

Prevention Through De-Stigmatization: A Report on Pedophilia and the Effects of Stigma

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Abstract

This research paper studies the existing stigmas around pedophilia, their effects on person(s) with pedophilia (PWP, plural: PsWP) and possible measures to decrease stigma. Our research is based on the empirically founded assumption that a decrease in stigma increases non-offending PWP's life quality as well as ultimately reduces the likelihood of PWP acting upon their sexual attractions. We found that a lack of knowledge about pedophilia leads to an increase in stigma, in that few people accurately differentiate between child molesters and PsWP. Moreover, interviews with PsWP showed that the effects of stigma negatively affect PsWP social life. A survey testing an intervention led to the result that, while no differentiation can be made between therapists and society as such, a video of a first-person narrative effectively decreases stigma among both groups. Based on these findings, the final section of this paper proposes a wide reach societal intervention in order to foster inclusion of PsWP through raising awareness, education, and creating empathy.

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"I am part of the most hated groups of society. No question about it, we are the scapegoats *du jour*" (Barcroft TV, 2016). Although almost one out of twenty men are affected (Jahnke et al., 2017, p. 927), pedophilia is one of the most stigmatized mental conditions (Jahnke, Schmidt, Geradt & Hoyer, 2015, p.28). Despite existing concerns, little research has been conducted, and the sources, effects and possible solutions to pedophilia and related stigmas are still vague and undefined. In this paper, we explore this academic area by focusing on the existing stigmas in society, the impact these have on a person with pedophilia (PWP) and how these may pose an obstacle to therapy, treatment and ultimately prevention. We thus investigate, how virtuous (meaning non-offending) pedophiles may be more accepted in society to reduce the risk of child sexual abuse. To do so, we specifically look into the role of society, the effects on PsWP, and stigmatization among therapists. We conclude by naming measures that can and should be taken to reduce existing stigmas.

The psychological term "pedophilia" describes a mental condition in which an individual is sexually attracted to prepubertal children (APA, 2000). The definition itself only implies having a sexual interest, not acting upon it. There is, therefore, a difference between pedophilia and pedo-sexual behavior, the latter of which implies abusing a minor. It is worth mentioning that sexual abuse is never justifiable, and that at no point in this paper we try to trivialize child sexual offenses or defend those who commit them. However, a PWP does not make the choice to have pedophilic interests. With this paper, we want to appeal to society's responsibility to increase general education on pedophilia and contact with PsWP in order to expand societal inclusion of a group that affects as many as 4% of the world's male population (Jahnke, Schmitt & Malón, 2017, p. 927). Moreover, based on substantial research elaborated on at a later point in this paper, we suspect an open dialogue on pedophilia to contribute to prevention of child sexual offense by PsWP.

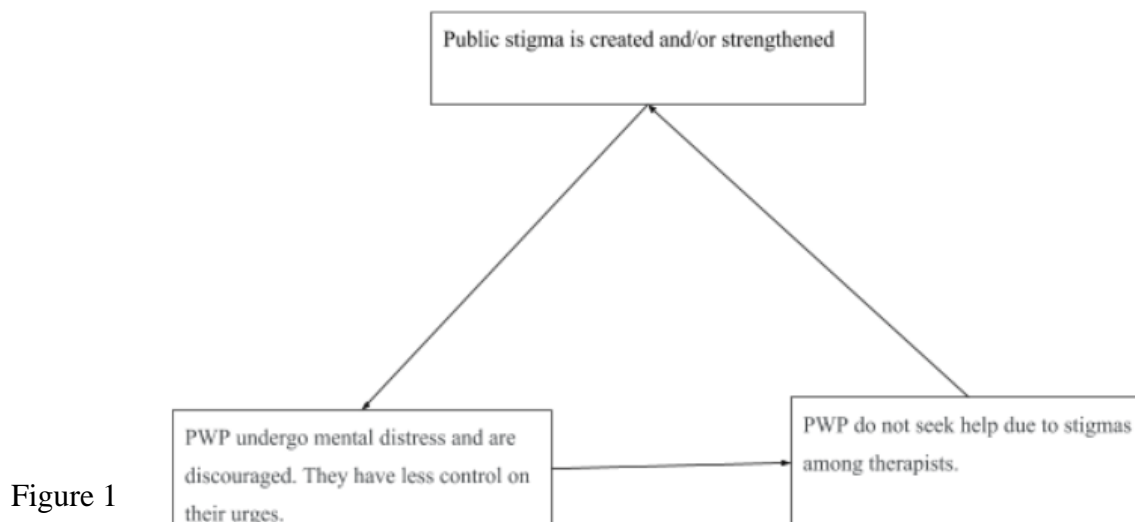
In his book *Stigma*, Erving Goffman (1963) explains how stigmas have their roots in Greek culture, where they indicated "bodily signs designed to expose something unusual and bad about the moral status of the signifier" (p. 10). With time, stigmas became a matter of relationships rather than mere bodily aspects, bringing people to construct social identities, accepting some and discriminating others (p. 11). Society thus started creating an in-group versus out-group dynamic, discriminating on the basis of stigmatized theories which were socially constructed (p. 12). Stigmas became negatively perceived characteristics that make its carrier "different from others, [...] in the extreme, a person who is quite thoroughly bad, or

dangerous, or weak” (Goffman, 1963, p. 3). Society, thus, carries out an ostracization process, excluding the different other on the basis of stereotypes. Public stigmas then elicit strong emotional responses such as fear, loathing and hatred, also applicable to PsWP and dehumanization they face. Such dehumanization can be explained by the moral disengagement theory (MDT) by Bandura, Barbaranelli, Caprara, and Pastorelli (as mentioned in Harper, Bartels, & Hogue, 2018, p. 535). MDT describes mechanisms through which people rationalize punitive attitudes. During the process of dehumanization individuals are euphemistically and linguistically deprived of their personhood, which becomes especially apparent in media-proliferated stereotypes, that present PsWP as predominantly male, violent and predatory, framing them as “beasts” and “monsters”, and disproportionately labeling child abusers as PsWP (King & Roberts, as mentioned in Harper et al., 2018, p.535).

Thus, there seems to be a self-nurturing stigmatization cycle. Society, through practices of social isolation and discrimination, creates a "monster" out of the PWP. In turn, the PWP, who has been socially excluded, experiences fear from being exposed, and as such he undergoes mental and emotional distress, reducing his willingness to seek help (Jahnke et al., 2015, p.2). The consequences of this are strong stigmas emerging among experts and therapists and a following lack of belief in treatability on behalf of the PWP himself, who is then more vulnerable to his urges and desires, contributing to the negative picture that society has of PsWP. Hence, even if it might not be the panacea to pedophilia, a de-stigmatization process which starts from society might contribute to further prevention on behalf of the pedophiles and greater openness to treatment by therapists.

This paper is constructed around this vicious cycle as illustrated in the graphic below (Figure 1). First, stigmas originating in society bring about effects on PsWP, leading to PsWP refraining from seeking help and discouraged therapists to provide said help. This ultimately feeds into reinforcing this stigma and re-starting the cycle.

The first section of this paper researches the main existing stigmas towards pedophilia in society and how they are formed. The analysis then proceeds by considering the effects of stigmas on PsWP in the second section. The third section concerns therapists and how stigmas are approached by experts. Finally, the findings of the first three sections contribute to our aim to provide a way out of this cycle through suggesting a wide-ranging and multi-layered societal intervention strategy in the final section of this report.



Society: What stigmas around PsWP exist in society?

Stigmas, as previously mentioned, are social constructs. More specifically, according to Jahnke and Hoyer (2013), stigmas are the result of a process characterized by three factors: stereotypes, prejudices and discrimination (p. 4). Hence, society is the main agent; as the adoption of lay and implicit theories by the public gives rise to stereotypes and prejudices, which then result in ostracization and discrimination. Society is, thus, the foundation of all stigmas, and, as such, the starting point for a de-stigmatization process. To further examine the relationship between society and stigmas, we came up with the following research question: what are the most prevalent stigmas in society and where do they come from? To answer this question, we conducted a survey and a focus group, trying to assess not only quantitatively what the stigmas are, but also to evaluate their sources from a qualitative perspective. By reviewing previous literature and conducting our own research, we tested a hypothesis regarding knowledge and misconceptions around pedophilia. Besides doing so, as previous literature is vague and scattered (Jahnke & Hoyer, 2013, p. 18), our research also has an explorative purpose by aiming at quantitatively finding and qualitatively understanding the opinion and the main stigmas of the common person and how those are formed.

Our research's theoretical background is based upon three research papers, which offer the basis to the conceptualization of what pedophilic stigmas are and how they are formed. Specifically the first two articles emphasize the notions of lay and implicit theories, so how the public understands and rationalizes the topic, which often leads to misconceptions and stereotypes. The third article exposes how these misinterpretations then become ingrained in people's minds, leading to the creation of prejudices on the basis of constructed labels, rather than actual facts.

Jahnke & Hoyer (2013) conducted a meta-analysis of eleven empirical studies and published the results in the article *Stigmatization of People With Pedophilia: A Blind Spot in Stigma Research*. The paper stressed the lack of literature concerned with stigmas towards PsWP, but it still advanced several important implications. According to Jahnke et al., the stigma process starts with labelling a person or a group as different from the self (p. 3). Following this differentiation process, people lacking expert knowledge formulate personal conceptions about pedophilia and how to categorize the *other*. In other words, the public creates lay theories (p. 3) which are often erroneous and inaccurate. Examples of lay theories are the equation of sexually abusive behavior towards children with pedophilia as a sexual preference (p. 6), and the belief that people develop pedophilia with time as the result of the individual's history (p. 11), and as such cannot be treated (p. 12).

Similarly, McCartan (2007) analyzed the role of implicit theories with regards to pedophilia, assessing if there are any differences between professionals and non-professionals. Implicit theories differ from lay theories as they are not only based upon the individual's opinion but are also characterized by actual expert knowledge. In his article, McCartan explains how professional knowledge regarding pedophilia trickles down to the public (p. 4), which then grasps it and mixes it with their day to day experiences of the world and personal beliefs. In this way, people become their own experts, although using stereotypes as a basis, resulting in and strengthening prejudices and discrimination (McCartan, 2010, p. 20).

Thus, misconceptions and preconceptions play a strong role in the modelling of people's views on pedophilia. Imhoff (2015) investigated the detrimental role of labelling someone as a 'pedophile' (p. 40). In fact, people do not only have very strong opposing views to pedophilia, but these seem to be further exacerbated by the label 'pedophile', which immediately evokes a desire for punishment (p. 39). People not only fail at distinguishing between the clinical term and the actual sexual abuse of a minor, but they seem to condemn the general idea of thinking about children in a sexualized manner (p. 39).

Analyzing those three articles, we formulated the following hypothesis:

H1. People with more knowledge concerning pedophilia tend to have less stigmas.

Specifically, we believe that if public misconceptions regarding pedophilia were to be eroded, especially equating pedophilia with abusing a minor, people would be more lenient towards PsWP and bear less stigmas. This would be due to more sound and better-refined lay and implicit theories, but also to a vanishing role of the label stressed by Imhoff (2015). By testing this hypothesis, we try to understand if the lack of education and knowledge regarding

pedophilia can be identified as one of the main causes for the creation and persistence of stigmas.

Method One: Survey

Participants. Data from N=144 English-speaking people (16-66 years old, mean age = 25.07, SD = 11.61) was collected between 18th and 24th January 2019, out of which 9 were eliminated because they had already participated in a survey about pedophilia. Participants had 18 nationalities with Romanian (44.4%), Italian (28,1%) and German (5,2%) being the most common. Among all participants, 61.5 % had a high school degree, 23% had a master degree and 13.3% had a PhD. Our sample consisted of 59.3% females and 38.5% males, the remaining 2.2% choosing not to say.

Procedure. Participants were asked to complete a 7-minutes Qualtrics survey (see Appendix A) which was distributed through social media (Facebook, Instagram, Snapchat) and closed groups on Whatsapp. Participation was voluntary and no compensation was offered. After the introduction and consent form, the participants were asked in a closed question whether they had recently taken part in another survey about pedophilia. This was added because at the time, among PPLE-student groups, another survey on the same topic was being distributed and it would compromise our data. We believed that if a person had participated in the other survey, they would already have existing knowledge and opinions on the subject which did not correspond with the purpose of our survey, identifying the stigma the common person has towards PsWP. This was followed by several knowledge questions, four self-report scales and three rank-order-questions related to a series of photos. Everything was in the order and structure described in the Measures section. The survey ended with four socio-demographic questions.

Measures. *Knowledge and general questions:* Participants were asked to choose the best description of pedophilic behavior, in their opinion, from a list of four statements, followed by four closed questions (Is pedophilia a disorder?; Is pedophilia a sexual orientation?; Is pedophilia a criminal act?; Can pedophilia be treated?). Following, there was a more general question about the nature vs nurture debate, in which participants were asked to choose between the two in describing the occurrence of pedophilic behavior. The ones choosing nurture (96 out of 135, 71,1%) were directed to an extra question in which they had to choose between six reasons, the one that they believe has the most impact on developing pedophilic behavior. The purpose of this section was to assess their knowledge about pedophilia in general.

Stigma scale: The stigma scale consists of nine statements from McCartan's (1997) quantitative study 1 questionnaire (pp. 115-118; 220-224). Participants were asked to indicate their own agreement with each item on a 7-point Likert scale ranging from 0 (strongly disagree) to 6 (strongly agree).

Social distance scale: This is a scale in which participants were asked to rate at different levels of social contact, the likelihood to agree to interact. We used Jahnke's (2015a, pp. 24-25) adaptation of the scale in two questions with different contexts (items are shown in Table 1). In the first one, participants were instructed to indicate their opinion "concerning people who are dominantly sexually interested in children, but have never committed a crime". In the second context, the instruction was "Please indicate your personal opinion concerning people who have committed the pedophilic crime of child sexual abuse". We added the following items "These persons need medical help" and "These persons are different category of humans compared to me". For the second one most items were changed. Responses from question 1 were assessed on a 7-point Likert scale ranging from 0 (strongly disagree) to 6 (strongly agree) and from question 2 the same type of scale, but with a different range: 0 - strongly agree to 6 - strongly disagree.

Perceived social distance: We used Jahnke's (2015) adaptation of the original social distance scale in which people were asked to indicate their opinion regarding what the majority of people believe, rather than their own beliefs (pp. 2177-2178). This difference in approach was clearly stated in the instruction ("The following questions are not about your personal beliefs on the subject. Instead, please indicate how, in your belief, most people in your society would respond to these statements concerning people who are dominantly sexually interested in children, but have never committed a crime. I believe that most people think that...") and followed by the six items tapping into social distance (Table 1). As before, a 7-point Likert scale ranging from 0 (strongly disagree) to 6 (strongly agree) was used.

Photo ranking: In this section, participants were presented with three different sets of three photos of people. In each set, one of the photos showed a person who was convicted of child sexual abuse, to see what physical stigmas exist. The first two sets were all male and the third one had two females and a male, with one of the females being the convicted PWP. After seeing each set, participants were asked to rank the photos by the likeliness of the person in the picture to be a PWP. Then, they were asked to explain the reasoning behind their choice.

Results. In order to assess whether people with more knowledge have less stigma, we computed a new variable called 'stigma' which combined all of the items on the stigma scale (table 1). A high combined score shows more stigma towards PsWP. We recoded the new

values of the variable in five categories ranging from very low level of stigma (values ranging between the lowest and 13) to high level of stigma (values ranging between 50 and the highest). As there were 7 statements on the stigma scale, the minimum combined score could be 7 and the maximum 63.

To test our hypothesis, we ran a one-way Anova test for each of the four knowledge questions, using the stigma variable as our dependent variable. Following the most common definitions in the field, the correct answers for the questions were as follows: yes for “Is pedophilia a disorder?” and no for the following three. For the first three questions, the means of stigma between the two groups (people that answered correctly and people that answered wrongly or ‘I don’t know’) is equal because the p-values of the F-tests are higher than any alpha: the first question has $F(2, 132) = 1.85, p = .16$, the second one $F(2, 132) = .98, p = .38$ and the third one $F(2, 132) = 2.61, p = .08$. Thus, there is no link between having more knowledge and less stigma.

However, the fourth question shows that in our sample, the people who do not have knowledge, responding with the ‘*I don’t know*’ or ‘*No*’, have the most stigma, followed by the people who have knowledge about pedophilia (gave the correct answer to the question). The difference between the groups is significant as the p-value of the F-test is smaller than an alpha of .05, $F(2, 132) = 4.38, p = .01$. Specifically, the people with no knowledge have significantly more stigma than people with knowledge, $p = .032$.

