

PEDOPHILIA: UNDERSTANDING THE ORIGINS AND PROBLEMS WITHIN THE  
CRIMINAL JUSTICE SYSTEM

by

James Keet McElhaney

Liberty University

A Dissertation Presented in Partial Fulfillment

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## ABSTRACT

Societal stigma, criminal sanctions, and the mental illness or disorder of pedophilia are explored in this paper because of the considerable research gaps that have accumulated over the past decade. Most of the data acquired regarding individuals with pedophilia have been predominantly from male offenders, with most of the information coming from reports to local law enforcement and the FBI. The outcome of multiple studies shows that neuroimaging, associated brainwaves, and related sexual attraction are significantly different for individuals with pedophilic tendencies than for others. Studies also reveal that research has been limited to prevention techniques and therapy for nonoffenders seeking help as well as the criminal justice system's definition of pedophilia. Most minor-attracted people are subjected to self-reporting, and the definition of pedophilic tendencies within mental illness is vague and can be misused. Additionally, many reporting systems and avenues exist for professionals working with individuals with pedophilia. Still, mandatory reporting has long been part managing mental illness and the potential for offending or reoffending. Using qualitative research methods, this approach is assessed in light of newer studies and interviews with mental health professionals; examination results show that pedophilia is both a mental disorder and a criminal consideration for which society currently has no established proactive measures to prevent offenses. The need and potential for handling pedophilic acts before they can occur, the accurate risk assessment of pedophilia in the criminal justice system, and society's view of the topic are all judged based on previous treatment options that have not worked.

*Keywords:* Pedophilia, Neurodevelopment, Sexuality, Mental Health, Retribution

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### **List of Abbreviations**

Federal Bureau of Investigation (FBI)

Minor-Attracted Persons (MAPS)

Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Sexual Assault Referral Centers (SARCs)

Artificial Intelligence (AI)

Kent Internet Risk Assessment Tool (KIRAT)

Natural Language Processing (NLP)

Multilayer Perceptron Network (MLP)

Institutional Review Board (IRB)

Certified Clinical Trauma Professional (CCTP)

Child Sexual Offenders (CSO's)

## CHAPTER ONE: INTRODUCTION

### Overview

Since the spur of the internet and being able to access information at a high rate of speed, this has opened up the world of known and hiding pedophiles for years now. At the click of a button, these individuals now have access to pictures, videos, chat rooms, and live feeds for molesting, abusing children (mentally, physically, emotionally, and psychologically), and exploitation for profit across multiple platforms. Pediatrics and Child Health sees pedophilia defined as having a sexual desire (fantasies or impulses), interest, or attraction through known behavior to prepubescent children (Perrotta, 2020). Additionally, pedophilia has long been labeled as a crime, and seen as evil and inhumane within society, but most individuals only want to see pedophiles as criminals. Although pedophilia is seen as a crime if acted upon, it is child sexual abuse that is a crime, while other studies and case studies see pedophilia as a disease/mental disorder needed to be treated.

On the contrary, treating and sentencing an individual labeled as a pedophile is a tricky subject for criminal justice. In the article *Understanding the Reasons of Pedophilia*, research has been found that there is a connection between pedophilia with biological as well as neurological factors and symptoms associated in the brain (Bulut, Cankaya, 2020). Neural correlates of moral judgement in pedophilia highlighted the use of technology to see the early onset science regrading pedophilia. The laboratory test by the article saw several abnormalities and also showed premature ectopic complexes (Massau et al., 2017). Understanding pedophilia is important for criminal justice because how is it treated, whether as a mental disorder or a mental illness is imperative for the criminal courts and correctional systems. The benefits of this research will extend outwards to the criminal offenders, the non-offenders seeking therapy, as

well as the entire criminal justice system for the future of children and the sanctions applied to pedophilic offenders.

### **Background**

Assessing and fully understanding the origins of mental illnesses and certain sexual crimes has plagued most individuals in the criminal justice world and scientists for the past 50 years. To truly understand the root causes of pedophilia and the problems that lie within the criminal justice system, we first must uncover the history of pedophilia and the distinctions of what pedophilia is as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

### **History & Evolution Regarding Pedophilia**

The maturity and development of an individual, especially a child, has been a scientific and attributing factor in protecting children from individuals willing to expose them. In the *Journal of the History of Sexuality*, Hirschfeld illuminated pedophilia in 1926 by defining the age of consent to “sexual feelings” (age of 9) for youths (more boys than girls; Janssen, 2018). Most of the information dedicated to the history of pedophilia primarily concerns men and the attraction toward mainly young boys. This overarching theme is a misconception, given that the aspects of pedophilia encompass children whose ages range from infancy to 17. As of 2018, roughly 3%–9% of the population is said to have sexual attraction toward children and is labeled as a psychiatric disease by which child sexual offending may occur (Mitchell et al. 2017; Massau et al. 2017).

Although a distinction exists between pedophilia (attraction to prepubescent children) and hebephilia (attraction to pubescent children), both types of abusers prefer one sex over the other, which indicates that the surrounding narrative covers a similar age range for the victims (Bailey et al., 2021). Only in the early 1990s did age become a historically analytical talking point for

sexuality, and here, the structure of the common term *pedophile* came to light (Cleves, 2018). This has led to mental health and mental illness moving to the forefront of discussion to determine the reasoning for pedophilic acts.

The evolution of pedophilia has become an increasing problem for which technology, the community, and the victim must pay the ultimate price. The advancement of the topic has spanned from a mental disorder to a mental condition, and it is now labeled as a mental illness (Howsepian, 2018). The topic has also evolved to highlight issues stemming from accessibility to content on the internet, the growing interest in pedophilia's population, and society's view of the topic (acting as if it does not exist). This evolution creates the illusion that pedophilia is under control and that communities understand the degree to which it needs to be addressed. The idea that pedophilia will disappear is not likely. Still, prevention through studying behaviors, past crimes, and experiences as well as a specific scientific diagnosis can increase knowledge of how and where pedophilia begins.

### **Defining Pedophilia**

Beginning the discussion of pedophilia requires the definition of what pedophilia is, what it means scientifically, and how society views pedophilia. Pedophilia is defined by the DSM (Perrotta, 2020) and divided into three categories as follows:

1. The person has recurring sexual fantasies, impulses, or behaviors involving one or more prepubertal children (usually  $\leq 13$  years) that have been present for  $\geq 6$  months.
2. The person is driven by impulses, has difficulty resisting the impulses, or is altered by the impulses and fantasies.

3. The person is  $\geq 16$  years old and at least  $\geq 5$  years older than the child targeted by the fantasies or behavior.

Having pedophilia properly defined allows the definition to take shape for existing and future research that must be accomplished for this taboo topic. Associated with pedophilia in some cases is obsessive-compulsive disorder. In these cases, individuals showcase signs of OCD behavior, which drives scientists to the necessary research for defining mental illness on a large scale which can blend worlds of multiple mental illnesses (Perrotta, 2020). Additionally, Stevens and Wood (2019) examine the five themes associated with mental illness: addiction; anxiety; depression; self-hatred, self-harm, and suicide; and other categories. This is important to understand because, as in other mental illness cases, the foundation of pedophilia has been, in some cases, linked to being a disease, and there is a significant gap in how research is conducted (scientifically and therapeutically) to solve the issues that remain.

### **Social Significance for The Understanding of Pedophilia**

The social aspect of pedophilia has always been seen and viewed as a crime, rather than a mental disorder. In an article titled *The natural order of disorder: Pedophilia, stranger danger and the normalising family*, the social viewpoint regarding pedophiles was that of social construction for which as a society we see as a product of culture and not nature (Katz, 1995; Chenier 2012). Seeing that pedophilia is viewed by one set of the population (society) as a cultural aspect for which monsters and criminals exists, while the other (clinical professionals) view pedophilia as a mental disorder for which the criminal aspect is a separate behavior, thus a line in the sand is drawn. The social significance of the origins of pedophilia and the aspects of how the criminal justice system treat pedophilia moving forward can also be seen from studying other psychiatric disorders through technology in the future.

The neurobiological and developmental alterations and underpinnings for society regarding pedophilia can help uncover human sexuality and neurodevelopmental disorders early on (Tenbergen, Wittfoth et al., 2015). In the last ten years, the area of mental illness has begun a cultural push from social media and society as a concerning issue or epidemic in the United States. With the label of pedophilia as a mental disorder, the social impact of the issue is causing many people to address many factors inside families, communities, and neighborhoods as to how to view mental illness and not ignoring red flags that may arise. As both the criminal justice system and mental health may label pedophilia as two different situations given the circumstances, this research specifically researches the origins of where pedophilia originates and how the criminal justice systems treat it from a mental health professional perspective.

### **Theoretical Significance for The Understanding of Pedophilia**

Theories that relate to pedophilia cover the origins and treatment of the mental disorder and the avenue of it if is acted on and thus becomes child sexual abuse. The temporal-limbic theory discussed by Mendez & Shapira (2011) and expanded on by Giulio Perrotta (2020) for which the limbic system in the brain is “tied to the structural and functional differences in temporal lobes that can contribute to the development of a paedophilic sexual preference” (Perrotta, 2020, p. 23). Compounding on the avenue of a certain structural difference in the brain functionality could be a red flag and something to discuss further scientifically for the future.

Additionally, after covering the brain and its function, the compositional explanatory theory of pedophilia by Laws and Marshall (1983,1990) and later covering the etiology of pedophilia by Gannon (2021) tends to suggest that the etiological mechanisms of pedophilia are independent rather than causative or correlated to abusive behavior (Gannon, 2021). The

behaviors related to pedophilia may be something that can be related to the environment of the individual amongst other social factors.

Lastly, the situational crime prevention theory conceptualized by Edwin Sutherland in 1947 and expanded by Ron Clarke to give it the 25 techniques of situational crime prevention (1980; 1995) tends to see pedophilia and child sexual abuse not from a criminal aspect, but where the location or setting of the act is, rather than the individual. Clarke (2009) expands on this theory to suggest society has created inadvertently multiple places for criminal activity, criminogenic laws that are put into place, and a very broad, leaky criminal justice system.

