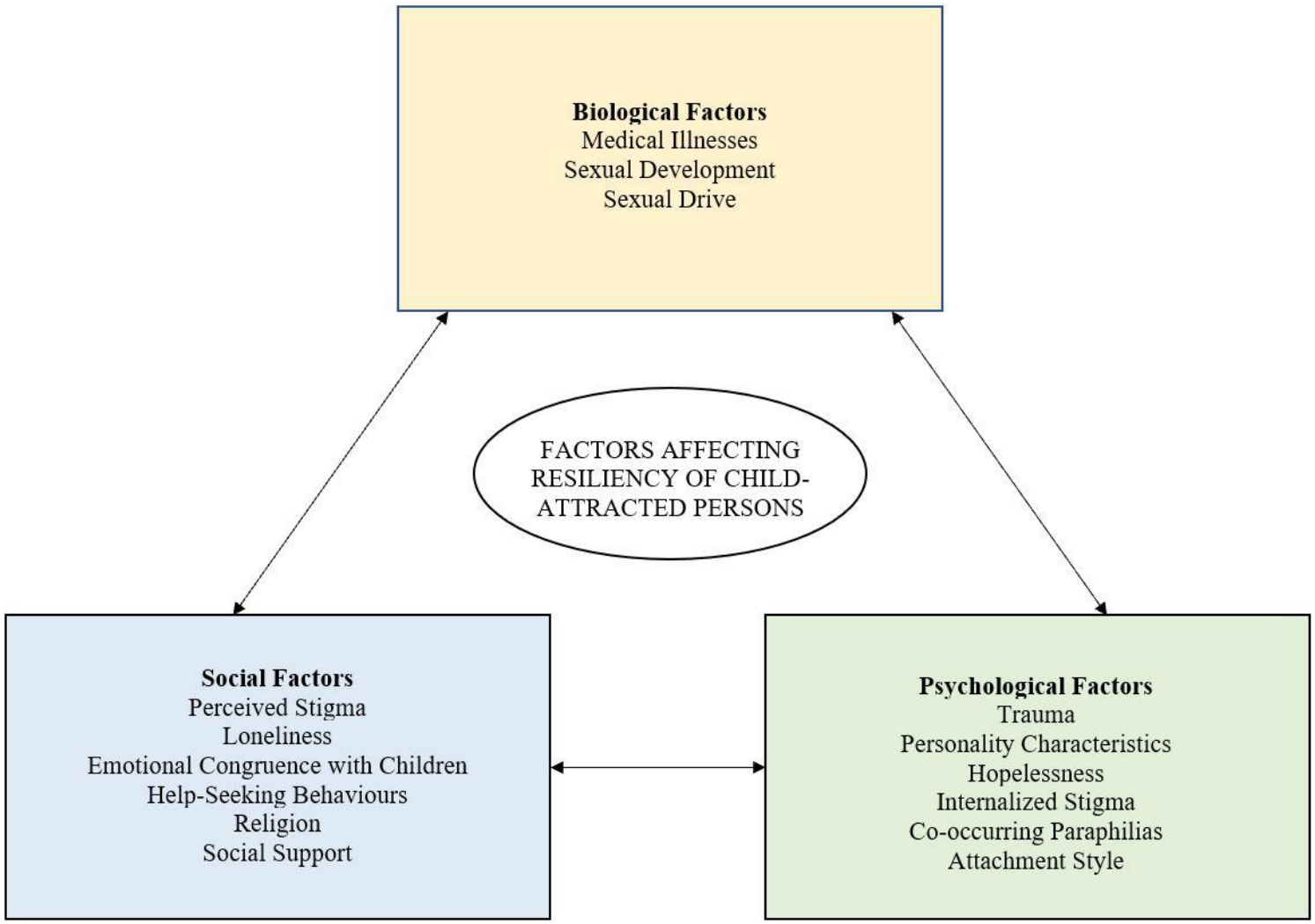

Figure 1. Potential resiliency factors among child-attracted persons. These factors were drawn from the existing literature on sexual offending, which includes non-child-attracted persons, and generally only those who have engaged in problematic sexual behaviours.

some, but not all, individuals who cannot access services may be at increased risk of problematic sexual behaviours, such as abusing a child or utilizing child sexual exploitation material (Grady, Levenson, Mesias, Kavanagh, & Charles, 2019).

1.2 Epidemiology of Sexual Attraction to Children

To date, providing an accurate estimate of the prevalence of sexual attraction to children has been difficult. Establishing lower and upper limits remains a challenging task, as individuals with such attractions often will not openly admit to them unless they have not been caught and/or arrested, due to potential legal ramifications. However, the DSM-5 suggests that the upper limits for pedophilic disorder approach 3-5% in the population (American Psychiatric Association, 2013). Although hebephilic disorder is not recognized in DSM-5, research has suggested the prevalence of hebephilic sexual interests occur at a higher rate than pedophilic interests (e.g., Mundy & Cioe, 2019; Stephens, 2016). Research has begun to examine prevalence rates of attraction to children in the general population on a larger scale. For example, Ahlers et al.'s (2011) study of German men found that roughly 10% had sexual fantasies about children, 6% had masturbation fantasies about children, and roughly 4% had previously had sexual contact with children. A similar study of men primarily from Germany, but also from Austria, England, and Switzerland, found that 9% had sexual fantasies about children, 6% had masturbation fantasies about children, and 4% had previously had sexual contact with children (Beier, Neutze, et al., 2009). These limited findings indicate prevalence rates of sexual attraction to children may be slightly-to-significantly higher than the 3-5% suggested by the DSM-5, depending on whether researchers evaluate sexual behaviour, masturbation fantasies, or sexual fantasies.

Mitchell, Bravo, and Galupo's (2017) study indicated that heterogeneity exists in terms of age and gender orientation among child-attracted persons. Mitchell and colleagues found that child-attracted men who were oriented to female children exhibited less exclusivity and higher sexual desires towards

adults. Conversely, child-attracted men who were oriented to male children exhibited higher exclusive orientation to children and lower sexual desires towards adults. These, and similar findings, highlight the heterogeneity that likely exists even within those who self-identify as child attracted; this would appear no different than the diversity that exists within other forms of sexual orientations (e.g., DeBord, Fischer, Bieschke, & Perez, 2017). These findings together support the notion that sexual attraction to children should be conceptualized as a form of sexual orientation related to age (i.e., chronophilia; Seto, 2017).

1.3 Etiological Explanations of Sexual Attraction to Children

Increasing attention has considered how sexual attraction to children develops, and whether the attraction differs from accepted sexual orientations. The aggregation of decades of research seems to suggest that sexual attraction to children is a complex, multifaceted phenomenon that incorporates many of the biological, social, and psychological factors discussed below (Tenbergen et al., 2015).

1.3.1 Biological Explanations of Sexual Attraction to Children

1.3.1.1 Evolutionary Explanations

Dysfunctional orientations, genetic vulnerabilities, and neurobiological dysfunctions have all been identified as potential explanations for sexual attraction to children. Several attempts have been made to explain sexual attraction to children (within males) as an evolutionary mishap leading to a dysfunctional sexual orientation, where the typical attraction to youthfulness is maximized, and the typical attraction to indicators of reproductive maturity and fertility, such as waist-to-hip ratio and breast size, are minimized (Imhoff, Banse, & Schmidt, 2017; Quinsey & Lalumière, 1995; Seto, 2008). The Tanner stages outline changes that occur in secondary sex characteristics and provide a method of quantifying sexual development (Tanner, 1978; see Appendix A). The Tanner stages ascend from 1 (*prepubertal*) to 5 (*fully mature*); women are rated on breast development and pubic hair growth,

whereas men are rated on genital development and pubic hair growth. Even though the stages are roughly associated with age, they are largely based on physical development. Research has indicated there are likely different orientations of sexual attraction to children and adolescents, which may be reflected by attraction to certain stages of pubertal development; these are typically referred to as pedophilia, pedohebephilia, and hebephilia (Imhoff et al., 2017; Stephens, 2016). *Pedophilia* is associated with attraction to minors in Tanner stages 1 and 2 (pre-pubescent body morphology), *pedohebephilia* is associated with attraction to minors in Tanner stages 2 and 3 (pre-pubescent and pubescent body morphology), and *hebephilia* is associated with attraction to minors in Tanner stages 3 and 4 (pubescent body morphology). According to this definition, the actual physical development of the child is crucial to the attraction, although age can be loosely associated with the Tanner stages. As Imhoff and colleagues (2017) suggest, it may be the case that child-attracted persons are, to varying degrees, insensitive to information about reproductive maturity, leaving them highly focused on youthfulness indicators of sexual attractiveness.

1.3.1.2 Neurobiological Explanations

An increasing amount of research has examined the role of neurobiological factors in sexual attraction to children. In 2012, the first study analyzing patterns of brain activity associated with sexual arousal to minors was conducted; shortly after, functional magnetic resonance imaging (fMRI) was used within this population (Habermeyer et al., 2013; Ponseti et al., 2012). See Appendix B for a synthesis of findings from existing neuroimaging studies in sexual attraction to children up to 2015 (Tenbergen et al., 2015). The rise in interest in this area has resulted in the development of three major neurobiological theories of sexual attraction to children (Seto, 2008).

The first neurobiological theory focuses on the role of the frontal lobe, specifically the left and right dorsolateral prefrontal cortices, which have been found to differ in child-attracted men as compared

to non-child attracted men (Burns & Swerdlow, 2003; Schiffer et al., 2007; Schiffer, Krueger, et al., 2008; Schiffer, Paul, et al., 2008). However, as is the case with most existing literature, these findings are specific to individuals with pedophilic disorder. These distinctive brain characteristics have been theorized to account for the sexual behaviour associated with sexual attraction to children, as the areas are known to be responsible for the regulation of sexual behaviour (Spinella, 2007).

The second neurobiological theory focuses on the contributions of the temporal lobe, specifically temporal lesions and hippocampal sclerosis; these specific anomalies have been found to increase sexual attraction to children and other atypical sexual interests (Alnemari, Mansour, Buehler, & Gaudin, 2016; Cantor et al., 2008). Damage to the temporal lobe has been theorized to result in hypersexuality, which is associated with a higher rate of sexual attraction to children and other problematic sexual behaviour (Chughtai et al., 2010). It has been suggested that the first and second theory can be combined to frame the *dual lobe theory*; this theory explains atypical sexual preferences and sexual behaviour via the specific brain deficits noted above (Poeppl et al., 2013; Seto, 2009). Dual lobe theory explains sexual attraction to children and fantasies via temporal lobe deficits; the theory then accounts for the actual commission of sexual offences via frontal lobe deficits.

The third neurobiological theory of sexual attraction to children focuses on the role of sex dimorphic brain structures, specifically in relation to how testosterone impacts masculinization of the male brain during prenatal development. The theory suggests that the volume of certain structures may be changed by testosterone exposure, but it does not specify whether this will result in volume increases or decreases. Thus far, research evidence has not supported this theory (Cantor et al., 2008).

1.3.1.3 Neurodevelopmental Correlates

Several neurodevelopmental correlates of sexual attraction to children have been established. As with much of the existing literature, it is important to note that most of the research has included

primarily pedophilic forensic samples as participants. Compared to non-child-attracted men, child-attracted men have been found to be shorter (Levenson & Ackerman, 2017), have lower intelligence (as measured on the WAIS; Blanchard et al., 2007; Cantor et al., 2004), have suffered twice as many head injuries prior to the age of 13 (Blanchard et al., 2002; Blanchard et al., 2003), and have higher rates of non-right-handedness (Blanchard et al., 2007; Cantor et al., 2004; Cantor et al., 2005). Novel research using twin studies has suggested a heritability of up to 15% for sexual attraction to children in nonclinical settings (Alanko, Salo, Mokros, & Santtila, 2013). Even though these factors have been associated with sexual attraction to children across studies, the mechanism responsible remains unclear.

1.3.2 Psychosocial Explanations of Sexual Attraction to Children

1.3.2.1 Abused-Abuser Theory

The *abused-abuser theory* of child sexual abuse arose in the 1980s, suggesting that sexual victimization as a child or adolescent leads those individuals to be more at risk for engaging in sexual contact with minors as an adult (e.g., Finkelhor et al., 1986; Kempe & Kempe, 1984). Several theoretical explanations exist for why the relationship between victimization and later offending may occur (Garland & Dougher, 1990). Psychodynamic formulations of the abused-abuser connection suggest that this may result due to the child or adolescent experiencing the abuse as an emotionally gratifying relationship with an adult (e.g., Seghorn, Prentky, & Boucher, 1987). This interaction may be particularly positive for the individual if they are suffering from neglect or emotional deprivation from their own parental figures. Psychodynamic theory suggests that once this positive interaction takes place, the child or adolescent identifies with the adult abuser. This identification leads the individual to then become predisposed to engage in similar behaviours as they transition to adulthood, and to rationalize the behaviour based on their own experiences.

Cognitive-behavioural formulations for the relationship between victimization and later offending also have been suggested. These formulations focus of the role of conditioning and modeling in the development of problematic sexual behaviours. In terms of conditioning, it has been hypothesized that sexual interactions between an adult and child provide masturbatory material for the child, and therefore the fantasy of an adult-child sexual relationship becomes increasingly sexually arousing over time (McGuire, Carlisle, & Young, 1965). Internalizing this experience as positive and arousing leads the individual to become more accepting of adult-child sexual relationships when they are an adult. This relationship may be further strengthened as orgasms provide primary reinforcement for the masturbatory thoughts and behaviour (Fleischman, 2016). Similarly, modeling suggests that by experiencing a sexual relationship as a child with an adult, the individual conceptualizes these relationships as acceptable, potentially rewarding, and therefore they are more willing to engage in such relationships as an adult (Freeman-Longo, 1986; Howells, 1981).

To date, there has been little agreement on the extent to which sexual victimization as a child leads to sexual perpetration against children as an adult. Leach, Stewart, and Smallbone's (2016) longitudinal study examined the relationship of sexual abuse as a child and sexual offending in a birth cohort of nearly 39,000 men who had suffered maltreatment and/or been convicted of problematic sexual behaviour. Leach and colleagues found that roughly 3% of those who had suffered a history of sexual abuse went on to sexually offend, whereas roughly 4% of those who offended sexually (adult and child victims) had a confirmed history of sexual abuse. Further, the results indicated that exposure to multiple types of maltreatment (e.g., emotional, physical, sexual) increased the likelihood of all types of offending, which is consistent with existing literature (e.g., Milaniak & Widom, 2015). However, the debate continues, as divergent studies have reported that child sexual abuse plays a role in later

offending behaviours and the development of sexual attraction to children, particularly in men (Glasser et al., 2001; Nunes, Hermann, Renee Malcom, & Lavoie, 2013; Plummer & Cossins, 2018).

1.3.2.2 Attachment Theory

The earliest attachments of an individual focus on their primary caregivers. The quality and security of those relationships impact later interpersonal interactions, as the individuals often use these experiences as their relational templates (Ainsworth, Blehar, Waters, & Wall, 1978; Ward, Hudson, & Marshall, 1996). Ward and Siegert (2002) theorized that when children develop an insecure attachment, it often leads to interpersonal problems; these issues often persist through adulthood. Further, research has suggested that poor attachment may develop for reasons such as abuse, rejection, or emotional coldness, and this also results in low self-confidence (Marshall, 1989; Marshall & Marshall, 2000). In turn, this low self-confidence leads the individual to lack the ability to establish appropriate relationships as an adult, and they are therefore drawn to children as a means of establishing intimacy. Ward et al. (1996) extended this theory, suggesting that a specific attachment style, *preoccupied attachment*, leads to sexual contact with children. This is thought to be related to the primary characteristics of the preoccupied style which are approval-seeking and the sexualization of attachment relationships.

A history of poor attachment among individuals who sexually offend has been reported (Craissati, McClurg, & Browne, 2002; Marshall, Serran, & Cortoni, 2000; Sawle & Kear-Cowell, 2001). Early research found that the individual's relationship with their mother is of utmost importance, with negative relationships being related to antisocial behaviour, use of future sexual coercion, and problematic sexual behaviours (Fonagy et al., 1996; Hanson & Bussière, 1998; Smallbone & Dadds, 1998). Recent research has suggested that individuals who sexually offend often exhibit more fearful and anxious attachment styles as adults (Livesey, 2011; Wood & Riggs, 2008).

1.3.2.3 Emotional Congruence with Children Theory

Researchers have shown an increased interest in understanding the role of emotional congruence with children in the development and maintenance of sexual attraction to children and problematic sexual behaviour. Despite that emotional congruence with children has been found to be related to sexual offending behaviours, there has been limited empirical research on its conceptual validity (Hanson, Harris, Scott, & Helmus, 2007; Konrad, Kuhle, Amelung, & Beier, 2018; McPhail, Hermann, & Nunes, 2013). Emotional congruence with children was first defined by Finkelhor (1984) as an individual over-identifying with childhood. This definition has since been modified and expanded to focus on an exaggerated emotional and cognitive attachment to childhood (e.g., Konrad et al., 2018).

McPhail et al. (2014) found high rates of emotional congruence with children to be related to higher levels of sexual arousal to children, sexual preoccupation, sexual drive, and sexual deviance. Further, two meta-analyses established that emotional congruence with children was higher in those who committed sexual offences against children versus those who only viewed child sexual exploitation material (Babchishin et al., 2011; Babchishin et al., 2015). However, in a study conducted by Konrad et al. (2018), emotional congruence with children did not differentiate between child-attracted men who had never engaged in sexual contact with a child or in child sexual exploitation material, and those child-attracted men who had.

1.3.3 Orientation Perspective of Sexual Attraction to Children

Contemporary research has examined whether sexual attraction to children is more reflective of a sexual orientation than a mental health disorder or paraphilic interest. Initially, Seto (2012) examined whether pedophilia should be conceptualized as a sexual orientation that is rooted in biology, rather than a deviation that is triggered through environmental processes or trauma. According to Seto, sexual attraction to children is characterized by the primary features indicative of gender sexual orientations.

These features include the following: (a) primary age of attraction beginning in adolescence, often recognized as puberty commences; (b) sexual attraction that coincides with other aspects of attraction, such as romantic feelings and subjective notions of love; and (c) stability of attraction over time. This conceptualization was expanded upon in Seto's (2017) article outlining sexual orientation from a multidimensional framework incorporating gender, as well as age and/or pubertal development. Chronophilias are often discussed within the context of sexual attraction to children, but Seto also posited the presence of additional orientations such as gerontophilia (i.e., attraction to elderly adults). Therefore, sexual attraction to children could be considered on the lower end of the age and/or pubertal development attraction continuum. This orientation perspective of sexual attraction to children continues to develop in emerging research, but thus far remains a contentious notion. Sexual attraction to children has typically been approached therapeutically in terms of removal and/or reduction of the attractions, due to its conflation with child sexual abuse. However, movement towards an orientation perspective of sexual attraction to children would question the efficacy of such approaches. Instead, acceptance- and strengths-based practices may prove more beneficial, as is the case with many other issues related to sexuality (e.g., DeBord et al., 2017).

Moreover, several issues remain in delineating between *sexual age identity development* and *age of onset* of the attractions among child-attracted persons (McPhail, 2018). Sexuality research often queries age of onset using the descriptor "experience," in contrast to child attraction research that queries age of onset using the descriptor "realize." McPhail (2018) argued that rather than measuring age of onset among child-attracted persons, sexual age identity development is instead being measured. This process involves realizing one's sexual interest to minors rather than the first experiences of it. The disparate meanings of the descriptors may therefore skew when a child-attracted person first experiences

their sexual attraction; this is critically important, as developing interests during puberty rather than later adolescence indicates similarities between age-based attractions and gender-based attractions.

1.4 Treatment of Sexual Attraction to Children

Whether sexual attraction to children should be conceptualized as a sexual orientation is of critical importance to development of therapeutic approaches to the challenges related to the attraction. Questions have been raised whether to define sexual attraction to children as unchangeable, as we have with gender orientation, and the negative impact that this may have on treatment (e.g., Briken, Fedoroff, & Bradford, 2014). Tozdan and Briken (2015) suggested that approaching the attraction as unchangeable may negatively impact self-efficacy and the ability of the individual to potentially modify or reduce their sexual attraction to minors. From this viewpoint, self-efficacy beliefs can influence the treatment process and subjective experiences of the attractions (Tozdan & Briken, 2017).

Some research has claimed to show that pedophilic interests can be modified and reduced (Fedoroff et al., 2015; Müller et al., 2014); however, these findings have been challenged due to methodological and statistical issues suggesting that no such changes occurred (Bailey, 2015; Cantor, 2015; Lalumiére, 2015; Mokros & Habermeyer, 2016). Thus far, treatment models have showed no treatment gain for child-attracted men (Beier et al., 2015). Cantor and McPhail (2016) have stated that if sexual attraction to children is unchangeable, then treatment needs to focus on behavioral change and how to enhance well-being. If sexual attraction to children instead is conceptualized as a sexual orientation, clinical strategies should focus on accepting but refraining from acting on the attraction, rather than attempting to remove it completely. The treatment needs of child-attracted persons who do not sexually offend are largely unmet, due to factors such as lack of qualified therapists, mandatory reporting, and shame. The consequences of living with sexual attraction to children and the long-term ramifications on an individual's mental health remain relatively unknown. Recent projects (e.g.,

Prevention Project Dunkelfeld, Stop It Now!) have begun providing treatment to child-attracted persons in the community, including a 24/7 phone helpline, but there are limited findings with regards to long-term outcomes for participants (Beier, 2016; Beier, Ahlers, et al., 2009; Beier, Neutze, et al., 2009; Beier et al., 2015; König, 2015; Moser, 2011; Van Horn et al., 2015).

As treatment for child-attracted persons develops, focusing on the management of sexual attraction to children in everyday life will likely be crucial. This includes addressing issues such as sexual pre-occupation, sexual drive, and managing sexual arousal (Cantor & McPhail, 2016). Further, addressing correlated factors, such as internalized and perceived stigma, stigma-related stress, social distance, hopelessness, and loneliness may enhance treatment outcomes (Cantor, 2014; Cantor & McPhail, 2016; Hatzenbuehler, 2009; Jahnke, Schmidt, Geradt, & Hoyer, 2015). Reducing the stigma that an individual has towards themselves may also play an important role in treatment. Without such treatment, child-attracted persons may be more likely to experience stigma-associated stress, leading to issues such as anxiety, depression, and alcohol use; such treatment issues have also been identified among other sexual minorities (Hatzenbuehler, 2009; Pescosolido & Martin, 2015). Treatment aimed at reducing such stigma-associated stress may lead to improved psychological well-being and living a meaningful life.

Even if appropriate modalities are developed, treatment uptake with child-attracted persons remains an area of concern. Levenson, Willis, and Vicencio (2017) found that barriers to seeking treatment among child-attracted persons included confidentiality concerns, concerns about legal and social repercussions, shame and stigma (external and internal) regarding their attractions, and an inability to find a therapist offering such services. The authors suggested that if such individuals are to receive services, these barriers to service delivery must be addressed. Further, a recurrent theme in the emerging research on sexual attraction to children was therapists' perceived inability to focus on mental

health concerns outside of their clients' sexual attractions (Levenson & Grady, 2019). This was noted to be a particularly problematic barrier. Such individuals were often seeking treatment to increase their well-being, but they felt shamed and were unable to establish effective treatment planning with their providers, so they disengaged from treatment (Levenson, Grady, & Morin, 2019).

1.5 Identifying Resiliency Factors Among Child-Attracted Persons

Resilience is defined as the capacity to positively adapt when faced with adversity (Luthar & Cicchetti, 2000). Therefore, *resiliency factors* may be coping strategies, social supports, or personal characteristics that allow an individual to manage stressful events effectively and mitigate the risk of engaging in problematic behaviours. Examining such resiliency factors can allow for a more comprehensive understanding of the mental concerns and experiences of child-attracted persons, and likewise, how to adapt the current approaches and systems to improve their well-being.

1.5.1 Emerging Literature on Child-Attracted Persons

Research investigating sexual attraction to children among individuals who have not offended has grown recently but remains in its infancy. Cantor and McPhail's (2016) review of the literature suggests a non-trivial number of child-attracted persons exist. As noted, factors such as emotional congruence with children have been suggested to be related to sexual attraction to children (Babchishin et al., 2011; Babchishin et al., 2015; McPhail et al., 2014). Child-attracted persons may conceptualize minors as potential sexual and social partners; therefore, assessing the social meaning within this context is critical.

Emerging research suggests that those who identify as child attracted experience subjective feelings of falling in love with a child, especially when exclusively attracted to children (Martijn et al., 2020). There is the possibility that strong social and/or romantic feelings towards minors (alongside sexual attraction) cause such individuals to be more resilient to developing problematic sexual

behaviours. Conversely, it is also possible that strong social and/or romantic feelings towards minors may work in the opposite manner, leading an individual to seek out a romantic and/or sexual relationship with a minor. Given that Konrad et al. (2018) found that emotional congruence with children did not differentiate between child-attracted individuals who did and who did not offend, more research is needed to examine and better understand how emotional congruence with children is related to sexual attraction to children.

Cash (2016) found that child-attracted persons have higher levels of loneliness and lower levels of self-esteem than the general population. Within the sample of child-attracted persons, presence of attraction to adults and accepting attitudes towards child-adult sex were positively associated with self-esteem. Cohen, Ndukwe, Yaseen, and Gaylnker (2017) found that child-attracted persons who had acted on their interests reported higher levels of abuse in childhood and general criminality, longer duration of pedophilic attraction, and greater attraction to boys than child-attracted persons who had never acted on their interests. Bailey, Hsu, and Bernhard (2016) conducted a large-scale study (N = 1,189) of child-attracted persons examining sexual attraction patterns and found a wide variety of age and gender combinations among the sample. Further, Bailey et al. (2016) reported that older age, presence of childhood sexual abuse, accepting attitudes towards child-adult sex, and frequently engaging in sexual fantasies about children were related to engaging in problematic sexual behaviours.

Characteristics such as childhood abuse, hypersexuality, and lower perceived health have been linked to increased likelihood of sexual attraction to children (Klein, Schmidt, Turner, & Briken, 2015; Santtila et al., 2015). Some factors, such as antisocial traits, self-regulation, and attitudes towards adult-child sexual interactions, also have been found to differentiate between those who do and those who do not act on their sexual attraction to children (Cohen et al., 2017; Mitchell et al., 2017). However, much more research is needed to identify how child-attracted persons who do not offend differ from those who

do offend sexually or who access child sexual exploitation material. The reviewed literature suggests that biological factors (e.g., sex drive), psychological factors (e.g., attitudes, motivations), and social factors (e.g., social stigma) all are likely related to sexual attraction to children. Yet, differential experiences of sexual attraction to children have not been examined. Further, whether certain factors are related to lowered risk of problematic sexual behaviours and increased levels of well-being, remain undiscovered. In providing suggestions regarding research in this area, Cantor and McPhail (2016) recommended a multimethod approach given the population of interest and the ability to provide rich information. Consequently, a multimethod approach was taken within the research program to explore resiliency factors among child-attracted persons.

1.6 Research Program Objectives

Understanding how some individuals can refrain from engaging in problematic sexual behaviours is of the utmost importance. Therefore, it makes sense that most child sexual abuse literature has focused on risk prevention. Rather than focusing on the prevention of child sexual abuse, this research program focused on gaining a comprehensive understanding of the differences that exist within those who self-identify as child-attracted persons. Further, the research program sought to explore the factors child-attracted persons identify as related to their resilience. The acceptance and integration of sexual attraction to children, if therapeutically conceptualized as a sexual orientation, requires differing assessment and treatment modalities than what is currently used for clinical or forensic samples. Those with atypical sexual interests, such as child-attracted persons, present to therapy with unique concerns (Voss, 2016). Unfortunately, many therapists receive little to no training in sexuality, are uncomfortable discussing sexual topics, and may be especially biased against atypical sexual interests (Heiden-Rootes, Brimhall, Jankowski, & Reddick, 2017; Humy, 2015; Kolmes, Stock, & Moser, 2006). This leaves child-attracted individuals unwilling and unable to seek treatment (Cacciatori, 2017).

Despite the existing literature, no known study has investigated resilience of child-attracted persons using multiple methods across a variety of biopsychosocial factors. Therefore, this research program seeks to identify and examine characteristics that may be associated with child-attracted persons' ability to refrain from engaging in problematic sexual behaviours and the factors that relate to their well-being. The research program will extend the existing research by considering a variety of biopsychosocial factors that have been found to be related to sexual offending, in relation to sexual attraction to children (see Figure 1) using a multimethod approach. The findings will provide a more comprehensive understanding of how resiliency factors differ between child-attracted persons and others, as well as amongst themselves. Further, these findings may provide insight regarding the conceptualization of sexual attraction to children as a sexual orientation.