Exploratory findings. A descriptive analysis of participants’ responses on the stigma, social distance and perceived social distance scales can be found in table 1. In general, participants showed high level of agreement with several items on the stigma scale, considering a pedophile to be an abuser (56.3% strongly agreeing), sick (44.4%), mad (25.9%) and not normal (45.9%). When looking at social interactions with PsWP who have not committed the crime of child abuse, overall 57% would not have such a person as a friend, 51.9% would not accept them in their neighborhood and 37% would not work with them. Only 30.3% would talk to PsWP. Only 14.8% believe PsWP should be incarcerated, while 74.1% believe that PsWP need medical help. Moving to PsWP who actually committed child abuse, overall 68.9% would stop all contact, with the number decreasing if the PWP is a close friend (50.4%) or a relative (48.9%). Opinions about incarceration only slightly increase to 23.7%, as well as about medical help (89.6%).

When looking at the knowledge questions, from our sample 74.8% answered affirmatively on whether pedophilia is a disorder and 71.1% answered that it is not a sexual orientation. However, the participants have little knowledge about the criminality of the

question incorrectly. Lastly, in the case of treatability, 57.8% stated that they do not know whether it is possible or not, which does not come as a surprise because pedophilia is still a taboo subject and not that much research exists in the field.

Moreover, we looked at the possibility of a gender effect related to stigma. We used the stigma variable created for the test of the our hypothesis with the gender variable and run a two-sample t-test. We were especially looking at whether females have more stigma, so we combined males and the participants who chose not to say their gender into one category. Results of the t-test show that females are not more likely to have a high level of stigma $t(133)=.48, ns$. Thus, there is no gender effect regarding stigma towards PsWP.

Scale (item)	M	SD	Strongly Agree (%)
<i>Stigma Scale</i>			-
Paedophiles are male	4.05	2.13	9.6
A paedophile is an abuser	5.59	2.10	56.3
A paedophile is sick	5.66	1.80	44.4
A paedophile is mad	4.34	2.33	25.9
A paedophile is not normal	5.37	2.10	45.9
A paedophile is old	2.28	1.93	3.02
Paedophiles appear normal	4.97	1.79	20.7
Paedophiles are loners	3.61	1.85	7.4
Paedophiles are liars	4.34	2.09	19.3
<i>Social Distance Scale 1</i>			
I would have these persons as friends	2.62	1.51	.0
I would accept these persons in my neighborhood	2.80	1.60	.7
I would accept these persons as colleagues at work	3.30	1.70	1.5
I would talk to them	4.25	1.74	5.9
These persons should be incarcerated	3.48	1.79	6.7
These persons should better be dead	2.14	1.48	3.0
These persons need medical help	5.99	1.34	47.4
These persons are different category of humans compared to me	3.83	1.91	9.6
<i>Social Distance Scale 2</i>			
I would stop all contact with this person	2.20	1.54	47.4
I would stop all contact with this person even if it was my closest friend	2.86	1.78	32.6
I would stop all contact with this person even if it was a relative	2.90	1.82	33.3
These persons should be incarcerated for life	3.81	1.82	14.8
These persons should better be dead	5.53	1.71	5.2
These persons need help from specialists	1.61	1.32	68.1
Incarceration won't put a stop to this person's desires	2.47	1.62	34.1
I view this person as different	2.57	1.45	25.2
<i>Perceived Social Distance Scale</i>			
Would have these persons as friends	1.93	1.15	.7
Would accept these persons in my neighborhood	1.91	1.15	.0
Would accept these persons as colleagues at work	2.15	1.23	.0
Would talk to them	2.52	1.50	.7
These persons should be incarcerated	5.48	1.62	32.6
These persons should better be dead	4.76	1.85	23.0

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Table 1. Descriptive analysis of responses for the stigma scale, social distance scale 1 and 2, and perceived social distance scale.

In addition, we compared the two narratives in the social scales. To assess the reaction to the narrative in which an individual is dominantly sexually interested in children, but has never committed a crime, we combined the items in the social scale 1 (excluding “These persons need medical help”) into a new variable. For the other narrative in which the crime of child sexual abuse is committed, we combined the items in the social scale 2 (excluding “This person needs help from specialists”) into a second new variable. As in the case of the stigma variable, we recoded the new values in new categories: radical reactions (values 1 to 16), moderate reactions (values 17 to 33) and mild reactions (values 34-49). However, the statistical tests showed that there was no difference between the reactions to the two situations, $p = .233$.

Method Two: Focus group

The focus group session was conducted in a classroom setting with nine participants aged between 18-24. The focus group included two male and seven female participants, all of whom were students currently studying at the University of Amsterdam. Our sample included students studying PPLE (Politics, Psychology, Law, and Economics), Economics & Business, Business Administration and Communication Science. At the beginning of the session, participants were asked for their consent for the focus group session to be recorded and were provided with basic guidelines. Next to the participants, two moderators and two observers were present. The moderators provided the participants with a pre-established set of open-ended questions and guided discussions based on what the participants said during the session.

Our initial aim of the focus group was to conduct a “meta”-discussion, in which the participants were expected to review the existing stigmas on pedophilia and why these stigmas exist in the society. However, as the session continued, we observed several emotional debates throughout which the participants wanted to share their own opinions and attitudes regarding the topic, which led us to observe a few notable trends which will be discussed later on.

Key findings. To start off, the focus group was asked to brainstorm about how society perceives pedophilia. The inceptive trend that we observed was that the participants carried a presumption when asked about pedophilia, which led them to believe that a PWP is a person who has committed a crime (child sexual abuse, consumption of child pornography, etc.). This trend is backed up by the following quotes from the interview:

Speaker 1: When I think about a pedophile, I immediately think about someone who acted upon these desires, then he is a criminal.

Speaker 2: Maybe they are using children's vulnerability as a means to reassert their identity and power because they know that they have power over the children, so yeah, maybe to reassert themselves.

The trend of assuming that a PWP is someone who committed sexual crimes against children highlighted the lack of ability to define what a PWP and pedophilia are amongst the participants and this trend continued to prevail in various parts of the session. When the participants were asked their opinions on therapy options for people with pedophilia there were two diverging opinions: optimistic and hesitant. The main cause of the hesitancy towards therapy options was the inability to fully define what a PWP is:

Speaker 5: I think the whole treatment idea is difficult, because you do not even know how to define a pedophile, is it a disease? Even we are struggling. It is really difficult to put myself in the shoes of someone that has these kinds of thoughts.

The second trend we observed was the notable influence of media (news articles, TV-shows, social media platforms) on forming opinions regarding pedophilia. The participants highlighted how influential media is on shaping opinions and knowledge on the topic both for society and themselves:

Speaker 6: Also, I think people are quite impressionable, so every time that you hear a story that gives you some sense of emotion, for example, that a person committed child abuse, gives you emotion.

Here the speaker argues for the reason why societal stigmas regarding pedophilia strongly persist to exist. The participant argues that news stories involving a PWP are most of the time accompanied by a child sexual abuse story, whereby labels are constantly regenerated. Furthermore, when the participants were asked where they received knowledge regarding pedophilia prior to the session they suggested "YouTube videos and the Internet in general" to be a dominant tool.

The discussion between participants became heated when pedophilia was compared to sexual orientation. This debate leads us to note that the majority of the participants believed that socialization processes and certain environmental factors could "make a person become a pedophile".

Speaker 2: No, no. For me, you can become one, because you have been treated in some way or raised in some type of environment. Like, some things can really impact you that much.

Lastly, we observed that certain participants in the group argued that a PWP cannot distinguish whether their urges are morally right or wrong. This claim also provides a reason why societal stigmas continue to exist as a PWP is regarded as incapable of making moral decisions which further alienates the group from society.

Speaker 3: I think that when you are a pedophile, you don't really perceive it as a problem, so that's why, maybe, you don't seek help, you think that this is just the way it is, you are just attracted to children.

Conclusion. This section examined what the most prevalent stigmas in society are as well as their sources. We conducted this research in two parts. Firstly, we conducted a survey, in which existing stigmas about pedophilia were assessed quantitatively. Secondly, a focus group was conducted to brainstorm about sources of prevalent stigmas from a qualitative perspective. When analyzing three prior research articles (Jahnke & Hoyer, 2013; McCartan, 2010; Imhoff, 2015) about stigmas and pedophilia, we arrived at a hypothesis for our quantitative part of the research:

H1. People with more knowledge concerning pedophilia tend to have less stigmas.

Through our research we could not find a significant link between a higher level of knowledge regarding pedophilia or education and less stereotypes, prejudices and discrimination. This means statistically we could not confirm our hypothesis. A possible reason could be that our sample was rather limited. Moreover, due to time constraints we could not repeat our research, which resulted in low reliability.

In addition to hypothesis testing, we extended our research to a descriptive analysis of respondents' answers to the survey. For this, we used a stigma scale (table 1), and we have found that generally, participants agreed on a very high level with several items on the stigma scale. Moreover, we did not find significant differences in level of stigma between females and males. Lastly, we could not find different attitudes towards, on the one hand PsWP who did and on the other hand did not commit sexual abuse crimes.

Furthermore, for the qualitative part of our research, we conducted a focus group with the aim to see what happens when participants speak about stigmatization of pedophilia in society on a 'meta' level. In the focus group, we observed three main trends. Firstly, we observed participants equated a PWP with someone who committed sexual abuse crimes against children. This confirms Imhoff's (2015) theory, in which he points at the detrimental role of labelling someone a 'pedophile'. People automatically link the word pedophile to someone who committed sexual abuse crimes. Moreover, this trend is a confirmation of what Jahnke and Hoyer (2013) pointed out in their research about lay theories. People label a person

as different from the self, which results in generally inaccurate theories (Jahnke and Hoyer, 2013, p. 3). This highlighted the lack of ability to define what a PWP exactly is, and had a certain influence on the discussion.

The second trend we observed, was that participants were notably influenced by media when forming their opinions about pedophilia and PsWP. This can also be regarded as a confirmation of the theory of McCartan (2010), which says people heavily rely on the media when forming implicit theories (p. 34).

Lastly, we could observe a lack of empathy towards PWP within the focus group, which is also explainable by Jahnke and Hoyer's (2013) theory about the ease at which people generate inaccurate theories, when labeling a person as different from the self (p. 3). Participants saw a PWP as someone who could not distinguish morally between which urges are wrong or right. We conducted this part of the study because of our interest in existing stigmas and their sources in society. In addition, our research laid the ground for the intervention proposal. It is important to mention as well that our research was not without any limitations. Through our survey and focus group we tried to have a representative group. It is important to take into account that most of the participants in both our research settings were university students from the University of Amsterdam, and we thus tailored our questionnaires toward this specific group, perhaps limiting representativeness.

PsWP: How do stigmas affect PsWP?

This section of our paper focuses on the effects that stigmatization has on PsWP, and ultimately, their likelihood of committing offenses. The underlying theory to guide this analysis is a previously mentioned article written by Jahnke et al. (2015), determining the effects and existence of stigma-related stress. Jahnke et al. (2015) describe stigma-related stress as “a multitude of negative cognitive, emotional, and behavioral outcomes” (Jahnke et al., 2015, p. 1). According to their paper, stigma-related stress is mostly experienced through perceived social distance, a fear of discovery, and actual experiences of discrimination, which in turn lead to negative consequences for their social and emotional functioning, their willingness to seek help in dealing with their condition, and the phenomenon of “cognitive distortions” (Jahnke et al., 2015, p.2). Cognitive distortions can be defined as the consequences of individuals internalizing others' opinions and adopting them as their own (Jahnke et al., 2015, p.4). In the case of PsWP, this translates into them believing in some of the atrocious views that society projects on them, such as seeing PsWP as “monsters” with “no self-control”, which in turn can negatively affect behavior and mental states (Jahnke et al., 2015, p.6). The article hypothesizes

that these effects can lead to a higher risk of pedophiles committing offenses, which in turn negatively contributes to the public image of pedophiles; leading the issue to spiral into a vicious cycle, as earlier represented in Figure 1 (Jahnke et al., 2015, p. 2).

The research question we try to answer is how stigmatization affects PsWP on an internal level, i.e. their social and emotional functioning. We use the abovementioned theories and a qualitative method to answer this question.

Methods and analysis

Participants and procedure. VirPed is an online forum that acts as a support group for virtuous PsWP who have not acted out on their interests and have never been involved in any form of illegal sexual activity. We found our participants through this forum. In total, five male individuals contacted us, with an age-range from 18 to 65.

Through email, we got in contact with the founders of the website and per request they posted our message (see Appendix B), in which it was stated that volunteers who were willing to reply to our questionnaire could contact us. As previously mentioned, five individuals contacted us. We initially planned on approaching them through Skype, but because the majority of the respondents wished to remain anonymous we decided on sending the questionnaire (see Appendix C) to four of the individuals through email. The final respondent was willing to conduct an interview over Skype, without revealing his identity and responding to our questions exclusively by typing.

Measures. The interview questions were subdivided into three main categories: therapy, stigmatization, and self-esteem. These subdivisions were based on Jahnke et al.'s (2015) article. They use four pillars to see how men with pedophilia react to and perceive stigmatization: emotional functioning, social functioning, cognitive distortions, and motivation to seek health care services.

Therapy: The first factor we looked at was therapy. Jahnke et al. (2015) found that stigmatization has effects on whether or not people suffering from mental disorders are willing to seek therapy (p. 2176). In their article, it was hypothesized that PsWP in particular would be unwilling to visit a therapist since they could anticipate negative reactions from the clinician (Jahnke et al., 2015, p. 2177). It was even found in a recent study that therapists show similar negative feelings towards working with PsWP (Jahnke et al., 2015, p. 2177).

By using this theory as a foundation, we deemed it necessary to see to what extent stigmatization in society realistically decreases the chances of PsWP to seek therapy, even

though this might be necessary or desired. We hypothesized that the fear of being discovered decreases the chances of going to therapy.

Stigmatization: Again by building upon Jahnke et al.'s (2015) article we fashioned questions regarding overall experiences with stigmatization. We focused especially on whether the respondents ever had personally felt stigmatized, and how that influenced their social functioning. Social functioning refers to the intimate relationships a person builds up, the avoidance of people and feelings of loneliness or rejection. We linked social functioning to emotional functioning, by asking whether stigmas or personal experiences influenced their mental health either positively or negatively.

Self-esteem: Under the category of emotional functioning falls the term subclinical emotional problems, i.e. problems with low self-esteem and difficulty with emotional evaluation (Jahnke et al., 2015, p. 2174). The reasoning underlying Jahnke's argument is that the more subclinical emotional issues a person is faced with, the higher the risk of a PWP to sexually offend. We used this line of reasoning and composed questions that asked the participants, if they were self-accepting and how they could potentially increase their confidence.

Finally, at the end of each interview we asked the respondents what in their opinion would be the most beneficial way to teach society about pedophilia and how to reduce stigmatization.

Methods. Interviews and questionnaires fall under qualitative methods. To analyze our data we used so-called constant comparison analysis (Bryman, 2016, p. 573). The purpose of constant comparison analysis is to form a grounded theory, or to generate a theory that explains how certain social phenomena work. Such an analysis consists of three stages: first "open coding", where codes are attached to small units of the data. Then during "axial coding" the codes are grouped into categories, and finally during "selective coding" general themes across these codes are identified to express the content of the units.

In the first phase, we coded the data by finding recurrent words, such as expressions of depression or other mood disorders, as well as expressions of a critical stance towards society and/or therapists. Afterwards, during the second phase, we grouped these codes into three overarching categories, reflecting the themes we used as a foundation for our interview questions; namely, experiences with therapy, experiences with stigmatization, and experiences with self-regard. To conceptualize our data, we found concrete themes that occurred periodically throughout all data and thus portrayed the connections between our previous labels. The most general sequence can be summarized as follows: the lower the (positive) experiences with therapy, the higher the personal experiences with stigmatization and therefore the higher or more severe the negative experiences with self-regard or self-acceptance.

Results and analysis. Through applying this sequence we analyzed specific parts of the data that struck us as most significant, finding new knowledge about the phenomena of pedophilia from the perspective of our participants. All quotes used in this part can be found in the transcripts (see Appendix D).

