

Stigmatization of People with Pedophilia: Two Comparative Surveys

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Abstract Despite productive research on stigma and its impact on people's lives in the past 20 years, stigmatization of people with pedophilia has received little attention. We conducted two surveys estimating public stigma and determining predictors of social distance from this group. In both studies, pedophilia was defined as a "dominant sexual interest in children." The survey was comprised of items measuring agreement with stereotypes, emotions, and social distance (among others). Responses were compared with identical items referring to either people who abuse alcohol (Study 1), sexual sadists or people with antisocial tendencies (Study 2). Study 1 was conducted in two German cities ($N=854$) and Study 2 sampled 201 English-speaking online participants. Both studies revealed that nearly all reactions to people with pedophilia were more negative than those to the other groups, including social distance. Fourteen percent (Study 1) and 28 % (Study 2) of the participants agreed that people with pedophilia should better be dead, even if they never had committed criminal acts. The strongest predictors of social distance towards people with pedophilia were affective reactions to this group (anger and, inversely, associated, pity) and the political attitude of right-wing authoritarianism (Study 1). Results strongly indicate that people with pedophilia are a stigmatized group who risk being the target of fierce discrimination. We discuss this particular form of stigmatization with respect to social isolation of persons with pedophilia and indirect negative consequences for child abuse prevention.

Keywords Stigma · Pedophilia · Paraphilias · Alcohol abuse · Social distance

Introduction

Though little is known about the offending risk of people with a sexual interest in children (Hanson & Bussière, 1998; Stadtland et al., 2005), the image of "the pedophile" as a predatory child sex offender is so commonly evoked in public debate that it has become a truism in Western cultures (Berlin & Malin, 1991; Jenkins, 1998; West, 2000). Given this mistaken equation of pedophilia with the criminal conduct of child sexual abuse (Feelgood & Hoyer, 2008), it does not seem surprising that pedophilia (termed Pedophilic Disorder in the DSM-5) is among the disorders that provoke the greatest discrimination in the form of increased social distance, that is, the desire to reject stigmatized people at different levels of personal contact (Feldman & Crandall, 2007). Despite this, no research has systematically explored attitudes and affective reactions towards people with pedophilia (who we will from now on refer to as PWP), in comparison to another clinical condition. Furthermore, although people seem to have a desire for social distance from PWP, the individual predictors of such social distance are unknown. The present research sought to fill these gaps in the literature.

A stigma can be understood as a negatively valued attribute of a person or group that reduces its carrier "from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 3). The severe consequences of stigma become particularly apparent in face of discriminatory behaviors ranging from avoiding talking to a stigmatized individual to denying housing or job opportunities (Corrigan, Thompson et al., 2003; Link, 1982; Page, 1977). A plethora of research has explored the stigmatization of mental disorders (for an

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overview, see Angermeyer & Dietrich, 2006). Similar to classical attitude concepts, public stigma (i.e., the reaction of the general public to discredited groups) consists of cognitive, affective, and behavioral components, also discussed under the labels of stereotypes, prejudices, and discrimination (Corrigan & Watson, 2002; Rusch, Angermeyer, & Corrigan, 2005).

Given the multitude of mental disorders, dedicating a research program to stigmatization of PWP might call for a justification, as pedophilia has relatively low prevalence (with estimates usually ranging clearly below 5 % of the general population) (see Seto, 2008) and many people might find the idea of sexual interest in children so repulsive that they will experience little regret for any discrimination PWP might face. Yet, we argue that confusing the logically distinct categories of pedophilia and child sexual abuse does not only create an enormous social and emotional burden for the discredited PWP, who see their life opportunities diminished because of a condition they could neither choose nor change (Seto, 2012), but that stigmatization of atypical sexual interests can also influence sexual (Smolenski, Stigler, Ross, & Rosser, 2011) and non-sexual (Kuyper & Fokkema, 2010; Plöderl et al., 2013) behavior of stigmatized individuals. In the case of PWP, fear of discrimination may lead to social isolation and thus a reduction of social control of pedophilic sexual urges, as well as the chances to implement preventative measures (Goode, 2010; Jahne & Hoyer, 2013). Data published by B4U-ACT (2011, December 30), a Maryland-based network of mental health professionals and PWP indeed indicate that many PWP fear being rejected or treated unfairly and unethically. Even by health care professionals, keeping them from seeking therapeutic help. Therefore, public stigma against PWP may not only have an important (negative) impact on people bearing the stigmatized characteristic, but also restrict meaningful and targeted prevention of sex offenses, which are sometimes related to pedophilic motivation. For all of these reasons, a more systematic investigation of public stigma toward PWP and its direct and indirect effects are required.

We argue that many people associate the construct or diagnosis of pedophilia with stereotypical beliefs about the nature of the illness (e.g., that pedophilia necessarily leads to child abuse or that PWP could change their sexual preference if they wanted to). Likewise, prejudices are apparent in public reactions to pedophilia, either as an affirmation of negative stereotypes (e.g., “Yes, people with pedophilia are very dangerous”) or marked affective reactions (e.g., feeling angry about someone being pedophilic). Discriminatory behaviors against PWP can take such extreme forms as aggression (Seto, 2008) or the denial of treatment (Stiels-Glenn, 2010). Given that (together with antisocial personality disorder) pedophilia was the mental condition that participants wanted to reach the largest social distance from in a previous study (Feldman & Crandall, 2007), we predicted that negative reactions to pedophilia would be stronger than the

reactions to most other mental conditions on all three dimensions of public stigma: cognitive, affective, and behavioral.

Discrimination against PWP is of pivotal interest, because affective and cognitive reactions might remain private reactions whereas actions in the form of (intended) behavior directly influence PWP and may thus evoke the described negative outcomes of fear of rejection, social isolation, and refusal to seek therapeutic care. Thus, it is essential to better describe the predictors of social distance towards PWP as a proxy of discrimination.

The Present Research

We conducted two studies to estimate the prevalence and strength of public stigma against PWP compared with stigma against other groups with a mental illness that arguably cause greater or similar societal costs (note, however, that sexual sadism would only be considered a mental disorder when it is practiced without consent or leads to marked distress). With a large and sufficiently diverse sample to benefit this type of analysis, the first study also explored the variables constituting reliable predictors of discriminatory intentions (i.e., preference for high social distance).