In addition to the changing conceptualization of sexual attraction to children, clinicians and researchers have a limited ability to examine factors related to resiliency in this under-researched population. Given the scarcity of relevant measures, the research program sought to modify and validate several measures for use with child-attracted participants for future research and clinical work. Research suggests that high levels of stigma can reduce coping abilities among sexual offenders and child-attracted persons (e.g., Evans & Cubellis, 2015; Pedersen, 2017). However, without psychometrically sound instruments for the measurement of factors including internalized stigma, such relationships to other factors cannot be explored.

In conclusion, the aims of the research programs are to (a) explore a variety of biopsychosocial resiliency factors among child-attracted persons, (b) examine whether these factors differ from non-child-attracted persons, (c) determine whether there are distinct subsets of child-attracted persons, and (d) revise and validate several measures assessing resiliency factors among child-attracted persons.

Chapter 2: Quantitatively Exploring Heterogeneity Among Child-Attracted Persons

2.1 Rationale

Research into sexual attraction to children has grown dramatically in recent years, and the conceptualization of sexual attraction to children as a sexual orientation has been proposed and empirically supported (McPhail, 2018; Seto, 2012, 2017). As previously discussed, child-attracted persons can be broadly defined as those who have some, to exclusive, sexual attraction to children. This concept of *age and/or body morphology orientation* has been recently introduced; however, much remains unknown regarding individuals who self-define as child attracted. Much like any other grouping of individuals, those who are child attracted are likely to be a heterogenous group, with different factors impacting subsets of individuals in different ways. Developing a comprehensive understanding of sexual attraction to children begins by examining the differences that may exist between those who are and those who are not child attracted, followed by an analysis of whether significant differences exist in resiliency factors among child-attracted persons.

2.1.1 Anticipated Resiliency Factors

Given the existing literature examining individuals that have sexually offended against children, as well as the limited research examining child-attracted persons, there are several anticipated resiliency factors; see Table 1 for an overview of expected relationships with regards to sexual attraction to children status. Low levels of hopelessness and loneliness are expected to act as resiliency factors for child-attracted persons. This is expected because high levels of such emotional responses have been identified as potential risk factors for problematic sexual behaviours (Marshall & Marshall, 2017), as well as non-criminal sexual behaviours such as infidelity (Rokach & Philibert-Lignières, 2015). However, it is expected that child-attracted persons will experience higher levels of loneliness than the general population, as they feel unable to act upon their sexual orientation.

Table 1

Theorized Relationships Between Child-Attraction Status and Variables of Interest

Variable of Interest	Non-Offenders	Sexual Offenders	Child-Attracted Offenders	Child-Attracted Non-Offenders
Age Orientation (Tanner Stages)	Low	Mixed	High	High
Anxious Attachment	Low	Mixed	High	Low
Avoidant Attachment	Low	Mixed	High	Low
Cognitive Distortions Re: Adult-Child Sex	Low	Mixed	High	Low
Conscientiousness	High	Low	Low	High
Emotional Congruence with Children	Low	Mixed	High	Low
Engagement in Sexual Contact with Minor	Low	Mixed	High	Low
Extraversion	High	Low	Low	Mixed
History of Child Sexual Abuse	Low	High	High	Mixed
History of Head Injuries	Low	Mixed	High	High
Homosexual Orientation	Low	Low	High	High
Honesty-Humility	High	Low	Low	High

Table 1

Theorized Relationships Between Child-Attraction Status and Variables of Interest

Variable of Interest	Non-Offenders	Sexual Offenders	Child-Attracted Offenders	Child-Attracted Non-Offenders
Hopelessness	Low	Mixed	High	Low
Internalized Self-Stigma	Low	Low	Mixed	Low
Internalized Social Stigma	High	Low	Low	High
Lack of Social Support	Low	Mixed	High	Low
Loneliness	Low	Mixed	High	Mixed
Non-Righthandedness	Low	Mixed	High	High
Religion/Spiritual	Mixed	Mixed	Low	High
Satisfaction with Life	High	Mixed	Low	Mixed
Sexual Narcissism	Mixed	High	High	Low
Use of Child Pornography	Low	Mixed	High	Low

Note. Empirical research has examined and supported the variable relationships between the non-offenders and individuals who have sexually offended. The relationships between offending child-attracted persons and non-offending child-attracted persons are hypothesized and will be examined within the research program based on the existing literature as well as original data collection.

Further, low levels of internalized self-stigma and high levels of internalized social stigma regarding sexual attraction to children are anticipated resiliency factors. Although these factors have not been extensively studied, the literature suggests that high levels of self-stigma can reduce coping abilities among individuals who sexually offend and child-attracted persons (Evans & Cubellis, 2015; Freimond, 2013; Pedersen, 2017). This relationship between stigma and elevated distress has also been found among gay men (Doane, 2017). Therefore, it is expected that low self-stigmatization may lead to elevated levels of self-acceptance, which may allow some child-attracted persons to acknowledge their strengths and challenges and act accordingly. Conversely, high levels of internalized social stigma are expected to provide motivation for refraining from engaging in problematic sexual behaviours. Social stigma refers to discrimination that occurs based on a specific characteristic, such as sexual attraction to children. When the individual defines, and holds themselves accountable, based on society's understanding of sexual attraction to children, they have internalized social stigma.

Lower levels of sexual arousal to children and some sexual attraction to adults are expected to act as resiliency factors. Theoretically, the expectation is that if the individual minimizes sexual fantasies and/or masturbation involving children and has access to appropriate sexual outlets, they are less likely to engage in offending behaviours. Further, low levels of emotional congruence with children are expected to mitigate risk of offending, as the child-attracted person is less likely to identify with the child and rationalize offending behaviours. A parallel can be drawn to research investigating infidelity, which has found that individuals who hold less favourable or rationalizing attitudes towards infidelity are less likely to have intentions of engaging in such behaviours (e.g., Jackman, 2015).

It is also expected that other factors may be relevant for child-attracted persons. *Sexual narcissism* is defined as narcissism within sexual contexts, which is reflected in a willingness and ability to manipulate others for sexual gain, a belief of entitlement to sexual fulfillment, a lack of empathy and

devaluation of others in sexual situations, and a tendency to hold their own sexual skill in high regard (Widman & McNulty, 2010). Sexual narcissism has been found to be relevant in sexual aggression (against adults), infidelity, and marital dissatisfaction (McNulty & Widman, 2013; McNulty & Widman, 2014, Widman & McNulty, 2010). Therefore, it is being explored whether child-attracted persons differ from the general population in this variable, and if so, how that may impact their likelihood of engaging in problematic sexual behaviours.

Additional factors such as personality facets, attachment style, and life satisfaction are also expected to relate to well-being and resiliency among child-attracted persons. Research examining the influence of the Big Five personality traits has found that individuals who had sexually offended had higher levels of neuroticism and introversion than non-offenders (Becerra-García, García-León, Muela-Martínez, & Egan, 2013). Therefore, it is expected that low levels of neuroticism and introversion will act as resiliency factors for child-attracted persons. Research examining the characteristics of those who engage in behaviours such as infidelity and sexual promiscuity has found low levels of conscientiousness (Schmitt, 2004). Given these interconnections, it is expected that high levels of conscientiousness will be a resiliency factor for child-attracted persons. Further, as previous research has suggested that low levels of honesty-humility are related to antisocial acts and personality traits (Lee & Ashton, 2014), it is anticipated that high levels of honesty-humility will act as a resiliency factor for child-attracted persons who have not offended.

Due to the history of poor attachment among individuals who sexually offend (Craissati et al., 2002; Marshall et al., 2000; Sawle & Kear-Cowell, 2001), it is expected that low levels of avoidance and anxiety forms of attachment will act as a resiliency factor for child-attracted persons. Finally, although life satisfaction has been minimally investigated in relation to sexual attraction to children, literature has suggested that decreased life satisfaction may be related to criminal recidivism (e.g., Buunk, Peiró,

Rocabert, & Dijkstra, 2016). Therefore, extrapolation suggests that high levels of life satisfaction may act as a resiliency factor among child-attracted persons.

2.1.2 Latent Profile Analysis

Latent profile analysis is a particularly useful method for capturing heterogeneity both among and within groups (Gibson, 1959). Latent profile analysis was further developed into a comprehensive and flexible analytic method that assists in uncovering potential unobserved sub-sets from observed data (Oberski, 2016). Latent profile analysis, versus latent class analysis, can be used when the variables of interest are continuous. This set of observed continuous variables are assumed to be the result of latent groupings, also called classes (Hadzi-Pavlovic, 2010). Analyses generally involve testing several models with a plausible number of classes, comparing the observed classification frequencies to the expected frequencies predicted by the model, and then assessing model fit. Two common measures used to assess model fit are the Akaike Information Criterion (AIC) and the Bayesian Information Criterion (BIC; Hagenaars & McCutcheon, 2002). The AIC considers the number of model parameters, whereas the BIC considers both the number of model parameters and the number of observations. When testing multiple models, the model with the lowest AIC or BIC is often considered the model with the best fit. Despite these two information criteria being commonly used, Nylund, Asparouhov, and Muthén (2007) suggest that the bootstrap likelihood ratio test may be a more consistent indicator of classes. The criteria outlined by Nylund and colleagues (2007) were reviewed and found to be beneficial in determining the optimal number of profiles, as the guidelines incorporate the use of multiple indicators rather than reliance on any single indicator. Accordingly, the bootstrap likelihood ratio test is the method employed in this dissertation to establish classes.

2.2 Methodology

2.2.1 Participants

Participants were recruited from the following support forums for child-attracted persons: B4U-ACT (http://www.b4uact.org) and Virtuous Pedophiles (https://www.virped.org). Data collection began in September of 2018 and continued until the pool was expended; the survey was closed in April of 2019. A total of 62 child-attracted men were recruited from B4U-Act and a total of 54 child-attracted men were recruited from Virtuous Pedophiles. Complete data were acquired from 89 of the participants, and partial data from the remaining 27 participants.

Data imputation methods were considered, but ultimately rejected. It was unclear whether the completed data would be representative of the missing data, given the limited information regarding characteristics of child-attracted persons. However, demographic information was gathered for most of the individuals who did not later complete some measures (n = 25); therefore, potential differences in characteristics could be examined. Initial examination indicated that the completer and non-completer samples were similar in many ways, such as proportion of right handedness (83.5% vs. 91.7%), having at least a high school education (97.8% vs. 92.0%), being single (62.6% vs. 68.0%), being attracted to both adults and minors (36.0% vs. 33.0%), and being attracted to both males and females (25.0% vs. 20.9%). One difference appeared to be in identified ethnicity; the completion sample had a higher proportion of participants identifying as Caucasian or White (94.4% vs. 79.2%). The completion sample had a lower proportion of self-identified Hispanic individuals (3.4%) versus the non-completion sample (12.5%). As the completer and non-completer groups were largely discrepant in size, and there were variable levels of completion even among the non-completers, these differences were not statistically analyzed.

Comparison participants were recruited from a Canadian university using a psychology class subject pool. Data collection began in September of 2018 and continued until the pool was expended; the survey was closed in December of 2018. A total of 208 participants (60 men, 147 women, 1 other) were recruited from the pool. As the sample of child-attracted persons consisted of almost exclusively men, both datasets were restricted to those that self-identified as male. The extracted data were comprised of 82 male child-attracted persons and 58 male university students.

2.2.2 Measures

The study sought to examine a wide variety of biopsychosocial factors that have been found to be related to sexual offending, in relation to sexual attraction to children (see Figure 1). Participants completed an online survey comprised of 11 self-report measures focusing on a variety of biopsychosocial factors.

2.2.2.1 Beck Hopelessness Scale. The Beck Hopeless Scale (BHS) is a 20-item, true-false scale assessing current levels of hopelessness (Beck, Weissman, Lester, & Trexler, 1974). The BHS is comprised of three subscales: feelings about the future, loss of motivation, and future expectations. The scale includes items assessing both optimistic statements (i.e., looking forward to the future) and pessimistic statements (i.e., there is no use in trying). Responses are assigned a score of 0 or 1 and summed into a total score, with higher scores indicating higher levels of hopelessness. The BHS has demonstrated good internal consistency in the general population ($\alpha = .81$), as well as acceptable to good internal consistency for the subscales ($\alpha = .68$ - $.87$; Kocalevent et al., 2017).

2.2.2.2 Child Identification Scale. The Child Identification Scale (CIS-R) is a 40-item, true-false scale assessing cognitive and emotional affiliation with children (Wilson, 1999). Although the original psychometric analyses yielded eight factors, recent research assessing pedophiles and hebephiles within the community has suggested the CIS-R is comprised of three factors: attachment to

children, discontent with adult life, and clinging to childhood (Konrad et al., 2018; Wilson, 1999). Each item is assigned a score of 0 or 1 and the items of each factor are summed to produce three total scores, with higher scores indicating higher levels of attachment to children, discontent with adult life, and/or clinging to childhood. The CIS-R has been found to have acceptable internal consistency ($\alpha = .70$; Konrad et al., 2018).

2.2.2.3 Experiences in Close Relationships – Revised Scale. The Experiences in Close Relationships – Revised (ECR-R) is a 36-item measure assessing adult attachment style (Fraley, Waller, & Brennan, 2000). The ECR-R is comprised of two subscales: anxiety and avoidance. The anxiety subscale includes 18 questions addressing self-related factors (e.g., fear of rejection and abandonment). The avoidance subscale includes 18 questions addressing factors related to others (e.g., discomfort with intimacy and seeking independence). Each item is rated on a 6-point scale from 1 (*strongly disagree*) to 6 (*strongly agree*) and the 18 items of each factor are summed to produce two total scores, with higher scores indicating higher levels of anxiety and/or avoidance. The ECR-R subscales have been found to have excellent internal consistency ($\alpha = .91$ - .94; Sibley, Fischer, & Liu, 2005; Sibley & Liu, 2004).

2.2.2.4 HEXACO Personality Inventory – Revised. The HEXACO Personality Inventory – Revised (HEXACO PI-R) is a 100-item inventory designed to measure the personality factors of honesty-humility, emotionality, extraversion, agreeable versus anger, conscientiousness, and openness to experience (Lee & Ashton, 2018). Each factor is comprised of 16 items that are rated on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*) and summed to produce six total scores, with higher scores indicating higher levels of the factor. The low scores honesty-humility factor have been found to be associated with unethical behaviours such as criminal activity (Ashton & Lee, 2008a), and can provide additional predictive validity than five-factor model measures (e.g., NEO Personality Inventory – Revised; Costa & McCrae, 1992) when assessing honesty-humility related variables (Ashton

& Lee, 2008b). Lee and Ashton (2018) assessed the psychometric properties of the revised measure and found that the factor-level scales yielded good internal consistency in an online sample (α = .82 - .89), and the facet-level scales yielded adequate internal consistency (average α = .70; α range = .59 - .83).

2.2.2.5 Children and Sex Questionnaire. The Children and Sex Questionnaire (CSQ; Beckett, 1987) is an 87-item scale that assesses cognitive distortions towards children and emotional congruence with children. The Cognitive Distortion and Emotional Congruence subscales are comprised of 15 items each. Of the 87 items, 30 items are directly scored, 34 items act to embed the items of interest, and 23 items serve as a lie scale. Each item is rated on a 4-point Likert scale from 1 (*very untrue*) to 4 (*very true*). The items of each subscale are summed to produce two subscale scores, with higher scores indicating higher levels of cognitive distortions and emotional congruence towards children. According to the author of the questionnaire, it is widely used but remains unpublished; most information on it has been presented at conferences or workshops (R. Beckett, personal communication, April 11, 2018). Therefore, limited psychometric information is available.

2.2.2.6 Internalized Minor-Attraction Stigma Scale. The Internalized Minor-Attraction Stigma Scale (IMAS; see Appendix C) is a 9-item scale assessing self-stigma regarding sexual attraction to children, and attitudes towards one's sexual orientation. The IMAS was adapted from the Internalized Homophobia Scale (IHS; Meyer, 1995), which was developed to assess self-stigma among gay men. Each item is rated on a 5-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Responses are summed into a total score, with higher scores indicating higher levels of internalized child-attracted stigma. The IMAS was found to have good internal consistency (α = .85) and construct validity during initial validation (see Chapter 4).

2.2.2.7 Reactions to Minor Attraction Stigma Scale. The Reactions to Minor Attraction Scale (RMAS; see Appendix D) is a 16-item scale assessing perceived negativity towards sexual attraction to

children. The RMAS was adapted from the Reactions to Homosexuality Scale (RHS; Ross & Rosser, 1996), which was developed to assess internalized homonegativity. The RMAS has two identified factors: public identification as sexual attraction to children and perceptions of stigma associated with being minor attracted; an additional 5 items do not fit into factors. Each item is rated on a 7-point Likert scale from 1 *(strongly disagree*) to 7 (*strongly agree*). Responses are summed into a total score, with higher scores indicating higher levels of perceived negativity towards sexual attraction to children. The RMAS demonstrated good internal consistency (ordinal $\alpha = .80$), as well as acceptable to good internal consistency for the subscales (ordinal $\alpha = .78$ - .85) during initial validation (see Chapter 4).

2.2.2.8 Satisfaction with Life Scale. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) is a brief, 5-item scale designed to assess global cognitive judgments about one's life satisfaction. Each item is rated on a 7-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Responses are summed into a total score, with higher scores indicating higher levels of life satisfaction. The scale has shown good convergent validity with other measures of life satisfaction, and good discriminant validity from measures of emotional well-being (Pavot & Deiner, 2009). Numerous studies have found the SWLS to have good internal consistency ($\alpha = .79$ - .89; Pavot & Deiner, 2009).

***2.2.2.9 Sexual Life and Sexual Behaviour Questionnaire Revised*.** The Sexual Life and Sexual Behaviour Questionnaire Revised (SLSB-R) assesses demographic information (e.g., education, religion, handedness), sexual views and experiences (e.g., frequency of sexual behaviours, negative feelings about sexual activity), sexual tendencies (e.g., paraphilic interests and paraphilia-associated sexual arousal patterns), and medical illnesses (e.g., head injuries prior to age 13) and treatment concerns (see Appendix E; Mundy & Cioe, 2019). Most of the SLSB-R questions are answered using 5-

point Likert scales focused on either frequency or intensity. Questions assessing each paraphilic interest are based on DSM-IV-TR criteria (American Psychiatric Association, 2000).

2.2.2.10 Sexual Narcissism Scale. The Sexual Narcissism Scale (SNS) is a 20-item scale assessing sexual narcissism (Widman & McNulty, 2010). The SNS is comprised of four subscales, which each include five items: sexual exploitation, sexual entitlement, low sexual empathy, and grandiose sense of sexual skill. Each item is rated on a 5-point scale from 1 (*strongly disagree*) to 5 (*strongly agree*) and the items of each factor are summed to produce four subscale scores. The four subscale scores are summed into a total score, with higher scores indicating higher levels of sexual narcissism. The SNS subscales have been found to have acceptable to good internal consistency (α = .76 – 86), and the full scale has been found to have good internal consistency (α = .85; Widman & McNulty, 2010).

2.2.2.11 UCLA Loneliness Scale Version 3. The UCLA Loneliness Scale (Version 3) is a 20-item scale that assesses subjective feelings of loneliness and social isolation (Russell, 1996). The scale is a revised version of the UCLA Loneliness Scale (Russell, Peplau, & Ferguson, 1978), and Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980). Each item is rated as N ("I never feel this way"), R ("I rarely feel this way"), S ("I sometimes feel this way"), or O ("I often feel this way"). Responses are assigned a score of 0-3 and summed into a total score, with higher scores indicating higher levels of loneliness. Convergent validity for the scale has been supported by its correlation with other measures of loneliness, and construct validity has been supported through correlations with measures of health and well-being (Russell, 1996). The scale has also been found to have excellent internal consistency (α = .89 – .94; Russell, 1996).

2.2.3 Procedures

Participants were recruited on a voluntary basis from child-attracted persons' support forums and the University's psychology subject pool. An advertisement included a brief description of the study and an access link. When participants proceeded through the link, they were immediately provided with a consent form to review and the opportunity to ask questions. Once participants agreed to proceed, it was assumed that they had understood the implications of their anonymous participation in the study and had given their informed consent. Participants then completed the questionnaires. Finally, participants were taken to a debriefing page (see Appendix F) that described the researchers' focus in examining resiliency factors of child-attracted persons, provided sources where participants could find out more information about the subject, and included mental health resources for the participant if the study resulted in any negative emotions. Additionally, the researchers' contact information was provided.

2.3 Analyses and Results

2.3.1 Comparative Analysis of Relevant Factors Among University Students

As the survey took some participants over an hour to complete, a single question was used to assess self-reported honesty, rather than longer measures to assess impression management or social desirability. In the past, this approach has yielded useful information in the context of sensitive topics such as sexual behaviour (Zimmerman & Langer, 1995). Participants were excluded if they did not complete the survey or rate their honesty in the survey as a 4 (*Mostly Honest*) or 5 (*Completely Honest*). There was also an attention check item within the questionnaire. No participants were excluded based on the honesty question or attention check. An alpha value of .05 was used an indicator of statistical significance throughout the analyses; bootstrapping (n = 1000) was utilized throughout the analyses to adjust for the multiple analyses.

2.3.1.1 Comparative Demographics. Demographic characteristics for both samples are provided in Table 2. Statistical indices could not be derived due to the unequal distribution of categories, but it appeared that there was more variability within the child-attracted sample across the demographics characteristics when compared to the university sample. This was to be expected, as the university sample generally consists of a restricted population within psychology courses.

Table 2

Contingency Table and Adjusted Residuals for Sample Type and Demographics

Demographic	Forum (Adj. Residual)	University (Adj. Residual)	Total *N*	%
Age				
18-25	21 (-7.9)	52 (7.9)	73	55.3%
26-35	24 (3.8)	2 (-3.8)	26	19.7%
36-45	12 (3.0)	0 (-3.0)	12	9.1%
46-55	13 (3.2)	0 (-3.2)	13	9.8%
56-65	3 (1.5)	0 (-1.5)	3	2.3%
65+	5 (1.9)	0 (-1.9)	5	3.8%
Education				
Did not complete high school	1 (0.8)	0 (-0.8)	1	0.8%
High school diploma	12 (-2.6)	19 (2.6)	31	23.5%
Some college	20 (-2.3)	24 (2.3)	44	33.3%
Apprenticeship program	2 (0.3)	1 (-0.3)	3	2.3%
2-year degree	7 (1.7)	1 (-1.7)	8	6.1%
4-year degree	23 (2.4)	9 (-2.4)	32	24.2%
Masters	8 (2.4)	0 (-2.4)	8	6.1%
Doctorate	5 (1.9)	0 (-1.9)	5	3.8%

Table 2

Contingency Table and Adjusted Residuals for Sample Type and Demographics

Demographic	Forum (Adj. Residual)	University (Adj. Residual)	Total *N*	%
Ethnic Origin				
African American/Black	1 (-0.9)	2 (0.9)	3	2.3%
Asian	0 (-4.0)	10 (4.0)	10	7.6%
Caucasian/White	75 (4.8)	35 (-4.8)	110	83.3%
Hispanic/Latino	2 (0.3)	1 (-0.3)	3	2.3%
Indigenous/Aboriginal	0 (-1.2)	1 (1.2)	1	0.8%
Other	0 (-2.7)	5 (2.7)	5	3.8%
Parental Relationship (ongoing)				
No	64 (-3.3)	54 (3.3)	118	89.4%
Yes	14 (3.3)	0 (-3.3)	14	10.6%
Relationship Status				
Married/common-law	19 (3.2)	2 (-3.2)	21	15.9%
Separate residence/same city	3 (-4.1)	16 (4.1)	19	14.4%
Long distance/separate city	3 (-0.5)	3 (0.5)	6	4.5%
Divorced/separated	5 (1.9)	0 (-1.9)	5	3.8%
Single	48 (0.0)	33 (0.0)	81	61.4%
Religious Status				
Non-religious	49 (-0.9)	38 (0.9)	87	65.9%
Christian, orthodox	1 (-0.9)	2 (0.9)	3	2.3%
Christian, catholic	5 (-1.3)	7 (1.3)	12	9.1%
Christian, evangelical	13 (2.7)	1 (-2.7)	14	10.6%
Jewish	3 (0.0)	2 (0.0)	5	3.8%
Islamic	0 (-1.2)	1 (1.2)	6	0.8%
Buddhist	1 (0.8)	0 (-0.8)	1	0.8%
Other	6 (0.5)	3 (-0.5)	9	6.8%

Note. Chi squares were not performed, as the minimum frequency of one could not be met for any of the categories. Forum refers to child-attracted participants drawn from online forums; University refers to university student participants drawn from the subject pool.

2.3.1.2 Comparative Analyses of Categorical Resiliency Factors Using Chi Square.

Categorical variables identified as resiliency factors were then compared between the child-attracted and university sample. Observed frequencies, adjusted standardized residuals, and proportional percentages for the chi-square tests are provided in Table 3. The chi-square results were non-significant for handedness, head injuries, and physical abuse. However, the results were significant for several factors, including the analysis of gender orientation, emotional abuse (childhood), sexual abuse (childhood), and motor and speech delays (childhood). As each significant result was reviewed in context, it appeared that those who identified as minor attracted had higher rates of emotional and physical abuse, as well as speech and motor delays, than would be expected by chance. Regarding gender orientation, it appeared that those who identified as minor attracted were attracted to exclusively females less often than would be expected by chance and were over-represented in the attracted-to-males' categories (i.e., gay) compared to the university sample.

Table 3

Chi-Square Results for Sample Type and Categorical Resiliency Factors

Demographic	Forums (Adj. Residual)	University (Adj. Residual)	Total *N* (%)	Chi-Square Results
Age (Sexual) Orientation				
Exclusively adults	0 (-8.8)	38 (8.8)	38 (28.8)	N/A
Mostly adults	1 (-3.3)	9 (3.3)	10 (7.6)	
Both adults and minors	23 (2.5)	6 (-2.5)	29 (22.0)	
Mostly minors	33 (5.2)	1 (-5.2)	34 (25.8)	
Exclusively minors	21 (4.2)	0 (-4.2)	21 (15.9)	
Gender (Sexual) Orientation				
Exclusively males	16 (3.1)	1 (-3.1)	17 (12.9)	$\chi^2(4) = 34.34$, $p < .001$
Mostly males	11 (1.6)	3 (-1.6)	14 (10.6)	
Both males and females	14 (2.5)	2 (-2.5)	16 (12.1)	
Mostly females	12 (1.0)	5 (-1.0)	17 (12.9)	
Exclusively females	25 (-5.4)	43 (5.4)	68 (51.5)	
Handedness				
Right	82 (-0.5)	53 (0.5)	135 (86.5)	$\chi^2(2) = 1.87$, $p = .39$
Left	10 (1.2)	3 (-1.2)	13 (8.3)	
Ambidextrous	4 (-0.7)	4 (0.7)	8 (5.1)	
Head Injuries < Age 13				
No	65 (-1.9)	51 (1.9)	116 (87.9)	$\chi^2(1) = 3.70$, $p = .054$
Yes	13 (1.9)	3 (-1.9)	16 (12.1)	
Emotional Abuse (childhood)				
No	48 (-2.5)	44 (2.5)	92 (69.7)	$\chi^2(1) = 6.01$, $p = .01$
Yes	30 (2.5)	10 (-2.5)	40 (30.3)	

Table 3

Chi-Square Results for Sample Type and Categorical Resiliency Factors

Demographic	Forums (Adj. Residual)	University (Adj. Residual)	Total *N* (%)	Chi-Square Results
Physical Abuse (childhood)				
No	64 (-0.8)	47 (0.8)	111 (84.1)	$\chi^2(1) = 0.59$, $p = .44$
Yes	14 (0.8)	7 (-0.8)	21 (15.9)	
Sexual Abuse (childhood)				
No	65 (-2.7)	53 (2.7)	118 (8.4)	$\chi^2(1) = 7.39$, $p = .007$
Yes	13 (2.7)	1 (-2.7)	14 (10.6)	
Speech Delays (childhood)				
No	65 (-2.7)	53 (2.7)	118 (8.4)	$\chi^2(1) = 7.39$, $p = .007$
Yes	13 (2.7)	1 (-2.7)	14 (10.6)	
Motor Delays (childhood)				
No	65 (-2.7)	53 (2.7)	118 (8.4)	$\chi^2(1) = 7.39$, $p = .007$
Yes	13 (2.7)	1 (-2.7)	14 (10.6)	

Note. The Pearson chi square was used for the education and relationship status variables. Likelihood ratios were calculated for gender orientation and handedness, as cells had counts of less than five. All data cells met the minimum frequency of one except for age orientation; therefore, no chi square was calculated for age orientation. Adjusted residuals were used due to variation in sample size. Forum refers to child-attracted participants drawn from online forums; University refers to university student participants drawn from the subject pool.