Therapy: Out of the five respondents, two expressed concerns about visiting a therapist or psychiatrist in relation to their pedophilia. This concern mostly came from the idea that therapists were not well-equipped enough to guide the patient through their pedophilia, "a normal therapist would not be qualified to assess [their] situation" (Appendix D, section 3). One respondent mentioned he did not think it was necessary for him to go through therapy. Out of the three remaining respondents, two had a more positive reaction towards therapy and had been willing or were still willing to seek professional help. Two (American) respondents mentioned an important reason for them to avoid therapy was because they could not be sure that there would be no prejudices and that the information would remain confidential.

Four respondents, however, feared being discovered more significantly for other reasons than therapy. A recurrent answer related to the fact that the PWP did not feel as though they could easily or comfortably tell anyone in their close environment without facing prejudices. Two respondents voiced that because of this, they felt increasingly isolated and had difficulty building up sincere relationships with people around them.

Stigmatization: In general, it can be concluded that the interviewees who did not feel comfortable going to therapy or disclosing their pedophilia to someone close to them, felt most prevalent stigmatizations in society. A general idea of what stigmatizations exist in society seemed to lack, but an interesting response referred to the ways in which children are taught from a young age that pedophilia equals being "evil" (Appendix D, section 5). Further, three of the respondents were concerned about the existing trend or "common misconceptions that come to mind" (Appendix D, section 4) that people with pedophilia are commonly referred to as child molesters, and that there exists no strong distinction between virtuous pedophiles and sex offenders.

The relationship between stigmatization and social or emotional functioning is difficult to qualify. Three out of five respondents mentioned feeling "paranoid" (Appendix D, section 5) and were aware of measures they had to take in day-to-day life to avoid opening up. As mentioned before, a sentiment often experienced is isolation. Social functioning is in this way thus limited. Two respondents explicitly mentioned that their emotional functioning was limited by their pedophilia, i.e. they felt depressed and lonely because of it. One respondent

used the terminology of having "internalized" (Appendix D, section 4) societal stigmatization, and because of this he had previously struggled a lot with mood disorders caused by stigmas. *Self-esteem:* To analyze subclinical emotional problems we asked whether the PWP had issues with self-acceptance and -confidence. When speaking for the entire community at VirPed, one respondent claimed there existed a "range" of subclinical issues; from those "who hate themselves no matter what [other PsWP] say" (Appendix D, section 5) to those more comfortable with themselves. Two of our respondents expressed that they felt especially insecure, although they did not link this to their pedophilia. All five respondents, however, mentioned difficulty with integrating in new social groups and shared the same concern, that the opinions of others influenced how they perceived themselves; because of existing stigmas they feel increasingly unconfident. One remarkable response was "it's part of this idea of not being able to be authentic", (Appendix D, section 5) in referral to opening up to a trusted group.

Discussion. An overarching conclusion that can be drawn from the collected data is that stigmatization negatively influences PsWP's self-confidence and social relations. Stigmas, introduced and founded in society, can decrease PsWP desire to seek professional help, which can in turn increase their negative experiences with stigmatization. Most remarkably, existing stigmas negatively influence social and emotional functioning. PWP fail to build up significant and close personal relationships and struggle, more often than not, with low self-confidence and self-acceptance. It is thus more than necessary to reduce societal stigmatization, in order for PWP to benefit their social and emotional functioning, and to reduce overall potential offenses. A further framework for this necessity is discussed in the following section.

COSA and the linkage between stigmatization and sexual misconduct with children

Of particular relevance for this report is the linkage between stigmatization of persons with pedophilic interest and these people actually acting on their urges. This link is integral to justifying the purpose of this report, which is to find a way to destigmatize PsWP. Without sufficient reason to believe that de-stigmatization would lead to a noticeable decrease in child abuse, the case for de-stigmatization of PsWP would be severely weakened. In this section of the report we will provide an assessment of the effect that de-stigmatization may have on PsWP. This will be done by referring to research done by Sara Jahnke and thereafter making a connection to research about Circles of Support and Accountability (COSA), a program that serves to re-integrate sexual offenders into society.

In a research paper by Sara Jahnke and others (2015), the effect of stigmatization on PsWP was examined. The intent of the research was to evaluate how pedophiles actually

perceive stigmatization and subsequently, how these people react to their (perceived) stigmatization (Jahnke et al., 2015, p. 2173). The possible effects of stigma related stress on pedophiles were divided in the following categories: effect on emotional and social areas of functioning, cognitive distortions, self-efficacy and the motivation to pursue therapy (Jahnke et al., 2015, p. 2174). Unsurprisingly, emotional and social functioning were reduced as a result of stigmatization (Jahnke et al., 2015, p. 2176). However, in stark contrast with predictions, self-efficacy, cognitive distortions and the motivation to pursue therapy were not significantly impacted by factors as social distance and fear of discovery (Jahnke, 2015, p. 2176). In the discussion of these findings, Jahnke notes that the link between sexual offending and stigma-related stress is ambiguous in the study's results. She adds that an empirical link between sexual offending and stigmatization of PsWP is hard to prove (Jahnke, 2015, p. 2184). Jahnke concludes the report by pointing towards the elevated levels of emotional and social stress and psychopathology that pedophiles experience, adding: "As this most probably does not only apply to people with pedophilia, de-stigmatization of mental illness or sexual minority interests, in general, should remain on the agenda of any humanitarian society" (Jahnke, 2015, p. 2185). Truthful as this may or may not be, the intended purpose of the research, examining the link between stigmatization and pedophilia, remains covert. The effects of stigmatization, identified above, that were to influence PsWP's reaction are well-established as factors that could influence sexual misconduct. However, the study did not conclusively uncover their pervasiveness in PsWP (Jahnke, 2015, p. 2185).

Wilson and others have, perhaps unknowingly, offered an enlightening addition to the study of Jahnke. The paper of Wilson (2009) researches the effectiveness of the COSA program (p. 413). This program is an initially Canadian, present-day internationally spread, initiative to reduce recidivism among sexual offenders, among which PsWP who have acted on their urges, by carefully reintegrating them in society (Wilson, 2009, p. 414). COSA is meant as an alternative to the usual way of releasing sexual offenders back into society, which was often done with limited or no supervision. Similar to the risk factors identified by Jahnke (2015), Wilson identifies risk factors for sexual (re-)offending as: "negative social influences, rejection and loneliness, lack of concern for others, lack of cooperation with supervision, impulsivity and poor cognitive problem solving" (Wilson, 2009, p. 413). Wilson backs these assumptions by referring to successful reintegration programs that tackled some or most of these factors. COSA is a reintegration program that was designed to address these factors (Wilson, 2009, p. 413). In COSA, every sexual offender gets placed in a 'social circle' "comprised of one core member, the sexual offender, and four to six community volunteers" (Wilson, 2009, p. 415).

Volunteers are trained to understand their responsibility and generally have access to an advisory committee of professionals. The full circle meets at least once a week and one primary group member has daily contact with the sexual offender for 60-90 days after release (Wilson, 2009, p. 415). The COSA relationship is based on friendship and accountability, thereby counteracting many causes of stigmatization/isolation (Wilson, 2009, p. 415). Wilson recreated the findings from an earlier inquiry into the effectiveness of COSA (Wilson, 2009, p. 415). The study followed a group of 44 sexual offenders involved in COSA in Ontario, Canada and matched these with a control group of 44 sexual offenders released without supervision (Wilson, 2009, p. 417). After an average follow-up period of 35 months, results showed that sexual recidivism among COSA participants was a staggering 83% lower than in the control group (Wilson, 2009, p. 418). These findings strongly indicate that stigmatization has a major impact on risk for sexual offending/recidivism.

Although this research is focused on reducing sexual recidivism among all types of sexual offenders (and not possible first-time offenders among PsWP), it cannot be fully generalized towards PsWP. However, applying the results to PsWP (virtuous or not) does not seem like too much of a stretch. In the society section of this report, we have shown that PsWP are heavily stigmatized in modern society. In the interviews with PsWP it also became clear that PsWP strongly experience this stigmatization. Some PsWP reported feeling disgusting, which leads to the assumption that PsWP can even have an exaggerated image of the way society perceives them. From this, one can only surmise that the negative social effects that befall convicted sexual offenders are already present in PsWP at a moment at which no crime has been committed. In a comprehensive research done by Wilson (2009) it was shown that negative social effects (social isolation, loneliness, etc.) are contributing factors to sexual recidivism. A number of interviews in the research at hand with PsWP have shown that persons with pedophilic interests already feel like outsiders. Therefore it is not at all unrealistic to assume that the same cognitive-behavioral treatment interventions will significantly reduce possible first-time pedophilic sexual offences as well.

Conclusion

In conclusion, we have reached out to five PsWP and asked for their opinions concerning therapy, stigmatization and self-esteem. We answer the research question in this section.

In regards to therapy we can derive that PsWP question the capability of practicing therapists in dealing with pedophilia. Moreover, they fear they cannot come out to a therapist

without facing negative prejudices or risking confidentiality. Nevertheless, two respondents indicate a positive attitude towards therapy. In general, PsWP indicate to a fear of discovery because of existing prejudices not particularly related to therapists but society as a whole. Consequently, they feel isolated and have trouble connecting to others. Respondents indicated to not to be specifically aware of what stigmas exist, however they expressed their concern in regards to children being taught that PsWP are always evil. Moreover, they fear the trend of PsWP being equated to child molesters because of the lacking differentiation between attraction and action in society. Respondents indicated that their pedophilia causes them to be paranoid, to have mood swings and to feel isolated and depressed because of the existing stigma in society. As for self-esteem, all respondents indicate to have difficulty integrating in new social groups as a result of always having to hide a part of themselves and hence not being able to be authentic, ultimately making them less confident. A possible solution could lie in the concept of COSA, a program intended for the reintegration of sex offenders by means of creating a social circle based on friendship and accountability. This counters the negative effects of isolation and stigmatization. A recent study has shown that a comparison between sexual offenders who were in the COSA program and those who were not, indicated that stigmatization has a huge effect on the risk of offending. Thus, COSA poses a possible solution to the problem.

Therapists and Researchers: What can be done to decrease stigma among both society and therapists?

Due to the aforementioned implications of social isolation and self-stigmatization of PsWP, we have a strong interest in reducing stigmatization and punitive attitudes on both an explicit and implicit level, in order to humanize PsWP and limit the emotional implications of stigmatization. This is why we explore what can be done to decrease the stigma among both society and therapists.

In their article “Reducing stigma and punitive attitudes toward pedophiles through narrative humanization”, Harper, Bartles and Hogue compare two attitudinal interventions, namely a ‘first-person-narrative’ and an ‘expert-opinion’ (2018, p. 533). They find that both interventions reduce stigmatization and punitive attitudes on an explicit level, but only the narrative intervention leads to a reduction of stigmatization and punitive attitudes on an implicit level, which is why we chose a first-hand narrative video as an experimental variable in our survey (Harper et al., 2018, p. 536-537).

A study conducted in Germany showed that more than 95% of psychotherapists were unwilling to work together with individuals that have been diagnosed with pedophilia, partly due to negative attitudes and feelings to the patient (Jahnke et al., 2014, p. 94). As mentioned in previous sections, one of the primary reasons PsWP are reluctant to seek professional help is the expectation of being treated in a stigmatized manner. Hence, there is a strong need to destigmatize PsWP among psychotherapists. Jahnke, Philipp, & Hoyer (2014) mention that stigma of mental illness can be reduced by protest, education and contact (p. 94). Protest campaigns highlighting injustices, and “chastising offenders”, however often prove to be ineffective or have a worsening effect due to psychological reactance, which describes an aversive reaction in response to a perceived attempt to limit the autonomy and freedom of an individual (Jahnke et al., 2014, p. 94). Educational interventions are more effective, as they separate myth from reality and give therapists the knowledge and the confidence to help PsWP (Jahnke et al., 2014, p. 94). Aside from a lack of knowledge, therapists report a fear of being stigmatized themselves as one of the reasons why they would be reluctant to help (Jahnke et al., 2014, p. 94). The most effective intervention to decrease negative emotional responses proves to be contact, which can be indirectly achieved through video tapes, for instance (Jahnke et al., 2014, p. 94).

Based on these theories, we aspire to investigate with the help of a survey, including a first-hand narrative of a PWP as an experimental variable, and an interview with researcher Dr. Jahnke, how and what can be done to decrease the stigmatization of PsWP among both therapists and society. We hypothesize the ‘therapist-group’ to have a more positive attitude towards PsWP compared to the ‘society-group’ incipiently, as we expect medicine and psychology students to be more educated about and more open-minded towards individuals with disorders. Furthermore, we expect that both the ‘society-group’ and the ‘therapists-group’ who watch the first-hand narrative documentary clip, will change their opinions on PsWP to the positive, while thirdly we predict the control group video will have no effect on their opinions on PsWP. Moreover, we suppose the first-hand narrative video to have a more significant effect on the ‘therapist-group’ than the ‘society-group’.

Methods and results: Survey

Participants. Data from $N=107$ English-speaking students (18-38 years old, mean age= 21.7, mostly female (66.4%, male: 32.7%, other: 0.9%)) was collected through an online survey distributed through social media (see Appendix E). The participants were residents of 17 different countries, predominantly The Netherlands, Germany, Serbia, Croatia and Italy (21

nationalities in total). Our sample included 42 (39.3%) students of health sciences, namely psychology students ($N=31$, 29%) and medical students ($N=11$, 10.3%). The other 65 (60.8%) studied something else, mostly PPLE (Politics, Psychology, Law and Economics), law and physics. Two more participants indicated studying psychology but did not state it properly to be included in the group of psychologists and medical students. Twenty-four out of forty-two (57.1%) psychology and medical students stated they have received education about paraphilia or pedophilia during their studies. We used this demographic information about the participants' level and field of studies in order to divide our sample into two groups: participants with training in psychology and medical studies, and participants with no training in psychology and medical studies.

Procedure. A Qualtrics survey was distributed through social media (closed groups on Facebook and WhatsApp). Participants were asked to fill out an 8-minute survey. Participation was voluntary and completely anonymous. After survey information and a consent form, participants were asked to answer demographic questions and provide information about their enrollment at university and field of studies. This was followed by self-report scales in the order and structure described in the measures section. Furthermore, the participants were provided with a definition of a PWP as a “a person having sexual attraction to prepubescent children who has never committed a sexual crime or offense”. After the self-report scales, participants were randomly assigned to either the experimental group or the control group, which aimed at testing the effect of the intervention set up in the experimental group. The goal of the research was briefly explained at the end of the survey. Links to the two research papers (Harper et al., 2016 ; Jahnke et al., 2014) we based our research on were also stated at the end of the survey for participants interested in the topic.

We provided an email address at the beginning and at the end of survey in case any of the participants had any questions or concerns regarding the survey or the topic at hand.

Measures. *Social, professional, and personal acceptance scale:*. Participants who chose medical studies and psychology as their field of studies were first asked if they had ever received any information about paraphilia and pedophilia in the course of their education. Additionally, they were presented with questions inquiring whether they would provide professional help, treatment and expert information to a PWP. Participants who indicated PPLE or any other field of studies skipped the aforementioned questions and went to the following group of questions which tested participants' general attitudes towards PsWP. Psychology and medical studies students were also asked the same questions about their general attitudes. Participants had to state the extent they agreed with the statements on a 5-item Likert type scale

(1=strongly agree; 5=strongly disagree) about social and personal acceptance of PsWP (“I would have a pedophile as a friend.”) and whether they would support professional treatment of PsWP. The lower participants scored on these scales, the more positive attitudes they had towards PsWP. Items were self-determined and adapted from the academic articles we based our research on (Harper et al., 2016; Jahnke et al., 2015).