### **Situation to Self**

The interest for the topic of exploring more about the origins of pedophilia and the way the criminal justice views pedophilia first started in 2018. I was a previous law enforcement officer having worked and been in situations involving child sexual abuse and it always perplexed me how an individual could hurt, abuse, and traumatize the most vulnerable section of the population, children. During the interviews with mental health professionals, the understanding of pedophilia as defined, managed, and seen from a worldly perspective is directly conflicting from the criminal justice system with both reactive and proactive approaches. The difficulty regarding the topic lies in where we address the problem and the possibilities of where pedophilia originates, as multiple social, environmental, and economic factors play a key role in the mental disorder itself.

Additionally, the podcast Hunting Warhead co-produced between (CBC & Norwegian newspaper Verdens Gang) was a vital turning point for the need for more research for which it talks about online child abuse materials and the dark web for solicitation of minors ranging from infants (some handled and paid for them by their own parents) to pubescent children. This



podcast involved global resources for both child sexual abuse and pedophiles for a website forum called “Child’s Play” with upwards of one million users. Understanding what pedophilia is and how to prevent it from becoming future child abuse is the value and sense of clarity this research tries to achieve with the known research gap. Mental health professionals during the interviews also discussed members of the population for which there is no current resources for non-offenders with pedophilia. Knowing there is a population for which this attraction exists is imperative to study and understand before their thoughts and feelings turn into a potential violent crime. The only way we currently combat child sexual abuse is after an offender is arrested and in the criminal justice system to receive “treatment”. The mental health professionals also highlighted and discussed their approaches and reasonings for where they think pedophilia originates as a sexual orientation, whether it is acquired, or a combination of both regarding the permissive beliefs around sex and attraction as well.

Speaking to the ontological assumptions, each mental health professional had their own beliefs and experiences with different career backgrounds, and various degrees of their own reality with child sexual abuse, pedophilia, and the avenues of treatment directly related to the criminal justice system. The epistemological understanding is rooted in the opinion and belief that some individuals (offenders and non-offenders) can change, and some are not willing to change based on knowing the pattern of behavior displayed by their clients or individuals they currently work with. Axiologically, the societal views on pedophilia are largely considered given they shift the pendulum that the criminal justice systems sit on given the current climate of the United States. The crime that is child sexual abuse and what is known as pedophilia will forever be linked given the circumstances, but the education surrounding the topic is discussed from a mental health perspective for this research given it being defined as a mental disorder.

The other philosophical assumptions that help guide the study are seen by having interviewed mental health professionals but using a varying degree of background information with dealing with both offenders and non-offenders as well as those with public and private practices. I also used direct quotes in some situations to show direct beliefs and stances for pedophilia as discussing the origins of the attraction, as this was one of the fundamental questions for the research. The methodology for this research also attempted to highlight and use the differencing of opinions and views of pedophilia and the criminal justice system to show the individual participants viewpoints and knowledge of the subject.

### **Problem Statement**

With pedophilia, the advancement of technology and the internet has made seeking pleasure fast, convenient, and difficult for law enforcement to stop. On the one hand, child sexual abuse is a criminal act punishable in a court of law. On the other, pedophilia is a mental disorder clearly defined by a chemical imbalance in the brain (Bulut & Çankaya, 2020). In the eyes of offenders and preoffenders, several red flags are associated with pedophilia and are commonly overlooked by society and the criminal justice system. Monitoring, controlling, and adequately labeling pedophilia as both a mental disorder and a criminal issue are significant research gaps that must be overcome to correct the problem of pedophilic tendencies that can then turn into violent crimes in the future (Carpinteri et al., 2018).

The problem that pedophilia presents to society regards how the treatment of the actual act of sexual violence against children while also determining why the issue exists. This is seen in the victims of pedophilic acts and the offenders themselves when engaging in such activities. Part of the problem stems from offenders having no proper way of managing the mental disorder through the criminal justice system, and another part is in finding the potential origins of

pedophilia. Suppose scientists do not understand where specific thoughts or feelings for an attraction to children originate and they do not understand the root cause. In that case, the actions of child sexual abuse will continue to happen at an alarming rate (Khan, 2018). Ignoring the issue only breaches society's responsibility to the victim and continues to suppress the issue's cause. The organizational impact of not chasing the specific origins and not having adequate mental health reporting systems for pedophilia is predicated on addressing child sexual abuse only after a crime has been committed rather than before. This boundary directly affects victims, who have no proper therapy, reasoning, or conclusion regarding why someone would harm them and commit such an act. Previous researchers have offered little insight into managing child sexual abuse through criminal justice, and pedophilia blurs the lines of what is considered a mental illness (Lievesley et al., 2020). The sanctions of criminal law are outlined by the using five objectives which are: retribution, incapacitation, deterrence, rehabilitation, and restoration (Berryessa, 2014). When discussing sexual offenses, the nature and victims of the offense are more sensitive than those of other crimes and are largely lost in the penal system.

Pedophilia in the United States is a crime by society's standards and enhancing on that viewpoint is not one that is preventable. Developing knowledge of mental illnesses, including pedophilia, is essential to understanding how individuals react to and commit certain crimes (Smith, Katherin, 2021). Truly diagnosing what pedophilia is or can be and diving into the actions of child sexual abuse can close the gap between the criminal justice system's view of viable treatment options and methods that can truly stop child sexual abuse in the future. Only in the past two decades has any research been written advancing the conversation concerning pedophilia, and this research may prevent offenders, nonoffenders, and children from becoming statistics.

### **Purpose Statement**

The purpose of this qualitative study is to explore the current characteristics and definitions regarding the origins of pedophilia from mental health professionals and how the criminal justice system treats those with pedophilia. The ethics of pedophilia by Ole Moen states “In terms of phenomenology, pedophiles report that they discover their sexual preference (usually in their teens), not that they choose it” (Moen, 2015, p. 112). This understanding of pedophilia straight from the source of the actual offenders now gives us a grasp on the reality of the situation. The research of whether the criminal justice system should label pedophilia as a predatory crime, or a mental illness/disorder is crucial to how the justice system works. As a nation, we tend to label justice as prison time (retribution), but it has been shown that prison sentencing for sexual offenders may not work. When talking of the penal or prison sentencing “it is often the case that all sex offenders are treated the same way, even though they have diametrically different treatment needs” (Obradovic et al., 2020, p. 110).

Too often, the criminal justice system is under the assumption that putting an offender or an individual behind bars will solve all life’s problems. Studying pedophilia in depth, will allow for the narrative to be switched from offenders being cruel, vile human beings (which they still are) to thus finding the root cause of the problem. The motivation for this study is also highlighted by the new movement of #Savethechildren and the push for child abuse, and child sex trafficking to be brought to light in America. What I set to accomplish is find a middle ground for the criminal justice system in how to properly label each offender as a predatory criminal, an offender who has a diagnosed mental illness which they cannot control, or both.

Both existing literature and evidence, along with the criminal justice system will be explored to backlight the significance of pedophilia as a research topic very few individuals talk about.

### **Significance of the Study**

The study's significance emerges from its examination of the root origins and causes of pedophilia and the presentation of measures that may prevent MAPs from becoming offenders. In a qualitative study, Mitchell (2018) investigates the roles of general self-regulation and prosocial support for MAPs, revealing that the factors for participation in the pedophilic urges were based on participants' behaviors and attitudes about sex. This unique finding illuminates how health care, law enforcement, and court professionals view and enforce such crimes. How pedophilia occurs is the backbone of the research; and Mitchell's findings indicate that insufficient preventive research has been conducted to determine the causes of the illness or disorder (pedophilia).

The significance of this study is further highlighted through an examination of the motivational structure through which the desire exists to have sex with a child (Jahnke, Malón, 2019). Understanding the desire is a factor in which qualitative research can be helpful, as conducting interviews can unmask how the desire is gradually shaped. As discussed previously, how an individual acquires the tendencies toward pedophilia is a factor that other studies have failed to reveal. This research opens the door for shared therapeutic techniques based on an individual's status of pedophilia (offender or nonoffender) instead of blanketing a widespread issue.

Tozdan and Briken (2017) offer another relevant use for research regarding pedophilia. They explain and conclude that Grundmann (2016) advises arousal in those with pedophilia can be understood by some as a personality trait that is closely compared to sexual orientation. When

examining studies about individuals with pedophilia, isolating the findings has been demonstrated to have a short bias based on the treatment program discussed (Grundmann et al., 2016; Tozdan & Briken, 2017).

### **Research Questions**

The research questions formulated for this study encompass the avenues of pedophilia and societal views on the issue. In the past two decades, there has been an increase for research in the topic, but a significant gap remains between the mental illness diagnosis and the argument of free will regarding pedophilia. Free will is defined as “problems emanating from a naturalistic view of the world in which human action forms part of a web of cause and effect with all other natural events” (McCay & Sevel, 2019, p. 3). The option to weigh the actions and consequences of a violent sexual act originates in one’s view regarding whether child sexual abuse is a conscious decision or one that arises from more profound mental illnesses. Society has a clear stance on the topic, but why? In this research paper, the research questions address the following:

RQ1. How does the criminal justice system treat those with pedophilia?

RQ2. What are mental health professionals’ current characteristics and definitions regarding the origins of pedophilia?

In a forensic research study by Schmidt et al. (2017), there is a notion that for pedophilia, no psychoanalytical documentation exists for having pedophilic interest after self-reporting. Accordingly, the *Truth Project: helping us make things safer for children in the future* (2017) in the United Kingdom allows sexual abuse victims and survivors to provide feedback on their situation as well as how they were groomed, manipulated, and abused to enable researchers to better understand the offenders in child sexual abuse cases (Express & Echo, 2017). The evaluation and risk assessment from the *Psychiatric Journals of Sex Offender Treatment and*

*General Information* found that pedophilia also shows mixed results that need to be clarified, finding in some studies that only 2% of offenders have mental disorders and psychotic illnesses (Sorrentino et al., 2018). A clear definition of the association between mental illness and pedophilia as well as future prevention techniques and treatment options should be explored and studied, as these are crucial elements for both the offenders and victims.