In Study 1, we used a large German sample that did not only consist of college students or highly self-selected online participants. Public stigma to PWP (defined as persons with a dominant sexual interest in children) was compared and contrasted with stigmatizing reactions to persons who abuse alcohol. We chose the latter group for the following reasons: (1) people who abuse alcohol are at a higher risk of committing violent or sexual offenses (Davis et al., 2012; Kerner, Weitekamp, Stelly, & Thomas, 1997), including child sex offenses (Looman, Abracen, DiFazio, & Maillet, 2004), than people who do not abuse alcohol, and (2) alcohol related problems are among the most stigmatized attributes, with the public clearly overestimating the risk of violent behavior (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Siltan, Flannely, Milstein, & Vaaler, 2011), thereby giving us an appropriate stigma benchmark. We argue that, just as people who abuse alcohol are disproportionately believed to be dangerous or to progress to reckless and/or illegal acts under the influence of alcohol, the public might likewise believe people who are sexually attracted to children will act on that attraction.

In Study 2, we followed a very similar rationale by comparing public stigma towards PWP to reactions towards sexual sadists and people with aspects from antisocial personality disorder (disregarding other people's rights) as two groups that are linked even more closely to criminal and immoral behavior in the public's minds than alcohol abuse. To this end, we chose a smaller English-speaking sample that we assessed via the crowdsourcing service Amazon Mechanical Turk (see below

for detailed explanations). The results of Study 2 were intended as an amendment to and a conceptual replication of the stigma contrasts assessed in Study 1. Sexual sadism, that is, the paraphilia describing people who derive sexual pleasure from inflicting pain on others, has been linked to sexual violence and crime (Kirsch & Becker, 2007), but can also be practiced consensually and safely (Wright, 2006). Antisocial personality disorder is a severe mental disorder characterized by a continuous disregard for other people's rights leading to "overt antisocial acts plus traits of impulsivity, irritability and remorselessness" (De Brito & Hodgins, 2009, p. 133) and most likely posing the greatest danger to society from all disorders discussed in this article. In a study by Feldman and Crandall (2007), it was also the mental disorder from which students reported the highest social distance ($M = 5.93$ $SD = .99$ on a 7-point scale), closely followed by pedophilia ($M = 5.91$, $SD = 1.11$) and alcohol dependence ($M = 5.13$, $SD = .86$) (Feldman & Crandall, 2007).

The second major research question of Study 1 sought to better understand the variables predicting discrimination. Instead of measuring discrimination directly, it is common to employ scales that assess behavioral intentions or attitudes as a proxy for actual behavior (Corrigan, Edwards, Green, Diwan, & Penn, 2001), especially when the stigma in question is rare or can easily be concealed. As one example of behavioral intentions towards people with stigmatized mental conditions, Feldman and Crandall (2007) asked a student sample to rate their desired social distance to 40 different patient groups. We followed their rationale by including desired social distance as our central dependent variable.

One central predictor of how negatively the public reacts to others' differentness may be the extent to which they attribute it to intentionality or other controllable factors (Weiner, 1985; Weiner, Graham, & Chandler, 1982). Controllability refers to the degree of volitional influence that the individual could have exerted over a cause (Weiner, 1985). The attribution of uncontrollability to a stigma usually leads to more favorable responses as people are convinced that the other person is not to "blame" for his or her condition (Borchert & Rickabaugh, 1995; Corrigan, 2000; King, 2001; Weiner, Perry, & Magnusson, 1988; Whitley, 1990). The stereotype of controllability (and, therefore, responsibility), however, is associated with reduced pity, increased anger, and aggressive behavior, where people suffering from a condition that is perceived as controllable run a higher risk of being devalued (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003; Greitemeyer & Rudolph, 2003). Obviously, agreement that a condition is very dangerous constitutes another negative stereotype that is strongly associated with anger, fear, reduced pity, and discriminatory intention (Corrigan, Markowitz et al., 2003; Feldman & Crandall, 2007; Liekens, Smits, Laekeman, & Foulon, 2012; Link et al., 1999).

As individuals from different social backgrounds show diverging knowledge about or tendency to agree with

stereotypes about stigmatized groups, it is clear that they differ in their discrimination intention. Factors that have previously been found to be linked to stigma include gender, residency in smaller versus larger cities, age, and educational level (Angermeyer & Dietrich, 2006; Steffens & Wagner, 2004). Also, personality traits, such as right wing authoritarianism (RWA), have been established as factors strongly associated with negative attitudes towards stigmatized people, especially if these people are perceived as a threat to social rules and norms (Poteat & Mereish, 2012; Whitley, 1999; Whitley & Lee, 2000; Zick et al., 2008). RWA manifests the "motivational goal of societal or group security and order (obtained through establishing and maintaining societal or group control, stability, and cohesion) generated by a view of the social world as dangerous and threatening" (Duckitt, 2006, p. 685).

In summary, while characteristics of stigma against many different stigmatized groups have been analyzed in detail in a multitude of articles, stigma against PWP has hardly been recognized or studied (Jahnke & Hoyer, 2013), making these two surveys the first to specifically address this issue. To this end, we compared stigma against PWP with other devalued groups (people who abuse alcohol, sexual sadists, and people with antisocial tendencies) and tested whether social distance can be predicted by stereotypes (dangerousness, controllability), affective reactions (anger, fear, reduced pity), personality (RWA), and sociodemographic variables (age, gender, educational level, residency in a smaller vs. larger city). Moreover, we expected parents with children in age groups vulnerable to child sex abuse to be more concerned about this crime (Stickler, Salter, Broughton, & Alario, 1991) and, by extension, PWP.

