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PREVENTING CHILD SEXUAL ABUSE: UNDERSTANDING THE PHENOMENON
OF ADULTS WHO ARE SEXUALLY ATTRACTED TO CHILDREN

by

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THESIS

Submitted to the Faculty of Social Work in partial fulfillment of the requirements for

Master of Social Work

Wilfrid Laurier University

Waterloo, Ontario, Canada

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ABSTRACT

Title: Preventing Child Sexual Abuse: Understanding the Phenomenon of Adults Who Are Sexually Attracted to Children

Purpose: The goal of this research is to understand the phenomenon of adult sexual attraction to children through a prevention lens, from perspectives of those who are sexually attracted to children. Gaining direct experiences from those who live with this problem every day may provide insight into perceptions, beliefs, risks and prevention strategies for this population.

Methods: This study utilizes a mixed methods approach in three phases. With permission from the founders of the website called Virtuous Pedophiles, the members of this peer support network formed the study population. The first phase consisted on a review of online commentaries written by youth and adults who are sexually attracted to children. The second phase included the development of an online survey and the distribution of the survey link to members of the website with open and close ended questions. Two standardized instruments were used to measure self-esteem and stigma to ask for help. A statistical analysis was done of quantitative data as well as a thematic analysis of qualitative data gathered by two open ended questions at the end of the online survey. The third phase analyzed open ended survey question which triangulated findings from all three phases of the study.

Findings: A combination of individual, network and social factors appear to contribute to enhance or inhibit the risks for non-offending adults attracted to children to act on this attraction. Factors that contributed to increased risk included self-esteem and stigma, isolation, barriers to seeking help, and age of onset. Specific protective factors that may decrease risk and motivate this population to not offend included self-control, and both informal (peer) and formal supports, which were consistent among participants through the triangulation of data.

Conclusion: Findings of the thesis suggest several recommendations for social work practice, research and policy. Considering that current strategies have not eradicated CSA and that they remain to be reactionary, gaining insight in to how some adults with a sexual attraction to children remain non-offending can help to inform future treatment or support strategies.

Alternative treatment or support for this population could contribute to the prevention of CSA. A social ecological model is used to review implications within findings as a multi-level multi-faceted approach to ending CSA.

INDEX WORDS: Adults with pedophilic tendencies; Child sexual abuse; non-offending pedophiles; Adults with sexual attractions to children;

DEDICATION

I wish to dedicate this research study to anyone who has experienced sexual abuse. I recognize that your lives have been forever changed. You are the driving force behind the work I do. You are what inspired me to embark on a journey of exploring alternative prevention strategies that place the onus of child protection on those who are at risk to perpetrate it and to source out services that may support non-offending.

I would further like to dedicate this research to the tireless work done by Child Protection Workers, Police Officers, and Child Advocates throughout our province. In particular, Family and Children's Services of the Waterloo Region, the Waterloo Region Police Services Youth Protection Unit, and the Child Witness Centre Advocates, making up the Child and Youth Advocacy Centre in Waterloo Region and with whom I work with daily.

To youth who come to realize that they are sexually attracted to younger children, this research was also completed in hopes to inform early help strategies that not only support non-offending, but also help in addressing the isolation and fear you must live with every day. Finally, to all adults who are sexually attracted to children **who do NOT offend**, thank you for having the insight and integrity to keep yourself safe, thereby keeping children safe.

To the Virtuous Pedophiles founders and members, thank you for supporting and participating in this research.

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Thank you to the participants of this study for your bravery in contributing to this research, providing your comments about your experiences, about who you are, as well as your recommendations surrounding prevention and education.

To my thesis supervisor, Dr. Eliana Suarez, thank you for being willing to work with me on this challenging subject. I would not have been able to explore this area without your flexibility, compassion, and open-mindedness. Thank you for your ongoing patience with me during this process; I know it was not an easy task.

To my committee members, Dr. Magnus Mfofo-M'Carthy and Dr. Jill Stoddart, thank you both for your expedient responses and advice in ensuring we were able to keep to the intense deadline. To Dr. Kristen Lwin (University of Windsor), thank you for agreeing to take serve as my external examiner given the time constraints and important subject matter. I have learned a great deal from all of you during this process and feel the work will continue.

To my colleagues at Family and Children's Services of the Waterloo Region, the Waterloo Regional Police Service, the Child Witness Center, St. Mary's Sexual Assault Domestic Violence Treatment Centre, the internal group at the CYAC, thank-you all for your encouragement. I know you are equally passionate about keeping children safe and working with those at risk of harm or risk to offend in seeking early support to eradicate child sexual abuse. In this field, the goal truly is to work yourself out of a job. To my colleague, Leyco Wilson, thank you for spending time clarifying so many things for me, your expertise was invaluable.

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To my mom, my brother, and my nephews, thank you for always believing in me. My life is truly blessed.

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Terminology and Language

Throughout this study I have used words such as ‘victim,’ and ‘survivor’ when referring to those who have experienced sexual abuse. I wish to acknowledge these terms as being commonly used within literature and among systems who work with those who have experienced sexual abuse. I do not wish to cause any harm to anyone who has an emotional response to either of these words. I know that these two words hold different meaning to individuals who have experienced sexual abuse. Some individuals feel the term victim perpetuates a subordinate connotation. Others feel that the word survivor can bring about empowerment while others feel that it places much of the recovery and moving forward on the person who experienced sexual abuse.

For this research, I will define *pedophilia* as a sexual attraction to children, which may not be remediated, but might be managed. In this study, I use the term pedophilia because the participants referred to themselves as such, even though some could be considered hebephiles based on Cantor and Blanchard’s (2012) definitions. In this study, I used the following terms interchangeably: pedophile; person with pedophilic tendencies, and; person/adult who is sexually attracted to children. I do not, however, use the terms pedophile and child molester interchangeably.

I have used the term offender and perpetrator interchangeably, to describe persons who have acted upon their sexual attraction and at times I have used ‘person who has committed a sexual offense against a child.’ I use this terminology because I am also using the terms non-offending, those who do not act on attractions and virtuous to represent persons who have not committed a sexual offense against a child.

I have used the term sexually attracted to children, rather than children and youth. While some adults who are sexually attracted to young people may be sexually attracted to children, children and youth, or just youth, a number of pedophiles become aware of their sexual attraction to children in adolescence (as noted in the literature) and using the term “sexual attraction to children and youth” could be confusing within the study.

Chapter 1: Introduction

The study of child sexual abuse (CSA) has often been approached through victim perspectives and opinions from professionals who work with victims or offenders. Some research has included offender retrospective considerations. There is minimal research from the perspectives of those who have a sexual attraction to children but have not or wish to not offend against children. The cost of reactionary responses to CSA such as judicial measures of incarceration and rehabilitation is high, but the impact on the child across the lifespan can be catastrophic. This chapter will introduce the topic of this study and provide a foundation for the following chapters.

In Canada, since the mid-1970s, there has been a public response to CSA through awareness campaigns to provide education to children about consent and possible sexual harm. Policing and judicial strategies have also steadily increased since the mid-1970s, including changes to the Criminal Code, protocols, multi-disciplinary approaches (Hornick & Morrice, 2007) and the development of national and global strategies, such as the National Child Exploitation Crime Centre (NCECC) and Interpol–The International Criminal Police Organization (Interpol, 2020). While public awareness, education, and more severe consequences for offenders are an essential response to CSA, given the vulnerability of victims and the likelihood of a trusted offender, intervention usually happens after the abuse has occurred. These crucial approaches may prevent future victimization for some children, but such strategies remain to be reactionary rather than preventative, before damage having been done. Despite some of those efforts, the sexual abuse rates have not significantly declined (Collin-Vézina et al., 2010; Little Warriors, n.d.).

CSA is both a local and global human rights issue. It often occurs in secrecy and with an adult known to the child, often in a position of trust and authority (Craun & Theriot, 2009). Some adults engage in child sex tourism, travelling to other countries where child abuse is less focused on due to systemic and structural issues such as poverty, to gain access to children (Maalla M'jid, 2013). Additionally, with the availability of online contact with children, child sex luring, and online exploitation has increased (Hanson, 2011). Child sexual exploitation exists worldwide as a for-profit business by those who force children into sex trafficking situations and is linked to embedded male power, control, and violence within ours and other cultures (Maalla M'jid, 2013).

Furthermore, CSA has a long history of occurring unchallenged in institutional settings, such as residential schools, religious-based institutions (Feldthusen, 2007; Garrett, 2013), and within organized sports such as hockey and gymnastics (Bradford, 2006; Fisher & Anders, 2020). Trafficking, institutional abuse, and male dominance is not the focus of my research. However, if there were not a demand by adults seeking sexual access to children, those supplying access to children would not benefit financially, thus defeating their purpose and reducing the number of children being exploited. Further, if those who are sexually attracted to children were able to help keep each other accountable, it may be possible that larger social structures that foster such abuse of power could be challenged.

This chapter offered information regarding the prevalence of CSA as an ongoing global social justice issue that requires a multi-level, multi-faceted approach to prevention. The following chapter will provide an overview of the literature on this topic.

Chapter 2: Literature Review and Purpose of Study

This chapter will review some existing literature on CSA and some of what is currently known about pedophilia, outline the purpose of this study, and explain the foundation that undergirds this study. Most of the research has generally included professionals' perspectives about this phenomenon or adults who have sexually offended against children. There is a limited available research with non-offending adults as participants. This study aims to contribute to this gap in research.

2.1 Purpose of the Study

Much of society's reaction to CSA is from the perspective of and in response to victims, or from research experts and professionals who work with individuals who are sexually attracted to children. While victim response is essential, there is merit in approaching CSA prevention by understanding more about the perspective of those who struggle with a sexual attraction to children. Existing research includes retrospective input from people who have sexually offended against children. Still, there is minimal research with those who have never acted upon their sexual attractions or have committed to not act on them in the future.

Considering that current strategies have not eradicated CSA and remain reactionary, the goal of this research was to learn more about adults who have sexual attractions toward children but who do not act upon their desires. It was hoped that understanding more about this population and encouraging other youth and adults harbouring the same attraction to remain virtuous, might inform the field of child welfare and related social services to develop responsive and preventative programs for those at risk of perpetrating CSA.

I have worked at a child protection agency for the past 14 years. I currently supervise a team of investigators who regularly complete CSA investigations, often jointly with the local

police department. Because of my profession, I am acutely aware of the possible devastating impact on and adverse outcomes for sexually abused children. To improve the safety and wellbeing of children, I have sought out ways to prevent CSA that does not place the primary responsibility of safety on children and their families. I do neither endorse nor normalize adult sexual attraction to children. However, I recognize that people with this sexual attraction exist and that ignoring their existence does not improve life circumstances for child victims or for those who offend against them. Through this research, I wish to highlight that there are adults who are sexually attracted to children who remain virtuous or non-offending (Devin & Edwards, 2018).

2.2 Theoretical Frameworks of the Origins of Pedophilia

The DSM-V describes pedophilia as a *paraphilia* (Berlin, 2014). Therefore, being included in the DSM attributes the cause of pedophilia to be a mental health disorder. The DSM also defines pedophilia as a persistent sexual attraction to children under 13 and recurring over six months or more (First, 2011). There are two criteria that an individual must meet to receive a formal diagnosis of pedophilia. Criterion A comprises erotic interests in children, and criterion B requires that the individual demonstrates clinically significant distress, impairment, or has acted upon their sexual desires with a child (First, 2011).

Cantor and Blanchard (2012) distinguish three erotic attraction levels to children: pedophilia, hebephilia, and ephebophilia. The authors define *pedophilia* as an erotic attraction toward children, usually ten years old and under. *Hebephilia* is used to describe an erotic attraction to children between the ages of 11 and 14; *ephebophilia* is used to define an erotic attraction to youth aged 15 to 16. *Teleiophilia* is used to describe adults who are attracted to other adults. Cantor and Blanchard (2012) concluded that a sexual attraction to children is a

developmental disorder based on research that compared white brain matter in pedophilic, hebephilic, and teleiophilic adults. The researchers found that the pedophilic group had significantly less white matter in their brains than those in the teleiophilic group. The hebephilic group had even less white matter than those in the pedophilic group. Dyshniku et al. (2015) also found increasing evidence of a neuro- and physiological prenatal development as an origin of pedophilia. Cantor in Campea (2016) attributed pedophilia to a neurodevelopmental condition caused by cross-wiring in the brain. Griesemer (2006) considers this sexual this sexual attraction to be a “biological condition” that is a pre-existing.

Another framework of origin of pedophilia considers this condition to be within the spectrum of *sexual orientation* which is commonly defined *as having an attraction to a specific gender or genders*. Sexual orientation does not suggest a degree of voluntary choice. Seto (2012) identified that development of sexual attraction mostly happens in early adolescence, is connected to sexual and romantic behaviour, and is stable over time. On the other hand, *sexual preference* is commonly defined as having a *preferred attraction* (e.g., for one gender over another), not necessarily exclusively, in this case; age of attraction. Sexual preference may indicate a degree of voluntary choice and can be fluid and indiscriminate (Gerwinn et al., 2018).

Another theory of origin asserts that those who were sexually offended against as children are at a much higher risk to offend sexually as adults (Jepersen et al., 2009). Cantor (n.d.) refutes the abused-abuser hypothesis, pointing out that more females than males are sexually offended against as children, yet most child sex offenders are male. While this statement does challenge abused-abuser theories, it is essential to consider that females’ conditioned responses could mean that reactivity is manifested differently than with males.

2.3 Societal Perceptions of Adult Sexual Attraction to Children

Society has consistently criticized victims of crime, especially sexual assault survivors, and considers safety an individual responsibility. Victim blaming includes such comments as - if you were not at that location or dressed a certain way, this would not have happened. In line with the social construction of gender, what society considers an acceptable “victim” has created even more difficulty for those we have been offended against to come forward (Collin-Vézina et al., 2015; Suarez & Gadalla, 2010).

Research also supports that because of gender roles, male victimization is vastly underreported (O'Leary & Barber, 2008). Societal expectations for men are that they are strong protectors of both self and others. As such, if men are victimized, they not only suffer from the physical and emotional harm from the abuse, but they also have added inner turmoil about their perception of how they let this happen to themselves (Dorais & Meyer, 2002). Their masculinity is challenged, profoundly impacting their self-worth. If they were offended against by a male, their sexuality is questioned. Suppose a male identifies as homosexual, bisexual, or other sexual they may question whether or not the abuse influenced their sexual orientation (Lin6, 2020).

Ninety-seven percent of sexual offenders are male (Statistics Canada, 2010); however, this statistic is likely inflated because offences by females are under-reported. In many societies, due to the social construction of masculinity and femininity, males are not to be considered victims and females could not possibly offend against children because they are nurturing and caring. If a boy is offended against by a female, it is often minimized (Hetherington, 1999), or even naively celebrated, which is extremely confusing and troublesome for the victim. Denov (2004) considered victimization by a female adult is potentially more damaging due to more intense feelings of betrayal.

CSA results in life-long ramifications, including behavioural and emotional manifestations. Adults who were sexually abused in childhood are more likely to suffer from mental health disorders, engage in risky behaviours, and criminality (Easton et al., 2013; Lalor & McElvaney, 2010; MacDonnell & Bolton, 2018; McGrath et al., 2011). Understanding the impact of sexual abuse is important to inform treatment for both victims and offenders. More knowledge about adults who are sexually attracted to children who do not act upon it could shift the focus of CSA prevention toward working with those who are at risk to offend, not just those who have already offended.

Not all people who have sexually offended meet the DSM-V criteria for pedophilia, yet society tends to interchange the terms of child molester and pedophile. Regardless of whether a person who is attracted to children offends or not, there remains an assumption that all pedophiles are criminals and will always be a danger to children (Parr & Pearson, 2019). The beliefs that society holds could make it extremely difficult to seek out support or even discuss concerning thoughts with another person, thus posing a significant barrier for both non-offending and offending people who are sexually attracted to children to seek help.

2.4 Rationale for Broad Use of the Term Pedophile

It is important to note that while *pedophilia* and *child sex offender* or *child molester* are sometimes used interchangeably, child sex offenders are not always pedophiles, and not all pedophiles are sexual offenders (Seto, 2008). Pedophiles are people who are solely or primarily sexually attracted to children. It is a common belief that all pedophiles will eventually sexually offend against a child. Approximately 50% of adults who are sexually attracted to children offend, whereas the other 50% never do (Tenbergen et al., 2015). Understanding typologies around offending helps to categorize motivation to offend and streamline therapies and

counselling efforts to address the root cause (Mundy, 2016). Child sex offenders can be pedophiles, or they can be adults who are opportunists—those attracted to same-aged peers but have an opportunity to offend against a child. There are sex offenders who are non-discriminate who offend against adults or children and may be more prone to use force or violence (Mundy, 2016). Other child sex offenders engage in reactive offending—when a person who has been sexually offended against as a child offends against a child as adults, regardless of any underlying sexual attraction toward children (MacDonnell & Bolton, 2018).

One study that focussed on the anonymity of treatment for both offending and non-offending pedophiles involved participants from a pilot program called the Dunkelfeld Project conducted in Germany (Beier et al., 2015). The study ran in tandem with the treatment program. From 2005 to 2011, 596 men who self-reported a sexual attraction to children, whether they offended or not, were considered for participation in an anonymous cognitive behavioural treatment program. Following treatment, the authors noted that accepted participants reported a reduction in risk factors, such as isolation, coping, and offence supportive beliefs, which provided them with an increased ability to manage their desires (Beier et al., 2015).

There is minimal research regarding CSA prevention as obtained directly from people who are sexually attracted to children, but who have never offended against them. Levenson and Grady (2019) endeavoured to understand barriers and considerations in non-offending pedophiles in seeking help. They found that their participants had sought out help but that they did not find this support helpful – their results are further discussed in the area of seeking help specifically. These authors did not ask questions about prior or current offending from their participants and included two other websites in their recruitment. It is possible that their sample included both offending and non-offending participants.

2.5 Risk Factors

Cognitive distortions around this sexual attraction elevate the risk for a person sexually attracted to children to offend. Such distortions include the following: (a) viewing children as sexual beings capable of consenting; (b) a belief that adult-child sexual relations are not harmful to the child; (c) feelings of superiority; (d) viewing others (those not sexually attracted to children) as dangerous, and; (e) a belief that they cannot control their desires and use these distortions to justify their actions (Marziano et al., 2006).

Additional distortive thinking exists when a person feels that the societal reaction to adult-child sexual relations harms the child rather than the adult-child sexual contact itself (Malesky Jr. & Ennis, 2004). Pilgrim (2018) challenged the cognitive distortion that harm to a child results from moral panic and not the adult-child sexual contact. He concluded that the damage to children who have been sexually abused is concrete and measurable. Addressing cognitive distortions is an essential focus in existing treatment approaches for both child sex offenders and adults who are sexually attracted to children who have offended (MacDonnell & Bolton, 2018).

Treatment services often follow cognitive behavioural designs to challenge distorted thinking by introducing victim empathy and changing sexual thoughts and arousal to reduce risk of offending (Arkowitz & Lilienfeld, 2008). Some therapies include the 'Good Lives' model, which focuses on outcomes, hope, and a sense of control over one's experiences. Such small and consistent gains help instill manageability for those experiencing seemingly intractable problems (Ward et al., 2007). Therapy and support are recommended to reduce the risk of future offending, such as the cognitive-behavioural approaches discussed, chemical castration, and in some countries, surgical castration (Turner & Rubin, 2002). The trouble with these interventions

is that such treatment is usually available or accessed only by those who have already offended and therefore is not preventative for initial offending (Levenson et al., 2017). Understanding what script non-offending pedophiles hold around their sexual attraction and why they do not act upon it could help others to challenge any cognitive distortions, such as sex between an adult and a child is un-harmful.

Levenson et al. (2007) noted that while the general public estimates that 75% of child sex offenders will re-offend, actual rates showed that about 14% will re-offend within five years. These statistics are gathered through conviction rates, and it is important to note that offending and recidivism information depends on the person being detected and arrested. Regarding any preventative support, the age of onset is an important consideration. One-third of sex offenders are under 18, and most begin to offend in adolescence (Barbaree & Marshall, 2006). Tozdan and Briken (2015) conducted a study measuring the age of onset for sexual attraction to children and found that about half of the participants reported that their attraction started at approximately 15 years of age. The authors had a small sample size, thus affecting the generalizability of their findings. Seto (2012) summarized several self-report studies on the age of onset of pedophilia and noted consistent awareness since puberty.

By breaking down some of the societal misconceptions held about adults who are sexually attracted to children, there may be more acceptance for supporting the creation of formal supports that would reduce offending behaviours in the first place. Currently, misconceptions and social responses increase the risk of offending (Cantor & McPhail, 2016). Richards (2018) found that the general public exhibited a level of acceptance that a person does not choose to have a sexual attraction to children and that this attraction might never be treated. Despite this acknowledgement, Richards (2018) found that the general public continued to feel

enraged about people who have a sexual attraction to children, regardless of whether they acted upon their attraction. There is an increased risk associated with stigmatization, hopelessness, and isolation among pedophiles (Jahnke, 2018). They are more likely to suffer from a range of mental health issues, including suicidal thoughts, associated with stigmatization and internalized self-hatred. Cantor and McPhail (2016) stated that pedophiles are most likely to abuse when they are desperate or feel they have nothing to lose. They also note that there are many pedophiles who have never offended, which calls to question what deters them from doing so.

2.6 Barriers to Seeking Help

Adults who are sexually attracted to children are often unable to talk to anyone about their thoughts and feelings related to having pedophilic tendencies because of the immense stigma, including internalized shame, which may contribute to significant mental health issues and increased risk factors for offending (Jahnke et al., 2015).

Levenson and Grady (2019) found that people who are sexually attracted to children struggle with mental health issues, self-hatred, and suicidal ideation and may approach therapy for only these reasons rather than discussing the root of their distress. Prevention studies conducted retrospectively with those convicted of sexual offences found that few sexual offenders sought help before committing the offences (Levenson et al., 2017). They feared being ostracized and defined by their sexual attraction or being reported (Levenson et al., 2019). These offenders described shame and confusion about their situation as being deterrents to seeking help. Offenders also noted that they did not know about any available services, worried about confidentiality, and felt shame, but noted that preventative supports would have been a useful deterrent to offending (Piché et al., 2018). Levenson and Grady (2019) found that 75% of the

participants had sought out formal help, but that half of those who had reached out for services did not find the available resources to be helpful.

2.7 Reporting Laws

The fear of being reported to authorities for being sexually attracted to children can also be a barrier for this population to seek help. Reporting laws are different throughout the world. Sometimes, a professional's lack of knowledge and misunderstanding or misinterpretation of existing reporting laws is a more significant cause of anxiety for those seeking help.

Some countries, such as Japan, only developed reporting laws as recent as 2000 (What is lacking in the fight against child abuse?, 2018). The United Kingdom uses a common assessment framework, where reporting is entirely voluntary. The Scottish Government reported that there might be an expectation that other professionals will report as part of their professional duty; however, it is not a requirement to report by law. Some countries do not have mandatory reporting laws at all (fullfact.org, 2013).

In the United States, 49 states, including the District of Columbia, certain professionals (e.g., social workers, teachers, doctors) must report any suspicion of child abuse (FindLaw, 2020). Foreman and Bernet (2000) found that of the 49 States with mandatory reporting laws, the reporter does not need to file a report unless they suspect abuse. In Canada, reporting laws are similar. The Ontario, the Child Youth and Family Services Act, S. 125, states that “the public, including professionals who work with children, must promptly report any suspicions that a child is or may be in need of protection to a children’s aid society” (Child, Youth and Family Services Act, 2017). In the Act, following the duty to report is a definition of what constitutes a child in need of protection, including “actual harm” and “risk of harm” as being reportable protection concerns.

Being sexually attracted to children does pose a risk of harm to children; however, for the professional to make this report to a Children's Aid Society, the person of concern would only be a risk if they had access to children. At times it is a difficult assessment; however, if the person of concern does not have children or access to children, for example; do not work with children, do not have regular access or do not provide care to child relatives, and have sought out help, do they actually pose a risk?

There are also differences in what constitutes a criminal act depending on one's country of residence. For example, in Canada, child pornography production can include images and written descriptions of CSA. For instance, if someone discusses their fantasies about sex with children in a chat room, it would be considered child pornography production and is a chargeable offence ("Criminal Code of Canada," 1985). In some other countries, including the United States, creating fictional literature about adult-child sexual contact is not considered a crime.

2.8 Age of Consent

Age of consent laws are important because they reinforce that children, due to developmental maturity, cannot consent to sexual acts (Seto, 2012). Age of consent laws vary from country to country ranging from 12 years old in the Philippines and up to 18 years old in areas of the United States. In Canada, the age of consent changed from 14 years, established in 1890, to 16 years of age in 2008. The age of consent increases to 18 years of age if the adult is in a trust or authority position, such as a coach or teacher (Bellemare, 2008). This change in age was raised because of the higher risk of online exploitation, to become more in line with the child protection age of eligibility (at the time), and a higher risk of children being sex trafficked (Wong & Macpherson, 2006).

Finkelhor & Jones (2004) acknowledged that reported incidences of CSA had gradually declined by 40% over eight years from 1992 to 2000 throughout most of the United States. Finkelhor & Jones (2012) reviewed seven independent sources including three sources of agency data systems (National Child Abuse and Neglect Data System – NCANDS) and four victim self report surveys, that claimed that sexual abuse is on the decline. Each of the seven sources noted a 35% to 69% drop between 1992 and 2010. Collin-Vézina, Hélie & Trocmé (2010) indicated that Canadian recorded incidences of CSA have not been as consistent in demonstrating decline. While Ontario data showed a decrease, Quebec saw a 24% increase in substantiated CSA cases between 1998 and 2003. A Canadian incidence study article by Trocmé et al. (2003) presented that there were 2,935 substantiated incidences of CSA varying from fondling to penetration based on 2003 data.

Declining CSA cases in Canada could be explained by the increase in the production of online child sex images and online child sexual exploitation (Hanson, 2011). Thus, there is a possibility that those at risk of hands-on offending can meet their sexual needs through online forums, which go mostly undetected (Shelton et al., 2016). There is also an increase in child sex human trafficking, with up to 300,000 victims under age 18 being lured into the sex trade every year (Ark of Hope for Children, 2019).

CSA can have devastating outcomes for children well into adulthood in areas of physical health, psychological difficulties, behavioural problems, criminality, and socioeconomic difficulties (Fergusson et al., 2013). Regardless of whether numbers of CSA are declining or that children remain sexually exploited in more covert ways, this is still an unacceptable number of CSA incidences.

2.9 Epistemological Context/Theoretical Framework

As noted, there are existing assumptions about this population, which is influenced by embedded knowledge and past research (Richards, 2018). Houston (2001) criticized using objectivist approaches, where risk is considered a measurable concept that pre-exists, or subjectivist approaches, where risk is viewed as socially constructed through meaning and relationships. Instead, Houston suggested that a blended approach to assessing risk would provide a broader picture in understanding and interpreting risk, especially in child welfare.

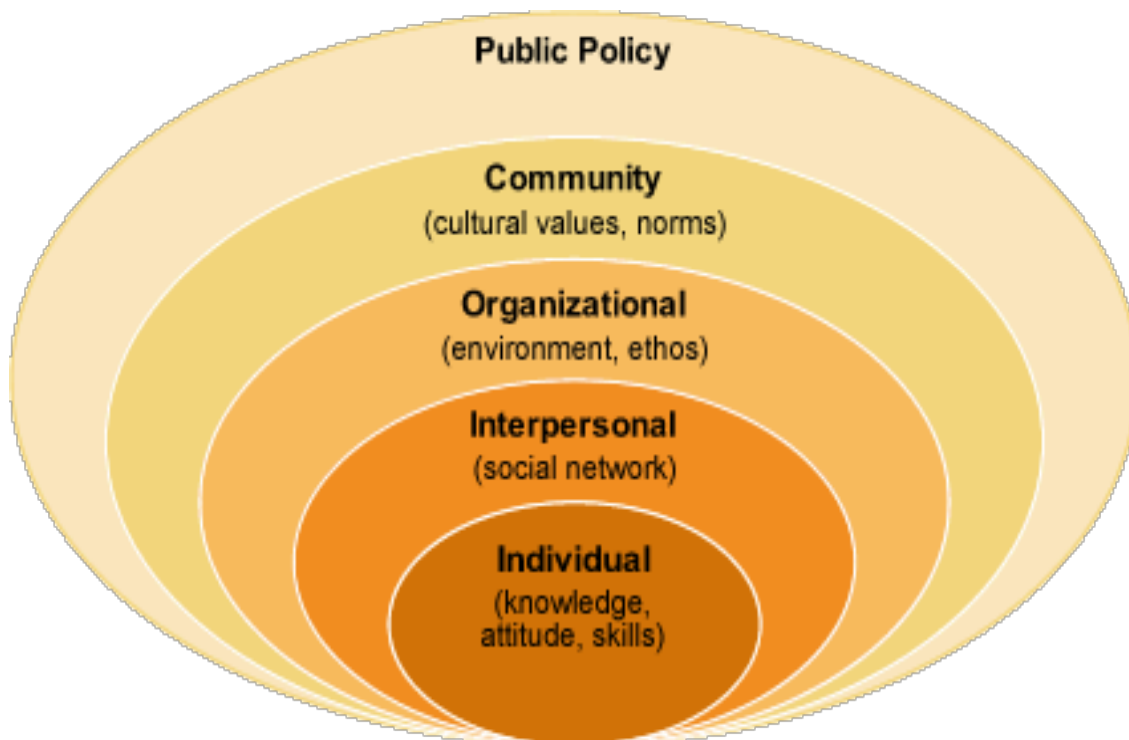
Embracing a *critical realist* epistemology, this research was approached through a transitive view about the knowledge of risk and harm, where relationships and underlying factors are presumed to exist and can be challenged to influence outcomes (Houston, 2001). In doing so, the goal was to gain a more fulsome understanding of this phenomenon as such, this study was exploratory.

In addition to using a critical realist theory of risk, a social ecological model was used to understand the interconnectedness of individual experiences, social influences, organizational, community, and public policy in interpreting risk and protective factors for those adults with a sexual attraction to children as a way to prevent child sexual abuse. Social ecological models recognize the multi-levels of influence on people's lives as constructed within larger social systems (Golden & Earp, 2012). Adaptations of the model have been applied in psychology, public health, health science, social work, and medical research (Golden et al., 2015), such as the model in Figure 1. Furthermore, the social ecological model acknowledges the interaction of internal and external factors influencing social constructs, whereby levels of interactions exist between and among five identified spheres: (a) individual; (b) interpersonal; (c) organizational; (d) community and; (e) public policy (Glanz, n.d.). While Bronfenbrenner (1977) applied this

model to child development, it has become an often-modified tool to ground research conducted in other social contexts (e.g., Belsky, 1980). The theory and model have been adapted in other literature to relate to complex social and behavioural theories (Baral et al., 2013; Glanz, n.d.; Golden et al., 2015).

Figure 1

Glanz's (n.d.) Social Ecological Model



Because the Social Ecological Model interprets complex issues through multiple levels that interrelate and intersect through and among constructs, it is a useful framework to interpret findings from this study. Furthermore, the model provides a structure to understand factors that influence behaviour and offers insight into the development of effective programs within social environments. Usefulness of this model can be seen in assessing risk in HIV epidemics in analyzing risk and protective factors across different social and systemic levels (Baral et al., 2013).

2.10 Summary

This chapter outlined the purpose of this study, discussed prior research in the area of pedophilia and child sexual abuse prevention, and provided the theoretical underpinnings of risk related research. Additionally, a comprehensive literature review provided five frameworks of origin, offered historical and current perspectives on the age of consent laws and reporting laws, and briefly recognized the considerable damage CSA causes to survivors. Finally, the social ecological model was presented as a model for reviewing the findings in this study. In subsequent chapters, the research methods used and findings in the current study are presented. Finally, a contextualized discussion of the findings using a social ecological lens are discussed.

Chapter 3: Methods

This chapter presents overarching research questions and sub-questions, a description of the target population and the sample in this study, data collection methods, and data analysis methods. In addition, the research ethics process is described.

3.1 Research Questions

There were two overarching research questions in this study:

- 1) What are the protective factors associated with non-offending behaviour from the perspective of non-offending, self-identified pedophiles?
- 2) What are the perceptions of participants in considering risk factors that might lead a non-offending pedophile to offend?

Further, the following sub-questions were explored:

- 1) What are the barriers non-offending pedophiles face when seeking support?
- 2) Would non-offending pedophiles benefit from professional support?
- 3) What age did non-offending pedophiles realize their sexual attractions to children?
- 4) What do participants consider to be the framework of origin (etiology) that explains and adult's sexual attraction to children?
- 5) When do non-offending pedophiles believe that formal support should be available?

To examine these questions, a tri-phased mixed-methods approach that also served to triangulate data was employed.