### **Definitions**

Below are multiple key terms and definitions for the literature regarding pedophilia and child sexual abuse. Those that are instrumental to the study are as follows.

1. *Child Abuse* – The willful infliction of pain and suffering on children through physical, sexual, or emotional mistreatment (Broome et al., 2020).
2. *Child Grooming* – The act of befriending and establishing an emotional connection with a child, and sometimes the child’s family, to lower the child’s inhibitions; the objective is to perpetrate sexual abuse. (Wolf, Pruitt, 2019).
3. *Ephebophilia* – A preferential sexual interest in individuals who have “arrived at puberty” (in Greek) rather than adult partners (Levenson, J. S., Grady, M. D., & Morin, J. W., 2020).
4. *Hebephilia* – A preferential sexual interest in pubescent (i.e., early adolescent) individuals rather than adult partners (Bailey et al., 2021).
5. *Mental Health* -A state of well-being in which the individual realizes personal abilities, can cope with the normal stresses of life, can work productively, and can contribute to the community (Galderisi, Heinze et al., 2015, p.231).
6. *Neurodevelopment* – The brain’s ability to function and be responsible for concepts such as learning, focusing, and remembering (Tenbergen, Wittfoth et al., 2015).

7. *Pedophilia* – A condition that features persistent and intense sexual fantasies and urges toward prepubescent children; diagnosis includes marked distress, interpersonal difficulties, or deviant urges that cause harm to another person (Massau, Tenbergen et al. 2017, p. 460).
8. *Phenomenology* – The study of how things appear or present themselves as well as the study of a particular group of people, places, or institutions and their experiences (Max van Manen, 2017, p. 775).
9. *Psychiatry* – A specific branch of medicine, both positive and negative, that focuses on the diagnosis and treatment of mental illness (Jeste, D. V., Palmer, B. W., Rettew, D. C., & Boardman, S., 2015).
10. *Rehabilitation* – All therapy-based interventions, also known as a process of care for the offender or individual (Bernhardt et al., 2017).
11. *Retribution* – The desire to punish a wrongdoer or an individual who has broken the law (Kraaijeveld, 2019).
12. *Sexuality* – The quality or state of being sexual (Janssen, D. F., 2018).

### **Summary**

In summary, the current understanding of pedophilia and how the criminal justice system approaches the topic is isolated to the last 50 years of crime and societies view on sex, attraction, and criminal behavior. Pedophilia, while defined as a mental disorder by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is largely dismissed and viewed as child sexual abuse even though it covers just the attraction to children and not the act itself. Previous research has looked at the origins of pedophilia and the criminal justice system individually, but the gap in



research is the defining of how pedophilia is viewed from a mental health professional perspective and the current treatment processes within the criminal justice system regarding both offenders and non-offenders. This research study discusses and brings to light an issue of where the sexual attraction to children originates, and how the criminal justice system and mental health professionals treat pedophilia currently, and also provides proactive measures and enhanced criminal outcomes for the crime of child sexual abuse.

## CHAPTER TWO: LITERATURE REVIEW

### Overview

The study of mental illness, mental disorders, and specifically pedophilia has been a topic that has been a priority for the criminal justice system for the last two decades. The existing literature and dataset that pedophilia presents are limited in how the risk versus reward is captured in the topic's essence. Criminals employ the risk incentive technique, and in terms of pedophilia, the data regarding prevention are minimal. In a separate study involving neuroimaging for people with pedophilic tendencies, multiple datasets were seen as extensive but incomplete because the dataset and population involved 1,400 X-ray images, where known to obtain multiple screening errors (Mesejo et al., 2020).

For the advancement of the topic, there is no available software to date that offers meta-analysis of functional connectivity studies (Dugré & Potvin, 2021). This is important for the literature surrounding pedophilia because it shows the gap in research on pedophilia and how tests are conducted and examined. Although there seems to be no conclusive evidence to support the findings of available software, the information regarding scans, MRIs, and other functional reviews is imperative to extend study limits of possible causation of pedophilia and future prevention for both offenders and victims. Another scientific dataset states that “pedophilic [sic] interest is likely to be taxonomic and that men are either pedophilic [sic] or nonpedophilic [sic]” (McPhail et al., 2018, p. 3). This is a crucial data field because recidivism for people with pedophilia is on a 50/50 scale, and previous use of prevention techniques has worked for short-term solutions. Still, there is no known scientific evidence that a long-term solution exists.

Previous research regarding pedophilia and the treatment options also covers one reoccurring theme associated with pedophilia seems to be multiple identities, which are

explained as having a deviant sexual self, a rational sexual self, and a potentially feared sexual self (Blagden et al., 2018). Moving forward, the focus must include child protection services and adequate resources for children's mental health so that both offenders and victims can access viable treatment options (Slane et al., 2018). Allowing a general overview also involves a substantial social stigma from the media, society, and potential offenders for speaking about the topic. Assessing this allows one to realize the psychological effect on minor-attracted persons (MAPs): they suffer substantial guilt and shame for realizing their thoughts and behavior patterns, and in turn, do not feel that proper treatment is readily available to change their behavior (Lievesley et al., 2020).

This assessment regarding pedophilia also falls in the realm of potential child sex trafficking, how different media outlets show the coverage of pedophilia causes an overall skewed view, and how multiple sexual abuse crimes can be categorized under one umbrella. This is catastrophic because it does not allow fluid research and potential treatment options to move forward. Carpinteri et al. (2018) attempted to determine the characteristics of child sex traffickers (mainly pedophiles) to assess both buyers and producers of trafficked children; they boldly predict that younger, unemployed single men are the typical consumers. This generalization is inconclusive to how victims are groomed. How pedophiles act and take advantage of their victims is an essential characteristic that leaves the door open for interpretation.

When pedophilia has been introduced and studied before, the existing literature also shows a resurgence of prevention and policy strategies for pedophilia. This exploration of myth typologies was presented and organized into six perceptions of pedophilia. These are labeled as blame diffusion, denial of abusiveness, restrictive stereotypes, victim age and consequences, social stigma, punitive attitudes, and treatment (Gina, Carvalho et al., 2022). While this helps

expand the notion and the conversation around pedophilia and child sexual abuse, this fails to uncover the way the criminal justice systems seeks treatment and places no societal stigma for blame and only covers the laypeople's perception of the issue. Discussing pedophilia as it relates to the origins has been addressed from a scientific standpoint and it has been studied across the preventative measures for child sexual abuse, but the underpinnings of pedophilia from a mental health perspective has long been ignored for individuals who work with the offenders and non-offenders who have pedophilia.

This chapter addresses and looks at the potential origins of pedophilia, how society and mental health professionals define pedophilia, and the current relations of the criminal justice system with pedophilia and child sexual abuse. The temporal-limbic theory, the compositional explanatory theory, and the situational crime prevention theory provide the theoretical framework for the study of pedophilia, and the current treatment options displayed by the criminal justice system.

### **Theoretical Framework**

For qualitative studies, the use of theoretical framework ties together the issue or problem that the study is trying to close the gap for. Theoretical framework is defined as a logically developed and connected set of concepts and premises developed from one or more theories that a researcher creates to scaffold a study (Varpio et al., 2020, p. 990). The three theories that help build and support the research are the compositional explanatory theory (Gannon 2021; Laws and Marshall 1990), the situational crime prevention theory (Clarke 1980, 1995, 2009), and the temporal-limbic theory (Mendez, Shapira 2011; Giulio Perrotta, 2020).

## **Compositional Explanatory Theory**

There are many theories and suggestions for why pedophilia occurs, why the victims are chosen, and why the offenders decide to commit such a violent crime. Compositional explanatory theory suggests that the etiological mechanisms of pedophilia are independent rather than causative or correlated to abusive behavior (Gannon, 2021). Both biological and environmental elements are root causes for pedophilic tendencies and behaviors, which indicates that clinical features are introduced but foreign to the review and language associated with the topic (Gannon, 2021).

When specifically looking at the etiology for pedophilia, it is seen as the cause or manner for which a certain disease or illness occurs. This was first introduced in 1983 and expanded on in 1990 by Laws and Marshall for which sexual deviance and the disorder that it is, was first studied from a mental health perspective and not just a criminal background. The key importance of this theory showed and progressed the discussion for not only scientific work for studying the sexual arousal and deviant behavior, but also that of the individual patterns that each individual may possess for sexual arousal (Laws, Marshall, 1990). This idea compounds into sexual behavior being looked at as a form of conditioning and a social learning model for which beliefs of sex and how sexual behavior is then categorized as normal for engaging deviant behavior (Laws, Marshall, 1990). As listed above, this notion has been expanded on and explored through Gannon (2021) and Hawkins-Elder & Ward (2020) to assess not just sexual behavior, but also violent crime and the offense of child sexual abuse.

Hawkins-Elder & Ward also argues for the compositional explanatory theory that as it pertains to the psychology of crime, that compositional descriptions can provide valuable information about a phenomenon, such as the relationships between signs and symptoms or how

a disordered state may be maintained (Hawkins-Elder & Ward, 2020, p. 86). Addressing and underlining the red flags of pedophilia and how the mental disorder is treated, controlled, and educated upon is vital for the growth of the criminal justice system and mental health professionals.

With prior research being highlighted on the possible origins of pedophilia, Gannon (2021) discuss the clarifications of pedophilia have etiological similarities with different symptom patterns, but varying degrees and stages of pedophilia (hebephilia, ephebophilia, nepiophilia) show different signs of maturity for the targeted population. When viewing the maturity and disorder for the compositional explanatory theory, the Laws and Marshall's theory is also stressed by Quinsey & Lalumière (1995) for which they state that the stimuli of prepubescent children are more sexually conditioned for certain individuals because they are close to maturing and becoming suitable reproductive partners. While the compositional explanatory theory showcases the deviant sexual behavior and the possible biological factors associated with the disorder, it fails to address pedophilia as being modified by the current definitions or if it is possibly managed at a better rate due to treatment options (Marshall 2020; McPhail, Olver, 2020). To discuss the management of pedophilia and treatment for the criminal justice system, the situation crime prevention theory will be used as a theoretical framework for this research.