2.3.1.3 Comparative Analysis of Numerical Resiliency Factors Using t tests. Means and standard deviations for the continuous resiliency-related measures for the child-attracted sample and university sample are provided in Table 4, as well the *t*-test statistics indices specifying whether the difference between the groups were significant. Nonsignificant differences were found for impulsiveness, discontent with adult life, anxious attachment, emotionality, conscientiousness, and internalized social stigma. However, several significant differences were found. Child-attracted persons, as compared to university students, were found to exhibit higher levels of the following variables: clinging to childhood, cognitive distortions regarding children, emotional congruence with children, avoidant attachment, honesty-humility, agreeableness, loneliness, openness to experience, altruism, and satisfaction with life on the self-report measures. Conversely, child-attracted persons, as compared to university students, were found to exhibit lower levels of hopelessness, attachment to children, and extraversion.

Table 4

Means, Standard Deviations, and t-test Statistics of Factor and Scale Scores by Sample Type

Potential Resiliency Factor	Forum *M* (*SD*)	University *M* (*SD*)	*t*-test Results
Hopelessness (BHS)	31.00 (6.31)	35.64 (4.07)	$^{\dagger}t(122) = 5.01$, $p = .001$
Impulsiveness (BIS)	15.84 (4.63)	16.02 (3.51)	$^{\dagger}t(131) = 0.24$, $p = .81$
Attachment to Children (CIS)	31.58 (4.65)	37.13 (3.47)	$^{\dagger}t(123) = 7.68$, $p = .001$
Discontent with Adult Life (CIS)	12.93 (1.75)	12.70 (1.65)	$t(131) = 0.78$, $p = .44$
Clinging to Childhood (CIS)	14.13 (2.13)	12.95 (1.95)	$t(129) = 3.27$, $p = .005$
Cognitive Distortions (CSQ)	16.94 (13.88)	7.89 (11.67)	$t(129) = 2.81$, $p = .007$
Emotional Congruence (CSQ)	37.30 (15.31)	10.00 (13.54)	$t(58) = 7.23$, $p < .001$
Anxious Attachment (ECR)	66.34 (20.42)	65.62 (22.62)	$t(120) = 0.18$, $p = .86$
Avoidant Attachment (ECR)	64.20 (19.69)	56.57 (17.03)	$t(117) = 2.23$, $p = .028$
Honesty-Humility (HEXACO)	58.79 (10.30)	48.53 (7.90)	$^{\dagger}t(117) = 6.19$, $p = .001$
Emotionality (HEXACO)	51.65 (8.94)	49.34 (6.71)	$^{\dagger}t(125) = 1.66$, $p = .09$
Extraversion (HEXACO)	42.79 (10.91)	53.67 (8.98)	$t(122) = 5.89$, $p < .001$
Agreeableness (HEXACO)	51.11 (9.42)	47.80 (9.08)	$t(124) = 1.99$, $p = .049$

Table 4

Means, Standard Deviations, and t-test Statistics of Factor and Scale Scores by Sample Type

Potential Resiliency Factor	Forum *M* (*SD*)	University *M* (*SD*)	*t*-test Results
Conscientiousness (HEXACO)	56.25 (8.95)	57.53 (7.58)	$t(124) = 0.85$, $p = .40$
Openness to Experience (HEXACO)	59.24 (9.54)	52.48 (10.23)	$t(122) = 3.78$, $p < .001$
Altruism	15.95 (2.64)	14.20 (2.43)	$t(128) = 3.85$, $p < .001$
Internalized Social Stigma (RMAS)	34.82 (13.56)	35.73 (10.51)	$^{\dagger}t(123) = 0.42$, $p = .69$
Loneliness (LS)	54.84 (12.27)	43.85 (9.75)	$^{\dagger}t(122) = 5.56$, $p = .001$
Satisfaction with Life Scale (SWLS)	85.36 (11.31)	78.33 (10.15)	$t(120) = 3.55$, $p = .001$

Note. A † indicates that equal variances were not assumed for the test statistics, given Levene's Test of Equality of Variances. All independent *t* tests were run using bootstrapping methods ($n = 1000$) to calculate the *p* value given the multiple analyses. Forum refers to child-attracted participants drawn from online forums; University refers to university student participants drawn from the subject pool.

2.3.2 Latent Profile Analysis of Child-attracted Persons

MPLUS 8.4 (Muthén & Muthén, 2017) was used to conduct a series of latent profile analyses to determine the optimal number of classes. Latent profile analysis is a data-driven approach that can allow underlying constructs, labelled *latent constructs*, to be identified. This means that subpopulations of child-attracted persons who have differing profiles with regards to resiliency factors can be statistically identified (Collins & Lanza, 2010). As previously mentioned, latent profile analysis is a particularly useful method for capturing heterogeneity both between and within groups (Oberski, 2016).

2.3.2.1 Latent Profile Model Selection.

Demographics. Roughly one quarter of the male participants were aged 18-25 (28.8%), one third were aged 26-35 (35.1%), and the remainder fell into the age groups of 36-25 (14.9%), 46-55(13.8%), 56.65(2.1%), or over 65 (5.3%). Regarding education, nearly one quarter did not complete past high school education (22.3%), over one quarter completed some college or university (27.7%), and a small minority completed an apprenticeship program (2.1%). The remainder pursued 2-year degrees or more in academic institutions (47.9%). Notably, 97.3% of the child-attracted persons involved in the study denied any history of engaging in problematic sexual behaviours with a minor. Conversely, there were much higher rates of use of child sexual exploitation material. Despite the prevalence of use, most of the use was within an historical context. Means, standard deviations, and correlations between the indicator variables are presented in Table 5.

Table 5

Means, Standard Deviations, and Bivariate Correlations Between Indicator Variables

Variable	*M*	*SD*	1	2	3	4	5	6	7	8	9	10	11	12
Hopelessness[1]	10.48	2.24	1.00	-	-	-	-	-	-	-	-	-	-	-
Honesty-Humility[2]	58.03	10.33	-.05	1.00	-	-	-	-	-	-	-	-	-	-
Extraversion[3]	42.74	10.93	.23*	-.13	1.00	-	-	-	-	-	-	-	-	-
Internalized Stigma[4]	34.67	13.77	.01	-.01	-.05	1.00	-	-	-	-	-	-	-	-
Perceived Stigma[5]	84.97	11.61	.11	-.02	-.01	.71**	1.00	-	-	-	-	-	-	-
Loneliness[6]	55.28	12.09	-.27*	.13	-.66*	.13	.04	1.00	-	-	-	-	-	-
Attachment to Children[7]	28.59	3.68	.15	.11	.10	.16	.33**	-.18	1.00	-	-	-	-	-
Discontent with Adult Life[8]	16.76	1.35	.16	.14	.11	-.10	-.02	-.39**	.30**	1.00	-	-	-	-
Clinging with Childhood[9]	10.05	2.27	.29**	.27*	.36**	.01	.08	-.45**	.31**	.39**	1.00	-	-	-
Sexual Narcissism[10]	40.69	9.59	-.18	-.33**	.03	-.04	-.11	.08	-.31**	-.24	-.18	1.00	-	-
Anxious Attachment[11]	67.17	20.05	-.20	.23*	-.46**	.19	.12	.46**	-.02	-.10	-.11	.01	1.00	-
Avoidant Attachment[12]	63.41	19.90	-.01	-.06	-.48**	-.02	-.13	.41**	-.37**	-.13	-.23*	.11	.22*	1.00

Note. * $p < .05$, ** $p < .001$

Statistical Indices. Models of increasing classes were assessed using a variety of statistical indices (refer to Table 6). Rather than relying on a single index or assuming a predetermined number of classes, final decisions regarding model selection were based on both statistical information and theoretical underpinnings (Nylund et al., 2007). The model containing the optimal number of profiles was determined primarily using criteria outlined by Nylund and colleagues. As noted in the criteria, the best fitting model will show (a) the lowest aBIC, (b) B-LRT values closest to zero, (c) a significant B-LRT *p* value, and (d) profiles with high posterior probabilities (Nylund et al., 2007). Entropy was also considered, which indicates how the classes within the models are different from one another. Generally, entropy values > .80 indicate good separation of the classes. Although the aBIC and B-LRT values were similar across models, the four-class solution also yielded a significant B-LRT *p* value. Further, the four-class model yielded excellent classification probabilities of .86 or greater, and no profiles consisted of < 5% of the respondents (see Table 7). These findings indicate that the four-class model results in well-separated classes. Finally, the Vuong-Lo-Mendell-Rubin test indicated that four classes is optimal, and any fewer resulted in poor model fit. Based on these selection criteria, the four-class solution was selected as the best-fitting model (Nylund et al., 2007).

Table 6

Statistical Fit Indices for the Latent Profiles of Child-Attracted Persons

Number of Classes	Loglikelihood	AIC	aBIC	B-LRT (*p*)	Entropy	Class Percentages
1	-3526.67	7101.34	7086.61	N/A	N/A	100.0
2	-3467.77	7009.53	6986.82	-3526.67 (*p* < .001)	0.84	66.0, 34.0
3	-3438.94	6977.88	6947.20	-3467.77 (*p* < .001)	0.85	21.3, 29.8, 48.9
4	-3412.68	6951.36	6912.70	-3438.94 (*p* < .001)	0.88	14.9, 50.0, 24.5, 10.6
5	-3395.48	6942.97	6896.33	-3413.10 (*p* = .08)	0.88	20.2, 38.3, 19.1, 10.6, 11.7
6	-3378.77	6935.54	6880.92	-3395.17 (*p* = .28)	0.92	5.3, 7.4, 10.6, 43.6, 23.4, 9.6

Note. *AIC* Akaike information criterion, *aBIC* sample-size-adjusted Bayesian information criterion, *B-LRT* bootstrapped likelihood ratio test.

Table 7

Classification Probabilities Associated with the Four-Profile Model

Profile	1	2	3	4
1	**0.97**	0.02	.01	< .001
2	0.01	**0.95**	.03	< .001
3	0.01	0.10	**.86**	.02
4	< .01	< .01	.01	**.99**

Note. The values indicate the probability that an individual belongs to the assigned profile and to no other profiles; values in bold are associated with the profiles to which individuals were assigned.

2.3.2.2 Latent Profile Differences. Latent profile classification methods indicated most likely class membership for all cases within the data. The results indicated that 14.9% of individuals were assigned into Profile 1, 50.0% of individuals were assigned into Profile 2, 24.5% were assigned into Profile 3, and 10.6% were assigned into Profile 4. Each profile was further examined to determine appropriate nomenclature (see Figure 2).

Profile 1 (n = 14) exhibited high levels of clinging to childhood and extraversion, while exhibiting low levels of anxious and avoidant attachment, and loneliness. The remaining classification variables of attachment to children, discontent with adult life, honesty-humility, hopelessness, internalized stigma, perceived stigma, and sexual narcissism were moderate limits. Given the strong presence of extraversion with low levels of loneliness, this profile was labelled *Socially Energized Child-Attracted Persons*.

Profile 2 (n = 47) did not exhibit particularly low or high levels of any of the classification variables. However, levels of anxious and avoidant attachment, honesty-humility, loneliness, and internalized and perceived stigma were higher than levels of attachment to children, clinging to childhood, discontent with adult life, extraversion, and hopelessness. Given that all classification variables fell within normal range, but there was elevated presence of distress-related factors other than emotional congruence with children, this profile was labelled *Psychologically Distressed Child-Attracted Persons*.

Profile 3 (n = 23) exhibited high levels of sexual narcissism and low levels of anxious attachment and honesty-humility. Although the remaining classification variables were within normal range, levels of clinging to childhood, internalized stigma, and perceived stigma were relatively low. Given the potential for interpersonal challenges, as well as the lack of associated stigma, this profile was labelled *Interpersonally Problematic Child-Attracted Persons*.

Profile 4 (n = 10) exhibited high levels of clinging to childhood, discontent with adult life, and extraversion, and low levels of anxious and avoidant attachment, as well as loneliness. Further, although within normal limits, attachment to childhood was relatively high, as well as some elevation of internalized and perceived stigma. Given the focus on variables related to emotional congruence with children and low levels of extraversion, this profile was labelled *Childhood-Focused Child-Attracted Persons*.

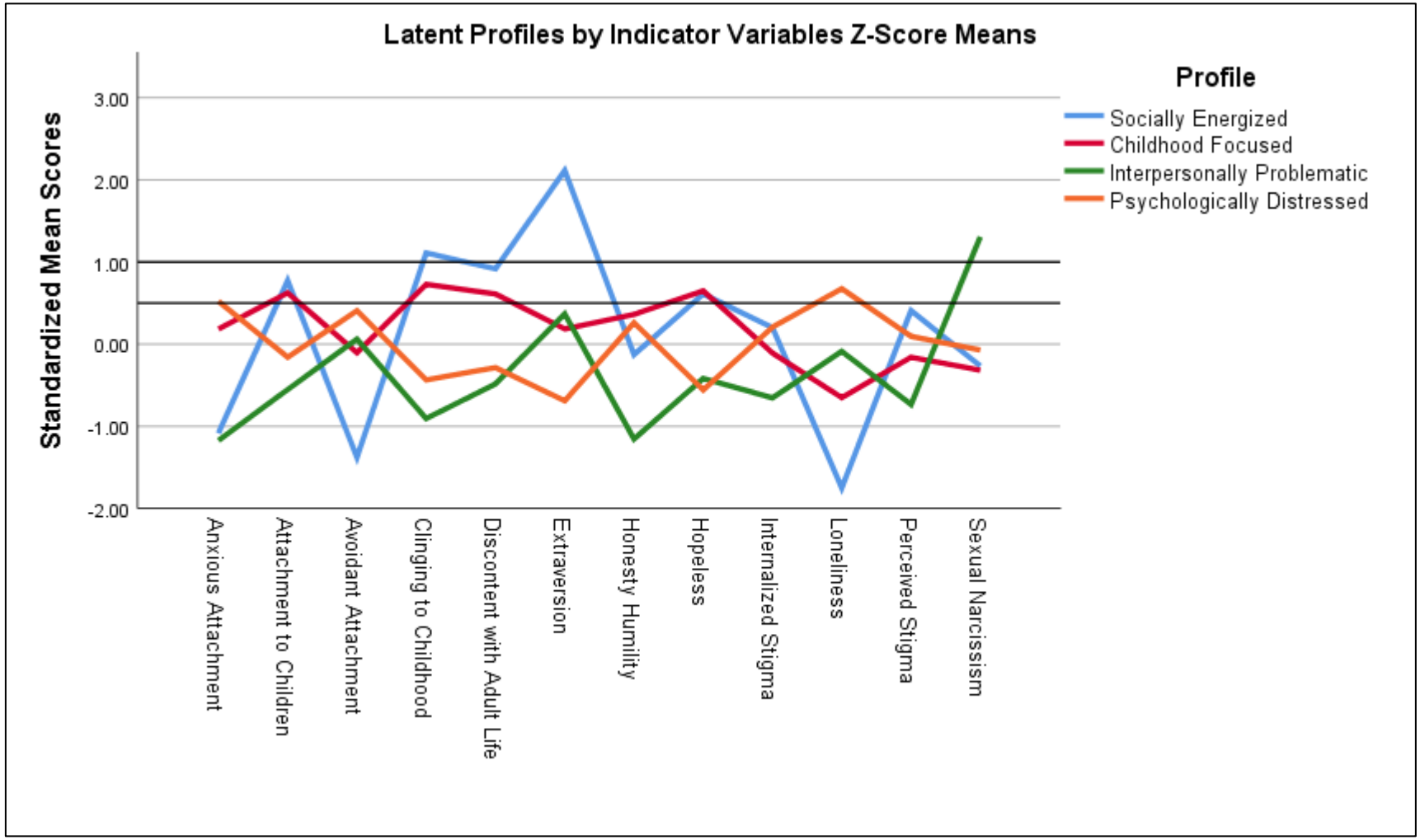

Figure 2. Latent profiles by indicator variable *z*-score means.

2.3.2.3 Chi-Square Analysis of External Variables. Chi-square tests of independence were then used to determine if the latent classes differed on frequencies of demographic and sexual orientation variables not included in the latent profile analyses (i.e., external variable analysis). As the variables were categorical, bivariate correlations were not used to assess the relationships between variables. A multinomial logistic regression to examine the multivariate relationships was considered, but it was not conducted due to small cell size. This was related both to some variables having many categories, and to there being four profiles to evaluate. Therefore, chi-squares analyses were used to test for differences between the profiles.

The chi-squares results were non-significant for age, $\chi^2(18) = 19.99$, $p = .33$; education, $\chi^2(21) = 25.52$, $p = .23$; relationship status, $\chi^2(12) = 9.86$, $p = .63$; religion, $\chi^2(18) = 14.54$, $p = .69$; ethnicity, $\chi^2(9) = 12.49$, $p = .19$; age of sexual orientation, $\chi^2 (9) = 12.24$, $p = .20$; gender of sexual orientation, $\chi^2 (12) = 6.04$, $p = .91$; and sexual development stage aroused by, $\chi^2(12) = 20.84$, $p = .05$. Interestingly, the sole significant chi-square result was with respect to gender identity, $\chi^2(6) = 15.06$, $p = .02$, which indicated there were unequal distributions between the profiles (see Table 8). Three significant adjusted residuals were observed. Profile 1 (*Socially Energized*) had more individuals who identified as other than would be expected by chance. This was also the case for male identification in Profile 3 (*Interpersonally Problematic*) and female identification in Profile 4 (*Childhood-Focused*).

Table 8

Contingency Table and Adjusted Residuals for Gender Identity and Latent Profiles

		Profile				
Gender		1	2	3	4	Total *N*
Female	Frequency	1	5	1	3	10
	Adjusted Residual	-0.5	0.0	-1.1	**2.1**	
Male	Frequency	9	39	22	6	76
	Adjusted Residual	-1.7	0.5	**2.1**	-1.8	
Other	Frequency	4	3	0	1	8
	Adjusted Residual	**2.9**	-0.7	-1.7	0.2	
Total *N*		14	47	23	10	94

Note. The adjusted residual indicates the standard deviations above or below the expected count that the observed count is, while considering the sample size. Bolded values have reached the level of significance ($p = .05$) of ± 1.96.

2.4 Summary of Findings

Comparative analyses were completed using a sample of male university students, which was easily available for recruitment. Much of the literature that the resiliency factors were drawn from also depended upon male samples; therefore, it was deemed appropriate to restrict the analysis to male-only data. The categorically rated factors were analyzed, and no significant differences between the child-attracted persons and university samples were found regarding handedness, head injuries, and physical abuse. Although it was hypothesized that handedness and head injuries would be at an increased rate due to potential neurobiological underpinnings of such attractions, this relationship was not supported at the .05 level, but the presence of head injuries was approaching significance ($p = .054$) in this sample. Regarding childhood abuse, this was in line with the hypothesized relationships, as only certain types of abuse were present. The

remaining categorically rated resiliency-related factors were found to significantly differ between the child-attracted persons and the university sample. Child-attracted persons were found to have higher levels of homosexual orientation, which was the hypothesized relationship based on the existing literature. Further, child-attracted persons, as compared to the university sample, were also more likely to have experienced emotional and sexual abuse during childhood. The mixed nature of the types of abuse experienced by child-attracted persons was supported. Interestingly, rates of motor and speech delays for child-attracted persons were also found to be elevated relative to the university sample.

The continuous factors were then analyzed for differences. Differences between the two samples with regards to impulsiveness, discontent with adult life, anxious attachment, emotionality, conscientiousness, and internalized social stigma were nonsignificant. Regarding potentially maladaptive traits, child-attracted persons showed higher levels of clinging to childhood, cognitive distortions regarding children, emotional congruence with children, avoidant attachment, and loneliness. However, child-attracted persons, as compared the university sample, showed higher levels of honesty-humility, agreeableness, openness to experience, altruism, and satisfaction with life; conversely, child-attracted persons showed lower levels of hopelessness, attachment to children, and extraversion.

Latent profile analysis was then used to identify whether naturally occurring subsets existed within the sample of child-attracted persons. Overall, of the 116 participants, complete data were obtained from 85 to 91 participants, depending on the question. Considering the hesitancy due to reporting requirements, a completion rate of 73% to 78% is impressive. The only question to yield less than 78% was the question related to sexual attraction to children and

to God; this was not unexpected, as religion may not be relevant factor for many participants (e.g., agnostic or atheist).

The analysis yielded four distinct profiles of child-attracted persons. The first profile was labelled Socially Energized, characterized by high levels of extraversion alongside low levels of loneliness and lack of relationship issues. The second profile was termed the Psychologically Distressed, as this profile was characterized by some psychological distress, but otherwise average levels of the remaining variables. The Interpersonally Problematic was characterized by maladaptive traits such as sexual narcissism, while also exhibiting low levels of honesty-humility and stigma. The final profile was labelled the Childhood-Focused. These individuals exhibited high levels of childhood-related issues, as well as the highest levels of emotional congruence with children.

Overall, these findings indicate that child-attracted persons exhibit characteristics that differ from the typical male university student in several ways. These differences include both adaptive (e.g., honesty-humility, altruism) and maladaptive (e.g., cognitive distortions regarding children) traits. Within the sample of child-attracted persons, several profiles were clearly differentiated. These results suggest that how, and whether, the resiliency-related factors impact an individual may depend on how the constellation of factors interact with one another. Analysis of external variables in relation to the profiles found that they did not significantly differ from one another on most demographic. The solitary significant difference found was with respect to the distribution of gender identity between the profiles.

Chapter 3: Exploring Resiliency Among Child-Attracted Persons Using Thematic Analysis

3.1 Rationale

3.1.1 Qualitative Research Exploring Resiliency Among Child-Attracted Persons

Qualitative studies have considered the lived experience of child-attracted persons, and how this relates to resiliency. Freimond (2013) conducted interviews with nine child-attracted persons and identified several themes: adolescent onset of interests, experiencing real and perceived stigma-related stress, as well as positive and negative experiences associated with disclosing their sexual orientation to others. Pedersen (2017) conducted 33 mail surveys with child-attracted persons and engaged in further interviews via Skype or other chat programs with nine of those participants. Through these discussions, Pedersen identified how child-attracted persons engage politically in society, the stigma that impacts them, and how they constructed a meaningful identity even though their sexual orientation puts them at odds with common societal values. Lastly, Houtepen, Sijtsema, and Bogaerts (2016) interviewed 15 child-attracted persons, who commonly reported identifying their sexual orientation in early puberty and who dealt with a range of psychological difficulties because of their orientation. Even though the participants often feared their sexual attraction to children being discovered by others, most participants had shared their sexual orientation with non-child-attracted individuals.

Walker's (2018) dissertation began the direct examination of resiliency factors among child-attracted persons, specifically in relation to refraining from engaging in problematic sexual behaviours. The qualitative analysis found that child-attracted persons often engaged in strategies that could be considered risky to them personally rather than to other people. Often, this included disclosure to others that might cause harm to their well-being and rejection from their support network. However, positive strategies for resilience were identified among the

child-attracted persons, such as the use of religion, dating adults, and activism. Child-attracted persons also identified reasons for not engaging in offending behaviours outside of solely legal reasons, including objection to harming children and religious beliefs. Importantly, most (~75%) of the individuals felt that they were already resilient and not at risk of engaging in problematic sexual behaviours.

3.1.2 Application of Thematic Analysis

This study extended the existing qualitative literature into sexual attraction to children using thematic analysis. Thematic analysis is an analytic method that focuses on themes that present within qualitative data. The use of thematic analysis within the field of psychology was bolstered by Braun and Clarke's (2006) article outlining how to incorporate such methods into the field. Following the article's publication, thematic analysis became a popular approach to applied research areas, such as client experiences within psychotherapy (Clarke & Braun, 2018). The specific form of thematic analysis, initially developed by Braun and Clarke (2006), used within this study is appropriate for psychological research. Complex relationships are common within psychology, and thematic analysis allows for such flexibility and application across a range of theoretical stances (e.g., biopsychosocial). Further, thematic analysis allows for rich, detailed explorations of data, often necessary when it is difficult to gather large sample sizes due to issues such as confidentiality.

The method involves six phases of reflexive analysis (Braun & Clarke, 2019). *Reflexive thematic analysis* involves conceptualizing themes as patterns that have deeper meanings; coding is an open and iterative process that involves revisiting the data and coding process throughout the analysis. Rather than beginning with a rigid set of expected codes, the iterative process leads

to interpretation of the data itself, rather than summarizing it. Table 9 describes the six phases that comprise a reflexive thematic analysis, according to Braun and Clarke's (2012) guide.

Table 9

Six Phases of Braun and Clarke's (2012) Guide to Thematic Analysis

Phase	Description
(1) Familiarizing Yourself with the Data	Transcribe, read, reread, review data.
(2) Generating Initial Codes	Identify preliminary codes, which feature interesting and meaningful pieces of the data.
(3) Searching for Themes	Begin interpretive process and extract overarching themes; there should be a record of the thought process with respect to the relationships between codes, subthemes, and themes.
(4) Reviewing Potential Themes	Combine, refine, separate, or discard initial themes. Involve other coders here if possible, to increase depth of themes. Develop a thematic map if possible.
(5) Defining and Naming Themes	Continued analysis to provide clear and meaningful theme names, as well as clear definitions for each theme. This is where a complete and unified story of the data should be derived.
(6) Producing the Report	Take the information from the analysis and record in an interpretable manner for others. The results of the analysis should be explained in a way that the reader understands the validity of the analysis, and how the researcher came to their conclusion.

3.2 Methodology

3.2.1 Participants

Child-attracted persons (n = 23) were recruited from B4U-ACT (http://www.b4uact.org), Virtuous Pedophiles (https://www.virped.org), and Twitter (https://twitter.com/). Child-attracted persons who took part in the quantitative portion of data collection (Chapter 2; n = 116) were provided with an advertisement for the study.

3.2.2 Materials

3.2.2.1 Interview protocol. The interview protocol (see Appendix G) was derived from the existing literature in which child-attracted persons were interviewed (Houtepen et al., 2016; Pedersen, 2017). The interview questions addressed demographics, sexual identity, involvement with minors, use of child sexual exploitation material, social support and stigma, and quality of life.

3.2.2.2 Zoom. Zoom (https://zoom.us/) is a secure video/audio conferencing platform that provides end-to-end encryption and password-protected meetings. Participants did not need an account to participate in the interview; they were sent a link to a pre-scheduled meeting and were prompted to download the software needed. After the software was downloaded, they could sign into the meeting without providing any additional information. Video was locked to remain off during the meeting, and participants had control of their audio to mute or unmute as needed. The meetings were recorded based on participant and author consent, with the participants having the ability to refuse to participate and to enable/disable the recording at any time. After the interviews were transcribed, the recordings were deleted; this generally occurred within 2 weeks of the interview, and a follow-up email was sent to the participants to confirm the deletion.

3.2.3 Procedure

Participants contacted the author after participating in the quantitative study if they were interested in completing a more comprehensive interview. Interviews were completed with all participants using Zoom (https://zoom.us), the secured video/audio conference platform discussed above. The protocol was used to keep the interview semi-structured; however, if the participants had other relevant factors to discuss related to their sexual attraction to children, the researcher accommodated. The shortest interview took 45 minutes to complete, whereas the longest interview took 150 minutes to complete. All interviews with the participants were completed by the primary author; however, transcription was completed by two undergraduate students associated with the research program who had some understanding of sexual attraction to children.

3.2.4 Confidentiality Concerns

Participants were told to keep their videos off and engage in audio conferencing only to prevent being identifiable. Participants were also advised to use a public computer or virtual proxy network (VPN; e.g., https://www.ipvanish.com) if they had extreme concerns about privacy. Following completion of the study, participants were provided with a list of mental health resources that could be contacted if the content of the study resulted in any discomfort and/or issues that they wanted to address.