3.2 Description of Population and Sample

The focus population was non-offending adults who are sexually attracted to children and committed to remaining virtuous. This population were of particular interested because the purpose was to learn from non-offending pedophiles and this group have explicitly articulated a

collective commitment to never harm children. Data was sourced through an online peer support group whose members define themselves as “virtuous pedophiles.” In this sense, the study’s population was recruited through purposive and convenience sampling.

To access “virtuous pedophiles,” the founder was approached in order to reach the site’s membership. ‘Nick,’ one of the website owners, agreed to place the anonymous survey link on the website membership pages. Interested members could then access the survey and voluntarily and anonymously participate.

The Virtuous Pedophiles online group had 3900 members as of June 2019. The website was founded and developed by self-identified and self-labelled pedophiles, Nick Devin and Ethan Edwards (pseudonyms). Links to the two founder profiles can be found on the website’s home page along with 71 narratives written by website visitors who express their sexual attractions to children. The self-reported narratives provide insights into the lived experiences of people who have sexual attractions toward children. Any visitor to the website can find links to the limited support services and find commentaries from professionals who have worked with people sexually attracted to children and adult victims of CSA. To communicate directly with members, people need to join the online group. To join, one must be at least 18 years old and committed to not offending against children. The website owners also receive messages from people under the age of 18 who seek support but who cannot join due to their age. Although the founders are distressed by the harm done by a person who has previously sexually offended against children, they welcome past offenders to join the online support group expecting that they are explicitly committed not to re-offend and accept the principle that adult-child sexual relationships are wrong.

Before starting the Virtuous Pedophiles website (Devin & Edwards, 2018), Devin and Edwards were members of the B4U-ACT (2020) online forum but became concerned that their values were not aligned with those in the online community. They experienced too many interactions that perpetuated the thinking that adult-child sex is wrong *only* because it is against the law and that if social attitudes changed, adult-child sexual contact would be acceptable. For these reasons, Devin and Edwards founded the Virtuous Pedophiles website to offer pedophiles anonymous peer support that underscored that adult-child sex was wrong because it harms the child. Through their online community, Devin and Edwards want the general public to realize that people do not choose to have a sexual attraction to children and are not “vile creatures” waiting to harm them. They want society to know that pedophiles can act to control their attractions; however, more support to help pedophiles do so is needed.

Devin and Edwards used the word pedophile to describe adults who are sexually attracted to children rather than a less stigmatized term such as “minor-attracted person” because they believed that it was necessary to be transparent about the problem. They highlighted that the term pedophile should not be conflated with child molester or child sex abuser because they are not synonymous.

3.3 Data Collection

In this study, data were collected in three phases: Virtuous Pedophiles website narrative testimonials, an anonymous online survey, and open-ended survey responses. In the next section, data collection through all three phases is described.

3.3.1 Phase 1: Virtuous Pedophiles Website Narrative Testimonials

In Phase one, 71 narrative testimonials written by self-identified pedophiles were extracted from the Virtuous Pedophiles website. Devin and Edwards referred to these narratives

as pedophiles' "First Words;" they were non-directed, free-flowing commentaries about any topic the writer wished to comment about; they were not written in response to any formal question. While people under the age of 18 cannot become members of the online community, they are able to email the site and as such some of their comments are included in the 71 narratives. The narratives were placed on the website by site founders to highlight some of the common questions or comments they receive from people who self-report to be sexually attracted to children. These narratives, which are secondary data, made up the first data set that were analyzed using thematic analysis.

3.3.2 Phase 2: Online Anonymous Survey

In phase two of the study, quantitative and qualitative data were obtained through an online, anonymous survey distributed through the Virtuous Pedophiles website. With a membership of over 3900 people, using an online anonymous survey appeared to be the best opportunity to reach the largest number of people. It was critical that the survey allowed for anonymous responses to create a safe space for members of this vulnerable group to respond. Quantitative responses on the survey made up the second data set which was analyzed using statistical methods. The Survey included two open-ended questions for a free flow contribution from participants which created the data for phase three of this study which is discussed below.

3.3.3 Phase 3: Open-ended Survey Responses

On the survey, participants were asked to answer the following two open-ended questions: (a) Is there anything else you may want to share here? (b) Is there anything you would like the general public to know about adults who are sexually attracted to children? The open-ended questions did not direct or probe participants in any way and allowed for participants to freely express what they wanted me or the general public to know. Inviting participants to

answer open-ended questions provided insights about their perceptions and experiences. These responses made up the third data set was analyzed using methods of thematic analysis.

3.4 Data Analysis Methods

To analyze the narratives and open-ended survey responses collected in phases one and three of the study, thematic content analysis was used (Braun & Clarke, 2006). An overview of thematic analysis method is provided, including details of the open-coding methods and the semantic level thematic analysis process. Statistical methods were used to analyze the survey responses, an overview of which is also provided in the next section.

3.4.1 Thematic Content Analysis

Braun and Clarke (2006) described thematic analysis as a “method for identifying, analyzing, and reporting patterns (themes) within data” (p.6). Unlike many qualitative methodologies, it is not based on specific theoretical perspectives, making it a highly flexible method (Maguire & Delahunt, 2017). A semantic approach, in which “the themes are identified within the explicit or surface meanings of the data” (p. 84) was used to analyze the qualitative data collected in phases one and three of the study. Semantic analysis focuses on analyzing participants’ exact words and considers their literal meanings to create themes. Furthermore, semantic analysis can assist with researcher bias because it requires less interpretation and is particularly useful when a researcher cannot clarify meaning with participants (i.e., member check). In this study, a semantic approach to analyzing the data was appropriate because the narrative testimonials pre-existed and as such there was no opportunity to engage with the website writers to clarify or probe for further meaning. In addition, a semantic level analysis complements an inductive realist consideration across the whole data set.

To begin the thematic analysis, an open coding approach was used to code the data. Exact words within the narratives were examined; codes were not pre-set but developed through the analytic process. This type of analysis evolves from description to seek out patterns, which are then interpreted for broader meanings and implications (Braun & Clarke, 2006). The flexible nature of thematic analysis allows the researcher to determine themes and prevalence within the data set, which is “...particularly useful when...investigating an under-researched area, or with participants whose views on the topic are not known” (p.11).

To organize and analyze the data, Braun and Clarke’s (2006) six-step process for thematic analysis was used for phases one and three of this study in the following way: :

- 1) First, to become familiar with the data set, the 71 website narrative testimonials were transposed: Transcription of verbal data – in this case the 71 entries were typed out verbatim.
- 2) Using open coding methods, initial codes were generated and organized according to semantic groupings. (See Appendix C)
- 3) Themes were created by extracting them from the keywords and similarities among those themes were highlighted.
- 4) Themes were then reviewed.
- 5) Themes were defined and named (See Appendix D).
- 6) Results, prevalence, and meanings were presented (See Appendix E).

3.4.2 Statistical Analysis of Survey Data

The research tool for phase two of the study was the anonymous online survey. Before taking the survey, participants were provided with information about the purpose of the study and an informed consent statement letting participants know that completing the survey was

voluntary and they could revoke permission at any time. In the survey, questions were created to allow for some flexibility in responses when answering questions.

3.4.3 Variables and Measures

In this study protective factors to prevent offending and risk factors that may increase the likelihood of offending were considered. There are one dependent variable and multiple independent variables in the study. The following section outlines the variables considered.

Dependent Variable: Risk of Offending

To establish participants' perception of risk level to offend, they were asked to rate their personal opinion of the level of risk (high, moderate, or low) to offend persons who are sexually attracted to children might pose.

Independent Variables

Next is a list of the independent variables examined in relation to the risk of offending.

- 1) Demographic data were gathered using question styles used in the Canada Census data (Statistics Canada, 2016). Participants were asked what is your age, other questions allowed for a click box for each of the other census questions such as range of income, education level etc.
- 2) Age of onset (AOO): The time a person became aware of their sexual attraction to children. Participants were asked at what age they became aware of being sexually attracted to children. Age of onset was queried in my research to determine, temporally, when support or intervention should occur to prevent offending. If attractions are defined in adolescence, it would make sense to introduce support at that time, and before acting upon sexual attraction.

- 3) Attraction Gender and Age Group: The gender and age of the children to whom the adult was attracted. Participants were asked to select from girls, boys or both, as well as to select as many age ranges they were attracted to by providing age ranges and requesting they select as many as apply.
- 4) Relationships with Mother(s) and/or Father(s): The type of relationship the participant had with either their mother(s) or father(s) when growing up. Participants were asked to select on a Likert scale as very close to not having relationship at all.
- 5) Protective factors: Factors that contribute to the individual remaining “Virtuous” (non-offending). Participants were asked to select from four overarching protective factors as well as a specific list of protective factors.
- 6) Beliefs on what participants consider to be the framework of the origin of their sexual attraction to children.
- 7) Specific Risk Factors: Contributing factors that may influence one’s risk to offend. Participants were asked to select from a list of risk factors established from the literature review.
- 8) Nature of this attraction as being static: Do participants feel that a sexual attraction to children is a choice, treatable, changeable, or controllable?
- 9) Beliefs on social views about this population: Some questions were worded to help understand societal beliefs about offending, such as the only reason a pedophile does not offend is that they risk getting caught.
- 10) Total Stigma Related Stress Scale (Jahnke et al., 2015): A combination of two subscales to make a Total Stigma Related Stress score. Scale A: Social Distancing Scale comprises six questions using a six-point Likert scale regarding what the general public thinks

about pedophiles. Scale B: Fear of Discovery Scale comprises ten questions using a six-point Likert scale about participants' fears of others discovering that they are sexually attracted to children. When Scale A & B combined to make up the Total Stigma Related Stress score. Note, Jahnke et al. used a seven-point scale. Due to a technical error in preparing the survey, the "neither agree nor disagree" option was deleted from choice, however this does not impact the overall score as this option is scored as zero.

- 11) Stigma Related Stress In Seeking Help Scale (Jahnke et al., 2015) comprises four questions using a six-point Likert scale asking about participants' stress related to seeking help to address or manage their sexual attraction. Again, due to a technical error in preparing the survey, the "neither agree nor disagree" option was deleted from choice, however this does not impact the overall score as this option is scored as zero.
- 12) Rosenberg Self-esteem Inventory (Rosenberg, 1979) includes ten questions using a four-point Likert scale. Due to a technical error when creating the survey, the Rosenberg's inventory was used with nine questions using a seven-point Likert scale, this did not change or impact scoring. The self-esteem scale was administered twice. The first time participants were asked to reflect back to how they felt about themselves when they first realized a sexual attraction to children (reflection T1). Then participants to complete the scale a second time about how they feel about themselves in the present (now T2).
- 13) From a provided list, what strategies did participants consider may prevent child sexual abuse.
- 14) History of sexual abuse in childhood was asked with a yes or no response.

3.5 Data Triangulation

Data triangulation is the use of mixed approaches to research that allows for more than one procedure to be used within the same study to reach a convergent validation (Fielding, 2012). It is possible for findings from the qualitative data collected to corroborate the findings from the quantitative data or vice versa. Triangulating the findings from multiple sources of data can strengthen the study's results and implications, particularly when the sample size is small, and there is limited direct engagement with participants (Fielding, 2012).

3.6 Research Ethics

This study was reviewed by Wilfrid Laurier's Research Ethics Board and was approved on April 30, 2020 (#6493) (See Appendix A). A link to this online survey was placed on the Virtuous Pedophiles website, with permission from the website founders, who posted this link to the membership. In preparation for this research study, written emailed permission was gained from the founders to publish the website's name in this thesis.

3.6.1 Informed Consent and Voluntary Participation

Information about the purpose of the study, a statement about informed consent and voluntary participation was provided at the beginning of the survey. Participants were advised that their participation was voluntary, and that consent was ongoing.

Participants were informed that they could withdraw from the study at any time and without penalty.

3.6.2 Emotional Risks

Most of the questions in the survey sought the insight of the participants' perceptions about their sexual attractions; however, one question about whether or not they were sexually abused as a child was asked. A common assumption, as supported in the literature, is that those

who are sexually attracted to children were also sexually abused as children. The purpose of this question was to seek out prevalence of this pre-condition as some of the literature considers that having been sexually abused in childhood can lead to a sexual attraction and sexually abusive actions toward children in adulthood. None of the survey questions included any disclosure of prior offence. The anonymity provided a non-threatening arena to explore this phenomenon and how these adults can ensure they do not offend against children. Discussing one's socially unacceptable sexual attractions could be potentially upsetting because it could elicit shame, stigma, or guilt. Though limited, some crisis line information was included on the survey to provide a reference if a participant experienced psychological distress while completing the survey.

3.6.3 Confidentiality

The anonymous survey was administered online. While responses could not be controlled regarding what a person wrote in the open-ended responses in phase three of this study, an explicit request was made that participants not provide any identifying information. Furthermore, participants were purposefully not asked if they had children, access to children, or if they have ever offended at any point in their lives to ensure participant anonymity and to ensure that I would not have to exercise my duty to report upon disclosure.

3.6.4 Storage of Physical Data

For phase one of this research study, the information already exists on the Virtuous Pedophiles website's public pages. Participants were not compensated financially or otherwise. Consent for Phase two and three of this study was obtained online. All electronic information was stored on a password-protected computer. All survey details were obtained and stored only

for the purpose of data analysis. SPSS data files were shared only with the thesis advisor, as stipulated in the Ethics application of the study.

3.7 Reflexivity

I realize that the participants in this study were likely a cautious and mistrusting group. I know that my positionality as a teleiophilic, cis-gendered woman prevents me from having internal knowledge that this population holds and that they may consider me as yet might be yet another person who would negatively judge them. I intentionally worked to set aside my biases and preconceived notions about pedophiles to respectfully and accurately represent their thoughts, opinions, insights, and recommendations throughout this work.

3.8 Summary

In this chapter, some information about the Virtuous Pedophiles Website was provided. Data collection in all three phases of the study, research methods and rationale for qualitative analysis for phases one and three of this study, as well as the methodology for phase two of this study were discussed. The results of those analyses are outlined in Chapter 4.

Chapter 4: Findings

This chapter outlines the results of all three phases of the study. First, the qualitative data analysis from the narratives on the Virtuous Pedophiles website (Phase 1) are explained. The website narratives (n = 71) are described with respect to socio-demographic variables and their perspectives on protective and risk factors. This analysis informed the development of the questions of the online survey. Second, results of the statistical analysis of the quantitative data collected from participants (n = 32) who completed the survey are detailed (Phase 2). Survey demographics and descriptive statistics of all variables are presented. Correlational analysis to determine the association between continuous variables, bivariate analyses between independent variables to examine potential trends and multivariate analyses to explore associations between variables and associations with the dependent variable (risk levels) are presented. Finally, thematic analysis of the final two open-ended survey questions (n = 26) are described in the last section (Phase 3).

4.1 Phase 1: Contextual Findings from Narratives on the Virtuous Pedophiles Website

Contextualized information about the Virtuous Pedophiles website and founders profiles are presented in this section with the details of the thematic analysis process of the narrative testimonials from the 71 entries taken from the site.

4.1.1 Virtuous Pedophiles Website

In addition to links to founder profiles on the Virtuous Pedophile website, the website offers links to limited support services and commentaries written by professionals (e.g., researchers, counsellors, psychiatrists) who have worked with people sexually attracted to children and adult victims of CSA, along with the personal narrative testimonials of those living

with this sexual attraction. In this study, a thematic analysis of the 71 personal narratives on the website was used to inform the development of the online survey in phase two.

4.1.2 Virtuous Pedophiles Founder Profiles

Nick Devin is a married man with four adult children of his own. He is sexually attracted to boys between the ages of 12 and 14 and adult women. Nick is a well-educated, accomplished person who is acutely aware of his sexual attraction. Because he experienced sexual abuse as a child, he often wonders if his sexual attraction to boys is linked to the sexual abuse. He was sexually molested as a child by an older male camp counsellor. Nick compared his pedophilia to having a medical condition, such as diabetes. He suggested that it is a chronic but manageable condition. He recognized that sexual contact between adults and children could have devastating lifelong effects on the child. For these reasons, he is committed not to act on his sexual attractions to children. Nick described having struggled with his perception of himself as an evil person for many years. He struggled with depression and suicidal ideation.

Ethan Edwards was married to a woman and raised three daughters. He is sexually attracted to girls as young as four and adult women up to 30 years old. Ethan emphasized, however, that he was never sexually attracted to his children. In retrospect, he noted that he had always had an affection for younger girls; however, because Ethan had a secondary attraction to adult women (under the age of 30), he was able to suppress these feelings until he was about 50 years old. Ethan recognizes that sexual contact between adults and children is wrong for many reasons.

Nick and Ethan have both stated that they have never acted on their sexual attraction and remain committed never to do so. In creating this website, the founders hoped to build an online community of support for and with other people living with this type of sexual attraction. They

underscore that the website does not promote child-adult sex, as some websites do. They both wrote about the societal stigma and common misconceptions about pedophilia. They both noted that they struggled deeply with some of their negative self-perceptions until they were able to seek out support. Nick stated that he was able to speak to a psychiatrist about his complicated feelings, who helped him understand that he was not an evil person. Nick recalled that the psychiatrist emphasized that while he could not control his sexual attractions, he could control his actions. Ethan was able to find a suitable therapist who he has been able to discuss his attractions with but has not told anyone else in his life about his sexual feelings.

4.1.3 Website Information

The following information was taken directly from the Virtuous Pedophiles website. The 71 narratives were coded and summarized to better understand this population’s lived experiences and help inform the survey questions (see Appendix C). Of the narratives, 12 included identifying information about the contributor’s gender. Thirty-five contributors included their age, which ranged between 13 and 65; nine noted the age of onset of their sexual attractions of children, and; fifty-four had information about the gender of their attractions, the age group of attraction, or both. (See Table 1 for a summary of the demographic information provided in the 71 narratives).

Table 1

Demographics from Website Narratives

Gender	Woman, n = 5 Man, n = 7
Age range	13 to 65
Age of Onset	Pre-teen n = 5 Pre-teen n = 5 Teenaged n = 7 In adulthood over 18 n = 4
Gender of attraction	Boys, n = 7

	Girls, n = 19 Both or no note of gender specification, n = 28
Age Group of Attraction	Babies to 5, n = 6 Prepubescent, n = 17 Teens. n = 7 Pedophile (nonspecific ages), n = 19

4.1.4 Thematic Analysis of Narratives on the Virtuous Pedophiles Website

The 71 narratives include the following recurring global themes: (a) lack of support or ability to tell anyone about their sexual attraction; (b) knowledge of sexual attractions to children since adolescence (AOO), and; (c) negative impact on mental health. Many of the comments include impact or harm to the child as being a motivation not to offend, whereas a few commented on legal consequences being a motivator. Next, emerging themes from the narratives are discussed and provided as a summary in Table 2.

Regarding reaching out for support, 68 of the entries included a comment. Only 4 of those 68 people noted that they had told someone or were supported, and only one person said that they had disclosed their thoughts to a professional. Seventeen of them said they could not find or did not know where to get any support. Another five stated that they were frustrated with the lack of available support. Ten entries recognized Virtuous Pedophiles as one of the only sites that offered support for people who do not want to offend. Another 22 entries noted that they joined Virtuous Pedophiles to receive support or were happy about the support they receive from the site. Five people joined Virtuous Pedophiles to learn more about their sexual attraction to children or help support others who are trying to remain virtuous.

The following quotes were selected from separate entries within the 71 narrative testimonials on the Virtuous Pedophiles website, because they provide context to barriers in seeking out help for adults who are sexually attracted to children. Often help is not available as such seeking help can be challenging.

“I identify as a pedophile who has never offended and I feel that I have nowhere to turn. I am solely attracted to prepubescent girls and have never been in a successful sexual relationship with a same-age partner, due to lack of sexual attraction. This is obviously devastating, as I am a young person and who should be diving into that aspect of life.”

I just want to talk to someone who understands without fear, I don't know what else to do. One thing I noticed about this site is that it focuses on men. I am a girl.”

“I am a pedophile. I have sought professional help numerous times and have been turned away. I live in a small community that makes it hard to get face-to-face help.”

“I'm a 21-year-old pedophile ... and was very happy to hear that there was finally an organization out there to support pedophiles that is completely against sex with children.”

Regarding mental health-related issues, 36 narratives noted extreme guilt, shame, self-hatred, isolation, depression, or suicidal ideation. Thirteen reported they suffered from depression, suicidal ideation, or both. Seven reported guilt, shame, or stigma. Five reported protective factors such as self-control or fear of being exposed. Seven reported experiencing risk factors such as isolation, cognitive distortions, not having access to outlets for sexual or emotional relief.

The following narratives were included here because they highlight the mental health impact living with this sexual desire causes for many that can be seen throughout the individual narratives on the Virtuous Pedophiles website. These narratives are from different people who commented.

“....I'm now 20 years old. The attraction has ruined my life so far...I've had depression since I was around 15 and started being interested in sexual things. I felt like I could never talk about it to anyone and I could talk about other things but never really the true problem. I have had suicidal thoughts for a long time.”

“.....I am scared and full of guilt and anxiety, I have considered suicide..... I feel confused and like I don't know myself of what I am capable of, I do know for certain that I don't want to be a pedophile an would not wish such a burden on anyone, I just want to live a normal life and be accepted but I am afraid that is not possible. “

“.....the fact that I am exclusively attracted to children causes me a great burden every day. I come in hope that there is another solution to my problem other than putting a bullet through my head.”

Regarding how or why they remain virtuous, 47 narratives noted that they have not offended because they know it is wrong, agree with the site’s values, have a moral compass, or use self-control. One person mentioned having visited other sites looking for support but were confronted with messaging that promoted adult-child sexual relationships. This person expressed gratitude for the content on the Virtuous Pedophiles website. One person mentioned legal consequences.

The following narratives, also from separate individual comments on the website, demonstrate the understanding many pedophiles have about how their actions may harm a child. Through these narratives they communicate a moral rationale for why any sexual act with a child is wrong.

“I am a 40 yr old celibate pedophile. I have spent my whole life denying what I am in order to save children from what I know is inherently wrong.....”

“.....If there was a way to change, I would leap at the chance.....”

“.....adult-child sex is wrong and will ALWAYS be wrong. Anything aside from this hard-line stance is far too dangerous to everyone involved.”

“.....I have never touched a boy and I honestly never will. I have complete control over my actions that is not my problem. Nothing I can do can stop how I feel, not church or religion.....”

When coded the narratives searching for contributor’s motivation not to offend (protective factors), the following words repeatedly appeared: would not want to “hurt,” “harm,” “damage,” a child, or words such as “abuse” or “molest” as a motivation not to offend against a child.

“I agree with what you stand for. I do NOT support child molestation or abuse. I want pedophiles to be able to easily get help for their paraphilia’s [sic] and depression.”

“I am a pedophile who never practiced any abuse....”

“I have identified as a pedosexual (I prefer that to the word paedophile because of the connotations of the later) for many years, but have never molested a child nor do I wish to....”

I love kids so much, I don’t want to do something that would hurt them.”

“.....this secret has been eating away at me for 40 years now. I have never hurt a child.”

Table 2

Summary Chart of Themed Concepts

Raw Data from	Code	Themed Concepts
Have considered suicide Have suffered from depression Suicidal thoughts Ashamed of attraction	Depression Suicidal ideation Stigma Internalized hate Shame/guilt	Mental Health
Tried to understand and accept myself as human	Dehumanized Misunderstood	Mental health and self-esteem
Mental health improving after coming to terms with it	Mental health, positive	Positive mental health or esteem
I would not wish to harm a child Would not want to abuse a child It is wrong It is harmful Damage it would cause Moral compass Would never touch children Horrible crimes	Impact on child	Motivation not to offend Protective factors
Want to find other’s with similar attraction before I get in trouble Afraid of being reported	In trouble, Getting caught Arrested	
Wish to develop my healthy side Able to manage quite well without support Moral compass	Healthy side Morals	Self-Control

Frustrated with those who promote legalizing adult-child sex Know the difference between fantasy and reality Believe in the view of the site	Site values for non-offending	
Did not choose this attraction No one chooses to be a pedophile Can't help who I am attracted to Isn't evil, can't be helped	Choice Changeable Treatable	Not a choice
Unable to find any help Want support/help Can't find help	Lack of support, lack of trained professionals	Risk factors
Looking forward to corresponding and learning Wants to help others Find support on this website The only site I feel comfortable with because of the stand that all child-sex is wrong	Available supports Similar mindsets	Informal/Peer support

4.2 Phase 2: Quantitative Findings

The data were collected online using the Qualtrics survey platform as this forum allows a direct download to SPSS and assures privacy and confidentiality to participants and researcher

Descriptive statistics were calculated for all variables, including frequencies, percentages, and central tendency measures. Bivariate analyses were completed for all variables to assess any relationships or associations through t-tests and chi-squares. Correlational analyses was completed for all numerical variables. Using Cronbach's alpha calculations, reliability analyses for the standardized scales measuring stigma and self-esteem were computed. ANOVA's were used to conduct multivariate analyses to determine the association among all variables, including risk, age groups, relationship status. Chi-square tests were completed to examine dependency among categorical variables.

4.2.1 Data Cleaning

The majority of respondents (n = 32) completed most survey questions. However, data gathered on the survey were reviewed to determine if any outliers needed to be excluded from the data set, including participants with a large portion of missing data (i.e., lack of responses to a large number of survey questions). To run analyses for categorical variables some data were collapsed in a small number of grouping categories for those specific tests.

4.2.2 Research Questions and Statistical Tests

Next, research questions and related statistical tests used to answer the questions are summarized (See Table 3).

Table 3

Research Questions and Statistical Tests

Question	Variables	Statistical Test	Note
Factors contributing to Risk Level: moderate or low	-Age of Onset -Age -Stigma related stress -Stigma related stress for seeking help	ANOVA	As no participant selected high risk to offend there were only two groups
Factors contributing to Risk levels, moderate or low	-Demographics -Age of when help should be available -Age groups of attraction -Gender of attraction -Age of Onset grouped	Chi-Squares	
Association between continuous variables	Correlations	Pearson's Correlations	
Is there a relationship between Self-esteem at AOO and now	Self-esteem (T1), Self-esteem (T2)	Paired sample t-test	

4.2.3 Participants Demographic Data

As there are many demographics included in this study, they have been separated in to multiple tables with accompanying charts for visual presentation.

Age, gender, location and ethnic identity: Of the 32 participants, 28 were men, 3 were women, and one participant identified as transgender. The majority of respondents, 18 (56.3%), resided in North America (Canada or The United States), six (18.8%) lived in the United Kingdom, and one respondent lived in each of Africa, Argentina, Europe, and Spain. Four participants did not answer this question (See table 4).

Table 4

Demographics of Survey Participants. (Gender, age, location, and ethnic identity of participants)

Variable		<i>N</i> = 32	Percentage	Mean <i>SD</i>	Range
Gender	Women	3	9.4		-
	Men	28	87.5	-	-
	Transgendered	1	3.1	-	-
Age	Years	32		39.34 (17.98)	19-73
Location ¹	North America	18	56.3		
	Britain or the United Kingdom	6	18.8		
	Spain	1	3.1		
	Africa	1	3.1		
	Europe	1	3.1		
	Argentina	1	3.1		
	No response	4	12.5		
Ethnicity	North American Indigenous origins	2	6.25	-	
	European origins	24	75.0	-	
	African origins	1	3.125	-	

¹ Due to the need for anonymity and the voluntary nature of answering where a person was located, the survey question asked “What country or continent do you reside in?” with the option not to respond.

	Latinx, Central or South American origins	2	6.25	-	
	Mixed Ethnic origins	2	6.25	-	
	Prefer not to say	1	3.125	-	

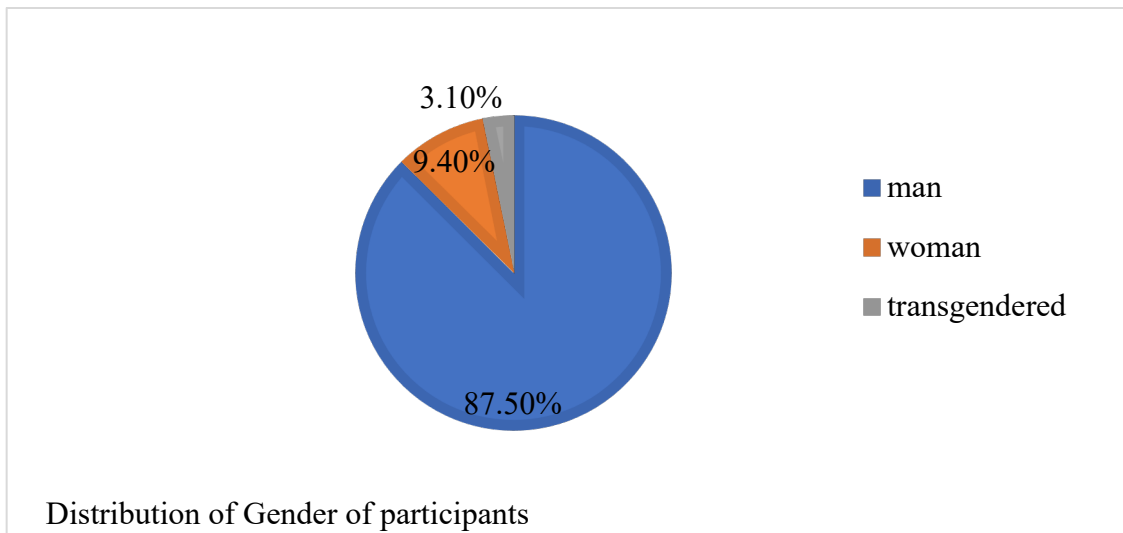
4.2.4 Demographics: Gender, Age, Location, Ethnic Identity

The following charts provide demographics variables including gender, age, location and ethnic identity are presented below.

Gender. One participant identified as transgender and no participants identified as “other.” (See Figure 2).

Figure 2

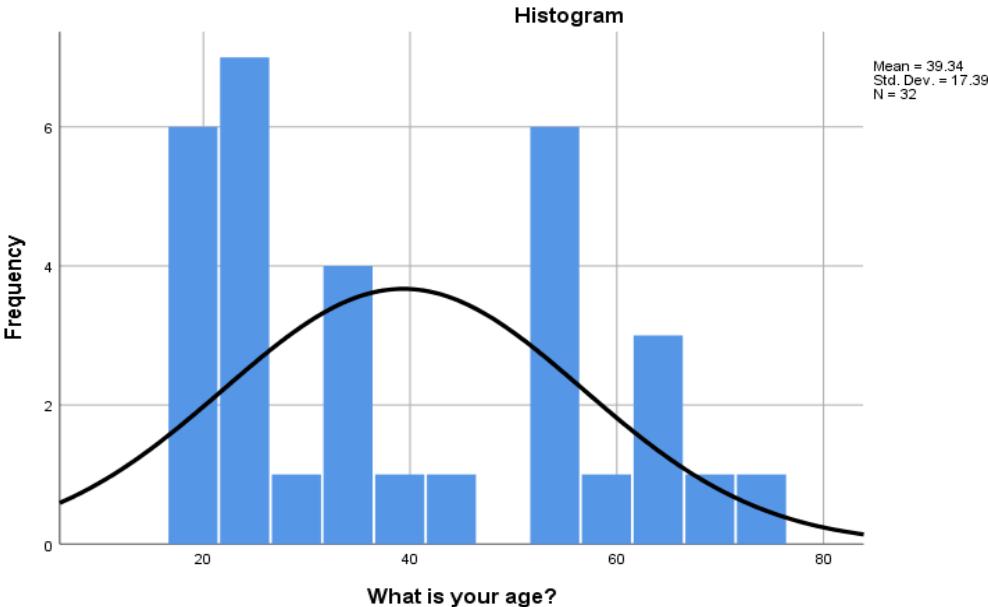
Gender



Age. Participants’ ages ranged between 19 and 73. (See Figure 3)

Figure 3

Distribution of Age of Participants

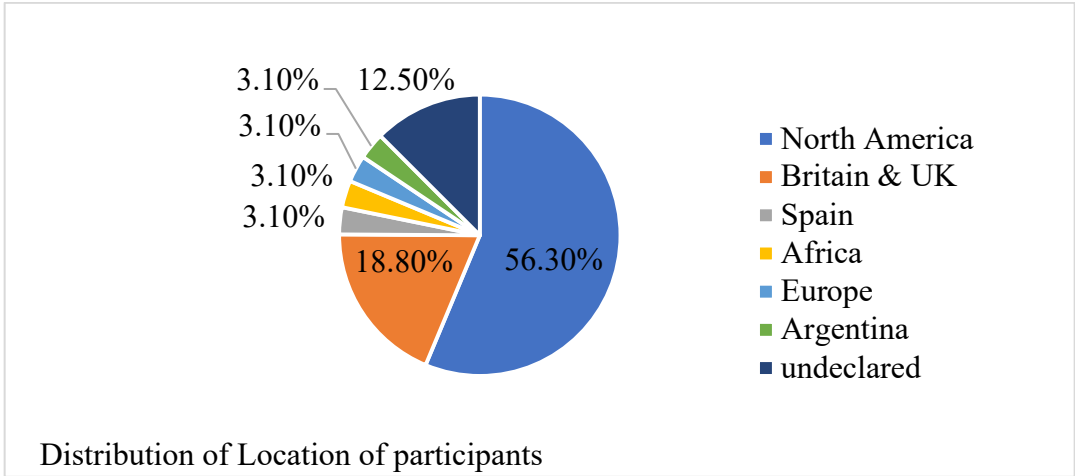


Location. Grouped locations for participant were created where appropriate, as some people noted they were from the USA, and others had mentioned particular states, e.g. Florida. (See Figure 4)².