### **Situational Crime Prevention Theory**

The situational crime prevention theory is predicated on the personal history of the individual or in some cases the situation or environment that the individual may be in (Clarke, 1980, 1995). It also tends to showcase that offenders generally choose to commit said crimes on their own perceptions of available opportunities (Eck, Clarke, 2019). The five categories of the

situational crime prevention theory are as follows: increasing the effort required to commit a crime, increasing the risks of committing a crime, reduce the rewards of certain crime, reduce provocations to commit an offense, and remove excuses for breaking the law (Freilich, Gruenewald, & Mandala, 2019). This theory takes the stance that when speaking of when committing a pedophilic act on a child or engaging in child sexual abuse, the avenue of approach should be the outlook on where and when the crime takes place as a prevention technique. The situational crime prevention theory is also comprised and based upon the routine activities theory which talks about the needed combination of motivated offenders, suitable targets, and the absence of capable guardians (Cohen and Felson, 1979; Miró, 2014).

The first technique of crime prevention is increasing the effort for an individual to have to commit a crime. This is done by examples such as controlling the access to the child or areas, as well as controlling the weapons once could use to interact with children (internet, phones, etc.) (Cornish & Clarke, 2003). This technique stresses the ways in which individuals with pedophilia (offenders and non-offenders) can control their urges with limiting access to children, their fantasies, and ultimately their behavior.

The second technique is increasing the risk for the offender or individual for the potential to commit the crime (Cornish & Clarke, 2003). This is reviewed by never allowing your child to go anywhere alone, and not including identifiers for their items such as backpacks or at larger places such as airports. Increasing the risk of the offenders is important to discuss for pedophilia given the internet and social media has allowed individuals to remain anonymous and gain the trust of children.

The third technique is reducing the reward of individuals looking to offend (Cornish & Clarke, 2003). Reducing the reward for the argument of pedophilia is important to consider but

very difficult to achieve. Wortley (1998) tends to look at if we reduce the social cues and perimeters for potential child sexual abuse, the outcome may not always be the same given some offenders only see opportunity factors as positive and not negative. Being able to foresee that an individual may or may not commit a crime based on the risk versus reward ratio will always be a topic of concern, but one that hangs on the balance of the situation, the urge to commit the crime, and the intended outcome of said crime. When considering pedophilia and the criminal justice system for treatment, the approach is often to be reactive and wait until individuals become victims.

The fourth technique is reducing provocations or emotional and physical arousal or stress for the pressure of the situation. This includes two factors which are precipitating factors and regulating factors (Cornish & Clarke, 2003). The regulating of offending and the collection of information regarding child sexual abuse is important to discover the origins of pedophilia and the given treatment options. Also, with the regulating factors, the iatrogenic effects of proper regulation of treatment are imperative to discuss and monitor for the mental disorder of pedophilia for which when proper diagnosis is achieved or assessed, the known channels of care and treatment need to be provided for more positive outcomes to occur. Wortley (2001) also displays this theory but suggesting that the environment an individual is in does not necessarily show the outcome of a behavior, but merely works actively to bring the behavior to light. This technique looks at the arousal patterns and how those can coincide with deviant behavior for offenders over time.

Lastly, the fifth technique is removing excuses for individuals (Cornish & Clarke, 2003). The removal of excuses is helped by having proper policies in place for known predatory behavior, harassment, having an alert conscience which enforces good behavior (“see something,



say something”), as well as allowing other individuals to assist in compliance with rules and regulations set forth. If there are no excuses to retreat to deviant behavior, then the urges and fantasies that occur with pedophilia can be minimized.

The situational crime prevention theory while it is important and used to report and minimize crime on a general scale, fails to adequately address the behavior of individuals who are sexually and psychologically motivated by past trauma and abuse for specifically children. When combined with needed therapy solutions as well as a cohesive group including society with a deeper understanding of pedophilia, this could prove more useful for future research. To discuss the scientific origins of pedophilia and treatment for the criminal justice system, the temporal-limbic theory will be discussed next and used as the third theory for the theoretical framework for this research.

### **Temporal-limbic Theory**

Scientifically, the origin of pedophilia is a relevantly new topic of discussion with a surge in recent technology for monitoring certain sections of the brain to highlight certain mental illnesses or disorders. Looking at the temporal-limbic theory was first introduced in 1939 for what is known as the Klüver-Bucy syndrome, which is a behavioral impairment that causes memory loss, hypersexuality, and even brain diseases and tumors for possible brain infections (Das, Siddiqui, 2022). The basic understanding of the temporal-limbic theory is one that is rooted in the fact that sexual behavior and behavioral disinhibition are regulated by temporal lobe structures and the temporal lobe is related to erotic discrimination and arousal threshold (Bulut, Çankaya, 2020, p. 3). This is important to understand and uncover because if we can study the science behind multiple mental disorders, then we can also highlight the early red flags

to changes to behavior, the outcomes of those behaviors, and the impulse control of the urges and possible sexual behaviors.

Giulio Perrotta (2020) and Mendez & Shapira (2011) have also expanded on the aspects of mental disorders and brain structures with noting that the temporal-limbic theory also shows the development of sexual preference is produced by the double lobe theory. This theory suggests that frontal and temporal disorders provide firsthand evidence for inadequate sexual behavior and abnormalities of the known brain structure and swing the pendulum for the individual with pedophilia's sexual behavior (Perrotta, 2020). Being able to unlock and see the potential for sexual behavior mood swings, and the uncontrollable acts of impulsion, directly can correlate to intense and often unwarranted sexual behavior.

Mendez & Shapira also conducted a study for which pedophilia could possibly be linked to a disorder or a neurological development. They studied eight individuals who had sexual behavior toward prepubescent children and found that five individuals had issues with their sexual behaviors and felt guilt showing frontally predominant disorders, while the other three had subcortical lesions (Mendez, Shapira, 2011). These brain disorders when carefully studied and examined can help pinpoint the realm of brain function and possible brain disease for which the hypersexuality, the sexual preoccupation, or the disposition can take place (Mendez, Shapira, 2011). Allowing the advancement of the temporal-limbic theory and science to be meshed together could help generate known interventions for a small section of the population that has these impulses, urges, thoughts, feelings, or fantasies.

Being that this is a neurological disorder, for the future of pedophilia and child sexual abuse, the underpinnings of furthering research could be monumental in the scientific space of mental health and deviant sexual behavior that is early on. This framework, while it does present

a new case for how we as a society and from a mental health perspective approach, the subject, it has yet to fill the gap of the relationship between the abnormalities and tying it to an individual base claim, or a generalization of individuals with pedophilia. This information listed above, is why it is imperative and very important we define pedophilia, and conduct research from a mental health perspective of offenders and non-offenders with the current treatment provided by the criminal justice system and how we are understanding pedophilia from the individuals who work with them.

### **Related Literature**

Mental health, mental disorders and pedophilia have long been engrained and associated as to why the sexual attraction to children exists. There are multiple topics that cover pedophilia and the criminal justice system which include mental illness and mental health, pedophilia being seen as a sexual orientation, one that can be acquired, and one that can be linked to neurological development issues including trauma and abuse (Fiske et al., 2019; Scott, 2018; Cristina et al., 2021; Baker, 2021). The case of social, environmental, and economic factors for pedophilia and the way crime is handled and treated is also a piece of literature that compounds on the factors above that have been detailed in length for various sexual deviant crimes and specifically child sexual abuse. While the themes and factors for the origins and definitions exist, the literature also looks at the way the criminal justice system handles and treats pedophilia for which they study the profiling of both victims and offenders, violence associated with mental health, and the current online reporting of self-assessments regarding pedophilic thoughts and behaviors (Schuler & Hannes, 2021; Barbara et al., 2018; Rivara et al., 2019). Expanding and exploring both sides of the fence after child sexual abuse occurs compared to the sole attraction

(pedophilia) is crucial to the acknowledgement and general baseline for the different discussions that each problem presents.

### **Common Themes & Bioethical Considerations**

The common themes regarding pedophilia and connected behavior are that multiple sex crimes, offenders or nonoffenders, and criminals are viewed the same by society although they are entirely different. Following a biblical perspective, pedophilia may be a cognitive distortion, according to Cranney (2017), who states that the only proper coping mechanism for those with pedophilia is the church. This common theme has both a solid and negative condemnation from the Bible in the simple fact that mental health, religion, and sexuality are governed by the importance of living a life for Jesus Christ. This common misconception fails to show that overcoming pedophilia is a daily task; rather, it suggests that it is only a sin for the virtuous individuals who commit such acts.

Limitations in studying pedophilia include ethical issues in potential medical treatment options that have been employed in the past and may be used in the future. Heasman and Foreman (2019) employed a harm reduction approach, mandatory reporting, and society's eventual limitations and obstacles to prevent pedophilia; their article (2018) both helps and hurts the proposal for pedophilia prevention techniques that are based on the idea that mandatory reporting can be a roadblock to supporting preventive measures because it strains the patient's confidentiality and legal privacy rights. Should people with pedophilia be exposed to the world for everyone to know, even if a crime has not been committed? This concept is twofold because either way, the individual or organization can be at fault for something that has not yet happened. Using red flags and the see-something-say-something concept has created a two-headed monster that contradicts the subject.

## **Common Approaches to Pedophilia**

Understanding the themes of pedophilia leads to the most common approaches to the topic, which often seem to ignore the issue and address it only when it is appropriate for society. A common practice in the past 10 years has been to classify pedophilia as it pertains to a scientific cause. Pedophilia is described by some as being split into two distinctions: acquired pedophilia and idiopathic pedophilia (Cristina et al., 2021). As Cristina suggests, the neurobiological underpinnings are the future groundwork for assessments. The possibility that pedophilia could be acquired over time has been insufficiently studied because, scientifically, acquiring pedophilia from other factors bears the responsibility of competing arguments, societal views, and insufficient dedicated research to prove progress.

Although it does not guarantee any formal leverage in most cases of pedophilia, the approach of child sexual abuse and issues with parenting controls has been widely adopted. The counseling and mitigation approach with individuals who do not have pedophilia but experience such urges and need to express their thoughts has become problematic for clinical health professionals, as this method involves the right to mandated reporting for health professionals, for which they must report behaviors but not thoughts of fantasizing about children (Levenson et al., 2019). This suggests that the autonomy of MAPs may allow self-determination regardless of the outlined foundation for therapy (Levenson et al., 2019).