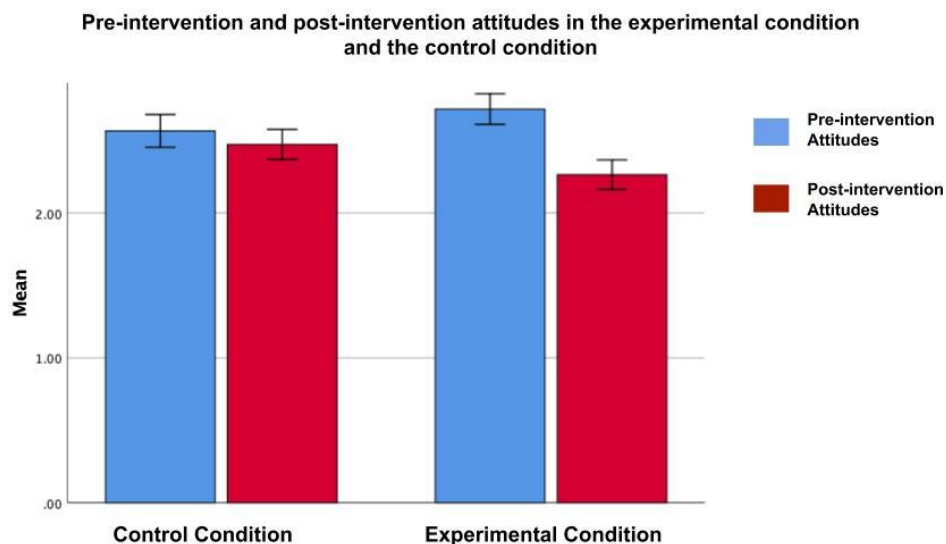
Control condition: Participants who were randomly assigned to the control condition were presented with a three-minute video showing misbehaving children and parents’ testimonies to dealing with this problem. After watching the video, participants were asked if they were able to view the video and whether they watched it until the end. The following questions checked for the level of participants’ engagement with the intervention and the immediate impact it had on them (“I learned a lot watching this video.”; “This video changed my view about misbehaving children.”). After this, the participants were presented with the same statements we examined before the video, checking their general attitudes about personal and social acceptance of PsWP. The lower participants scored on these scales, the more positive attitudes they had towards PsWP. Two statements about misbehaving children which were related to the control condition video were added to the set of statements in order to prevent biased answers as much as possible.

Experimental condition: Participants who were randomly assigned to the experimental condition were presented with a three-minute video showing a non-offending PWP personally talking about his life, and social challenges and problems he faces as a PWP. After watching the video, participants were asked if they were able to view the video and whether they watched it until the end. This way, we checked whether the intervention was correctly applied on the participants. The following questions checked for the level of participants’ engagement with the intervention and the immediate impact it had on them (“I learned a lot watching this video.”; “This video changed my view about pedophilia and pedophiles.”). After this, the participants were presented with the same statements examining their general attitudes about personal and social acceptance of PsWP we checked for before the video. The lower participants scored on these scales, the more positive attitudes they had towards PsWP. Two statements about misbehaving children, which were unrelated to the experimental video, were added to the set of statements in order to completely equate the questionnaire with the control condition.

Results. The goal of this research was to test three hypotheses. Firstly, we assumed that the psychology and medical studies students will have more positive attitudes towards PsWP than other students at the outset of the research. We believed this could be the case as more knowledge about pedophilia as a disorder could lead to more understanding and thus more

positive attitudes towards PsWP. Secondly, we wanted to check if the experimental video would improve the attitudes of both psychology or medical students and other students. Thirdly, we assumed that the control condition video would not change attitudes towards PsWP. Finally, we wanted to check if the experimental video would lead to a more positive change in attitudes among psychology or medical students than among other students.

The results of the independent t-test which included data from all 107 participants showed a non-significant difference in pre-intervention attitudes towards PsWP between psychology or medical students and other students, $t(105)=-1.24, p=.11$. We believe this could be due to the fact that only half (57.1%) of the psychology and medical students actually received education about paraphilia or pedophilia during their studies. Most importantly, by comparing the pre-intervention and post-intervention attitudes towards PsWP, we found a highly significant and positive change in attitudes among participants who were assigned to the experimental group ($N=52$), $t(51)=6.86, p<.001$. They expressed more positive attitudes towards PsWP after being exposed to the video showing a first-hand narrative of a PWP. On the other hand, the data analysis showed no significant difference in attitudes towards PsWP among people who were assigned to the control condition ($N=55$), $t(54)=1.88, p=.065$.



attitudes towards PsWP, in both experimental and control conditions (Hypotheses 2&3)

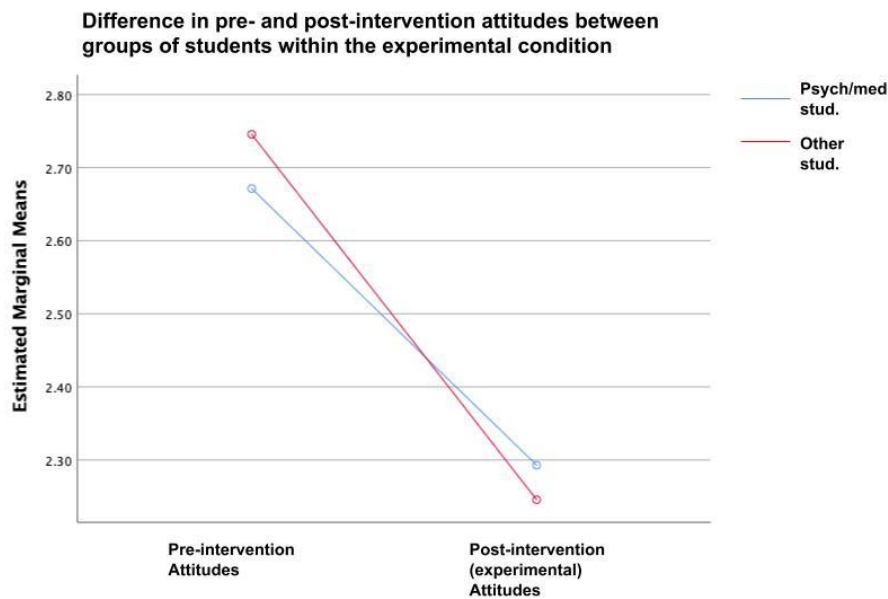


Figure 3. Difference in pre- and post-intervention attitudes between groups of students within the experimental conditions (Hypothesis 4).

Finally, the repeated measures ANOVA was conducted to check for changes in attitudes between psychology or medical students and other students within the experimental condition group. The results of the test showed that there was no significant difference in how psychology/medical students and other students reacted on the experimental video ($F(1,50)=0.80, p=.38$). Thus, we concluded that the experimental intervention affected students with and without training in psychology or medical studies equally.

Methods and results: Interview with Dr. Sara Jahnke

Participants and procedure. The interview with Dr. Sara Jahnke took place on January 25, 2019 at 1pm. The interview was conducted via Skype and it lasted 28 minutes. The whole interview was recorded and then transcribed. The transcript can be found in the appendix (see Appendix F). The interviewers conducted a semi-structured interview in order to make the viewpoint of the interviewee emerge (Bryman, 2016, p. 466). A few technical problems emerged during the interview. These compromised the understanding of certain parts of the interview. However, the transcript explicitly mentions the moments in which the interviewee

was not audible. The transcript was sent to Dr. Jahnke in order to clarify the inaudible parts and to make sure to avoid misinterpretations.

The interviewee was Dr. Sara Jahnke, a researcher at the University of Jena. She published several articles about pedophilia and the stigma existing around this topic. The initial focus of the interview with Dr. Jahnke was the stigmatization of PsWP among therapists and clinical psychologists, and also in the rest of society.

Measures. The interview has been analyzed by means of constant comparison analysis (Bryman, 2016, p. 573), as previously explained. Four people coded the transcript of the interview individually. After the individual coding, each coder shared her codes and the group members agreed on common codes and categories. The main themes that emerged during the interview are related to the stigmatization of pedophilia among therapists and society. More specifically, the categories elaborated by the coders concern the sources and manifestations of stigma, the effects of stigmatization on PsWP and on the rest of society and possible ways to tackle the issue. In the following section, we will present an analysis of these categories and the links between them.

Analysis and findings. An analysis of the interview led us to determine certain links among the categories we had determined during the coding process. First of all, it is necessary to acknowledge that there is stigma around pedophilia and it manifests both among therapists and the rest of society (S. Jahnke, personal communication, January 25, 2019, line 39). This fact negatively affects PsWP because it increases negative emotional responses but at the same time also affects the rest of society because it increases the risk of offenses (Appendix F, lines 143-154). Thus, the reduction of stigma would lead to positive consequences for both PsWP and the rest of society, as less stigma would help increase child abuse prevention. The two main methods suggested by Dr. Jahnke concern education and contact between PsWP and other people (Appendix F, lines 63-68). Each category and the links between them will now be analyzed in more depth.

When looking at the population of therapists and clinical psychologists, it is possible to notice that there is a problem of “structural stigma” concerning pedophilia (Appendix F, line 41). This means that there is a lack of education about PsWP, their condition and ways of helping them to deal with their situation. In addition to this lack of expertise, therapists might also lack knowledge about their legal obligations when treating a PWP (Appendix F, lines 57-59). In many cases, these deficiencies lead therapists to hesitate to offer treatment to PsWP. Thus, the stigma arising from therapists mainly relates to a lack of proper education about the topic. Concerning the rest of society, it is possible to differentiate two sources of stigmatization:

one is related to, once again, a lack of education and the other is related to negative emotional responses, especially disgust, towards PsWP (Appendix F, lines 75-86).

On the one hand, people tend to know little about pedophilia and specifically about the differentiation between offending and non-offending PsWP; on the other hand, people tend to manifest emotional responses, such as disgust, that cannot be easily changed through education (Appendix F, lines 84-90). These factors contribute to creating a difficult environment for PsWP. In many cases, this stigmatization reduces the willingness of PsWP to disclose their condition to other people and triggers negative emotions such as distress and fear of rejection (Appendix F, lines 113-121). In the case of disclosure, PsWP sometimes still have to deal with the fact that people regard the topic as a taboo and do not want to openly talk about it (Appendix F, lines 122-128). Secrecy does not help to decrease actual offenses, on the contrary, hiding pedophilic interests and having to deal with them on your own increases the risk of offenses. Thus, a way in which prevention can be implemented concerns the reduction of stigma (Appendix F, lines 141-154). As previously mentioned, the solutions to the problem are education and contact. If therapists received a more extensive education on pedophilia, they would become aware of the existence of the issue and learn ways to help PsWP cope with their condition (Appendix F, line 63). Education is also an important point for society. There are many misconceptions around PsWP and most of the time people tend not to differentiate between people abusing children and non-offending PsWP (Appendix F, lines 71-75). However, the issue of disgust cannot be addressed through education, instead a more effective way would be to promote direct and indirect contact with PsWP; not only personal contact but also the use of surrogates such as first-hand narrative videos showing a PWP would be effective in this regard (Appendix F, lines 64-68). Getting accustomed to the existence of these people would help to decrease stigma (Appendix F, lines 94-97). The positive consequences of such stigma reduction would affect both PsWP (less fear of rejection, more feeling of inclusiveness, more self-control) and society (less child abuse). Society should support PsWP in their efforts to control themselves and check on them, providing feedback on their behavior (Appendix F, lines 145-150). So, an effective way to educate society about pedophilia is to first clarify what pedophilia is and to distinguish between offenders and non-offenders (Appendix F, lines 224-225). It is also important to make people identify with PsWP and the struggles they face because of their condition in order to create empathy (Appendix F, lines 224-228).

Moreover, it is necessary to highlight that not only PsWP have the moral obligation to refrain from acting upon their urges, but the rest of society has a moral obligation towards PsWP to support them and help them control themselves (Appendix F, lines 230-236). These

messages should be conveyed in such a way that possible misconceptions are ruled out. When talking about controversial issues such as pedophilia, people, and especially researchers, should be careful with wording and avoid misunderstandings as much as possible (Appendix F, lines 204-207).

Conclusion. Based on existing literature, this section of the research set out to investigate how stigma around PsWP could most effectively be decreased, among society as well as among therapists (Harper et al., 2018; Jahnke et al., 2014). To come to our conclusions, we conducted a quantitative online survey examining the effects of a first-person narrative on attitudes towards PsWP, while also comparing attitudes among psychology and medical students to those among the rest of society. We then complemented the quantitative research with a qualitative section consisting of a Skype interview with Dr. Sara Jahnke, an experienced researcher in the field of stigmatization of pedophilia.

The findings of the survey show that the experimental video of a PWP first-hand narrative had a highly significant effect on increasingly positive attitudes towards pedophilia. Moreover, the control video did not significantly alter attitudes of participants. However, contrary to our predictions, there are no significant distinctions to be made between the group of psychology and medical students compared to the rest of the student population, neither at the outset of the study nor in the effects of the video. This might partly be due to the fact that almost half of this group has not learned about pedophilia in part of their studies. These results lead us to the conclusion that information, which was conveyed in the clip as well as contact to a PWP, or a surrogate thereof through a first- person narrative video, lead to a decrease in stigmatizing attitudes. The limited sample of students as a representation of society as well as for the population of therapists and medical practitioners poses a limitation to our study.

The interview with Dr. Sara Jahnke further consolidated the quantitative data. Dr. Jahnke emphasized on the importance of both education, as well as contact, or a surrogate thereof through a video, in order to tackle stigmatized attitudes towards PsWP. The interview made evident that education by itself will not change sentiments such as disgust, but that an appeal to empathy and as personal as possible contact are necessary to overcome stigmatization. These findings will be further addressed in the intervention proposal introduced in the final section of this paper.

Conclusion and Intervention Proposal

In order to investigate how virtuous PsWP may be more accepted in society to reduce the risk of child sexual abuse, we split our research into three sections. First, we evaluated the

manifested stigmas around pedophilia in society, as well as the attitudes carried towards PsWP. Secondly, we looked into the effects of such stigma on PsWP themselves. Thirdly, our research sought to find methods to reduce negative attitudes by evaluating the role of therapists, as well as a possible intervention.

In the first section on society, we conducted a quantitative survey among a broad sample as well as a qualitative focus group to examine existing attitudes towards PsWP. The survey found that generally, participants agreed on a high level to the stigma scale (Scale 1), pointing to substantial existing negative attitudes. The results did not show a significant relation between stigma and knowledge about pedophilia. Moreover, participants did not differentiate between PsWP who have and those who have not committed a sexual crime towards children. In the focus group, the lack of knowledge around pedophilia was confirmed, in that participants did initially not distinguish offending and non-offending PsWP. Moreover, the qualitative research manifested a lack of empathy in participants and a sense of perceived moral incapacity of PsWP. We here highlight the role of the media in failing to distinguish properly between a child sexual offender and “a pedophile”.

The second section of this paper concerned the effects of the above outlined societal stigmas on PsWP themselves. Through anonymous interviews per Skype and email, we interviewed self-identified PsWP and evaluated their experiences and attitudes in relation towards therapy, stigmatization and self-esteem. The results show that the stigma around pedophilia generally decreases PsWP’s desire to seek professional help, which in turn worsens their perceived stigmatization. Moreover, confidentiality issues pose another complication to opening up to a therapist. Further, many PsWP suffer from low self-esteem and self-acceptance triggered by the perceived societal attitudes towards their sexual interest, which leads to a lack of social relations. This section additionally evaluated the relation between stigma reduction and a decrease in sexualized child-offenses by PsWP. Earlier research on COSA, a network providing social relations to prior offenders, shows that a stable social circle and being held accountable for one’s actions largely contribute to non-recidivism. This finding poses the foundation for this paper, which is based on the thesis that enabling stronger social relations to PsWP through de-stigmatization of pedophilia, will not only increase life quality of PsWP, but effectively also reduce the risk of child sexual abuse by PsWP.

The third section of the paper investigated the methods that can be used to reduce stigma among society. For one, we conducted a quantitative survey to test the effects of a video showing a first-person narrative of a PWP on attitudes towards pedophilia, as well as comparing a sample of general society with a sample of psychology and medical students. The

results showed, that the video had a highly significant effect on a positive attitude change towards PsWP in both samples. No distinction could be made between general society and psychology or medical students, neither before nor after the video. The research was complemented with a qualitative section, which included an interview with stigma and pedophilia researcher Dr. Sara Jahnke. Results of the interview show that education about pedophilia as well as contact, or a surrogate thereof, as for example a video, in combination are the most effective way to decrease stigma around pedophilia.

Overall, this paper has laid out that the existing de-humanizing and stigmatizing attitudes towards pedophilia damage PsWP's every-day lives by decreasing their social abilities, which lead to a lack of social relations and discomfort in seeking therapy. In turn, unstable and hesitant social relations brought forward by the heavy stigma in society increase the risk of criminal offense, which is why we devote the final section of this paper to a suggestion of a wide- ranging societal intervention. The spread of knowledge about pedophilia, while at the same time triggering empathy towards PsWP, will decrease stigma, increase the life quality of PsWP, as well as ultimately prevent or reduce the risk of child sexual abuse.

Intervention proposal. There are multiple possible ways to reduce the frequency of stigmatization of PsWP, a combination of which is necessary to reach the successful outcome of including non-offending PsWP into society at large. As we have seen primarily in section one, in many cases stigmas originate and sustain more easily when levels of knowledge and empathy are lower.