3.3 Analysis and Results

3.3.1 Qualitative Coding Process

NVivo (version 12) software was used to conduct a thematic analysis of the interview data. In addition to serving as a coding platform, NVivo also has the capability of generating cluster analysis diagrams based on complete linkage (farthest neighbour) hierarchical clustering.

This process allows for a similarity index to be calculated between each piece of data, followed by clustering of the indices. The associated dendrogram is a visual representation of the similarity indices between items.

In addition to the author completing coding of all the interview data, two additional coders, who had not been involved in the research program, were each given five randomly selected interviews to review. Both recruited students were Ph.D. students from Johns Hopkins University, familiar with the research area of sexual attraction to children and had previously engaged in qualitative coding. Additional coders were retained to reduce the risk of bias from unconscious impressions that may have occurred in the interactions between the author and the interviewees.

The procedure consisted of two rounds of coding, beginning with open coding; open coding is the process of allowing themes to arise out of what the coders see in the content rather than looking for and extracting specific themes. Although the three coders were initially supposed to have an extensive discussion regarding the coding, ongoing issues related to the COVID-19 global pandemic interfered with this process. The completed codebooks were obtained from the two coders and, instead, a comparative analysis of the coding structures was completed to identify themes arising out of the aggregated data and to establish common terms wherever it was apparent they were referencing about the same themes but using different language. The remaining 13 interviews were then coded by the author. The resiliency factors outlined in the introduction were then reviewed and the themes were organized accordingly. Ongoing discussions between the author and coders occurred to ensure consistency and clarity regarding definitions and the coding framework. The final coding framework included overarching themes related to issues such as the development and stigmatization of sexual

attraction to children within society. The themes and subthemes were then described in detail with specific examples to operationalize each aspect of the coding structure. While operationalizing the themes, potential subthemes were examined by an NVivo-derived cluster analysis of word similarity; this allowed visual patterns to arise in the data that indicate similar word usage. The resulting diagrams provide a graphical representation of those similarities; nodes that appear closer together have more word similarity between them than those that are far apart. The results indicated several overarching themes among the subthemes (see Figure 3) based on word similarity.

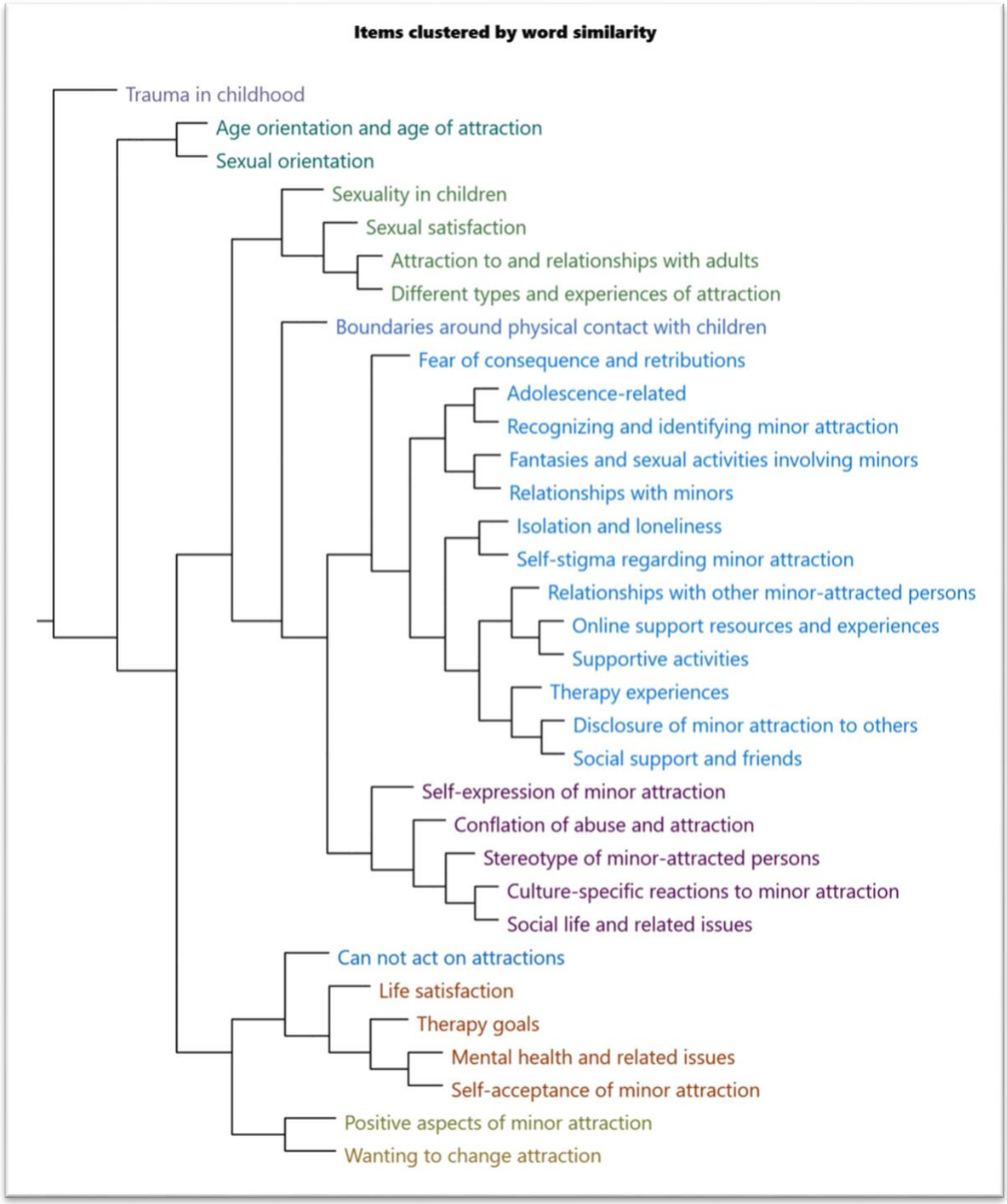

Figure 3. Cluster analysis of the derived nodes by word similarity. The analysis suggests several themes among the nodes.

3.3.2 Descriptions of Qualitative Themes and Subthemes

3.3.2.1 Theme 1: Child Attractions as Sexual Orientation. All interviewees discussed sexual attraction to children from a sexual orientation perspective, of which several subthemes could be identified. The first related to the development of sexual attraction to children during adolescence. All but one interviewee reported identifying and recognizing their sexual interests prior to the age of 18. Most often, this occurred during early adolescence and puberty for the participants. Many participants described two clear, distinctive stages with respect to their sexual orientation. The first stage often involved a vague recognition of sexual interests, often in minors younger than themselves, even in adolescence. The second stage occurred as the interviewees began to realize their sexual attractions were not "growing with them" and they remained sexually interested in minors. As part of this stage, these attractions also began to be self-identified as problematic, and the labels of "pervert" or "pedophile" often became stigmatizing and distressing for the individuals.

P2. I was around the age of 13 when I first realized that I was drawn to younger children. I remember having a crush on my best friend's 4-year-old brother when I was 13.

P5. Alright, this is a complex question. This is the one that I answer differently depending on how its asked because when did I first start experiencing that? I suppose I can think of instances when I was 11 or 12, and obviously I didn't understand, I didn't realize what it was at the time. My first, I guess what you would call a crush, that I can remember at least, the kid was 5 I was I believe 11 at that point. That's when it was specifically like – I don't remember any sexual components to it, and in general the emotional, romantic, that side of attraction is stronger for me generally. The first time it started really bothering me that I can remember, around 16. But I didn't actually admit it. I was pretty much still in denial until I was 18.

P18. Yeah, I think it's probably pretty common as well, it's as I was getting older and going through puberty, I started becoming attracted to other kids my age and a little bit earlier, so I thought that was pretty normal and as I got older then they sort of didn't, and I still wasn't really concerned about it until I noticed that all my friends are talking about the girls and I'm like maybe. So, yeah, right around puberty and as getting into my mid-teens, the younger kids were more attractive than the older kids.

During the process of recognizing their sexual interests, many interviewees identified differing components to their attraction to minors. This resulted in a second subtheme related to differentiating emotional, romantic, and sexual attraction among the interviewees. Several individuals noted attraction to the overall nature of children, including their innocence, ability to engage in the world completely, and to be spontaneous. Further, some noted that the naiveté of children, specifically the fact that they have not been exposed to negative aspects of the world, was attractive. These factors could be more of an emotional congruence with children, rather than romantic attraction. Regardless, many participants also noted a romantic attraction to minors, engaging in fantasies related to long-term relationships with minors rather than exclusively sexual relationships.

P8. Even when I was in college, I still sort of thought about romantic relationships, but as I moved on from there I started to think about what I wanted for my life and I really wanted to start a family and you know, when I recognized that I think the romantic attractions kind of died off. Because I was just like, you know, you can't wait around waiting for a kid to grow up and then marry her, that's just silly. And, yeah, I guess when I started thinking about marriage or dating girls for that purpose is sort of when those kinds of romantic attractions died off.

P16. There's an emotional attraction to… kind of wanting to be them or like a little jealous of wanting and wishing I was them and wishing I was a boy again. It's a way of kind of affirming that like connecting on that level of like you know uh a yearning for that. And there's some like mild fetishes. Just like emotionally charged objects around it. Which is, a lot of them are kind of boy like. Like, you know, a backwards baseball cap, skateboard, scuffy sneakers, stuff like that, that I'll find attractive. But it's weird, like socially, I don't particularly appreciate interacting with boys that much. They're just not complex enough, like socially, to really achieve what I want, you know? I mean, I'd like to have a deeper conversation with someone on a more complex level that adults would have, and boys don't.

P17. I like people who are earnest, who are enthusiastic about what they love, and who aren't afraid to look a little silly. I just find boys, and youth in general, mostly, fun to be around, and I find it easy to relate to them and kind of have a good time with them.

Sexual attraction to children was acknowledged by all the participants, although two participants noted limited sexual attraction with predominant emotional and/or romantic attraction. When describing physical characteristics that were attractive, aspects such as small

frame, larger eyes, and lack of body hair were identified. These aspects varied depending on their gender and age orientation.

P4. There are physical attributes that I prefer. And they're not stereotypical. They tend to fall outside the stereotypical view that maybe most males have towards most females in what they find attractive. So, I think curvy girls are cute. I think curves are attractive. Even though it's not something a lot of guys maybe like, getting a curvy girl or a bigger girl. And girls themselves probably judge themselves much harsher than guys probably ever judge them. But I really like curves. I think I'm really attracted to non-traditionally good-looking females. So, girls that have maybe imperfections or cute tummies, cute butts and to me cute tummies and cute butts is curvy.

P17. I'm not really interested in more like, large statures or body hair or anything like that. So, most of those don't tend to do anything for me. I've said to other people before that my three favorite parts of the body are probably the face, the arms, and the legs. I'm attracted to all three of those when it comes to boys. Face and legs especially I would say, because I love seeing all those different expressions and the way a boy's eyes are shaped.

The extent, and whether, the participants experienced sexual attraction to, and/or engaged with adult partners, led to the identification of a third subtheme, identified as *exclusivity versus inclusivity*. Several interviewees discussed experiencing sexual or romantic attraction to adults, and how that interacted with their sexual attraction to children. Many participants identified that their sexual attraction was exclusive to minors, even if they engaged in adult-partnered relationships. There were several participants who identified sexual attraction to adults; however, it was rarely the primary attraction in comparison to the sexual attraction to children.

P1. As a teen maybe a little for boys, but not ever for adults, and not for lack of trying. I mean there was one time where, you know, I was in the situation to do it and I just felt no sexual attraction to the other person and that was embarrassing, so I just never tried it again.

P10. I should not have married, because I knew at the time I had only weak sexual attraction to my fiancée, although I was deeply in love with her. We were married for ten years and the sexual problem only intensified. We tried to cope using sexual fantasy, but it would have been much better if we'd not got together at all. That was entirely my fault and I blame no-one else. If I hadn't married, though, I would have been alone for all my life, and we did have many good times.

P14. I'm strongly attracted to adult men much more than I am to adult women, but I do still find some adult women attractive they just usually tend to have more of younger body types or younger features. Also, part of that attraction is purely sexual, like I'm not really romantically

interested in adult women.

3.3.2.2 Theme 2: Engagement in Sexuality. Interviewees all described how their sexual attraction to children is, or is not, expressed within their lives. One subtheme that arose was the interviewees' *understanding of the sexuality of children*. Most participants identified that although they experience sexual attraction toward children, they do not feel that engaging in a sexual or romantic relationship with a minor is morally responsible and would cause harm. Many acknowledged that minors may experience sexual feelings or express sexual behaviours (e.g., masturbating), but noted clear differences between intent or motivation between minors and adults. A few participants noted that they do not necessarily feel that the relationship between the adult and minor is what harms the minor; instead, it was argued that the negative societal reaction to such relationships is what causes true harm.

P12. I don't think its sexuality, I think it's more, I sort of understand it more as being a sensuality. As in they like pleasure, they like sensation of touch but I don't think they associate it with anything sexual, that's my opinion about it.

P14. I guess, sort of, like back then it was purely kind of worry about hurting others or getting in trouble myself, I'd say nowadays my morals and my understanding of those kind of interactions help me, I think that like my understanding of child versus adult sexuality through the research I've done on my own has helped me develop a pretty strong framework for ethical behaviour and I know that children and adults are not on the same cognitive or sexual levels.

P19. I think that's what goes on. If you look at people who are not wanting to abuse children getting into relationships with kids. And we see this all the time in boy chat on the message board. And you see adults get screwed up because of the way the kids react to them. And it's always because the kid is not reacting in a romantic way. The kid isn't giving back what the adult expects. And to me, I mean of course the kid's not…I mean it's a kid! I mean, duh.

Although the participants acknowledged a clear line between their sexual orientation and behaviour, many identified the *use of non-simulated child sexual exploitation material*. This distinction was made to make clear they were discussing materials using children, rather than simulated or virtual children; this was clarified as children pornography is legally defined in

differing ways. Despite a few participants acknowledging recent use or enjoyment of such materials, most participants reported negative emotions and experiences associated with the use. Clarity regarding differences in materials were discussed, including the fact that materials range from nude photographs of minors sitting by themselves to graphic depictions of sexual assault of minors by adults. Although most participants acknowledged historical use of child sexual exploitation materials, only two individuals reported accessing materials that depicted violence. All others denied being sexual attracted to violence towards minors, and stated they were attracted to materials in which the child appeared "happy," not in distress, and fully engaged in the activities. Regardless, a large portion of interviewees noted they do not currently watch child sexual exploitation materials, as it is in direct contradiction to their views about the consent of minors and not wanting to cause harm.

P1. Yes, when I was still a teen, 15, was kind of the time where file sharing programs were super popular and I was watching the incoming searches on LimeWire, and saw searches coming in for child pornography, and I was like "wow", I immediately kind of got fascinated that such a thing existed, and did look it up, and that was not good, I didn't like it, the child was not happy at all. It was very disillusioning, and I have stayed away from it since then because of that.

P4. I also, I don't like the idea of pornography because it just feels wrong, its obviously there's the whole sexualizing women aspect if you look at straight pornography, normal pornography. And of course, child pornography has got its own issues. So, you know, that's not what I think it should be but then having said that I just keep going back to it anyway.

P8. Sort of, yeah. I never really watched the violent kind where a child appeared to be hurt, at least, not until that very, very low point in my life and I guess by that point I was like, why do I even care anymore. It's not like I was feeling, I guess what I was feeling was just complete apathy and just not caring anymore.

P21. Believe it or not…. okay so there's obviously two levels to this thing. The first and obvious level is, oh that's the thing that I've always wanted to do and is impossible for me to do and because there seems to be no hope to ever do it, this is the closest I'll ever get. But second, this is going to sound crazy. But it's the same reason that I spend a lot of time reading research about this. I'm looking for signs. So, I'm just going to assume you've never watched this stuff and you don't have to answer that question back, but I will just say that there's incredible diversity of content out there. In terms of how much of an active participant all sides are.

The final subtheme that emerged related to the *incorporation of sexual attraction to children into sexual relationships and fantasies*. All interviewees identified fantasizing about children, and many reported fantasies involving ongoing romantic relationships with a child. These fantasies often extended into creative outlets such as fictional writings and drawings or writing music and poetry. Further, a few participants acknowledged engaging in *age-play* with adult sexual partners; age-play involves one or both sexual partners acting as a minor. Although this was a successful alternative for those participants, many identified being unable to engage in meaningful sexual expression due to their sexual attraction to children.

P17. Because I've always been into boys, and especially when I was in middle school I became totally into like, infatuated with stories and arts about boys. Both children and adolescents, and especially if they had a relationship of any kind with a dude, or like a man.

P21. My current best friend—he is like naturally short and hairless and he really likes age play and things like that, so I had a brief sexual exploration with him. Mostly because I was amazed at how soft and smooth his legs were and that sort of created a bit of sexual arousal in me. But then when it came time for sex, it didn't really work. So, it was certainly closer than I had ever gotten to being aroused by an adult. But as soon as the clothes came off and we got to it, it just became the same as any other sex I had tried to have.

3.3.2.3 Theme 3: Sexual Attraction to Children within Society. The view of sexual attraction to children within society was weaved throughout the interview, and the discussion often centered on their experiences with close family and friends. While examining these responses, the first subtheme that arose was the positive and negative experiences associated with the *disclosure of sexual attraction to children*. The interviewees indicated that disclosure often occurred during periods of distress, when they felt unable to manage without informing someone of their sexual attractions. This was often met with negative, or neutral experiences; a genuine positive reaction was rarely noted. Even after disclosing their sexual interests to close family members and friends, the interviewees often noted that they again felt unable to truly be themselves; the topic

of their sexual attraction was one that was discussed to disclose it, but not something family and friends often felt comfortable discussing at length.

P3. My mother found a box of stories that I had written. So, one day, she pulled me out of school, and we went to a park, and she was bawling her eyes out in the car, and she said "please tell me that all these things are fantasy. Please tell me that these things haven't happened. You need help, you're sick, you need help." I could've killed somebody and been in better circumstances with her, I mean, this was like, the ultimate sin of sins with my mom, is to commit a sexual offence against a child. So, this was really sort of the first reckoning that there was, was this conversation in the park. So, we went home, and she demanded that I take all the stories and put them in a coffee can and burn them. It wasn't enough to tear them up and throw them away, they had to be burned.

P10. Yeah, I have. I've told a few people. The first person I told was when I was 18, I told my older sister and she just said, "well just don't act on it" and I felt that wasn't really helpful advice because I already knew that it was important not to act on it.

P22. We're still as close as we were, which is a minor miracle probably. Weirdly enough, I don't feel much relief. I did initially, but it doesn't really feel like I can fully be myself. That sounds odd I'm sure. I know that if I was in some sort of crisis and said, "I really need to talk to you about this," they would both drop everything and listen and would do whatever they could to help me. But I don't feel like it's on the level of casual conversation yet. I would love it to be. I wouldn't talk about it and its issues constantly, but I'd almost certainly talk about it more than anything else.

During the discussions about how sexual attraction to children is viewed and responded to within society, the subtheme of *stereotypes* was examined. Most interviewees described the stereotypes using negative language and focused on common "pedophile" or "pervert" manifestations including older men, trench coats, vans, and candy. It was also highlighted that these stereotypes tend to assume the child-attracted person wants to sexually assault the child and then discard them; the participants noted their common fantasies involved relationships and no harm to the children. Several interviewees noted being able to separate themselves out from these stereotypes, but others felt distressed by the association between themselves and such a stereotype.

P6. Different people have different stereotypes of minor-attracted persons. So, I think people who are very privileged, straight, white people for example think of minor-attracted persons as

queer, like queer people are minor-attracted persons, and minor-attracted persons are wafers, so queer people, or gay people, are wafers. I think that's thought pattern for privileged people. And keeping with modernized identities, I think people often perceive minor-attracted persons as privileged, it's like I think in the past often people said like, gay people, they aren't really discriminated, but that's just a superficial problem. Gay people talking about their discrimination takes attention away from actual discrimination, like racism and sexism. And I think there's only times when people realize that there are gay people of color and female gay people, and so on. Discriminations are often connected. So, I think it's important that like, not only why it's a strain on minor-attracted persons, and otherwise minor-attracted persons get a voice, but there are the minor-attracted persons who are more prone to marginalized identities because otherwise privileged communities will see minor-attracted persons as like, this privileged people that talk about their superficial discrimination, then there are actually, yeah, I don't know.

P7. The stereotype is an old man in a trench coat passing out candy to kids at the park in order to seduce them into his panel van. I knew that wasn't me.

P22. That we are the absolute lowest scum of the earth. I think people see us as more evil than murderers — even child murderers, which is especially ridiculous. We are evil and we all abuse children and we have no self-control and we've chosen this perverted lifestyle and our only interest is in hurting children, when in fact, among the vast majority of pedophiles, the absolute opposite is true. We only want to care for children and make their lives better even at the expense of our own desires or sanity. A boy's wellbeing is so much more important to me than any sort of sexual charge I could get out of touching him or being with him.

Despite most interviewees disclosing their sexual attraction to children to close family and friends, a clear subtheme that developed was *shame and stigma associated with sexual attraction to children*. A few individuals described having positive self-esteem, social support, and life activities; however, the majority described clear impacts and distress directly related to their sexual attraction to children, whether real or perceived. The primary issue from the point of most interviewees was clearly identified as the conflation of child sexual abuse and sexual attraction to children. Specifically, it was commonly reported that societal reactions are clearly based on the assumption that if since someone is sexually attracted to a minor, they will eventually engage in such behaviours, and therefore must always be viewed as a risk. This often impacted the individuals, through lowered self-esteem in adolescence or continued issues in adult life with regards to those they have disclosed their attractions to.

P8. Yeah, I mean, I know when I was a teenager, I looked up what people thought about pedophiles, and it was always you know, these are some of the worst people on earth, you know, and they are complete monsters, and they should just kill themselves. And even if they promise not to act on their attractions, there's no way that we could trust them because they are just a ticking time bomb, and society would be better off without them.

P15. Though I have a desire to have sexual contact with children, I do not have an urge to do so. My refrain simply comes from being able to control my desires and the awareness that acting upon them would be harmful to the child in any circumstance, in ways I cannot control or measure. The same danger exists, in a smaller extent, when I engage in activity with adults. It is as possible to do harm, though this is usually mitigated because an adult has the experience and developed mental ability to recover and assess such emotional damage.

P19. The distinction between minor attraction and sexual abuse. Sexual abuse isn't really, in the long run of things, related to minor attraction. Sexual abuse is associated with heterosexual males. If we look at the people who are convicted of sexually abusing children, most of them are heterosexual males. So, these are the people we should be scared of. We shouldn't be scared of the minor attracted people! We should be wary of heterosexual males.

3.3.2.3 Theme 4: Sexual Attraction to Children and Mental Health. Examining the experiences of child-attracted persons across their lifespan indicated commonalities across struggles with regards to mental health and social support. Although several interviewees acknowledged self-acceptance, and an ability to incorporate their sexual attraction to children in an adaptive manner within their life, this was not the experience of all interviewees, particularly in adolescence. The subtheme of *specific mental health concerns* arose, and several key issues were reported by the individuals as relevant to their journey. Depression and anxiety were acknowledged by roughly half the interviewees, manifesting throughout adolescence and adulthood, as well as impaired social functioning. Further, several individuals acknowledged suicidal ideation throughout adolescence and into adulthood.

P5. Nothing that has ever been diagnosed as a mental health problem. Okay, now this gets to the point where I have to say things, I did for a couple of years I believe, having a – from being diagnosable from a pedophilic disorder and issues with depression symptoms, and anxiety following that.

P11. I guess the two biggest ones would be that I'm diagnosed with major depression and also

social anxiety.

P17. Yeah. I have had on and off depression, kind of. But the major kind, not like the baseline kind where your kind of always depressed, but where you get those really bad ones. That started when I was in like, middle school. I went to a psychiatric hospital after it was discovered that I had been self-harming. But other than that, it's mostly – I haven't had any hospitalizations or anything, it's just been stuff that kind of happens sometimes, but then we fix it.

P18. I really don't think so. I mean, apart from knowing that I'm not going to have a fulfilling sexual relationship with anyone that I can for see, I mean, I don't know why I wouldn't be able to with another man, but because of I guess my – I kind of have social anxiety and shyness to a large extent. That perhaps comes from being more attracted to children and when I try to engage with an adult.

Despite many interviewees experiencing some level of mental health distress, not all sought out, or engaged in, therapeutic services. The various aspects of seeking such services led to the identification of the subtheme *experiences with therapeutic services*. Several individuals identified positive interactions and disclosures to therapists, whereas others noted their experiences to be more negative or stigma focused. However, a clear issue delineated by several interviewees as a common cause of contention in the therapeutic relationship was a mismatch of therapist's and client's goals; individuals acknowledged seeking services for issues semi- or un-related to their sexual attraction to children (e.g., generalized anxiety), but noted an inability of the therapist to not constantly refocus on their sexual attraction to children due to their assumed risk. This assumption of inherent risk and need for preventative therapy, rather than focusing on the increasing the overall well-being of the individual, was a noted source of discomfort among individuals seeking services. Further, there was an identification of a clear lack of appropriate interventions and services for child-attracted persons. Not only were many therapists untrained in sexuality, but many therapists were uncomfortable in working with such clients and referred the clients on or refused to provide services about the client's concerns.

P3. I would discuss my attractions or my problems with him such as I was capable of doing at that stage in my therapy and you could just see his blood pressure rising. You could just see the

shaking in his hands and in his head. And he had this habit as he would say things to me like, well just don't do that. Or, well, why do you think that's even right? He would have this habit of pushing his glasses up his nose with a full palm middle finger. He wasn't even flipping me the bird, I could tell, but he would like whack his face with his hand and push his glasses up his nose and I had to keep from laughing.

P5. Yeah, I have. I haven't actually seriously considered it, well I considered it at one point before I got involved online about a year ago when I was in one of the worst periods of depression. I got too freaked out by the idea and tossed the idea away. But recently I have started and gotten some advice about how to do this and started an email I am going to hopefully send to the mental health support people at my college anonymously and feel out what that would look like if I were to look for the professional support, to look for a therapist. And hopefully that works out really well, I'm not banking too hard on it, I guess.

P8. So, yeah. I saw the therapist, and I just came right out and said I was sexually attracted to little girls, and I think he reacted pretty positively, and wanting to help. I guess the problem was that, number one was I don't think he had any idea how to help, and the second thing was I had no idea how to talk about it. Like, I don't know what I wanted to get out of those sessions. So, in the end we kind of just focused more on behaviour, things like anxiety and depression, so we were kind of trying to treat the symptoms instead of the root problem.

P23. I have. I started a number of years ago, I spoke to a couple of different therapists, many to try to figure things out with who I was to the gay side of things and get some help with that. But then when the pedophile started as well, I started trying to talk to therapists about that as well. But a number of people, I guess they didn't feel equipped to deal with that side of things and couldn't handle it. So, it didn't work out very well. At the moment, I'm seeing another person who I just started seeing a couple months ago and I said to her, look, this is my situation, this is why I'm seeing you, I'm trying to come to grips with this and figure this out. And she knew about it from the beginning and we've been working through that with everything else. And so far, that's been okay, she's a very open-minded person, non-judgemental.

As therapy services have not always provided child-attracted persons with a supportive environment, the subtheme of *other supportive activities for mental health* arose through the discussions. Often when the individuals were first recognizing and identifying their interests, they turned to online resources. This resulted in finding anti-contact groups such as B4U-Act and Virtuous Pedophiles, and modification of age of consent groups such as BoyChat and Visions of Alice. Many appreciated conversing with others who had experienced their sexual attractions and associated stigma; these interactions often resulted in meaningful relationships and friendships between child-attracted persons. Several interviewees identified that engaging in

online discussions and debates about sexual attraction to children helped them feel productive more globally. By engaging in these discussions, they felt they could potentially impact others' opinions of sexual attraction to children. Further, several individuals reported that learning and gaining knowledge about sexual attraction to children through research and other resources has been beneficial to their mental health and their understanding of themselves. Religion was noted by a few individuals as relevant and supportive to their mental health.

P6. I regularly go to the queer student group of my union and that is also helpful because just like, meeting with other queer people who have similar experiences with discrimination and so on.

P13. I have a stable and successful career which should serve me well for many years, I have many hobbies and friends which keep me motivated and happy, and my relationship is healthy and happy.

P17. I think, well one thing I do is I get support from my community, so I can speak freely with other people with my attraction, which helps. And I also like to be the one to contribute support, because when I give back, and make sure other people loved and encourage, it makes me feel like our community is really strong and helpful.

