The Stigma of Pedophilia: Clinical and Forensic Implications

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Abstract

There is an emerging consensus among researchers that having pedophilic interests is not synonymous with child sexual abuse or other amoral behavior. Nevertheless, misconceptions about pedophilia are highly prevalent among the general public and mental health practitioners. This article provides an overview of recent findings on the stigma of pedophilia and derives guidelines for mental health practitioners based on these results. We argue that stigmatization of people with pedophilic sexual interests has undesired indirect effects on risk factors for child sexual abuse, particularly on an emotional and social level. Also, fear of being rejected or treated unethically may prevent pedophilic individuals at risk for sexual offending from confiding in medical practitioners or psychotherapists. Psychologists working with pedophilic individuals in forensic or clinical settings should be aware that stigmatizing people with pedophilia may increase their risk of sexual offending, and provide help to deal with potential stigma-related repercussions.

Key words: stigma, pedophilia, sexual offending, attitudes, discrimination

Introduction

Pedophilia, that is, a sexual attraction to prepubescent children, has drawn a lot of scientific attention in recent years (American Psychiatric Association, 2013). Consequently, our understanding of this particular sexual makeup has evolved rapidly. First, the idea that pedophilia may be best understood as a sexual orientation, which, akin to homo- or heterosexuality, starts early and remains stable over the course of life, is now gaining acceptance amongst the scientific community (Berlin, 2014; Grundmann, Krupp, Scherner, Amelung, & Beier, 2016; Seto, 2012). Second, most experts agree that although pedophilic interests cannot be changed at will, their behavioral expression can be controlled in order to comply with the standards of a society that does not permit sexual acts between adults and children (Beier, 2016; Berlin, 2015). Third, there is a growing awareness in the field that individuals with pedophilic interests are more heterogenous than past research, due to its disproportionate focused on offender samples with high rates of psychopathology, was able to account for (Cantor & McPhail, 2016; Seto, 2007). If these statements are true, which current evidence strongly implies, we should expect research interests to move away from "preventing access to children and providing close supervision" (Harvard Mental Health Letter, 2010) to address more humanitarian issues centering on how pedophilic individuals can manage to live productive, happy, and law-abiding lives, while dealing with the stigma of their sexual identity (Cantor, 2014). To support these efforts, forensic and clinical experts should be aware of the stigma against pedophilic individuals and how it interferes with child abuse prevention. The purpose of this article is to summarize the current literature on the stigma of pedophilia, and to provide guidelines for psychologists who work with pedophilic individuals in clinical and forensic settings.

Note that the Diagnostic and Statistical Manual of Mental Disorders (now in its fifth edition, American Psychiatric Association, 2013) now uses the term pedophilia to describe a sexual interest in children that is not considered pathological in and of itself. A pedophilic

disorder can only be diagnosed when the person who has pedophilic fantasies also commits corresponding sexual offenses involving children or sexual child abuse materials, or experiences distress because of these urges. In line with these important terminological changes, the term pedophilia is henceforward used only to refer to a type of sexual interest in prepubescent children and does not imply a clinical diagnosis or sexual misconduct.

A Brief Introduction to the Stigma Literature

The term stigma is used to refer to attributes or "marks" that are deeply discrediting, eliciting avoidance of or aggression towards the carrier of the attribute who is perceived as bad, dangerous, or weak (Goffman, 1963, note the term stigma originates from the Greek expression for "mark"). Stigmatization is "the condition of being denied full social acceptance" because of the discrediting attribute (Goffman, 1967, p. 7 translation by author). Believing in negative assumptions (also referred to as prejudices) about a person carrying a stigma elicits negative emotions, which may in turn motivate discrimination (Rüsch, Angermeyer, & Corrigan, 2005). Therefore, stigmatization has measurable effects on people's life chances by, for instance, limiting access to appropriate housing, health-care, or work opportunities (Hatzenbuehler, Phelan, & Link, 2013; Page, 1977; Thornicroft, 2008).

Yet, having a stigma is considered highly stressful even if the stigma carrier manages to avoid discrimination by hiding the stigmatized attribute (which is most likely the case for the majority of people with pedophilic interests in the community, Jahnke, Schmidt, Geradt, & Hoyer, 2015). Beyond the experience of social isolation and discrimination, stress-inducing processes among sexual minority (LGB, i.e., lesbian, gay, bisexual, currently often referred to as LGBTQ to include people with transsexual and queer identities) groups include efforts to conceal stigmatized attributes and fearful expectations of being discovered, as well as the internalization of negative stereotypes (Meyer, 2003). It is through stigma-related stress that stigmatization is believed to exert a negative effect on the well-being and mental health of a person possessing a stigma (Hatzenbuehler et al., 2013). As pedophilic individuals are also

stigmatized due to their sexual makeup, we would expect their reactions to be similar to those of LGBTQ people.