## **Mental Health & Mental Illness Today**

Pedophilia is connected to the abuse of children and the risk or concern about policy requirements for the future landscape of mental health assessments. A study in the United Kingdom used sexual assault referral centers (SARCs), which are third-party sexual assault health care providers. In a sample of 105 individuals, more than 76% stated that they had seen a

mental health professional, and nearly 20% admitted to being a direct victim of sexual abuse (Brooker & Mitchell, 2019). This revelation that individuals seek therapy for traumatic experiences is notable because it suggests that mental health services have a large gap to fill. Another study was conducted with 22 nonoffending caregivers of suspected sexual abuse victims who were younger than 13. This semi structured study showed that the caregivers “experienced significant emotional and psychological distress, characterized by anger, depressed mood, and guilt, after learning that their child may have been sexually abused” (Fong et al., 2020, p.4190). Knowing that previous literature is already lackluster in finding the origins of pedophilia, this stresses that even parents of these victims (children) have a hard time grasping the severity of the crimes of people with pedophilia.

Mental health providers offer treatment options, therapy, and emerging solutions involving the unserved community of those with pedophilia and their victims. These specialists have concluded after several studies encompassing North America, South America, Europe, and Australia (30 individuals) that minor attracted individuals’ interest in children started during adolescence and that emotions such as fear, shame, and isolation flooded their brains (Shields et al., 2020). This use of a mental health survey illustrates pedophilia is categorized into two distinct classes: individuals who know it is wrong to have these feelings of attraction toward prepubescent children and those who act on their impulses.

Researchers who provide educated and valuable information regarding mental health have long avoided the topic of pedophilia. The personal impact of therapy for people with pedophilia has not been studied, and the research focuses only on adverse outcomes rather than positive effects (Bach & Demuth, 2019). Containing misleading results, the only information gathered has been through surveys and questionnaires rather than any other qualitative research

methods. Clinical practices were explored by Bach and Demuth (2019), who reveal that therapists who were assigned to studying patients with pedophilia found the work to be challenging but rewarding, as they came to understand the shared living experience of those with pedophilia and how they relate to the real world.

An examination of state licenses and license applications for professional counselors demonstrates that only 8% of state boards inquire about pedophilia as a mental illness and its relationship to sexual misconduct (Olson et al., 2018). This low rate for licensed mental health professionals who address pedophilia and accompanying red flags or potential origins is concerning. On the one hand, pedophilia is classified as a mental illness; on the other, only a tiny percentage of licensed mental health professionals truly understand the illness.

From a study conducted in 1999 by Nancy Raymond, she found that there is a known correlation between sexual offending, specific to pedophilic tendencies, and a known mental health diagnosis (Canales-Crespo, 2022). When discussing mental health and mental disorders, this is an important topic as involved in the study that 67% had mental disorders and mental health issues pertaining to personality disorders and intellectual disabilities as well (Canales-Crespo, 2022). Understanding that the known individuals who have certain mental disorders are also known to have a possible attraction to children is a key factor in how society and law enforcement handle pedophilia in the future. Mental illness and mental disorders are a crisis based on societies standards and the treatment, diagnosis, and study of pedophilia should be at the top of the list.

Aligned with mental illness is the profiling in society of a particular subgroup based on morals, characteristics, and perceived judgment on a specific topic. The differences in experience from mental health professionals suggest that individualized attention is needed to advance

outpatient social participation (Albers et al., 2018). This research gap pertaining to how pedophilia is defined is notable because it does not include anyone unwilling to participate. It has only three stated victimization classes: the victimized and perpetrating, the discriminated and avoiding, and the general difficulties class (Albers et al., 2018). Identifying only three classes for a wide margin of individuals who suffer from mental illness and pedophilia is a misstep in the direction of discrimination. The social functioning of those with pedophilia does not rest on discrimination or victimization but rather on the perception of the public.

***Artificial Intelligence in Health Services.*** Clinical and mental health providers have expanded to using artificial intelligence (AI) to advance therapeutic and social applications. Regardless of their efforts, most individuals do not feel comfortable telling another person some of the issues, thoughts, or situations they encounter daily. Researchers indicate that “important benefits of embodied AI applications in mental health include new modes of treatment, opportunities to engage hard-to-reach populations, better patient response, and freeing up time for physicians” (Fiske et al., 2019, p. 1). This approach to mental health and mental illness is eye-opening because it allows for authentic, open dialogue without judgment.

The downside of using AI is the lack of an emotional or mental connection that one can make with a specific health care professional, who may be able to judge tendencies and overall comfortability. Within pedophilia, this new approach would eliminate the shock factor and the inexperience for mental health professionals or psychiatrists who have little knowledge and training for addressing pedophilia. In a study using AI that found offensive language online, pedophilia was noted in 752 posts, and roughly 10% of words and occurrences specifically featured an offensive language structure (da Silva et al., 2021).



***Violence and Mental Health.*** Violence and mental health have been a significant concern for the past decade, as violence affects the brain, the cognitive psychology of the individual, and interpersonal relationships (Rivara et al., 2019). Specifically, nearly 44% of women and 25% of men report cases of sexual violence, and almost 400,000 individuals aged 12 and older reported being sexual assault victims in 2017 alone (Rivara et al., 2019). This statistic is understandable given the sensitive nature of mental health in the United States in the past decade regarding medication, therapy solutions, and adverse childhood experiences through trauma. Several developmental models suggest that the key to adverse childhood experiences (ACE), such as pedophilia, exhibitionism, and rape offenses, is that cognitive distortions can be amplified based on previous violent offending during childhood (Drury et al., 2017).

Another facet in the definition of pedophilia is that individuals must act on their sexual urges, fantasies, or distress with interpersonal difficulty (Kingston et al., 2007). The use of violence in this scenario is a crucial indicator that mental illness and mental health are a precursor for people with pedophilia being predominantly labeled as violent offenders. Pedophilia and mental health are more closely defined now because of media attention, the use of the internet, and the abundance of fetishes that relate to everyday life.

### **Sexual Orientation**

Since the inception of labeling pedophilia as a mental disorder, the concept of it being a sexual orientation has created controversy. Labeling pedophilia as a sexual orientation has not been received well because no scientific evidence suggests that the behaviors or thoughts are linked to someone with whom another person would want to have a romantic relationship. Pedophilia and the theory that it may be sexual orientation tends to be based on three features which are early age of onset, feelings of romance and love, and the stability across time

(Vaerwaeter, 2022). On the approach of early onset, during the study by Crystal Mundy, the majority of the individuals studied said they progressed and had feelings for children during childhood and during puberty (Vaerwaeter, 2022). This was compounded by the romantic attraction in almost two-thirds of the individuals stated they had loved children, and the use of stability across time showed that the participants had equal sustained attraction across multiple years and even decades showcasing the known feelings towards children (Vaerwaeter, 2022). The presence of particular sexual interest, as discussed by Blagden et al. (2018), indicates that the management of pure sexual interest resides in the phenomenology with society, the conscious mind, and particular experiences over time. Preventing child sexual abuse requires one to understand and manage those triggers when recessed thoughts are identified.

In a study by Scott (2018), the classification of pedophilia is explored as either mental illness or sexual orientation. The gap in research surrounds pedophilia and child sexual abuse as a hate crime, creating an opening for offenders' perspectives of pedophilia. Having a separate statement of protected characteristics is fundamental in pursuing research on pedophilia and its origins in the brain, the grooming of victims, and the response after the crime has been committed.

The sexual attraction conversation continues with the narrative of how individuals can be exclusively attracted to children (prepubescent). In the article *Sexual Attraction and Falling in Love in Persons with Pedohebephilia*, the authors argue that sexual orientation can include age and romantic attraction, as people who identify under pedophilia or hebephilia (over 70% of the sample size) may have, at one point in their life, been attracted to children (Martijn et al., 2020). Extending this theory is the idea that individuals with pedophilia have an overtly sexual attraction to children, or one that is lacking for specifically adults. In another study involving 55

studies and another four meta-analyses with a systematic review include that more than half of individuals who have sexually offended against children have ties to a known diagnosis of pedophilia. (Schippers, Smid, et al. 2023). Further research is needed to conclude whether people with pedophilia have a unique isolated attraction to only children, or in some cases, children, and adults. Also, when discussing pedophilia, the gap between non-offending and offending pedophiles is a large one in the advancement of sexual orientation and child sexual abuse topics. The existing literature addresses and points clearly to actions and orientations of offenders as we know their behavior, but those non-offending have created an interest in sexual behavior, attraction, and if it is a sexual orientation that one is born with.

### **Profiling**

Profiling a victim and an offender are essentially the same: both are predicated on the fact that generalizations exist within criminal justice and the subject of pedophilia. The profiling of those with pedophilia is attributed mainly to the media and television programs. The justice system seems to act only after the crime has been committed rather than trying to prevent these occurrences. Nobody can predict the future, but the red flags of pedophilia and violent sex crimes exist; the question is whether individuals want to acknowledge their existence. The act of child sexual abuse is a horrible, violent, cynical, and lasting crime that affects multiple people surrounding the victims (families, neighbors, and communities).

The four main principles of an ethical profiling decision are autonomy, beneficence, nonmaleficence, and justice (Broadley, 2018). Studying these principles eliminates knowing and understanding high-risk groups such as pedophiles. Instead, data are generalized into ethnic communities and marginalization that can be falsified. Using the data specifically causes an understanding that specific communities address pedophilia differently (which is not the case),

and a belief system in which ethnicity should drive patterns, behavior, and further research. This gap of understanding the origins of pedophilia in the context omits any mention of the relation of biological factors that enhance pedophilia. Only focusing on environmental cues is a detriment to the entire argument.