P21. And graduate school is more helpful for that than therapy ever will be. So graduate school is my therapy. Which is the exact opposite being how most graduate students think of grad school. They think of it as their need for therapy. But for me, reading the literature that I read in my studies, that's what keeps from thinking about suicide in my much younger days. I went to my undergrad and I studied the social sciences and I found people like me, like Foucault and queer theory, and critical sexuality studies, that all challenge the essential narrative that we live in every day about sexuality. And the idea that the world doesn't have to be the way it currently is. Like that saved my life.

3.4 Summary of Findings

Limited research has begun to explore the rich heterogeneity that exists within child-attracted persons. The findings of the study support this heterogeneity and explored a myriad of topics within 23 interviews with child-attracted persons. Four key themes presented within the data, including (a) Child Attractions as Sexual Orientation, (b) Engagement in Sexuality, (c)

Sexual Attraction to Children within Society, and (d) Sexual Attraction to Children and Mental Health.

When examining sexual attraction to children as a sexual orientation, several subthemes presented. These subthemes included (a) the tendency for child-attracted persons to identify their sexual orientation during early- to late-adolescence, (b) discrimination between sexual versus romantic attractions, and (c) the extent to which their sexual attraction to children was exclusive versus inclusive. Many individuals acknowledged the presence of a two-tier discovery of their attraction; initially discovering their sexual attraction to younger children, followed by the recognition of their desires as "bad" or "wrong." Sexual attraction to children was also often described as being comprised of emotional, romantic, and sexual components. Emotional attraction often included attraction to youthful activities and engagement and/or working with minors, whereas romantic attraction involved attraction to and/or longing for an actual relationship with a minor. Although some individuals were drawn to the innocent and vulnerable nature of minors, other expressed attraction to their physical development and key indicators of youth (e.g., small frame, lack of secondary sexual development, larger eyes). Finally, roughly one-quarter of these child-attracted persons expressed an exclusive interest to minors; this was directly related to their inability to have meaningful relationships with adults. Those who experienced some to significant sexual attraction to adults generally reported more positive social relationships and experiences with adults.

The expression of sexual attraction to children in daily life and how individuals choose to engage with their sexuality varied greatly. An exploration of views towards sexuality in children identified that most child-attracted persons do not think that minors have the cognitive capacity to engage in sexual and romantic relationships in the same manner that adults do. Although

many acknowledged they feel that children experience sexual feelings, and may engage in sexual activities, they did not believe that children can provide consent in the same way as an adult. Therefore, the core motivations and intentions behind the sexual feelings and activities between children and adults are viewed as inherently different. A few individuals explained their beliefs that the primary harm caused by adult-child relationships tends to result from the negative reactions of society, rather than the relationship itself. Despite all but one participant never engaging in sexual contact with a minor, most had viewed non-simulated child sexual exploitation material; most had viewed it historically, although a few participants acknowledged recent use. Regardless of the commonality, most individuals expressed regret and dismay at engaging with the material; they noted the inherent harm and negative emotions associated with viewing it, as well as an inability to ignore issues related to consent. Outside of the use of such materials, many individuals acknowledged incorporating minor-related sexual fantasies and activities. Most typically, this took the form of a rich and extensive fantasy life, but at times also included activities such as age play or utilizing fictional depictions of minors.

The opinions about, and reactions to, sexual attraction to children within society at large also presented as a major theme within the discussions. Individuals identified a range of disclosure experiences – negative, neutral, and somewhat positive reactions to the reveal. Even among those individuals who had disclosed to close family and friends with relative acceptance, they still often felt unable to truly be themselves, as it was not something that could be an on-going source of discussion; it instead was something disclosed and then not spoken of. Stereotypes of child-attracted persons also arose, including the typical older man in a van giving children candy for the purposes of sexually assaulting them. This stereotype often frustrated child-attracted persons, as most of the individuals identified that part of their attraction to

children included not wanting them to come to harm or to be in distress; therefore, the stereotype is antithetical to their core values. This view of child-attracted persons as inherently at risk of offending was identified as a source of stigma and shame for several individuals. Such individuals noted that their fantasies often include relationships with children that are consensual and interactive, not relationships in which power or harm is the focus. This continued conflation between child sexual abuse and sexual attraction to children was identified as the main issue that needs to be addressed to reduce stigma towards sexual attraction to children and to improve service delivery.

Mental health was a prominent theme. Several individuals could express self-acceptance about their sexual attraction to children; however, far more individuals acknowledged issues of depression, anxiety, low self-esteem, and a lack of supportive relationships. These mental health struggles often began during adolescence, when the individual was beginning to associate their sexual orientation with the negative notions of child sexual abuse and inherent risk associated with being attracted to children, according to societal stereotypes. Several individuals sought out therapeutic services, and several reported positive experiences with open-minded therapists; however, most therapists were rarely prepared for, or experienced with, sexual attraction to children. Further, some therapists were openly negative towards the individual once the attraction had been disclosed or would refuse to acknowledge other therapeutic goals for the individual that were unrelated to their attraction. Other supportive activities such as utilizing online resources, engaging in a rich fantasy life, and engaging in adult-oriented relationships were also identified.

Overall, these findings indicate that child-attracted persons are heterogeneous with respect to a variety of factors. However, several issues did present as common to child-attracted

persons, such as the development of sexual attraction to minors, mental health struggles, and frustration with the stereotypes associated with sexual attraction to children.

Chapter 4: Development of Measures for Child-Attracted Persons

4.1 Rationale

Stigma refers to the negative attitudes that develop towards specific characteristics or attributes (Barreto, 2015). Generally, stigma functions by separating the individual from the rest of society. *Social stigma* is the devaluation of individuals based on their social identity, whether it be culture, gender, or race (Barreto, 2015). An extensive literature base has found that stigma leads to poor outcomes in relation to mental health (e.g., Mak, Poon, Pun, & Cheung). Further, holding stigmatizing attitudes towards mental health can prevent individuals from seeking help for themselves when in distress (Schnyder, Panczak, Goth, & Schultze-Lutter, 2017). Research has suggested that a specific form of stigma, termed *internalized stigma*, can lead to lowered self-esteem and poor mental health recovery (Jahn et al., 2020). Jahn and colleagues defined internalized stigma as the internalization and application of stereotypes to one's self, and then examined the impact upon participants with mental illness. They found that experiencing internalized stigma leads to lowered self-esteem and poor mental health recovery. The outcomes may then impact whether individuals engage in help-seeking behaviours.

4.1.1 Sexual Attraction to Children, Stigma, and Help-Seeking Behaviours

Emerging results of research into sexual attraction to children show that both experienced and perceived stigma play a significant role in whether child-attracted persons choose to seek treatment. Using grounded theory, Grady and colleagues (2019) found that fear of stigmatization was the most prominent theme for child-attracted persons seeking treatment, and that such individuals often felt shamed and misunderstood by clinicians. Further, being reported to the authorities based solely on interest has been raised as a serious concern when seeking treatment. Validated measures assessing stigma are a necessity for moving forward in both research and

clinical work with this population. Currently, there are limited research and clinical tools that can be used; the problem remains that child-attracted persons are often conflated as child sexual abusers.

This conflation is not only prevalent among laypersons, but also among professionals, including clinicians (McPhail et al., 2018). Increasingly, research is being conducted to understand how to improve clinician awareness in this area, and how clinicians can be trained to respond ethically and effectively to child-attracted persons who are seeking services. A recent pilot project focused on this issue; the authors created, implemented, and evaluated a brief training workshop meant to assist clinicians in working with this population (Levenson & Grady, 2019). The workshop resulted in an increase in knowledge and willingness to work with this population, which is promising. Making such training changes is critical, as research has shown that nearly 50% of those child-attracted persons who do seek formal treatment have found the experience unhelpful (Grady et al., 2019).

However, what makes therapy helpful has also been identified through that research. Research has indicated that it may be difficult for clinicians to apply specific skills to child-attracted persons, such as nonjudgmental attitudes and viewing clients in a person-centered manner (Grady et al., 2019). Child-attracted persons often noted that the extreme focus on their sexual interests was a primary barrier, and these individuals often felt unable to get their therapist to prioritize general mental health and other related issues. This is a serious need, given the high prevalence of chronic suicidal ideation among child-attracted persons (Cohen et al., 2018).

Until adequate measures of stigma have been validated for this population, clinicians and researchers have a limited ability to examine these characteristics in this under-researched population. Given the scarcity of relevant measures, the primary goal of the study was to

develop and provide initial validation for two instruments that can reliably measure stigma in child-attracted persons. The two measures were adapted to identify self- and perceived stigma among child-attracted persons; this study sought to establish reliability and validity for use within this population. This was important to include within the context of resiliency, as research has found that stigmatization negatively impacts psychological well-being (Barreto, 2017). Both instruments were originally developed to assess stigma among gay men; however, modifying it was deemed to be appropriate, as both the scale- and item-level content were appropriate to the overall concept of sexual orientation. Using measures that had previously established a baseline of stigma levels also allows for the comparison of child-attracted persons to a sexual minority group (e.g., gay men).

4.1.2 Sexual Attraction to Children and Emotional Congruence with Children

Resiliency among child-attracted persons is also expected to be impacted by emotional congruence with children. There are only two existing measures of emotional congruence with children (Children and Sex Cognitions Questionnaire: Emotional Congruence with Children Scale; Beckett, 1987; Child Identification Scale; Wilson, 1999); however, the Emotional Congruence with Children Scale remains unpublished (Konrad et al., 2018). There have been limited studies investigating the role of emotional congruence with children in relation to sexual attraction to children. As such research advances, there will be an increased need for reliable and valid measures to measure important concepts such as emotional congruence with children. As the use of these measures within the research program allowed for the opportunity, this study conducted an analysis of the factor structure of the measures among child-attracted persons.

4.2 Methodology

See complete Methodology information in section of Chapter 2 on page 34. The data used for the analysis were the same data used for the analyses of Chapter 2. For the purposes of Chapter 4, only data related to the four measures of interest were used.

4.3 Analyses and Results

SPSS Statistics (Version 23) was used for the data cleaning, descriptive statistics, and factor analyses (Field, 2005). R was used to derive the polychoric matrices and ordinal alphas (Gadermann, Guhn, & Zumbo, 2012) for the analyses using the "psych" package (Revelle, 2018). Descriptive statistics for Internalized Minor Attraction Stigma (IMAS) Scale and Reactions to Minor Attraction Scale (RMAS) scale items are summarized in Tables 10 and 11**.**

Table 10

Descriptive Statistics of the IMAS

Question	*M* (*SD*)	*n*	% of Each Response						
			Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Neither agree nor disagree (4)	Slightly Agree (5)	Agree (6)	Strongly Agree (7)
1. I have tried to stop being attracted to minors in general.	4.34 (2.33)	91	20.7	3.4	2.6	3.4	13.8	19.0	15.5
2. If someone offered me the chance to be completely attracted to adults, I would accept the chance.	4.38 (2.39)	91	15.5	11.2	2.6	6.0	8.6	10.3	24.1
3. I wish I weren't attracted to minors.	4.38 (2.28)	91	14.7	8.6	4.3	9.5	6.9	14.7	19.8
4. I feel that being attracted to minors is a personal shortcoming for me.	3.49 (2.23)	90	24.1	12.1	1.7	9.5	10.3	11.2	8.6
5. I would like to get professional help in order to change my sexual orientation from minor attracted to adult attracted.	2.77 (2.15)	91	35.3	13.8	4.3	6.0	3.4	8.6	6.9
6. I have tried to become more sexually attracted to adults.	4.71 (1.93)	91	9.5	6.0	2.6	6.9	20.7	19.8	12.9
7. I often feel it best to avoid personal or social involvement with minor-attracted adults.	2.63 (1.75)	91	31.0	13.8	6.9	16.4	3.4	4.3	2.6
8. I feel alienated from myself because of being minor attracted.	3.79 (2.28)	91	22.4	8.6	2.6	10.3	11.2	10.3	12.9
9. I wish that I could develop more erotic feelings about adults.	4.41 (2.11)	91	12.9	6.0	6.9	8.6	13.8	14.7	15.5

Note. Percent is calculated using the total sample (n = 116), not only those who completed the specific question.

Table 11

Descriptive Statistics of RMAS

Question	*M* (*SD*)	*n*	% of Each Response						
			Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Neither agree nor disagree (4)	Slightly Agree (5)	Agree (6)	Strongly Agree (7)
1. It would not be easier in life to be attracted to adults.	2.97 (2.17)	91	31.0	12.9	7.8	6.0	3.4	9.5	7.8
2. Most of my friends are attracted to minors.	2.22 (1.84)	91	44.8	12.9	3.4	4.3	4.3	6.0	2.6
3. I do not feel comfortable about making an advance on a minor.	6.25 (1.36)	91	1.7	0.9	2.6	3.4	4.3	14.7	50.9
4. I feel comfortable around minors.	5.35 (1.68)	91	2.6	5.3	4.3	8.6	9.5	25.9	22.4
5. Social situations with minors make me feel uncomfortable.	2.97 (1.86)	91	20.7	23.3	6.9	6.0	11.2	7.8	2.6
6. I don't like thinking about my attraction to minors.	3.10 (1.96)	90	22.4	16.4	7.8	10.3	7.8	8.6	4.3
7. When I think about other minor-attracted persons, I think of negative situations.	3.55 (1.77)	91	9.5	19.8	9.5	15.5	9.5	11.2	3.4
8. I feel comfortable about being seen in public with a known minor-attracted person.	3.71 (2.05)	90	16.4	12.1	5.2	15.5	8.6	12.1	7.8

Table 11

Descriptive Statistics of RMAS

Question	*M* (*SD*)	*n*	% of Each Response						
			Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Neither agree nor disagree (4)	Slightly Agree (5)	Agree (6)	Strongly Agree (7)
9. I feel comfortable discussing attraction to minors in a public setting.	2.72 (1.91)	90	31.0	13.8	10.3	3.4	8.6	7.8	2.6
10. It is important to me to control who knows about my attraction to minors.	6.34 (1.19)	91	2.6	0.0	1.7	1.7	4.3	18.1	50.0
11. Most people have negative reactions to minor-attracted persons.	6.66 (0.77)	90	0.0	0.0	0.9	1.7	3.4	11.2	60.3
12. Attraction to minors is not against the will of God.	5.16 (1.73)	85	3.4	1.7	0.0	31.0	2.6	6.9	27.6
13. Society still punishes people for being attracted to minors.	6.82 (0.51)	89	0.0	0.0	0.0	0.9	1.7	7.8	66.4
14. I object if an anti-minor-attracted person joke is told in my presence.	3.54 (1.81)	90	12.9	16.4	3.4	20.7	13.8	5.2	5.2
15. I worry about becoming old and attracted to minors.	4.21 (2.11)	90	13.8	7.8	4.3	13.8	12.1	12.1	13.8
16. I worry about becoming unattractive.	4.33 (2.03)	91	8.6	14.7	3.4	8.6	12.9	19.0	11.2

Table 11

Descriptive Statistics of RMAS

Question	*M* (*SD*)	*n*	% of Each Response						
			Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Neither agree nor disagree (4)	Slightly Agree (5)	Agree (6)	Strongly Agree (7)
17. I would prefer to be more attracted to adults.	4.74 (2.08)	91	12.9	2.6	1.7	11.2	16.4	13.8	19.8
18. Most people don't discriminate against minor-attracted persons.	1.36 (0.89)	91	60.3	12.9	3.4	0.0	0.9	0.0	0.9
19. I feel comfortable about being attracted to minors.	4.46 (2.01)	91	5.2	16.4	6.9	3.4	16.4	15.5	14.7
20. Attraction to minors is morally acceptable.	5.20 (2.03)	91	8.6	2.6	3.4	11.2	6.9	15.5	30.2
21. I am not worried about anyone finding out that I am attracted to minors.	2.32 (1.67)	91	32.8	22.4	9.5	2.6	4.3	4.3	2.6
22. Discrimination against minor-attracted persons is still common.	6.80 (0.50)	90	0.0	0.0	0.0	0.9	0.9	11.2	64.7
23. Even if I could change my sexual orientation, I wouldn't.	4.04 (2.37)	91	18.1	10.3	7.8	4.3	9.5	8.6	19.8
24. Attraction to minors is as natural as attraction to adults.	5.09 (1.93)	91	6.9	2.6	6.9	11.2	8.6	17.2	25.0

Note. All questions are presented here, but the final measure had seven items removed (i.e., 4, 5, 6, 11, 12, 14, 20). Percent is calculated using the total sample (n = 116), not only those who completed the specific question.

4.3.1 Reliability and Validity Analysis of the Modified Stigma Measures

4.3.1.1 Item Elimination. Frequencies were examined to identify possible items for elimination based on response option distribution. The criterion used for removal was if > 95% of the participants responded using the same response option on any given question (e.g., Mundy, Neufeld, & Wells, 2016). The maximal agreement for one-response option on the IMAS was 35.3%, and the maximal agreement for one-response option on the RMAS was 66.4%. Therefore, no items were eliminated from either scale based on this criterion.

4.3.1.2 Polychoric Matrices and Ordinal Alphas. A factor analysis was considered; however, due to small sample size, this could not be completed. A polychoric correlation matrix was run for both scales to assess for item redundancy. On the IMAS, the range of the correlations was .14 to .81, with the highest correlation existing between question 2 ("If someone offered me the chance to be completely attracted to adults, I would accept the chance") and question 3 ("I wish I weren't attracted to minors"). The lowest correlation was between question 6 ("I have tried to become more sexually attracted to adults") and question 7 ("I often feel it best to avoid personal or social involvement with minor-attracted adults"). The ordinal alpha for the entire scale was .88, indicating item overlap without redundancy. Therefore, no further modifications were needed.

On the RMAS, the range of correlations was .03 to .64, with the highest correlation existing between question 5 ("Social situations with minors make me feel uncomfortable") and question 6 ("I don't like thinking about my attraction to minors"). The lowest correlation was between question 1 ("It would not be easier in life to be attracted to adults") and question 5 ("Social situations with minors make me feel uncomfortable"). The ordinal alpha for the entire survey was .70. This has been deemed sufficient for research purposes; however, for applied

settings a value of .80 would be ideal, and even higher for high-stakes contexts (e.g., diagnostics; Gadermann et al., 2012). Due to this, r.cor values were used to further examine items for elimination. In the analyses, each item's correlation with the total score of the scale without that item included was evaluated; the resulting correlations are known as polychoric correlations. The r.cor value is derived by removing the specific item's variance from the scale variance and replacing it with the common variance within the scale ("smc"; Revelle, 2018). This value provides information on how well the specific items relate back to the overall scale. Generally, items with an r.cor of < .20 are candidates for removal.

During the initial examination of the polychoric matrices, items 6 and 16 were identified for removal from RMAS, due to r.cor values of .14 and .01, respectively. After removal, the ordinal alpha for the RMAS scale increased to .76. Item content examination indicated these were general questions regarding sexuality rather than specific to sexual attraction to children. Secondary examination of the items indicated four further items for removal based on the r.cor criterion; items 4, 5, 14, and 20 yielded r.cor values of .10, .10, .20, and .11, respectively. Item content examination revealed these questions were ambiguous in nature, and again not necessarily directly linked to stigma related to sexual attraction children. After removal of these items, the ordinal alpha for the RMAS scale increased to .79. An additional examination of the RMAS scale revealed a final item for removal, question 12. This item yielded an r.cor value of .15. Item content examination indicated this question was related to the religious acceptability of sexual attraction to children. After removal, the final RMAS increased to an ordinal alpha of .80, an acceptable level of internal consistency. No further items were identified for removal based on the r.cor criterion; see Table 11 for item content.

4.3.1.3 Inter-item Correlations (RMAS only). Following examination of the scales, RMAS was then examined at the subscale level (Ross & Rosser, 1996). Due to specific items being dropped, there were limited questions for the previously established social comfort and moral/religious acceptability subscales. The item to subscale correlations (r.cor) for the public identification subscale ranged from .48 to .73; the subscale had an ordinal alpha of .78. No questions were identified as being able to improve the subscale; therefore, no further modifications were made. The item to subscale correlations (r.cor) for the perception subscale ranged from .78 to .87; the subscale had an ordinal alpha of .73. After examination, the question 15 was flagged for removal as results indicated the reliability of the subscale would improve markedly. After removal, the subscale had an ordinal alpha of .85. The final ordinal alpha suggests the RMAS subscales have reasonable internal consistency. An additional four questions (2, 7, 15, and 24) were examined, but did not fall within the two identified subscales; however, they did contribute to the scale in a significant enough manner to warrant keeping them as "floating" items.

4.3.1.4 Content and Convergent Validity. Basic content validity was established in previous research using the unmodified scales (Meyer, 1995; Ross & Rosser, 1996). The unmodified scales were developed and analyzed within the context of homosexuality and have been found to be accurate measurements of reactions (internalized and external) to homosexuality. Homosexuality does not directly parallel sexual attraction to children; however, if sexual attraction to children is considered a sexual orientation (e.g., Seto, 2017), it is expected to develop in similar manner to other sexual orientations, such as homosexuality. Therefore, facets of stigma and shame caused by having an atypical orientation would be expected to overlap with prior research in this area to some extent. However, child-attracted persons may

deal with more global stigmatization across settings, given the negative attitudes regarding pedophilia. Further, there may be additional factors that are culture specific and not incorporated within these measures. Given the dearth of a conceptual frameworks outside of existing sexual orientation, these measures were judged as the most appropriate to be modified for the population.

As the scales are supposed to measure internalized self- and social stigma in relation to sexual attraction to children, it was expected they would be moderately correlated. The correlation between the final scales was assessed using Spearman's correlation. Spearman's correlation is a non-parametric, rank-based method that is preferable for ordinal data (Field, Miles, & Field, 2012). A Spearman's correlation of .70 between the two scales was found, indicating a strong, positive correlation, as expected.

4.3.2 Factor Structure of Emotional Congruence Measures

4.3.2.1 Confirmatory Factor Analysis of the CIS-R Factor Structure. Konrad et al.'s (2018) research suggested that the CIS-R factor structure may not conform to Wilson's (1999) original 8-factor structure when used with child-attracted persons. As Konrad and colleagues conducted their research with German-speaking participants, a replication of their principal components' analysis of the CIS-R was completed to assess the factor structure in an English-speaking sample. The Kaiser-Meyer-Olkin (KMO) statistics indicated adequate sampling for the analysis (KMO = .57). Bartlett's Test of sphericity indicated that the correlations between the items were sufficiently large for a principal components' analysis, χ^2 (780) = 1658.13, $p < .001$. The scale showed an adequate internal consistency of Cronbach's $\alpha = .78$. The exploratory principal components analysis (PCA) obtained eigenvalues for each component in the data. Thirteen components had eigenvalues over Kaiser's criterion of 1 and, in combination, explained

73.4% of the variance. The scree plot showed an inflexion justifying three components, which accounted for a variance of 33.6% (see Figure 4). As the findings greatly mirrored the results of Konrad et al.'s (2018) study, the first three factors were retained and explored to identify further similarities. The labels Attachment to Children, Discontent with Adult Life, and Problematic Childhood were used. The third component was relabelled from the original Clinging to Childhood, as the most relevant items related back to negative experiences associated with childhood, rather than over attachment to childhood. Complete factor loadings are provided in Table 12.

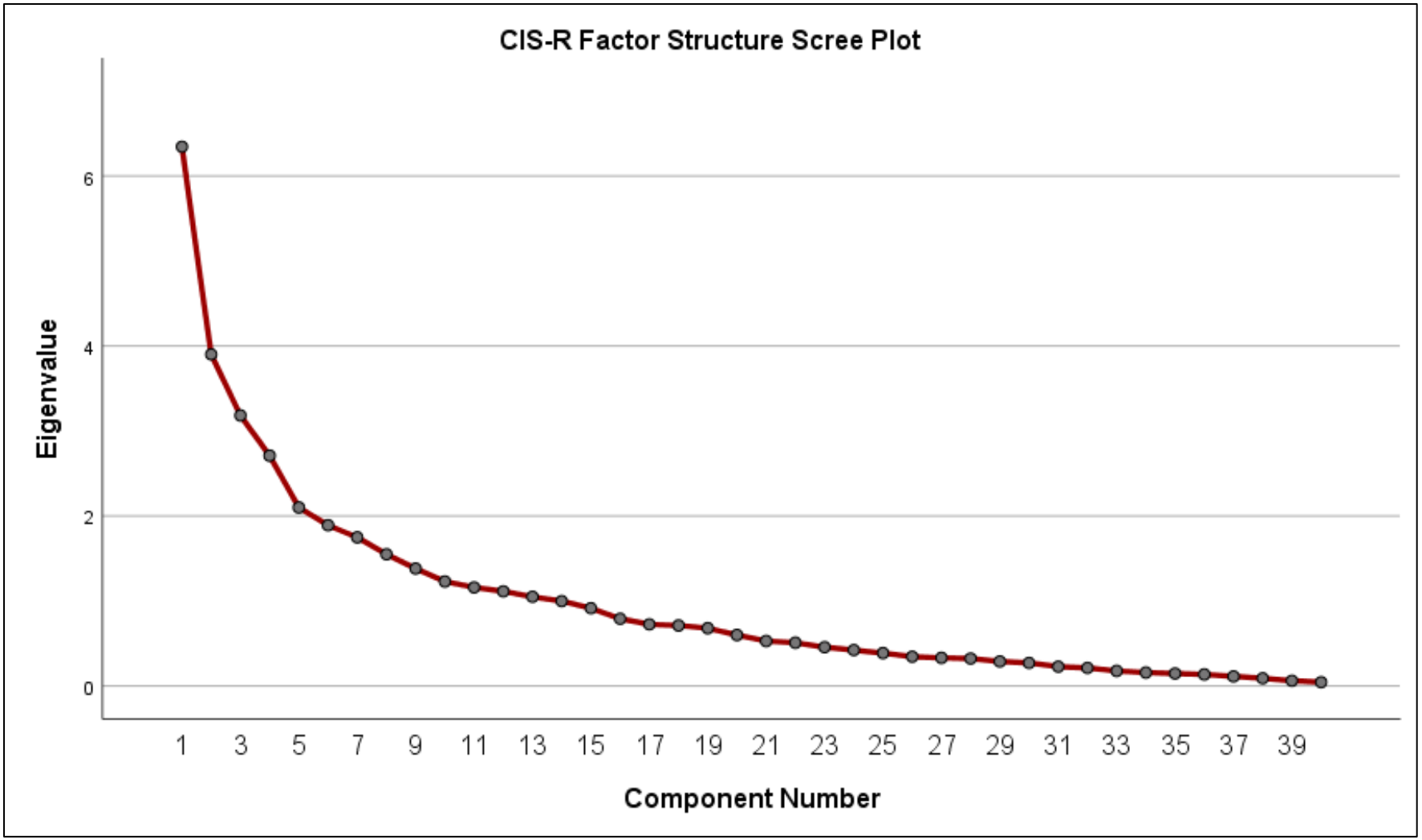

Figure 4. CIS-R Factor Structure Scree Plot. As the major point of inflection appears around the 3-factor point, the 3-factor structure was retained, similarly to Konrad et al. (2018).