Stigma against People with Pedophilia among the General Public

To the extent that stigma against people with pedophilia is gaining recognition as being detrimental for child abuse prevention, researchers are beginning to study its prevalence and characteristics (Harper, Bartels, & Hogue, 2016). Stigmatization of people with pedophilic interests has been documented for different samples in Germany, the United Kingdom, the United States, and Russia (see Table 1).

Common stereotypes about pedophilic individuals include that they are dangerous, abnormal, amoral, and in control of being sexually attracted to children (Feldman & Crandall, 2007; Imhoff, 2015; Imhoff & Jahnke, 2018; Jahnke, 2018; Jahnke, Imhoff, & Hoyer, 2015). All of the aforementioned studies found a strong link between the stereotype of dangerousness and desires to punish or to avoid the person with pedophilia. In one experiment, a man with pedophilic interests was considered to be dangerous, even when participants were informed that this man has never, and will never, commit sexual offenses due to a corresponding moral conviction that such acts are wrong (Jahnke, 2018). Thus, compared to the low rates of previous incarcerations among community samples of pedophilic men (Bailey, Bernhard, & Hsu, 2016; Dombert et al., 2016; Jahnke, Schmidt, et al., 2015), the public strongly overestimates the relationship between pedophilia and sexual offending, and does not believe that any person with a sexual interest would be willing or able to manage these impulses in a responsible way.

Although emotions are likely to play a major role in sexual attitudes and morality (Giner-Sorolla, Bosson, Caswell, & Hettinger, 2012), relatively few authors have focused on emotional aspects of the stigma attached to pedophilic interests. Across several studies, the majority of participants reported strong negative emotions towards people with pedophilia, particularly anger and disgust (Jahnke, 2018; Jahnke, Imhoff, et al., 2015).

On the level of behavioral intentions, evidence consistently shows that social distance towards people with pedophilia, that is, the tendency to reject them on different levels of social interaction, is remarkable. For instance, comparative surveys revealed that nonoffending pedophilic individuals are rejected more fiercely than people who abuse alcohol, sexual sadists, or people with antisocial tendencies (Jahnke, Imhoff, et al., 2015; Koops, Turner, Jahnke, Märker, & Briken, 2016). Among the German and US-American respondents in Jahnke, Imhoff, et al. (2015), only between five and seven percent were willing to befriend someone with pedophilic interests, even though it was stated explicitly that this person has never offended. In another study, a pedophilic disorder was the least accepted in a list of 40 mental disorders (with the exception of antisocial personality disorder, Feldman & Crandall, 2007).

Further research documented strong punitive attitudes in relation to people with a sexual interest in children (Harper et al., 2016; Imhoff, 2015; Imhoff & Jahnke, 2018). Imhoff (2015) found that calls for punishment (including, e.g., incarceration, castration, and death) were particularly strong when the "pedophilia" label was present, as opposed to using the more descriptive term "sexual interest in (prepubescent) children" (see also Imhoff & Jahnke, 2018).

As negative attitudes are widespread even among educated, young, and liberal-minded people (Imhoff & Jahnke, 2018; Jahnke, 2018; Jahnke, Imhoff, et al., 2015), pedophilic individuals can expect little tolerance once their sexual identity is revealed. The tendency in popular media to conflate the terms "pedophilia" and "sexual crime" (Harper & Hogue, 2015; Kitzinger, 2002) is likely to contribute to this common misperception, which, in turn, increases stigmatization even towards nonoffending people with pedophilia.