In a semi structured interview, using profiling for qualitative data allows the researcher to acquire data that are sensitive to the individual and not just the overall research (Barbara et al., 2018). Society may consider that using profiling techniques for law enforcement is unprofessional. However, for an academic research design, finding the ideal sample size is imperative. The gap that profiling presents for pedophilia research rests on the different perspectives and contexts that individuals possess at varying times in their lives (Barbara et al., 2018). The four principles of ethical profiling are essential for furthering the knowledge that pedophilia is a mental disorder and child sexual abuse is a crime that stretches the ethical boundaries of right and wrong in criminal justice.

***Psychological Profiling.*** Psychological profiling is defined as “is the process of linking an offender’s actions at the crime scene to their most likely characteristics to help police investigators narrow down and prioritize a pool of most likely suspects” (Arslonbekovna, 2023, p. 901). In favor of current profiling techniques is the use of new and detailed profiles of people involved in pedophilia and child sexual abuse. Psychological profiles include factors such as cognitive distortion, personality traits, empathy, and in some cases, impulsivity (Lim et al., 2021). Using preventive therapy techniques and finding the origins of certain personality traits to further the understanding of pedophilia can prevent another individual from becoming a victim. Knowing the empathic and impulsive nature of individuals who use standard grooming

approaches could significantly contribute to closing the gap between understanding offenders' minds and their choice of targets.

Profiling can also be used to investigate certain symptoms, the nature in which pedophilia exists, and the psychopathological conditions and possible deviations of the affected individuals (Bjelajac & Filipovic, 2022). Profiling these psychopathological conditions further dives into the realm of mental disorder and the outcome of neurodevelopment, depressive, and also dissociative disorders for the understanding of pedophilic actions or behaviors.

Psychological profiling and criminal behavior are future assessment models through which the mental and behavioral patterns of child sexual abuse victims and perpetrators will be studied, enabling law enforcement and mental health professionals to address the issue on a larger scale.

***Grooming Victims.*** A prevalent theme through all levels of pedophilia literature pertains to grooming and the evolution of those with pedophilia. Examining the sexual abuse of children opens the door for assumed behavior before the actual child sexual abuse occurs. This aspect is imperative to understand behavioral patterns, victim selection, and the implementation strategies used by the offenders (Burgess & Hartman, 2018). The control and power that offenders create are backed by the online grooming world, where the environment and the victims' vulnerabilities are displayed, creating a common theme seen widely across social media and television platforms (de Santisteban et al., 2018). Grooming has become a characteristic element of child sexual abuse, although in recent years has no formal information or strategy for how truly complex the issue is. Narrowing this field to highlight common avenues, feelings, thoughts, behaviors, and approaches taken by offenders could prevent a child from becoming another

victim. The results can contribute to eliminating the frustration of understanding why this happens.

Grooming is separated into three categories: grooming through verbal coercion, grooming through drugs or alcohol, and grooming through threats or violence (Wolf, Pruitt, 2019). Wolf's (2019) study includes 277 individuals (child sex abuse victims as well as adult survivors), and multiple linear regressions demonstrate that violent grooming was a precursor for severe trauma and was correlated with the abuse itself, the known relationship, and the nature of the abuse (severity). This aspect of grooming is fundamental to those with pedophilia because this piece requires the most time and is the most critical part of legislation and criminal procedures in the criminal justice system. Additionally, verbal coercion can lead to future problems from grooming, such as negative thoughts or feelings, overactivity, or confusion (Wolf, Pruitt, 2019).

**Online Grooming.** Online grooming is defined by Lorenzo-Dus and Izura (2017) as “the process whereby an adult gains the trust of a minor to exploit him/her through the use of cyber-technology” (p. 68). The communication aspect of grooming has accelerated with the advancement of technology and has undergone an upswing in sexual gratification and the speed at which it is exposed. The use of compliments, the ease of grooming because of technology (online chat rooms, forums, texts, and social media), and the isolation of the targets or victims increases the importance of analyzing the scope of grooming, as these factors are making the impact of pedophilia more relevant than ever before (Lorenzo-Dus & Izura, 2017). Although grooming and pedophilia can be examined, luring an individual to coerce them into a sexual act cannot be fully assessed from a linguistic standpoint.

The relationship in which online grooming occurs is predicated on psycholinguistic and deceptive properties from the offenders to entrap potential victims (Broome et al., 2020). Because pedophilia is a mental disorder, law enforcement cannot measure or assess the grooming of potential victims before it occurs. The Kent internet risk assessment tool is a theoretical model for online child abuse investigations, highlights offenses against children (Açar, 2018). This tool is critical to understanding and implementing how sexual offenders initiate contact with their targeted victims based on a digital forensic examination, crowdsourcing techniques, and basic open-source information found on the internet (Açar, 2018). Online grooming is expansive and almost impossible to prevent because of chat rooms, social media, and the advancement of the dark web.

Specific to grooming, the offending generally happens in three different forms for which they are described as behavioral factors including indirect to direct abuse, network access of the offender, and the certain level of security measures the offender has in place (19 Krone, 2004; Huikuri, 2022). The indirect to direct abuse happens on the basis on technology such as phones, laptops, and even in some forms of new devices such as virtual reality headsets (VR). The network access of the individual pertains to the ability to communicate on a daily basis and having access to a phone or the internet to be readily available to the child. Lastly, the security measures tend to look at the relationship of the individual or potential offender to the child and the active scenarios in which the offender will gain and command the child to keep certain aspects of their relationship a secret.

This can then be broken down even further into five known themes that include using positivity, an emotional connection, self-protection, sexual content, and arranging to meet as avenues to gain insight and ability to the child or individual (Aitken, 2018; Dronek, 2023).

Having the ability to make the individual feel safe, connect emotional as if the individual understands what the child is going through, allow the protection from the child to talk about certain things without the need or regard for safety, gaining access to vulnerable and sexual in nature content, and lastly seeing them in person is crucial to law enforcement for understanding how long grooming takes. As the grooming online is manufactured, these steps can be important to dissect given the severity of the steps to come as they further perpetuate the urges and need for control and predatory behavior the internet now provides.

***Online Predators, the Internet, and Pedophilia.*** The internet has made pedophiliac images easily accessible and rapidly enticing, and information spreads quickly. In the past decade, the advancement of technology has created the need for quicker output, more technology, and protection of the children who are becoming victims. An increase in cybersecurity has seen the use of both natural language processing (NLP) and a multilayer perceptron network (MLP), which demonstrates that the act of grooming victims and the tools employed by offenders are more common than the current model used to prevent the crimes (Cantwell, 2020).

With the advancement of the internet, pedophilia has soared. The internet is a catalyst for displaying and sharing information, involving victims who cannot fight for themselves, who have no fight in the criminal justice system, and who must forever bear the weight of pedophilia. Those with pedophilia and those in the fetish community have been evaluated in recent years to examine the relationship between child abuse and pedophiliac interests. Hanson (2018, p. 5) states that the:

distinction between pedophilia and pedophilic [sic] disorder means one can have pedophilic [sic] interests without meeting the criteria for a pedophilic [sic] disorder. Because of



this distinction, researchers like Seto have conceptualized pedophilic [sic] interests as a sexual orientation toward prepubescent children.

This new definition is based on the DSM-5's classification of pedophilia as a mental disorder.

### **Scientific Research & Nuerological Development Surrounding Pedophilia**

As with most sex crimes, victims of pedophiliac acts are uncomfortable coming forth and telling someone what happened to them. More often, this event is buried and disappears like the wind; a study including 76 women indicates that nearly half did not report the crime to law enforcement for fear of shame, guilt, or being forced to relive the event as well as having to decide whether to employ formal or informal reporting and having negative feelings about how such help has been previously portrayed (Winters et al., 2020).

A study by Geradt et al. (2018) suggests that nonphysical and physical contact with children could contribute to the argument that without understanding children's emotional needs, an offender's need to commit a first offense is more prevalent, as fantasies may arise from the situation. This is a significant gap in the research, as it indicates that physical touch or contact is necessary to understand emotions. This important human-level contact is cast aside, given the avenue that pedophilia is a sexuality that can be argued on either side. The behavior, sexual drive, and sense of professional, family, and social life for pedophiles are evolving concepts (Leistedt & Thibaut, 2021).

The information about pedophilia is also predicated on society's belief that pedophilia is immutable, which is based on the viewpoint that there is insufficient evidence to conclude that an individual's self-efficacy can be modified (Safiye et al., 2018). The scientific research noted in the following sections discusses how to alter and examine human behavior.

**Biomarkers.** The scientific implications of pedophilia have taken flight over the past decade as the basis for explaining mental illness and the potential diagnosis of pedophilia. Child sexual abuse and pedophilia have long been associated, and biomarkers are related to the research domain criteria approach, which scientists employ to evaluate therapeutic interventions for further research (Jordan et al., 2019). Using generated and marked scientific behavior, the implications of linking pedophilia and science can explain that the known characteristics can imitate red flags, offer solutions for each pedophilic situation, and provide the necessary treatment options.

In a recent study for additional biomarkers, along with gray matter anomalies, the white matter microstructure contained in the prefronto-temporo-limbic circuit is a potential or possible indicator of individuals who have offending in the past to reoffend and commit acts of child sexual abuse again (Popovic, Wertz et al., 2023). Looking at human behavior in the past and acknowledging the issues and scientific possibilities of brain imaging and scanning brain anomalies is important for tackling not only early onset of pedophilic behavior, but what it could lead to later on with potential for child sexual abuse.

**Drugs.** One avenue considered for mental illnesses is using drugs and prescriptions to block specific neurotransmitters in the brain to reduce known urges, distractions, and issues in the brain. Degarelix is commonly used to reduce prostate cancer and was used in a study conducted by El Sayed et al. (2020), who find that men with pedophilia experienced no downside or negative side effects when using Degarelix to reduce testosterone. This study was limited by an examination of only abusive sexual behavior in those with pedophilia rather than the overall attraction to children or young adults. The alternate factors of environment and social stigma were also omitted, thus increasing the likelihood that the hypothesis could be accurate

and is, in some cases, a confirmation bias for the test. The limitation of using drugs in studies is that every human body is different, reacts differently, and processes the drugs differently, causing a vast pendulum of results that, in most cases, can seem inconclusive.