First, we thus propose an educational intervention which may be included in school education to teach children or teenagers from a young age on about pedophilia. Moreover, an introduction to different circumstances of different people, will generally evoke compassion towards multiple life circumstances and also let students who may feel similar attraction patterns know whom to contact and that they are not alone. We view this as an effective measure to increase general knowledge with regards to pedophilia among society, which, as laid out in earlier parts of this report, will for one eliminate the origins of stigmatization, as well as reduce existing stigmas. Additionally, as media continues to educate the masses in a society, the medical use of the word "pedophile" shall be more scrutinized by the state. In many reports, the words child-molester and "pedophile" are used interchangeably, while often there is no proof the offender in fact was a PWP, which makes the use of the term in such a case misinformation. Wrongfully calling a child sexual abuser a PWP makes it hard for society to differentiate between these, and thus ultimately harms the continuous effort of virtuous, non-offending PsWP to gain recognition.

Furthermore, politicians or other persons with a great reach shall be incentivized to stand up to the society's moral obligation to deal with the needs of all members of a society in a way that is mutually benefitting. Putting the stigmatization of PsWP on the political or activist agenda will give agency to PsWP to speak for themselves. While raising the topic on the agenda itself does not necessarily create accurate knowledge or empathy, it allows for further measures that will.

In order to perform a large scale intervention to decrease stigmatization, a multitude of people need to be reached. Additionally to the knowledge provided by (school)education, some sort of contact, or surrogate thereof, ought to be created. Providing personal contact with a PWP, who feels confident in discussing pedophilia with a mass of people, poses a problem (which is not only to a limited extent caused by currently existing stigmatization). However, as shown in the survey of section three and supported by an expert opinion, an effective measure to reach multiple people and decrease their negative attitudes towards pedophilia could be a video presenting a first-hand narrative of a PWP, as an alternative to personal communication. If such a video succeeds to convey what it feels like to face stigmatization for a sexual attraction one did not choose, while making the conscious choice not to act upon this attraction, the viewer will attain a sense of empathy towards PsWP. In turn, the knowledge about pedophilia combined with a sense of empathy and understanding will make individuals rethink their patterns of prejudice and allow for more open dialogue with PsWP as well as about pedophilia as such. Once governments begin to take seriously that as many as around 4% of men (Jahnke, Schmitt & Malón, 2017) experience sexual attraction patterns towards children and thus face severe stigmatization, as well as internalized prejudice, the spreading of such first-person narratives can effectively contribute to de-stigmatization.

Based on the findings of this report, we are expecting the combination of these measures to form a successful intervention in fulfilling the aim to allow affected PsWP to speak more openly about themselves, as well as creating sincere interest and understanding on the side of their social circles and society at large.

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Appendix A

Dear participant,

First, thank you for your interest! Before the survey starts, it is important that you are informed about the procedures. Therefore, we would like you to read this information letter carefully. Please do not hesitate to ask for clarification about this text or the general procedure.

Goal of the study The purpose of this study is to investigate how you and the society feels about paedophilia. At this moment we cannot give further information.

Procedure We ask that you complete the following questionnaires. The whole procedure will not last longer than 7 minutes.

Voluntary participation

There are no consequences if you decide now not to participate in this study. During the experiment, you are free to stop participating at any moment without giving a reason for doing so. You can withdraw your permission of your answers and data to be used for this research within seven days after your participation. If you choose to withdraw your participation, your data will be deleted permanently.

Discomfort, risks and insurance

As with any research at the University of Amsterdam, a standard liability insurance applies. Your privacy is guaranteed. Your personal information (about who you are) remains confidential and will not be shared without your explicit consent. Your research data will be analyzed by the researchers that collected the information. Research data that are published in scientific journals will be anonymous and cannot be traced back to you as an individual. Completely anonymized data can be shared with other researchers.

Compensation

There will be no compensation for your participation.

Further information

If you would like further information on this study, feel free contact Adelina Nicula (email: adelina.nicula@student.uva.nl).

Thank you, Adelina, Alberto, Camille, Ilinca & Selin

By clicking on the continue button I declare the following:

- I am 16 years or older;
- I have read and understood the information letter;
- I agree to participate in this study and I agree with the use of the data that are collected;
- I reserve the right to withdraw my participation from this study at any time without providing any reason

Q1 To begin, have you taken part in a survey related to paedophilia recently?

☐ No ☐ Yes

We will start with some general questions about paedophilia. Please choose one of the answers. Whether you are right or wrong does not affect you or your performance in this survey.

Q2 Which of these terms describes best a paedophilic behavior? Choose a minimum of 2 answers.

- ☐ Engaging in sexual behavior with a minor
- ☐ Thinking of engaging in sexual behavior with a minor
- ☐ Sexual attraction to children
- ☐ Watching pornography depicting sexual behavior with a minor
- ☐ Physically or mentally, but not sexually abusing a minor
- ☐ Other, please indicate _____

Q3 Is paedophilia a disorder?

☐ Yes ☐ No ☐ I don't know

Q4 Is paedophilia a sexual orientation?

☐ Yes ☐ No ☐ I don't know

Q5 Is paedophilia a criminal act?

☐ Yes ☐ No ☐ I don't know

Q6 Can paedophilia be treated?

☐ Yes ☐ No ☐ I don't know

Q7 Do you believe that paedophilic behavior is nature (you are born to it) or nurture (you develop it)?

☐ Nature ☐ Nurture

Q8 What do you think influences the development of paedophilic behavior?

- ☐ Environment
- ☐ Being a victim of a paedophilic action
- ☐ Negative early sexual encounters
- ☐ Exposure to an excessive amount of pornography
- ☐ Sexual repression
- ☐ Head injury

Q9 Please indicate your personal opinion regarding the following statements by moving the slider in the direction of the label you want.

	Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither agree nor disagree 4	Somewhat agree 5	Agree 6	Strongly agree 7
Paedophiles are male							
A paedophile is an abuser							
A paedophile is sick							
A paedophile is mad							
A paedophile is not normal							
A paedophile is old							
Paedophiles appear normal							
Paedophiles are loners							
Paedophiles are liars							

Q10 Are you close with a person younger than 14 years old?

☐ Yes ☐ No

Q11 What is your relationship with that person?

☐ Brother/Sister

☐ Son/Daughter

☐ Close friend

☐ Relative

☐ Other, please indicate _____

Q12 Please indicate your personal opinion concerning people who are dominantly sexually interested in children, but have never committed a crime.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I would have these people as friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would accept these persons in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would accept these persons as colleagues at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would talk to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These persons should be incarcerated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These persons should better be dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These persons need medical help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These persons are different category of humans compared to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 Please indicate your personal opinion concerning people who have committed the paedophilic crime of child sexual abuse.

Q14 The following questions are not about your personal beliefs on the subject. Instead, please indicate how, in your belief, most people in your society would respond to these statements concerning people who are dominantly sexually interested in children, but have never committed a crime.

[illegible]

Q15 Please pay attention at the following photos. You will be asked to rate which person you think is most likely to be a paedophile.



Q16

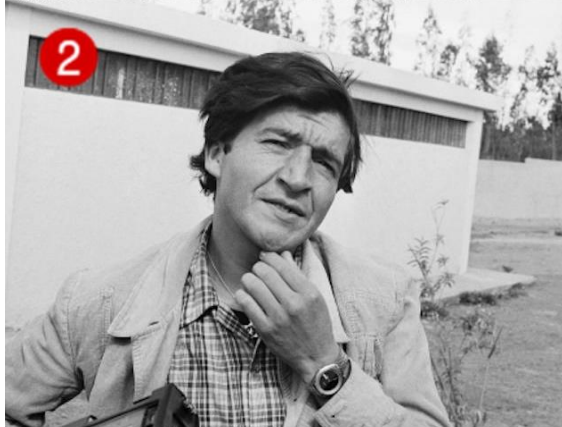
Q17 Rank the men in photos you just saw by how likely you believe they could be a paedophile (most likely at the top).

_____ Photo 1

_____ Photo 2

_____ Photo 3

Q18 What are the three main characteristics that influenced your decision?



Q19

Q20 Rank the men in photos you just saw by how likely you believe they could be a paedophile (most likely at the top).

_____ Photo 1

_____ Photo 2

_____ Photo 3

Q21 What are the three main characteristics that influenced your decision? _____



Q22

Q23 Rank the men in photos you just saw by how likely you believe they could be a paedophile (most likely at the top).

_____ Photo 1

_____ Photo 2

_____ Photo 3

Q24 What are the three main characteristics that influenced your decision? _____

Q25 How old are you?

Q26 Which gender do you identify with?

☐ Male

☐ Female

☐ Other

☐ I prefer not to say

Q27 What is your nationality?

Q28 Select the highest degree level you have obtained.

☐ No schooling

☐ Primary/Elementary

☐ High school

☐ Bachelor (Undergraduate level)

☐ Master degree (Graduate level)

☐ PhD

Appendix B

Hi, We are five students at the University of Amsterdam, we study an interdisciplinary program called PPLE (Politics, Psychology, Law and Economics). For our current course we are

working on a project concerning the de-stigmatization of pedophilia. This means that we look at what the effects of stigmatization are on pedophiles and we try to find solutions for making society more aware and/or less hostile. In order for us to complete our research, it would be very helpful to contact several (European) volunteers who are willing to, over email or skype, talk about their personal experiences and answer some of our questions. Upon request, it is possible to remain entirely anonymous. We guarantee anonymity and confidentiality. If you find this something you are interested in, please contact us by sending an email to the address provided below, or if you have any follow-up questions. We thank you very much for taking your time to read this.

[\(Anouk.nolet@student.uva.nl\)](mailto:Anouk.nolet@student.uva.nl)

Appendix C

To start off: introduce yourself. When did you discover your pedophilic tendencies? Do you live alone, were you ever married? Do you have any kids and if not do you wish you could have some?

1. About therapy and the fear of being discovered

- a. Have you ever been in therapy? Why (not)?
- b. Are you afraid that, when going to therapy, you will be reported? Mention laws in the USA
- c. Have you ever discussed your situation with someone outside of therapy or a forum?

2. Stigma related

- a. Do you have to take, or feel as though you do, drastic measures on a regular basis to hide your preferences?
- b. What stigmatizations do you know of or do you think there are in society?
- c. Have you endured any psychological issues or mood disorders? Do you think that those can be attributed to the stigmatization in society? (have you internalized the stigmas)
- d. What experiences do you personally have with stigmatization? Think of media or intimate examples

3. Self-esteem related

- a. Are you self-accepting? If not, what would help you to become more accepting?
- b. Do the ways in which people perceive you influence how you feel about yourself?

4. Lastly, what in your view would be the best solution?

Appendix D

Respondent 1.

1. About therapy and the fear of being discovered

- a. Have you ever been in therapy? Why (not)?

No, not for minor attraction, imhe so-called therapists are more messed up mentally than the people they purport to help,,,

- b. Are you afraid that, when going to therapy, you will be reported?

If I did disclose to a "therapist", I wouldn't trust them not to blab, if not formally report,,,

- c. Have you ever discussed your situation with someone outside of therapy or a forum?

Yes, to three friends, one straight male who disclosed to me first, and two gay women who it turns out, had attractions to pre-spermache boys, co-incidence is a strange thing indeed!,,,

2. Stigma related

- a. Do you have to take, or feel as though you do, drastic measures on a regular basis to hide your preferences?

Not drastic, but I feel a need to be careful, ie hiding pictures of kids from magazines etc, also my collection of little girls clothing, especially panties,,,

- b. What stigmatizations do you know of or do you think there are in society?

I guess the anti-paedo hysteria that seems endemic in UK at least, if you're minor attracted you are considered automatically scum, and deserve punishment before you lose control and assault a child,,,

- c. Have you endured any psychological issues or mood disorders? Do you think that those can be attributed to the stigmatization in society? (have you internalized the stigmas)

I sometimes feel depressed and frustrated that I don't have a good enough outlet, and I often feel isolated because others won't accept me at any level because of my sexual attraction to kids,,,

- d. What experiences do you personally have with stigmatization? Think of media or intimate examples

I was once arrested on suspicion of importing obscene material, namely information pack from Paedika, I never saw what was in the envelope btw. I was arrested by

Customs officers, and I'm non-violent, but the customs station was swarming with police who no doubt came to see the paedophile, and they complain about being under-resourced!!!

3. Self-esteem related

- a. Are you self-accepting? If not, what would help you to become more accepting?
I am these days, but have had guilt trips in the past, VirPed site has helped enormously,,,
- b. Do the ways in which people perceive you influence how you feel about yourself?
This used to be the case, but at 55 I kinda don't give a fuck anymore lol,,,

4. Lastly, what in your view would be the best solution?

Access to erotic loli and shota, access to child sex dolls eg from Trottla, and to make paedophilia a protected characteristic like homosexuality, race, and disability,,,

Respondent 2. 1.a. I have never been in therapy. Mainly I am afraid that I will not be treated equally, that people will behave differently because my attractions make me dangerous or a monster. I am also afraid of being outed by a therapist to my friends, family, or employer. I also am very independent and do not like to look to others for support when I need it.

b. Yes, it is the main reason that I have not been.

c. I post regularly on VirPed, a community for 'non-contact' pedophiles. I once told a friend about my attractions, and they broke all contact with me which was very demoralising and caused me to become depressed. They were convinced that I would offend in the future and did not believe that I had not offended in the past. I believe it was the stereotypical 'pedophile' that people associate with child molesters that made her believe this irrespective of who I was.

2.a. I do not feel like I take drastic measures. I do not go out of my way to avoid children or avoid contact with children. I do feel self conscious when I see attractive children in public, in case anyone notices when I look at them and somehow knows.

b. I think in general people conflate the terms pedophile and child molester. People assume that all pedophiles either have or will abuse children, that they want to abuse children, that they are weak monsters who prey on children.

c. I have suffered with anxiety and depression in the past. The depression during my university years I do attribute to stigmatisation - I stigmatised myself, internalising those fears, as I believed those same conflations and it caused me to hate myself.

d. I have often seen child rapists and murderers called pedophiles in the news and in papers. I have seen people on social media (Facebook, Twitter) do the same and call for pedophiles in general to be murdered, to be given the death penalty, to be beaten and abused and called scum

and other derogatory terms. I have heard family members, friends, and lovers say the same things in my presence.

3.a. I am mostly self accepting now. I still have some moments where I feel those internalised fears about me being nonhuman or a monster waiting to happen, but far less now. I do not think that is something I will ever get over. I am mainly self accepting because I have been able to succeed in other parts of my life, and have hidden my attractions and feelings so well.

b. Yes, those perceptions and generalisations have shaped who I am and I still carry psychological and emotional scars because of them.

4. We need to stop the conflation between pedophiles and child molesters, so that people discovering that they are pedophiles do not automatically associate themselves with monsters and abusers and do not assume they are less than other people and destined to do the same. Stopping them hating themselves will make it easier for them to come out and seek help. We need to provide that help, openly for pedophiles, and provide better protection from reporting as this is a major barrier to people coming out. If someone admits to abusing a child they should be reported, but it needs to be clearer to them that they won't be reported just for being a pedophile, and it should be clearer to health professionals as well. The more pedophiles feel better about themselves and can get treatment, the safer children will be.

Respondent 3. "Have you ever been in therapy? Why (not)?"

I have considered it, but I decided against it for a couple of reasons. First of all, there aren't any psychiatrists specializing in pedophilia in my general area and I would be concerned that a normal therapist would not be qualified to assess my situation. I also don't think I necessarily need help or treatment with my pedophilia. I mean, professional help is always appreciated, and nice, but I don't think I need it, because it doesn't cause me any issues or make anything difficult. I don't have psychological distress because of it. I feel like I can manage my sexual feelings on my own and I'm able not to harm children, I can control my sex drive with ease.

"Are you afraid that, when going to therapy, you will be reported?"

This is actually another reason I have decided against going to therapy, that I wanted to talk about in the answer for question b., but since you asked about this in a separate question, I'll answer separately as well. I actually don't know the reporting laws of my country. I tried to search for it, but I couldn't find anything, so I don't know if I'd be reported, but I don't want to take the chance. Therapists are human beings too and they can be subjected to the same kind

of prejudices as any other person, and the thought of being reported for simply admitting that I'm a pedophile is scary. It could destroy my life and I don't want that.

"Have you ever discussed your situation with someone outside of therapy or a forum?"