Study 1

Method

Participants and Procedure

We collected data from October 15 to December 15, 2012, in public areas in Dresden (in the Eastern part of Germany, $n = 449$) and Stuttgart (in the Western part of Germany, $n = 405$). Investigators approached pedestrians on the street and asked whether they would like to participate in a 10-min survey authorized by Technische Universität Dresden. Whenever pedestrians approached showed interest, the investigators proceeded by providing information about the questionnaire and the aims of the study. In order to reduce bias and promote honest responding, the study objectives were presented in a morally neutral way, as in this excerpt of the information sheet: "Individuals differ in their opinion about people who abuse alcohol or people with a dominant sexual interest in children. Some may feel more

accepting [...], while others may have a very negative opinion about them. [...] Now we want to ask you about your opinions.” After obtaining written consent, participants were instructed to fill out the scale by themselves, answering items pertaining to people who abuse alcohol in the first part of the study and PWP afterwards. In total, 854 participants were tested. Participants ranged from age 18–86 years ($M = 39.78$, $SD = 18.03$, 48.1 % male). Most participants (67.1 %) had completed the *Abitur*, which is a German school certificate (similar to a U.S. high school certificate and college entry exam). Among the participants, 46.2 % had children (in the case of 15.5 %, children were younger than 14), and 58.7 % lived in a city with more than 100,000 inhabitants.

Measures

Pedophilia and Alcohol Abuse As pedophilia is a highly debated and unclear term both in the field (Blanchard, 2010; Green, 2002; Malón, 2012) and the general public (McCartan, 2004; West, 2000), we decided to replace it with a short and simplified description of what we consider its main feature (see also Beier et al., 2009; for the effect of the pedophilia label, see Imhoff, 2014). Hence, participants were asked for their opinion about and feelings towards *people who are dominantly sexually interested in children* (as a description of PWP) and *people who almost daily drink large amounts of alcohol* (as the descriptive term for people who abuse alcohol).

Cognitive Beliefs and Stereotypes The Controllability scale (see Table 1) was developed and pretested in a heterogeneous ad hoc sample. The three items that best represented their respective scale were chosen for the final version of the questionnaire (pretest results available from the corresponding author). In the present study, reliability of the scale was good ($\alpha = .79$ for people who abuse alcohol, $\alpha = .89$ for PWP). The Dangerousness scale (see Table 1) contained three items, measuring agreement to statements concerning PWP or people who abuse alcohol being (generally) dangerous for children (Item 1), adolescents (Item 2), or adults (Item 3). Items 1–2 were combined in a scale that proved to be sufficiently reliable in this study ($\alpha = .90$ for people who abuse alcohol, $\alpha = .69$ as pertaining to PWP). Both stereotype scales were rated on a 7-point Likert scale (0–6), ranging from *do not agree at all* to *completely agree*.

Affective Reactions We assessed fear, anger, and pity towards PWP and people who abuse alcohol with one item each (see Table 1). Participants had to rate how much they agreed with feeling one of the aforementioned emotions when thinking of PWP and people who abuse alcohol. The response format was a 7-point Likert scale (0–6), ranging from *do not agree at all* to *completely agree*.

Discriminatory Behavioral Intentions The Social Distance scale requires a rating of how much a person would agree to interact with another person at different levels of social contact. Based on Bogardus’ (1933) second version of the Social Distance scale, we developed a modified measure to assess social distance (items are shown in Table 1). To the previously introduced description of pedophilia, we added the information that, so far, no transgression of the law had been committed, rendering the instruction as follows: “How do you feel about interacting with people who (are dominantly sexually interested in children/almost daily drink large amounts of alcohol), but have never committed a crime?” As some of Bogardus’ original items (e.g., “Would have several families in my neighborhood,” “Would marry”) did not fit well in this context, we applied modifications and replaced items where necessary. The items “These persons should be incarcerated” and “These persons should better be dead” were added as the extreme end of the scale. Participants indicated their response on a 7-point Likert scale (0–6), ranging from *do not agree at all* to *completely agree*. All positively formulated items were recoded, so that a higher score reflected a higher level of social distance. Reliability in the current dataset was sufficiently high ($\alpha = .77$ for people who abuse alcohol, $\alpha = .82$ for PWP).

Right-Wing Authoritarianism (RWA) To measure RWA, we used a short four-item scale successfully employed in previous research (e.g., Davidov, Thorner, Schmidt, Gosen, & Wolf, 2011; Zick et al., 2008). Items read, “We should be grateful for leaders who can tell us exactly what we should do,” “Obedience and respect for authority are among the most important characteristics a person can have,” “Crime should be punished more harshly,” and “To maintain law and order, stronger action should be taken against outsiders and troublemakers.” Responses were given on a 7-point Likert scale (0–6), ranging from *do not agree at all* to *completely agree*. Reliability analysis showed an acceptable consistency index ($\alpha = .78$).

Results

Comparing Public Stigma Against PWP and People Who Abuse Alcohol

Descriptive statistics of each item as well as relative frequencies of people agreeing or expressing uncertainty are shown in Table 1. As some scales deviated clearly from normal distribution, Wilcoxon Signed-Rank Tests were conducted to compare ranks in the two conditions (PWP vs. people who abuse alcohol).

Public stigma towards PWP was significantly stronger on all tested variables, except for the ratings on controllability and dangerousness for adults (see Table 2). While all comparisons showed medium to large effects (according to guidelines recommended by Cohen, 1992), the largest differences were found for the variables of anger (with 84 % agreeing to feel anger

Table 1 Means, SDs, and frequency of agreement (in %) with stigma items for PWP and people who abuse alcohol (Study 1)