² Due to the need for anonymity and the voluntary nature of answering where a person was located, the survey question asked “What country or continent do you reside in?” with the option not to respond. (Note, this footnote is for Figure 4 as well).

Figure 4

Location of Participants

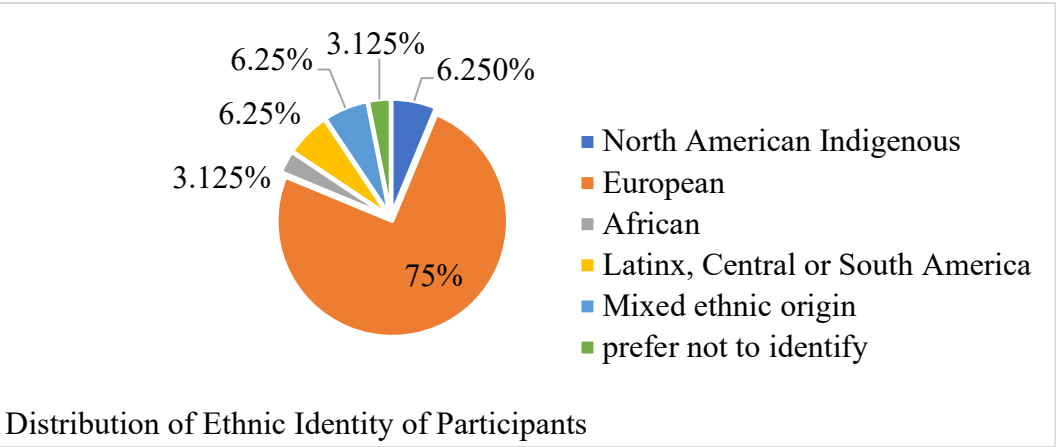


Ethnic Identity. The majority of participants noted they were from a European lineage.

(See Figure 5).

Figure 5

Ethnic Identity



4.2.5 Demographics: Education, Religious Identity, Income, Employment Status, Employment Stability, and Relationship Status

Table 5 contains data for education, religion, employment status, income, job changes, and income and Figures 6 through 13. (See Table 5).

Table 5

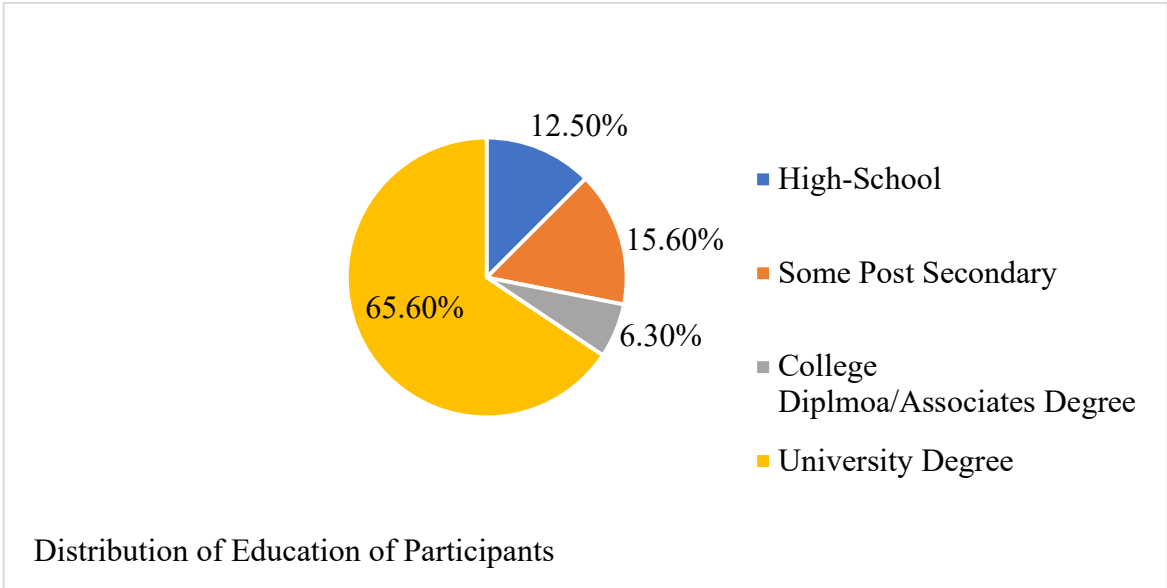
Education, Religion, Employment Status, Job Changes (Stability), Household Income, Relationship Status, Relationships with Mother(s) and Father(s) when Growing Up.

Variable		<i>N</i> = 32	Percentage
Education level	High school	4	12.5
	Some post-secondary	5	15.6
	College diploma	2	6.3
	University degree	21	65.6
Practices Religion	Yes	15	46.9
	No	17	53.1
Employment Status	Employed full-time	13	40.625
	Self-employed	3	9.375
	Employed part-time	4	12.5
	Unemployed	2	6.25
	Student	6	18.75
	Military/Forces	1	3.125
	Retired	2	6.25
	Not able to work	1	3.125
Job Stability	Same job past 5 years	11	34.375
	One job change	9	28.125
	< 1 > 3	5	15.625
	< 3 > 5	5	15.625
	Did not answer	2	6.25
Household income	Under \$20,000	10	31.25
	\$20,000-40,000	6	18.75
	40,001-60,000	5	15.625
	60,001-80,000	2	6.25
	80,001-90,000	3	9.375
	100,000 and over	6	18.75
Relationship status	Single/unattached	20	62.5
	Married to an adult (over 18)	8	25
	In a relationship with an adult	2	6.25
	Other – widowed/divorced	2	6.25

Education. The majority of participants ($n = 21$) held a university degree or some post-secondary education ($n = 5$), two participants had a college diploma or associate degree, and four participants completed a high-school diploma. (See Figure 6).

Figure 6

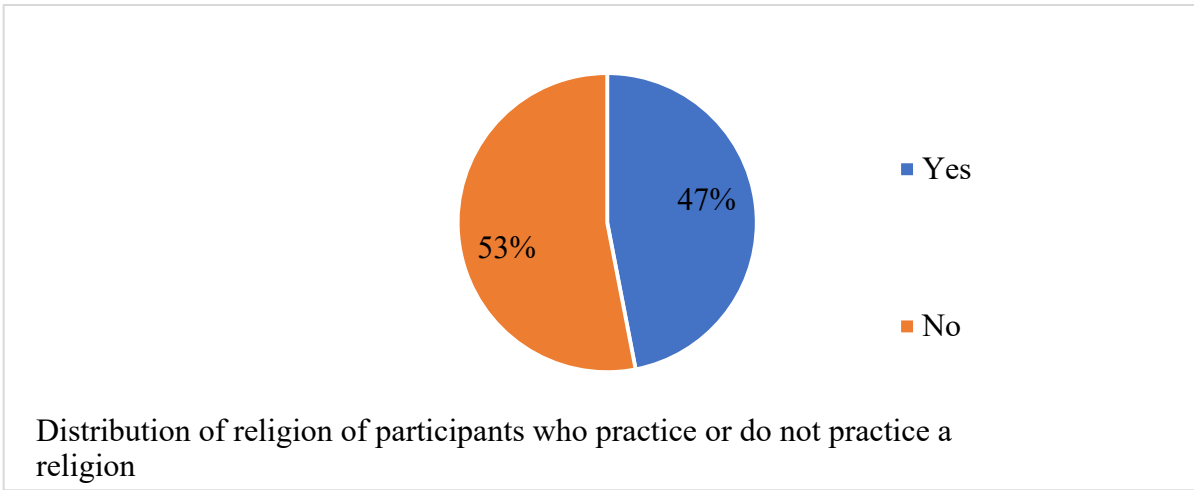
Education



Religion. Participants were asked if they practiced a religion or not. Almost half of the participants practice a religion. (See Figure 7).

Figure 7

Religious Identity

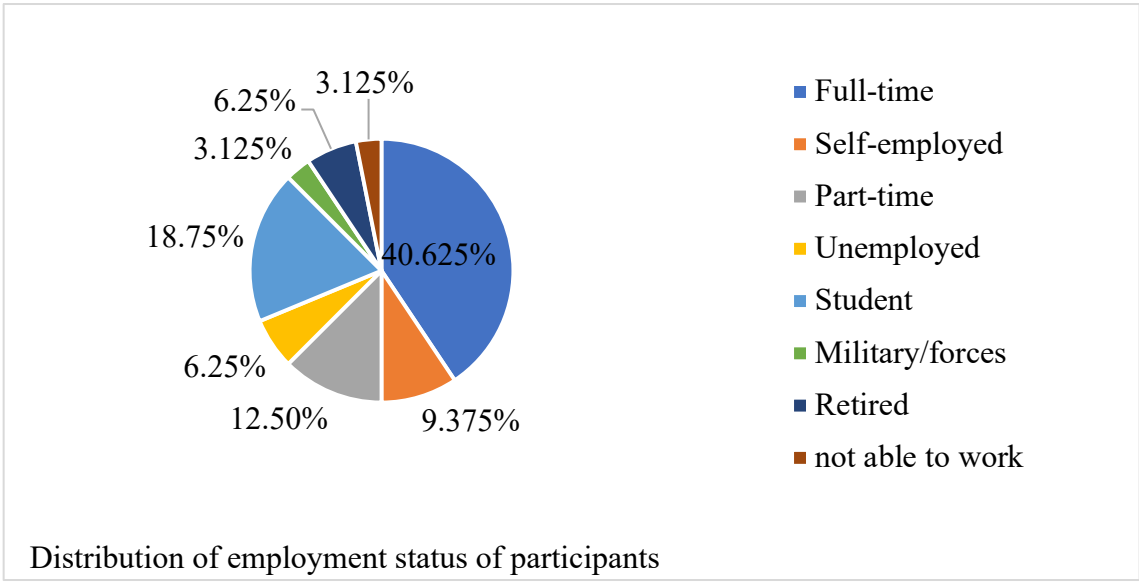


Employment Status. The majority of participants were employed full time (n = 13), while others were either self-employed (n = 3) or employed part-time (n = 4). Six participants

were students, two unemployed, one person unable to work, two were retired, and 1 was in the military or forces. (See Figure 8).

Figure 8

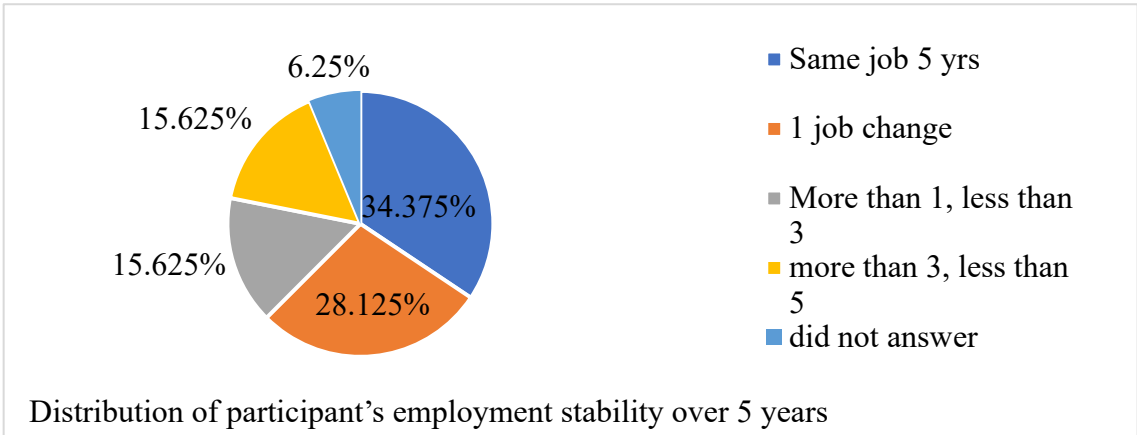
Employment Status



Employment Stability. Few people (n = 5) had more than three but less than five job change in the past five years, an additional five people had more than one but less than three job changes in the past five years, nine people had only one job in the past five years, and 11 held the same job for the past five years, two participants did not answer this question. (See Figure 9).

Figure 9

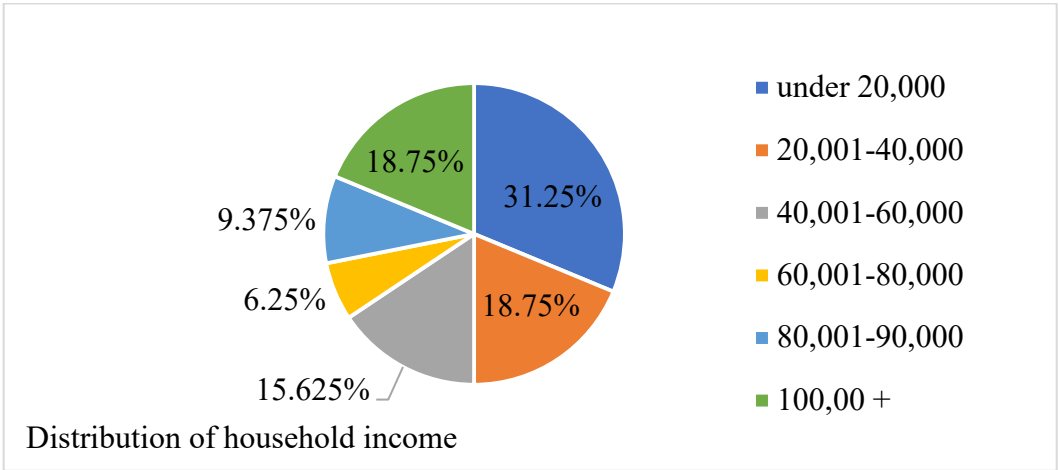
Employment Stability



Income. Household incomes ranged from under \$20,000 (n = 10), to over \$20,001 to 40,000 (n = 6), with 5 participants earning between \$40,001 to 60,000, 2 people earning between \$60,001 and 80,000, 3 people earning \$80,001 to 90,000, and 6 participants earn over \$100,000 per year. (See Figure 10).

Figure 10

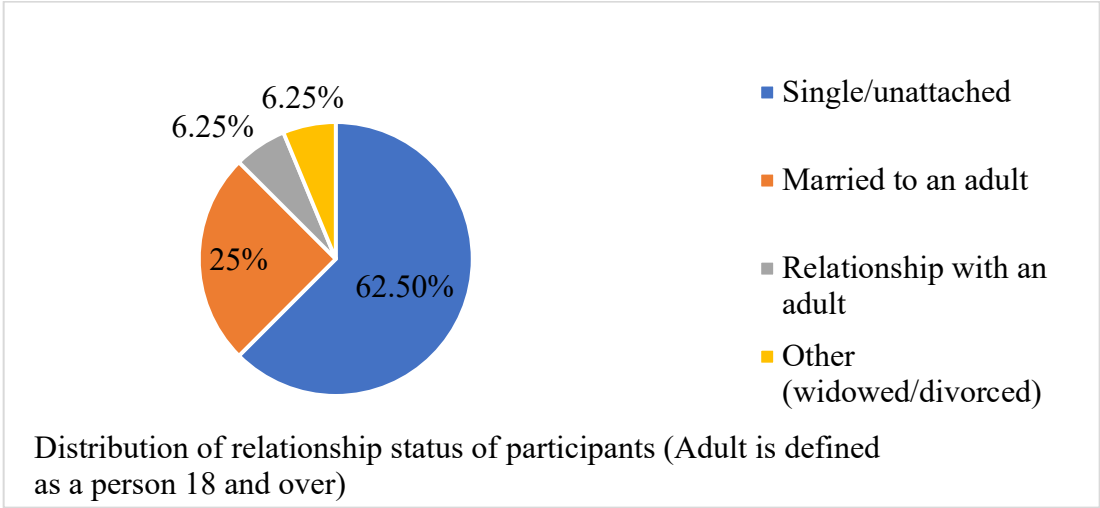
Household Income



Relationship Status. Most of the participants (n = 20) were single/unattached, eight were married to an adult, and two were in a relationship with an adult, 2 participants selected “single” and “other,” noting that one was widowed, and one was divorced. (See Figure 11).

Figure 11

Relationship Status



4.2.6 Independent Variables: Age of Onset, Prevention Strategies, Age for When Help Should be Available, Met with a Professional in Past 12 Months

Included here are variables that do not represent demographic information (See Table 6 and Figures 12, 13, 14 and 15).

Table 6

Grouped AOO, Grouped Age When Help Should Be Available, What Type of Help Should be Available, Attended with a Professional in the Past 12 Months.

Variable		N = 32	Percentage
Grouped AOO	Pre-teen 10 and younger	5	15.625
	Early teen 11-15	15	46.875
	Late teen 16-19	6	18.75
	Adult over 20	4	12.5
	Did not answer	2	6.25
Prevention Strategies	Public Education	28	-

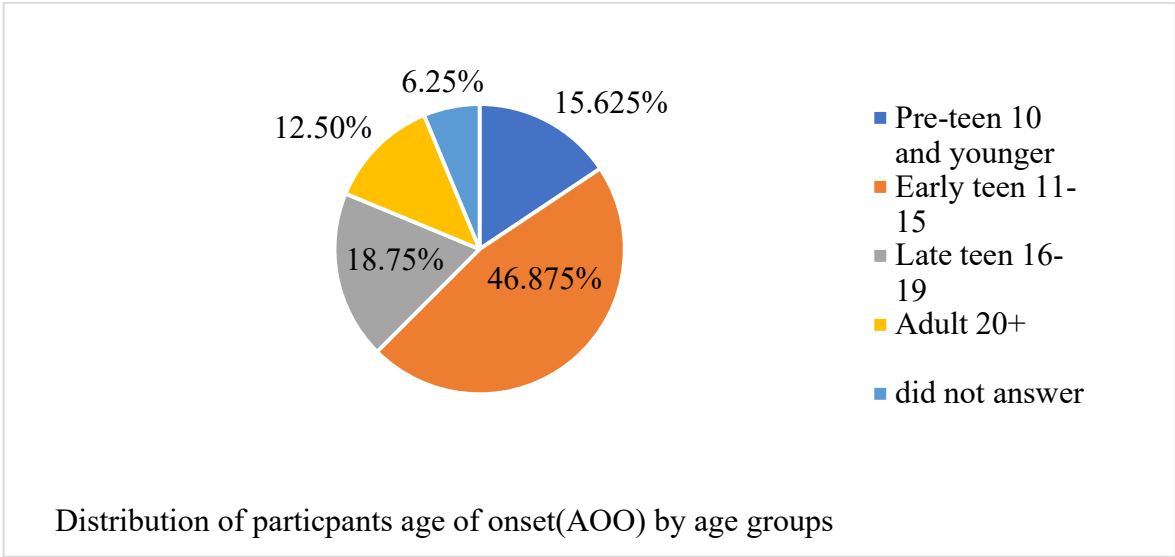
	Education/information for youth	23	-
	Anonymous treatment programs	28	-
	Individual counselling/therapy	25	-
	Group therapy	20	-
	Peer support	28	-
	Other	9	-
Age for When Help Should be Available	Pre-teen (10 and under)	3	9.375
	Early teen (11-15)	19	59.375
	Late teen (16-19)	3	9.375
	Adult 20+ or any age	6	18.75
	Did not answer	1	3.125
Met with a professional in the past 12 months	Yes	9	28.1
	No	23	71.9

Age of Onset. An important question in the survey was to determine what age this population first became aware of their sexual attraction (AOO).³ The majority of participants (n = 15) became aware of their sexual attraction in their early-teen years, around the onset of puberty, between 11 and 15. Six participants realized the onset of their attraction in their late teens. Five respondents realized their attraction before age 10. The three female participants realized their attraction to children at 16, 19, and 21 years old. Two male participant noted that he realized his attraction at age 20 and another male participant realized his attraction at age 27, significantly older than most other male participants. Thus, 26 participants became aware of their sexual attraction before they were adults, with the majority in their early or late teenage years (n = 21). Age categories were created and demonstrated below in Table 5 and Figure 10. Two people did not answer this question. (See Figure 12).

³I re-grouped AOO for consistency: (a) 10 and under; (b) 11 to 15; (c) 16 to 19, and; (d) adults as 20+. In tests comparing the age of onset and age of when help should be available, I used these age groupings.

Figure 12

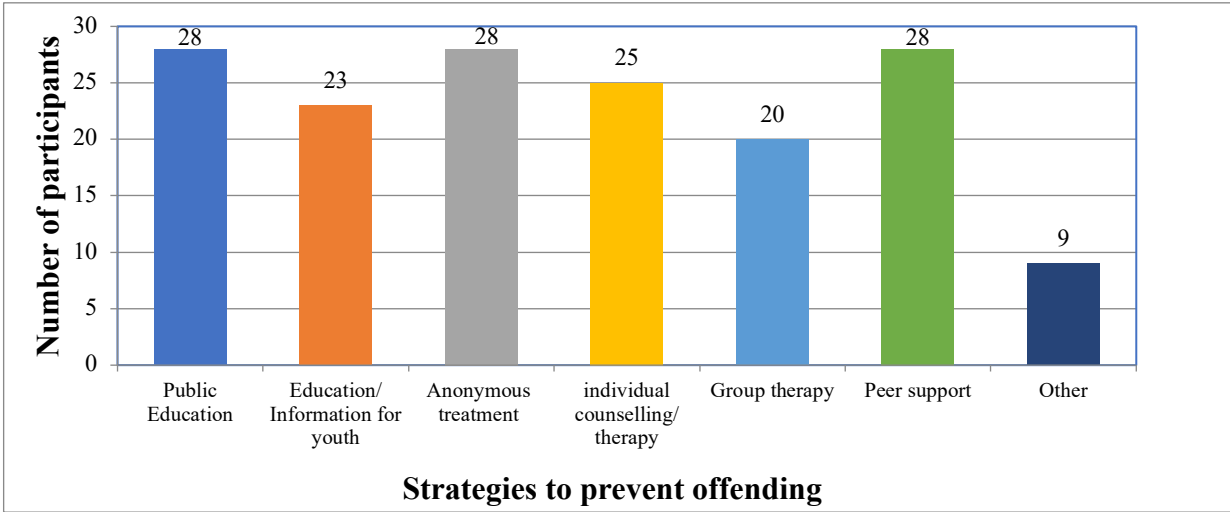
Distribution of Participants' Age of Onset (AOO) by Age Groups



Prevention Strategies. Participants were able to choose as many options as applicable from a list of supports or prevention strategies in the form of public education (n = 28), education/information for youth (n = 23), anonymous treatment programs (n = 28), individual counselling/therapy (n = 25), group therapy (n = 20), peer support (n = 28), or other forms of prevention (n = 9). (See Figure 13).

Figure 13

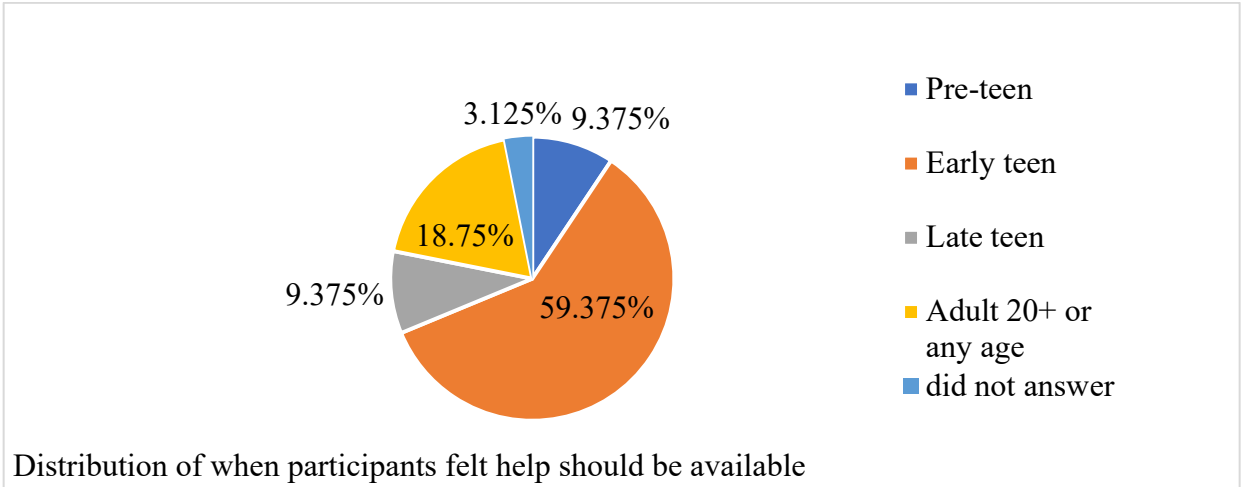
Distribution of Participant's Opinions on Strategies to Prevent Offending



Age When Help Should be Available. While the majority of participants (n = 19) indicated that prevention or support should be available in the early teen years (ages 11 to 15), three participants indicated help should be available in the late teen years (ages 16 to 19). Three respondents indicated that help should be available at an earlier age (age ten or younger). The remaining respondents (n = 6) indicated that help should be available in adulthood (20+) or at any age. (See Figure 14).

Figure 14

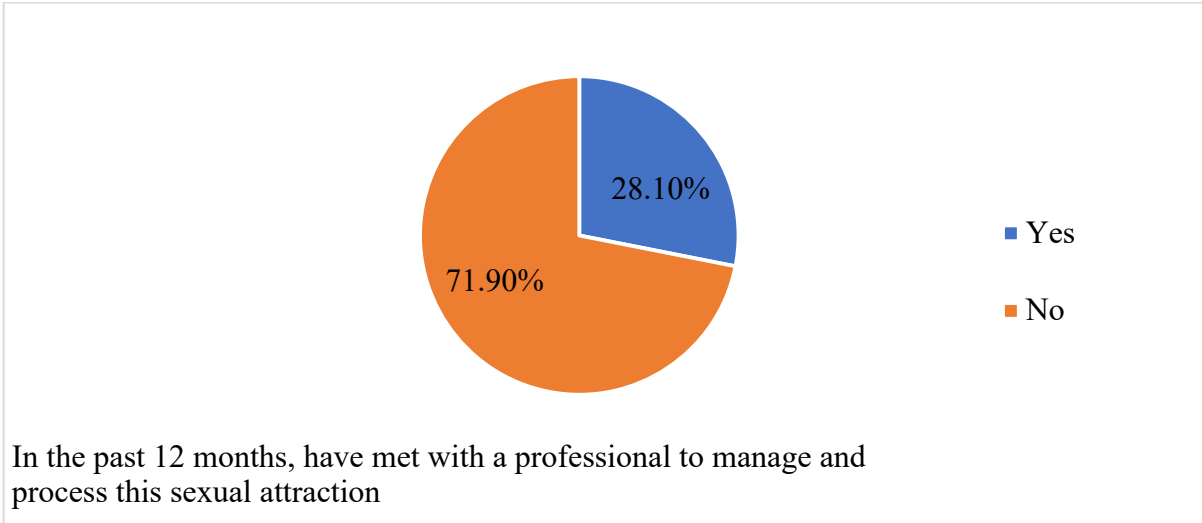
Distribution of When Participants Indicated that Prevention Strategies Should be Available



Met with a Professional in Past 12 Months. While participants indicated the kind of supports that would be helpful, they noted that counselling would be a possible protective factor. Twenty-three respondents had not met with a professional over the past 12 months, while nine respondents indicated they had. (See Figure 15).

Figure 15

Distribution of the Percentage of Participants Who Have or Have Not Met With a Professional to Manage or Process Their Sexual Attraction to Children.



4.2.7 Independent Variables: Gender of Attraction, Age Groups of Attraction Cumulative

There are many independent variables in this study. Included in this section are gender of attraction and age groups cumulative. (See Table 7).

Table 7

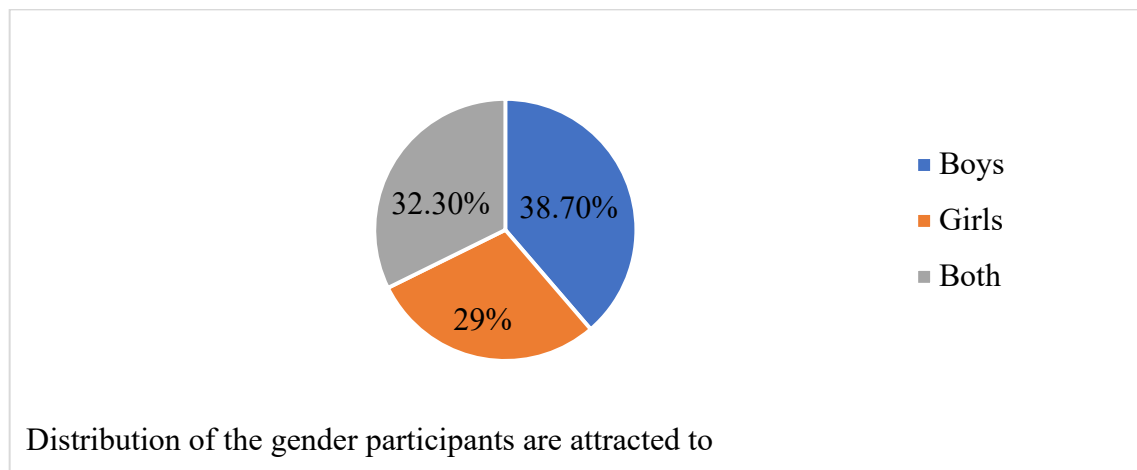
Gender and Age Group of Attraction

Gender of attraction	Boys	12	38.7
	Girls	9	29
	Both	10	32.3
Age groups of attraction cumulative	Under 5	2	6.25
	5-11	11	34.375
	12-14	4	12.5
	15-16	0	0
	Under 5 & 5-11	4	12.5
	Under 5 & 5-11 & 12-14	0	0
	5-11 & 12-14	6	18.75
	5-11& 12-14 & 15-16	5	15.625

Gender of Attraction. Regarding the gender and age that the adult was attracted to, 12 participants were attracted to boys, nine were attracted to girls, and ten were attracted to both. Of those participants who identified as women, all three noted that they were attracted to boys. One person did not answer this question; however, in the open-ended survey responses, a male respondent stressed that he was not attracted to children unless the child was engaged in a sexual act with another male. (See Figure 16).

Figure 16

Distribution of the Participants' Gender of Attraction.



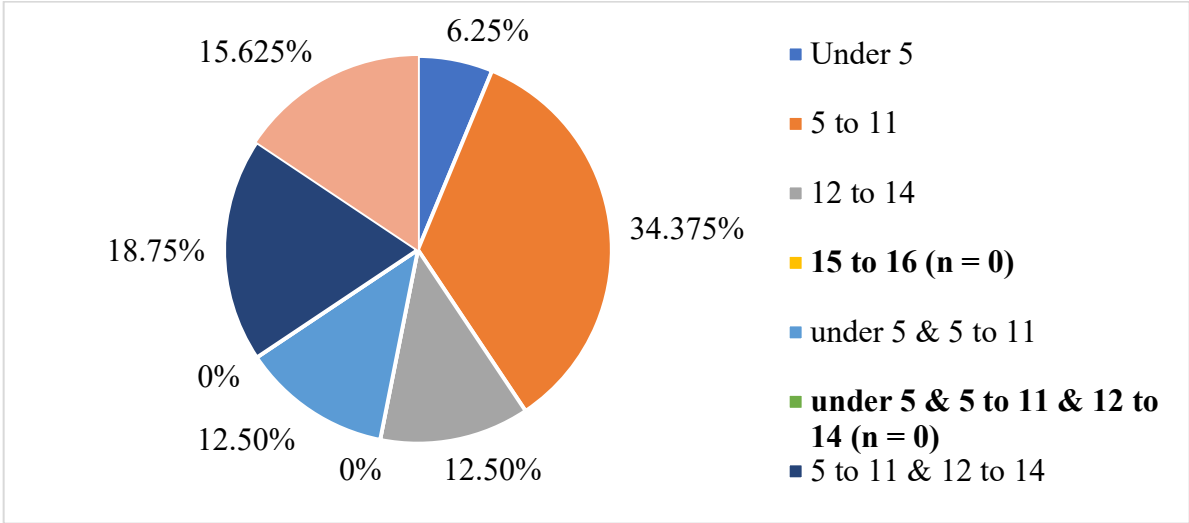
Age Groups of Attraction Cumulative. Participants could select as many age categories as they were attracted to (outlined in Table 7 and Figures 15 and 16 below). Two participants noted attraction to children under five years old, 11 participants noted attraction to children between 5 and 11 years old, four participants noted attraction to children between the ages of 12 and 14. No participant selected being attracted to 15 and 16-year-olds.