Regarding antipsychotic medication and the avenues for drugs as treatment options for those with pedophilia, Chen and Dong-Sheng (2018) argue that pedophilia can be attributed to “intellectual disability and schizophrenia, in which paraphilic behavior was successfully managed with hormonal agents and psychotropics” (p. 2169). This research suggests that there may be viable treatment options for those with pedophilia outside of therapy and self-reporting. Still, it offers a more significant gap in understanding the brain's reaction to certain drugs, the similar chemicals introduced, and gradual changes in symptoms of pedophiliac behavior.

***Psychological Therapies.*** Regarding science and pedophilia, the treatment of and motivation for having pedophiliac tendencies have been puzzling for everyone who studies the topic. Therapy for those with pedophilia has portrayed the child as a victim rather than an object for the motives and sexual interests that those with pedophilia can carry. This is broken down in Table 1 (Khalid & Yousaf, 2018, p. 2).

**Table 1**

*Known Therapy for People with Pedophilia*

| <b><i>Therapy Option</i></b> | <b><i>Action for that Therapy</i></b>                               |
|------------------------------|---|
| Group Therapy                | Sex offenders re-examine their hidden motives.                      |
| Imagery Technique            | Sex offenders alter deviant behavior by imagining sexual responses. |
| Graphic Portrayals           | Sex offenders undergo thought-provoking therapy.                    |

|                              |  |
|------------------------------|--|
| Cognitive Behavioral Therapy | Sex offenders are offered education and cognitive improvement. |
|------------------------------|--|

***Acquired Pedophilia.*** As discussed previously, hypersexuality and causes of pedophilia are employed to explain that pedophilia, based on specific scientific parameters, can be acquired over time. The gap and limitation in the existing research fail to address more than 18 cases (shallow sample size) and known brain damage that is associated with pedophilia as well as its behaviors and outcomes (Lopes et al., 2020). The characteristics of pedophilia are also related to gamma-aminobutyric acid (GABA), which is a neurotransmitter for both the brain and the central nervous system (Ristow et al., 2018). Based on further research, stating whether pedophilia can be acquired crosses limitations on how sex offender treatment programs and certain behavioral traits can be acquired in both the hospital and prison populations (Dymond & Duff, 2020).

Extending on the idea of acquired pedophilia, the article *Understanding Pedophilia: A Theoretical Framework on the Development of Sexual Pendants*, shows pedophilia as originating from language, cognition, emotions, and emotion regulation (Swaminath, Simons, Hatwan, 2023). The etiology is also discussed based on also including trauma and having bad childhood situations and circumstances such as abuse in both emotional and sexual avenues as to how pedophilia can arise and be acquired over a period of time. The rational frame theory is also suggested for a stance of acquired pedophilia given the ways in which individuals can process and distort complex information and associate those things with certain events, objects, or even words during the critical years of development of both mind and cognition (Swaminath, Simons, Hatwan, 2023). The basis of pedophilia being acquired has also drawn attention as discussed above as a difference between hypersexuality and impulsivity rather than the sexual interest

itself. Christian Joyal (2023) explains that only 19% of sixty-four individuals studied showed true premorbid pedophilic interests, and so for pedophilia, there is a larger distinction between genuine pedophilia and acquired pedophilia.

***Insanity.*** The approach of claiming insanity from a criminal justice standpoint has drawn attention because of how the claim is specified and the different disciplines of evidence presented. Studies of both frontoparietal meningioma and frontotemporal dementia that control sexual urges place value on cognitive models for mental insanity claims (Scarpazza et al., 2018). The mental insanity argument is claimed due to the social behavior stemming from highly disabling neurological brain conditions. As mental insanity is determined on a case-by-case basis, the issue of moral values and the use of sexually inappropriate behavior can be interpreted on a broad scale, making the evidence controversial (Scarpazza et al., 2018).

For the legal system and insanity, the use of religious fundamentalism is also attributed to how society views the insanity plea. Specific to individuals with mental illness or mental disorders, the verdict is related to harsher punishments, authoritarian attitudes regarding people with mental illnesses, and even the relationship of moral disengagement attributions (Tate, Yelderman, 2022). The responsibility and weight of the social consequences of pedophilia are a heavy burden for victims, their families, and the offender.

***Anomalies.*** The brain's gray matter anomalies that have been studied in recent years can be attributed to defects and offer explanations for child sexual offenders (CSOs) and those with pedophilia. Schiffer et al.'s (2017) study includes 219 men whose dorsomedial prefrontal or anterior cingulate cortex was linked to a highly known risk of reoffending. Neurobehavioral theories could bridge the gap between research and valuable treatment options (Schiffer et al., 2017). The gap in research lies in the use of reoffending as a determining characteristic, which

shows that self-reporting and collecting information from those with pedophilia and CSOs can be skewed through minimal population size. The correlation versus causation in this research also dismisses the future application of therapy solutions and techniques because it only showcases the neurological aspects of pedophilia and does not encompass the behaviors or the psychological findings of other individuals.

***Androgen System.*** CSOs, as discussed previously, are a significant risk to the public, the criminal justice system, and, more importantly, the victims. In a study of 194 blood samples from individuals labeled as CSOs, elevated androgen receptor genes based on age and intelligence were noted (Kruger et al., 2019). Specifically, the article stated that “findings support theories of testosterone-linked abnormalities in early brain development in delinquent behavior and suggest possible interactions of [the] testosterone receptor gene methylation and plasma testosterone with environmental factors” (Kruger et al., 2019, p. 1). This is an important discovery because it suggests that an individual’s mental health and development can offer further insight into later crimes, potential offending, and possibly sexual preference.

Looking at the androgen system from another viewpoint, the use of Cyproterone acetate and medroxyprogesterone acetate can be used to hinder known hypersexual behavior (Rodrigues, Vieira et al., 2023). When shown this use of androgen treatment, the use of certain psychotherapy has engaged preventing such urges for individuals with pedophilia and offenders of child sexual abuse for future fantasies and urges (Rodrigues, Vieira et al., 2023). Understanding and analyzing the androgen system and the response from the brain is imperative to education surrounding sexual arousal patterns as well as the cognitive reality of individuals who possess the pedophilic and hebephiliac disorders.

The main weaknesses and limitations in studying pedophilia rest on the scientific definitions of pedophilia's origin, the nature of the brain, and how to control and effectively manage behavior and thoughts before another victim arises. The limitations in scientific research regarding pedophilia have seen shifts in money, time, and resources. Possible genetic causes or hereditary genes have been researched in the past decade to explain specific reasons or findings and suggest that a disorder and vulnerabilities exist for people with pedophilia (Berryessa, 2014). Although this can be assumed to be a valid argument, the weakness is generated by the lack of an “undetermined distribution of psychological, sociological, and biological factors” (Berryessa, 2014, p.66). This distribution method is currently being reproduced. However, the research will remain slightly inconclusive until the targeted reasonings for specific environmental and biological factors associated with the brain are found and explored.

Another limitation comes from using neuroimaging to demonstrate that brain scans (essentially MRI) can detect sexual attraction to children. This information is beneficial, but it presents a gap regarding appropriate steps after a scan indicates that an individual is attracted to children. In a study conducted in the Netherlands (de Jong, 2017), 24 pedophiles and 32 heterosexuals were presented with pictures of naked children. Their brains were scanned to assess the white and gray matter abnormalities present. Researchers conclude that individuals, when shown images of nude children (even individuals who are classified as pedophiles), expressed no attraction to or arousal from the photos. This finding indicates a weakness, as the argument's premise focuses on valuable research for neuroimaging and prevention techniques for pedophilia (de Jong, 2017). Seeing the neurological behavior of pedophilia is one step in the right direction, but scientists must interpret and blend that information for future prevention.

### **Management of Pedophilia**

***Troubled Desire.*** Troubled Desire is a web-based self-assessment and self-management tool for individuals with pedophilia and hebephilia (Schuler & Hannes, 2021). These perpetration prevention programs are normally separated into categories of anonymous and non-anonymous. Regarding non-anonymous programs, these include psychotherapy as a technique, whereas anonymous programs use ideas such as helplines self-guided digital interventions (Stephens, Elchuk et al., 2022). Using this platform, the outcome for its users is predicated on distress in the community, the known reporting of pedophilia by police, and the heightened awareness of sexual interest in children (Schuler & Hannes, 2021). The gap for research purposes occurs because the data require no forms of identification verification for casual false reporting or lying. Furthermore, the gap that needs to be filled is the ability to eliminate societal views and peer pressure to say the same things but with clear, concise, honest answers to enable researchers to use that data more effectively.

**Personal Motivation for Offenders & Non-Offenders.** For those with pedophilia, personal motivation is a startling notion, given the unconscious and conscious mind and how it works. Williams (2017) suggests that pedophilia is an unconscious behavior that cannot be turned off and on. The criminal justice system evaluates conscious behavior and awareness of the consequences, whereas Williams (2017) argues that it is difficult to justify one's actions as they are seemingly unconscious. The problem with this statement is knowing during the commission of a crime whether the behavior is genuinely unconscious or conscious behavior that is ignored. The use of sexual preference is also a gray area because it removes pedophilia from the realm of a mental illness and moves it into a field that has not been examined in detail to accurately represent the population.



***Moral Obligation.*** The moral obligation to study pedophilia rests on the public and health care providers' view that acts of pedophilia awaken a vulnerable population (children). In an article by Levin (2019), the difference between child sexual abuse and the view of pedophilia is combined. Levin (2019) describes child sexual abuse as "sexual activity towards a minor under the age of consent, including contact and non-contact sexual offenses and sexual exploitation offenses" (p. 189). Pedophilia is loosely defined as sexual attraction to prepubescent children; hence, the gravity of the issue persists in uncovering the myths that society labels as a problem that they do not understand.

Pedophilia is also dissected into situational and preferential categories (Levin, 2019). Situational pedophilia, similar to most crimes, is a crime of opportunity in which the offender evaluates the risk-versus-reward scenario. The preferential category follows the lines of offenders' sexual preferences, for which offenders seek child victims (Levin, 2019). The obligation to study pedophilia requires researchers to deconstruct and understand how pedophilia finds itself in individuals, how it can inform law enforcement agencies, and how to determine future preventive measures for offenders and victims.