Yes. I have come out to my mother and *the conversation* felt a bit disappointing. She didn't ask many questions and I felt like that she was trying to deny it. She kept saying that it's just a phase and well, it isn't. After that she didn't really bring it up, and I would love her to acknowledge my sexual orientation and maybe even joke about it from time to time. I don't know, I suppose it would just be better if I could be more open about it with her. I have heard about a guy who has told her mother about and she points out kids she thinks he'd be attracted to and makes jokes and I'm so jealous of that. Gary Gibson's wife is kinda like that too - they even appeared together on Dr. Phil.

"Do you have to take, or feel as though you do, drastic measures on a regular basis to hide your preferences?"

I do, somewhat. I live in a quite conservative environment and I feel I wouldn't be safe if people found out about my orientation. Although some of my classmates have found out about it and they haven't brought it up much, and it's all good. Maybe they don't even believe it, I don't know. And I have come out to 4 of my roommates and one other guy in the dorm I live in, so I'm not really overly secretive, but I wouldn't fully come out, not until society's attitudes are drastically different at least.

"What stigmatizations do you know of or do you think there are in society?"

If you look at history, there was always a scapegoat that people oppressed and stigmatized and loved to hate. Just to name a few examples, jews in nazi Germany and homosexuals in the 1960s. I feel like nowadays, we're kind of it. The jew comparison is a good one, I feel like we're stigmatized in the same ways the jews were during Hitler's reign. Just to be completely clear, I'm not saying that we are treated to the same extent as jews were. Obviously there are no concentration camps and we don't have to wear a badge on our chests, but the narrative is the same. Common misconceptions that come to mind: "Pedophiles are child molesters (the most common one), vile, demons, monsters, sick, subhuman, garbage, scum, etc." These are messages I come across daily. Studies have found that a substantial amount of people believe pedophiles would be better off dead, even if they have never offended.

"Have you endured any psychological issues or mood disorders? Do you think that those can be attributed to the stigmatization in society? (have you internalized the stigmas)"

I have not experienced psychological difficulties because of my pedophilia. I was quite depressed less than a year ago, but it wasn't caused by my sexual feelings. Life was not going the way I wanted it to go. I also felt betrayed and lied to by my best friend. But I am fine now and hopeful for the future, I'm planning to go to university. I was never hurt by the nasty things people say to me on the internet. I don't really care what random anonymous people say about me. I don't know them so I'm not bothered by their opinions. Now, if the same things were said by someone I know and like, that would be a whole different story, but I've never experienced negative feedback offline. Although I personally don't care about trolls, it might cause distress to others, who have less of a thick skin, especially teens. And it is known that stigma-related stress increases the likelihood of committing an offence or suicide. That doesn't help anyone, only causes more issues.

"What experiences do you personally have with stigmatization? Think of media or intimate examples"

The media in my country continuously conflates pedophiles with child molesters and pedophilia with child abuse (I mean, we're talking about a country that recently aired a segment on a public TV channel, that promoted conversion therapy for homosexuals, interviewing a "professional" and a catholic priest) so no wonder that I stopped watching TV a long time ago. Before I came out to my mom, I asked her opinion on pedophiles and the first thing she said was "They're horrible". That wasn't really nice. Her argument was that they watch pictures of children. It is true that many pedophiles consume pictures of children that are often non-pornographic and fully clothed and innocent, but I don't see anything immoral with that. CP is a whole other thing and I understand feeling angry at people who consume such material, but as long as no child was harmed during the production of photos, it's not anyone's business what people view. Well anyway, I think that was the only time someone close to me expressed their distaste towards pedophiles.

"Are you self-accepting? If not, what would help you to become more accepting?"

No, I hate myself and my self-confidence and self-esteem are really low and I have no idea what would help me with that. It is not because my pedophilia though. I just feel ugly and I am really socially awkward. Sorry, I don't know how to elaborate on this.

"Do the ways in which people perceive you influence how you feel about yourself?"

I think so, yes. I'm never welcomed in any group and I always feel isolated and ostracized. I don't feel like anyone accepts or likes me. That hurts me a lot, so I've kinda become a lone wolf. I don't even know if I want to have friends irl anymore, because I have tried so many times and I always failed.

"What in your view would be the best solution?"

People should accept pedophiles and shouldn't stigmatize them. If a safe, welcoming environment is achieved more pedophiles will feel encouraged to seek help they may need that will prevent them from harming children. I feel like this would be so obvious with a little bit of thinking and yet so many people choose the easy way of just hating. A self-loathing, anxious pedophile will just go back to the dark corners of the internet to creepy pro-contact places where the idea of adult-child sex is accepted. And since people always like to tell that simply being a pedophile is no better than molesting children, what keeps these individuals from acting on their attractions? Fuck society, right? "If my attractions already make me a monster, then I have nothing to lose if I have sex with a child" That is the mindset society wants us to have. People also love to tell us that we're "destined to offend". Like, really? I feel like sometimes they actually *want* us to offend so they can yell "I told you!". Fucking hypocrites. They don't care about child sexual abuse prevention, only about virtue signaling and feeding their moral outrage addiction.

Respondent 4. "1. About therapy and the fear of being discovered

a. Have you ever been in therapy?" Yes. "Why (not)?" I have been in therapy many times for both marriage counseling and to deal with issues surrounding pedophilia.

"b. Are you afraid that, when going to therapy, you will be reported?" I have never been afraid of being reported because I know I have not harmed any children. When I did come out, my children were already grown and I wasn't living with or working with children."

"c. Have you ever discussed your situation with someone outside of therapy or a forum?" Yes, I have come to feel comfortable talking about it with family and friends who understand the difference between attraction and action. I have also given a number of public presentations about it and have become comfortable talking about it with total strangers.

"2. Stigma related

a. Do you have to take, or feel as though you do, drastic measures on a regular basis to hide your preferences?" When I was growing up, I honestly thought that every man liked little girls.

Through the years, I did not feel any necessity to hide my interest as long as I didn't have sexual contact. Now I am more careful not to seem creepy or scare families with children.

"b. What stigmatizations do you know of or do you think there are in society?" Even some professionals have treated me like a monster or non-person. Many people equate a pedophile with a child molester. They assume we all sex maniacs with uncontrollable urges.

"c. Have you endured any psychological issues or mood disorders?" I experience depression and occasional suicidal ideation, some of which may be related to my pedophilia. "Do you think that those can be attributed to the stigmatization in society? (have you internalized the stigmas)" Yes, much of it is because of the stigma, which I have internalized. I have been cured of pedophilic disorder, because I do not act on my attraction to children and am no longer distressed by it.

"d. What experiences do you personally have with stigmatization? Think of media or intimate examples" As above, I was rejected and abandoned by my counselor, banned from the hospital, dismissed from the university, banished from church, received death threats, treated worse than a criminal, but I still praise God because I am still alive and able to help others.

"3. Self-esteem related

a. Are you self-accepting?" I have always suffered from low self-esteem, whether or not it was related to pedophilia. "If not, what would help you to become more accepting?" I think I have come to accept myself but I don't expect others to accept me now that I am out as a pedophile.

"b. Do the ways in which people perceive you influence how you feel about yourself?" I'd like to say that I don't care what the rabble think about me or pedophiles in general in the comments section following articles on the subject, although I know it still hurts, but what really upsets me is the professionals and professed Christians who should know better.

"4. Lastly, what in your view would be the best solution?" I think we have to continue to work slowly one person at a time to help destigmatize pedophilia without changing people's concern about adult-child sex.

Interview transcript with Respondent 5.

Interviewer 3: *Hi Ethan! This is Maud from the UvA Research group. We were wondering if you'd be ready to start our interview now?*

Ethan: Give me a couple minutes, if that's OK...

Interviewer 2: *sure! Just let us know when you are good to go*

E: ok.

I'm a little bit sick today, but well enough to answer questions.

Interviewer 2: *Ethan, can you hear us?*

E: I can hear.

is this the text window?

Interviewer 1: *First of all, I would like to say that if there is anything you're uncomfortable discussing, that's fine and you can just let us know. I'm just going to introduce what we're doing here: we are writing a research paper to try to see how stigmatization affects pedophiles in particular and explore how we can destigmatize the topic so that society becomes more approachable and less hostile towards pedophiles. If it's okay, I'd like to ask you to give a small introduction about yourself - especially when you discovered your interests, and if you're married, if you have any kids, and whether you live alone.*

E: ok

Sure.

this text window for me is stuck at the left margin...

which is ok, though a bit distracting.

computers....

I: *I think the text margin has to stay on the left, because of the voice call we're doing.*

ah, right.

ok...

I: *So if you could just tell us a bit about yourself, and about how you found out that you're a pedophile and at what age that was.*

sure, I'm unusual for a pedophile.

in that I didn't realize it until ZI was over 50.

and by that time I had been married, raised 3 daughters

and gotten divorced.

I: *Okay... that's really interesting for us, because I personally read a lot of entries about men, especially, who were 18 or 20 years old when they initially found out. How has it influenced your experience that you were a bit older and already had 3 daughters when you found out? Do they know about your interest?*

E: that is far more typical.

no, they don't know.

I: *would you ever tell them?*

E: I think they would be accepting.

One has for instance now had 3 different trans friends (boyfriend/girlfriends).

so she oughta be, lol.

but it's so stigmatized.

especially if they had kids some day.

I: and if you don't mind me asking: how did you find out that you were a pedophile?

E: there are various bios of me online that you could look at for more detail.

one on the VP site itself under "Who we are"/"founders.

I: How can we find those?

E: Bottom half.

but sure I'll answer.

just saying it will be briefer than often.

I: Okay, we'll do that then. So I'd just like to... oh, sorry...

E: It was a bit funny. I had a gf and had been looking at fully adult porn -- jus ta little, now and then, we didn't live together.

and i did reveal this to her and she thought that was terrible and I should stop.

which I didn't like, but I did stop...

but then started looking a non-porn pix, like innocent online photos.

and there the ages are not distinguished the same way.

so you see a range of sisters, for instance in a picture...

and I could find that the ones who excited me more were on the yougner side... that sort of thing.

I: Thank you for telling us. I think it's really interesting for us to see how people find out and how that influences their experiences - I'd just like to get into our initial questions now;

questions about therapy and the fear of being discovered, because we read that pedophiles have a huge fear about the people around them finding out about their interests. So our question is: have you ever been in therapy? About your pedophilic tendencies? If yes, how has that been, and if no, what is stopping you from doing so?

E: I've been in therapy many times as I have a lifelong history of depression, but never for the pedophilia per se.

I: *And do you think you'd ever want to talk to a therapist?*

E: in fact, I discovered the pedophilia while I was working with this one guy.

and he knows about it, and we sort of discovered it together.

he has been very accepting.

however, others have had much worse experiences.

I: *Yes, because we read, that in the US in particular, when a pedophile confides in their therapist, the therapist has an obligation to report them to the authorities. So, do you think that's something that's actually stopping people from seeking therapy and seeking help? Because they have this fear of being discovered?*

My personal experience is less relevant here than those of all the other people in the group.

it certainly is, and in fact one of the things that makes me sad about answering email here is to have to tell people, "I'd love to suggest you go to a therapist"

but I can't do that very well..

I: *And what do you mean by saying that your own personal experience is less relevant than that of other people?*

E: it's not just the US, also, I think most of the English-speaking countries at least have laws like that.

I: have you ever discussed your interests with someone outside of therapy, like someone you know well or someone on the forums, for example, and how does that help you in becoming more comfortable with who you are?

E: I have told two friends by now, two people I knew in college back in the 1970s.

I should say "since we were in college"...

they have been very accepting.

I've also met a couple people in person who I know about online.

who I know online.

I: and do you think that in general, being able to speak about it with others makes it easier for you to accept this about yourself, or do you think it does not have a big influence on how you feel?

E: It does help.

I: so with what exactly does that help? Does that make you feel more confident about yourself? Or how do you see that this helps you personally? one of the biggest problems is being isolated and alone.

E: you have a big secret, but every social interaction is monitored...

would I say this if I wasn't a P...

did I read about that article related to this, or does it have a 'defensible provenance'.

I: and what do you mean by that? "Defensible provenance"?

sorry, big words...

the source is one that I can explain.

the thing is... I don't know the structure of your interview... if it is limited to my own personal experiences, it will be a bit boring.

it's more interesting if I can share what other people in the group have said.

I: well, it's not, necessarily, but we want to know a bit more about personal experiences - but if you're willing to share some of the information you have gained of the members of the group, that would be helpful as well, because we want to incorporate as much personal experiences of pedophiles into our research as possible - so if you're willing to share their information, that would be great for us as well.

sure. If you ever wanted more info than you could use, join the forum and read the introductions... and conversations, but I know that's not what you're doing

I: yes, we've read a few posts on the forum as well, and we've also contacted a few more people through the forum, so we're gonna conduct three more interviews, and we think those will be helpful as well for us. I am going to move on to questions related to stigmatization - do you feel like you have to take drastic measures to hide your interests on a daily basis? Is it easy for you to have social interactions and to be yourself? And do you think that when you do have to hide a part of yourself, that that is due to social stigmatization?

16.32

E: I do hide part of myself all the time.

it's not hard in social situations that are superficial...

it's only when actually trying to connect with someone that it gets more difficult...

I: do you think that the fact that you have to hide this part of yourself inhibits you from actually having a real connection with people to a certain extent - because you're scared that they are going to find out, or for other reasons that make you uncomfortable with sharing that?

E: I'm not worried about their finding out, as I live alone, have always been an introvert...

so for instance I can keep the screens open where we are discussing this if I want... others get disocvered if they belong to VP and forget to lock the screen when they go away.

I: and also, how do you hide this part of you? What steps do you have to take to make sure that people don't find out about it?

E: "afk", is it?

but for instance, eve though I'm good health I have a habit of locking the screens at night, in case there was a medical meergency and people pcame in,... myabe paranoid.

I: so what kind of stigmatization do you think that there are in society and how do you think that other people perceive pedophiles and to what extent does that influence especially your mental health, I would say, for instance; any mental disorders or mood disorders that are related to the stigmatization of pedophilia in society.

E: I don't per se, though in part that's because I was over 50 and had a fully formed set of beleifs back then.

including that "thoughts can't be wrong, only ations".

thinking.

I: and also if you can, could you also... do you think that other pedophiles strongly experience stigmatization? Do you think that they're constantly afraid of being discovered? Not just you personally, but other pedophiles who you maybe know or don't know.

E: sure, it's that they've been taught from the cradle that Ps are terrible, evil.

and then they find at 13 or 14 that they probably are one, and their own sense of self isn't firmly developed.

so they don't dare tell parents, or teachers, or friends.

I: so then, I guess that the biggest part of stigmatization that plays a role here is that everyone is told that [pedophilia] is evil... so, what steps do you think would be necessary in order for pedophiles - and again, not just you specifically - to become more comfortable with maybe telling people or dealing with the situation? Do you think... how far do you think destigmatization would actually help... will benefit pedophiles?

22.45

E: there is some analogy to gay/lesbian issues, in that they too were in that position a few decades ago...

and the benefits seemed to come gradually as people could come out to more and more people, with a lower bar of revelation, maybe...

so when most ordinary people knew one person privately who was gay, then it didn't seem so weird any more.

that's more like a process for change.

I: do you think that that will happen to pedophiles, too, eventually? That they become more accepted in society?

E: our huge problem is that most people think pedophiles are molesters.

and so as long as people think that it's hard to make progress.

I: Yes, that's true. And we're also trying to build the image that indeed the majority of pedophiles are not molesters, and that that is a negative connotation that society has... our aim is to raise awareness of the fact that, indeed, that's not the case, and that there are virtuous pedophiles out there as well... then, I'd also like to ask you whether you have any personal experiences with stigmatization in the sense that you see it [pedophilia] portrayed negatively in the media, situations that you have experienced, in which you felt stigmatized or uncomfortable with who you are, or with what pedophiles are?

E: thinking

sorry, repeat the question, lol?

I: I asked whether you have had any personal experiences with stigmatization, regarding for example media portrayal or if there have been any personal experiences where you personally felt very stigmatized, or uncomfortable with the fact that you are a pedophile. Say, if you were with a group of people, you see something on the television or whatever, that you have personally experienced?

26.11

E: well, running VP exposes me to a huge barrage of this. I can read the (occasional) hat email that comes to us, or read twitter comments, or participate in a debate online somewhere... and I see it full force.

(and ironically, get what seems just as much hate from the pedophiles who want to legalize adult-child sex).

but that's a hard problem because the online haters will be the last people to be convinced.