Scale	Items	Items pertaining to pedophilia				Items pertaining to alcohol abuse			
		N	(M/SD)	Agree ^a	Uncertain ^b	N	(M/SD)	Agree ^a	Uncertain ^b
Controllability	(A dominant sexual interest in children/Drinking large amounts of alcohol almost daily) is something that one can choose.	844	2.21 (2.07)	26.18	16.00	850	3.44 (1.96)	51.06	18.71
	People with (a dominant sexual interest in children/who drink large amounts of alcohol almost daily) have taken a deliberate decision to have these interests.	842	2.41 (2.07)	30.29	15.32	849	3.07 (1.89)	40.16	21.44
	People have the choice whether they (have a dominant sexual interest in children/drink large amounts of alcohol almost daily) or not.	841	2.41 (2.08)	29.37	16.65	844	3.81 (1.88)	55.69	19.31
Dangerousness for children and adolescents	A person (with a dominant sexual interest in children/who drinks large amounts of alcohol almost daily) poses a danger to children.	850	5.73 (0.85)	97.29	1.06	854	4.48 (1.74)	72.37	13.11
	A person (with a dominant sexual interest in children/who drinks large amounts of alcohol almost daily) poses a danger to adolescents.	849	5.15 (1.32)	91.05	3.30	854	4.47 (1.64)	72.37	14.40
	A person (with a dominant sexual interest in children/who drinks large amounts of alcohol almost daily) poses a danger to adults.	848	2.81 (2.22)	38.56	13.92	854	3.91 (1.79)	57.26	20.96
Affective reaction	When I think of a person (with a dominant sexual interest in children/who drinks large amounts of alcohol almost daily), I feel afraid.	824	3.88 (2.28)	62.50	10.19	810	2.54 (1.96)	32.22	17.16
	When I think of a person (with a dominant sexual interest in children/who drinks large amounts of alcohol almost daily) I feel pity.	830	2.29 (2.27)	31.08	11.20	831	3.92 (1.93)	64.02	13.84
	When I think of a person (with a dominant sexual interest in children/who drinks large amounts of alcohol almost daily) I feel anger.	837	5.01 (1.75)	84.11	4.30	814	2.90 (2.10)	40.66	15.11
Social distance ^c	Would have these persons as friends.	848	0.96 (1.43)	7.08	8.37	845	2.38 (1.72)	23.79	23.43
	Would accept these persons in my neighborhood.	847	1.24 (1.63)	10.39	11.22	842	3.40 (1.72)	47.39	22.80
	Would accept these persons as colleagues at work.	845	1.43 (1.76)	14.44	11.48	842	2.56 (1.83)	30.64	22.21
	Would talk to them.	848	2.61 (2.12)	34.20	16.16	841	4.15 (1.77)	66.35	16.53
	These persons should be incarcerated.	845	2.80 (2.34)	38.70	11.83	841	0.66 (1.30)	5.11	4.88
	These persons should better be dead.	840	1.14 (1.94)	13.69	9.52	840	0.31 (1.04)	2.98	2.74

PWP people with pedophilia

^a Defined as a score of 4–6 (on a Likert scale of 0–6)^b Uncertain = defined as a score of 3 (on a Likert scale of 0–6)^c Instruction: “How do you feel about interacting with people who (are dominantly sexually interested in children/almost daily drink large amounts of alcohol), but have never committed a crime?”

towards PWP and 41 % agreeing to feel anger towards people who abuse alcohol) and social distance, especially the items “I would accept these persons in my neighborhood” (10 % agree for PWP, 47 % agree for people who abuse alcohol), “These persons should be incarcerated” (39 % agree for PWP, 5 % agree for people who abuse alcohol), and “These persons should better be dead” (14 % agree for PWP, 3 % agree for people who abuse alcohol). Both groups were considered a danger to children and adolescents by a majority of participants (more than 90 % agree for PWP, more than 70 % agree for people who abuse alcohol). People who abuse alcohol were generally seen as more in control

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

Predictors of Social Distance Towards PWP

To analyze how different aspects of stigma towards PWP correlated with each other and participant characteristics, Spearman correlations were used (see Table 3, results on stigma towards

Table 2 Comparison between public stigma against PWP and people who abuse alcohol (Wilcoxon Test, Study 1)

Scale	<i>z</i>	<i>p</i>	<i>r</i>	<i>N</i>
Controllability	−14.82	<.001	−.52	823
Dangerousness for children and adolescents	15.69	<.001	.54	849
Dangerousness for adults	−12.90	<.001	−.44	848
Fear	13.90	<.001	.49	800
Pity	−16.25	<.001	−.57	816
Anger	19.38	<.001	.68	806
Social distance	22.08	<.001	.77	814

PWP people with pedophilia

alcohol abusers available from the corresponding author). We found significant medium-sized correlations between social distance and RWA, dangerousness for children and adolescents, dangerousness for adults, pity, and anger. Smaller significant correlations were found for age, parental status (i.e., having children younger than 14), controllability, fear, and educational level. Younger age was linked to higher social distance towards PWP, but lower social distance towards people who abuse alcohol ($r = .17, p < .001$). Gender was not associated with social distance scores towards PWP, but women showed higher levels of fear, anger, and perceived dangerousness for children, adolescents, and adults.

In order to determine the effect of each variable on social distance while controlling for all other parameters, we conducted a multiple regression with stereotypes of pedophilia (controllability, dangerousness for adults, dangerousness for children and adolescents), affective reactions towards PWP (fear, anger, and pity), and participant characteristics (age, parental status, educational level, residency, gender, RWA) as predictors. All factors were entered simultaneously (forced entry). Results are shown in Table 4. The regression model accounted for 36 % of variance in the social distance score. Social distance was significantly related to greater anger, less pity, more RWA, younger age, less education, greater perception of dangerousness for adults, children, and adolescents, and to having children in an age of potential victimization through child sexual abuse (from highest ranking to lowest ranking according to beta weights). Fear, controllability, gender, and residency in smaller versus larger cities did not significantly improve the model.

Study 2

Method

Participants and Procedure

We gathered data online from 201 participants through the crowdsourcing service Amazon Mechanical Turk (MTurk).

MTurk is a U.S.-based Internet marketplace where requesters can seek workers for tasks that require human intelligence (as opposed to computer algorithms). Recently, MTurk has become increasingly popular for psychological researchers as the population of MTurk workers is more diverse than undergraduate psychology students and produces high quality data (Buhrmester, Kwang, & Gosling, 2011). Shapiro, Chandler, and Mueller (2013) have shown MTurk to be a promising research tool with respect to data quality and representativeness also for clinical research. Participants were paid \$0.35 for their participation. Participants' age ranged from 18 to 68 years ($M = 33.38, SD = 11.69$) and 56.7 % were male. About half (52.7 %) lived in a city with more than 100,000 inhabitants and 22.4 % had one or more children under 14 years of age. Ethnicity was mostly White (6.6 % Asian; 6.1 % Hispanic; 8.6 % Black; 74.2 % White, 4.5 % other/mixed). Participants' sexual orientation and relationship status was mixed (90.5 % heterosexual, 9.5 % homosexual or bisexual, 52.2 % with partner). Also, 43.3 % held a Bachelor's degree or higher.

Describing Pedophilia, Sexual Sadism, and Antisocial Tendencies

We used the same description for pedophilia already employed in Study 1. Sexual sadists were described as *people with a dominant sexual interest in inflicting physical pain on others* while the description of the third group, *people who continuously disregard other people's rights*, was based on one aspect of antisocial personality disorder. Following the logic of Study 1, we asked for attitudes towards sexual sadists, PWP, and, at the end of the questionnaire, people with antisocial tendencies using the same set of items. All stigma measures from Study 1 underwent a translation/back-translation procedure involving a bilingual native English speaker and scientist.