Table 12

Principal Component Loadings from Items of the CIS-R

Item	Content	Three-Factor Solution		
		Attachment to Children	Discontent with Adult Life	Problematic Childhood
1	I often wish I could have remained a child and not grown up.	**.44**	**.60**	-.25
2	I prefer to socialize with people my own age.	**-.51**	.15	-.28
3	I enjoy myself most when I am playing with children.	**.71**	-.37	.01
4	My family and friends cannot understand how I am so patient with children.	**.47**	-.32	-.13
5	Adult responsibilities are just too stressful.	**.48**	**.47**	.32
6	I like to treat children as equal.	.30	-.10	.17
7	I often find it difficult to act my age.	.27	.32	.20
8	My family and friends think I am immature.	.33	.25	.19
9	I have difficulty relating to adults.	**.58**	-.01	.34
10	I have been in love with a child.	**.53**	.06	.22

Table 12

Principal Component Loadings from Items of the CIS-R

Item	Content	Three-Factor Solution		
		Attachment to Children	Discontent with Adult Life	Problematic Childhood
11	I would like to work with children as a babysitter, camp counselor, or teacher.	**.46**	-.35	-.36
12	Most parents are too strict with their children.	**.53**	-.10	.06
13	I feel closer to children than to adults.	**.63**	-.09	.12
14	I enjoy teaching children how to do new things.	.24	**-.50**	-.27
15	I enjoy coaching sports with children.	.13	-.29	**-.40**
16	I often wish I could be young again.	.30	**.50**	-.27
17	I like to organize activities for children, such as games or selecting toys for them.	**.48**	**-.55**	-.08
18	I was an abused child.	.14	-.09	**.46**
19	When I am with children, I feel like I am one of them.	**.67**	-.16	-.16
20	I often wish I could start my life all over again.	.29	**.51**	-.11

Table 12

Principal Component Loadings from Items of the CIS-R

Item	Content	Three-Factor Solution		
		Attachment to Children	Discontent with Adult Life	Problematic Childhood
21	I like to look through toy stores.	**.45**	.17	.18
22	Childhood was a difficult time for me.	.14	**-.40**	**.58**
23	I love a good game.	-.03	-.17	-.07
24	I like to listen to children's music.	**.49**	-.01	-.04
25	I wish I had fewer responsibilities.	.38	.36	.16
26	There is nothing I like better than seeing a child having fun.	**.56**	-.27	-.24
27	I am unhappy with my life as it is.	.15	.27	**.48**
28	Adults should listen to children more.	.38	.07	.09
29	Most of my best memories are from my childhood.	.38	**.52**	**-.43**
30	I am afraid of growing old.	.38	.36	.13

Table 12

Principal Component Loadings from Items of the CIS-R

Item	Content	Three-Factor Solution		
		Attachment to Children	Discontent with Adult Life	Problematic Childhood
31	I was a loner as a child.	.10	-.13	**.56**
32	When I was a child, I always played with lots of other children.	-.13	.15	**-.44**
33	I have had few friends as an adult.	.21	.21	.18
34	I find children are a bother to have around when adults are trying to talk.	**-.45**	.12	.39
35	I dislike having children's toys around.	-.21	.34	.15
36	I secretly love re-visiting my favorite childhood surroundings.	**.43**	.02	-.29
37	My best memories are childhood ones.	.32	**.56**	**-.43**
38	You never outgrow amusement parks.	.21	.05	.23
39	You are never too old for the roller coaster.	-.06	.21	.11
40	I hate playing children's games.	**-.44**	.31	.07

Note. Factor loadings ≥ .40 are bolded.

As suggested by Konrad et al.'s (2018) examination of emotional congruence with children, analyzing the construct using multiple methods is ideal. The research program obtained the CSQ for the purposes of also assessing the factor structure among a sample of child-attracted persons. The Kaiser-Meyer-Olkin (KMO) statistics indicated adequate sampling for the analysis (KMO = .97). Bartlett's Test of sphericity indicated that the correlations between the items were sufficiently large for a principal components' analysis, χ^2 (435) = 2741.77, $p < .001$. The scale showed an excellent internal consistency of Cronbach's $\alpha = .97$. The exploratory PCA obtained eigenvalues for each component in the data. Four components had eigenvalues over Kaiser's criterion of 1 and, in combination, explained 72.5% of the variance. The scree plot showed an inflexion justifying three components, which accounted for a variance of 68.8% (see Figure 5). The labels from Beckett's initial structure were retained, Cognitive Distortion and Emotional Congruence. Complete factor loadings are provided in Table 13. Only items from the previously identified factor structures were included; therefore, the number of items is reduced due to removing filler items.

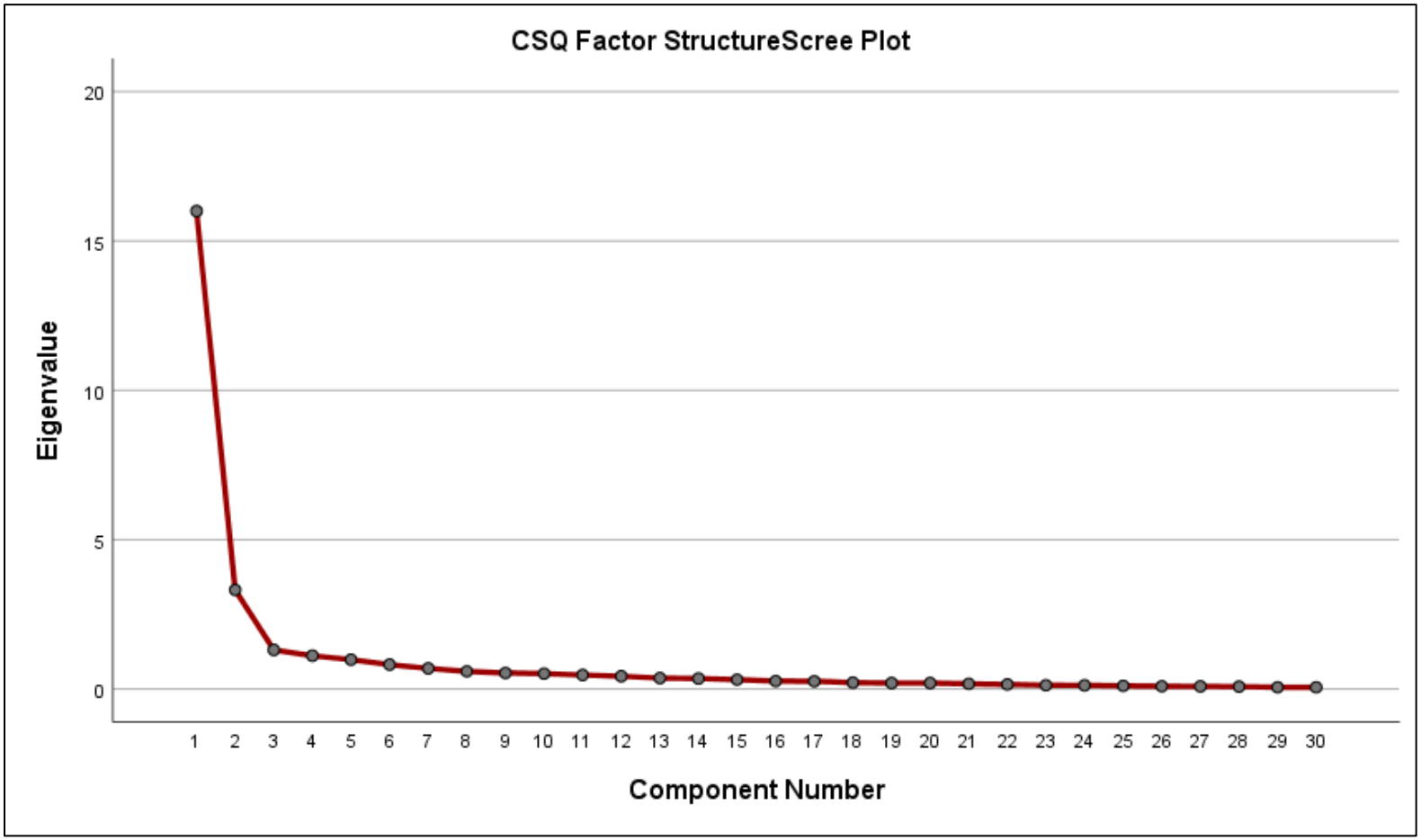

Figure 5. CSQ Factor Structure Scree Plot. As the major point of inflection appears around the 2-factor point, the 2-factor structure was retained, like Beckett (1987).

Table 13

Principal Component Loadings from Items of the CSQ

Item	Content	Cognitive Distortions	Emotional Congruence
12	Children know a lot about sex.	**.70**	.36
15	Children know more about sex than adults.	**.68**	**.48**
16	Children want sexual contact with adults.	**.80**	.34
17	There is nothing wrong with sexual contact between child and adults.	**.81**	.29
19	Child are not as innocent as most people think.	**.62**	.19
20	When adults and children have sexual relationships, it is not always the adults' fault.	**.66**	**.44**
23	If children want, they should be allowed to have sexual relationships with adults.	**.84**	.27
28	Most sexual contact between adults and children does not cause any harm.	**.76**	**.45**
33	Child can flirt with adults.	**.76**	.08
34	Children can lead adults on.	**.68**	**.40**

Table 13

Principal Component Loadings from Items of the CSQ

Item	Content	Cognitive Distortions	Emotional Congruence
37	Children sometimes ask adults for sex.	**.56**	.37
40	Children can lead adults astray.	**.62**	.18
41	There is no harm in sexual contact between children and adults.	**.80**	**.41**
42	People underestimate how much children know about sex.	**.73**	.25
43	Some children could teach adults about sex.	**.65**	.36
51	I prefer to spend my time with children.	**.81**	-.38
52	I have loved a child at first sight.	**.79**	-.25
59	Thinking about children makes me feel good.	**.77**	-.39
60	I know when children are interested in me.	**.63**	-.35
62	Sometimes children look at me in a special way.	**.81**	-.13

Table 13

Principal Component Loadings from Items of the CSQ

Item	Content	Cognitive Distortions	Emotional Congruence
63	Children stop me feeling lonely.	**.82**	-.27
65	Children are special for me.	**.80**	-.35
66	Children remind me of myself.	**.64**	-.17
68	I feel more comfortable with children than adults.	**.82**	-.27
70	Sometimes I meet a child who I know has special feelings about me.	**.75**	-.24
72	I am better than most people at understanding children.	**.73**	-.38
73	I am better than most people at getting along with children.	**.65**	**-.42**
76	When I feel low children cheer me up.	**.71**	**-.40**
78	Some children prefer to be with me rather than their parents.	**.70**	-.28
82	Children seem to seek me out.	**.70**	-.38

Note. Factor loadings ≥ .40 are bolded. First 11 items functioned as filler questions and were removed; additional filler questions were also removed. The remaining questions are provided in numerical order

4.4 Summary of Findings

As part of the research program, two measures were adapted to identify self- and perceived stigma among child-attracted persons; therefore, this study sought to establish reliability and validity for use within this population. Further, this study sought to examine whether established factor structures for the existing emotional congruence with children measures fit well to the data from child-attracted persons.

The final version of the IMAS scale consisted of the nine questions from the original scale. Conversely, substantial modifications were made to the RMAS scale. Using multiple methods of analysis, seven questions (4, 5, 6, 11, 12, 14, & 20) were removed from the RMAS scale to increase reliability and eliminate questions that were not relevant to child-attracted persons. After modification, both the IMAS and RMAS exhibited high internal consistency (ρ = .70). Despite this improvement, it was not possible to conduct a full factor analysis or item response theory analysis due to the limited number of questions and/or sample size; nevertheless, the psychometric analysis within the study indicated that the modified versions of existing measures may be useful instruments. Recent findings have utilized *thought suppression* as an avenue to investigate internalized stigma among child-attracted persons (Lievesley, Harper, & Elliott, 2020). The authors defined thought suppression as an avoidant coping strategy used by child-attracted persons in relation to their sexual orientation; this is theorized to be reflective of internalization of social stigma related to sexual attraction to children. The findings indicated that thought suppression is not related to help-seeking behaviours; however, existing literature supports that internalized stigma likely plays a role for child-attracted persons. The two measures developed in the research program may serve as templates for further scale development to assess such stigma in the context of resiliency.

Two emotional congruence measures were also explored to assess the factor structure of the instruments in a sample of child-attracted persons. A replication of Konrad and colleagues (2018) research found a similar factor structure to the CIS-R, and the labels Attachment to Children, Discontent with Adult Life, and Problematic Childhood were used. Although three components were retained, the third component was found to relate back to negative experiences associated with childhood, rather than over attachment to childhood, in the present study. Therefore, that component was renamed from the original factor structure (Clinging to Childhood). The CSQ was then examined for the purposes of also assessing the factor structure among a sample of child-attracted persons. The scale showed an excellent internal consistency of Cronbach's $\alpha = .97$ and the labels from Beckett's initial structure were retained (i.e., Cognitive Distortion & Emotional Congruence).

Overall, these findings provide psychometric characteristics of four measures for use within a sample of child-attracted persons. Stigma and shame were identified across the previous research chapters as prominent concerns and experiences among child-attracted persons. Therefore, having measures to adequately assess and understand these experiences is necessary in both research and clinical settings. Modifying existing measures, such as the IMAS and RMAS, allows for an understanding of the comparative factor structure of existing measures in sexual minority populations (e.g., gay men).

Chapter 5: Generalizability Considerations and Limitations

This research depended upon on the participation of those who self-identify as child-attracted persons. Although high rates of participation among child-attracted persons have been attained when using quantitative methods (e.g., Bailey, Hsu, & Bernhard, 2016), it remains difficult to engage such populations in research due to the controversial nature of the topic. Mandatory reporting laws within North America make research into this area difficult and prevent some child-attracted persons from trusting clinicians and researchers (Skultety, 2020). Therefore, the use of virtual private networks and other security measures to strictly protect privacy were explicitly suggested to those who engaged in this research program. Further, this potential distrust also led the study to address child-attracted persons without the use of language that has negative connotations (e.g., pedophile, hebephile).

Due to the small sample size, results may not provide a generalizable experience to all child-attracted persons. However, even if not generalizable to all child-attracted persons, the research can help determine which factors are involved in the resiliency and well-being of child-attracted persons. Future research should include a community sample that is more representative of the demographics of forum samples than university students were when assessing for comparative differences. As research has determined that personality characteristics such as extraversion can decrease over time (e.g. Graham et al., 2020), matching participants on factors such as age and education is useful. The latent profile analysis indicated that there are subsets of child-attracted persons that may prove relevant to therapeutic settings (e.g., interpersonal vs. psychological distress). Although 116 child-attracted persons were recruited for participation, and the statistical indices for the model agreed, a sample of more than 200 individuals would be ideal for such an analysis (Nylund et al., 2007).

Early on, it was identified that the quantitative survey was long. To reduce the attrition rates, an accurate time to complete was gathered and provided before releasing the survey. Given that the individuals typically involved in the forums for child-attracted persons are often highly motivated to increase knowledge about and assistance for child-attracted persons, it was expected that those willing to participate would complete the survey. This was also evident in the qualitative component, as some individuals engaged in interviews for 150 minutes with me.

The sample of the research program was not intended to be representative of the entire population of child-attracted persons. Nearly all participants across all three studies had never engaged in sexual contact with a minor; therefore, comparative analyses between child-attracted persons on this factor could not be completed. Understanding inherent differences that exist among child-attracted persons is critical to understanding the limitations of the data within the research program. The forums utilized for data collection are comprised of *anti-contact* child-attracted persons, meaning that the forums explicitly identified that their organization and members are against any form of child-adult sexual contact. Further, these groups also condemn sexualization of children and the use, or sharing, of child sexual exploitation materials.

Divergent forums and ideologies also exist; such groups would not identify as *pro-contact*, instead identifying as *pro-age of consent reform*. Such forums focus on whether, and what form, of interactions should be allowed between adults and children. Further, such groups often suggest that the harm from child sexual abuse results from the stigmatizing outcomes of the interaction, rather than the interaction itself. Despite attempting to include such forums in the research program, such users did not want to engage and felt that I had ulterior motives in approaching them. The distinct nature of these forums and the associated ideologies are crucial to acknowledge, as the prosocial characteristics identified in the research program may be

specific to child-attracted persons from the forums used in this research. It is difficult to know the true prevalence of problematic sexual behaviours within the sample of individuals who completed the research program. Regardless, as most empirical investigations have examined sexual attraction to children in the context of forensic settings, any information pertaining to relevant factors of such attractions outside of the criminal justice system can help balance the research picture for this population (Freimond, 2013).

Due to the highly-stigmatized nature of the population, it is necessary to ensure anonymity when engaging the research population. This often supersedes interest in attaining complete demographic information and restricts the methodological and analytic strategies of the research. For example, when gathering information on age, grouped categories were provided, rather than asking for their specific age, to reduce potential identifiability. Such research modifications may increase the willingness of participants to provide such information. Despite not completing most the survey questions, 25 child-attracted individuals provided complete demographics information at the outset of the study; this allowed for a comparative analysis between completers and non-completers regarding demographic characteristics.

Chapter 6: Discussion

Emerging research reinforces that a significant portion of child-attracted persons do not engage in sexual offending behaviours; therefore, well-being and resilience was focused on, rather than risk prevention, to understand the biopsychosocial heterogeneity that exists within this subpopulation. Specifically, the research program (a) explored biopsychosocial resiliency factors among child-attracted persons; (b) examined whether these factors differ from non-child-attracted university students; (c) revealed four distinct subsets of child-attracted persons; and (d) revised and validated several measures for use with child-attracted persons.

6.1 Conceptualizing Sexual Attraction to Children as a Sexual Orientation

Historically, sexual attraction to minors has been conceptualized as a deviant sexual interest, one that develops of out of traumatic childhood experiences and/or poor parenting practices (e.g., Finkelhor et al., 1986). More recently, sexual attraction to children has been proposed as another form of sexual orientation. Conceptualizing sexual attraction to children as a sexual orientation remains contentious and would require a significant theoretical shift. Seto (2012) challenged the dominant perceptions with respect to pedophilia by illustrating the parallels to the characteristics that are associated with accepted sexual orientations such as gender orientation. Seto (2017) later expanded upon this subject, suggesting that sexual attraction to children falls on the sexual orientation continuum of age orientation. Despite the term age orientation, this research program and other literature suggest that utilizing the Tanner stages and assessing sexual attraction to specific developing body morphology may be more useful when differentiating subsets of sexual attraction to children (e.g., Stephens, 2016). Seto (2017) outlined how age orientation fits within the concept of a *chronophilia*, which involves sexual attraction to individuals of a specific age range. Despite such emerging results,

researchers, including me, have been accused of "normalizing" pedophilia and/or supporting the sexual abuse of children by suggesting that sexual attraction to children is a form of sexual orientation. In response, such researchers have stated that until appropriate therapeutic services can be offered with well-being as a primary focus of services, the risk of abusive behaviours towards children will increase rather than decrease (Skultety, 2020).

6.1.1 Developmental Characteristics of Sexual Attraction to Children

Research examining sexual orientations has established criteria regarding the developmental process of sexual orientation (Seto, 2012); these criteria were used when examining whether sexual attraction to children displayed similar characteristics to that of sexual orientation with respect to gender. According to Seto, the features that arise in relation to the developmental process of sexual orientation include the following characteristics: (a) a primary age of sexual attraction beginning in adolescence, often recognized as puberty commences; (b) sexual attraction that coincides with other aspects of attraction, such as romantic feelings and subjective notions of love; and (c) stability of attractions over time. The developmental process of the child-attracted persons within this research program paralleled the theoretical expectations articulated within this framework (Seto, 2012, 2017).

From those interviewed, 22 of 23 child-attracted persons reported identifying and recognizing their sexual interests prior to the age of 18. This often occurred in early adolescence, at times as early as 11 or 12. Most participants described a two-stage developmental process leading to recognition of their sexual attraction to children. They often reported initially recognizing having sexual interest in minors during the first stage, and then later labelled these interests as "problematic" in the second stage. This supports the first feature of child attraction as a sexual orientation, with most child-attracted persons recognizing their

attractions during puberty. The third feature is also supported through the two-stage process, as most child-attracted persons acknowledged a similar age orientation across their lifespan thus far. The second feature, involving the inclusion of romantic feelings and subjective feelings of love, was also supported by the research program, and will be further discussed later. No participants experienced a cessation of their attractions across time, clearly meeting the requirement of sustained attractions. Therefore, according to Seto's (2012, 2017) developmental framework of sexual orientation, attraction to children likely meets the criteria of a sexual orientation.

Overall, the results support the conceptualization of sexual attraction to children as a long-lasting attraction comprised of both sexual and romantic components (Seto, 2017). Much remains to be uncovered with regards to how and why such sexual attraction to children develops. Evolutionary-based theories have suggested that a potential miswiring of neural pathways results in these attractions, along with neurobiological studies finding that specific brain areas appear to be involved (e.g., temporal lobes). Regardless of the pathway of development, it appears that sexual attraction to children reflects the lower end of the age orientation continuum; whereas, most adults would fall on the mid-to-far end, dependent upon the adult's age. Future research should continue to examine whether different factors may impact how and when such attractions are acknowledged, and whether these interests change across time (McPhail, 2018).

Of continued interest is the extent to which child-attracted persons experience sexual attraction to, and/or engage sexually with, adult partners; this is referred to as exclusivity or inclusivity. The results indicated that roughly one quarter of child-attracted persons asserted that their sexual attraction was exclusive to minors, and that they did not experience any sexual

and/or emotional attraction to adults. Individuals often described this leading to limited social relationships and a lack of sexual experiences. The remaining three quarters of child-attracted persons did experience some attraction to adults, but it was always secondary to their sexual attraction to children. Further, some of those who did engage with adults reported selecting their partners based on characteristics that may be more indicative of a minor (e.g., slight frame). The results suggested that whether a child-attracted person experiences any attraction to adults plays a significant role in their interpersonal interactions, with several participants trying to pursue adult relationships but being unable to, often due to lack of attraction.

Exclusivity of child attraction also likely plays an important role in the ability to participate in a successful romantic relationship with an adult. In support of this notion, the gender of the goal object has been identified as a potentially moderating variable for exclusivity. Research has suggested that child-attracted men who are oriented to female children exhibit less exclusivity and higher sexual desire towards adults; conversely, those oriented to male children exhibit more exclusivity and lower sexual desire towards adults (Mitchell et al., 2017). Further, emerging research has suggested that exclusivity may increase experiences of romantic feelings and falling in love with minors among child-attracted persons (Martijn et al., 2020).

6.1.2 Delineating Romantic and Sexual Attraction

The results of this research program, across the studies, clearly indicate that most child-attracted persons view their sexual attractions to children as part of their sexual orientation. Rather than acknowledging uncomplicated sexual interest in minors, most individuals deconstructed their attractions into various components that would be associated with romantic relationships. These components may include sexual, romantic, and/or emotional attraction. Martijn and colleagues' (2020) research found that nearly three quarters of child-attracted

persons identified falling in love with a child during their lifetime. Many individuals identified experiencing infatuation towards minors; however, most also identified experiencing attachment to minors. The authors noted that attachment was suggestive of the long-term nature of the attraction being reflective of falling in love, rather than simply sexual attraction (i.e., more related to infatuation). These findings, in conjunction with the research program, clearly indicate that there is more than sexual attraction when an individual experiences child attraction.

This research program identified that participants acknowledge these differential attractions, but that regardless of the level of romantic attraction, the sexual attraction often resulted in the use of non-simulated child sexual exploitation material. Most child-attracted persons identified using such materials initially due to curiosity or longing to see, however briefly, what they could not pursue in real life. Further, the nuances of child sexual exploitation material were explored, with most participants identifying that they only sought material that was non-violent in nature. Even so, negative emotions, shame, and loneliness often resulted from viewing such material. This resulted in most child-attracted persons no longer accessing such material.

Outside of the use of child sexual exploitation material, fantasies involving children often involved long-term relationships with minors rather than exclusively sexual relationships. Within the fantasies, the participants often described the relationship as reciprocal, in which the minor could fully engage with them on a physical and intellectual level. Notably, most child-attracted persons recognized that such fantasized reciprocal relationships are not reflective of the intellectual capacity of a minor; however, those capacities are included as a piece of the fantasy. Further, child-attracted persons reported an attraction to the overall nature of children, including their naiveté, mindfulness, and spontaneous nature. Although these factors arose in the context

of romantic and emotional attraction, these characteristics may be more reflective of emotional congruence with children, rather than romantic attractions. Future research, building on the recent work of Martijn and colleagues (2020), should investigate whether the subjective experiences of romantic attraction and love are comparable to similar subjective experiences among non-child-attracted persons.

6.2 Resiliency Factors Among Child-Attracted Persons

Qualitative studies examining the lived experience of child-attracted persons have often focused on identifying why some individuals are resilient to engaging in problematic sexual behaviours (e.g., Walker, 2018). Such research has found that positive coping strategies may include the use of religion, dating adults, and political activism. However, they also often engaged in what could be considered "risky" strategies, including disclosing their attraction to others that may lead to personal harm. Child-attracted persons also identified refraining from such behaviours due to strong morality. Most importantly, 75% of child-attracted persons felt that they were already resilient and did not need assistance and would not engage in problematic sexual behaviours regardless (Walker, 2018).

Given this literature, the research program examined how several constructs related to sexual offending behaviours are related to sexual attraction to children. Gender orientation, emotional and sexual abuse during childhood, and motor and speech delays during childhood were found to significantly differ between child-attracted persons and university students. Those who identified as child attracted had higher rates of emotional and sexual abuse during childhood, as well as speech and motor delays during childhood, than would be expected by chance. Further, those who identified as attracted to children were exclusively attracted to females less often than would be expected by chance and were over-represented in the attracted-

to-males' categories compared to the university sample. Therefore, gay child-attracted persons were over-represented and heterosexual child-attracted persons were under-represented, assuming the university sample as the base rate.

Child-attracted persons, as compared to university students, were also found to exhibit higher levels of clinging to childhood, cognitive distortions regarding children, emotional congruence with children, avoidant attachment, honesty-humility, agreeableness, loneliness, openness to experience, altruism, and satisfaction with life on the self-report measures. Conversely, child-attracted persons, as compared to university students, were found to exhibit lower levels of hopelessness, attachment to children, and extraversion. These characteristics largely agreed with the expected relationships (see Table 1), but some notable relationships should be highlighted. First, child-attracted persons in my sample exhibited higher levels of honesty-humility, agreeableness, and altruism than the university students. Conceptually, this makes sense, as child-attracted persons who exhibit pro-social personality characteristics, such as honesty-humility, are likely more resilient to engaging in sexual offending behaviours due to a higher level of morality. Second, several significant relationships supported the conceptualization of sexual attraction to children as a sexual orientation, and at minimum, warrant further exploration. Child-attracted persons exhibited higher rates of homosexual interest and emotional congruence with children, as well as lower rates of extroversion and although nonsignificant, higher rates of head injuries. Unexpectedly, child-attracted persons exhibited lower levels of attachment to children than the university sample. However, issues related to the measurement and definition of emotional congruence, discussed below, may impact the interpretation of such a finding.

These relationships support that there may be neurobiological and neurodevelopmental underpinnings of sexual attraction to children; however, limited information could be gathered with respect to such factors (e.g., pre-natal testosterone levels). Further, although some findings were significant were regards to attachment, only a brief instrument examining styles of adult relationships was used. Therefore, the relationships noted with regards to such factors should be taken with caution until more comprehensive measures are used. As noted in the limitations, it is important consider where the data originated. The research program primarily included child-attracted persons who had never engaged in child sexual abuse. Therefore, these relationships may differ from a sample of child-attracted persons that includes both offending and non-offending histories. Such a difference in sampling may significantly impact the findings, as factors such as internalized and societal stigma may be experienced differently. For example, child-attracted persons who experience their attractions as ego-dystonic may be more sensitive and likely to perceive certain experiences as stigmatizing, such as the use of the word pedophile.

6.2.1 Heterogeneity Among Child-attracted Persons

Resilience is defined as the capacity to positively adapt when faced with adversity (Luthar & Cicchetti, 2000). Therefore, *resiliency factors* can be social supports or coping strategies that allow someone to effectively manage stressful events and, in the case of child-attracted persons, reduce the risk of engaging in problematic sexual behaviours. Although much remains to be explored about why some child-attracted persons never engage in such behaviours, equally deserving of attention is how to increase the well-being and resiliency of these individuals. Given the inherent stigmatizing nature of sexual attraction to children, building upon strengths will likely play a critical role in effective therapeutic services. Latent profile classification methods indicated that the data best sorted into four distinct subtypes; factors such

as extroversion, emotional congruence, stigma, and loneliness play critical roles in differentiating the subtypes. These findings suggest that although social stigma persists and child-attracted persons are treated as having a uniformly high level of risk, there are identifiable differences that exist among subtypes of child-attracted persons that may influence their levels of resiliency.

Child-attracted persons presenting to therapy may require differing clinical services, dependent upon characteristics such as those identified in the latent profile analysis. For example, the Socially Energized profile experienced minimal distress related to their child attraction and experienced little other psychological distress. The profile was largely defined by its high level of extraversion and low levels of loneliness, indicating the likely importance of social support. Given the lack of clinical distress, it is unlikely such individuals would need clinical services unless in an unusually distressing context. The Psychologically Distressed profile included roughly half the participants. Despite having limited endorsement of stigma or childhood-related issues, the profile did include some psychological-distress factors such as hopelessness and loneliness. Therefore, it is expected that child-attracted persons with such a profile would present for clinical services to get assistance with general mental health, rather than specific to their attraction to children. Conversely, the Interpersonally Problematic profile may have more of a risk-prevention focus for clinicians, given the low levels of self- and internalized-social stigma, in conjunction with sexual narcissism. Lastly, the Childhood Focused profile clearly exhibited issues related to childhood and emotional congruence with children, as well as endorsement of interpersonal challenges such as loneliness and stigma. Therefore, it is expected that clinical services for such individuals would focus on the separation of childhood and adulthood, and daily life management. However, a risk preventative approach may be warranted if these issues present as relevant to their attraction to children.