I: so how do you think that can be solved? And how do you feel about those pedophiles that want to legalize sex with children? Have you ever engaged in a conversation with them?

27.47

E: oh sure, I've done that a lot, notably on GirlChat several years ago...

I think there are a couple kinds, but I do think many of them are sincere if deluded.

but that's a side issue, I figure.

in my own personal life, the fear maybe ost centers around my church. I've belonged to a liberal church here since the 1990s.

my girls went to Sunday school there.

and part of their thing is, "everyone is welcome here".

And "something wonderful can happen if we are honest and tell each other who we really are".

I: and has religion in any way influenced the way you dealt with pedophilia - because, for example, for gays and lesbians, I think there's a bit of a negative connotation there... so do you experience that as well?

E: we are also known for accepting gay/lesbian and trans people.

big push. "All sexualities are welcome here" they say...

I: and do you think they would accept you as well?

29.10

E: This is unitarian-universalism, so the religion side isn't really part of it...

but I do know they wouldn't accept me.

I: and to come back to the analogy of pedophilia and homosexuality, do you think eventually, society will treat pedophiles the same way that they are treating homosexuals now, or do you think that would be a step that society isn't willing to take?

E: I can hope that society will get to that point, but I don't think it will be soon that we go that far.

It wasn't THAT hard for gays to convince people they didn't molest folks.

(or rape them).

I: and how does it make you feel that you probably won't be accepted at your church? Does that scare you off? Does that...

31.13

E: yeah, I feel less involved in the church and it has largely gone from my life.

it's part of this idea of not able to be authentic.

I: does the fact that you're now less involved influence your confidence and your general happiness in a larger sense?

E: well... I'm in my 60s and retired... with a lifelong history of depression and even though it's mostly controlled the alternative 'control experiment' isn't so clear.

but I do know that I hear people every day at VP who are suffering a lot.

32.10

I: and, if I may ask, is your depression related to the fact that you're a pedophile or is that a separate issue you've been struggling... because you say you've struggled with it for a long time. But has it become worse since you've discovered that you're a pedophile or not?

E: it's probably somewhat better, since I have an explanation for why I wasn't able to remarry.

all the appropriate-age women just weren't attractive.

I: okay, and you say that people on the forum are suffering a lot. Do you know what they are suffering from? Is it personal interactions that they have or is it maybe this idea that they internalize stigmatization that exists in society?

E: we have a range at VP, from those who just hate themselves for feeling the attraction, no matter what we say.

and to the other end those who would like to talk about the cute boy or girl they saw in this movie...

I: do you think that if the image that pedophiles have in society would become more positive, that that would also influence self-esteem that pedophiles have that hate themselves so much... do you think they'd become more accepting of themselves?

E: sure, I think that's a reasonable intermediate goal and a good one in its own right.

naturally we get lots of email at VP from people who just know we exist and say "thank goodness I feel so much better".

I: ehm, I also have a few questions concerning your own self-esteem, so would you consider yourself accepting of who you are, and how long did it take for you to actually... accept this part of yourself?

E: It wasn't hard for me... I had already long ago figured it was no big deal to find 14-year-olds attractive (which somehow is controversial in the US)...

not that I would ever approach one, of course, but that was a starting point.

it wasn't hard for me, no.

I: and do you think that running VP and being a part of VP, influences positively how you feel about yourself? Do you think that without such a forum and a society like this it's more difficult to come to terms with who you are?

E: no, for me it's just more a way of having a positive connection and doing good.

I: okay, but do you think that... and I think it's quite fair to say that you are really helping other people out there, so, ehm, would you maybe consider VP as a "safe zone" people can come to and express how they feel and that that really benefits these people because I guess it's a place where it isn't as stigmatized and they can just talk to people and form a connection with pedophiles like themselves?

E: right, it's an amazing place for people that way.

but you were asking before...

about what their experiences are with stigmatization.

some agonize over whether to tell their parents.

some won't because they think it will devastate the parent... even people in their 20s.

others worry they'll be cast out of the house.

I: yeah, exactly, I wanted to know how pedophiles perceive this, eh, stigmatization, yeah. So I guess, that if you're scared to tell your parents, that it also has a very negative influence on the personal relationships... do you think that if you, ehm, would've found out at a younger age, you would've been comfortable with telling your family at that point?

E: you may know Todd Nickerson, if not you should look at his video.

it might not have been good, actually as I may have assumed they would be more accepting than they are...

certainly if you're going to be a "P" parent there are tons of issues around perception.

there are occasional reports of young, confident Ps who figure out

their condition and post about it, "hey, I'm a P!" and are surprised that all their friends shun them.

I: *and, ehm, is VP good outlet so to say, for you to cope with your feelings, like so to say, when you have tendencies that it's easy for you to go on there and express yourself?*

E: I have made some personal connections, and I do more of my sharing with a few people I can write to privately.

I: *and... what else do you - if you're uncomfortable just tell me - but what else do you do to sort of cope with tendencies that you have that you can't necessarily relieve, like how do you deal with that really, because if you say that having personal connections there is a good way for you to "let it out" is there anything else that you seek or that you do to make you feel better?*

E: well... in terms of the stigma, no... though looking at movies with cute girls in them is satisfying in another way.

but not what you were getting at.

I do talk with my friend and my therapist.. the one local friend, and it is amazing to be able to just talk out loud to someone to express the frustrations of running VP, for instance...

42.20

I: *and does, ehm, being open - so talking to people like this - make it easier for you to deal with your tendencies? Because we also read a study that said that the constant of a secret like this makes it really hard for people to deal with how they feel and especially social isolation, ehm, like as you said before, is a huge factor that plays a role in, sort of being uncomfortable with who you are, so do you think that, like, talking to people and, running VP relieves you of this uncomfortable feeling to a certain extent?*

E: sure, it helps. you mentioned before about "dealing with your tendencies"...

and what a lot of people have in their mind by that is "how do you manage not to molest or be creepy around kids".

not sure if that's in the back of your mind but it is a reasonable question for sure.

I: *I don't mean to say that necessarily, but it's more to say about maybe having sexual tendencies and not having a way to relieve them... ehm, but I have a last question, and that's just your personal view - what do you think would be the best solution for society and for destigmatization, so that people in general can just become more accepting of pedophiles. What do you think are the necessary steps that we have to take?*

E: I personally just have no problem with that, but some people do...

I divide the world into social liberals and conservatives, and figure that hope with the conservatives is very long-range. lots of them still hate gay people.

but just convincing liberals to be more open could yield big benefits.

and the biggest is understanding we don't molest kids -- lots of us don't -- is the biggest.

that's the biggest, because from a liberal ideology the acceptance really ought to flow...

the liberal ideal is that if you're not harming other people then you should be accepted...

however, there is still a lot of gut-level resistance.

I: *Yes, that is exactly what we're trying to do with this paper - it's to show society that pedophiles are not all offenders and to create a more open and accepting environment, because, like you said, most pedophiles don't act on their tendencies.*

Is there anything else that you'd maybe like to ask us or that you'd like to ask us before we end the interview?

E: I don't feel I've been as incisive as usual, sorry about that. you sound like a native American speaker, by the way.

but this is in Europe, right, lol?

I: *I'd like to thank you again, because we've had, eh, yeah, we're in the Netherlands, no, but I'd like to thank you for your answers, because we've gathered a lot of information that'd be really useful for us.*

E: great, feel free to follow up by email if you want of course.

I: *oh yes, we might do that. And I also wanted to tell you that this is not going to be published, but if you want us to send the conversation to you we can definitely do that... or the final report as well.*

48.18

E: I'd be itnerested in the fianl report if it's not hard.

I: *yeah, we'll send that to you then.*

E: I have thist conversation in my skype history too, I guess not your side of it, but...

Interviewer 2: *okay, Ethan, this is Julian again - eh, also from my side; thanks a lot, I think for this report this was very helpful and ehmmm, yeah, we can of course provide you with the report. Two things; if there's anything after this interview that you would still like to say, feel free to either e-mail me, or, I think it's better to e-mail the people in this group, ehm, I think you just said you offered that if there are any follow-up questions... would you prefer to have this done over e-mail or Skype?*

E: email is more reliable, yes.

Interviewer 2: *Good, we might come back to that if there are more follow-up questions. And from my side, thanks again, and you said that you felt a bit ill today so I hope you'll feel better soon, and thanks for nevertheless conducting this interview with us. Alright, well, have a nice - well, morning, then, I guess, in New York.*

E: you're welcome. My pleasure.

Thanks.

You too.

Interviewer 3: *thank you! Bye*

E: bye.

Appendix E

Survey Flow

Block: Default Question Block (2 Questions)

Standard: Demographic questions + attitudes (13 Questions)

Block Randomizer: 1 - Evenly Present Elements

Standard: Control (5 Questions)

Standard: Experimental (5 Questions)

Standard: Block 4 (1 Question)

Page Break

Start of Block: Default Question Block

Q1 Dear participant,

Welcome to our survey!

First, thank you for your interest! Before the experiment starts, it is important that you are informed about the procedures. Therefore, we would like you to read this information letter carefully. Please do not hesitate to ask for clarification about this text or the general procedure.

Voluntary participation There are no consequences if you decide now not to participate in this study. During the experiment, you are free to stop participating at any moment without giving a reason for doing so. You can withdraw your permission of your answers and data to be used for this research within seven days after your participation. If you choose to withdraw your participation, your data will be deleted permanently.

Your privacy is guaranteed Your personal information (about who you are) remains confidential and will not be shared without your explicit consent. Your research data will be analyzed by the researchers that collected the information. Completely anonymized data can be shared with other researchers.

Procedure We ask that you complete the following questionnaires. The whole procedure will not last longer than 10 minutes.

Important notice This survey is a part of a student project for an integrative seminar in Security studies. The seminar is a part of a Politics, Psychology, Law and Economics Bachelor Programme at the University of Amsterdam. This survey is a part of an unofficial student research which will ONLY be used for the purposes of completing the assignment for this seminar. NO data or results collected through this survey will be publicly distributed, used or published.

If you have any questions or concerns regarding this survey, don't hesitate to contact us via e-mail: studentsurveyiss@gmail.com.

Before you proceed please indicate that you understand the instructions provided above and that you are happy to participate in the survey.

- I understand the instructions and I want to participate in the survey. (1)

- I do not want to participate in the survey. (2)

Skip To: End of Survey If Dear participant, Welcome to our survey! First, thank you for your interest! Before the experime... = I do not want to participate in the survey.

Q40 Have you recently taken a survey about pedophilia made by students studying at the University of Amsterdam?

- Yes (1)
- No (2)

Skip To: End of Survey If Have you recently taken a survey about pedophilia made by students studying at the University of... = Yes

End of Block: Default Question Block

Start of Block: Demographic questions + attitudes

Q3 What is your age?

Q4 What is your gender?

- Male (1)
- Female (2)
- Other (3)

Q5 What is your country of residence?

Q6 What is your nationality?

Q8 What is the educational level of the program you are currently enrolled in?

- High School (1)
- Bachelor's Degree Program (Undergraduate Academic Degree) (2)
- Master's Degree Program (Graduate Academic Degree) (3)
- Postgraduate Doctoral Degree (PhD) (4)
- I already finished my studies. / I am not enrolled in any educational programs. (5)

Skip To: End of Survey If What is the educational level of the program you are currently enrolled in? = High School

Skip To: End of Survey If What is the educational level of the program you are currently enrolled in? = I already finished my studies. / I am not enrolled in any educational programs.

Q11 In which year of your studies are you?

- First or Second Year of Bachelor's (1)
- Third or Fourth (where applicable) Year of Bachelor's (2)
- Master's Degree (3)
- PhD (4)

Q9 What are you studying?

- Psychology (1)

- Medical Studies (2)
- PPLE (Politics, Psychology, Law & Economics at the UvA) (3)
- Other (4) _____

Skip To: Q32 If What are you studying? = PPLE (Politics, Psychology, Law & Economics at the UvA)

Skip To: Q32 If What are you studying? = Other

Skip To: Q32 If What are you studying?(Other) Is Not Empty

Page Break

Q32 Within my studies, I have received education about disorders such as Paraphilia (the experience of intense sexual arousal to atypical objects, situations, fantasies, behaviors, or individuals) or Pedophilia (a psychiatric disorder in which an adult or older adolescent experiences a primary or exclusive sexual attraction to prepubescent children).

- Yes (1)
- No (2)

Q26 Before proceeding with the survey, we ask you to keep in mind:

In this survey, when using the term “**a pedophile**”, we exclusively speak of a person having sexual attraction to prepubescent children who **has never committed** a sexual crime or offense.

Q14 Imagine you are a clinical psychologist, psychiatrist or a therapist. A person who is sexually attracted to prepubescent children asks for your professional help. To what extent do you agree with the following statements?

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
I would accept treating a pedophile. (1)					
I would provide a pedophile with the psychological help he/she needs. (2)					
I would give a pedophile expert information about his/her disorder. (3)					

Q28 To what extent do you agree with the following statements?

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
I would have a pedophile as a friend. (1)					
I would accept pedophiles in my neighborhood. (2)					
I would accept pedophiles as colleagues at work. (3)					

I would talk to
pedophiles. (4)

Pedophiles should be
incarcerated. (5)

Q30 To what extent do you agree with the following statements?

		Neither		
Strongly	Somewhat	agree nor	Somewhat	Strongly
agree (1)	agree (2)	disagree	disagree (4)	disagree
		(3)		(5)

I would give a pedophile
information about where
he/she can ask for
psychological help. (1)

I would support a
pedophile in his/her
efforts to seek
psychological help. (2)

Page Break

End of Block: Demographic questions + attitudes

Start of Block: Control

Q35 At this point, we ask you to closely watch the entire video (3:00 minutes).

Page Break

Q39 Were you able to see the video and watch it until the end?

- Yes (1)
- No (2)

Skip To: End of Survey If Were you able to see the video and watch it until the end? = No

Q37 After watching this video, please let us know to what extent you agree with the following statements.

	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Neither agree nor disagree (4)	Somewhat disagree (5)	Disagree (6)	Strongly disagree (7)
I found the video interesting. (1)							
I learned a lot watching this video. (2)							
This video changed my view about misbehaving children. (3)							

Q38 You are now going to be presented with some statements which are or aren't related to the video you have just watched. Please answer to what extent do you agree with these statements?

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
The parents of misbehaving children should ask for professional guidance to help them raise their children. (1)					
I would have a pedophile as a friend. (2)					
I would accept pedophiles as colleagues at work. (3)					
I would talk to pedophiles. (4)					
I would accept pedophiles in my neighborhood. (5)					
Pedophiles should be incarcerated. (6)					
I would give a pedophile information about where he/she can ask for psychological help. (7)					

I would support a pedophile in his/her efforts to seek psychological help. (8)

It is not always the parents' fault when the child is misbehaving. (9)

End of Block: Control

Start of Block: Experimental

Q30 At this point, we ask you to closely watch the entire video (3:00 minutes).

Page Break

Q33 Were you able to see the video and watch it until the end?

- Yes (1)
- No (2)

Skip To: End of Survey If Were you able to see the video and watch it until the end? = No

Page Break

Q31 After watching this video, please let us know to what extent you agree with the following statements.

	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Neither agree nor disagree (4)	Somewhat disagree (5)	Disagree (6)	Strongly disagree (7)
I found the video interesting. (1)							
I learned a lot watching this video. (2)							
This video improved my knowledge about pedophilia and pedophiles. (3)							
This video changed my view about pedophilia and pedophiles. (4)							

Q32 You are now going to be presented with some statements which are or aren't related to the video you have just watched. Please answer to what extent do you agree with these statements?

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
I would have a pedophile as a friend. (1)					
The parents of misbehaving children should ask for professional guidance to help them raise their children. (2)					
I would accept pedophiles as colleagues at work. (3)					
I would talk to pedophiles. (4)					
I would accept pedophiles in my neighborhood. (5)					
Pedophiles should be incarcerated. (6)					

I would give a pedophile information about where he/she can ask for psychological help. (7)

I would support a pedophile in his/her efforts to seek psychological help. (8)

It is not always the parents' fault when the child is misbehaving. (9)

End of Block: Experimental

Start of Block: Block 4

Q41 Thank you for participating in our survey!

The goal of our research was to record opinions students have about pedophilia and non-offending pedophiles. We also wanted to check what kind of an effect a video of a first-hand narrative of a non-offending pedophile would have on these opinions. In order to check if our experimental intervention had an effect on respondents' opinions about pedophiles, we also included a control variable video about misbehaving children which we expected to not have a significant effect on those opinions.