Stigma against People with Pedophilia in the Mental Health Professions

Due to the confidential nature of the therapeutic setting, some people with pedophilia choose to disclose to a mental health care practitioner (Wagner, Jahnke, Beier, Hoyer, &

Scherner, 2016). In a recent prevalence survey, only 12.3% of all men with sexual interest in children reported having considered seeking professional help, but the rate jumped to 50% among those whose sexual attraction to children surpassed their attraction to adults (Dombert et al., 2016). Reactions towards pedophilic individuals among mental health experts were more favorable compared to the previously discussed samples (Jahnke, Philipp, & Hoyer, 2015), but note that a small sample of Russian sexologists held extremely negative views (with, e.g., 29% agreeing that pedophilic individuals should be preemptively incarcerated, even if they have lived law-abiding lives, Koops et al., 2016). In one study, psychotherapists in training also showed awareness that pedophilic interests probably cannot be changed at will and that it does not necessarily lead to sexual offending (Jahnke, Philipp, et al., 2015). Two studies have looked at therapists' motivation to offer therapy. While only 4.7% of psychotherapists in Stiels-Glenn (2010) were willing to provide therapeutic help, the majority (80%) of respondents in Jahnke, Philipp, et al. (2015) indicated that they would not reject pedophilic individuals as patients, unless these people have committed sexual offenses.

Wagner, Jahnke, Beier, Hoyer, and Scherner (2016) collected indirect evidence for professional stigma by analyzing patients' interview reports from the German *Prevention Project Dunkelfeld* (PPD) that provides anonymous treatment for pedophilic individuals who are at risk to commit offenses. Their results suggest that patients' previous experiences with psychotherapists were mostly negative due to inappropriate treatment methods and stigmatization. The strong motivation and willingness of PPD patients to travel long distances indicate that they were unable to find trustworthy and accepting therapists in their home towns (Beier et al., 2015). The majority of participants in an online sample of pedophilic men from the community reported pessimism regarding a mental health practitioner's ability to understand their problems, and only about half indicated general willingness to reveal their sexual orientation to a therapist (Jahnke, Schmidt, et al., 2015). Thus, there is reason to

believe that many pedophilic men experience trouble finding a suitable psychotherapist due to the stigmatized nature of their sexual interests.

Stigma-related Stress and Offending Risk

Several authors have expressed concerns that stigma may have deleterious effects on dynamic risk factors for sexual offending (e.g., Jahnke & Hoyer, 2013; Lasher & Stinson, 2016). Dynamic risk factors for sexual offending include variables relating to intimacy or social problems, legitimizing beliefs about adult-child sex, and self-regulation problems (e.g., coping deficits, Beier, 2016; Mann, Hanson, & Thornton, 2010). Self-esteem problems and depression, despite having been dismissed as risk factors for sexual offenders (Mann et al., 2010), continue to be at the center of a number of etiological models and treatment protocols (Beier, 2016; Marshall, Anderson, & Champagne, 1997). Yet, nonassociation of these factors and sexual offending might be due to methodological limitations, as risk factor studies are typically conducted among samples of detected offenders who have committed various sexual crimes like child abuse and rape, and who do not necessarily experience a sexual attraction to prepubescent children.

Jahnke, Schmidt, et al. (2015) argue that stigmatization may indirectly increase the risk of sexual offending through deficits in social and emotional functioning (including deficits in coping with stress), a stronger belief that adult-child sex is morally permissible, and reduced willingness to seek professional help in case of need (see Figure 1). To date, theirs is the only quantitative analysis to have comprehensively addressed stigma-related stress among pedophilic individuals. In their study, German-speaking pedophilic men from online communities overestimated the public's desire for social distance, with less than eight percent agreeing that others would talk to people with pedophilia, let alone befriend them or accept them as neighbors. Also, the great majority of participants in the same sample believed that the public would prefer that nonoffending men with pedophilia were dead (63%) or in prison (84%), even though this opinion was not found to be shared by a majority of people in any of

the surveys on public stigma against this group (Jahnke, 2018; Jahnke, Imhoff, et al., 2015; Jahnke, Philipp, et al., 2015; Koops et al., 2016). In general, participants reported strong fears of others finding out about their sexual interests and attempts to keep their pedophilic interests a secret. This fear of being discovered was significantly associated with more psychological and physical problems, fear of negative evaluation, loneliness, and emotional coping (as a dysfunctional coping style often found among sexual offenders against children, Whitaker et al., 2008) as well as less self-esteem. Jahnke, Schmidt, et al. (2015) could not corroborate links between stigma-related stress and participants' motivation to seek therapy or their level of agreement with legitimizing beliefs regarding adult-child sex.