If participants chose more than one age group of attraction, cumulative categories of all combinations of possible age groups were created. Participants who selected multiple age categories, four selected the following two age categories: under five years old and 5 to 11 years old; no participants selected the following three age categories: under 5, 5 to 11, and 12 to 14; six

participants selected the following two age categories: 5 to 11, 12 to 14; and; finally, five participants indicated that they were sexually attracted to children in the following three age categories: 5 to 11, 12 to 14, and 15 to 16. (See Figure 17).

Figure 17

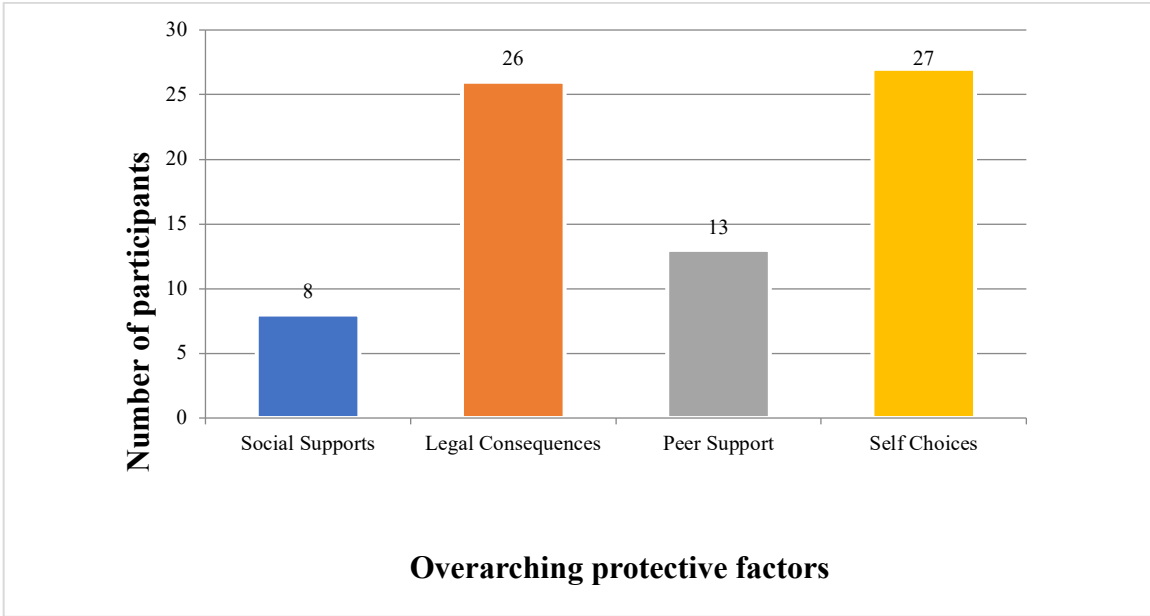
Distribution of Participants' Age of Attraction Groups Cumulative



Self-identified Protective Factors. On the survey, participants were asked to identify what they believed helped them to not act on their attractions or what keeps them virtuous; Categories were labelled as protective factors. From the information gathered in Phase 1 of this study, protective factors were broken down into four areas where participants could select as many as they felt were applicable. These are social supports (n = 8), legal consequences (n = 26), peer supports (n = 13), self-choice/control (n = 27). (See Figure 18).

Figure 18

Protective Factors that Participants Selected with the Option to Check All that Apply



Ranked Specific Protective Factors. On the survey, participants were asked to rank the order of importance from least (1) to most (10) from a list of provided protective factors that may help prevent pedophiles from offending. Table 7 outlines the factors that participants rank-ordered from most to least important.

Table 8

Specific Prevention/Motivation NOT to Offend Against a Child

Prevention	Ranked Importance									
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Impact on the child	15	6	1		2				2	3
Getting caught or charged	6	6	1	2	2	2	3			
Stigma			2		6	1	2	4	3	1
Shame	1	2	2	3	1	6	3	5		2
Professional support	1	2			1	3	3	2	3	5
Informal Support			6	3	1	4	2	3	3	
Self-Control	2	6	6	4	2	4	1		1	1

Peer support	1	1	4	5	4	2	7	2		2
Secondary Attraction		2	2	3	1	2	2	2	3	4
Other	2		3	1	1		1	1	3	1

Self-perception of Frameworks of Origins of Pedophilia. In the survey, participants were asked to identify what they perceived to have contributed to their feelings of sexual attraction to children (frameworks of origin). (See Table 9 and Figure 19).

Table 9

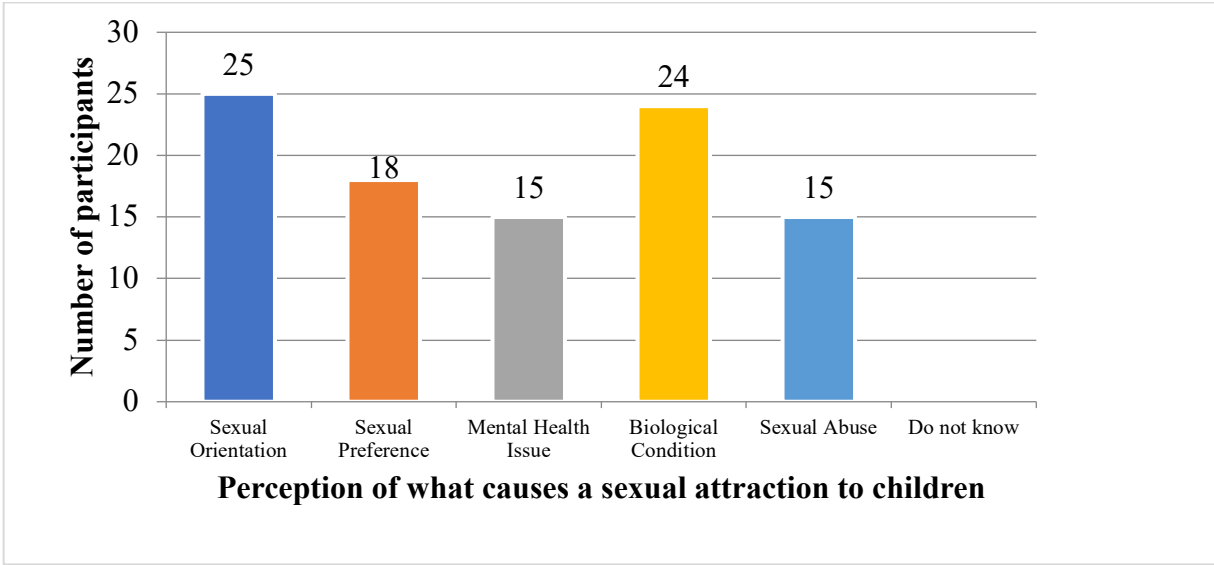
Participants Perceptions on What Causes an Adult to Have a Sexual Attraction to Children

Perception of what causes an adult to be sexually attracted to children	Sexual Preference	Sexual Orientation	Mental Health Issue	Biological Condition	Being sexually abused as a child	Do not know
Strongly agree / agree / somewhat agree	18	25	15	24	15	10
Strongly disagree / disagree / somewhat disagree	10	3	13	2	16	7
Neutral	3	3	3	5	6	8

Figure 19

Participants Perceptions of What Causes a Person to be Sexually Attracted to Children

(Etiology)



Nature of Attraction. Participants were asked whether they believed that the nature of their sexual attractions to children was a choice, treatable, changeable, or controllable. (See Table 10 and Figure 20).

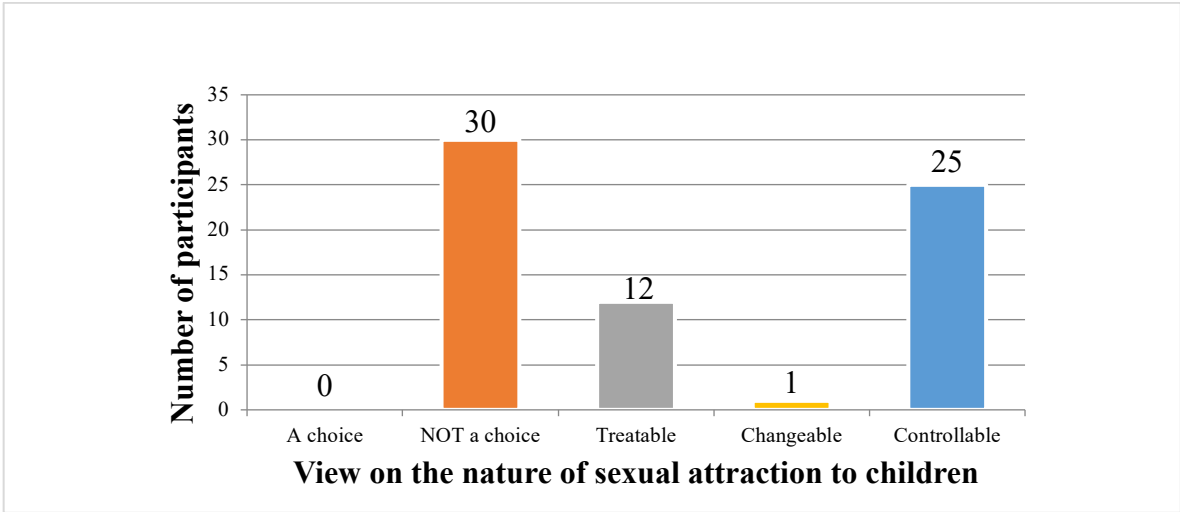
Table 10

Participants Perception of the Nature of their Sexual Attraction

Having s sexual attraction is:	A Choice	Not a Choice	Treatable	Changeable	Controllable
Strongly Agree/agree/somewhat agree	0	30	12	1	25
Strongly disagree/disagree/somewhat disagree	30	0	17	28	4
Neither agree nor disagree	2	2	3	3	3

Figure 20

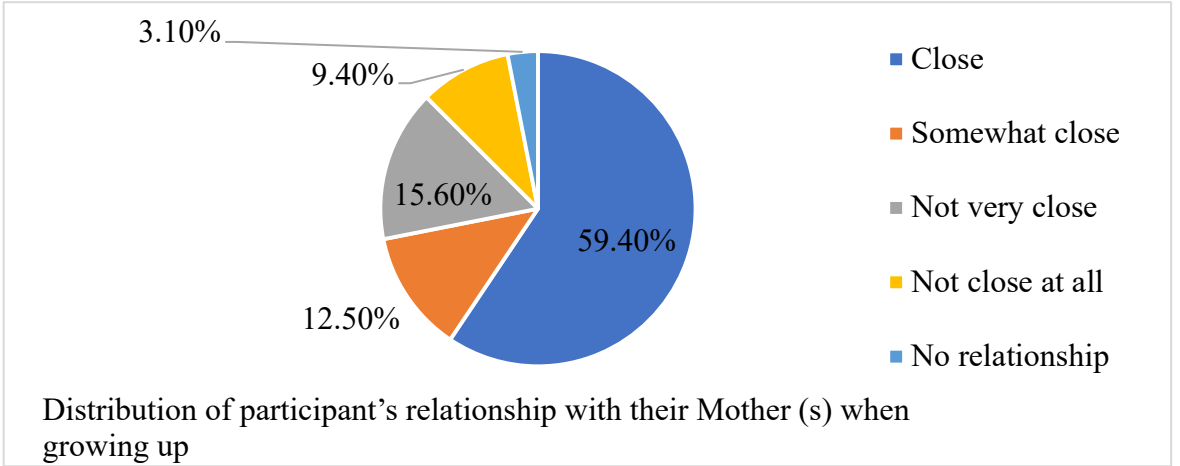
Participants' View on the Nature of their Sexual Attraction



Relationship with Mother. Most participants (n = 19) said that they had a close or somewhat close relationship (n = 4) with their mother (s) while growing up. Others noted that their relationships were not very close (n = 5) or not close at all (n = 3). One participant indicated that they did not have any relationship with their mother. (See Figure 21).

Figure 21

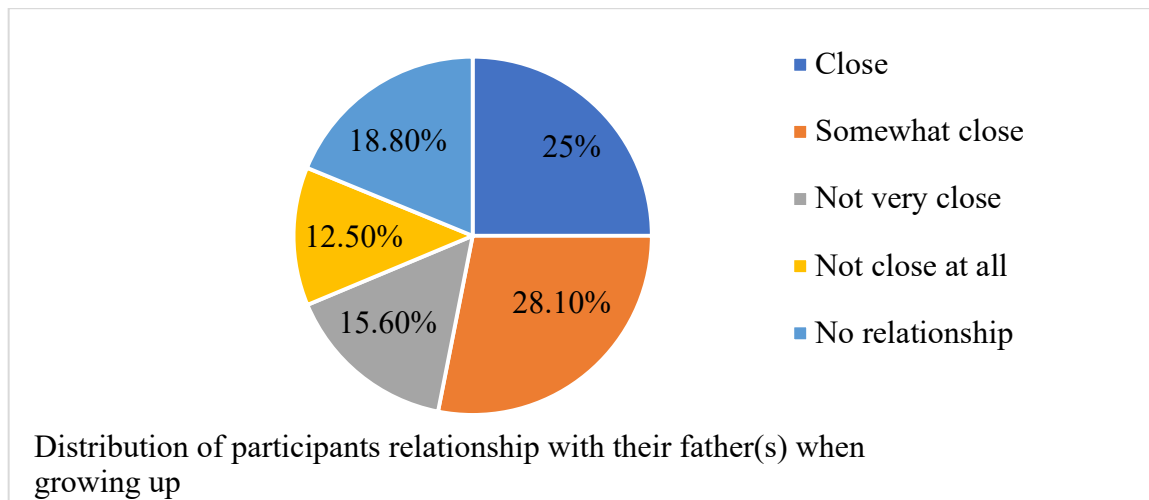
Participants' Relationship with their Mother(s) Growing Up



Relationship with Father. Most participants (n = 17) said that they had a close or somewhat close relationship with their father (s) while growing up. Nine participants reported that they were not very close (n = 5) or not close at all (n = 4) with their fathers. Six participants indicated that they did not have any relationship with their father (s). (See Figure 22).

Figure 22

Participants' Relationship with their Father (s) When Growing Up



4.2.8 Internal Consistency for Standardized Scales

Cronbach alphas were computed to determine internal consistency of the standardized scales in this study. The Total Stigma Scale, the stigma in seeking help scale, and the Rosenberg self-esteem scale for both T1 and T2. (See Table 11).

Table 11

Scales Descriptive Data and Internal Consistency Measures.

Scale	Mean <i>SD</i>	Median	Mode	Cronbach Alpha
Self-esteem T1	19.44 (8.845)	18.5	19	.921
Self-esteem T2	22.5. (7.54)	22	21	.8777
Stigma Related Stress Sub Scale A:	-	-	-	.703

Social Distancing (SD)				
Stigma Related Stress Sub Scale B: Fear of Discovery (FOD)	-	-	-	.868
Total Stigma Related Stress Scale (SD & FOD)	14.66 (3.83)	15.3	4.70	.826
Stigma Related Stress in seeking help Scale	12.32 (3.83)	13	8	.601

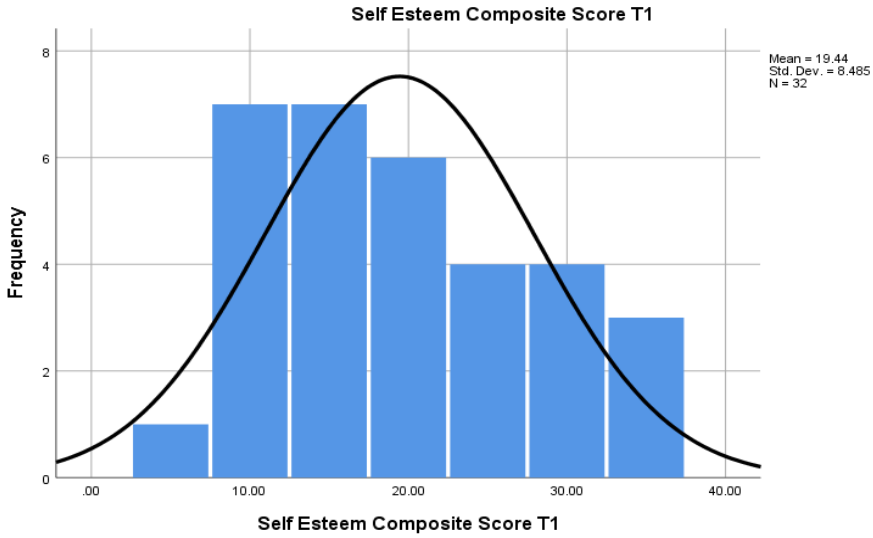
4.2.9 Self-esteem

Participants completed the Rosenberg self-esteem scale twice. The first time, participants responded to the scale reflecting on the period when they realized their sexual attraction to children (T1). The second time, they responded to the scale considering their current self-esteem (T2). The Self-esteem Scale had missing data for three questions. Because the missing values were less than 5%, they were replaced them with the series mean.

With re-coded scores, the scale at (T1) was found to be internally consistent ($\alpha = 0.921$), suggesting excellent reliability. For this scale, given it was a nine-item, seven-point Likert scale, the minimum possible score was 0, and the maximum was 36. This sample had a minimum score of 5 and maximum of 36, with a mean of 19.44 ($SD = 8.485$). The median was 18.5, and the mode was 19.00. The scores were approaching a normal distribution (See Figure 23).

Figure 23

Distribution of Self-esteem (reflection) (T1)

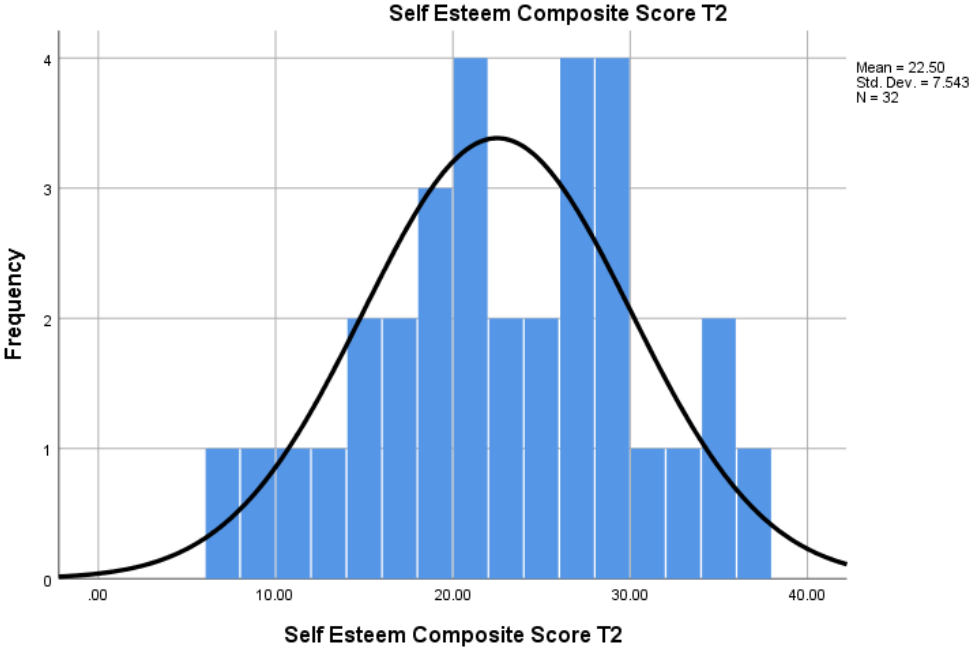


4.2.10 Self-esteem at T2

The second Self-esteem measure, also re-coded and scored where participants were requested to answer about how they felt about themselves now (T2), which was found to be internally consistent ($\alpha = 0.877$), suggesting good reliability. For the 9-item, 7-point Likert scale, the minimum possible score was 0, and the maximum was 36. This sample had a minimum score of 7 and maximum of 36, with a mean of 22.5($SD = 7.54$). The median was 22, and the mode was 21 (smallest value). The scores were not normally distributed (Figure 24).

Figure 24

Distribution of Self-esteem Scale Now (T2)



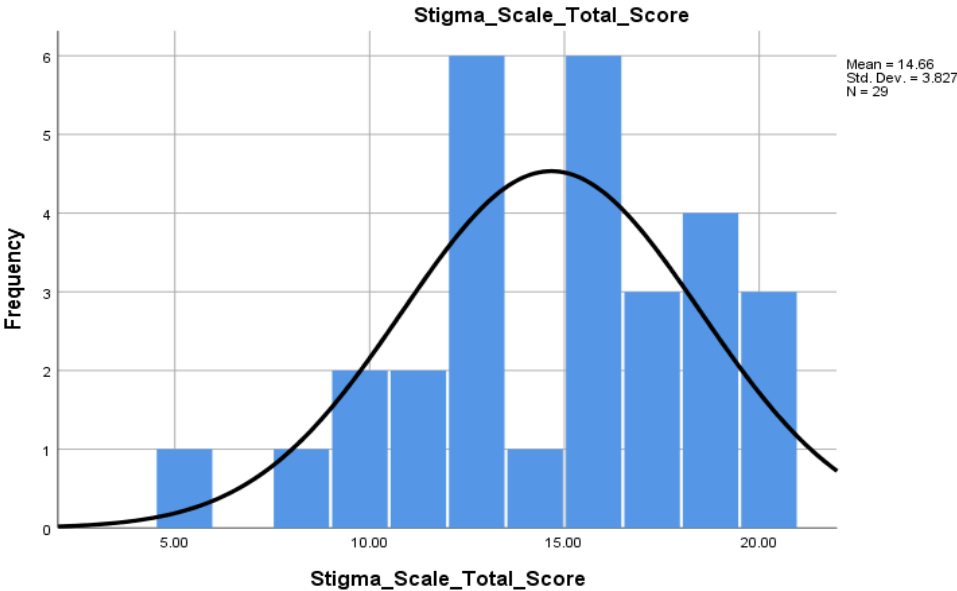
4.2.11 Stigma Related Stress Total

This scale consisted of two subscales: “Sub Scale A” (Social Distancing scale) comprised 6-item, 6-point Likert scale questions. Questions 1-4 were reverse coded as per the Author’s instruction (Jahnke, et al. 2015). “Sub Scale B” (Fear of Discovery) was comprised of 10-item, 6-point Likert scale questions. The scores from Scale A and Scale B were combined to arrive at the *Total Stigma Related Stress score* for each participant. Participants completed most of the questions on the subscales that comprise the Total Stigma Related Stress Scale, but because more than 5% of the values were missing, no adjustments were made. Each subscale was measured for internal consistency, and then calculated a combined Cronbach’s alpha for the combined scores. (Social Distancing Scale (Stigma A) $\alpha = 0.703$; Fear of Discovery (Stigma B) $\alpha = 0.868$. The Total Stigma Related Stress score is a combination of Scale A and Scale B. The Total Stigma Related Stress Scale was found to be internally consistent ($\alpha = .826$), suggesting good reliability.

The minimum score for this population was 4.70, and the maximum was 20.37, with a mean of 14.66 ($SD = 3.83$). The median was 15.3, and the mode was 4.70 (smallest of multiple modes). The scores were skewed to the right, and the variable distribution does not approach normalcy (See Figure 25).

Figure 25

Distribution of Participants Stigma Related Stress Total Score

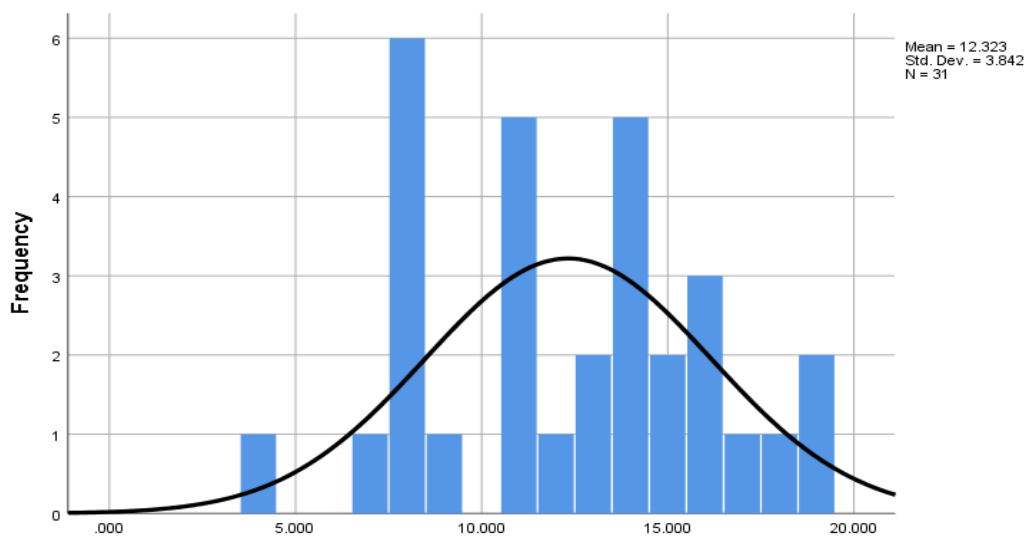


4.2.12 Stigma Related Stress in Seeking Help Scale

Cronbach alpha calculations were completed for the Stigma Related Stress in Seeking Help scale, which was approaching internal consistency ($\alpha = 0.601$), suggesting questionable reliability. The minimum possible score on the scale was 4, and the maximum was 19. For this sample, the mean was 12.32 ($SD = 3.84$). The median was 13, and the mode was 8. The scores' distribution shows negative kurtosis, has frequency gaps and does not show normalcy. Therefore, findings from this variable should be interpreted with caution. (See Figure 26).

Figure 26

Distribution of Participant's Stigma Related Stress in Seeking Help Score



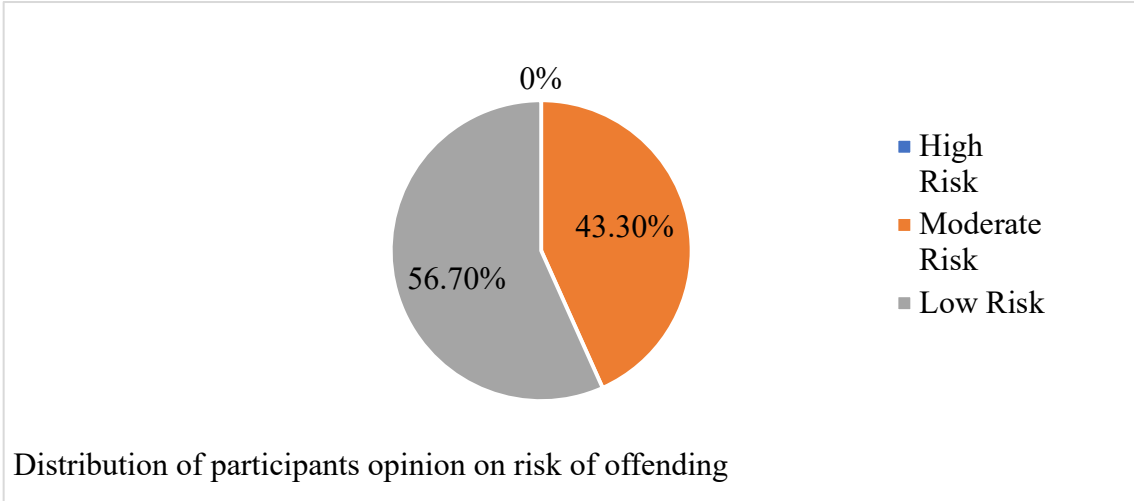
4.2.13 Risk Level

Participants were asked to rate the risk level (low, moderate, or high risk to offend) of a person who has a sexual attraction to a child might have to offend against children. Seventeen participants indicated a low risk to offend, and 13 indicated a moderate risk to offend. None of the respondents indicated a high risk to offend; therefore, the latter category was deleted from

further analysis. ANOVA's were therefore based on two groups of risk: low and moderate. (Figure 27).

Figure 27

Participants' Opinion on Risk of Offending.



4.2.14 Factors that Increase Risk

Based on common risk factors identified in the literature review the following risk factors were included on the survey: social isolation, lack of formal support, lack of informal supports, having offended previously, being around the age group of children of sexual attraction or other. Participants were asked to identify risk factors that would increase a person's (who has a sexual attraction to children) risk level to offend based on a 7-point Likert scale. See Table 12 for a summary of the findings. (See Table 12 and Figure 28).

Table 12

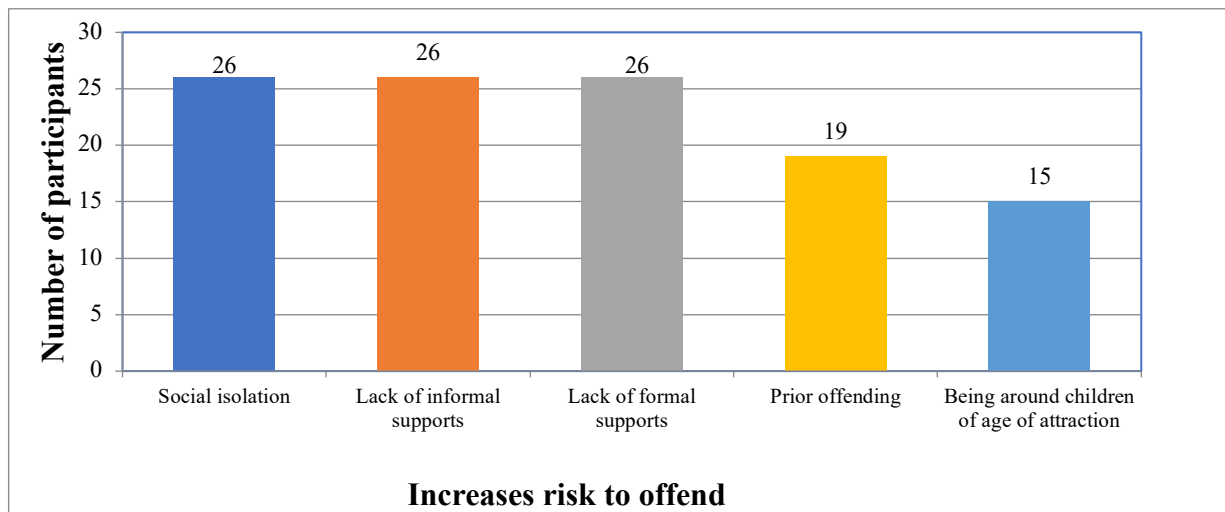
Factors that Increase Risk to Offend

Selection	Isolation N = 32	Lack of Formal Support N = 32	Lack of Informal Support N = 32	Previous Offending N = 32	Being around the age group of sexual attraction N = 32	Other N = 21
-----------	---------------------	----------------------------------	------------------------------------	------------------------------	---	-----------------

Strongly agree, agree, somewhat agree	26	26	26	19	15	9
Strongly disagree, disagree, somewhat disagree	2	0	1	3	7	2
Neither agree nor disagree	4	6	5	10	10	10

Figure 28

Specific Contributing Factors to Increase Risk of Offending



4.2.15 Pearson Correlation Analysis

Pearson correlations for all continuous variables were completed to determine if correlations exist between the variables. (See Tables 13 and 14).

- 1) Outcomes show a positive correlation between a person's current age and self-esteem T1 (reflection), $r = .682$ $p < .01$
- 2) Current age and self-esteem T2 (now), also showed a positive correlation $r = .521$ $p < .01$. As one gets older generally self-esteem improves.

- 3) A strong positive correlation between Self-esteem T1) and Self-esteem T2), $r = .720, p < .01$.
- 4) A strong positive correlation also exists for Total Stigma Related Stress and Stigma Related Stress in Seeking Help scores $r = .950, p < .01$. Showing that Stigma Related Stress in Seeking Help score rises so does the Total Stigma Related Stress score.
- 5) There was no significant relationship between AOO and self-esteem at T1, $p = -.196$, showing only a small negative correlation between these two variables. Considering most participants noted the age of onset is relatively stable, this could account for the small correlation.

Table 13

SPSS output for Descriptive Statistics for Continuous Variables

Descriptive Statistics			
	Mean	Std. Deviation	N
What is your age?	39.34	17.390	32
How old were you when you realized/recognized you had a sexual attraction to children?	13.80	5.088	30
Self Esteem Composite Score T1	19.4375	8.48504	32
Self Esteem Composite Score T2	22.5000	7.54342	32
Stigma related stress for seeking help	12.32258	3.841763	31
Stigma_Scale_Total_Score	14.6644	3.82742	29

Table 14*SPSS output for Correlational Analysis*

		Correlations					
		What is your age?	How old were you when you realized/recognized you had a sexual attraction to children?	Self Esteem Composite Score T1	Self Esteem Composite Score T2	Stigma related stress for seeking help	Stigma_Scale_Total_Score
What is your age?	Pearson Correlation	1	-.104	.682**	.521**	-.277	-.242
	Sig. (2-tailed)		.583	.000	.002	.132	.206
	N	32	30	32	32	31	29
How old were you when you realized/recognized you had a sexual attraction to children?	Pearson Correlation	-.104	1	-.275	-.170	.055	.081
	Sig. (2-tailed)	.583		.141	.369	.779	.687
	N	30	30	30	30	29	27
Self Esteem Composite Score T1	Pearson Correlation	.682**	-.275	1	.720**	-.125	-.048
	Sig. (2-tailed)	.000	.141		.000	.502	.806
	N	32	30	32	32	31	29
Self Esteem Composite Score T2	Pearson Correlation	.521**	-.170	.720**	1	-.075	.065
	Sig. (2-tailed)	.002	.369	.000		.690	.739
	N	32	30	32	32	31	29
Stigma related stress for seeking help	Pearson Correlation	-.277	.055	-.125	-.075	1	.950**
	Sig. (2-tailed)	.132	.779	.502	.690		.000
	N	31	29	31	31	31	29
Stigma_Scale_Total_Score	Pearson Correlation	-.242	.081	-.048	.065	.950**	1
	Sig. (2-tailed)	.206	.687	.806	.739	.000	
	N	29	27	29	29	29	29

** . Correlation is significant at the 0.01 level (2-tailed).

4.2.16 Bivariate Analysis: t-tests

A paired sample t-test assessed if there was a difference between the mean scores of Self-esteem (T1) and Self-esteem (T2). With alpha set at .05, the paired sample test was significantly different for Self-esteem at (T1) to (T2). On average, participant's self-esteem scores significantly increased from (T1), ($M = 19.44$, $SD 1.49$) to Self-esteem scores at T2 (Now), ($M = 22.50$, $SD 1.33$), $t(31) = -2.86$, $p < .05$. (See Table 15).