Cognitive Beliefs and Stereotypes

We used the English version of the controllability scale and the dangerousness for children and adolescents scale that were employed in Study 1 (see above). Reliability in this study was high across all studied stigmatized groups (Cronbach's $\alpha = .92, .87$, and $.89$ for controllability, and Cronbach's $\alpha = .77, .97$, and $.97$ for dangerousness for children and adolescents with respect to PWP, sexual sadists, and people with antisocial tendencies, respectively).

Affective Reactions

As in Study 1, we assessed fear, anger, and pity towards PWP, sexual sadists, and people with antisocial tendencies with one item each.

Table 3 Correlations (Spearman, two-tailed) for sociodemographic characteristics and public stigma towards PWP (Study 1, *N* in brackets)

Scale	Age	Gender	RWA	Edu.	Parent.	Residency	Control.	Danger. for child. and ado.	Danger. for adults	Fear	Pity	Anger	Social distance
Age	1.00 (854)												
Gender	.01 (853)	1.00 (853)											
RWA	-.01 (838)	-.00 (837)	1.00 (838)										
Edu.	-.16** (845)	-.01 (844)	-.29** (831)	1.00 (845)									
Parent.	.029 (824)	-.03 (823)	-.00 (808)	-.06 (815)	1.00 (824)								
Residency	-.13** (848)	-.02 (847)	-.05 (832)	.034 (839)	-.01 (818)	1.00 (848)							
Control.	-.02 (837)	-.02 (836)	.33** (822)	-.13** (830)	.06 (809)	-.04 (831)	1.00 (837)						
Danger. for child. & ado.	.11** (849)	.16** (848)	.24** (835)	-.12** (841)	.03 (819)	-.02 (843)	.21** (833)	1.00 (849)					
Danger. for adults	-.08* (848)	.08* (847)	.33** (835)	-.14** (840)	.06 (818)	-.04 (842)	.29** (832)	.43** (848)	1.00 (848)				
Fear	.06 (824)	.25** (823)	.17** (810)	-.10** (817)	.12** (796)	-.07 (819)	.10** (808)	.28** (823)	.26** (822)	1.00 (824)			
Pity	.12** (830)	-.02 (829)	-.17** (818)	.12** (823)	-.04 (801)	-.00 (825)	-.28** (814)	-.16*** (830)	-.11** (830)	.044 (817)	1.00 (830)		
Anger	.034 (837)	.16** (836)	.27** (825)	-.15** (830)	.00 (807)	-.05 (831)	.27** (821)	.38** (837)	.28** (837)	.28** (819)	-.22** (823)	1.00 (837)	
Social distance	-.17** (833)	.020 (832)	.38** (822)	-.20** (825)	.09** (803)	-.04 (828)	.29** (817)	.30** (833)	.31** (833)	.16** (807)	-.35** (817)	.44** (823)	1.00 (833)

RWA right wing authoritarianism, *Edu.* educational level, *Parent.* parental status (whether or not someone has children younger than 14), *Residency* residency in smaller vs. largercity (less or more than 100,000 inhabitants), *Control.* controllability, *Danger.* dangerousness, *child. & ado.* children and adolescents

* $p < .05$; ** $p < .01$

Table 4 Predictors of social distance towards PWP (multiple regression, Study 1, $N=739$)

Predictors	Simultaneous multiple regression (PWP)				
	<i>b</i>	<i>SE b</i>	β	<i>t</i>	<i>p</i>
Constant	2.63	.38		6.92	<.001
Anger	.18	.03	.24	7.12	<.001
Pity	-.12	.02	-.20	-6.34	<.001
RWA	.19	.03	.20	5.92	<.001
Age	-.01	.00	-.17	-5.51	<.001
Educational level	-.26	.09	-.09	-2.91	<.01
Dangerousness for adults	.06	.02	.09	2.66	<.01
Dangerousness for children and adolescents	.12	.05	.08	2.31	<.05
Parental status	.26	.11	.07	2.37	<.05
Controllability	.04	.02	.06	1.64	ns
Residency	-.08	.08	-.03	<1	ns
Gender	-.07	.08	-.03	<1	ns
Fear	.01	.02	.02	<1	ns

Simultaneous multiple regression: $R^2 = .37$, adjusted multiple $R^2 = .36$, $F(12, 738) = 35.60$, $p < .001$, predictors were rank-ordered by beta weights

Discriminatory Behavioral Intentions

We used the English version of the Social Distance scale relating to PWP presented in the first study, again adding that, so far, the person with pedophilia, sexual sadism, or antisocial tendencies has not broken the law. Reliability in this study was, again, high (Cronbach's $\alpha = .84$, .91, and .79 for PWP, sexual sadists, and people with antisocial tendencies, respectively).

Results

A descriptive analysis of our results (M , SD , and the percentage of people agreeing with or being uncertain about each item) are shown in Table 5. We conducted Wilcoxon Signed-Rank Tests to test whether reactions towards PWP differed significantly from reactions towards sexual sadists or people with antisocial tendencies, respectively (see Table 6). To correct for multiple comparisons, the alpha level was set at .025 (Bonferroni method). Comparing reactions towards PWP and sexual sadists, we found significant medium to large effects (Cohen, 1992) on all public stigma variables (except for dangerousness to adults, where we found no significant differences between the groups), with participants reacting more negatively to PWP, except for controllability and pity. Differences in dangerousness for children and adolescents

and social distance were especially pronounced to the disfavor of PWP. Results comparing PWP and people with antisocial tendencies were more mixed. For example, the latter group was seen as more dangerous to adults, while both groups did not differ significantly with respect to the anger that the great majority of participants reported feeling towards them. With 44 % of the participants agreeing that “having a dominant sexual interest in children is something that one can choose,” pedophilia was perceived as less controllable than sexual sadism and antisocial personality. Also, PWP were believed to pose a greater danger to children and adolescents than the two other groups (with, e.g., 94 % agreeing that PWP posed a danger to children, but only 33 and 67 % perceiving sexual sadists or people with antisocial tendencies in such a way). Forty percent of the participants reported feeling pity towards PWP, compared with 24 % for sexual sadism and antisocial personality. Participants reported a very high desire for social distance towards PWP compared with the two other groups across all levels of intimacy, with only 5 % willing to befriend these people (compared with 48 and 8 % who would befriend sexual sadists or people with antisocial tendencies). A little more than half of the sample agreed that PWP should be incarcerated (compared with 9 and 22 % recommending a similar treatment for the two other groups) and 28 % agreed that they should better be dead (compared with 6 or 8 % for sexual sadists or people with antisocial tendencies).