[insert Figure 1 here]

Other studies provide indirect, anecdotal, or qualitative evidence for the supposed effects of stigma on psychological functioning among pedophilic individuals. Several articles on forensic samples of pedophilic men indicated disproportionally high rates of mental disorders (e.g., lifetime prevalences of 30-67% for mood disorders, 39-60% for substance disorders, and 38-53% for social phobia, Adiele, Davidson, Harlow, & del Busto, 2011; Leue, Borchard, & Hoyer, 2004; Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999). Surveys on the mental health of people from the LGBTQ community consistently include measures of experienced discrimination or self-stigma (e.g., internalized homonegativity, Newcomb & Mustanski, 2010) to test whether negative societal attitudes might have contributed to increased rates of mental disorders (but note that cross-sectional data cannot address causal mechanisms). Regrettably, assessing this potential alternative explanation for the existing link between pedophilia and mental disorders is far less common. This is unfortunate, as the few qualitative studies interviewing pedophilic men from the community revealed that such people are challenged to create positive identities due to the lack of role models, social support, and/or fears regarding potential negative consequences once others find out about their (usually hidden) sexuality (Freimond, 2013; Goode, 2009;

Houtepen, Sijtsema, & Bogaerts, 2015). In search of support and validation that they are unlikely to find in a society that rejects even nonoffending people with pedophilic interests, many are likely to look for others sharing their sexual attraction to children on the Internet. Webforums for pedophilic individuals, however, may play a role in introducing or reinforcing moral beliefs or norms that justify sexual acts with children (Holt, Blevins, & Burkert, 2010; Jahnke, Schmitt, & Malón, 2017), which may in turn lower inhibitions to engage in sexual behavior with a child.

Anti-Stigma Interventions

Two research groups in Germany and the United Kingdom have examined whether negative attitudes and misperceptions about pedophilia can be changed through anti-stigma campaigns. Jahnke, Philipp, et al. (2015) tested a short intervention combining educative material with a video clip portraying a man who has undergone therapy to learn how to control his pedophilic desires. Compared to a control condition, the anti-stigma intervention successfully reduced stigmatizing attitudes, but did not increase willingness to offer therapy to such clients among prospective psychotherapists. Harper et al. (2016) contrasted the effects of two anti-stigma interventions, presenting information about pedophilia either from a narrative (i.e., a self-identified man with pedophilia talking about his sexuality) or an informative perspective (i.e., an expert interview on pedophilia). While both conditions led to a reduction of dehumanizing stereotypes perceived dangerousness, and punitive attitudes among the student participants, these effects were stronger when participants learned about pedophilia from somebody with pedophilic interests. Additionally, the latter condition was the only one that reduced a negative implicit bias. These findings raise hopes that "it may be possible to help community members see beyond the 'pedophile' label, and instead to consider these people as individuals struggling with sexual interests that they do not want, and do not choose to have" (Harper et al., 2016, p. 19).

Clinical and Forensic Implications

The findings reported in this review have a number of important implications for clinical psychologists, psychotherapists, or other mental health professionals. These implications will be presented in the following section in the form of general guidelines and recommendations. While the guidelines are intended to be informative for mental health experts with different levels of experience regarding the treatment of patients with pedophilia, they are especially relevant for practitioners who (as of now) refuse to work with such clients because of stigma or professional uncertainty. For further study, note that the Maryland-based patient-advocacy group B4U-ACT (2017) has also published guidelines for the treatment of minor-attracted persons on their website.

1. Practitioners Should Understand that Pedophilia and Sexual Offending Against Children are not the Same

Desiring sexual acts with children is different from engaging in such acts. Among the 565 child-attracted men recruited in a recent online survey, 39% reported to have never offended (Cohen, Ndukwe, Yaseen, & Galynker, 2017), while about 50% of convicted sexual offenders against children do not show a dominant sexual attraction to children (as measured by penile plethysmography, Seto, 2007). In Dombert et al.'s (2016) community survey, 56% of men with pedophilic sexual interests had never committed child sexual abuse or used child sexual exploitation materials, whereas 44% of all reported sexual offenses were committed by men without pedophilic fantasies.

People with pedophilia are likely to experience their sexual and emotional attraction to children in much the same way as nonpedophilic individuals experience their attraction to physically mature sexual partners, and, like anybody else, can make a choice to lead an offense-free life. Stigma research shows that many people have trouble differentiating between pedophilia and sexual offending. Forensic practitioners may find it particularly challenging to separate the two concepts, given that all pedophilic individuals in their care are convicted offenders. This could lead to overly pessimistic attitudes regarding the effectiveness

of therapy due to the false belief that pedophilia always leads to sexual offenses. While it could be dangerous to underestimate the reoffending risk among paraphilic offenders, underestimating their ability or motivation to live offense-free might also undermine treatment success. We recommend that practitioners keep in mind that it is possible to accept a person with pedophilic interests without condoning sexual acts that are illegal or immoral by the standards of our society.