External analyses yielded limited discriminating information; however, given the relatively small sample size when divided across the four groups, this was not unexpected. Future research should continue to explore factors such as age orientation, gender identity, and gender orientation in larger sample sizes.

6.2.2 Defining and Measuring Emotional Congruence

The findings suggest that emotional congruence with children may be more multifaceted than is often assumed. The earliest definition of emotional congruence focused on over-identifying with childhood (Finkelhor, 1984), whereas later definitions were expanded to include facets of emotional and cognitive attachment to childhood (e.g., Konrad et al., 2018). This research program, through both quantitative and qualitative methods, established that emotional congruence to children is likely related to sexual attraction to children in some capacity. The research program examined the two primary measures of emotional congruence with children that have been previously utilized in research with individuals who had sexually offended (Beckett, 1987; Wilson, 1999). Such research has indicated that emotional congruence with children was higher in those who committed sexual offences against children versus those who only viewed child sexual exploitation material (Babchishin, Hanson, & Hermann, 2011; Babchishin, Hanson, & VanZuylen, 2015). However, the reliability and validity of measures of emotional congruence with children remains under researched; one of the primary measures remains unpublished (e.g., Beckett, 1987), making it difficult to assess statistically.

Emotional congruence was found to be a defining characteristic when differentiating child-attracted persons into latent profile classes, and when examining the qualitative responses. The two measures of emotional congruence yielded factors related to problematic childhood experiences, discontentment with adult life, attachment to childhood activities and experiences,

cognitive distortions regarding adult-child interactions, and emotional congruence with children. Although the Child Identification Scale (CIS-R; Wilson, 1999) yielded three factors parallel to recent research examining emotional congruence among child-attracted persons (Konrad et al., 2018), the items within the factors distributed somewhat differently. Rather than having a third factor composed of items related to clinging to childhood, the analyses indicated that these items were more indicative of problematic childhood experiences. Further, despite the Children and Sex Questionnaire (Beckett, 1987) yielding important information regarding cognitive distortions in relation to adult-minor interactions, little information on emotional congruence itself was gained from the analyses; rather than cleanly differentiating into the identified factors, most of the items appeared related to the latent construct of cognitive distortions.

Existing literature has found emotional congruence with children to be related to higher levels of sexual arousal to children, sexual preoccupation, sexual drive, and sexual deviance within men (McPhail et al., 2014). Conversely, other research has not established emotional congruence as a differentiating characteristic between those who have sexual contact with a minor and/or use child sexual exploitation material, and those who do not (Konrad et al., 2018). Although comparative analyses could not be conducted within the research program due to a lack of participation by those who have engaged in sexual offending, results across the three studies suggest that emotional congruence likely plays an important role for some child-attracted persons and is not exclusive to those who have acted on their sexual interests. Several child-attracted persons acknowledged that a core piece of their sexual attraction to children is their presumed innocence or naiveté regarding life. Often the individuals described that they were drawn to children as the disappointing nature of the world was not something the child had been affected by. Such concerns may be more representative of emotional congruence to children or

discontentment with adult life. Cognitive distortions, instead, focus on the way in which the individual understands interactions between adults and minors. Although important, cognitive distortions do not necessarily reflect emotional congruence with children. Further, the qualitative results suggested that most child-attracted persons who have not had sexual contact with a child believe that children are unable to consent to such activities with an adult. Therefore, future research should involve examination and specification of emotional congruence to better match the lived experiences of child-attracted persons.

6.2.3 Stigma in Relation to Sexual Attraction to Children

Minority-associated stressors chronically affect individuals by increasing social isolation, stigma, self-hatred, and rejection (Harrison, 2009). LGBTQ+ members have been found to experience heightened levels of such stressors (e.g., Herek et al., 2015), as well as mental disorders such as depression and anxiety (e.g., Corrigan et al., 2014). Given that this research program and the existing literature support the conceptualization of sexual attraction to children as a sexual orientation, these identified stressors likely parallel stressors among child-attracted persons. However, the continued lack of conceptual consistency prevents the same theoretical understanding of such issues among child-attracted persons (Lievesley & Harper, under review).

Meta-analytic findings have indicated that negative outcomes, such as elevated depression and suicide risk, impact sexual minorities across dimensions of sexual orientation such as attraction, behaviour, and identity (Plöderl & Tremblay, 2015). Future research should explore whether such outcomes among child-attracted persons parallel these findings. The research program established that stigma clearly plays a role among child-attracted persons, particularly perceived stereotypes. Unfortunately, this stigma often extended into prejudice and discrimination against sexual attraction to children. This was not unexpected, given that Jahnke

et al. (2015) found between 14-28% of study participants stated that non-offending child-attracted persons, specifically persons with pedophilia, would be better off dead. Regrettably, research has suggested that increased stigma may impair coping abilities among child-attracted persons (Freimond, 2013; Pedersen, 2017). Therefore, developing a comprehensive understanding of sexual attraction to children and its related developmental / psychological processes is a necessity, as is developing reliable and valid measures of such constructs. In pursuit of this, two measures were adapted and initially validated to assess self- and perceived stigma among child-attracted persons within this research program. Using such measures, child-attracted persons found to experience stigma-associated stress can therefore be identified and receive appropriate treatment. Otherwise, such heightened stigma as this may lead to increased experiences of anxiety, depression, and alcohol use (Hatzenbuehler, 2009; Pescosolido & Martin, 2015).

6.3 Help-Seeking Behaviours and Mental Health

6.3.1 Disclosure and Seeking Social Support

Research has indicated that coping strategies used by child-attracted persons often involve seeking the support of others; unfortunately, this frequently results in risk to their physical and emotional health (Walker, 2018). This appeared to be largely related to the common stereotype of sexual attraction to children. This research program confirmed those findings, with child-attracted persons expressing their inherent difficulty in disclosing their sexual attractions due to the stereotyped notions of what it means to be a child-attracted person. Stereotypes were described using negative language, such as “pervert” or “pedophile,” and involved assuming that child-attracted persons want to sexually assault minors whom they find sexually attractive. Participants often reflected on this notion, stating that regardless of sexual

orientation they would never engage in sexual assault; they asked how that differs from any other individual who is sexually attracted to their goal object. Although heterosexual men are often sexually attracted to young, attractive adult women, it is not generally assumed they will lose control and engage in sexual assault whenever they see an attractive adult woman. Child-attracted persons posed the question of why it is assumed by society that they would act differently. Despite some individuals reporting self-acceptance and that such stereotypes do not impact their self-esteem or well-being, many acknowledged distresses at the societal understanding of sexual attraction to children.

Distress among child-attracted persons often involved a perceived misunderstanding of the nature of sexual attraction to children. This misunderstanding was clearly identified as the conflation of child sexual abuse and sexual attraction to children; the conflation being the assumption that the child-attracted person will eventually engage in abusive behaviours, and therefore must be viewed as at risk. This societal perception of sexual attraction to children as "risky" was seen throughout the research program, and directly related to the fear and apprehension child-attracted persons felt when disclosing their attractions to close family and friends. Despite this hesitance, many child-attracted persons disclosed their sexual attractions at some point to another person due to personal distress. Encouragingly, several child-attracted persons identified non-negative disclosure experiences (e.g., but curiosity rather than acceptance), and acknowledged the critical role having such support has been for their mental health. However, regardless of disclosure, the results indicate that child-attracted persons often still feel unable to express themselves in daily life. After disclosing their sexual attractions, such attractions were not discussed again. Rather than sexual attraction to children presenting as a

normalized topic of discussion, it was instead silently ignored after disclosure. This often led to feeling a lack of self-expression and reduced life satisfaction among child-attracted persons.

Rather than relying on social support in person from family and friends, child-attracted persons often utilized online resources when experiencing mental distress. Anti-abuse groups, such as B4U-Act and Virtuous Pedophiles, were identified as critical discoveries, allowing them to find other child-attracted persons who understood their experiences. However, pro-age of consent reform groups, such as BoyChat and Visions of Alice, were also often found during these initial online searches for support. Some child-attracted persons identified that finding pro-age of consent reform groups during adolescence caused significant confusion, and although they now are anti-abuse, as adolescents they did not understand the ramifications of being part of such groups or supporting such positions. This suggests that online resources may play an important role in connecting with child-attracted persons, particularly when they are first discovering their sexual attractions during adolescence. Outside of groups specific to child-attracted persons, several child-attracted persons identified using social media to engage in debates to change views towards sexual attraction to children. This engagement in the "politics" of sexual orientation has previously been identified as a method that allows child-attracted persons to better control the narrative of themselves (Pederson, 2017).

6.3.2 Access to Services and Service Experiences

The latent profile analysis indicated that differing groups of child-attracted persons experience differential mental health concerns. This was not unexpected, given the heterogeneous nature of child-attracted persons. Regardless, experiences of depression and anxiety were acknowledged by roughly half of child-attracted persons, often manifesting in adolescence while discovering their sexual attraction to minors. Further, research has suggested

a high prevalence of chronic suicidal ideation among child-attracted persons, bolstering the need for accessible and appropriate services and service providers (Cohen et al., 2018). The research program supported this, and found that mental health distress often continued into adulthood for child-attracted persons. An examination of over 5,000 posts from the Virtuous Pedophiles website discussion forum revealed that coping strategies for this mental health distress often involve strategies specific to managing their moods, managing sexual attractions using prosocial techniques, minimizing risk to minors, and interactions with friends and family (Stevens & Wood, 2019).

6.3.2.1 Therapeutic Focus: Well-being vs. Risk Prevention. Prior to seeking help through a service provider, child-attracted persons must consider the risk posed by reaching out to that service provider. Although professionals tend to be bound by confidentiality, there are extensive legal and ethical issues related to sexual attraction to children that arise (McPhail et al., 2018). Mandatory reporting was of concern to child-attracted persons throughout my research program. When examining help-seeking behaviours among child-attracted persons in the United Kingdom, Sibbald (2019) reported similar findings, with fears of reporting and being judged or misunderstood by professionals identified as primary deterrents to seeking services. This continued uneasiness towards service providers poses significant concern.

Levenson et al. (2019) recently compiled and described therapeutic obstacles for child-attracted persons and how treatment providers can assist. Further, direct information on how to minimize bias towards the individual and how to engage in a non-shaming manner with them is outlined. Such approaches typically involve the condemnation of child sexual abuse, while encouraging the individual towards self-acceptance; although they experience problematic thoughts and feelings, that does not mean that they are a bad person or will offend against a

minor. Levenson and colleagues suggested that such treatment should include aspects of Affirmative Cognitive Behavioural Therapy along with a strong focus on building a compassionate and non-shaming relationship with the individual. Such approaches have proved beneficial for transgender and gender nonconforming adults but have yet to be studied in clinical settings amongst child-attracted persons (Austin, Craig, & Alessi, 2017; Levenson et al., 2019). This compassionate approach includes acknowledging that child-attracted persons are not necessarily at increased risk for child sexual abuse; rather than assuming such risk, clinicians should instead focus on identifying the presence of any relevant risk factors that could be potential issues (e.g., heightened impulsivity, hypersexuality). If such risk factors are not present, then working towards self-acceptance and enhancing self-efficacy are approach goals.

Such approaches clearly align with the results of this research program. Across the studies, child-attracted persons reported notable frustration with the risk preventative approaches utilized in therapy, rather than being able to access services that improve their well-being. Regardless of the type of provider services, child-attracted persons report a clear mismatch of therapist and client goals. Several participants noted seeking services for issues unrelated to their sexual attraction to children, but that their service provider was unable to refrain from continuing to discuss their sexual attraction to children, and its perceived riskiness. This is clearly problematic. Although nearly all child-attracted persons involved in the research program had not engaged in child sexual abuse, there were still significant mental health issues that needed to be addressed, depending on potential subtypes. Even if risk prevention is the primary concern of the clinician, appropriate services should be provided as poor mental health and negative affect often precede offence-related behaviours. Therefore, refusing to provide non-shaming and well-being related therapy to child-attracted persons, may increase the risk of

offending. However, this inherent assumption of risk continues to present a significant concern in building the critical therapeutic alliance, as many individuals have been successful at not engaging in child sexual abuse, even if sexually attracted to them. Therefore, the findings support the redirection of therapy to focus on the well-being of the individual, as with any other therapy client, after assessing for potential risk if there are concerns relevant to that individual.

6.3.2.2 Therapeutic Training: Minimizing Biases

The results of this research program clearly indicate that mental health may play a significant role in the resiliency and well-being of child-attracted persons. However, the findings also suggested a clear lack of treatment service and providers prepared to work with child-attracted persons. Further, even those willing to work with child-attracted persons often approach services in an authoritative and risk-preventative manner. Existing literature has supported that scarcity, noting that service providers may even refuse to engage in treatment services simply due to issues related to legality and mandatory reporting (Levenson & Grady, 2019; McPhail et al., 2018). It is likely that other factors, such as whether the service provider is a parent or has experience with child sexual abuse, may impact their ability to provide treatment.

A recent pilot project involving the creation, implementation, and evaluation of a brief training workshop meant to assist clinicians in working with child-attracted persons showed an increase in knowledge and in willingness to work with this population (Levenson & Grady, 2019). Such results are promising and indicate that a shift of therapeutic focus may be possible given appropriate resources. Such changes are necessary, as emerging research suggests that up to half of child-attracted persons who seek formal treatment do not find the experience helpful (Grady et al., 2019). Characteristics that were identified as helpful, such as nonjudgmental attitudes and viewing child-attracted persons in a client-centered manner, require acknowledging

potential biases by the service provider and recognizing the need to refocus on the well-being of the client.

6.4 Future Directions

The research on sexual attraction to children continues to grow, and further exploration will yield an enhanced understanding of resilience among child-attracted persons. Outside of suggestions noted in the above sections, some additional avenues of research that may be fruitful are identified below.

- Examining the relationship of positive personality characteristics (e.g., honesty-humility) to a lack of offending behaviours. Almost all the data from this research program was gathered from child-attracted persons who had not offended. Future research should include child-attracted persons with offending and non-offending histories, as well a community sample with similar demographic characteristics.
- Although the latent profile analyses indicated subtypes among the child-attracted persons, these profiles may shift when examining the entire population of child-attracted persons. This should be done to see whether the included factors result in similar profiles with child-attracted persons who have offended.
- Modifying and revalidating the measures of emotional congruence. The construct of emotional congruence varied greatly between the two assessed measures, and there appeared to be disparate findings within the existing literature. Emotional congruence with children appeared to provide some differentiation among child-attracted persons and has been identified as important in the existing literature. Therefore, future research needs to establish the operational definition and relevant factors within emotional congruence

and engage in further validation studies to ensure the construct is being appropriately measures.

- Further examination of the biological origins of sexual attraction to children is needed if researchers are to conceptualize it as a sexual orientation. Research has identified factors (e.g., handedness, head injuries) that may be biological indicators of sexual attraction to children, but research is needed using comprehensive methods to measure possible biological markers.
- Expanding the focus of research on child attraction to incorporate other commonly assessed topics. For example, I have completed two separate research studies examining the motivations for relationships with adults among child-attracted persons, and how their sexual attraction to children impacts their intention to, or experiences of, parenting while conducting this research program. Such issues are critical when investigating how to improve well-being and have been explored fruitfully among sexual minorities.

6.5 Conclusion

The results of my research program provide a comprehensive examination of biopsychosocial factors that may be related to resiliency among child-attracted persons. The research program also plainly supports that there needs to be a shift of focus when approaching the assessment and treatment of child-attracted persons. Although some individuals may seek out therapy to reduce behavioural manifestations of their sexual interest in minors, some individuals may not be concerned with their attraction at all and feel there is nothing to "manage". Stigmatizing sexual attraction to children and refusing to acknowledge that there are child-attracted persons who do not engage in child sexual abuse causes such individuals to refrain from seeking treatment services unrelated to their sexual attraction to children.

Regardless of their sexual attractions, child-attracted persons need to receive compassion and be encouraged to build a satisfying and fulfilling life. This focus will provide enhanced well-being, thereby inherently engaging in risk prevention without the stigmatizing nature of risk preventative methods.

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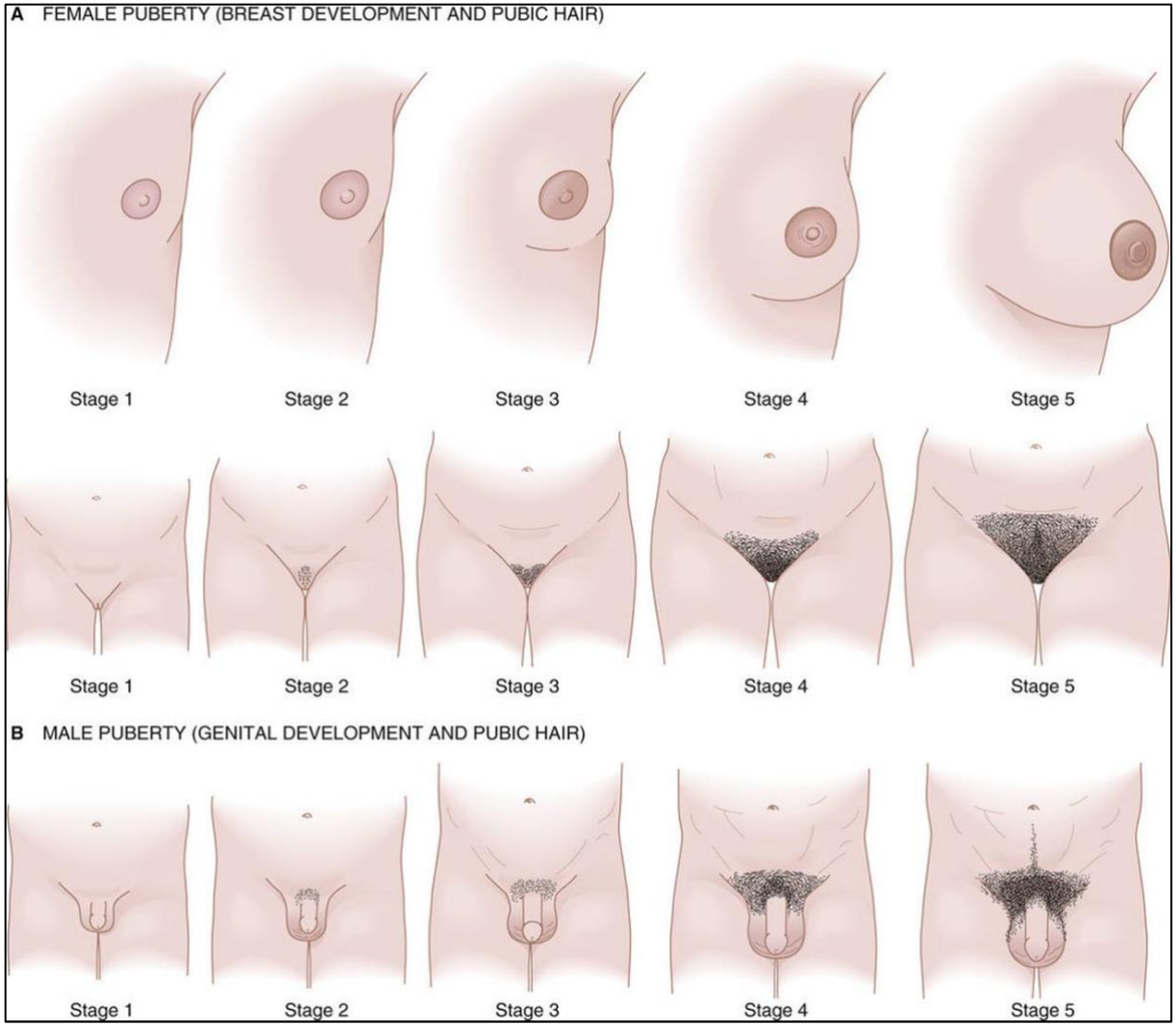
Appendices

Appendix A: Tanner Stages



Appendix B: Neuroimaging Findings on Sexual Attraction to Children

TABLE 2 | Findings from previous neuroimaging studies in pedophilia.

Author (year)	Method	Structural/ functional	PPT groups (*n*)	Paradigm/ software	Correction	Threshold/ Sig	Findings
Schiffer et al. (2007)	MRI	Frontostriatal and cerebellum structure	Heterosexual (9) and homosexual pedophiles (9) Heterosexual (12) and homosexual (12) controls	VBM-whole brain/SPM 2	FDR (whole brain)/FWE corrected within ROIs	$p < 0.05$	GM volume reductions in pedophiles: PHc L/R, IFG L/R, OFC L/R, Ins L/R, Cer L/R; Cin L/R, Posterior Cin L, STG L/R, MiTG R, Pcu L/R, Put L/R (Amy L/R in unpublished re-analysis)
Schiltz et al. (2007)	MRI	Amygdala structure	Pedophilic (15) Community controls (15)	VBM/manual morphometry/ SPM2 ROIs/ MRIcro	FWE/corrected for multiple comparisons within ROIs	$p < 0.05$	GM reductions in pedophiles: Amy R, Hyp L/R, SI L/R, Septal Region R, Bed Nucleus Striae Terminalis L/R Enlargement of Temporal Horn R
Poeppl et al. (2013)	MRI	Prefrontal cortex and amygdala structure	Heterosexual (2) and homosexual (7) pedophiles Heterosexual (11) controls	VBM 8 toolbox/SPM 8	FWE corrected within ROIs	$p < 0.05$	GM volume decreases in pedophiles: only in Amy R; pedosexual interest and sexual recidivism associated with GM volume decreases in insular cortex and DLPFC L, preference for younger children associated with GM decreases in the OFC and Ang L/R
Cantor et al. (2008)	MRI	White matter structure	Pedophiles (44) Teleiophilic sexual offenders (21) Non-sexual Offender (53)	VBM whole brain/SPM 2 Parcelation with ANIMAL	FDR	$p < 0.05$	Reduced WM volumes in pedophiles in Superior Fronto-Occipital Fasciculus L, Arcuate Fasciculus R No differences in GM
Cantor and Blanchard (2012)	MRI	White matter structure	Pedophiles (19) Hebephiles (49) Teleiophiles (47)	VBM Whole brain/SPM 2	Not specified	$p < 0.05$	Reduced WM volumes in Temporal Lobe L/R and Parietal Lobe L/R in pedophiles/hebephiles compared to teleiophiles
Cohen et al. (2002)	PET	Frontal and temporal function	Heterosexual pedophiles (7) Community controls (7)	Auditory stimulus/ software not specified	Bonferroni	$p < 0.05$	No differences seen in glucose metabolism after an erotic auditory paradigm; lower metabolism in ITC and in Superior VFG during neutral auditory condition in pedophiles compared to controls; no survival after correction
Dressing et al. (2001)	fMRI	Orbitofrontal function	Homosexual pedophiles (1) Controls (2)	Visual stimuli block design/ brain voyager	Not specified	Not specified	Stronger recruitment in pedophiles in response to erotic pedohomosexual stimuli: ACC, Brain Stem R, PFC R, Basal Ganglia R, OFC R
Walter et al. (2007)	fMRI	Hypothalamus and lateral prefrontal cortex function	Pedophiles (13) Controls (14)	Visual stimuli/ SPM2	Uncorrected	$p < 0.005$	Decreased activations in pedophiles to sexual > emotional arousal contrast: DLPFC R (Precentral), DLPFC R (MFG/SFG), DLPFC L (SFG), Occipital Cortex L
Schiffer et al. (2008a)	fMRI	Frontal and temporal function	Homosexual pedophiles (11) Homosexual matched controls (10)	Visual stimuli/ SPM2	Whole brain analysis uncorrected/ false discovery rate	$p < 0.001$/ $p < 0.05$	Stronger Activations in pedophiles compared to controls in contrast nude children/ adults > dressed children/adults: Fus L/R, HC L/R, Tha R
Schiffer et al. (2008b)	fMRI	Amygdala function	Heterosexual pedophiles (8) Heterosexual matched controls (12)	Visual sexual stimuli/SPM2	Whole brain analysis uncorrected/ FDR	$p < 0.001$/ $p < 0.05$	Activations seen in pedophiles compared to controls in contrast nude children/ adults > dressed children/adults: MFG R, ACC L/R
Sartorius et al. (2008)	fMRI	Amygdala function	Homosexual pedophiles (10) Heterosexual controls (10)	Visual stimuli/ SPM2	Uncorrected	$p < 0.005$	Activation in pedophiles to children (Boys/ girls) < neutral geometric stimuli contrasts in Amy R
Poeppl et al. (2011)	fMRI	Cortical and subcortical function	Heterosexual (2) and homosexual (7) pedophiles Heterosexual non-sexual offender controls (11)	Visual sexual stimuli/SPM5	Whole brain analysis uncorrected/ FWE/FDR	$p < 0.001$/ $p < 0.05$	Activations in pedophiles compared to controls in contrast nude children > scrambled images of children: MFG R, Ins L/R, MTG R, IPL L, Pos R, MCC R, PCC R, HC R, Tha L, Cer R

(Continued)

TABLE 2 | Continued

Author (year)	Method	Structural/ functional	PPT groups (*n*)	Paradigm/ software	Correction	Threshold/ Sig	Findings
Ponseti et al. (2012)	fMRI	Pattern classification function	Heterosexual (11) and homosexual (13) pedophiles Heterosexual (18) and homosexual (14) controls	Visual stimuli; pattern classification/ SPM8	Uncorrected	$p < 0.001$/ $p < 0.001$	Deactivations in homosexual pedophiles compared to controls in boys < men contrast: Cer L/R, Lin L/R, Anterior Tha L, HC R, Occ L, Fus L, ITG R, Ang R Deactivations in heterosexual pedophiles compared to controls in girls < women contrast: NC L/R, SPG L/R, ITG L/R, Fus L/R, Cin L, Occ L, Amy L, Ins L, IFG R, Tha L, Cer R
Habermeyer et al. (2013a)	fMRI	Function	Heterosexual pedophiles (8) Heterosexual controls (8)	Erotic sexual stimuli/brain voyager 2.3.0	Uncorrected/ cluster-level threshold correction	$p < 0.005$/ $p < 0.05$	Activations in pedophiles in sex × age × group voxel-wise ANOVA analysis in MiFG R
Kärgel et al. (2015)	rsfMRI	Function	Pedophiles + CSA (12) Pedophiles – CSA (14) Healthy Controls (14)	SPM8 and rsfMRI toolkit REST	Uncorrected at voxel level; Family wise error corrected at cluster level	$p < 0.005$/ $p < 0.05$	DMN: (P-CSA > P + CSA) Diminished connectivity to left MSF, left OFC. No differences in opposite contrast (P + CSA > P-CSA). (HC > P + CSA): VM PFC, OFC. No differences in P + CSA > HC contrast Limbic Network: (P-CSA > P + CSA) diminished connectivity between L Amy and VM PFC, ACC, OFC, anterior PFC. No differences in P + CSA > P-CSA. In HC > P + CSA contrast: increased connectivity between L Amy and L anterior/inferior PFC, L Lin. No differences in P + CSA > HC contrast
Poeppl et al. (2015)	rsfMRI	Function	Heterosexual (2) and homosexual (7) pedophiles Heterosexual (11) controls	Meta-analytic connectivity modeling (MACM) and ALE	FEW at cluster level	$p < 0.05$	Seed area: R Amy connected to HC, R ventral striatum, R Tha, L Amy, L Cla, L hyp, L Put, L HC, L Mid, L Tha for psychosexual arousal L DLPFC: L Ant Ins, DMPFC, L Per, L SPL, L VLPFC for cognition and perception, spec. working memory L Ins: L PaO, L Ant Ins, L Pos, L STG, L Put, R PaO, R STG, R DLPFC/Ant Ins, R Put, R pMC, L Tha, R Tha, L Ext for perception and cognition

ACC, anterior cingulate cortex; Amy, amygdala, Ang, angular gyrus, Cau, caudate, CC, corpus callosum; Cer, cerebellum; Cin, cingulate gyrus; Cla, claustrum; DLPFC, dorsolateral prefrontal cortex; Ext, extrastriate cortex; FPPFC, frontopolar prefrontal cortex (Brodmann area 10); Fus, fusiform gyrus; HC, hippocampus; Hyp, hypothalamus; IFG, inferior frontal gyrus; Ins, insula; IPL, inferior parietal lobule; ITC, inferior temporal cortex; ITG, inferior temporal gyrus; L/R, left/right; Lin, lingual gyrus; MCC, middle cingulate cortex; MFG, medial frontal gyrus; MSF, medial superior frontal; Mid, midbrain; MiFG, middle frontal gyrus; MOG, middle occipital gyrus; MTG, middle temporal gyrus; NC, nucleus caudatus; Occ, occipital lobe; OFC, orbitofrontal cortex; PaO, parietal operculum; Par, paracentral lobule; PCC, posterior cingulate cortex; Pcu, precuneus; Per, peristriate cortex; PHc, parahippocampal gyrus; Pos, post central gyrus; Pre, precentral gyrus; PSS, posterior cingulate cortex; Put, putamen; SFG, superior frontal gyrus; SI, substantia innominata; SPG, superior parietal gyrus; SPL, superior parietal lobule; SOG, superior occipital gyrus; STG, superior temporal gyrus; Tha, thalamus; VFG, ventral frontal gyrus.