Table 15*SPSS output for Paired Sample t-test for Self-esteem***Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Self Esteem Composite Score T1	19.4375	32	8.48504	1.49996
	Self Esteem Composite Score T2	22.5000	32	7.54342	1.33350

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Self Esteem Composite Score T1 & Self Esteem Composite Score T2	32	.720	.000

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Self Esteem Composite Score T1 - Self Esteem Composite Score T2	-3.06250	6.05852	1.07100	-5.24683	-.87817	-2.859	31	.008

4.2.17 Multivariate Analyses

Analyses of Variance (ANOVA) were conducted between the dependent variable, risk, and all continuous variables. Assumptions of homogeneity of variances, collinearity, and normality were assessed before conducting these analyses, and no significant violation was found. However, findings from these tests should be taken with caution due to the reduced sample size and non-normalcy of the frequency distributions (See Table 13: SPSS Output for Descriptive Statistics for Continuous Variables). No significant association was found with statistical significance. Note that only self-esteem (T1) and risk level was approaching significance $F(1, 28) = 3.670, p = .066$, therefore showing the likelihood of a tendency.

Table 16

Non-significant Analysis of Variance for Risk Level and Independent Variables

Variable	Variable	<i>p</i> value
Risk	Age	.249
Risk	AOO	.305
Risk	Stigma Related Stress Total	.530
Risk	Self-esteem Now (T2)	.103
Risk	Self-esteem (T1)	.066
AOO	Gender (3 categories)	.223
AOO	Gender (2 categories)	.087

4.2.18 Analysis of Variance to Determine Associations Between Other Variables

ANOVA were completed to determine any association between each of the other variables in this study, AOO, gender, and relationship status.

Gender dichotomy and AOO (Outlier Removed). Most participants noted their AOO in adolescence. All but one participant realized their sexual attraction to children at age 21 or younger. The participant who realized his sexual attraction later, as age 27 was removed from the analysis as this higher age was considered an outlier. The variables then do have a significant association, in that gender would have a significant association with AOO, $F(1, 26) = 5.177 p =$

.031. Again, no post hoc test could be completed due to gender dichotomy. Only one participant selected being outside of this dichotomy, which then creates a problem that the groups have fewer than 2 cases. (See Table 17).

Table 17

SPSS output for ANOVA for Gender (dichotomy) and AOO with Outlier Removed (male aged 27).

Descriptives								
How old were you when you realized/recognized you had a sexual attraction to children?								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Woman	3	18.67	2.517	1.453	12.42	24.92	16	21
Man	25	12.72	4.392	.878	10.91	14.53	0	20
Total	28	13.36	4.596	.869	11.57	15.14	0	21

Relationship Status and Self-esteem T1. Relationship and self-esteem showed that people in current relationships (married to an adult) felt that they had higher self-esteem at the age of onset than single/unattached people $F(3, 28) = 7.444, p < .01$. (See Table 18).

Table 18*SPSS Output for ANOVA for Self-esteem T1 Relationship Status***Descriptives**

Self Esteem Composite Score T1

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Single/unattached	20	15.3000	6.41626	1.43472	12.2971	18.3029	5.00	31.00
married to an adult	8	28.1250	6.70687	2.37124	22.5179	33.7321	18.00	36.00
In a relationship with an adult	2	23.0000	5.65685	4.00000	-27.8248	73.8248	19.00	27.00
Other	2	22.5000	10.60660	7.50000	-72.7965	117.7965	15.00	30.00
Total	32	19.4375	8.48504	1.49996	16.3783	22.4967	5.00	36.00

ANOVA

Self Esteem Composite Score T1

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	990.300	3	330.100	7.444	.001
Within Groups	1241.575	28	44.342		
Total	2231.875	31			

Multiple Comparisons

Dependent Variable: Self Esteem Composite Score T1

Bonferroni

(I) Relationship Status	(J) Relationship Status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single/unattached	married to an adult	-12.82500*	2.78565	.000	-20.7333	-4.9167
	In a relationship with an adult	-7.70000	4.93843	.781	-21.7199	6.3199
	Other	-7.20000	4.93843	.936	-21.2199	6.8199
married to an adult	Single/unattached	12.82500*	2.78565	.000	4.9167	20.7333
	In a relationship with an adult	5.12500	5.26438	1.000	-9.8202	20.0702
	Other	5.62500	5.26438	1.000	-9.3202	20.5702
In a relationship with an adult	Single/unattached	7.70000	4.93843	.781	-6.3199	21.7199
	married to an adult	-5.12500	5.26438	1.000	-20.0702	9.8202
	Other	.50000	6.65898	1.000	-18.4044	19.4044
Other	Single/unattached	7.20000	4.93843	.936	-6.8199	21.2199
	married to an adult	-5.62500	5.26438	1.000	-20.5702	9.3202
	In a relationship with an adult	-.50000	6.65898	1.000	-19.4044	18.4044

*. The mean difference is significant at the 0.05 level.

Relationship Status and Self Esteem now (T2). Relationship status also showed a significant association with self-esteem now (T2) $F(3, 28) = 3.187, p < .05$. Those in a relationship had higher self-esteem than those married or were not, though no significant differences between groups were found at post hoc analysis. (See Table 19).

Table 19*SPSS Output for Relationships Status and Self-esteem T2 (now)***Descriptives**

Self Esteem Composite Score T2

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Single/unattached	20	20.5000	7.53588	1.68507	16.9731	24.0269	7.00	34.00
married to an adult	8	26.5000	5.47723	1.93649	21.9209	31.0791	17.00	36.00
In a relationship with an adult	2	32.0000	2.82843	2.00000	6.5876	57.4124	30.00	34.00
Other	2	17.0000	4.24264	3.00000	-21.1186	55.1186	14.00	20.00
Total	32	22.5000	7.54342	1.33350	19.7803	25.2197	7.00	36.00

ANOVA

Self Esteem Composite Score T2

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	449.000	3	149.667	3.187	.039
Within Groups	1315.000	28	46.964		
Total	1764.000	31			

Multiple Comparisons

Dependent Variable: Self Esteem Composite Score T2

Bonferroni

(I) Relationship Status	(J) Relationship Status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single/unattached	married to an adult	-6.00000	2.86684	.273	-14.1388	2.1388
	In a relationship with an adult	-11.50000	5.08236	.190	-25.9285	2.9285
	Other	3.50000	5.08236	1.000	-10.9285	17.9285
married to an adult	Single/unattached	6.00000	2.86684	.273	-2.1388	14.1388
	In a relationship with an adult	-5.50000	5.41781	1.000	-20.8808	9.8808
	Other	9.50000	5.41781	.543	-5.8808	24.8808
In a relationship with an adult	Single/unattached	11.50000	5.08236	.190	-2.9285	25.9285
	married to an adult	5.50000	5.41781	1.000	-9.8808	20.8808
	Other	15.00000	6.85305	.223	-4.4553	34.4553
Other	Single/unattached	-3.50000	5.08236	1.000	-17.9285	10.9285
	married to an adult	-9.50000	5.41781	.543	-24.8808	5.8808
	In a relationship with an adult	-15.00000	6.85305	.223	-34.4553	4.4553

Relationship Status and Stigma Related Stress in Seeking Help. Regarding Stigma Related Stress in Seeking Help, the mean scores were significantly associated with relationship status $F(3, 27) = 3.757, p < .05$. Post Hoc analysis shows that ‘Married to an adult’ ($M = 8.71$) shows significant differences ($p = 0.044$) with the ‘Single unattached’ group ($M = 13.05$) related to stigma in seeking help. The highest mean scores were observed in the groups “in relationship with an adult’ and ‘other’ ($M = 15$) (See Table 20).

Table 20

ANOVA Relationship Status and Stigma Related Stress in Seeking Help Scores (descriptive, ANOVA, post hoc).

Descriptives

Stigma related stress for seeking help

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Single/unattached	20	13.05000	3.486440	.779592	11.41830	14.68170	7.000	19.000
married to an adult	7	8.71429	3.592320	1.357769	5.39194	12.03663	4.000	16.000
In a relationship with an adult	2	15.00000	1.414214	1.000000	2.29380	27.70620	14.000	16.000
Other	2	15.00000	1.414214	1.000000	2.29380	27.70620	14.000	16.000
Total	31	12.32258	3.841763	.690001	10.91341	13.73175	4.000	19.000

ANOVA

Stigma related stress for seeking help

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	130.396	3	43.465	3.757	.022
Within Groups	312.379	27	11.570		
Total	442.774	30			

Multiple Comparisons

Dependent Variable: Stigma related stress for seeking help

Bonferroni

(I) Relationship Status	(J) Relationship Status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single/unattached	married to an adult	4.335714*	1.493745	.044	.08317	8.58826
	In a relationship with an adult	-1.950000	2.522552	1.000	-9.13145	5.23145
	Other	-1.950000	2.522552	1.000	-9.13145	5.23145
married to an adult	Single/unattached	-4.335714*	1.493745	.044	-8.58826	-.08317
	In a relationship with an adult	-6.285714	2.727194	.175	-14.04976	1.47833
	Other	-6.285714	2.727194	.175	-14.04976	1.47833
In a relationship with an adult	Single/unattached	1.950000	2.522552	1.000	-5.23145	9.13145
	married to an adult	6.285714	2.727194	.175	-1.47833	14.04976
	Other	.000000	3.401408	1.000	-9.68346	9.68346
Other	Single/unattached	1.950000	2.522552	1.000	-5.23145	9.13145
	married to an adult	6.285714	2.727194	.175	-1.47833	14.04976
	In a relationship with an adult	.000000	3.401408	1.000	-9.68346	9.68346

*. The mean difference is significant at the 0.05 level.

Relationship Status and Stigma Related Stress Total. The association between relationship status and Stigma-Related Stress Total Scores were approaching significance $F(3, 25) = 2.74, p = .065$. Groups of single/unattached people can be observed in the descriptive statistics in Table above that the groups of ‘single/unattached,’ had lower total stigma related stress scores than those ‘in a relationship’ and ‘other’ or ‘married with an adult’ group, though these differences are not achieving significance in the post hoc analysis. Interestingly married persons had a lower total stigma related stress score than those in a relationship (See Table 21).

Table 21

SPSS Output for Relationship Status and Stigma Related Stress Total (descriptive, ANOVA, post hoc).

Descriptives

Stigma_Scale_Total_Score

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Single/unattached	19	15.4175	3.41665	.78383	13.7708	17.0643	7.70	20.37
married to an adult	6	11.1556	4.32957	1.76754	6.6119	15.6992	4.70	18.00
In a relationship with an adult	2	17.5167	1.43778	1.01667	4.5987	30.4346	16.50	18.53
Other	2	15.1833	1.67349	1.18333	.1477	30.2190	14.00	16.37
Total	29	14.6644	3.82742	.71073	13.2085	16.1202	4.70	20.37

ANOVA

Stigma_Scale_Total_Score

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	101.459	3	33.820	2.739	.065
Within Groups	308.717	25	12.349		
Total	410.175	28			

Multiple Comparisons

Dependent Variable: Stigma_Scale_Total_Score

Bonferroni

(I) Relationship Status	(J) Relationship Status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Single/unattached	married to an adult	4.26199	1.64561	.095	-.4525	8.9765
	In a relationship with an adult	-2.09912	2.61233	1.000	-9.5831	5.3849
	Other	.23421	2.61233	1.000	-7.2498	7.7182
married to an adult	Single/unattached	-4.26199	1.64561	.095	-8.9765	.4525
	In a relationship with an adult	-6.36111	2.86922	.216	-14.5811	1.8589
	Other	-4.02778	2.86922	1.000	-12.2478	4.1922
In a relationship with an adult	Single/unattached	2.09912	2.61233	1.000	-5.3849	9.5831
	married to an adult	6.36111	2.86922	.216	-1.8589	14.5811
	Other	2.33333	3.51407	1.000	-7.7341	12.4007
Other	Single/unattached	-.23421	2.61233	1.000	-7.7182	7.2498
	married to an adult	4.02778	2.86922	1.000	-4.1922	12.2478
	In a relationship with an adult	-2.33333	3.51407	1.000	-12.4007	7.7341

Self-esteem and Age Groups of Participants T1. Age groups were significantly associated with self-esteem rated at T1: $F(5, 26) = 6.96, p < .01$, with significant differences between the mean scores of ages 49-55 and 56-62 –versus mean scores of ages 19-25 (Table 17a). The 19-25 age group have the lower mean scores ($M = 13.0$) and the group of 49-55 the highest mean scores ($M = 29.2$). (See Table 22).

Table 22*Age Groups and Self-esteem (T1), (descriptive, ANOVA, post hoc test).***Descriptives**

Self Esteem Composite Score T1

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
19-25	12	13.0000	3.78994	1.09406	10.5920	15.4080	5.00	19.00
26-33	2	16.5000	3.53553	2.50000	-15.2655	48.2655	14.00	19.00
34-40	5	17.8000	9.25743	4.14005	6.3054	29.2946	8.00	27.00
49-55	6	29.1667	7.05455	2.88001	21.7634	36.5700	16.00	36.00
56-62	4	25.7500	7.93200	3.96600	13.1284	38.3716	19.00	36.00
63 +	3	22.0000	1.73205	1.00000	17.6973	26.3027	20.00	23.00
Total	32	19.4375	8.48504	1.49996	16.3783	22.4967	5.00	36.00

ANOVA

Self Esteem Composite Score T1

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1274.992	5	254.998	6.929	.000
Within Groups	956.883	26	36.803		
Total	2231.875	31			

Multiple Comparisons

Dependent Variable: Self Esteem Composite Score T1

Bonferroni

(I) Participants_Age_in_gro ups	(J) Participants_Age_in_gro ups	Mean Difference (I- J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
19-25	26-33	-3.50000	4.63342	1.000	-18.4720	11.4720
	34-40	-4.80000	3.22918	1.000	-15.2345	5.6345
	49-55	-16.16667*	3.03328	.000	-25.9681	-6.3652
	56-62	-12.75000*	3.50253	.018	-24.0678	-1.4322
	63 +	-9.00000	3.91595	.448	-21.6537	3.6537
26-33	19-25	3.50000	4.63342	1.000	-11.4720	18.4720
	34-40	-1.30000	5.07565	1.000	-17.7010	15.1010
	49-55	-12.66667	4.95333	.251	-28.6724	3.3391
	56-62	-9.25000	5.25380	1.000	-26.2267	7.7267
	63 +	-5.50000	5.53799	1.000	-23.3950	12.3950
34-40	19-25	4.80000	3.22918	1.000	-5.6345	15.2345
	26-33	1.30000	5.07565	1.000	-15.1010	17.7010
	49-55	-11.36667	3.67349	.070	-23.2368	.5035
	56-62	-7.95000	4.06958	.924	-21.1001	5.2001
	63 +	-4.20000	4.43039	1.000	-18.5160	10.1160
49-55	19-25	16.16667*	3.03328	.000	6.3652	25.9681
	26-33	12.66667	4.95333	.251	-3.3391	28.6724
	34-40	11.36667	3.67349	.070	-.5035	23.2368
	56-62	3.41667	3.91595	1.000	-9.2370	16.0703
	63 +	7.16667	4.28971	1.000	-6.6947	21.0280
56-62	19-25	12.75000*	3.50253	.018	1.4322	24.0678
	26-33	9.25000	5.25380	1.000	-7.7267	26.2267
	34-40	7.95000	4.06958	.924	-5.2001	21.1001
	49-55	-3.41667	3.91595	1.000	-16.0703	9.2370
	63 +	3.75000	4.63342	1.000	-11.2220	18.7220
63 +	19-25	9.00000	3.91595	.448	-3.6537	21.6537
	26-33	5.50000	5.53799	1.000	-12.3950	23.3950
	34-40	4.20000	4.43039	1.000	-10.1160	18.5160
	49-55	-7.16667	4.28971	1.000	-21.0280	6.6947
	56-62	-3.75000	4.63342	1.000	-18.7220	11.2220

*. The mean difference is significant at the 0.05 level.

Self-esteem and Age Groups of Participants T2. Age groups and self-esteem at T2 were significantly associated: $F(5, 26) = 2.617, p < .05$. The age group of 19-25 have the lower mean scores ($M = 17.5$), and the group of 56-62 the highest mean scores ($M = 28.5$) but no significant differences between age groups were found in the post hoc analysis (See Table 23)

Table 23

Participants Ages Grouped and Self-esteem Now (T2)

Descriptives

Self Esteem Composite Score T2

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
19-25	12	17.5000	6.64010	1.91683	13.2811	21.7189	7.00	29.00
26-33	2	25.5000	6.36396	4.50000	-31.6779	82.6779	21.00	30.00
34-40	5	21.8000	8.70057	3.89102	10.9968	32.6032	12.00	34.00
49-55	6	26.5000	7.03562	2.87228	19.1166	33.8834	16.00	34.00
56-62	4	28.5000	5.06623	2.53311	20.4385	36.5615	25.00	36.00
63 +	3	25.6667	3.21455	1.85592	17.6813	33.6521	22.00	28.00
Total	32	22.5000	7.54342	1.33350	19.7803	25.2197	7.00	36.00

ANOVA

Self Esteem Composite Score T2

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	590.533	5	118.107	2.617	.048
Within Groups	1173.467	26	45.133		
Total	1764.000	31			

Multiple Comparisons

Dependent Variable: Self Esteem Composite Score T2

Bonferroni

(I) Participants_Age_in_gro ups	(J) Participants_Age_in_gro ups	Mean Difference (I- J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
19-25	26-33	-8.00000	5.13106	1.000	-24.5800	8.5800
	34-40	-4.30000	3.57600	1.000	-15.8552	7.2552
	49-55	-9.00000	3.35907	.189	-19.8542	1.8542
	56-62	-11.00000	3.87872	.131	-23.5333	1.5333
	63 +	-8.16667	4.33654	1.000	-22.1794	5.8460
26-33	19-25	8.00000	5.13106	1.000	-8.5800	24.5800
	34-40	3.70000	5.62079	1.000	-14.4625	21.8625
	49-55	-1.00000	5.48533	1.000	-18.7248	16.7248
	56-62	-3.00000	5.81808	1.000	-21.8000	15.8000
	63 +	-.16667	6.13279	1.000	-19.9836	19.6503
34-40	19-25	4.30000	3.57600	1.000	-7.2552	15.8552
	26-33	-3.70000	5.62079	1.000	-21.8625	14.4625
	49-55	-4.70000	4.06803	1.000	-17.8451	8.4451
	56-62	-6.70000	4.50666	1.000	-21.2624	7.8624
	63 +	-3.86667	4.90623	1.000	-19.7202	11.9869
49-55	19-25	9.00000	3.35907	.189	-1.8542	19.8542
	26-33	1.00000	5.48533	1.000	-16.7248	18.7248
	34-40	4.70000	4.06803	1.000	-8.4451	17.8451
	56-62	-2.00000	4.33654	1.000	-16.0127	12.0127
	63 +	.83333	4.75044	1.000	-14.5168	16.1835
56-62	19-25	11.00000	3.87872	.131	-1.5333	23.5333
	26-33	3.00000	5.81808	1.000	-15.8000	21.8000
	34-40	6.70000	4.50666	1.000	-7.8624	21.2624
	49-55	2.00000	4.33654	1.000	-12.0127	16.0127
	63 +	2.83333	5.13106	1.000	-13.7467	19.4134
63 +	19-25	8.16667	4.33654	1.000	-5.8460	22.1794
	26-33	.16667	6.13279	1.000	-19.6503	19.9836
	34-40	3.86667	4.90623	1.000	-11.9869	19.7202
	49-55	-.83333	4.75044	1.000	-16.1835	14.5168
	56-62	-2.83333	5.13106	1.000	-19.4134	13.7467

4.2.19 Chi-Squares

Chi-square tests were conducted to determine whether categorical variable were dependent on one another.

Chi-Square between Risk Level and Age When Help Should be Available.

Considering original categories of when participants felt age should be available and their rated risk level for adults who are sexually attracted to children to offend, there was a significant relationship between risk level and what age participants felt help should be available, $X^2(3, N = 29) = 8.228, p = .042$. Moderate and low-risk groups both reported a strong preference for help in early teen years. Those who rated risk to offend as higher (moderate) felt help should be available at early teen years and available in pre-teen years. They also did not select specific help for over age 15. Those who rated low risk to offend noted that help should start either at early teen or late teen but did not have any participants select pre-teen years (See Table 24 and Figure 29).

Table 24

SPSS Output for Risk Level and Age When Participants Felt Help Should be Available

A)RISK Opinion: people who are sexually attracted to children. * Age_Help_when Crosstabulation

		Age_Help_when				Total	
		any age	pre-teen	early teen (11-14)	late teen (15=)		
A)RISK Opinion: people who are sexually attracted to children.	They are at moderate risk to offend against children	Count	3	3	7	0	13
		% within Age_Help_when	60.0%	100.0%	43.8%	0.0%	44.8%
	They are at low risk to offend against children	Count	2	0	9	5	16
		% within Age_Help_when	40.0%	0.0%	56.3%	100.0%	55.2%
Total		Count	5	3	16	5	29
		% within Age_Help_when	100.0%	100.0%	100.0%	100.0%	100.0%

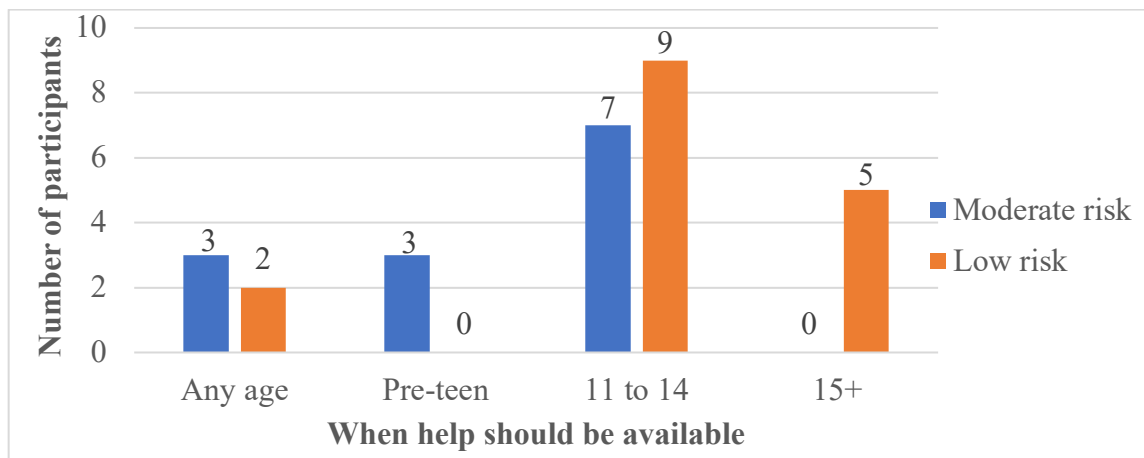
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.228 ^a	3	.042
Likelihood Ratio	11.231	3	.011
Linear-by-Linear Association	4.436	1	.035
N of Valid Cases	29		

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is 1.34.

Figure 29

Risk Level and Age When they Believe Help Should be Available.



Chi-square Tests between Risk Level and Met with a Professional in Past 12

Months. Chi-square tests were conducted between risk level and whether a respondent had seen a counsellor in the past 12 months. No significant association was found, $X^2(1, N = 29) = 2.851$, $p = .091$. However, the direction of the association indicates a probable tendency that the higher the self-perceived risk to offend, the more likely a respondent will have seen a counsellor in the past 12 months. (See Table 25 and Figure 30).

Table 25

Risk Level and Whether the Participant Has Met with a Helping Professional in the Past 12 Months

A)RISK Opinion: people who are sexually attracted to children. * In the last 12 months I have met with a helping professional to manage and process my sexual attraction Crosstabulation

			In the last 12 months I have met with a helping professional to manage and process my sexual attraction		Total
			Yes	No	
A)RISK Opinion: people who are sexually attracted to children.	They are at moderate risk to offend against children	Count	6	7	13
		% within In the last 12 months I have met with a helping professional to manage and process my sexual attraction	66.7%	33.3%	43.3%
	They are at low risk to offend against children	Count	3	14	17
		% within In the last 12 months I have met with a helping professional to manage and process my sexual attraction	33.3%	66.7%	56.7%
Total		Count	9	21	30
		% within In the last 12 months I have met with a helping professional to manage and process my sexual attraction	100.0%	100.0%	100.0%

Chi-Square Tests

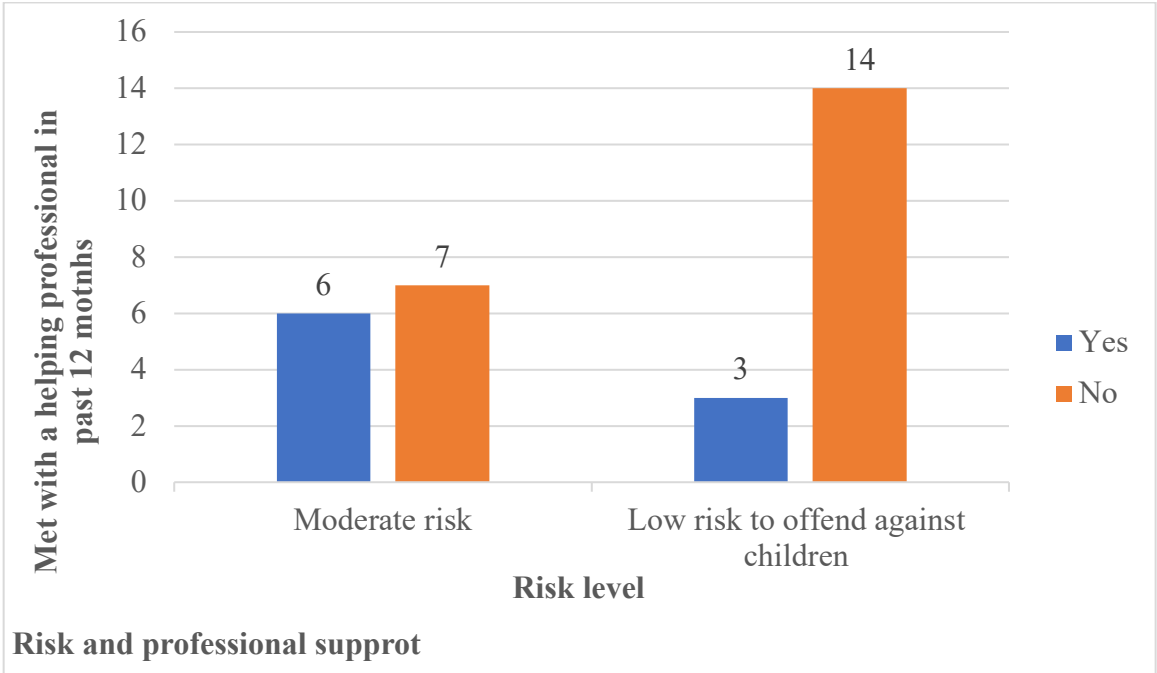
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.851 ^a	1	.091		
Continuity Correction ^b	1.655	1	.198		
Likelihood Ratio	2.863	1	.091		
Fisher's Exact Test				.123	.099
Linear-by-Linear Association	2.756	1	.097		
N of Valid Cases	30				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.90.

b. Computed only for a 2x2 table

Figure 30

Risk Level and Whether a Participant Has Met with a Helping Professional in the Past 12 Months.

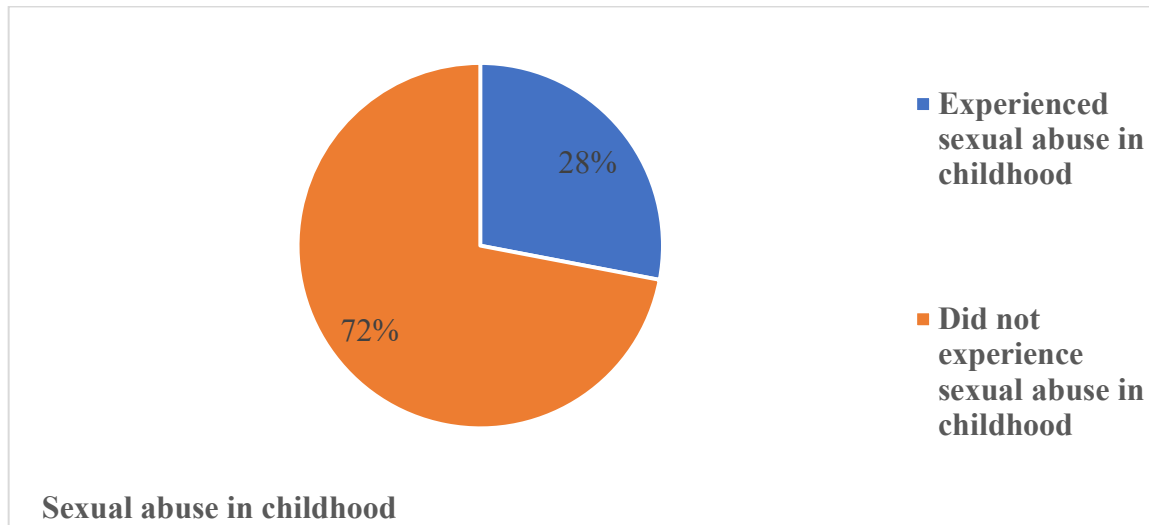


4.2.20 Sexual Abuse History.

Participants were asked if they had experienced sexual abuse in childhood, and if they felt that this may have contributed to their sexual attraction to children now. Twenty-three participants said they had not experienced any sexual abuse in their childhood (See Figure 31). Nine participants said they had experienced sexual abuse as children. Those who experienced sexual abuse reported that they did feel that their own victimization had contributed to their sexual attraction toward children (n = 5), whereas 3 participants did not feel it had any influence, and one participant did not know if their sexual abuse history did or did not influence their sexual attractions.

Figure 31

Distribution of Participants' Experience of Sexual Abuse in Childhood



4.3 Phase 3: Thematic Analysis of Open-ended Survey Questions

Two open-ended questions at the end of the survey allowed participants to provide additional information:

- 1) Is there anything else you may want to share here?
- 2) Is there anything you would like the general public to know about adults who are sexually attracted to children?

Semantic thematic analysis using the same methodology in the analysis of the Phase 1 narratives was used in phase three. Open-ended questions were transcribed verbatim, colour-coded with common semantic content, and then coded content were created into themes. Some participants added content to both questions; others only added to one or the other. Again, prevalence became an important theme to triangulate the data from all three phases of the study. The following themes resulted from the thematic analysis of the participants (responses, n = 26) to the open-ended questions. (See Table 26).

Table 26*Thematic Analysis of Open-ended Survey Questions*

Raw Data	Code	Themed concepts
Mental health professions untrained Fear of exposure Want support Everyone hates you just for existing Treat us with compassion. Best way to keep us healthy and everyone safe Need help to accept who they are and stay law-abiding Want to be accepted	Fear Exposure Want support Acceptance Stigma	Lack of supports Barriers to seeking help
Biology, childhood experience Physical abuse history Sexual orientation Exposed to pornography very young Emotional attraction to children	Biology Sexual orientation Early experiences	Perception of cause
Stereotype is false Doesn't mean I will harm someone Attraction does not equal action We are not all child abusers Attraction to children does not immediately translate into becoming an abuser Moral values Do not want to offend Self-control Most pedophiles are not child molesters Want to live normal lives without hurting others Work so hard to keep safe around children Not all who are attracted to kids act on it Not all pedophiles are child molesters A pedophile is not synonymous with a child molester	Non-offending Won't act on the attraction Moral values self-control pedophile and child molester not the same	Protective Factors Self-control

The attraction is not blameworthy; acting on it is We, too, have morals Many of us cope and fight it		
Not our choice We do not choose our attraction They can't help it No one is sexually attracted to children because they want to be Didn't choose to be attracted to children	Did not choose Not Changeable	Not a choice,
The massive stigma we face Many are suicidal When people are treated like monsters, they will act like monsters Makes suicide look appealing	Stigma Depression Suicide	Risk Factors Mental Health

4.3.1 Multiple Theoretical Frameworks of Origin for an Adult to be Attracted to Children

Eight participants mentioned that they felt their sexual attraction stemmed from the following: (a) early childhood experiences of exposure to pornography; (b) physical abuse in their home (father); (c) emotional dissociation from father and from being bullied in childhood; (d) something that developed over time; (e) emotional attraction to children; (f) sexual orientation, and; (g) combination of biology and early childhood experiences.