2. Practitioners Should Learn to Address Issues Associated With Stigmatized Sexual Identities

People with pedophilia who seek mental health care need a therapist who is well-informed about pedophilia and able to provide nonjudgmental assistance. Despite prevalence rates (3-4% among the male population, Baur et al., 2016; Dombert et al., 2016) that match those of nonheterosexual orientations or atypical sexual interests, specific training opportunities, literature, or courses that prepare practitioners to work with pedophilic individuals as a highly stigmatized group are extremely rare.

However, there is a large and growing body of research on the treatment of clients who identify as lesbian, gay, or bisexual (Murphy, Rawlings, & Howe, 2002; Nichols & Shernoff, 2007), as well as numerous LGBTQ-related training opportunities directed at mental health staff, such as workshops, graduate or postgraduate courses, or supervision with therapists who are experienced regarding the treatment of LGBTQ clients. There is also a small but relevant literature addressing issues regarding the treatment of people with other atypical sexual interests like BDSM (Bezreh, Weinberg, & Edgar, 2012; Hoff & Sprott, 2009; Kolmes, Stock, & Moser, 2006), which could be informative for therapists working with pedophilic individuals. This is not to suggest that pedophilia and other sexual orientations or interests should be equated, but there are a number of common issues (e.g., deciding whether or not to reveal one's sexual identity to others, experiencing estrangement and increased stress as a result of hiding one's sexual identity, dealing with identity problems or shame, or

forming social networks as a source of acceptance and social support) that therapists should be able to address when working with clients from either of these groups. Therefore, mental health professionals who seek to improve their practice might find it helpful to familiarize themselves with the literature on working with clients from the LGBTQ or BDSM community or seek other types of education (e.g., training, supervision) to gain these specific competences.

3. Practitioners Should be Aware that Stigma-related Stress may Exacerbate Mental Health Problems and Increase Offending Risk among People with Pedophilia

Even though it is common and tempting to believe otherwise, ostracizing people with pedophilia is unlikely to help keep children safe (Jahnke & Hoyer, 2013; Lasher & Stinson, 2016). On the contrary, social stigma may have a detrimental effect on risk factors for sexual offending, such as poor mental health, emotion-focused coping, and social isolation. Even pedophilic individuals who present very little danger due to good behavioral control and a strong motivation not to offend are likely to face considerable problems if others find out about their sexual interests. These potential consequences might involve, for instance, losing partners, friends, or work opportunities or receiving threats (Wagner et al., 2016). A loss of socioeconomic status is robustly associated with negative health outcomes, as "people with greater resources of knowledge, money, power, prestige, and social connections are generally better able to avoid risks and to adopt protective strategies" (Link & Phelan, 2006, p. 529). For LGBTQ groups, it is well-established that an "excess in social stressors related to stigma and prejudice" (Meyer, 2003, p. 609) is likely to contribute to higher prevalence of mental disorders. Since the stigma attached to pedophilia can be expected to be much stronger than the stigma surrounding LGBTQ orientations, related experiences of stress are likely to contribute to even higher rates of psychopathology among pedophilic individuals. Therefore, clinical and forensic practitioners should address stigma and help their pedophilic clients deal with its potential repercussions. Also, when social acceptance seems unattainable due to

stigma, people with pedophilic interests might embrace subcultural values legitimizing adult-child sex as a coping mechanism (Freimond, 2013; Jahnke, Schmidt, et al., 2015). Hence, treatment that focuses on improving stigma-management (e.g., by increasing self-acceptance and finding means to satisfy emotional and social needs) may further reduce the risk of sexual offending among this group.

4. Practitioners Should Acknowledge that Stigmatizing People with Pedophilia can Create Barriers for Psychotherapy

Achieving an offense-free life is usually the primary treatment goal for people with pedophilic interests. As there is no method to selectively reduce sexual attraction to children, current treatment protocols focus on diminishing dynamic risk factors for child sexual abuse (Beier, 2016). Yet, treatment opportunities for pedophilic individuals are sparse, and seeking treatment may have deleterious familial, social, or legal consequences for people with pedophilia, especially in countries with mandatory reporting laws (Cantor, 2014; Lasher & Stinson, 2016). By creating circumstances where those with pedophilia have limited access to psychotherapy and are discouraged from seeking it, structural stigma may undermine efforts to prevent sexual offending. Stigma research has furthermore revealed stigmatizing attitudes on the part of clinical practitioners, which may dissuade pedophilic individuals from disclosing their sexual interests or from pursuing therapy. Pedophilic individuals appear to have little trust that mental health professionals would treat them respectfully, even in countries like Germany, where laws assure patient confidentiality even when a patient discloses past sexual offenses, and that do not oblige psychotherapists to report planned sexual offenses (but note that psychotherapists are allowed to break confidentiality in the latter case).