Discussion

The goal of the two studies was to empirically examine the extent of stigmatization of PWP and the predictors of discrimination intent against this group. In order to contrast opinions towards PWP with opinions towards other groups, we developed an economic and reliable instrument to assess all attitudes with a similar set of items. Consistent with our assumptions, PWP were a group that the public strongly reacted to with negative emotions, social distance, and stigmatizing assumptions, even when contrasted with people who abused alcohol, sexual sadists, or people with antisocial tendencies in their personality. As it is well-established that the latter groups (except for sexual sadists, where such a stigma can only be assumed due to lack of empirical data) are severely despised, stigma against PWP appears to be all the more devastating in comparison. Secondly, many people hold beliefs towards PWP (e.g., that they are in control of their sexual interests) that are not in accordance with empirical evidence (see below). Thirdly, in line with theoretical and empirical findings in stigma literature (Corrigan et al., 2002; Feldman & Crandall, 2007), social distance towards PWP was associated with a wide array of parameters ranging from stereotypes and affective reactions to socioeconomic and personality variables. A regression model with eight predictor

Table 5 *M*, *SD* and relative frequency of agreement with items referring to PWP, sexual sadists and people with antisocial tendencies (Study 2, *N* = 201)

Item	Items pertaining to pedophilia			Items pertaining to sexual sadism			Items pertaining to antisocial tendencies		
	(<i>M/SD</i>)	Agree ^a	Uncertain ^b	(<i>M/SD</i>)	Agree ^a	Uncertain ^b	(<i>M/SD</i>)	Agree ^a	Uncertain ^b
X is something that one can choose.	4.12 (2.08)	44.28	17.91	4.56 (1.89)	55.72	15.42	6.01 (1.45)	88.06	4.48
People with X have taken a deliberate decision to have these interests.	4.37 (2.08)	48.76	18.41	4.47 (1.78)	50.25	20.40	6.04 (1.35)	86.57	7.46
People have the choice whether they have X or not.	4.40 (2.06)	47.76	18.91	4.70 (1.79)	55.72	17.91	6.22 (1.23)	89.55	6.47
X poses a danger for children.	6.53 (1.00)	93.53	3.98	3.57 (1.95)	32.84	15.92	5.11 (1.73)	67.16	17.41
X poses a danger for adolescents.	5.89 (1.50)	83.08	8.46	3.71 (1.93)	38.81	16.92	5.21 (1.71)	70.65	14.93
X poses a danger for adults.	4.03 (2.09)	39.30	18.41	4.18 (1.95)	50.75	14.93	5.38 (1.61)	75.12	14.93
When I think of X I feel fear.	4.71 (2.18)	59.20	10.45	3.36 (2.02)	32.84	10.95	4.12 (2.06)	47.26	16.92
When I think of X I feel pity.	3.73 (2.35)	40.30	9.45	2.91 (1.94)	23.88	10.45	2.80 (2.04)	24.38	9.95
When I think of X I feel anger.	5.89 (1.64)	83.58	5.47	3.05 (1.93)	23.38	17.91	5.67 (1.59)	80.10	8.96
Would have as friends.	1.75 (1.27)	4.76	6.97	4.10 (2.00)	42.86	15.42	1.96 (1.30)	7.14	5.97
Would accept in my neighborhood.	1.85 (1.42)	5.71	7.46	4.41 (2.04)	52.86	12.94	2.47 (1.56)	11.43	13.93
Would accept as colleagues at work.	2.18 (1.63)	10.95	11.94	4.76 (1.94)	58.57	14.93	2.54 (1.57)	13.33	14.43
Would talk to them.	2.34 (1.77)	14.76	8.96	4.85 (1.99)	60.48	14.43	2.66 (1.77)	16.67	13.93
Should be incarcerated.	4.54 (2.20)	48.57	18.41	2.11 (1.60)	8.57	8.96	3.15 (1.98)	20.95	23.38
Should better be dead.	3.20 (2.25)	26.67	14.43	1.69 (1.38)	6.19	5.97	2.12 (1.64)	8.10	11.94

X = description of pedophilia, sexual sadism, antisocial tendencies, respectively

^a Defined as a score of 4–6 (on a Likert scale of 0–6)

^b Uncertain = defined as a score of 3 (on a Likert scale of 0–6)

^c Instruction: “How do you feel about interacting with people who (are dominantly sexually interested in children/have a dominant sexual interest in inflicting pain on others/continuously disregard other people’s rights), but have never committed a crime?”

Table 6 Comparisons between public stigma against PWP vs. PSS, and PWP vs. PA (Wilcoxon Test, Study 2, *N* = 201)

Scale	<i>z</i> (PSS)	<i>p</i> (PSS)	<i>r</i> (PSS)	<i>z</i> (PAT)	<i>p</i> (PAT)	<i>r</i> (PAT)
Controllability	−2.15	.031	−.15	−9.73	<.001	−.69
Dangerousness for children and adolescents	10.94	<.001	.77	7.41	<.001	.52
Dangerousness for adults	−1.21	<i>Ns</i>	−.09	−6.94	<.001	−.49
Fear	7.31	<.001	.52	3.74	<.001	.26
Pity	4.41	<.001	.31	5.32	<.001	.38
Anger	10.87	<.001	.77	1.56	<i>ns</i>	.11
Social distance	11.41	<.001	.81	6.67	<.001	.47

PWP people with pedophilia, PSS people with sexual sadism, PAT people with antisocial tendencies

variables accounted for 36 % of the variance in social distance towards PWP. Although both studies converge in these main findings, the two samples were too different with respect to participant characteristics (cultural background, language, sociodemographic characteristics) and sampling modality (online vs. pen and paper) to directly compare the results of both studies.