These quotes, provided by four different participants, are included because they contextualize what some participants feel are the contribute to the origin of pedophilia.

“....It is an unfortunate consequence of biology, early childhood experiences or some combination of both....”

“I was physically and emotionally abused by my father but not sexually abused””different sexual orientation”

“There are many of us, both male and female. This is a sexual orientation...”

I personally believe that people are not born pedophiles but that it is something that develops over time.”

4.3.2 Lack of Choice on Having this Attraction

Seven participants noted that this was not their choice. These quotes, provided by eight different participants, speak to the lack of choice that someone has in being sexually attracted to children. When compared to other areas of the survey about why a person does not act on their attraction in the survey questions, they support that while participants do not have a choice about their sexual attraction, they can actively choose not to act on it.

“I think the general public needs to understand that no one is sexually attracted to children because they want to be sexually attracted to children.”

“We do not choose our attractions...”

“Most of us people who have developed these attractions to kids”

“through no fault of our own...”

“We do not choose our attractions, and we are not bad simply for having them. Most of us just want to live as normal lives as we can without hurting others...”

“We didn’t choose to have this attraction. It’s a part of who we are; it’s in our blood”.

“I didn’t choose to be attracted to children.”

“They can’t help it.”

4.3.3 Multiple Barriers in Seeking out Support or Treatment

Participants (n = 11) noted that they wanted the general public to know that: (a) not all pedophiles are child molesters; (b) general lack of compassion or being accepted; (c) fear of exposure; (d) that professional lack training/knowledge, and; (e) lack of early help, persecution and exclusion.

The following quotes are included because they demonstrate the barriers this group faces when seeking out help. Common themes are seen in these comments of fear and professionals’ lack of knowledge or preparedness.

“With respect to the questions about mental health professionals, I think that some would be good, but many would not.”

“Right now, the fear of exposure prevents many pedophiles from accessing needed treatment”.

“Do not insist on outing a pedophile client in their medical journal. This prevented me from seeking help.”

“Adults with a sexual attraction want support. The majority do not want to act on it. Many of us could not find that support as children, teenagers ourselves – ignoring the problem creates the problem.”

“Please treat us with compassion. Best way to keep us healthy (not offending), and everyone safe.

“.....which is why being able to talk about the things that cause these attractions right from when it starts is vital to help people from going down this road.”

4.3.4 Control on Attraction and Assumed Risks.

Fourteen participants commented that despite general assumptions, they: (a) have morals; (b) are non-offending and that most pedophiles do not offend; c) work to keep themselves safe around children, and; (d) can control their sexual attraction to children.

As with the comments, participants made about not choosing their actions, these comments are important because they highlight that many of these participants can control their actions and consider that public assumptions that all pedophiles are at high risk to offend may not be accurate about this population.

“The stereotypes are completely false.”

“Attraction ! = [does not equal] Action”

“We have the same amount of control and decency as that adult male attracted to women and are not particularly dangerous to children at all.”

“Sexual attraction to children does not immediately translate into becoming an abuser. Everyone has a set of moral values and varying degrees of self-control. Just as the majority of heterosexual and homosexual people do not sexually assault those, they are attracted to, neither do people attracted to children”.

4.3.5 Mental Health and Consequences of Stigma

Two participants commented that they are just trying to live their lives and that they are not monsters. As mental health has been a recurring theme in the narrative, the survey and now in the open-ended questions, sources of mental health and stigma are evident in these statements.

“We are not monsters.... And are just trying to live our lives as best we can while trying to deal with these issues.

“This attraction can make suicide look appealing.”

“When people are treated like monsters, they will act like monsters.”

4.3.6 Additional General Comments Written by Participants

Seven participants commented on the disconnect between how society views them compared to how they view themselves. The following quotes are included because they represent some of the most powerful statements from participants that challenge social views on pedophilia and highlight the lack of understanding society holds about who might be struggling with this sexual attraction.

*“We look and behave just like normal people. **We are your family, friends and coworkers**” [emphasis added]*

*“It can begin at a very young age, **so the people you hate might be your own children [emphasis added]**. There are many pedophiles out there, and you will never know because they’re good people and would never do anything that would cause you to find out.”*

*“**Helping us will protect children [emphasis added]** better than persecuting us or trying to exclude us from society.”*

*“**Anybody can be a pedophile. Anybody. Your parents, siblings, friends [emphasis added]**. Hearing close family members crow on directly in front of you about how your type deserves to be tortured to death may be why they end up distancing themselves, and you’ll never know why.”*

4.4 Summary

This chapter offers the findings from three different phases of this study, a preliminary thematic analysis of narratives referred to as ‘first words’ within the front page of the Virtuous Pedophile website statistical tests resulting from data analysis of quantitative data gathered through an anonymous survey, and themes resulting from open-ended questions in the online survey. Overall, a combination of individual, network, and social factors appear to contribute to enhance or inhibit the risks for non-offending adults attracted to children to act on this attraction. No participants rated people with this sexual attraction to be at high risk of offending. Some factors consistently reported to increase risk were isolation, barriers in accessing mental health supports and stigma associated with this sexual attraction. Relationship status influenced self-esteem and stigma related stress in seeking help and stigma stress total scores. Specific factors that may decrease risk and motivate this population to not offend included self-control and both informal and formal supports. These findings were consistent among participants through the triangulation of data. Chapter 5 comprises the Discussion and Conclusion of this research. Findings are expanded on within the context of current literature on this topic and will offer recommendations for social work practice, research, and policy.

Chapter 5: Discussion and Conclusion

This chapter examines the findings of this study, which sought to understand non-offending adults who are sexually attracted to children to prevent CSA. Results are contextualized within the literature on origin, protective factors, and risks associated with pedophilia from the perspectives of those living with this kind of sexual attraction. Next, a summary of the findings followed by an examination of the risks of offending as viewed through the lens of the social ecological model (Baral et al., 2013), as a modification of the ecological model designed by Bronfenbrenner (1977) is presented.

5.1 Overview of Findings

Using a critical realist theoretical framework (Houston, 2001), protective and risk factors associated with pedophilia from the perspectives of non-offending adults who are sexually attracted to children were examined. Critical realism posits that we are active players in our social worlds. The interaction between people and social environments inevitably influences our perceptions and understandings. It is vital to remain open-minded when seeking to create knowledge and understand CSA.

Protective factors were considered as contributing motivators for adults who are sexually attracted to children to remain virtuous. Participants in the quantitative portion of this research chose both Self choices and Legal consequences as a deterrence to offending. However, one key finding when participants were able to select from among more specific protective factors to not offending was that the majority (15) selected the “impact my actions may have on a child”.

Qualitative findings support this concern for the child as being one of the most significant reasons for not offending. Themes of self-control included words and comments such as, “I can

control it,” “will not act,” “impact to a child;” do not want to . . .” hurt a child,” “abuse a child,” “molest,” or “cause damage.”“

These comments support an intrinsic motivation not to offend on the individual level. The fundamental belief that adult-child sex is wrong was sustained throughout the thematic analysis in Phase 3 narratives, thus acting to triangulate the insight that ‘Virtuous Pedophiles’ have about adult-child sexual contact. This study demonstrated that participants were not engaged in normalizing cognitive distortions that may increase the individual risk to offend as in the literature about protective factors for this population (Marziano et al., 2006).

Regarding risk factors, in this study participants were asked to select risk of offending adults who are sexually attracted to children are, either –low, moderate, or high. This outcome variable “level of risk” was established as low or moderate in the final analyses because none of the participants selected the high-risk level. Statistical analyses of survey responses did not show associations between self-esteem or either stigma related stress scale variables as associated with risk. However, there was a significant relationship between risk and age of when participants felt help should be available those who realize they have a sexual attraction to children. Those who rated moderate risk to offend suggested help be available to people at a younger age than those who rated low level risk to offend. There was also a significant relationship between risk and if a person had or had not sought out professional help. Those who had not attempted to seek professional supports felt risk was higher than those who did not. Additionally, when participants selected specific factors that would increase risk associated factors such as; isolation, lack of formal and informal supports were to be rated among the most influential to increase risk to offend. These findings are supported by the themes extracted in the analysis of Phase 1 narratives

where website contributors left comments articulating feelings of isolation or being unable to talk to anyone about their troubling desires and unable to find formal or informal support.

Additional research questions sought to understand the barriers these adults faced in (a) seeking formal (e.g., social worker, psychologist, psychiatrist) and informal (e.g., peer support, Virtuous Pedophile website) support; (b) age of onset of sexual attraction to children; (c) when they believe formal support should be made available, and; (d) their perceptions of possible frameworks of origin of pedophilia. From both the survey and the thematic analyses of the study, *Primary barriers participants reported for not seeking formal and informal support* as reported in this study, were the stigma attributed to their sexual attraction to children and the lack of skilled professionals who could attend to their needs. The majority of participants reported that they became aware of this sexual attraction beginning in early adolescence. Fittingly, most participants believed that formal help should be made available during adolescence, the age of onset. These findings were corroborated by the thematic analyses of website narratives (Phase 1) and open-ended survey questions (Phase 3). Finally, most participants reported that they believed the origin of a person's sexual attraction to children was "sexual orientation" over the other possible choices of origin theories. Of the 32 participants, 23 reported that they had not experienced sexual abuse in childhood. The 9 participants (all identified as male) who did experience child sexual abuse felt that this experience had contributed to their current sexual attraction to children. This also did not contribute significantly to increasing or decreasing risk of offending in the opinion of this sample. In sum, a combination of individual, network, and social factors appear to contribute to either increasing or inhibiting the risks that could lead non-offending adults attracted to children to act on their attractions. The risk level of offending did

show a significant relationship with when a person felt help should be available and with whether a person had met with a professional in the past 12 months.

Relationship status showed a significant association between self-esteem and both Stigma related stress total scores and stigma related stress in seeking help scores. Self-esteem was also correlated with the age of the participant at both T1 and T2. Other significant findings were with regard to age of onset and gender. Findings with the risk and protective contributing factors from research and all three phases of this study are now considered through the social ecological model.

5.2 Risk and Protective Factors through the Lens of a Social Ecological Model

Suggestions on prevention pathways can be drawn from this study when examined through an ecological model of human development (Bronfenbrenner, 1977) as further operationalized by a social-ecological model (Baral et al., 2013; Golden et al., 2015). This model complements the study's critical realist theoretical perspective that seeks to interpret causes, realities, and underlying influences to understand the interconnectedness of the micro-, meso-, and macrolevels that comprise larger social systems. Indeed, understanding how adults who have pedophilic tendencies manage their sexual attractions to refrain from acting upon them is a complex social phenomenon that requires a risk framework that acknowledges multiple levels and complexities.

5.2.1 Individual Sphere

Perceived frameworks of origin, cognitive or behavioural characteristics, and sources of motivations for not offending can contribute to this population's vulnerability. Five theoretical frameworks to explain pedophilia were considered in this study: (a) biological (neurological) differences (e.g., Cantor & Blanchard, 2012); (b) sexual orientation (e.g., Berlin, 2014); (c)

sexual preference (e.g., Jepersen et al., 2009); (d) mental health disorder (e.g., Seto, 2012) and; (e) abused-abuser theories (e.g., Freund, 1967). An individual's perception of what might explain their pedophilic tendencies could increase self-acceptance, reduce self-deprecating dissonance, and consequently, foster a stronger locus of control (Blagden et al., 2018).

Most participants in the study believed that their sexual attraction to children was explained by either sexual orientation or a biological condition (i.e., they were born this way). In both cases, the origin of their sexual attraction was external such that participants could not influence the genesis of their attraction but could influence their actions. Previous sexual abuse has been considered a possible contributor to this sexual attraction and subsequent offending (Jepersen et al., 2009). Interestingly, 72% of participants reported they had not experienced sexual abuse in childhood. This finding is relevant because if someone was sexually abused in childhood it may or may not have contributed to their sexual attraction toward children.

Mental health deterioration was considered an impact rather than a causation of the attraction. Indeed, few participants selected mental health as an explanation for their sexual attraction; however, in other areas of the survey, some participants discussed the impact this attraction had on their mental health. Understanding mental health issues among this population are relevant because stigmatization, feelings of hopelessness, and lower self-esteem may increase the risk of offending (Blagden et al., 2018; Jahnke et al., 2015). Blagden et al. (2018) recommended that people sexually attracted to children would experience greater success at increasing self-agency by taking active responsibility, rather than subscribing to fatalistic notions of “doomed to deviance” (p. 742). For this population to have successful therapeutic experiences, mental health professionals need also to understand that not all people with pedophilic tendencies offend.

Self-esteem is noted here as a “function of multiple indices of how a person stands in relation to those around them” (Brase & Guy, 2004). The association between reflective self-esteem (T1) and current self-esteem (T2) and the direction of this association are consistent with changes in self-esteem across the life span in the general population. Self-esteem in childhood tends to begin quite high and declines in adolescence. It then increases again in early to middle adulthood and plateaus around age 60, at which time self-esteem begins to fall gradually (Robins et al., 2002). The change in self-esteem reported by participants is consistent with the general population. Participants confirmed that other than their sexual attraction to children, they perceived themselves as having developmental life experiences similar to others.

Stigma about self- and public perceptions was noted as a barrier to seeking help. There was a significant positive association between the Total Stigma Related Stress and Stigma Related Stress in Seeking Help Scores. The Total Stigma Related Stress score indicated that participants’ interpretation of what society feels about them is damaging and that they feared telling anyone about their attractions. Stigma-related stress in seeking help scores showed that participants felt that professionals would not have the knowledge, compassion, or ability to support them. The stigma scales used in this study are both a measure of the stigma associated with the experiences living with this sexual attraction, others finding out, social perceptions of this population and professionals’ lack of ability and knowledge in working with this population.

Supporting the findings of this study Jahnke et al. (2015) noted that stigma and self-esteem are contributing factors to increased risk for self-identified pedophiles to offend. Understanding this relationship is critical. In analyzing the qualitative comments gathered in the survey, participants wrote about the barriers they expected to experience when trying to find help, such as being shunned, judged or hated. Research confirms that barriers to seeking help are

often attributed to fear of judgment and a professional's lack of knowledge about this population and understanding of reporting laws (Levenson & Grady, 2019; Richards, 2018).

The survey invited participants to identify the age when they became conscious of their sexual attraction to children or age of onset (AOO). Adults who are sexually attracted to children often become aware of their sexual interest around puberty (Fisher et al., 2006; Seto, 2012; Tozdan & Briken, 2015). Of the 28 respondents who identified as male, all but two noted that they became conscious of their sexual attraction to children before the age of 16; the outlier males noted their realizations occurred at 18 and 27. Of the three respondents who identified as female, their realizations happened between 16-21 years of age.

Therefore, the gender outlier age was removed from the analysis, which then yielded a significant relationship between gender and onset age. Only three women participated, and all of them realized their sexual attraction in early adulthood. The field knows little about female pedophiles (Fisher et al., 2006) and is an area for future research.

Given the narratives about the age of onset and when a person felt help should be available, those who rated low risk for offending felt that information, help, or support should be available beginning at puberty (early adolescence). Those who rated risk to offend to be moderate felt support should be available earlier, in the pre-pubescent years.

There could be myriad reasons that might explain this finding. One possible explanation is that those who rated the risk as higher were younger when they realized their sexual attraction to children; however, this assertion is speculative. There were no significant findings related to the age of onset and risk. Some of the narratives within the open-ended questions offer some support for this claim. A recent study by Shields et al. (2020) emphasized that young adults who realized their sexual attraction in their early adolescence were highly susceptible to the negative

imagery in media about people with this sexual attraction. Their participants claimed that their realization of pedophilia was gradual, meaning that as they aged their sexual attraction did not evolve. Their study along with the results of my study, suggest that support should be available for this population across the lifespan, beginning as young as possible within the context of the rationale for age of consent laws. Clearly, more research is needed in this area.

Despite feeling that help should be available in adolescence, few participants (28%) stated that they had met with a professional for support in the past 12 months. The finding is not generalizable considering the type of sampling (e.g., convenience sampling and small sample size) and that there was no context gathered about the context of help or whether the participant had confided in the professional about their sexual attraction to children. Levenson and Grady (2019) for example, found that 75% of their participants sought out professional help, but over half believed that the counselling sessions were not helpful. It is critical to provide individuals with pedophilic tendencies appropriate support (e.g., counselling, knowledge about pedophilia, therapy, medical advice, peer support) to decrease the risk of offending. When adults with pedophilic tendencies do not have sufficient opportunity to understand and process the foundation of their desires, the risk to offend increases (Blagden et al., 2018).

It is important to acknowledge both the risk and protective factors for adults sexually attracted to children in the personal sphere. Risk is influenced by isolation and other contributors such as self-esteem and stigma and offset by protective factors of individual knowledge about their sexual attractions and fostering a strong personal agency.

5.2.2 Interpersonal Sphere

Risk and protective factors are interconnected between individuals and their social networks (Baral et al., 2013). Such networks can serve as a risk inhibitor, while others may

intensify risk. Social supports can reinforce social norms and challenge cognitive distortions where they may be present.

The qualitative data analyzed from the Virtual Pedophiles website's narratives also commented on the lack of access to necessary supports for their mental health needs such as hopelessness, self-hatred, depression, anxiety, and suicidal ideation. This finding is corroborated by Levenson et al. (2019) where their participants reported a need for prioritizing being able to addressing their depressive symptoms stemming from loneliness, anxiety, low self-esteem. authors reviewed that while some participants sought professional support, most did not find it helpful. While a couple of the individuals who provided the narrative testimonials on the Virtual Pedophiles website discussed coming to terms with their sexual attraction positively, most commented about experiencing continued struggles with their attraction to children.

Another recurring theme within the qualitative data is that members of this population often feel isolated, alone, depressed, or suicidal. They could not speak to anyone about their attraction and continued to struggle throughout most of their lives. Some participants commented that this has negatively impacted every aspect of their life and that they perceived that they had nowhere to turn for support. Such perceptions increase stigma and reduce self-esteem, thereby increasing risk (Jahnke et al., 2015). If this risk factor could contribute to a person acting upon their attraction, alternative preventative approaches are required and discussed in the community and public policy sphere.

The relationship between stigma, self-esteem, and overall well-being suggests that identification with a stigmatized group can safeguard an individual from adverse effects of stigma (Crabtree et al., 2010). Narratives from Phase 1 and phase 3 of this study reflect that before finding the Virtuous Pedophiles website, many people sexually attracted to children had

reached out to peer networks and often received messages that conflicted with their belief systems. As noted in the literature review, the founders created the Virtuous Pedophiles website to offer adults with pedophilic tendencies an alternative space where adult-child sex was vehemently discouraged rather than normalized, which people found on other pedophilic based websites.

Strong associations with relationship status and self-esteem were also found in this study, as we know that social support and positive life experiences such as connectedness to others can be a positive influence over self-esteem (Dang, 2014; Harris & Orth, 2019). Participants in a relationship with another adult had higher self-esteem and lower stigma related scores than those who were single.

These findings are similar to research on self-esteem and relationships in the general population. For instance, Brase and Guy (2004) found that both age and marital satisfaction were significant predictors for self-esteem. Galambos et al. (2006) found that increased social support and marriage were related to increased psychological well-being.

Self-esteem scores were positively associated with age and relationship status. There was a significant association between married adults' and self-esteem scores at T1 those in an adult relationship and self-esteem T2 (now). Single adults consistently scored lower on self-esteem scores than those in a relationship or married. A possible explanation of the higher self-esteem scores for people who were married or in a relationship is that they may also have a secondary attraction to adults or that this relationship helped them minimize the impact of stigmatic views from the general public.

While no significant association was found between participants' relationship with their mother(s) or father(s) and any other variable, 71% of participants indicated they had a close or

somewhat close relationship with their mother(s). Relationships with father(s) showed few participants selecting a close or somewhat close relationship (53.1%, and 31.3% respectively) felt they were not close to their father or had no relationship at all.

Relationship and interconnection with others are essential to well-being in most incidences (Dang, 2014). In their study of HIV and risk, where they used a modified model of the social ecological model, Baral et al. (2013) refer to the interpersonal sphere as “Network” level, including non-intimate relationships such as neighbours, friends, and family. They found that risk increases when a person feels discriminated against, impacting their willingness to seek preventative strategies. Given the findings from the current study, more inclusive approaches in working with this population are required. Inclusive approaches are discussed next in the organization, community, public policy spheres and the research recommendations.

5.2.3 Organizational Sphere

While some research suggested that sexual abuse rates are declining (Finkelhor & Jones, 2004), other research claims that the prevalence remains stable (Collin-Vézina et al., 2010). The reason for which some reporting indicates a decline in sexual abuse rates is because most statistical reporting comes from criminal justice or child welfare incidences when there are criminal charges or substantiations of child abuse. For example, in 2013, there was a decline in substantiated physical and sexual abuse investigations in Ontario; however, the decline in verification could be explained because of a shift in focus in child welfare from actual versus perceived future risk assessments (Stoddard, 2017).

Participants in this study reported that they are reluctant to seek support from formal systems due to the limiting punitive lens of these services, which often leads to further

stigmatization and negative impact. They also conveyed that regardless of not having offended, they do worry about being reported.

Child welfare, policing, and judicial organizational systems are mandated by the government to respond to child safety concerns. For child welfare, the response is to assess child safety is directed by the Child, Youth and Family Services Act (Child, Youth, and Family Services Act, 2017). For police, the mandate comes from the Police Services Act (Police Services Act, 2020). For probation systems, the directive comes from the Ministry of Correctional Services (Ministry of Correctional Services Act, 2019). Each of these systems is, therefore, designed to respond to social and criminal justice issues. Probation and parole services work directly with offenders after sentencing, often monitoring their progress in adhering to or achieving any terms of their probation order (Ministry of Correctional Services Act, 2019). None of the above costly services are preemptive. While it is essential to work with victims to ensure support and resolution, it is also vital to provide wrap-around support for the offenders to ensure their safety and minimize the risk of future offences, thus providing an additional layer of protection to children. Taking that one step further, having a proactive organizational response is a tenet of this research that needs further exploration in the policy areas of the social ecological model.

Most organizations operate in response to sexual offending, however not necessarily within a prevention outreach paradigm and not in a coordinated manner with other systems. A paradox exists: an adult with sexual attraction to children normally cannot access specific supports until they have offended (Claude, 2010; MacDonnell & Bolton, 2018). In general, social services need to develop and deploy preemptive strategies to work in tandem with the typical reactive responses to such social problems.

5.2.4 Community Sphere

Acceptable social values and beliefs about human behaviour are established in the community sphere and inform policy and influence organizational systems. Our society embraces reactionary responses to social problems by viewing marginality as an individual experience rather than interactive and fluid among all ecological levels. Approaching CSA from a victim prevention lens is less convoluted for society to embrace because it does not challenge the underlying factors contributing to this societal problem.

The Social Distancing Scale (Part A of Stigma Total Scale) included common thoughts and perceptions held by the general public (Jahnke et al., 2015). Stigma from the public and challenges of commonly held perception that a pedophile is a child molester were also common themes from the open-ended questions from the survey. Regarding stigma, participants commented that this is something they experience regularly. Participants note that they often face; "...massive stigma," "paralyzing fear," and"even though [they] have done nothing wrong, the social stigma would destroy what little social family life [they] have."

Regarding challenging social perceptions that all pedophiles will eventually offend against a child, themes of being non-offending were substantive with this group. They note that "most pedophiles aren't child molesters," that there is a "Difference between feelings and behaviour," "Not all pedophiles are child molesters. Most of us cope and fight it." "Most of us are non-offending, don't want to offend, and want to be accepted in society! Please don't talk about us like we should be killed/slaughtered/in prison for mass incarceration."

Ample research provides evidence that not all people who have a sexual attraction to children offend against them (e.g., Seto, 2012; Strassberg et al., 2012). Participants also noted that their sexual attraction was not a choice, not changeable or treatable, but controllable.

However, the general public commonly believes that adults who are sexually attracted to children or youth do not control their actions and, therefore, perpetuate the belief that all pedophiles will eventually offend (Richards, 2018).

The community sphere is where public trepidation about sex education in schools begins. However, early education is imperative from a victim prevention lens, especially considering that the children that most adults are primarily sexually attracted to range in age from 5 to 12 years old. Sex education has the potential to reduce the prevalence of sexual abuse if early body knowledge and consent are included in the curriculum. However, the dynamics of sexual abuse could render such learning ineffective because of the differential positions of power between adult and child. Education and community approaches to CSA prevention are essential because they can increase reporting to social agencies. However, no current program or campaign includes a component that might help a youth struggling with unwanted and confusing sexual attractions to younger children, which could be preemptive in reducing CSA incidences. Innovative programming that works to reduce stigma needs to be researched and developed for adults with pedophilic tendencies to seek and receive support before actually offending. A model program might be found in Germany's Dunkelfeld Project (Beier et al., 2015). The community sphere allows us to assess how the public policy and organizational spheres connect to incorporate public opinions, organizational responses, and public policy initiatives.

5.2.5 Public Policy Sphere

Participants in this study emphasized their perception that the general public does not understand that this attraction is not a choice but may be possible to control. Existing services such as the judicial and child welfare systems remain to be funded for responsive services. Some provincial ministry changes have occurred within certain criminal areas to provide a prevention

approach. Early interventions such as pre-charge diversion enable a person to avoid criminal charges while at the same time, address some underlying contributing factors to their criminal behaviours. While police have some autonomy of laying charges or enforcing a pre-charge diversion, it is more often used in physical harm cases or where the person causing the crime is a young offender. Diversion programs are rarely used in sexual offences even when the offender is a youth due to the nature of the offence, however have been used successfully in other offences with youth offenders (Wilson, 2011; Wilson & Hoge, 2013).

On a positive note, all jurisdictions in Canada require police and child welfare agencies to hold a joint investigation protocol that compels them to work together when completing a child safety investigation where a criminal act has been committed (Tonmyr & Gonzalez, 2015). The development of Child Advocacy Centers has taken this a step -further to embrace a multi-sectoral response to all criminal child abuse investigation and is funded by the Department of Justice Canada. These collaborative initiatives include police services, child welfare, crown attorney, court support workers and child advocacy services, often housed under one roof. Results from preliminary research show this approach has improved investigations and streamlined responses (Shaffer et al., 2018); however, little is known about outcomes for service users (Tonmyr & Gonzalez, 2015).

Within the multi-sectoral model, support services continue to revolve around victims but have minimal ongoing involvement with offenders. There is an irony that to receive help, people sexually attracted to children must offend. For a non-offending person with pedophilic tendencies to receive support for their sexual attractions, they would risk being reported by the counsellor (despite not having offended) or not receive therapy and increase their risk to offend (Jepersen et al., 2009). In fact, in my study, one of the website narrative authors identified as

non-offending stated: “I am a pedophile. I have sought professional help numerous times and have been turned away.”

5.3 Implications

Viewing the findings through the lens of the social ecological model, several implications for practice, research, and policy become evident. In the next section, these implications are discussed through each area of practice.

5.3.1 Implications for Practice

In the following section, implications for practice in the areas of child welfare, policing, and counselling services are discussed. It is imperative to critically examine ways to improve professional practice for those working with people with pedophilic tendencies because the current approaches commonly look at these individuals as perpetrators first, and people second. Furthermore, current approaches do not necessarily prevent CSA.

Child Welfare. Child welfare agencies are not mandated to work with adults who harm children who are not in a caregiving role (e.g., a person unknown to the victim) unless Child Welfare becomes aware that person has children or access to children. Response may vary from agency to agency, where some agencies may continue to work with adults who are not in a caregiving role but do have access to children. Organizational responses to CSA currently seem to be more reactionary and punitive than preventative. They do not have the intended positive influence on reducing incidences of CSA, although they aim to ensure some accountability. Social agencies need to work together to provide wrap-around services that are also preventative.

Child welfare agencies become involved to develop safety plans for families where a known adult, often a caregiver, has sexually harmed a child. Because child protection is mandated to protect children, once support services for the child are executed, and provided that

the maltreating adult does not have contact with the victim, the file is often closed leaving the responsibility of the perpetrators' treatment up to the criminal justice system (Edwards & Hensley, 2001). Child welfare professionals need to be aware that if the offender is acquitted of the offence, they cannot access any services for offenders without admission of sexual attraction to children, thereby creating a loophole in the system.

Current practice during any child welfare investigation is that children must be screened for the presence of intimate partner violence in their home (Magen et al., 2000). Most child welfare agencies also require their workers to screen for possible sexual victimization (Stalker et al., 2007). However, missing from these screening interviews is a risk assessment of perpetration. Because child welfare workers interview so many children they might be able to use those opportunities to identify youth who may have sexual attractions to children. Recall, that age of onset in this and other studies (e.g., Shields et al., 2020) has been primarily determined in early adolescence. With such information child welfare might be in a better position to facilitate early intervention for adolescents who because they are sexually attracted to persons younger than them are potentially at risk of offending. Should preventative early intervention programs exist for non-offenders, child welfare professionals could recommend such programming to adolescents identifying a sexual preference for children.

Police and Legal Services. Once police lay a charge and terms of release are established, police services normally are no longer involved with the family, except in monitoring the sex offender registry (Murphy et al., 2009). If the offender is convicted, they may be given probation or parole terms not to contact the victim and enroll in a treatment program. However, if the offender pleads not guilty and is acquitted, the person is not required to participate in any form of intervention potentially creating another opening for offending.

Police can use discretion when laying charges. They can lay a charge when they have established grounds or enforce a pre-charge diversion where the accused person would be expected to complete a treatment or education program and follow established safety plans to avoid being criminally charged. Should they not comply, the charge is then laid (Wilson, 2011; Wilson & Hoge, 2013).

To reduce incidences of CSA, greater efforts must focus on prevention. While pre-charge diversion programs may not prevent initial offending it may prevent future or more significant offending (e.g., recommended treatment, education program) and could be considered for youth who sexually offended for the first time in lower level sexual offenses. Furthermore, police could also consider a pre-charge diversion option for adults who are at low risk of reoffending and who may benefit from addressing offending behaviours in a formalized counselling setting. This recommendation is made acknowledging that it could be potentially contentious, but is done so to find ways to reduce stigma for the offenders and non-offenders when seeking professional support. Often police attend schools in an educational manner to teach children about safe internet usage and possible charges associated with online activity. Police could include information to youth on the rationale for age of consent laws and the implications of offending sexually which may give rise to discussions about unhealthy sexual feelings.

Counselling Professionals. Most counselling services and treatment options for youth and adults who sexually offend against younger children requires ownership of their actions to begin their recovery journey (Adams, 1997). While those who have offended have access to treatment, a preventive approach would open treatment options to people who express a sexual attraction to children but who have not offended. Findings of this study noted how some people tried to access counselling as a non-offender but were denied services. Perhaps the counsellor

was un- or underprepared to work with clients with pedophilic tendencies or they felt uncomfortable counselling a person that they might consider morally corrupt. More education about pedophilia and related reporting laws needs to be integrated into pre- and in-service practitioner professional development.

5.3.2 Implications for Policy

Public policy is heavily influenced by public opinion; therefore, it is important to identify implications for public policy that emphasize educating the general public about people who identify as having sexual attractions to children. For example, Wurtele (2009) suggested that healthy sexuality education in schools, awareness campaigns for both parents and general community members, and professional development for those in close contact with children for possible disclosure of abuse or offending red-flags would be effective prevention strategies.

Participants in this study provided their opinions on strategies to prevent offending. The majority of participants suggested that public education, anonymous treatment and peer support would be the most important in preventing offending. They rated individual counselling and education/information for youth as the second and third most important strategy. Changes to public policy may, for example, open up funding sources for non-offending pedophiles to access mental health support, gain access to preventative programming, and educate children about body safety and consent. In the following section, implications for policy in the areas of public awareness, sex education in schools, and anonymous participatory intervention programs will be presented.

Policies on Public Awareness. In tandem with providing multiple sources of accurate information to form community perspectives on pedophilia and CSA, policy changes around sex education should combine victim preventive strategies with a perpetrator risk-driven foundation.

Likewise, programs that offer youth and adults space to address their sexual attractions and adopt healthy coping strategies would be beneficial. Furthermore, because not all adults with pedophilic tendencies offend (Seto, 2012; Strassberg et al., 2012), the general public should be educated to distinguish between non-offending people who are sexually attracted to children and those who sexually harm them (offending). Doing so may help influence public opinions that continue to vilify non-offending pedophiles and isolate and stigmatize them, which are documented risk factors for offending (Jahnke et al., 2015). The Virtuous Pedophiles website, with nearly 4000 members, is testimony that there are adults with sexual attractions to children who are committed to remaining virtuous. Supporting adults with pedophilic tendencies who are seeking help is another layer of protection against CSA.