5. Practitioners Should Gain Awareness of their own Stigmatizing Attitudes

Since psychologists are part of the culture that rejects and demonizes people with pedophilic sexual interests, they should identify their own assumptions and feelings regarding

this issue. As discussed above, anti-stigma interventions may help to reduce stigma among psychotherapists and to sensitize them for this issue, especially if they involve at least video-based contact with a person with pedophilia (Harper et al., 2016; see also Jahnke, Philipp, et al., 2015 for an intervention targeting psychotherapists). Biased or overly negative assumptions may exist at an explicit or implicit level and, if present, are likely to interfere with therapy success. This involves awareness that clients with pedophilia (in a nonforensic setting) may pursue psychotherapy for a variety of reasons. While some experience problems controlling sexual urges and/or finding alternative ways to achieve sexual satisfaction, others struggle to develop a positive identity or to find ways to disclose their sexual interests to close friends or family members. An inflexible and excessive focus on techniques of behavioral control of sexual urges towards children might signal stigmatizing attitudes when the patient in question neither needs nor seeks assistance to live offense-free. Similarly, not believing in a client's statement that he or she has never offended against children due to stereotypical beliefs about the nature of pedophilia might threaten the therapeutic alliance.

When stigma exists at a more implicit level, practitioners may also experience difficulties to assess pedophilia and related problems. This could potentially lead to an avoidance of issues related to the client's sexual interests, and potential sexual acts involving children or sexual child abuse materials. If practitioners find that their personal attitudes towards pedophilia are negative and threatening to impede a therapeutic alliance, they should make referrals to other therapists in a respectful and professional way, educate themselves about pedophilia, and/or seek supervision.

6. Practitioners Should Strive to Reduce the Stigma of Pedophilia

Psychologists should strive to destigmatize pedophilia and to treat patients with these sexual interests as respectful and empathetically as they would treat other clients. Mental health professionals and scientists also carry a responsibility when they communicate about pedophilia outside of therapeutic settings. This includes a stronger commitment to separating

sexual interests and criminal behavior when speaking or writing about pedophilia. For instance, findings based on incarcerated offender samples should not be over-generalized to all people with pedophilic interests (Cantor & McPhail, 2016; Feelgood & Hoyer, 2008; Seto, 2007). In this regard, explicitly referring to pedophilia as a sexual orientation and separating it from sexual offending in the new DSM-5 (American Psychiatric Association, 2013) constitutes a laudable decision, that should not be retracted in response to the pressure of a misinformed public (see also Berlin, 2014).

Summary

Misconceptions about pedophilia and reservations regarding people with this sexual orientation are highly prevalent and may impair efforts to prevent sexual offenses. Although stigmatization of people with pedophilia has ceased to be the "blind spot" of stigma research (Jahnke & Hoyer, 2013), especially regarding the prevalence of prejudice, social distance, and punitive attitudes, there is a dearth of studies examining links between stigma-related stress and risk factors for sexual offending. Future research should deepen our knowledge on how stigma affects the lives of those with pedophilia, and identify strategies to alleviate its adverse consequences on mental health and sexual offending risk. Pedophilic individuals should not be deprived of social contact and life chances based on their sexual interests, but instead deserve to be judged by their choices and acts. Psychologists and mental health professionals are in a unique position to help clients with pedophilia deal with stigma and live meaningful and offense-free lives, and to advocate for a more humane treatment of these people at a societal level.