As we consider the smaller-sized Study 2 as a replication and extension of the first survey, we will focus our discussion on the results of Study 1 and include a much briefer section on Study 2.

For the first study, an in-depth analysis of responses to PWP in contrast to people who abused alcohol revealed marked differences between the two conditions. First of all, the latter group was perceived as more in control of their condition than PWP. A descriptive analysis of our data, however, showed that about one third of participants nevertheless considered pedophilia itself to be controllable in that one can choose whether to have a sexual interest in children or not. This assumption is not in accordance with scientific data or clinical experience (Hall & Hall, 2007). In fact, evidence strongly indicates that people with this condition have as little control over the object of their desires as individuals with a homo- or heterosexual orientation towards adults (Seto, 2008).

Furthermore, PWP were perceived as more dangerous to children and adolescents by far, but less dangerous to adults than people who abused alcohol. As indicated by very high levels of perceived dangerousness, the public seems to assume that pedophilia is closely linked to, or even synonymous with, the criminal conduct of child sexual abuse (McCartan, 2004) that has been linked to severe consequences for

the child's health and psychological functioning (Irish, Kobayashi, & Delahanty, 2010) (note that causal nature of these associations is in doubt owing to confounds; see also Rind, Tromovitch, & Bauserman, 1998). This however, represents a mix-up of psychopathological and legal terms (Feelgood & Hoyer, 2008; Murray, 2000; Seto, 2008). Child sex offenses may occur for many reasons other than a genuine sexual interest in children and a subgroup of PWP whose size is currently unknown, but possibly large, deliberately abstains from sexual contacts with children (Schmidt, 2002). Although most participants disagreed that PWP are posing a danger to adults, more than one third nonetheless believed in this statement. One possible explanation is that high ratings of dangerousness for adults could have been caused by a negative halo-effect among particularly prejudiced study participants or the interpretation that adults would indirectly suffer harm when they learn of their children having been sexually abused. Yet, high dangerousness ratings in this category could also point to a genuine concern that PWP might display antisocial, sexually disinhibited, or otherwise undesirable behavior towards adults. Future studies are needed to determine whether any of the above-mentioned interpretations are empirically valid.

Participants reacted with high levels of anger and fear and little pity towards PWP, showing remarkably more negative affective reactions to this group than towards people who abused alcohol. Anger was especially prevalent, with more than 80 % agreeing that they felt angry when thinking about PWP. Attributions of uncontrollability usually lead to the reasoning that a stigmatized person is not to blame for his or her condition, which in turn triggers more favorable emotional responses (Weiner et al., 1988). Therefore, the level of self-reported anger is an unexpectedly high estimate for pedophilia as a disorder that the majority does not perceive to be controllable.

Similarly unsettling findings were obtained for discrimination intention towards PWP. Participants intended to withhold companionship and personal contact from PWP across all levels of intimacy. A striking 14 % of the sample agreed that they should better be dead (and even twice as many in Study 2) and 39 % would recommend imprisonment (compared with 3 or 5 % who would demand similarly drastic measures for people who abuse alcohol), even though the questionnaire made clear that the person had never committed a crime. While it has previously been shown that social distance towards PWP is higher than towards persons suffering from one of many other mental disorders (Feldman & Crandall, 2007), ours was the first study to reveal social distance towards this group to be prevalent even in the explicit absence of criminal behavior (for a similar effect on punitive attitudes, see Imhoff, 2014). In contrast to Feldman and Crandall's (2007) results obtained from a student population, participants in Study 2 reported even more social

distance towards people with pedophilia than toward people with antisocial tendencies.

Another central aspect of Study 1 was to quantify the extent to which a number of psychological and sociodemographic variables predicted stigmatizing responses towards PWP. In line with the literature on the appraisal of other mental disorders (e.g., schizophrenia) (Corrigan, Thompson et al., 2003), higher perceived controllability was related to anger, reduced pity, and social distance. Yet, there was no discernible individual effect of controllability on social distance in the regression model. It may be speculated that Weiner's original idea that uncontrollability triggers less discriminating behavior is too simplistic for our analysis of stigma against PWP (see also Haslam, 2005). While it is common for others to be accepting towards a person who suffers due to a condition that is perceived as being out of his or her control, this reaction is probably less likely to occur when the person is believed to be causing suffering to other people due to the uncontrollable condition (in which case the perception of controllability might be of little consequence for social distance or even lead to greater avoidance). In future research on stigma against PWP, this aspect should receive more conceptual attention, taking into account the above considerations. In line with previous findings, however, perceived dangerousness (for children and adolescents as well as adults) was shown to predict social distance towards PWP.

Among affective reactions, anger and pity were important predictors of social distance towards PWP, while fear was not. As predicted by attribution theories of stigmatization (Corrigan, Markowitz et al., 2003), anger was related to increased social distance and pity to increased acceptance. Furthermore, we found several sociodemographic and personality variables to be linked to social distance or other indicators of stigma. The results of our survey correspond with common scientific findings on public stigma, such as the fact that people with a higher educational level show fewer tendencies to report stigmatizing opinions (for an overview, see Angermeyer & Dietrich, 2006).

RWA, which has been associated with a consistently more stigmatizing stance (Poteat & Mereish, 2012; Zick et al., 2008), was the single most important predictor of social distance in our study. Believing strongly in "submission to established authorities and the social norms these authorities endorse" and "aggressing against whomever these authorities target" (Altemeyer, 1998, p. 86), people scoring high on RWA in this study showed reactions towards PWP that were even more hostile than the reports from people with average or low levels of RWA.

Moreover, in this study, women reported slightly more fear and anger towards PWP. This gender difference might be explained by the fact that women consistently report higher fear of crimes and a higher perceived vulnerability to be victimized (Lagrange & Ferraro, 1989). While women are

generally less prejudiced towards gays and lesbians than men (Kite, 1984; Kite & Whitley, 1996), the link between gender and mental illness stigma is found to be inconsistent in most studies on the stigma of mental illness, with some studies failing to show an effect and others reporting either men or women as holding more favorable attitudes (Angermeyer & Dietrich, 2006).