If you are interested in this topic, you can find an article which our research was based on by clicking the following links or contact us via e-mail: studentsurveyiss@gmail.com

<https://journals.sagepub.com/doi/10.1177/1079063216681561>

<https://www.ncbi.nlm.nih.gov/pubmed/25933669>

End of Block: Block 4

Appendix F

Interview with Dr. Sara Jahnke: Transcript

January 25, 2019. Skype interview. Overall time recording: 28:20.

Interviewer (Marlies): Hello?

Dr. Jahnke: Hi.

Interviewer (Marlies): Ah yeah. Can you see us? Oh yeah, now you can see us as well. Thanks so much for participating in the interview.

Dr. Jahnke: Yeah.

Interviewer (Marlies): We are the research team, there is also (turns camera to show entire team), just so you know and the two of us will be conducting the interview. I am Marlies, and this is Chiara. Just a few things to begin with: We are second year bachelor students at the University of Amsterdam and we are currently participating in a seminar on Security and we are in a seminar group on stigma and pedophilia and we are mostly interested in stigma among society and therapists and scientists as well. So, we read your article, the one *Stigmatizing attitudes towards people with pedophilia and their malleability among psychotherapists in training* and would like to ask you some further questions on this article specifically.

Dr. Jahnke: Okay.

Interviewer (Marlies): Cool, and ehm, this interview will be recorded.

Dr. Jahnke: (inaudible)

Interviewer (Marlies): I am sorry?

Dr. Jahnke: Let's see how well I remember this.

Interviewer (Marlies): Oh no, we read the article, it is not about what is in the article, more about further questions, no worries. And, the interview will be recorded. We want to mention that you can interrupt the interview at any time and if you do not want to answer any questions then that is fine, you do not have to give any reasons for it. The interview will not be published, but we would like to use your answers for our research paper. We can offer you to see the transcript of the interview, if you want that and then you can make amendments if you like to.

Dr. Jahnke: Okay, so you are not publishing it, but you are using it for the course?

Interviewer (Marlies): For the course, exactly. But it is not public, so just for our course within the seminar.

Dr. Jahnke: Alright.

Interviewer (Marlies): Okay, perfect. And we are really grateful that we get the chance to talk to you and I think, ehm, we think, that your expertise will be very helpful for our paper. So, thank you. Okay.

Dr. Jahnke: (Laughs) We will see.

Interviewer (Chiara): So, we can start the interview if you are ready?

Dr. Jahnke: Yes.

Interviewer (Chiara): The first question is: do you think the stigma is still there among therapists and clinical psychologists about pedophilia?

Dr. Jahnke: Yes. Yeah, I absolutely think so.

Interviewer (Chiara): Okay, and how does this stigma manifest?

Dr. Jahnke: Well, I guess, one way to look at this is from a perspective of structural stigma. That there are very few therapists or psychologists or any mental health professionals who know about these issues. Who educate themselves about these issues [inaudible], who are [inaudible] It does not really play a big role in education for psychotherapists, so there are really not that many resources for therapists to look at, even if they want to help people with pedophilic interests, so, ehm, yeah. This is a [huge] part of the issue, it is like this does not even exist to anyone who is not working within a forensic context and I think that, for these

reasons, even if people, or generally, I guess that therapists in general are more open towards pedophiles or have more favorable attitudes towards pedophiles or more understanding towards pedophiles, than other groups of people I think that's true. But still, they don't know much about it. And I guess, they are [hesitant to be in contact with] such people because they do not know if it is dangerous, what they are supposed to do. And also, there has been a research article where they studied psychotherapists and they gave them several different patient stories and let them decide what type of diagnosis they see there. And they found out that, for instance many therapists had trouble to separate between pedophilia and certain types of obsessive compulsive disorder, where people struggle with the thought that they might have pedophilia even if they don't, so it is just an obsessive thought. So yeah, they do not know much about it, they might be scared of what happens if an offense occurs, they might not know how to deal with issues like, confidentiality, at which point they have to notify authorities and so on. So yeah. (laughs) I think it is ehm, it's still a huge problem.

Interviewer (Chiara): Alright. So, you talked about the education parts, are there other methods that people could use to reduce the stigma among therapists?

Dr. Jahnke: Well, education is a huge point of course, but I don't think that you would use any other ways that you would to reduce [the stigma] for other groups of people. I think, what is most helpful is always to have some sort of contact, to not only read about someone with a pedophilic interest but to either personally meet somebody like this or to get other types of contact surrogate, like a video or something, or just to really learn that these people exist and that they are not necessarily offenders.

Interviewer (Chiara): Alright. And what do you think about society? How can the stigma be reduced among society more generally?

Dr. Jahnke: Well I think, it is just ehm, the one point is education. Because if you educate yourself about pedophilia and you find out that having pedophilia and committing sexual offenses are two different things. I think, that this, adds a lot to destigmatize pedophilia and it makes people more open, it makes them more empathetic, also to the struggle that these people are experiencing, so education is a big point. But the other problem that we have with regards to pedophilia and with regards to why people want to stay away from this issue and stay away from pedophilic interests and that they think that this is extremely disgusting. This is something you just don't even want to think about because it just makes your nails curl, like it's so

disgusting, and you don't really... can't really do anything about disgust with information, with education. Perhaps you can think about it like this: if I gave you a glass of water or let's say a glass of orange juice, but it's not really a glass, it's a urine container. It's never been used for urine, it's fresh from the factory, but it's a urine container, right? It has this yellow substance in it and you know it's orange juice and you know there's no real urine in it, and you know it's sanitized and everything but still you wouldn't like to drink it. So, all this information does not really help you to deal with these feelings. And so, I think that the disgust part is actually the hardest part. With other emotions like anger for instance, if you get new information and you find out that... okay, maybe this person doesn't really want to hurt somebody... has fantasies that he has been trying really hard to deal with, then, you know, you would solve the anger problem. People would probably feel empathetic. But you can't expect the same thing to happen with disgust, so I think the only thing that really helps regarding disgust is, well, contact. Just [inaudible] I think is, I guess.

Interviewer (Marlies): Sorry, could repeat the last part? The connection was just a little bit off.. Just the.. Just quickly about the.. Discuss what you could do: contact and..?

Dr Jahnke: Contact. And I think what you need to do is to get in contact with people who have these interests and get used to the thought.. And yeah, just to get used to the fact that this is who they are and I think at some point you... the disgust would diminish. Because of the exposure.

Interviewer (Chiara): And who do you think should promote this contact between paedophiles and.. let's say other people in society?

Dr Jahnke: (Laughs) Well it's really difficult... I mean, especially on the part of paedophilic people to expose themselves in this way. This is also probably one of the factors why it is so stigmatised and why the stigma doesn't end... People who have these feelings are so afraid of this stigma that they don't open up about this. I guess you can compare it with the situation that gay people were in, like the 40s or 50s or before that.. [inaudible].. disgust.. Gay men also and nowadays this has changed tremendously, so I think that because of the fact that almost everybody knows somebody who's gay, these are person that you somehow get used to this fact that.. Sort of.. Yeah, this desire to avoid contact just based on the sexual preference.

Interviewer (Marlies): Yeah, this brings us to the next question: so how does this stigma have an effect on people with paedophilic interests themselves?

Dr Jahnke: oh yeah, do you still hear me?

Interviewer (Marlies): Yes.

Dr Jahnke: I think the connection is a bit off again, okay, you were just in pause for a moment. Yeah, I think it's really difficult to something that you talk to people with paedophilic interests is something that always comes up is that they struggle with this.. That they don't know [inaudible] they don't know what to.. What happened if they opened up to friends, to colleagues, just what would happen. If they would lose this contact, if they would lose their job, if their relationship would be different afterwards. So yeah.. It's, I think, it's always a huge risk for a paedophilic person to disclose these interests. Even if he's never offended and he's not any risk of offending.. So there's always this risk to be rejected and.. Yeah, just other negative consequences because other people know about this. So, some people choose to keep this a secret, which puts them under a lot of stress and others take a chance and disclose to some people and in most cases fortunately the reactions are, at least, better than expected. But even those paedophilic people who are open about this, they describe a situation where they're like not really "closet" anymore, like you say for gay people: "you're not in the closet or out of the closet" depending on your disclosure status and for people with paedophilia, even if they open up about this. What they describe is often that they still feel like they're in the closet like it's a glass closet, so in fact other people know about the paedophilia, family members know about it, or friends know about it, but nobody really wants to talk about it. Like, okay, I get.. I get you have these feelings and I get... [inaudible]

Interviewer (Marlies): Yeah, no, the last part was off again, sorry...

Dr. Jahnke: So, I was talking about the glass closet thing.

Interviewer (Marlies): Yes, we heard that.

Dr. Jahnke: People get the impression that other people think, "okay I get it, you're pedophilic and I get that you're not an offender, I get that you're a nice person and I'm okay with all of this but please let's talk about something else now".

Interviewer (Marlies): That makes sense.

Dr. Jahnke: They feel like because you don't want to talk about this topic, at this point a person with pedophilic interest would not feel accepted.

Interviewer (Marlies): Okay, and can you say something about stigma and stigma reduction in relation to actual offenses or child abuse.

Dr. Jahnke: Ehm, what the effect of stigma reduction would be for child abuse prevention?

Interviewer (Marlies): Yes.

Dr. Jahnke: Well, I personally think it will make prevention much easier because it would be easier for pedophilic individuals to be open about this, to talk to professionals, ehm, or even if they don't talk to professionals they can talk to family members, to talk to friends and I guess if you have a support group of people aware of these issues, well they can help you and maybe alert you to certain behaviors, maybe they could give you some hints like, "maybe you're going too far in this area, maybe you're too close to this specific child and maybe you should pay more attention here". Ehm, you know? All this feedback would not be present if the pedophilic men would not open would not open up about their feelings and their struggles. [inaudible] All these factors could also be helpful for prevention because ehm, at least for some people, these might be risk factors for offending, if they feel alone, if they feel bad about themselves, ehm, if they have lots of things on their mind that they have to cope with, that ehm, this makes them more prone to offend just to relieve themselves from all these negative feelings.

Interviewer (Marlies): Okay, so you're saying it's both society that can better control people with pedophilic interests in some sense, as well as the urges themselves of people with pedophilic interests may change through contact with society?

Dr. Jahnke: [inaudible] From the people I know and have learned about pedophilia and who I have learned from about pedophilia, I think that in most cases it is a stable condition and ehm, even if it changes in some people we can't really know why it does and there's no real treatment that would make these changes happen. So, ehm, in this regard, I don't think that just being in contact with non-pedophilic individuals would change pedophilia. Pedophilic men are always in contact with, well, non-pedophilic people, with men, with women, and apparently, this doesn't do anything for them.

Interviewer (Marlies): Then we have a little bit more personal questions, if you don't want to answer, that is totally okay.

Dr. Jahnke: Okay.

Interviewer (Marlies): Do you feel like you are facing any stigma as a researcher on pedophilia and stigma, as you are publishing many articles about this topic?

Dr. Jahnke: Ehm, it's a two-edged sword actually, ehm... (laughs) on the one side they'll always be people who react negatively to this, I have experienced this several times when I wanted to publish a paper about pedophilia that people would take offense with certain terms or take offense with just the idea of [inaudible] [pedophilia]. Otherwise, the reaction that I mostly get from other people even non-scientists when I talk about this is incredibly positive, they are like "we have never thought about this issue, but now that you gave me these... [inaudible]" .. reaction that I might sometimes have but they also hardly ever experience any kind of interest in their research. People who are not also involved in the same topics.

Interviewer (Marlies): They're not interested, you mean?

Dr. Jahnke: No, you missed a certain part, didn't you? (laughs)

Interviewer (Marlies): Yes, sorry there was no connection. (laughs)

Dr. Jahnke: I was just saying my friends who work in other research areas, who work on less controversial issues, and I just wanted to say that of course they don't really have to think about what they're saying in public, like me right now while I am doing this interview. Doing interviews like that I always have to keep in mind okay, how do I, how do I say this, I mean, I am talking in a foreign language.

Interviewer (Marlies): Yeah.

Dr. Jahnke: Could anything that I say be misconstrued in a way to make it seem like I am in favor of sexual offending or something like that.

Interviewer (Marlies): Yes.

Dr. Jahnke: Or that I will legitimise any sexual contact, things like that. I always have to be on my guard. There are other areas that can be more relaxed about issues like this because it is unlikely that anybody would react negatively towards their field of study, but on the other [inaudible]. I turned off my video, maybe you should do the same, maybe the internet connection is bad, this can help us.

Interviewer (Marlies): No video, yeah, maybe that's better, okay, video deactivate. Okay, can you still hear us?

Dr. Jahnke: Yes.

Interviewer (Marlies): Okay good, maybe that's easier, thank you, ehm.

Dr. Jahnke: Okay.

Interviewer (Marlies): Okay.

Dr. Jahnke: I am just repeating the last thing I said.

Interviewer (Marlies): Yes please.

Dr. Jahnke: (Laughs) So what I said was [inaudible] it's difficult to study pedophilia, I just study it from a stigma perspective, because people can misunderstand what you're doing, so you always have to think really carefully about whom you are talking to and what you want to say, so that nobody gets any wrong ideas about what you are supporting and what you are not supporting.

Interviewer (Marlies): Yes.

Dr. Jahnke: And I have friends in other fields of research and of course they can be more relaxed about it, when they talk about their research, but on the other hand, they also hardly ever meet somebody who shows any real interest in what they are doing.

Interviewer (Marlies): Okay, yeah.

Dr. Jahnke: [Inaudible] that's why I am saying that it has both advantages and disadvantages. It's not only bad, I mean it is also that you are doing something that other people find relevant.

Interviewer (Marlies): Okay, yeah, thank you. And we have on final question. So, if you had ten minutes to talk to a group of bachelor students, how would you address this topic? What do you think is an effective way?

(Connection interrupted)

Dr. Jahnke: Can you say it again please?

Interviewer (Marlies): So, if you had ten minutes to speak in front of a group of bachelor students, who have never really heard or discussed this topic, how would you think you could use these ten minutes most effectively?

Dr. Jahnke: How would I think I could use these 10 minutes most effectively...Well first I think I'd have to make clear what pedophilia is and what it is not and I'd like to make, to create empathy, and to talk about the struggles, and to ask people to put themselves in the mind of somebody who has these interests, and to think about what they would do, and how they would feel, and what they would think happens if you are a person like this and you are rejected and you don't really get the help that you need. So, I think this is always a good way, to show that there might be links between offending and between being stigmatized and between not getting proper help, and also it could be helpful to talk [inaudible] ...somebody who has a sexual interest in children has the moral obligation to make sure that he does not offend, to make sure that he lives, that he stays away from offensive situations. But on the other hand, you can also say that society has the moral obligation to help people who struggle with the sexual int... [inaudible] they have the obligation to do what they can do to make sure that these people can act in accordance with their moral obligations... for instance, by offering support or by offering therapy.

Interviewer (Marlies): Okay, thank you very much!

Interviewer (Chiara): Thank you very much, we are very grateful for your time and for your viewpoint on this topic, and we will send you the transcript of the interview as soon as possible, if you want to check it and if you have any-

Dr. Jahnke: Oh, I am so sorry, I talked so much.

Interviewer (Marlies): Oh, it's perfect.

Dr. Jahnke: It will be so much to write. (laughs)

Interviewer (Chiara): And you can tell us whether you are okay with it, or you want us to change anything.

Dr. Jahnke: Yeah.

Interviewer (Chiara): So, thank you very much again, and have a nice day.

Dr. Jahnke: You are welcome, I hope it has been helpful in any way.

Interviewer (Chiara): Yes, definitely.

Interviewer (Marlies): Thank you.

Dr. Jahnke: Can you tell me a bit more about your seminar or what you are doing, I mean, so you said it was about security and then your task was just to get hold of a researcher in your area of interest or how did this work?

Interviewer (Marlies): Ehm, were just gonna stop the recording if that's okay with you, and we can talk without the recording, is that fine for you?

(Connection interrupted)

Interviewer (Marlies): Hello? Oh, hm.. Do you hear us? Dr. Jahnke?

Dr. Jahnke: Hi?

Interviewer (Marlies): Hi, we will stop the recording now and answer your questions, if that's okay for you.

Dr. Jahnke: Okay.

Interviewer (Marlies): Okay.