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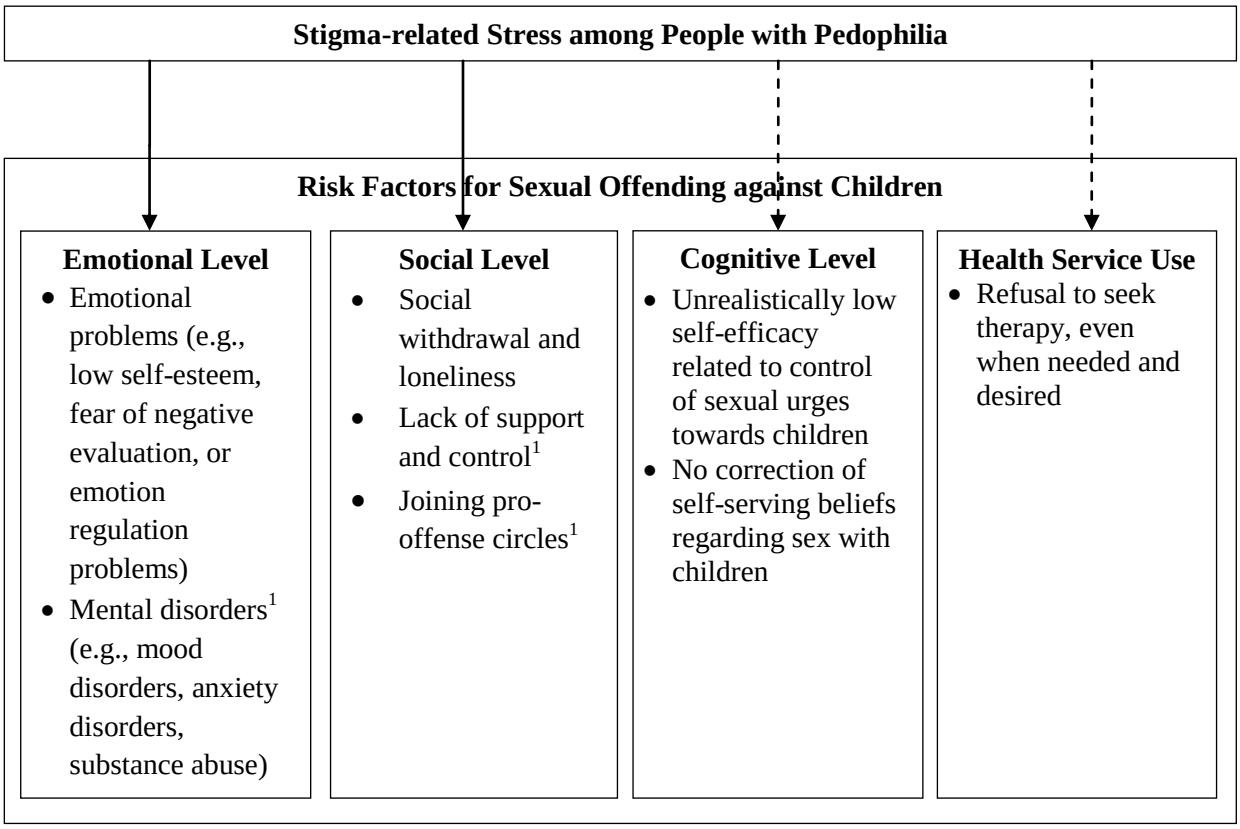

Figure 1 Framework for the Effects of Stigma-Related Stress on Risk Factors for Sexual Offending Against Children

Note. Solid arrows: empirically established links, dashed arrows: hypothesized links that could not be empirically corroborated (see Jahnke, Schmidt, Geradt, & Hoyer, 2015)

[1] note that links between these variables and risk factors for sexual offending against children have not yet been empirically tested