Sex Education in Schools. This study's findings indicate that the age of onset of sexual attraction to children starts as early as pre-adolescence. The majority of participants were sexually attracted to children between the age of 5 to 14 years old. Given the age of onset and ages of attraction, consent education can also be considered to be proactively designed in efforts to prevent sexual abuse.

Education about sex has long been fraught with controversy rooted in partisan disagreements about government role in family life and sex education (Shtarkshall et al., 2007). Bialystok called the sex education debate the "hot potato" of public policy in Ontario (Bialystok, 2019). From a child welfare perspective, children should be taught about body safety both in schools and in the home to reduce the prevalence of CSA and exploitation of children (Canadian Centre for Child Protection, 2018). Teaching body safety, consent, and healthy sexual relationships in schools may provide children who might otherwise be at risk of sexual abuse from a caregiver in the home environment to learn about these topics in a safer space. In fact,

sexual abuse of children occurs significantly more often (40.2%) with and by a trusted adult (Magalhães et al., 2009). According to Statistics Canada (2012) 74% of sexual offences against children and youth took place in a private residence by a person known to them (88%). Of those assaults 38% of incidences were perpetrated by a family member.

Teaching sex education in schools as part of the curriculum has potential protective value as information can be disseminated widely and consistently (Schneider & Hirsch, 2020). While topics related to health and physical education (including sex education) is taught in most Canadian schools, it remains to be heteronormative (Schneider & Hirsch, 2020) and consent has only recently been considered in the curriculum (Kelly, 2017). To date, few schools have explicitly included topics related to consent (Willis et al., 2019). As part of the curriculum, the discussion about age of consent should include the rationale for the particular age as not just being an arbitrary number. The foundation for such age of consent laws should be explicitly explained to students using age-appropriate language.

Absent in the current sex education curriculum is an opportunity for students to learn about unhealthy sexual feelings. As noted earlier, people who sexually offend against children often do so for the first time in their youth (Arkowitz & Lilienfeld, 2008). Therefore, it is critical for youth who have such feelings to be able to come forward before acting on their attraction while intervention to prevent CSA may still be possible. The majority of participants in this study recommended that prevention strategies should begin around puberty. Instead of viewing prevention approaches from the lens of decreasing risk factors that may make people vulnerable to victimization, a comprehensive strategy toward all sexual violence (i.e., non-consensual sex) from a perpetration perspective should be considered. Schneider and Hirsch (2020)

recommended that schools begin teaching sex-education as early as Kindergarten and continue through to grade 12.

Anonymous Participatory Intervention Programs. Anonymous participatory programs such as the Dunkelfeld Project in Germany could offer support to those living with such troubling desires much earlier, as suggested by participants of this study. The Dunkelfeld Project's successful recruitment rate was attributed to participants' being able to remain anonymous. As such, participants did not run the risk of being exposed or reported to authorities. Similar programming could be explored in Canada.

5.3.3 Summary of Implications for Practice and Policy

The social ecological model has been previously used to examine comprehensive approaches to reduce CSA. As this research was considered through the social ecological lens, recommendations are offered for practice by focusing on child welfare, police, and counselling services and on policy by focusing on social awareness, sex education in schools, and the need for anonymous participatory intervention programs.

5.4 Implications for Research

This study sought to understand factors that might support adults who are sexually attracted to children to remain virtuous to prevent CSA. Few studies focus on the unique experiences or perspectives of virtuous pedophiles; many studies examined a heterogeneous grouping of offending and non-offending pedophiles. Stevens and Wood (2019) used website narratives on the Virtuous Pedophile website to analyze coping and mental health issues among existing posts. Research examined in the literature review mainly involved retrospective accounts from offending pedophiles, practitioner perspectives, or had used multiple websites for recruitment of participants.

Kärgel et al. (2017) completed a comparative assessment of neurobiological and behavioural inhibitory control abilities in non-offending and offending pedophiles. The authors found that non-offending pedophiles have higher impulse control than those who offend. These authors however considered offending pedophiles to be only those who had committed hands on offences and as such included participants who had access child sex abuse images online as non-offending. These previous studies offer information about mental health impact, barriers to seeking help and review neurobiological differences through MRI images between offending and non-offending pedophiles. To my knowledge, only a handful of studies, including my study, examine the experiences of self-reported, non-offending pedophiles (e.g., Levenson & Grady, 2019; Shields et al., 2020), that seek to gain insights into their experiences through direct exploratory means. I would like to emphasize that my research participants were limited to those who were members of the Virtuous Pedophiles website, who, upon joining, must agree to be non-offending, including not accessing child sex abuse images.

It is imperative that society in general, but more specifically, community agencies that work to prevent CSA gain insights from people living with this sexual desire to develop targeted programming that lessens the burden placed on vulnerable children, youth, and their families. Emerging from this study are other avenues for future research that would add to the field's understanding of non-offending adults with pedophilic tendencies. Through the review of the literature and findings of the study, four areas have been identified for future research: (a) impact of age-appropriate sex education in schools; (b) in-depth examination of experiences of non-offending and offending pedophiles; (c) impact of public awareness campaigns on reducing stigma; (d) examination of adults who identify as female and as having sexual attractions to children, and; e) examination of effective social services programming to reduce CSA.

5.4.1 Future Research on the Impact of Age-appropriate Sex Education in Schools

Education strategies should be piloted for ongoing assessment of impact. Offending and non-offending pedophiles should be recruited to advise on such programs' content to understand the motivators for not offending from an informed perspective. As reviewed in this and other studies (Fisher et al., 2006; Seto, 2012; Tozdan & Briken, 2015), most people become aware of their sexual attractions in their early youth. Education programs that offer information on healthy sexuality should include information and support options for youth who are experiencing concerning sexual thoughts and attractions (Schneider & Hirsch, 2020). Offering this early may be the most feasible effective prevention strategy. More research determining the age to implement consent and perpetration components to sex education is necessary to ensure policy support.

5.4.2 Future Research on the In-depth Examination of Experiences of Non-offending and Offending Pedophiles

As the purpose of this study was to gain insight in to the experiences of non-offending pedophiles only the Virtuous Pedophile site was explored. To strengthen the findings' of this study, recruiting a more diverse and larger sample size could have been helpful, for instance, more participants through other websites such as the B4U-ACT (2020) or other social forums may be appropriate. However, in recruitment, it would be vital to ensure that the participants are non-offending pedophiles which may require a question of whether someone had offended in the past or not, this was not asked in the current study due to ethical issues around reporting laws but also based on the assumption of the membership requirements. The similar demographic and geographic locations of participants (most being white and from North America), limits generalizability to all persons who are sexually attracted to children. While the target population

for this study was specifically adults who identified as non-offending pedophiles, more research comparing non-offending and offending adult pedophiles may prove beneficial in understanding why some pedophiles act on their desires, and others do not. As mentioned, there is a minimal research base that includes an exploratory approach to this phenomenon. This study attempted to learn directly from virtuous pedophiles about the type and kind of formal and informal services that could contribute to the collective effort to abolish CSA and more research involving non-offending pedophiles is required to continue that effort.

Additionally, more research on frameworks of origin is necessary to understand contributing factors to the etiology of pedophilia and the risk or protective factors that are present between offending and non-offending pedophiles. One of the research participants in the current study noted that while he was not sexually abused as a child he was physically and emotionally abused by his father. Considering research on abuse and cognitive development (e.g., Teicher & Samson, 2016) it would be informative to understand whether the cognitive development differences in Cantor and Blanchard's (2012) research findings on the differences in white matter in the brains of pedophiles, hebephiles, and teleiophiles are linked to childhood trauma.

5.4.3 Future Research on the Impact of Public Awareness Campaigns on Reducing Stigma

Research exists in the area of the impact of public awareness campaigns to recruit adults who are sexually attracted to children, regardless of offending status, to attend treatment (Beier et al., 2015); however, general public awareness campaigns are lacking. Given that society assumes that every pedophile will inevitably offend, it may help reduce stigma and increase

support for empathic treatment options by educating the public about how people living with this sexual attraction learn to manage it.

5.4.4 Future Research on Adults who Identify as Female and as Having Sexual Attractions to Children

Overall, five individuals (15%) identified as females were represented in the narratives in phase 1, and three participated in phase 2 and 3 (less than 10%). While there may be many more members on the Virtuous Pedophiles website who identify as female, there is limited research about adult females sexually attracted to children. Understanding female perspectives is vital, considering the under-reporting among male victims of sexual abuse (Fisher et al., 2006).

5.4.5 Future Research about Social Services Programming to Reduce Child Sexual Abuse

Research in all areas should include social ecological frameworks that continue to foster a combined individual/interpersonal, organizational, community and policy responsibility toward this problem for both those who are at risk of victimization and those at risk of perpetrating the abuse. Next, avenues for future research that explores pre-charge diversion programs, risk of perpetration screening, engaging sexual maltreaters in ongoing child welfare services, and informed decision making in child welfare when servicing people with pedophilic tendencies will be discussed.

Pre-charge Diversion Programs. Some research demonstrates success in using pre-charge diversions with youth in non-sexual offences (Wilson, 2011; Wilson & Hoge, 2013). Research is needed to explore if pre-charge diversions with youth who offend sexually toward children could deter future offending.

Risk of Perpetration Screening. One critical area for research would be the inclusion of risk of perpetration screening in child welfare investigations. To date, much research has

involved effective forensic interviewing of children who experienced sexual abuse (Lyon, 2017). Given the age at which the adults in this study became aware of their attraction, research that addresses appropriate and effective methods of interviewing youth who may be sexually attracted to children is necessary as a pre-emptive step in reducing CSA.

Engaging Sexual Maltreaters in Ongoing Child Welfare Services. Child welfare research needs to include the risks and benefits of including caregivers who offend sexually against children as part of the ongoing safety planning regardless of whether they have contact with the victim. For example, engaging men in domestic violence cases has been considered a necessary intervention to reduce intimate partner violence (e.g., Featherstone & Peckover, 2007). Little research exists with recommendations about engaging sexual maltreaters within ongoing services at the child welfare level.

Informed Decision-Making in Child Welfare. Child welfare workers and police need to be mindful when making when determining interventions. Research studies consider worker attitudes and decision-making in child welfare decisions (e.g., Nikolova et al., 2017) which also challenge organizational levels of the social ecological model. Additional research on workers' decision making in child protection matters with a focus on CSA investigations should also be considered because this will challenge the current practice that can sometimes exclude offenders from ongoing protective services.

Preventative Counselling Services. Research, such as focus groups with counselling professionals about their understanding of the duty to report, would be a productive way to understand the impact on the potential services they could provide to non-offending self-identified pedophiles. Research identifying service gaps for both non-offending and offending pedophiles would also help to foster the development of appropriate training in areas of

supporting people who are sexually attracted to children not to offend. Research on knowledge counselling professionals currently have about pedophiles versus child molesters would also help establish training programs for those most likely to work with this group. Finally, research to determine comfort levels among professionals who could be trained to work with people sexually attracted to children may help prepare professionals to offer more preventive counselling.

5.4.6 Summary of Research Implications

The study informs on several recommendations for research by focusing on policing, child welfare, and counselling services. Following the critical realist epistemology of the study, the research recommendations focus on how to improve social services to reduce CSA and ways to actively engage with persons with pedophilic tendencies to support non-offenders to continue a virtuous life and to support previous offenders to not re-offend.

5.5 Limitations

The small sample size in this study precluded more complex statistical analysis and caution on the interpretations of outcomes and its validity. Some reasons for this small sample size were perhaps the survey's availability after the pandemic started, and the fact the survey was only available on the Virtuous Pedophile website. Not knowing how often the membership visited the site or interacting with others may have contributed to the number of people who were aware of the link to my study. Given the study's purpose, most of the data gathered was exploratory and descriptive and there was no opportunity to confirm any details with participants following the completion of the survey. Time constraints also factored in to how long the survey was available for participants to complete, as this thesis was a part of a one-year MSW program. Generalizability of quantitative data is highly limited due to the sample size and non-

probabilistic sampling; however, qualitative data provide underpinnings to support some of the relationships seen within this quantitative portion of this study.

A single location of data collection, the unexpected development of the pandemic emergency, and recruitment through the website's administrator are all factors that may have limited the sample size and consequently the quantitative data gathered in this study. Qualitative data was non-directed or moderated and, as such, was limited to semantic analysis (Braun & Clarke, 2006). Due to the nature of my study and ethical guidelines, direct contact and communication with members of the Virtuous Pedophiles website may have been considered to have ethical issues; the website's founder acted as an intermediary of my communications. As a result, there was limited opportunity to increase participant recruitment strategies from this website. Furthermore, in the absence of being able to establish trusting relationships with potential participants, some may have declined my invitation to participate because of their skepticism and mistrust of me, as a researcher, or the nature of the study in general.

5.6 Reflexive Comments

When I initially entered the Virtuous Pedophile's website, I anticipated some level of justification from members for adult-child sexual relations. I assumed that this population would engage in cognitive distortions, such as social norms develop arbitrary age of consent laws. I also anticipated that if this group would see themselves as non-offending, perhaps because they had not engaged in any sexual acts with a child. However, I thought non-offending pedophiles might have some cognitive distortions that justified accessing CSA images (child pornography) and still consider that they remained virtuous. My initial assumptions were challenged through this study.

The narratives, survey, and open-ended questions all supported the concept that an adult can be sexually attracted to children while simultaneously understand why acting on that attraction is inappropriate. Taking ownership of their sexual attractions and committing to never act on them confirms for me that it is even more critical to engage with this group of people. Doing so might encourage others who are sexually attracted to children to not ever act on those attractions.

5.7 Conclusion

The results of this study offer hope that it may be possible to collaborate with adults who are sexually attracted to children to develop preventative programs, educate the public, and engage with policymakers around education and prevention. Because the findings also challenged the normalization of adult-child sex that other websites or individuals promote (e.g., BoyChat and GirlLover), there is room to engage with adults with pedophilic tendencies from an asset-based lens rather than to continue to vilify them. It is vital to distinguish who are pedophiles (sexually attracted to children) and or who are indiscriminate opportunistic abusers (those who use sex to exert power over another) to continue the quest to reduce CSA.

Society, in general, holds compassion for survivors of CSA. However, the burden of protection continues to be primarily placed on children, youth, and their families. Society reinforces the underlying victim-blaming attitudes and beliefs (Suarez & Gadalla, 2010) by putting responsibility for sexual violence on victims rather than on perpetrators. Victim focused programs are easy for society to support; it is more challenging to embrace healing opportunities for a group of people that society is quick to condemn. Society must approach protecting all children from sexual abuse in a multifaceted, multi-responsive manner. A question to ask those

who vilify persons who are sexually attracted to children is: “What if this person were your child”?

Appendix A: REB Approval



April 30, 2020

Dear Heather Horn

REB # 6493

Project, "Understanding the phenomenon of non-offending adults who are sexually attracted to children in efforts to prevent child sexual abuse."

REB Clearance Issued: April 30, 2020

REB Expiry / End Date: April 30, 2021

The Research Ethics Board of Wilfrid Laurier University has reviewed the above proposal and determined that the proposal is ethically sound. If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please submit a "Request for Ethics Clearance of a Revision or Modification" form for approval before the changes are put into place. This form can also be used to extend protocols past their expiry date, except in cases where the project is more than four years old. Those projects require a new REB application.

Notes:

REB approvals do not supersede any current university guidelines or measures in place to contain the spread of the novel coronavirus (COVID-19) including restrictions on university laboratory, field, or in-person research activities. If laboratory, field, or in-person research activities are described in this application, please do not undertake these portions of the project until the university approves these activities to go forward.

Changes made to approved protocols to eliminate risks related to the COVID-19 outbreak can be implemented immediately, without prior notice to or approval from the REB. In such cases, researchers will need to ensure that they are not increasing the level of risk to participants and may need to ask participants to sign revised informed consent forms. Such changes must be reported to the REB as soon as possible (no more than 10 business days from occurrence). To report these changes, please submit the "Reporting Changes Made to Approved Projects to

Eliminate an Immediate Risk to Participants” event form now available on Romeo (see [Connect](#) or the [Students](#) website for instructions).

Please note that you are responsible for obtaining any further approvals that might be required to complete your project.

Laurier REB approval will automatically expire when one’s employment ends at Laurier.

If any participants in your research project have a negative experience (either physical, psychological or emotional) you are required to submit an “Adverse Events Form” within 24 hours of the event.

You must complete the online “Annual/Final Progress Report on Human Research Projects” form annually and upon completion of the project. ROMEO will automatically keep track of these annual reports for you. When you have a report due within 30 days (and/or an overdue report) it will be listed under the ‘My Reminders’ quick link on your ROMEO home screen; the number in brackets next to ‘My Reminders’ will tell you how many reports need to be submitted. Protocols with overdue annual reports will be marked as expired. Further the REB has been requested to notify Research Finance when an REB protocol, tied to a funding account has been marked as expired. In such cases Research Finance will immediately freeze funding tied to this account.

All the best for the successful completion of your project.

(Useful links: [ROMEO Login Screen](#); [REB Students Webpage](#); [REB Connect Webpage](#)).

Yours sincerely,



Sybil Geldart, PhD

Vice-Chair, University Research Ethics Board

Wilfrid Laurier University

Please do not reply directly to this e-mail. Please direct all replies to reb@wlu.ca

Appendix B: Consent and Copy of Anonymous Online Survey

Start of Block: Informed Consent

Welcome to the research study!

WILFRID LAURIER UNIVERSITY INFORMED CONSENT STATEMENT:

Understanding the phenomenon of non-offending adults who are sexually attracted to children in efforts to prevent child sexual abuse.

Thesis Researcher: Heather Horn, Master of Social Work Candidate at Wilfrid Laurier University

Thesis Supervisor: Eliana Suarez, PhD., Associate Professor at Wilfrid Laurier University You are invited to participate in a research study. The purpose of this study is to better understand the phenomenon of adults who are sexually attracted to children. It is important to acknowledge that children who have been sexually abused are often faced with lifelong impact from this experience, and my goal is to collectively prevent child sexual abuse in our society.

PURPOSE OF THIS STUDY:

Much of society's reaction to child sexual abuse is from the perspective of and in response to victims, or from research experts and professionals who work with individuals who are sexually attracted to children. While victim response is essential, there is merit in approaching child sexual abuse prevention from the perspective of those who struggle with a sexual attraction to children. Current research includes retrospective input from people who have sexually offended against children, but there is very limited research with those who have never acted upon their sexual attractions or have made a commitment not to act on them in the future. By making efforts to understand and inform society about misconceptions to reduce the stigma associated with having a sexual attraction to children, those professionals may be better equipped to help, treat, or support those living with such desires. In completing this survey, it is hoped that you will add to the limited and often misinformed knowledge about sexual attraction to children/pedophilia in efforts to reduce the prevalence of child sexual abuse. The ultimate hope is that this research will inform professionals in developing a program for those that have such desires, have not offended and want support to prevent or avoid offending. Your contribution would be invaluable. The researcher is a Wilfrid Laurier graduate student in the faculty of Social Work, working under the supervision of Associate Professor Eliana Suarez.

INFORMATION:

ROLE AS PARTICIPANT:

This survey is completely voluntary, there is no remuneration to participate. Consent is ongoing and you can stop participating at any time. By completing and submitting this survey, you agree that you are 18 years old, or have reached the age of majority in the Country, State or Province of residence. You further agree that you are participating in this survey because you meet the

criteria of someone who is sexually attracted to children. For the purpose of this survey, “Children” are described as someone under the age of 16 years of age, due to varying consent laws throughout the world. The survey will usually take less than 25 minutes to complete. If you do not wish to answer a question, please skip it. Demographic data were adapted from Census Canada.

RISKS AND BENEFITS:

POTENTIAL RISKS AND DISCOMFORTS:

Some of the questions in this survey may cause some distress for participants, I will preface those questions with a caution and refer you to existing supports listed on the Virtuous Pedophile website (virped.org), or for immediate assistance contact Stop It Now: 1-888-PREVENT.

BENEFITS:

Participants may benefit from the participation in this research project by providing direct insight into their sexual attraction to children. This would be helpful to possibly dispel myths that are widely held within Society.

Social perceptions include beliefs that people who are sexually attracted to children will offend and pose a risk to children in all cases. Such research on social opinions highlight that the general public believes that this attraction is uncontrollable, thereby increasing stigma and hopelessness for those living with such an attraction, which may actually increase their risk to offend. There are beliefs that adults who are sexually abused as children will become abusers in adulthood, that this population cannot be supported, and that they somehow choose to be attracted to children. Given the stigma and misunderstanding about this population, there is a benefit in possibly dispelling some myths about those sexually attracted to children. Implications of the research may include recommendations for professionals who could work with this population. There is limited information directly from non-offending adults who are sexually attracted to children, and limited formal supports for those who have not offended. The research will contribute to the body of literature/knowledge on adults who are sexually attracted to children.

CONFIDENTIALITY:

The confidentiality/anonymity of your data will be ensured because the survey link is only being provided to the Virped.org founder and will be posted on that website. The link to this survey will bring you to Qualtrics a confidential survey forum through Wilfrid Laurier University. Qualtrics does not track or store IP address.

Once data is downloaded from Qualtrics to SPSS (Statistical Package for Social Sciences), it is automatically deleted from Qualtrics. All survey data will be stored on my password protected laptop in the SPSS file, for a period of three years and then will be destroyed by the investigator. Only the researcher will see the data before analysis and no identifiers will be included. I will be sharing all data analysis and data reporting with my supervisor (as we cannot attend in person due to COVID19 measures and emailing raw data could compromise privacy). SPSS will be used for analysis. The data analysis will be performed by the researcher and no identifiers will be

included. If you consent, quotations will be used in write-ups/presentations and will not contain information that allows you to be identified. To ensure both your and my safety regarding confidentiality and duty to report laws, there will be no questions about offences or anything that may compromise your anonymity in this survey. There is one question about your own victimization, if applicable. There are no details requested in this question, again to protect your anonymity.

CONTACT:

If you have questions at any time about the study or the procedures or you experience adverse effects as a result of participating in this study you may contact the researcher, Heather Horn, at horn5470@mylaurier.ca. My thesis supervisor, Dr. Eliana Suarez can be reached at esuarez@wlu.ca

This project has been reviewed and approved by the University Research Ethics Board (REB# 6439), which receives funding from the Research Support Fund. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 3131 or REBChair@wlu.ca.

PARTICIPATION:

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. You have the right to refuse to answer any question or participate in any activity you choose. Due to the anonymity of the data if you withdraw from the study it is not possible to have your data removed/destroyed.

FEEDBACK AND PUBLICATIONS

The results of this research might be published/presented in a thesis, course project report, book, journal article, conference presentation, class presentation. An executive summary of the findings from this study will be available by August 30, 2020. (Item #8 e from reviewer's memo). I have been provided with permission from the founder of virped.org to use their website name and general information. Additionally, with permission of Virped.org, I would be happy to

provide a finished summary of my findings and implications for professional and future research, or you can email me at horn5470@mylaurier.ca to receive a copy.

Q Consent:

I agree to participate in this study and have read the above information (1)

I do not want to participate in this study (2)

DEMOGRAPHICS:

Q1 What is your gender?

Woman (1)

Man (2)

Transgendered (3)

Other (4) _____

Q2 What is your age?

Q3 What is your relationship status with an adult (someone over the age of 18)?

Single/unattached (1)

Married to an adult (2)

Common law with an adult (3)

In a relationship with an adult (4)

Dating an adult (5)

Multiple partner (6)

Other (7) _____

Q4 Which Country or Continent do you reside? If you prefer not to answer, please leave blank

Q5 What is your ethnic identity? (these categories are taken from Census Canada data choices)

North American Indigenous origins (1)

European origins (2)

African origins (3)

Latin, Central or South American origins (4)

Caribbean origins (5)

Asian origins (6)

Oceania origins (7)

Mixed ethnic origins (8) _____

Prefer not to identify (9)

Q6 Education: What is the highest grade/level achieved

Some High School Education (1)

High School Diploma (2)

Some Post-Secondary Education (3)

Trade Certificates (4)

College Diploma/Associates Degree (5)

University Degree (6)

Q7 Do you practice a religion?

Yes (1)

No (2)

Q8 What is your employment status?

Employed full time (1)

Self-employed (2)

Interning (3)

Part-time (4)

Unemployed (5)

Homemaker (6)

Student (7)

Military/forces (8)

Retired (9)

Not able to work (10)

Other (11)

Q9 How many jobs have you had in the past 5 years?

I've had the same job for the past 5 years (1)

I've had one job change in the past 5 years (2)

I have had more than 1 but less than 3 job changes in the past 5 years (3)

I have had had more than 3 but less than 5 job changes in the past 5 years (4)

I have had more than 5 job changes in the past 5 years (5)

Q10 What is your household income?

Under \$20,000 (1)

\$20,001 - \$40,000 (2)

\$40,001 - \$60,000 (3)

\$60,001 - \$80,000 (4)

\$80,001 - \$90,000 (5)

\$100,000 or over (6)

SEXUAL ATTRACTION:

Q11 How old were you when you realized/recognized you had a sexual attraction to children?

Q12 Are you attracted to:

Boys (1)

Girls (2)

Both (3)

Q13 Approximate age group you are attracted to (check all that apply):

Under 5 (1)

5-11 (2)

12-14 (3)

15-16 (4)

Q14 What was your relationship like with your mother(s) when you were growing up?

Close (1)

Somewhat close (2)

Not very close (3)

Not close at all (4)

No relationship (5)

Q15 What was your relationship like with your father(s) when you were growing up?

Close (1)

Somewhat close (2)

Not very close (3)

Not close at all (4)

No relationship (5)

Q16 What contributes to you remaining virtuous (Select all that apply)

Social supports (1)

Legal consequences (2)

Peer supports (3)

Self-choices (4)

Q17 More specifically, do the following factors contribute to you remaining virtuous? Please rank/rate these answers in order of relevance and importance to you. Rating something with a lower number 1 will be MOST important 10 is LEAST important. If something on this list does not contribute to you remaining virtuous, please do not rate it at all. (You will only be able to give one rating per option e.g., 1, 2, 3 etc.).

_____ The possible impact my actions could have on the child (1)

_____ Getting caught/Charged/Arrested (2)

_____ Stigma (3)

_____ Shame (4)

_____ Professional support (5)

_____ Informal Support (6)

_____ Controlling and managing my attraction (7)

_____ Peer support such as virped.org (8)

_____ I have a secondary attraction to adults (9)

_____ Other (10)

RISK FACTORS TO OFFENDING:

Q18 A) Please provide your personal opinion about people who are sexually attracted to children.

They are at high risk to offend sexually against children (1)

They are at moderate risk to offend against children (2)

They are at low risk to offend against children (3)

Q19 B) What would increase risk for someone who is sexually attracted to children to act on their attraction. Please rate your response on the scale below.

	strongly agree (1)	agree (2)	somewhat agree (3)	neither agree nor disagree (4)	somewhat disagree (5)	disagree (6)	strongly disagree (7)
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Social
isolation
(1)

Lack of
formal
supports
(2)

Lack of
informal
supports
(3)

Having
offended
previously
(4)

Being
around
children
who are
the age of
one's
attraction
group (5)

other (6)

PERCEPTION ON SEXUAL ATTRACTION:

Q20 Please rate the following of what you believe to be a contributing factor about adult's sexual attraction to children. (Sexual orientation is defined as an attraction toward a specific type of person: e.g.: gender. Sexual preference indicates a choice between numerous types of people and could be interchangeable with other types of people, https://en.wikipedia.org/wiki/Sexual_orientation).

	Strongly Agree (1)	Agree (2)	Somewhat Agree (3)	Neither agree nor disagree (4)	Somewhat disagree (5)	Disagree (6)	Strongly disagree (7)
A sexual preference (1)							
A sexual orientation (2)							
A mental health issue (3)							
A biological condition (4)							
A result of being sexually abused as a child (5)							
I do not know (6)							

Q21 Having a sexual attraction to children is:

	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Neither agree nor disagree (4)	Somewhat disagree (5)	Disagree (6)	Strongly disagree (7)

A choice (1)

Not a
choice (2)

Treatable
(3)

Changeable
(4)

Controllable
(5)

Q22 In the last 12 months I have met with a helping professional to manage and process my sexual attraction

Yes (1)

No (2)

Q23 What would be helpful to adults who are sexually attracted to children to NOT act on their attractions? (Check all that apply)

Public education about pedophilia/hebephilia (1)

Education/information for youth (2)

Anonymous treatment programs (3)

Individual counselling/therapy from professionals who are skilled in this area (4)

Group therapy (5)

Peer support (6)

Other (7)

Q24 What age/time of life do you think help/support should be available?

Q25 What are the barriers to seeking out professional help for your sexual attraction? Please rank/rate in order of relevance and importance to you. Rating something with a lower number 1 will be MOST important 6 is LEAST important. If something on this list does not contribute to you remaining virtuous, please do not rate it at all. (You will only be able to give one rating per option e.g 1, 2, 3 etc.).

_____ Reporting laws or misunderstanding of reporting laws (1)

_____ Stigma (2)

_____ Lack of available skilled professionals (3)

_____ Risking exposure (4)

_____ Not ready (5)

_____ Other (6)

THE FOLLOWING SCALE IS BEING USED WITH PERMISSION FROM THE AUTHORS WHO CREATED IT: Stigma related stress associated with those living with a sexual attraction to children (Janhke, Schmidt, Geradt, & Hoyer, 2018). [Questions 26-28]

Q26 A) Please answer these questions, NOT with your own opinion, but how you think the general public would rate them about people who are sexually attracted to children

	Strongly Agree (1)	Agree (2)	Somewhat Agree (3)	Somewhat Disagree (4)	Disagree (5)	Strongly Disagree (6)
Would have these persons as friends (1)						
Would accept these persons in my neighbourhood (2)						
Would accept these persons as colleagues at work (3)						

Would talk to
them (4)

These persons
should be
incarcerated
(5)

These persons
should be dead
(6)

Q27 B) Please rate the following statements as to the level of which YOU agree or disagree.

	Strongly Agree (1)	Agree (2)	Somewhat Agree (3)	Somewhat Disagree (4)	Disagree (5)	Strongly Disagree (6)
I'm afraid that others may discover my secret (1)						
It scares me that others might know about my secret (2)						

When I'm
thinking
about
others
discovering
my secret, I
become
nervous
and feel my
heart beat
rise (3)

The
thought of
others
finding out
about my
secret
causes
physical
discomfort
(4)

I worry a
lot about
what will
happen if
others find
out about
my secret
(5)

I cannot
shake off
thoughts
about the
possibility
of my
secret
being
discovered
(6)

I avoid talking about subjects that are related to my secret (7)

I try to act in a way that no one can find out that I carry a secret (8)

It is stressful for me to keep my secret (9)

Having this secret is distressing to me (10)

Q28 C) Seeking Help: Please respond to the following questions to indicate your level of agreement or disagreement.

	Strongly Agree (1)	Agree (2)	Somewhat Agree (3)	Somewhat Disagree (4)	Disagree (5)	Strongly Disagree (6)
I would confide in a health care professional (1)						

I would
seek
professional
help even if
it means I
have to talk
about my
sexual
interest in
children to
a stranger
(2)

I think that
a health
care
professional
will
understand
my
problems
(3)

I think that
it is very
likely that a
health care
professional
will react
negatively
when I
reveal my
sexual
interest in
children (4)

SELF-ESTEEM:

**You will be required to complete this portion of the survey twice [Question 29 & 30].
Rosenberg Self-esteem inventory: Rosenberg, Morris (1989). Society and the Adolescent**

Self-Image. Revised editions, Middleton, CT: Wesleyan University press. (used with permission).

Q29 For the first response to this portion of the survey, please reflect upon when you realized/recognized that you had a sexual attraction to children. Using the questions below, answer how you felt about yourself at that time.

	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Neither agree nor disagree (4)	Somewhat disagree (5)	Disagree (6)	Strongly disagree (7)
I feel I have a number of good qualities (1)							
I am inclined to feel that I am a failure (2)							
I am able to do things as well as most other people (3)							
I do not have much to be proud of (4)							

I take a
positive
attitude
toward
myself
(5)

On the
whole, I
am
satisfied
with
myself
(6)

I
certainly
feel
useless at
times (7)

I wish I
had more
respect
for
myself
(8)

At times
I think I
am no
good at
all (9)

Q30 Rosenberg Self-esteem inventory: Rosenberg, Morris (1989). Society and the Adolescent Self -Image. Revised edition. Middletown, CT, Wesleyan University Press. (used with permission).

Please answer the same survey considering how you feel about yourself NOW:

	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Neither agree nor disagree (4)	Somewhat disagree (5)	Disagree (6)	Strongly disagree (7)
I feel I have a number of good qualities (1)							
I am inclined to feel like a failure (2)							
I am able to do things as well as most other people (3)							
I do not have much to be proud of (4)							
I take a positive attitude toward myself (5)							

On the whole, I am satisfied with myself (6)

I certainly feel useless at times (7)

I wish I had more respect for myself (8)

At times I think I am no good at all (9)

History of Sexual Abuse in Childhood

Some research traces sexual attraction to children as a learned behaviour from one's own sexual abuse history, an abused-abuser theory. The following questions are important because other research indicates that a history of sexual abuse in childhood is not a contributing factor to being an adult who is sexually attracted to children. If answering these questions are upsetting please refer to the links for support on <https://virped.org> or <https://stopitnow.com>, 1-888-PREVENT.