Though prevalent in all age groups, public stigma towards PWP seems to be particularly pronounced among younger people. This is a counterintuitive finding in stigma research, where older participants typically hold more discriminating opinions towards stigmatized groups (Angermeyer & Dietrich, 2006; Herek, 2002; Liekens et al., 2012). This correlation cannot be explained by older people being less likely to have children below the age of consent, as this variable was statistically controlled. To explain this finding, an examination of the historical dynamics of how society perceived child sexual abuse and dealt with it might be particularly enlightening. Many scholars have listed the current public fears concerning child sex offenders as a typical example of a moral panic situation (Jenkins, 1998; Schultz, 2008; West, 2000), “as public perceptions of the problem have become increasingly focused on sexual abuse and sensationally atypical cases outside the family” (Cohen, 2011, p. xvi). People born after the start of this moral panic situation, that is, during the 1980s (Jenkins, 1998), are likely to have more thoroughly absorbed corresponding stereotypes and prejudices concerning pedophilia and child sexual abuse. Subsequent studies, however, are necessary to explain whether this result is actually indicative of more open attitudes towards PWP among older citizens or whether it is due to a selection bias in sample recruiting (such as older people with more discriminatory attitudes being more likely to refuse participation in the study than younger people with similar attitudes). Yet, the finding that the association between age and social distance was found to be in the expected direction for people who abused alcohol argues for the overall validity of our findings.

An important limitation that needs to be addressed is that data were gathered in an unselected sample that, albeit being considerably large and heterogeneous, differs substantially from the German population with respect to age, educational level, and possibly other unknown variables. This survey therefore did not offer representative data on its subject and is still not sufficiently large or diverse to statistically adjust it to match the demographic characteristics of the overall population. Another potential limitation, present in both studies, was the fixed order of target groups. Participants always reported their attitudes towards PWP after judging another target group (people who abused alcohol in Study 1 and sexual sadists in Study 2). We cannot, therefore, rule out that the results were affected by order effects, as this would have required counterbalancing the target groups. While we can acknowledge that the exact size our effects might have

been subtly different if the order was reversed, we strongly doubt that the effect of judging one group before the other provides an alternative explanation for the drastic differences we found. Despite these limitations, this survey provides, to the best of our knowledge, the most comprehensive analysis on public stigma towards PWP and prompts re-thinking ways of how to deal with the problem that PWP might pose for society.

Second Study

The second study added to the results of previously discussed data of the first study by showing stigma against PWP to be markedly high in an independent sample of English-speaking participants recruited via mTurk, a sample that differed from that of Study 1 not only with respect to cultural background, language, and the sampling procedure, but also sociodemographic characteristics (e.g., a younger age and higher number of children in the MTurk sample). Comparing attitudes towards PWP with those towards sexual sadists and people with an antisocial personality, we showed many aspects of stigma against PWP to be comparable to or to surpass even the very negative reactions towards people with antisocial tendencies and sexual sadists, especially with respect to dangerousness for children, fear, anger, and social distance. In contrast to Feldman and Crandall's (2007) results obtained from a student sample, participants in this sample reported being more likely to shun PWP than people with antisocial personality. In this survey, 28 % agreed that PWP should better be dead despite never having committed a crime (with less than a third of this number demanding a similar fate for non-offending sexual sadists or people with antisocial tendencies). While this drastic value points to the possibility that condemnation of PWP is even more extreme in this sample (of presumably mostly U.S. Americans), this interpretation warrants some caution. As mentioned above, both studies not only differed with regard to national context but also with regard to anonymity (web-based vs. face-to-face administration of the questionnaire), age (older sample in Study 1), and gender distribution (more men in Study 2), to name just a few. Although the latter two could be controlled statistically, the first (and in all likelihood most relevant one) cannot. We thus refrain from interpreting this difference as a national difference. As another noteworthy aspect of Study 2, a surprisingly large number of more than one-third of the participants reported feeling pity towards PWP, much more so than towards the other studied groups.

As in Study 1, this survey did not provide representative data on its subject, but offered evidence that (1) the extreme stigma we found in our German sample can be conceptually replicated in a culturally different sample assessed through a very different sampling procedure and (2) reactions towards PWP

were markedly negative even compared with groups that are arguably more despised than people who abuse alcohol.

As has been shown for many other mental disorders, trouble and suffering does not only arise from the symptoms of the disorder, but also from unfavorable societal reactions (Rusch et al., 2005). For many people with a mental disorder, fears of being stigmatized as such hold them from seeking professional help (Leaf, Bruce, Tischler, & Holzer, 1987) and leads to lower levels of self-esteem (Corrigan, Faber, Rashid, & Leary, 1999) and self-efficacy (Corrigan, Watson, & Barr, 2006). Only very few data exist on how PWP in particular perceive and react to public stigma against them (Jahnke & Hoyer, 2013), but there is some evidence that PWP feel stigmatized and avoid seeking help because they expect negative reactions even from the professional (B4U-ACT, 2011). This problem, alongside other possible adverse stigma-related effects on the individual with pedophilia, such as social isolation and reduced self-esteem, could lead to a lack of social control and support as well as intense negative states, all of which have been hypothesized to increase the risk of sexually abusive behavior (Ward & Beech, 2006). Obviously, a more compassionate and ethical treatment of PWP could help increase the number of PWP who risk disclosing their sexual interest in children to friends, family, and, of course, health care specialists. Thus, the effect of perceived stigma on variables such as motivation for therapy or child abuse risk vulnerabilities needs to be considered, including planning and executing efficient child abuse prevention programs directed at PWP (Beier et al., 2009; Seto, 2012).

As health care professionals live and work in an environment where many people have little regard for the needs (or even basic human rights) of PWP, they may feel reluctant or discouraged about offering help to patients with pedophilia. The experience of being turned away or treated unempathetically by a health care professional in a situation of heightened vulnerability is likely to be particularly stressful for a patient with pedophilia (who might have no one else to turn to). Therefore, it is of primary importance to educate practitioners about stigma and the mental health needs of PWP and to counteract unfavorable attitudes towards this group, which a not negligible number of mental health professionals undoubtedly share with their communities. Considering that in the light of our results this would presently be the obvious and realistic goal for destigmatization of PWP, we should, however, not forget that loss of rightful life opportunities due to a stigma is a major problem, at least for “open societies” (in the sense of philosophers such as Bergson and Popper), regardless of which group or which person is being discriminated against.

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