Appendix C: Internalized Minor-Attraction Stigma Scale

Internalized Minor-Attraction Stigma Scale

INSTRUCTIONS: Below are nine statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 - Strongly agree
6 - Agree
5 - Slightly agree
4 - Neither agree nor disagree
3 - Slightly disagree
2 - Disagree
1 - Strongly disagree

1. I have tried to stop being attracted to minors in general.
2. If someone offered me the chance to be completely attracted to adults, I would accept the chance.
3. I wish I weren't attracted to minors.
4. I feel that being attracted to minors is a personal shortcoming for me.
5. I would like to get professional help in order to change my sexual orientation from minor attracted to adult attracted.
6. I have tried to become more sexually attracted to adults.
7. I often feel it best to avoid personal or social involvement with minor-attracted adults.
8. I feel alienated from myself because of being minor attracted.
9. I wish that I could develop more erotic feelings about adults.

Appendix D: Reactions to Minor-Attraction Scale

Reactions to Minor-Attraction Scale

INSTRUCTIONS: Below are twenty-five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 - Strongly agree
6 - Agree
5 - Slightly agree
4 - Neither agree nor disagree
3 - Slightly disagree
2 - Disagree
1 - Strongly disagree

1. It would not be easier in life to be attracted to adults.
2. Most of my friends are attracted to minors.
3. I do not feel comfortable about making an advance on a minor.
4. I feel comfortable around minors.
5. Social situations with minors make me feel uncomfortable.
6. I don't like thinking about my attraction to minors.
7. When I think about other minor-attracted persons, I think of negative situations.
8. I feel comfortable about being seen in public with a known minor-attracted person.
9. I feel comfortable discussing attraction to minors in a public setting.
10. It is important to me to control who knows about my attraction to minors.
11. Most people have negative reactions to minor-attracted persons.
12. Attraction to minors is not against the will of God.
13. Society still punishes people for being attracted to minors.
14. I object if an anti-minor-attracted person joke is told in my presence.
15. I worry about becoming old and attracted to minors.
16. I worry about becoming unattractive.
17. I would prefer to be more attracted to adults.
18. Most people don't discriminate against minor-attracted persons.
19. I feel comfortable about being attracted to minors.
20. Attraction to minors is morally acceptable.
21. I am not worried about anyone finding out that I am attracted to minors.
22. Discrimination against minor-attracted persons is still common.
23. Even if I could change my sexual orientation, I wouldn't.
24. Attraction to minors is as natural as attraction to adults.

Appendix E: Sexual Life and Sexual Behaviour Revised Questionnaire (SLSB-R)

Sexual Life and Sexual Behavior Revised

Section I – Demographic Information

1. **Age (years):**

2. **Gender**
   a) Male ○
   b) Female ○
   c) Other ○

3. **Highest Degree**
   a) Did not complete high school ○
   b) High school ○
   c) Some college/university ○
   d) Apprenticeship program ○
   e) 2-year degree ○
   f) 4-year degree ○
   g) Master's ○
   h) Doctorate ○

4. **Relationship Status**
   a) Married/common-law ○
   b) Living in separate residences in the same city ○
   c) Living in different cities ○
   d) Divorced/separated ○
   e) Widowed ○
   f) Single ○

5. **Are there children who you have an ongoing parental relationship with?**
   a) No ○
   b) Yes, *please specify below* ○
      With my current partner ○
      With another partner ○
      Living in my household ○

6. **Do you belong to an organized religion?**
   a) No ○
   b) Christian, Orthodox ○
   c) Christian, Roman Catholic ○
   d) Christian, Evangelist ○
   e) Jewish ○
   f) Islamic ○

g) Hindu ○
h) Buddhist ○
i) Other ○
please specify: _____

7. How much do your religious beliefs impact your sexual life and sexual behavior?

Not at All	Slightly	Moderately	Very	Extremely
○	○	○	○	○

8. Other than organized religion, do you live your life according to personal, spiritual or similar values?

a) No ○
b) Yes ○
If so, which values? _____

9. Ethnicity

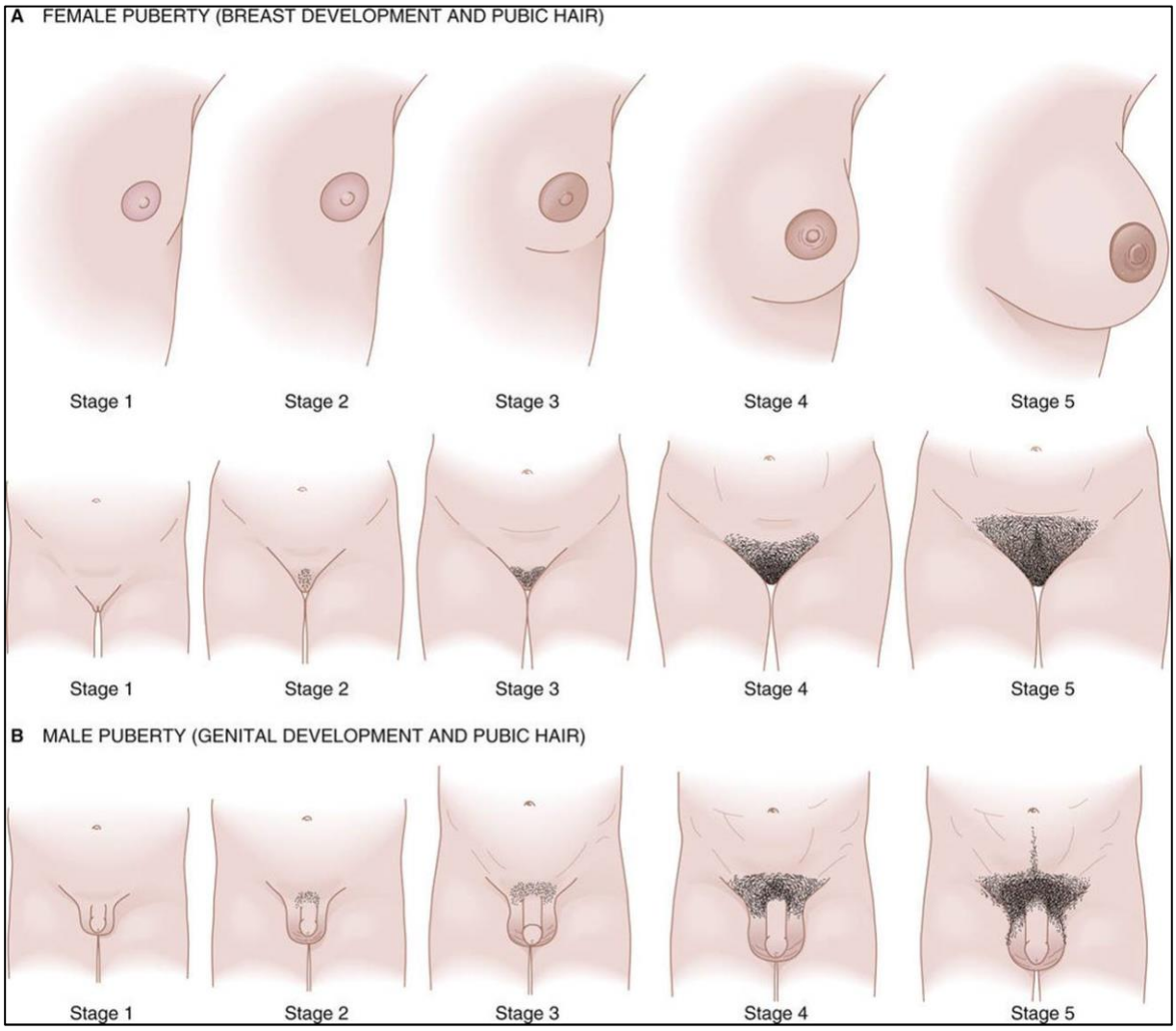
a) African-American or Black ○
a) Asian ○
a) Caucasian or White ○
a) Hispanic or Latino ○
a) Indigenous or Aboriginal ○
a) Pacific Islander ○
a) Other
please specify: _____ ○
a) Not applicable ○

10. What is your sexual orientation?

a) Exclusively adults ○
b) Mostly adults ○
c) Both adults and minors ○
d) Mostly minors ○
e) Exclusively minors ○

11. Please select the stage of sexual development you are most sexually aroused by (males, females, or both, depending on your sexual orientation).

a) Stage 1 ○
b) Stage 2 ○
c) Stage 3 ○
d) Stage 4 ○
e) Stage 5 ○



12. How problematic do you consider your sexual orientation?

Not at All	Slightly	Moderately	Very	Extremely
○	○	○	○	○

	Not at all		….		Extremely	Not applicable
12. How happy are you						
a) With yourself?	1	2	3	4	5	○
b) With your life?	1	2	3	4	5	○
c) With your sexual life?	1	2	3	4	5	○
d) With your relationship?	1	2	3	4	5	○
13. How much do you feel accepted by your partner?	1	2	3	4	5	○
14. At the moment, how important is sexuality to you as a part of your life?	1	2	3	4	5	○

15. Handedness

a) Right ○
b) Left ○
c) Ambidextrous ○

Section II. Views and Experiences

All questions relate to the **last 12 months**.
The following terms are important

→ **Intimate Contact** is defined as the showing of tenderness (e.g., cuddling, touching).
→ **Masturbation** is defined as touching your own genitals for sexual pleasure.
→ **Sex Without Intercourse** is defined as all non-penetrative sexual practices (e.g., oral sex).
→ **Intercourse** is defined as the joining of the sexual organs (erect penis into the vagina or anus).

15. How often do you have intimate contact?

a) once or twice daily ○
b) 4-6 times a week ○
c) 1-2 times a week ○
d) once a week ○
e) 2-3 times a month ○
f) once a month ○
g) less than once a month ○
h) never ○

16. How often do you wish you had intimate contact?

a. once or twice daily ○
b. 4-6 times a week ○
c. 1-2 times a week ○
d. once a week ○
e) 2-3 times a month ○
f) once a month ○
g) less than once a month ○
h) never ○

17. How often do you have sex without intercourse?

a.	once or twice daily	○	e)	2-3 times a month	○
b.	4-6 times a week	○	f)	once a month	○
c.	1-2 times a week	○	g)	less than once a month	○
d.	once a week	○	h)	never	○

18. How often do you wish you had sex without intercourse?

a.	once or twice daily	○	e)	2-3 times a month	○
b.	4-6 times a week	○	f)	once a month	○
c.	1-2 times a week	○	g)	less than once a month	○
d.	once a week	○	h)	never	○

19. How often do you masturbate?

a.	once or twice daily	○	e)	2-3 times a month	○
b.	4-6 times a week	○	f)	once a month	○
c.	1-2 times a week	○	g)	less than once a month	○
d.	once a week	○	h)	never	○

20. How often do you wish you masturbated?

a.	once or twice daily	○	e)	2-3 times a month	○
b.	4-6 times a week	○	f)	once a month	○
c.	1-2 times a week	○	g)	less than once a month	○
d.	once a week	○	h)	never	○

21. How often do you have intercourse?

a.	once or twice daily	○	e)	2-3 times a month	○
b.	4-6 times a week	○	f)	once a month	○
c.	1-2 times a week	○	g)	less than once a month	○
d.	once a week	○	h)	never	○

22. How often do you wish you had intercourse?

a.	once or twice daily	○	e)	2-3 times a month	○
b.	4-6 times a week	○	f)	once a month	○
c.	1-2 times a week	○	g)	less than once a month	○
d.	once a week	○	h)	never	○

All questions relate to the **last 12 months**.
When answering, please indicate the **average** level.
Please mark in **a), b)**, **c), and d)** which **one** answer best applies to you per line.
In addition to this under **b),** indicate for how long this has applied.

Numbers correspond to

Either

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

Or

1	2	3	4	5
Never	Rarely	Sometimes	Often	Almost always

Please select only **one** of the numbers **(1-5)** and **not** the verbal scale description.

→ If you have **not** been sexually active at all in the last 12 months, say **not applicable**.

The following terms are important

→ **Sexual Stimulation** is defined as any touching or stimulation of the genitalia (penis/vagina), with hands, mouth or objects.

→ **Sexual Arousal (**e.g., erection, lubrication).

→ **Masturbation** is defined as touching your own genitals for sexual pleasure.

→ **Sex Without Intercourse** is defined as all non-penetrative sexual practices.

→ **Intercourse** is defined as the joining of the sexual organs (erect penis into the vagina or anus).

23. a) How often do you have negative feelings before, during, or after sexual activity?

	Never	Rarely	Sometimes	Often	Almost Always
Intercourse	1	2	3	4	5
Sex without intercourse	1	2	3	4	5
Masturbation	1	2	3	4	5

If you answered 1, go to question 24.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) Since when has this occurred?

Intercourse	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sex without intercourse	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do your negative feelings cause sexual frustration?

	Never	Rarely	Sometimes	Often	Almost Always
Intercourse	1	2	3	4	5
Sex without intercourse	1	2	3	4	5
Masturbation	1	2	3	4	5

d) How often does this issue cause any additional problems (e.g., with your partner, socially, work)?

	Never	Rarely	Sometimes	Often	Almost Always
Intercourse	1	2	3	4	5
Sex without intercourse	1	2	3	4	5
Masturbation	1	2	3	4	5

24. a) How often do you feel unhappy/disgust towards sex and subsequently avoid it?

	Never	Rarely	Sometimes	Often	Almost Always	N/a
Intercourse	1	2	3	4	5	○
Sex without intercourse	1	2	3	4	5	○
Masturbation	1	2	3	4	5	○

If you answered 1, go to question 25.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) Since when has this occurred?

Intercourse	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sex without intercourse	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do your negative feelings cause sexual frustration?

	Never	Rarely	Sometimes	Often	Almost Always
Intercourse	1	2	3	4	5
Sex without intercourse	1	2	3	4	5
Masturbation	1	2	3	4	5

d) How often does this issue cause any additional problems (e.g., with your partner, socially, work)?

	Never	Rarely	Sometimes	Often	Almost Always
Intercourse	1	2	3	4	5

Sex without intercourse	1	2	3	4	5
Masturbation	1	2	3	4	5

Section III - Sexual Tendencies

All questions relate to the **last 12 months**.
When answering, please indicate the **average** level.
Please mark in **a), b)**, **c), and d)** which **one** answer best applies to you per line.
In addition to this under **b),** indicate for how long this has applied.

Either

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

Or

1	2	3	4	5
Never	Rarely	Sometimes	Often	Almost always

→ Please select **only one** of the numbers **(1-5)** and **not** the verbal scale description.

Sexual Fantasies *sexual fantasies, daydreams and thoughts*
Masturbation Fantasies *fantasies accompanying self-satisfaction*
Sexual Behavior *fantasies carried out in sexual activity*

25. How much do you perceive specific objects or materials as sexually exciting even when not in a sexual context (e.g., stockings, shoes, leather or latex) in your

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 26.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience

○ For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

26. If male, how sexually arousing do you find wearing typical female underwear, clothing and seeing yourself in the mirror dressed this way?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 27.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

27. How sexually arousing do you find it when your sexual partner is dominant (e.g., handcuffs you, causes you pain, etc.)?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 28.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

28. How sexually arousing do you find it when you are sexually dominant (you handcuff, cause pain, etc.)?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 29.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

29. How sexually arousing do you find watching other people in intimate situations (during body care or sexual activity), without them noticing?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 30.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always

Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

30. How arousing do you find exposing your genitals in public to others (e.g., women, men, or children)?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 31.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5

Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

31. How arousing do you find exposing your genitals in public to others (e.g., women, men, or children), while masturbating?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 32.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5

Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

32. How sexually arousing do you find it to rub against others in public (in crowds)?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 33.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5

Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

33. How sexually arousing do you find young girls and the prepubescent female body (without breasts or pubic hair)?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 34.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

f) Have you ever engaged in sexual contact with a prepubescent girl?

a) No ○
b) Yes ○
If so, when?
In the last month
In the last 6 months
In the last 12 months
In the last 5 years
More than 5 years ago

34. How sexually arousing do you find young boys and the prepubescent male body (with no pubic hair)?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 35.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience

○ For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

f) Have you ever engaged in sexual contact with a prepubescent boy?

a) No ○
b) Yes ○
If so, when?
In the last months
In the last 6 months
In the last 12 months
In the last 5 years
More than 5 years ago

35. How sexually arousing do you find pubescent girls and their bodies (beginning to get pubic hair, small breasts)?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 36.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

f) Have you ever engaged in sexual contact with a pubescent girl?

a) No ○

b) Yes ○

If so, when?

In the last months
In the last 6 months
In the last 12 months
In the last 5 years
More than 5 years ago

36. How sexually arousing do you find pubescent boys and their bodies (beginning to get pubic hair, growing penis)?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

If you answered 1, go to question 37.
If you answered 2, 3, 4, or 5, please finish the rest of this question.

b) For how long have you had this fantasy?

Sexual Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Masturbation Fantasies	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months
Sexual Behaviour	○	Since puberty/ your first sexual experience
	○	For around_____ years and _____ months

c) How often do you engage in this fantasy?

	Never	Rarely	Sometimes	Often	Almost Always
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

d) How negatively affected are you by this fantasy?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

e) How much does this fantasy impact your relationship, social and professional life?

	Not at all	Slightly	Moderately	Very	Extremely
Sexual Fantasies	1	2	3	4	5
Masturbation Fantasies	1	2	3	4	5
Sexual Behaviour	1	2	3	4	5

f) Have you ever engaged in sexual contact with a pubescent boy?

a) No ○
b) Yes ○
If so, when?

In the last months
In the last 6 months
In the last year
In the last five years
More than five years ago

37. Does your partner know about your unusual sexual tendencies?

a) I don't have a stable partner ○
b) No ○
c) Yes ○
d) Not applicable ○

38. How much do your sexual tendencies impact on your sexual ability (e.g., sexual desire or orgasm ability)?

Not at All	Slightly	Moderately	Very	Extremely
○	○	○	○	○

Section IV - Medical and Treatment Background

39. Do you currently take any psychiatric medication?

Specify here

_____

40. Do you currently take any non-psychiatric medication?

Specify here

_____

41. Have you ever engaged in psychotherapy or counselling?

a. No ○
b. Yes ○

If yes, was it helpful?

No ○
Yes ○

42. Do you currently want to engage in treatment with regards to your sexuality?

a. No ○
b. Yes ○

43. Do any of the following factors prevent you from seeking treatment for your sexuality (select all that apply)?

a. Feeling unsafe ○
b. Fear of exposure ○
c. Fear of rejection ○
d. Expectations of being misunderstood ○
e. Expectations of stigma ○
f. Therapist assumptions ○
g. Concerns of lack of professionalism ○
h. Previous negative treatment experiences ○

44. Have you ever had any treatment with regards to your sexuality?

a. No, I don't have any problems ○
b. No, despite having some problems ○
c. No, however I would be interested in receiving treatment ○
d. Yes, only medicinal (medication, lubrication gels, etc.) ○
e. Yes, only psychological strategies (therapy, talking, etc.) ○
f. Yes, a combination of medical and psychological ○

45. Did you suffer any serious head injuries before the age of 13?

a. No ○
b. Yes ○

If yes, please indicate whether any of the following occurred (select all that apply)

Loss of consciousness ○
Loss of memory from before the injury ○
Loss of memory during the injury ○
Loss of memory after the injury ○

46. Did you ever experience emotional abuse as a child?

a. No ○
b. Yes ○

47. Did you experience physical (non-sexual) abuse as a child?

a. No ○
b. Yes ○

48. Did you experience sexual abuse as a child?

a. No ○
b. Yes ○

49. Have you ever experienced emotional abuse as an adult?

a. No ○
b. Yes ○

50. Have you ever experienced physical (non-sexual) abuse as an adult?

a. No ○
b. Yes ○

51. Have you ever experienced sexual abuse as an adult?

a. No ○
b. Yes ○

52. Do you regularly (3x/week or more) use any of the following?

a. No
b. Sedatives
c. Cigarettes
d. Alcohol
e. Cannabis
f. Other drugs (hash, ecstasy, cocaine, etc.)

53. Did you experience any speech delays as a child?

a. No ○
b. Yes ○
At age _____.
I had this problem _____.

54. Did you experience any motor delays (crawling, walking) as a child?

a. No ○

b. Yes ○
At age _____.
I had this problem _____.

55. Did you experience any issues or delays in your sexual development (e.g., voice not breaking, didn't grow pubic hair, testicles didn't descend, breasts did not develop, menstruation was delayed)?

a. No ○
b. Yes ○
At age _____.
I had this problem _____.
c. To deal with this issue I had the following operation _____.
d. I still have problems during sex due to sexual organ development
Yes ○
No ○

56. Do you find daily activities, sexuality or relationships difficult due to illness?

a. No ○
b. Yes ○

57. Do you suffer from any of the following illnesses? (please check all that apply)

a. High blood pressure ○
b. Heart problems (heart attack, angina) ○
c. Stroke (speech, paralysis) ○
d. Arterial (blocked arteries) ○
e. Diabetes ○
f. Musculoskeletal (spine, hips, rheumatism) ○
g. Neurological (Parkinson's, multiple sclerosis, epilepsy, migraine) ○
h. Genital illness (prostate, chlamydia, herpes, gonorrhea, etc.) ○
i. Endocrine (thyroid, kidneys, ovaries) ○
j. Incontinence or other bladder problems ○
k. Cancers (testicular, prostate, lung, etc.) ○
l. Skin problems (psoriasis, dermatitis) ○
m. Depression or other psychological illness ○
n. AIDS ○
o. Other: _____

58. How much do you suffer from the following problems?

	Not at all	Slightly	Moderately	Very	Extremely
Pain	1	2	3	4	5
Mobility Issues	1	2	3	4	5
Depression	1	2	3	4	5
Anxiety	1	2	3	4	5
Shame	1	2	3	4	5

59. Have you ever had an operation?

a. No ○
b. Heart Bypass ○
c. Stomach (blood vessels) ○
d. Stomach organs (bladder, intestines, etc.) ○
e. On the genitals ○
f. Spine ○
g. Cosmetic Surgery ○
h. Other ○
please specify: _____

Thank you for completing!

Appendix F: Debriefing Page

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Psychology Department
3187 University Way, Kelowna, BC V1V 1V7

Debriefing Form

Resiliency Factors Associated with Sexuality

Principal Investigator: Jan Cioe, Ph.D., Psychology Department, UBC Okanagan, tel: (250) 807-8732, email: jan.cioe@ubc.ca

Co-Investigator: Crystal Mundy, Clinical Ph.D. Student, Psychology Department, UBC Okanagan, email: crystalmundy@alumni.ubc.ca

Most research examining minor attraction has evaluated individuals who have engaged in sexual contact with a minor, often in a forensic setting. Further, existing data often fail to provide specific diagnostic information, such as differentiating between offenders who are and are not attracted to minors or differentiating between those who are exclusively versus non-exclusively attracted to minors (Tenbergen et al., 2015). Research suggests that up to half of those who offend against children are not actually attracted to minors but engage in these behaviours for other reasons (Seto, 2008). Although this is important research, it is crucial to investigate the characteristics and resiliency factors that allow some individuals to manage their attraction to minors in everyday life without criminal consequences. The existing research that focuses on criminal sexual offenders is not generalizable to these minor-attracted persons (Cornel, 2015; Tenbergen et al. 2015).

Given the lack of research in this area, the present study (along with two future studies) seeks to examine characteristics that may be related to minor-attracted persons' ability to refrain from acting on their desires, and how the characteristics differ from those who do act on their desires. Existing literature was reviewed to identify relevant causal, assessment, and treatment factors among those who offend against children. The present study will extend this research by examining how these biopsychosocial factors are related to minor-attraction, with and without acting on the desires. The findings will outline what factors play a key role in some minor-attracted persons having high levels of resiliency, leading to minimal acting upon their desires. These findings can provide important insight for future theory development and will ideally inform and guide the treatment of minor-attracted persons.

Thank you for participating in this study. If you have any questions, please do not hesitate to ask the experimenter!

If participating in this study has led to any personal distress or negative emotions, please contact one of the following:

Canadian Mental Health Association Crisis Line 1-888-353-2273
This line is Canada wide.

National Suicide Prevention Lifeline 1-800-273-8255
This line is United States wide.

B4U-Act
http://www.b4uact.org

Stop It Now!
http://www.stopitnow.org

Trouble Desired
https://www.troubled-desire.com/en/

Virtuous Pedophiles
https://virped.org

To check on the results of this study in the future:

Any publications will be posted on the Research Gate for Crystal Mundy or can be found on her website at www.crystalmundy.com under publications.

Appendix G: Interview Protocol

Theme	*Questions*	*Specifications*
Demographics	What is your age?	
	What is your marital status?	*If in relationship/marriage:* How long have you been in this relationship?
	What is your highest level of education?	
	What job/study are you currently engaged in?	
	Do you have a history of mental health problems?	*If yes*: What mental health problems do you have?
Sexuality	How would you describe your sexual preference?	Do you have an exclusive sexual interest for minors?
		Are you attracted to girls/boys/both sexes?
		Are you attracted to a specific age?
		What characteristics are you most attracted to?
	When did you first experience that you were attracted to people younger than yourself?	
	How did you feel when you first discovered you were interested in minors (i.e., confused, ashamed, pleased)?	
	Did you want to keep your feelings a secret?	
	Can you describe how this sexual interest developed from that moment on?	Did you fantasize about being in a relationship with a minor?
		Did you have sexual fantasies?

		Did you masturbate to these fantasies? *If yes*: When did you start masturbating to these fantasies? How did you feel about that behaviour? Did masturbation relieve sexual arousal?
	What do you think of children's sexuality?	How does children's sexuality relate to the sexuality of adults?
	When was your first sexual experience?	Who did you engage in this experience with?
	What are your current ways to relieve sexual arousal?	
Involvement with Minors	Have you ever engaged in sexual contact with a minor?	*If yes*: How did the sexual contact happen? How did you know this minor? When did this sexual contact occur? Have you ever been convicted of child sexual abuse? Are you currently engaged in sexual contact with minors? *If no*: Have you ever considered engaging in sexual contact with a minor? What helps you refrain from engaging in sexual contact?
	If a minor is initiating physical contact, for example by cuddling, how do you react?	Do you find this difficult?

	Are you romantically attracted to minors?	*If yes*: Do you feel this more towards minors than adults or only towards minor?
	Are you emotionally attracted to minors?	*If yes*: Do you feel this more towards minors than adults or only towards minors?
Child Pornography	Have you ever watched child pornography?	*If no*: Have you ever considered watching child pornography?
		If considered: What prevents you from accessing this material?
		If yes: What was your motivation to watch child pornography?
		How did you feel when watching these images?
Social Support and Stigma	Have you told anyone about your feelings for minors?	*If yes*: Who did you tell?
		What was your motivation for telling them this information?
		What was their reaction?
		If no: Why have you not told anyone?
	Have you received social support from others?	*If yes*: Who have given you social support?
		What kind of social support has been given?
	Have you ever sought help from others?	*If yes*: When did you seek help?
		What was your motivation for seeking help?
		Was this help useful to you?
	If you could change something or somethings about how minor-attracted people are viewed by your society what would you change?	

	How would you describe the stereotype of the minor-attracted person?	How does this stereotype affect your life?
	Why do you think some people are hostile towards minor-attracted persons?	How do you cope with this hostility?
Quality of Life	In what ways have being attracted towards minors affected your life?	
	In general, how would you rate your sexual life on a scale from 0 (very poor) to 10 (very good)?	Why that rating?
	In general, how would you rate your life on a scale from 0 (very poor) to 10 (very good)?	Why that rating?