Q31 Where you sexually abused as a child?

Yes (1)

No (2)

Q32 If you were abused as a child, at what age?

Q33 What was the gender of the individual who sexually abused you?

Male (1)

Female (2)

Other gender (3)

Do not know (4)

Q34 If you were sexually abused as a child, do you feel that the abuse has influenced your attraction to children?

Yes (1)

No (2)

Do not know (3)

Q35 Is there anything else you may want to share here? Please do not include any identifying information in your comments.

Q36 Is there anything you would like the general public to know about adults who are sexually attracted to children? Please to not include any identifying information in your comments.

Q37 Do you consent to having your comments used in my final paper?

Yes (1)

No (2)

Thank you for taking the time to complete this survey!!!

End of Block: Informed Consent

Appendix C: Open Semantic Coding of 71 Testimonial Narratives from Virtuous Pedophiles Website

1. AOO
2. gender: female (red)
3. gender and age of attraction
4. help (barriers or availability)
5. Shame, depression, suicidal ideation, isolation, fear, struggling, devastated, non-human (Mental Health/risk factors)
6. Unwanted, not chosen, self-control, have not/will not act on it
7. Molest, abuse, harm to child, hurt a child Understands harm to a child (motivation not to offend)
8. Legal consequences – motivator not to offend
9. Isn't evil, why is the term "Pedophile" synonymous with "child molester? Social Views of offending (all pedophiles offend = bold)
10. Tragically misguided rationalizations on "girl-lover" forums about child abuse (bold and italicized)

"When I was in my late teens I found myself attracted to young boys. I went searching the web for help for those with pedophilia. I only found websites that promoted adult-child sex. This very much bothered me. Because of that I was very ashamed of my attraction and at times would become depressed over the years and almost suicidal."

"I am in my late 20s and have been dealing with unwanted attraction to young boys since I was a teenager. Though I have never acted on these attractions with anyone, this is my primary sexual attraction, and it bothers me greatly. I have considered suicide many times...."

"I am a 27yo male attracted to boys only, ages 3 to teens. I am also attracted to men too. I live as a gay man and never have acted on my pedophilia and never will."

"I'm a 21 year old pedophile .. and was very happy to hear that there was finally an organization out there to support pedophiles that is completely against sex with children."

“I am completely against child abuse in any form and would like to add to your numbers.”

“Hello, I’m a 26yo male pedophile. I’m attracted to preteen boys. I’m also a bit gay. I agree with what you stand for. I do NOT support child molestation or abuse. I want pedophiles to be able to easily get help for their paraphilia’s and depression.”

“I am a law-abiding pedophile interested in joining your listserv. It’s great to see a website like this up, I hope I can support it an it’s mission in any way possible.”

“My therapist gave me this link. I consider myself a pedophile and, like yourselves have not and would never act on it. What you are doing here I believe to be very important. Looking forward to corresponding and learning.”

“It’s not often you find a site with your views, it’s shame because I agree with you completely and there should be more sites like this. As you can imagine I am a pedophile, I’m 17 years old and although I’ve only lived with this for 4 years its been a hard journey already. Being this young with this issues has kind of forced me to grow up quick I guess, I try to have my fun when I can be being what I am, I can’t let my guard down or behave recklessly, which is kind of what being a teenager is all about.”

“I’m a lifelong British paedophile who has always tried to be ‘virtuous’ and agree with you that for any number of reasons, any adult/child sexual contact is impossible with out at least a very great risk of damage (for a while variety of reasons) and can and should never be considered as ‘appropriate’”

“I came across your website and I personally believe in your views on pedophilia (I am one myself).”

“Hello. Like many of the people whom I’d imagine frequent this site, I am a pedophile. I have been struggling with this for 2 years.... I really can’t seem to think of anywhere I could find help an I was considering suicide for a while, and then I found an article about this site. Just to know that there are others make me feel a little less alone... I guess what I haven’t said is that I am 13.”

“I am a pedophile who never practiced any abuse. I would like to please join your listserv, out of curiosity of that is OK.”

“I’m considered a pedophile. I have dreams and thoughts of preteens sexually. Never acted upon the urges. Too scared to download porn online and I can never meet anyone with the same interest. I wound dare physically try to act out my thoughts but I need help finding people with the same interest before I gest myself in trouble.”

“I am 21, almost 22, and “this” has been something that I have struggled with for as long as I can remember. I’ve done everything I can to try and understand it, but I don’t know why I have these affections. I’ve spend a lot of time working on accepting myself as a human and not just by my struggle, but sometimes it’s hard. A lot of the time it is hard. At present, I feel confident in my ability to control things, but especially with everything that’s come out about Sandusky and Penn State, I worry what trying to do it on my own will do for me in the long run.”

“Thanks for at least acknowledging that some of us aren’t bad guys. Not all good guys where white am I right? I am attracted to girls from about 6-7 on up. While I am married and have a blissful relationship with my wife, there is always that element of attraction to the girls. When we’re at the mall or out and about, I look...However, like you, I have never acted upon those feelings. SO I fantasize, I chat online sometime, but I do know the clear line between reality and fantasy.”

“I identify as a pedophile who has never offended and I feel that I have nowhere to turn. I am solely attracted to prepubescent girls and have never been in a successful sexual relationship with a same-age partner, due to lack of sexual attraction. This obviously devastating, as I am a young person and who should be diving into that aspect of life.”

“I self-diagnosed myself as a non-contact pedophile in 1979 when I was 23 years old. I have been struggling with my feelings since I was 11... I do have a moral compass, and would not dream of touching children in real life.”

“I heard about your group from a Christian site. I have identified as a pedosexual (I prefer that to the word paedophile because of the connotations of the later) for many years, but have never molested a child nor do I wish to. However, I do wish to help anyone else who might be in a situation that could lead to some inappropriate or illegal act, or people who are having difficulty coming to terms with their feelings.”

“I am experiencing some confusion about my sexual identity and attraction to minors, and I’m interested in hearing more from people dealing with similar issues.”

“I’m a girl lover since very very young. I’m 22 years old and I never harm a girl and I never will... I have a little fear of being near [young girls]. I’m good at university, respected by my classmates and even teachers. I’m Christian and I’m finding help through Christ and this page too. The problem is my nemesis, I cannot be happy for this problem.”

“I am a non-offender just looking for advice on how to cope with everything.”

“Hello, I’m 34 years old. I like young girls and boys. I don’t have experiences and I think I will never have them. But I think on them all the time and use my imagination.”

“I read about some of the pedophile advocacy groups. “Man, what some of them think?” Abolishing age of consent law and legalizing child sex? These advocacy groups only added insult to injury. I may be a pedophile but I don’t want to act it out. I love kids so much, I don’t want to do something that would hurt them.”

“I’m 24 years old and live in South America. I am also a pedophile since my 10th birthday (that I remember). I ended up finding some international community to support pedophiles (boylovers) in the internet but unfortunately these communities encourage the pedophile and not to seek appropriate treatment, they contend that being a pedophile is right and we do nothing wrong. But my heart always told me to the contrary. *They day the world stops seeing us as criminals and starts seeing us as human beings in need of help without judgement is the day we have freedom, and certainly the rate of violence against children will decrease.*”

“I’m solely attracted to **very young children**. The younger the better in fact. I have not and will not ever act on my desires but it consumes a large part of my life..I was thinking that I was alone and it’s really **hard to cope** without like-minded men to openly discuss our thoughts.”

“I’m a pedophile. When I visited this site I really didn’t think I would have sent anything, I mean I’m already able to manage myself quite well and I **don’t really NEED support**. Still this is the 1st site of it’s kind I agree with completely, reading your FAQs was like reading my own opinion on the subject and this **was kinda reassuring**.”

“I’ve been living with a sexual attraction to **young boys anywhere from 8yo -15yo**, and while the desire to have something you can’t is **painful and often very lonely** I have never touched boy and I honestly never will. I have complete control over my actions that is not my problem. Nothing I can do can stop how I feel, not church or religion. I have tried dating both women and men and it never lasts. I don’t feel the way for them that I do for boys. I’m 26 and I **have felt this way since I was 14**, and I now know that there is no one for me and no hope to ever by anything but **lonely**. I’m **having a hard time finding reasons to go on living honestly**. The only thig keeping me from suicide is knowing my family and friends would be devastated. Living a lonely and loveless life hardly seems worth it, even it if means causing the ones you love pain by leaving them. Then I also wonder how many would still care if they knew how I felt about boys. I wan to join to talk to **people like me to see how they do it. It also helps to know you’re not alone**.”

“I’m a 29 year old pedophile who is attracted to **10-15 year old girls**. Never acted though. Have not crime record. My family doesn’t know about it. I only have four friends, and they know about it, and have accepted this. This has led to **isolation** though as my friends live fare form me. **Can you offer any kind of help?** **I am not feeling very well**, though I have no economic problems. I just wish people could accept innocent pedophiles the same way they accept homosexuals.”

“I’m a 16 year old pedophile **attracted to boys**, I don’t know yet if I am attracted to women but I’m quit happy with what I am, I’ve come to terms with it and **know I would never hurt a child**. I cam across you site and appreciated it and thought you might appreciate another member.”

“I am a 27 year old man living in the US and ,.. I have been sexually attracted to **adolescent boys from an early age**... I enjoyed a small respite from my torment during the time I spent as a missionary from age 19-21. Yes, I grew up Mormon, and in addition to these other things I also dealt with serious **spiritual guilt**. The only safe place I could think to go with someone who would know of resources that could help was defense lawyer. I found one and he came back with the names of competent therapist, but with the caveat that he wouldn’t send his worst enemy to them with this issue... **virped.org was an answer to my prayers, I have been seeking out something like this for so long and here you are**. I feel it is important to emphasize that apart from my attractions, I love children for the honest reasons as does anyone else... Fortunately, and remarkably, it seems that once I come to **know a child personally**, have interactions with their families etc. **the desires lessen**. They do not go away, but this contributions to the many reason I believe that I never could, nor never would offend in the real world.”

“**Your organization rings true to me as** a hebephile. I’d **like to learn more**. I’m 38 and never acted on my attraction to **boys 15-17**.”

“I am one of those rare **female pedophiles**... *I am very interested in spreading the idea that pedophiles are not evil and I firmly believe that society has wrongly demonized a group of people based on the actions of a minority within them.* However, this is difficult because I do not wish to reveal that I am a pedophile. I just want to help stop discrimination.”

“I am 27yo guy and I am attracted mostly to **preteen boys (8-13)**. I understand that any kind of sexual contact with young kids can be **potentially hurtful**, plus I am **terrified of jail** and social **hatred** and therefore have never hurt or done anything illegal with an underage person. Actually I am a 27yo virgin. Lately I have been **feeling depressed**, more often questioning what is the point of life, it just seems almost **impossible for someone like me to ever have a happy fulfilling life**... and even though I have a **paralyzing fear** of being outed as pedophile (even though I haven't done anything illegal, the **social stigma** would destroy what little social and family life I have.) I have been taking small steps towards reaching out to others, **I just feel so alone.**”

“I am a young adult who has struggled with an **attraction to young girls** **since I hit puberty**. I was and still am quite socially awkward and **have a lot of anxiety** and still have never had a romantic or sexual relationship... I **would never consider pursuing a romantic or sexual relationship with an underage girl**, even though I admit that it's hard to come to terms with the fact that I'll never be able to experience that... I have gone through phases of **depression** and I am in a particularly **down mood right now** and **could use someone to talk to.**”

“I am 17 years old and I am a pedophile. My attraction is for **young girls 11-14**. I've never done anything illegal with a young girl and I **have taken counselling sessions**. I know that I might be too young to label myself, but I know my attraction to this age group will not change. .. I have no intention of ever breaking the law but I **can't help who I am attracted to.**”

“I am a celibate pedophile. Thank you so much for starting this group! You are the only organization that's out there that I would feel comfortable **seeking support from when times get hard**, due to your hard-line stance that adult-child sex is wrong and will **ALWAYS be wrong**. Anything aside from this hard-line stance is far too dangerous to everyone involved.”

“I'm a 16 year old **girl** who is interested in **little girls, from 3 to around 8**. I would like to know if women are also welcome. [The answer is yes!].”

“I am a pedophile, I have a sexual **attraction to girls of all age as well as adult women**, though my preference is for early pubescent girls. I have never molested a child. I am 25 years old, straight, and I have been married for over 2 years. I am fortunate to have never been ashamed of this attraction and even more fortunate to be capable of normal, adult relationships. ***secondary attraction****”

“I am 22 years old and **I am scared**. I have **never harmed** a child but have constant thoughts about young boys. I am **openly gay** in my community and I want to know if I will be able to lead a normal life. **Please help.**”

“I am amazed to find something like this. It's really painful for me to admit my attraction to **prepubescence girls**, but I've spent a long time trying to find answers to my problem; I haven't found a thing in that regard. I'm only 21 but every damn day now these thoughts fill my head and **I am ashamed of myself every waking moment**. If there was a way to change, I would leap at

the chance; alas, no medicine will cure this itch of mine. When I started reading materials on your site I was filled with a sense of euphoria. Finally, somebody else understands what it's like feeling like a monster all the time. Up until that time, I always thought I was alone. I felt my thoughts were inhuman, that I was inhuman. I've contemplated suicide a staggering amount of times, and while I can't say I feel happy or content with myself, I can take comfort knowing other's have succeeded in fighting off their urges."

"For so many years I just accepted that there was no way I would ever be able to share this with anyone. My wife knows, sort of, but this secret has been eating away at me for 40 years now. I have never hurt a child and it would be wonderful to join a group of similar-minded men."

"I have worked successfully with my pedophile tendency for decades and also never abused a child. I was incredibly moved (to tears in fact) while reading the site - - one knows that there are other "virtuous pedophiles" around but as you say one can feel extremely alone (despite wonderful support over the years from my partners, friends and family)."

"I'm one of these types of people you mentioned. I have had this desire since I was 17 and still have desires for both young boys and girls. I never acted on my desires."

"I'm a teenager and am attracted to kids as young as 7 and as old as 13 depending on their looks. Both sexes but preferable male. I don't think I can ever tell anyone in my family, as I am too worried that if people know it will prevent me from growing up to have a successful job or do well in my final years of high school. It's such a sensitive topic, and so many people think that pedophilia is one of the worst crimes in the world, even above murder. But I have not offended and I wish not to."

"Hi. I am a female grad student, well-educated, personable, highly ethical. I have been attracted to girls (pre-teen) since I was one [pre-teen]."

"I'm looking for way to help me cope with my illness. I'm a pedophile. I've never hurt a child. I'd like to state this first. But after close to 15 years of fighting my sickness I'm tired. I am looking for ways to purchase drugs that kill desire anonymously over the net, since I don't know any psychiatrist I can trust with my secret (I'm not living in the USA)"

"Hi, I am a pedophile. That was so hard to type it's unbelievable. I've known since I was around 12 or 13. I've never talked to anyone about it. I am attracted to girls as young as 3. I've never harmed a child and it's the last thing in the world I want, ever. I'm now 20 years old. The attraction has ruined my life so far... I'm very good with children and love being with them. Everyone says so, I wanted to be a teacher growing up. But underneath it all there's always been that attraction that pops up unexpectedly. I try and bury it and that works for a few weeks but then it comes back with a force and I feel worse than ever. So I quit [a childcare course] and I couldn't even tell anyone why. They still encourage me to get back into childcare and that is so hard. I've had depression since I was round 15 and started being interested in sexual things. I felt like I could never talk about it to anyone and I could talk about other things but never really the true problem. I have had suicidal thoughts for a long time. I just want to talk to someone who understands without fear, I don't know what else to do. One thing I noticed about this site is that it focuses on men. I am a girl."

“I am a pedophile. I have sought professional help numerous times and have been turned away. I live in a small community that makes it hard to get face-to-face help.”

“I’m a 24 year old women living in South Africa and I am defiantly a pedophile. I have never harmed or touched a child, and I never would, but I am battling to refrain from going back to reading erotic pedo stories on line... I don’t want to break any laws, I am terrified of anyone finding out. I am disgusted that I’m turned on by this stuff. How do I get help? What d I do? There seems to be help in America, Canada and Germany but I don’t even live in or near a city.”

“I have been searching for a place which is genuinely looking to help people with my problem for a while now.... I live in the United States and really need help understanding where, and how, to seek therapy for both my problem and the depression it causes.”

“I’m definitely attracted by young girls and it’s not like I ask for it. It’s hard to find help for this problem because I assume they’ll report me and look down on me. I have never touched a young girl and I never will. My resistance is pretty strong though do have a bad habit of taking quick glances at them but I’ll never get close to them... I wish I just liked women my age and be normal.”

“I’m not really at a point where I am even comfortable saying that I’m a pedophile, but I have no intention of ever acting sexually with or abusing a child and I have never done so in the past. (...I am assuming that fooling around with other boys of your own age when a child doesn’t count). I am definitely against children and adults engaging in any sort of sexual activity.”

“I am a pedo and only one of my friends knows the truth but I feel unconfutable even with him. So I was looking online for support groups where I could stay anonymous. “

“Hello. I’m a pedophile and would like to join your listserv. I’ve been waiting for something like this for a long time now. “

“I am a man in my mid040’s and I am a pedophile, in fact I am an exclusive pedophile and have no attraction to adults in any sort of way these days. I am attracted to children form babies up to around 12 years of age max. I just have no attraction to older people anymore.... I have been single for the last 10+ years and that is all due to the fact that I am a pedophile. I have never acted out with a child and know that I never will because I just can’t imagine doing so... I struggle every day but I always get through it. I just want to share myself with your folks and hope to help some other pedophiles but not acing out and just to provide support to anyone that needs it. “

“I am a 40 yr old celibate pedophile. I have spent my while life denying what I am in order to sae children from what I know is inherently wrong. Depression thoughts of suicide etc. Denying what would bring me happiness has been my constant struggle to maintain a ‘normal’ existence. Please put me on your list so that I might find solace in knowing I am not alone. I know I can never be fulfilled but that doesn’t make it any easier. Finding you feels like a bit of redemption but not much. “

“I am a 22 year old college student and I am attracted to little girls. I would like to join your listServ. Love your website already. Nice to know there are other people out there struggling just as I am.”

“Hello. I’m a pretty virtuous pedophile. What’s on the home page pretty much sums it up. Except I don’t feel so depressed that I think about suicide too much. Though it does suck. But yeah I am a real pedophile who would never do anything to hurt a child. I love little girls and would feel horrible if I ever hurt them. And yet I am attracted to them. Pretty unfortunate.”

“I am a fan of the principles behind this community. Sometimes I feel that I am trapped between two kinds of crazy: the black-and-white spitting in the criminal justice community, and the tragically misguided rationalizations on “girl-lover” forums about child abuse. So finding people with a more rational outlook is uplifting. As for me, after many years I’ve come to a good place, so I am probably more interested in reaching out to other people. More than anything else, I would like to see compassionate and evidence-based approaches to reducing the incidence of child abuse, especially from within pedophile communities.”

“For too long I’ve struggle with being attracted to girls that are too young. I am also attracted to gown women and have never acted on my secret fantasy, and I wish to develop my healthy side and not the other.”

“I’m a 25 year old self-identified law abiding MAP from a Muslim-majority country in the Asia-Pacific but not a Muslim myself... I have no idea how people in my country would react if I ever came out.”

“I am a pedophile. I knew since I was 16 and I am 20 now. I am attracted to girls from about 7 to 11. It has made life kinda hard, but now I am so glad to have found a group, you, that wants to improve the name of non-molesting pedophiles. I want to stay such a pedophile too, I never want to harm a child in any way.”

“Hi, I am glad I found this site, I am a virtuous pedophile and have been thinking about it late, that there must be others like me... I feel that more organization like this can really make a difference at preventing these horrible crimes, keep up the good work.”

“I am a 19yo guy and I have been dealing with pedophilic thoughts for some time now, I have never hurt or touched child in a sexual way and even though I don’t think I am capable of such an act and I am aware of the damage that would do to a child, I am still afraid I might have it in me to do such a thing. I am scared and full of guilt and anxiety, I have considered suicide.....I am asking to join your listserv, for help and guidance, I feel confused and like I don’t know myself of what I am capable of, I do know for certain that I don’t want to be a pedophile and would not wish such a burden on anyone, I just want to live a normal life and be accepted but I am afraid that is not possible.”

“Logic told me there were others out there like me. I never believed I was alone in the sense of being unique. However, not knowing anyone like me—someone who is physically attracted to children, but rejects the notion that it’s okay – caused me to feel quite alone. And this, I’m sure you can relate, is a horrible feeling. I so desperately want to connect with others who live their

lives bearing this cross without falling under it's weight. My cross is becoming heavy...I could use some friends for support.”

“Hi, I am an 18 year old pedophile who has been resisting the urge to engage with children for as long as I can remember. I am interested in learning about more ways I can help spread the word and help cope with my attraction.”

“Hello. I am a 15-year-old pedophile who has just been wondering **why is the term “Pedophile” synonymous with “child molester?”** I see it all the time even in articles written by professionals. I see other people just like me who try to get advice online only to get ostracized and treated like a monster. It just makes it less likely for them to seek treatment. People act like every single pedophile has molested somebody which is clearly not the cause. Why is this ingrained in their minds? Is it a panic defense or what?”

“Hey, I’m a distressed pedophile looking for some support and was interested in joining your listserv. I have never touched a child sexually before, but the fact that I am exclusively attracted to children causes me a great burden every day. I come in hope that there is another solution to my problem other than putting a bullet through my head.”

“I am in my 60’s, been married twice, and yet I find I am almost exclusively excited by young girls. If I had to explain why, I would say it was just obviously a fact – that young girls are the most beautiful and alluring creatures in our world...I fully understand the need not to make sexual advances to young girls, of course, and have never done that ... I can’t help the attraction, and it isn’t evil.”

Appendix D: Thematic Analysis of 71 Narrative Testimonials from the Virtuous Pedophile Website.

Age	Attraction	Other attraction	Age of onset	Found support or not	Told someone personal	Told professional	Mental Health	Stigma/ Advice/ Barriers
	Young teens		Late teens				Depression/ suicide	Ashamed of attraction
Late 20's			Teenager				Considered suicide	
27	Boys 3-teens	Men						
21								
26	Preteen boys	A bit gay		Unable to easily find help				
	ID's as pedophile			wants support/ program				Wants to support program

	ID's as pedophile			Looking forward to corresponding and learning				
26	Preteen boys	A bit gay		Unable to easily find help				
	ID's as pedophile			wants support/ program				Wants to support program
	ID's as pedophile			Looking forward to corresponding and learning				
17	ID's as pedophile		13	Happy that there is a support like this				
	Pedophile		Life long					"tried to be virtuous"
	ID's as pedophile			Believes in views of the site				Believes in views of site

13								Site makes him feel less alone.
	ID's as pedophile			Like to join out of curiosity				
	Pre-teens			Can't find help				Wants to find others with same attractions before he gets in trouble.
21			As long as I can remember				Tried everything to try to understand it and to accept myself as a human	
	Girls 6-7 on up	Adult women					Claims to know difference b/w fantasy and reality.	

ID's young person	Prepubescent girls			Can't find help			Young person feels no healthy way to express sexuality	No success in same age sexual relationship.
63				Didn't find help			Struggles with feelings since 11 years old. Self dx/non contact pedophile.	Moral compass would never touch children.
	ID's as "pedosexual"			Want to help others in situations that could lead to illegal acts or coming to terms with feelings			Feels that the work pedophile carries negative connotations.	
				Interested in hearing from like people			Confused about sexual identity	
22	Girls		"Very young"	Faith based support				
	ID's as pedophile			Unable to find support				

34	Young girls & boys						Uses imagination	Frustrated will never have the experience
								Frustrated with those that promote legalizing child sex
24	ID's as pedophile		10 th Birthday	Sought help, but only found support to offend.				
	"Very young children, the younger the better."							Hard to cope without like-minded men to openly discuss our thoughts"
	ID's as pedophile			Find support on this web site. Like reading my own opinion.				Able to manage quite well without support normally.

26	Young boys 8-15 years old		14				Prior suicidal ideation. Feelings of hopelessness, loneliness	
29	10-15 year-old girls			Found no support	Told 4 friends. Accepting of it. Live far... Isolated.			Wishes innocent pedophiles could be accepted like homosexuals.
16		Unsure if attracted to women yet.		Came across site, thought you could use another member.			Come to terms with what I am.	Happy with what I am.
27	Adolescent boys		From an early age.				Grew up Mormon, spiritual guilt	Respite from torment for 2 years as was a missionary.
38	Boys 13-17			Would like to learn more				

								Society wrongly demonized group of people based on actions of a few. pedophiles are not evil.
27	Boys 8-13			Can't find support.			Feelings of destroying family	
"Young adult"	Young girls		Puberty				Phases of depression and anxiety.	Can't help who I'm attracted to.
17	Girls 11-14					Counsellor		Can't help who I'm attracted to.
	ID's as pedophile			Only site I'd feel comfortable with b/c of stance all child sex is wrong				

16	Girls 3-8			Wanted to know if women were welcome.				
25	Early pubescent girls	Girls of all ages and adult women.						Not ashamed of attraction and capable of adult relationships.
22	Young boys	Openly gay in his community						Scared, doesn't know if he will be able to live a normal life.
21	Pre-pubescent girls						Suicidal ideation	Felt alone and like a monster prior to finding this site.
		Adult women		Unable to find support				Wife knows sort of but secret has been eating me away for decades.

				Parents, friends and family.				Felt alone despite the support from parents, friends and family.
	Both young boys and girls		17					
Teenager	Boys as young as 7 up to 13	Girls as young as 7 up to 13		No support				Worried that won't be successful later in life if anyone finds out.
	Pre-teen girls		1					
							Wants meds to kill desires (not living in USA)	Refers to his "Illness" re/pedophilia
20	Girls as young as 3		12	Unable to find support			Depression	Wants to talk to someone who understands

	ID's as pedophile			Unable to find support				Lives in small community, making it more difficult to find help.
24	ID's as pedophile			Reports there is no support in her country of origin				Wants help reaching out to ask where.
				Wants to understand how and where to seek therapy			Depression	.
	Young girls			Hard to find support for fear of being reported or being looked down on				Afraid of being reported or judged. Wishes he liked women.
				Not able to find support.				Not comfortable living as a pedophile.

				Only one friend knows but feel uncomfortable. Wants anonymous support options.				
	ID's as pedophile			Waiting for this support to come for a long time				
45	Babies to 12	Id's as exclusive to the attraction category.		Unable to find support/hopes to help others			Depression/ suicidal ideation	
40	ID's as pedophile			Unable to find support.			Depression/ suicidal ideation	Finding this site feels like a bit of redemption but not much.
22	Little girls			Glad to know there are others struggling as he is.				

	ID's as pedophile			Hopes to learn more about this strange inclination through the site.				
	Little girls						Doesn't feel so depressed that he thinks about suicide too much.	
	ID's as pedophile			Finding people with a more rational look is uplifting. Vs. "girllover.com"				
	"Girls that are too young"	Grown Women						"I wish to develop my healthy side and not the other."

25	Minor-attracted person			Unable to find support.				From a Muslim majority country. Afraid of how his community would react.
20	Girls 7-11		16	Glad to have found this group.				
	ID's as pedophile			Feels there must be others like me.				Feels more organizations like this can help
19				Previously unable to find support.			Guilt, anxiety, suicidal ideation. Doesn't know self, and what he is capable of	
	Physically attracted to children.			Unable to find support. Feels disconnected.			Depression/ Isolation	Rejects notion that it's ok.

18	Attracted to children.		As long as I can remember.	Looking for coping mechanisms.				Wants to learn more ways to spread the word.
15	ID's as pedophile							Ostracized, treated like a monster.
	ID's as pedophile						Suicidal ideation.	Hope there is a solution to my problem.
60	Young girls	Adult women						Isn't evil. Can't be helped

Appendix E: Review and Summary of Themes from 71 Narrative Testimonials from Public Forum on Virtuous Pedophiles Website

Coding of 71 Virtuous Pedophiles comment categories: Thematic coding of above chart which was developed from the 71 narratives above.

Of 71 commentators 12 stated their gender as listed below

- 7 identified as male and
- 5 identified as female.

Of 71 commenters stated their current ages in the following ranges;

- 6 identified as 13 to 17 years old.
- 12 identified as 18-24 years old.
- 9 identified as 25-30 years old.
- 1 identified as 31-35
- 2 identified as 36-40
- 1 identified as 41-50
- 2 identified as 60-65
- 1 identified as “a young person”
- 1 identified as “a young adult”

Of the 71 commentators, only 9 commented about what age that they realized they had an attraction to children. All of them indicate that this was in their youth or as far back as they remember.

Of 71 commenters 54 commentators stated their attraction listed below: 7 to boys, 19 to girls, 28 did not discriminate between boys or girls noting “children”. 6 to 0-5, 17+19 (preteens based on definition of Pedophile/hebephile in literature), 8 to early teens, 1 to late teens.

- 2 Were attracted to **Girls** ‘babies to 5 years old’
- 3 Were attracted to **Girls** ‘6-10 years old’
- 3 Were attracted to **Girls** ‘11-15 years old’
- 1 Was attracted to ‘Adolescent **Girls**’
- 2 Were attracted to ‘Prepubescent **Girls**’
- 1 Was attracted to ‘Pre-teen **Girls**’
- 6 Were attracted to ‘Young **Girls**’
- 1 Was attracted to ‘**Girls**’
- 1 Was attracted to **Boys** ‘Babies to 5 years old’
- 2 Were attracted to **Boys** ‘11-15 years old’
- 1 Was attracted to **Boys** ‘15-17’
- 1 Was attracted to ‘Adolescent **Boys**’
- 1 Was attracted to ‘Preteen **Boys**’

- 1 Was attracted to 'Young Boys'
- 3 Were attracted to 'Very young Children'
- 2 Were "physically attracted to Children"
- 1 Was "MAP" (Minor attracted person)
- 1 Was attracted to 'pre-teen Children'
- 1 was attracted to 'young teens'
- 1 Identified as a pedosexual
- 19 Identified as Pedophiles total 28 (presumed)

Of 71 commentators 10 indicated an "attraction other than their primary attraction" as listed below: 9 had interest in adults

- 4 indicated an 'other' interest in 'Adult Women'
- 3 indicated an 'other' interest in 'Adult Men'
- 1 indicated an 'other' interest in 'Girls of All Ages and Adult Women'
- 1 indicated as 'Unsure if he was attracted to Women'
- 1 indicated an 'other' interest in 'Girls as Young as 7-13'

Of 71 commentators 15 reported the age of onset (AOO): 7 as teens, 6 pre-teen

- 7 indicated that they were first attracted in their 'Teens'
- 4 indicated that they were first attracted when they were 'Very Young'
- 2 indicated that they were first attracted in when they were 'Pre-teens'
- 2 indicated that they were 'Life Long' attracted to children.

Of 71 commentators 68 indicated that they were either able to find support or not: 35 want/need support, 5 manage/Self Control, 22 have informal support.

- 17 Report not being able to find support
- 1 Reports having faith-based support
- 1 Reports having support from friends
- 1 Reports having support from parents, family and friends
- 10 Report that Virped.org is a good source of support for them
- 1 Reports finding support to offend only from other sites.
- 13 individuals want 'support'
- 3 individuals are looking for more 'learning' on the topic
- 9 individuals are happy for the support of the site www.virtuouspediphiles.org
- 2 Want to help others
- 5 individuals express frustration with the lack of support
- 5 individuals have been able to manage without support

Of 71 commentators 1 indicated that they told someone personal

- 1 individual advised that he told 4 friends and they are accepting of it. He advised that they live far, so he feels isolated.

Of 71 commentators 1 indicated that they told someone professional

- 1 individual advised that he told a counsellor.

Of 71 commentators 36 indicate that their mental health was affected or commented on the stigma associated with this attraction. 16 report MH issues (depression, suicidal ideation or both), 7 report guilt/shame/stigma, 5 report protective factors, such as self-control or fear of being exposed), and 7 report risk factors they are experiencing such as isolation, cognitive distortions, and no outlet).

- 13 have reported they suffered from depression, suicidal ideation or both
- 3 report struggling with self-worth
- 3 report no healthy way to express their sexuality
- 1 reports to have self-diagnosed self as a pedophile
- 2 report suffering with feelings of guilt
- 2 expressed positive mental health in coming to terms with the 'sexual orientation'
- 5 individuals indicated that they experience 'Shame'
- 1 individual was unsuccessful in an adult sexual relationship
- 2 individuals report to have a moral compass that includes never to touch children sexually
- 1 individual is afraid of being reported
- 1 individual reported to be isolated
- 2 individuals want pedophilia to be accepted like homosexuality

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