Table 1. Description of Studies Assessing the Stigma of Pedophilia

Authors (year)	*N*	Sample Characteristics (nationality, age, gender)	Group comparisons/ Independent variables	Stigma variables
Feldman & Crandall, 2007	270	British undergraduate students recruited during an introductory psychology course	40 vignettes describing DSM–IV–TR mental disorders (e.g., pedophilia (pedophilic disorder in the DSM-5), paranoid schizophrenia, depression, frotteurism)	**Stereotype**: dangerousness, personal responsibility, unavoidability, "out of touch with reality," rarity, social disruptiveness, "treatable with medication" **Discriminatory intention**: social distance
Imhoff, 2015 – Study 1	129	German-speaking participants recruited online via email lists, public website for online studies, 28% male, M_{age} = 27.60 (*SD* = 9.27, range: 17 - 72 years)	label "pedophilia" vs. "sexual interest in children"	**Stereotype**: abnormality, dangerousness, amorality **Emotion**: fear, anger, pity **Discriminatory intention:** social distance, punitive attitudes
Imhoff, 2015 – Study 2	203	US-American MTurk workers, 62% male, 34% female (4% other or missing), M_{age} = 29.6 (*SD* = 8.6; range = 18 - 63),	label "pedophilia" vs. "sexual interest in prepubescent children"	**See** Imhoff, 2015, Study 1
Imhoff & Jahnke, 2018	423	US-American MTurk workers, M_{age} = 32.51 (*SD* = 10.97; range = 18 - 75), 36% female, 60% male (4% none of these two options)	1) label "pedophilia" vs. "sexual interest in prepubescent children;" 2) high intentionality vs. low intentionality	**See** Imhoff, 2015, Study 1
Jahnke, 2018	205	US-American MTurk workers, 58% male, M_{age} = 33.0 (*SD* = 9.00; range: 20 - 60)	1) people with a sexual interest in children vs. adults; 2) extrinsic (i.e., fears of punishment) vs. intrinsic (i.e., moral conviction) nonoffending motivation	**Stereotype:** intentionality, deviance, dangerousness **Discriminatory intention:** punitive attitudes
Jahnke, Imhoff, & Hoyer, 2015 -Study 1	854	pedestrians recruited in the streets in two German cities, M_{age} = 39.78 (*SD* = .03, range = 18 – 86), 48% male	people with a dominant sexual interest in children vs. people who almost daily drink large amounts of alcohol	**Stereotype:** controllability, dangerousness for children and adolescents, dangerousness for adults, **Emotion**: fear, pity, anger **Discriminatory intention:** social distance
Jahnke, Imhoff, & Hoyer, 2015 – Study 2	201	US-American MTurk workers, M_{age} = 33.38 (*SD* = 11.69, range: 18 - 68 years, 56.7% male	people with a dominant sexual interest in children vs. people with a dominant sexual interest in inflicting	**See** Jahnke, Imhoff, & Hoyer (2015), Study 1

			physical pain on others (i.e., sexual sadists) and people who continuously disregard other people's rights (i.e., people with antisocial tendencies)	
Jahnke, Philipp, & Hoyer, 2015	137	psychotherapists in training from different German CBT institutes, recruited via e-mail lists, 82.5% female, M_{age} = 30.34 (*SD* = 5.39, range: 24 - 53 years)	1) anti-stigma intervention, 2) control intervention	**Stereotype:** controllability, dangerousness, **Emotion**: sympathy, anger **Discriminatory intention**: social distance, therapy motivation
Jahnke, Schmidt, Geradt, & Hoyer, 2015	104	German-speaking men with a sexual interest in children (self-identified) from online communities, M_{age} = 37.30 (*SD* = 11.86, range: 18–79 years)	none	**Stigma-related stress:** perceived social distance, fear of discovery **Risk factors for sexual offending**: physical and psychological problems, loneliness, emotion-focused coping, fear of negative evaluation, self-esteem, self-efficacy, legitimizing beliefs about adult-child sex, motivation to seek treatment
Koops, Turner, Jahnke, Märker, & Briken, 2016	26	Russian psychologists, physicians, and educators receiving professional training in sexology; 90% female, M_{age} = 42.6 years (*SD* = 9.0, range: 25 – 58)	see Jahnke, Imhoff, & Hoyer (2015), Study 1	**See** Jahnke, Imhoff, & Hoyer (2015), Study 1
Harper, Bartels, & Hogue, 2016	100	British students (81% female; M_{age} = 22.53 years, *SD* = 6.48 years) recruited on campus	1) video presentation vs. written transcripts, and 2) narrative (first-person perspective) vs. informative (third-person perspective)	**Stereotype**: dehumanizing attitudes (moral disengagement), stereotypical perception of sexual offenders **Discriminatory intention**: perceptions about sentencing and management policies, punitive attitudes **Implicit attitudes**: mousetracking (word categorization task)
Stiels-Glenn, 2010	86	psychotherapists practicing in Essen (Germany), 35% male	child abusers vs. pedophiles vs. rapists vs. violent offenders vs. exhibitionists vs. fetishists vs. other groups	**Discriminatory intention:** motivation to offer treatment
Wagner,	186	German-speaking patients of the	stigma-management: direct	**Stigma-related stress:** advantages (e.g., social

Jahnke, Beier, Hoyer, & Scherner, 2016	Prevention Project Dunkelfeld in Berlin, analysis of data from initial clinical interviews	disclosure vs. indirect disclosure vs. nondisclosure	acceptance, increased self-esteem) and disadvantages (e.g., negative experiences with psychotherapists, shame and guilt) associated with each stigma-management strategy