### **Summary**

The existing literature on the topic of pedophilia and its origins as well as how the criminal justice system treats pedophilia has been an ongoing discussion particularly in the last two decades. As it pertains to the avenues of its origins, pedophilia has been seen as a predatory crime by society, acquired pedophilia or idiopathic pedophilia (Cristina et al., 2021), and in some cases a sexual orientation (El Sayed et al., 2020; Levenson et al., 2019). What is not known this literature relates to a mental health professional perspective for offenders, non-offenders, and victims, as the above factors have been studied by law enforcement, scientists, and self-

assessment tools. Additionally, the factors of pedophilia also cover the treatment options provided by the criminal justice system. To date, the use of psychological profiling and behavior analysis has been used (Lim et al., 2021) by law enforcement to help understand the known personality traits or impulses the offenders may have. While this is important, it neglects the non-offenders and tends to generalize pedophilic behavior, child sexual abuse, and crime. The studies and information regarding mental health and mental disorders, the origins and treatment for pedophilia, and the criminal justice system have all been examined for this research study. Furthermore, the use of the compositional explanatory theory, situational crime prevention theory, and the temporal-limbic theory were all used to provide background for the framework of the study for finding the origins of pedophilia from a mental health perspective, and how the criminal justice system currently treats pedophilia.

## **CHAPTER THREE: METHODS**

### **Overview**

The purpose of this qualitative study was to understand why individuals have an attraction to children known as pedophilia and currently uncover how the criminal justice treats this mental disorder. This chapter specifically covers the method for the research, the participants, and the design of the research as well. Additionally, the way the data for the research was collected, the role of the researcher, the analysis of the given and collected data, and the trustworthiness and ethical considerations for future research will be explored.

### **Design**

The research design encompassed the nature of interviews and basic observations of how the tendencies of those with pedophilia and their situations are managed in the court system. The research collected for this study comprised qualitative measures on the subject of pedophilia. The research design was implemented to provide an understanding of how information is gathered, stored, and used to enable informed decisions by victims and law enforcement personnel and prevent such crimes from reoccurring. Multiple methods of collecting qualitative information are helpful because of the topic's sensitive nature. Bayram et al. (2021) suggest that when examining pedophilic tendencies and the individuals who face them every day (such as health care workers), using a semi structured design is critical to uncover the forensic psychology, psychiatry, and psychotherapy involved in this type of work (p. 3). Using interviews and existing literature bridges the gap between pedophilia as a crime and a mental illness or mental disorder.

The study was executed by using interviews. The research highlights the aspects, clinical diagnoses, and analyses from mental health professionals regarding pedophilia. Health care professionals and therapists answered these questions based on their work experience,

understanding of the stigma surrounding pedophilia, and the overall sensitive nature of the subject. The method, as stated previously, is rooted in using existing research and in-person interviews with open-ended questions to gain insight and feedback regarding how pedophilia is approached by professionals in the criminal justice system and health care. This study was controlled; participants signed a consent form before the interview occurred to consent to audio and video recording of the interview. Along with using researched interviews, existing literature was studied to tighten discussions regarding how science has shaped pedophilia into a debate about mental disorders and how to develop possible therapeutic solutions for future prevention. The goal that underscores this study is to find and close known research gaps regarding how the criminal justice system, scientific studies, and society can use information regarding the origins of pedophilia so that another child or individual does not become a victim of sexual abuse. No pilot test was done for this study given the smaller sample size of participants (10) as well as having cross-examined and solidified the known questions through existing literature and theoretical framework.

Using existing literature that features focus groups narrowed the field of experts and allowed open dialogue about whether pedophilia is a mental disorder, how it evolves, and how someone can prevent the crime of child sexual abuse. There is a notion that mentally ill individuals must be strange, weird, funny-dressing people who stand out in a crowd. The exact opposite is seen today with the advancement of the internet and the ability to remain anonymous. A close brother, uncle, stepfather, or relative usually commits these acts. The idea of having adequate brainstorming sessions led to an innovative response from individuals who have addressed pedophilia from reactive and proactive stances in their professions.

This is highlighted in a case study from Jobin (2019) in which an 18-month-old child was raped by a family friend or relative while babysitting. Most child sexual abuse is perpetrated by an individual the victim knows and is afraid to speak against. Using the immediate impact that a focus group can bring is vital for uncovering the reasons and motives for such abuse so that any unwanted or unused data can be eliminated.

The methodology used for this research concerns the research questions created for this study. Pertaining to the current methods used for analysis, the population size is discussed due to examining conducted interviews with mental health professionals, and both the offenders (anonymous; independent variable) and mental health professionals (independent variable) were not named or scaled for various reasons for this study. In a study conducted in Germany, 11 participants (health care professionals) were interviewed regarding the media; the characteristics and the effects they provided that can cause stigma regarding pedophilia were false, given the depiction of Western countries (Stelzmann & Kuhle, 2020). Their statements have had lasting effects regarding how pedophilia is received and interpreted in modern society.

The final element of the research design encompassed basic observations through secondary experiences or literature from scientific personnel as well as previous insight and research articles from mental health professionals. Using these forms of explanatory research advances knowledge to determine proactive rather than reactive measures regarding people with pedophilia. Defining pedophilia is an essential first step: it is a mental disorder directly related to a persistent and recurrent sexual interest in prepubertal children (Harper et al., 2022). The most important element that underscores this research is that mental illness or mental disorder is ingrained in pedophilia, and previous research has suggested that scientific information regarding pedophilia as well as current brain examinations have led to little success in the determination of

the origins of pedophilia. Previous researchers who used evidence-based approaches failed to achieve this discovery due to the employment of faith-informed initiatives with no prior documentation of their findings, prevention techniques, or the development of action plans for future scientific contributions (Pulido et al., 2021).

The boundaries for this research entailed conducting interviews with designated mental health professionals regarding the origins, treatment options, and the court system's handling or mishandling of the actions of those with pedophilia. Additionally, recent scientific manuscripts were employed to combine data from existing research and literature to seek signs of pedophilia, scientific examinations, arrests of those with pedophilia, and how the event occurred.

### **Research Questions**

RQ1: How does the criminal justice system treat those with pedophilia?

RQ2: What are mental health professionals' current characteristics and definitions regarding the origins of pedophilia?

### **Setting**

The setting for the research study was all virtual as the interviews were performed over external video conferencing tools (Zoom, Teams, etc.). All participants for the study had a mental health background, having worked directly with offenders or non-offenders of child sexual abuse and pedophilia. The professional background of the participants varied all across the United States and included job titles such as clinical psychiatrists, forensic psychiatrists, licensed psychiatrists, certified clinical trauma professional (CCTP), licensed sexual offender treatment providers (LSOTP), behavioral health specialist for sexual offenders, and behavioral health for cognitive and behavioral impulse control. All professional licenses held by the participants were reviewed through academic institutions they worked for, private practices they owned, and even

the American Psychiatric Association. Also, during introductions for the audio and visual recordings, the participants established their background, protocols, and accreditations for documentation purposes.

### **Participants**

The population for this research of pedophilia comprised mental health professionals in the United States. The topic and participants were chosen because it would include subject matter experts who have backgrounds and research in the United States as well as knowledge of the American criminal justice system. The study included multiple individuals and links to health care professionals, institutions, and victim- or offender-based research from across the United States. The population size was narrowed to subjects and interviewees who were willing to participate and had the necessary backgrounds and profiles. Cowan et al. (2019) conducted studies of population variables for child sexual abuse prevention, finding that many qualitative studies are limited to higher population sizes and that the use of intervention for the public is more valuable than prevention for people with pedophilia. This narrative must be discussed because it directly relates to finding the origins of pedophilia and preventing abuse (through behavioral and scientific research combined).

When speaking of the sample size, purposeful sampling was vital because existing literature was blended with information from individuals who have in-depth mental health knowledge of pedophilia. Balancing the conversation was necessary for the conceptual nature of the study and the overarching subject of pedophilia, as their conclusions were based on observations and cases regarding common characteristics among offenders. This sampling procedure introduced the idea that the population and sample size are generally the same, needing 10 participants for a true validation of the study. Over the past decade, the small sample

sizes for studying therapeutic prevention techniques for offenders and defining pedophilia have been deemed inadequate and, in some cases, have been reported as overrepresenting an even smaller population of people (Kozar & Day, 2017).

The sample size for the study was appropriate, as the known sample size for most qualitative studies is 10–12 individuals. When studying brain behavior in 70 individuals with pedophilia, researchers find that the neurotrophic factor that stems from the firing of neurons in the body featured a positive correlation between catechol-O-methyltransferase (COMT; an enzyme) and sexual behavior toward children and young adults (Cengiz et al., 2019). The sample size herein was directly related to individuals with pedophilia from a scientific viewpoint; hence, the study will enhance the conversation based not only on the known behaviors but also on the motives, the feelings, and the reasons why child sexual abuse or attraction to children occurs. This smaller sample size compared with existing scientific research and conducting in-person or phone interviews with mental health professionals illuminated the crime of child sexual abuse and how pedophilia is viewed as a potential pre-cursor to the crime which may provide future clarity for both mental disorders and criminal sanctions.

The following list contains the pseudonymized names of individuals who were interviewed; pseudonyms were provided for the sake of research and privacy concerns:

1. Mary—clinical psychiatrist
2. Katy—research specialist / behavioral health specialist and adjunct professor
3. Jim—forensic psychiatrist
4. Sara—licensed psychiatrist and certified clinical trauma professional (CCTP)
5. George—forensic psychologist
6. James—licensed psychiatrist



7. Samantha—licensed sexual offender treatment provider (LSOTP)
8. Stephanie—behavioral health specialist for sexual offenders
9. John—licensed professional counselor and LSOTP
10. Alexis—associate professor in behavioral health with expertise in cognitive assessment, neuroimaging, and behavioral impulse control for people with pedophilia

### **Procedures**

The very first thing procedurally, was to obtain Institutional Review Board (IRB) approval for conducting this research (APPENDIX A). Upon receiving confirmation from the board to begin the study, I began reaching out via email to the top mental health professionals and researchers for pedophilia, finding individuals with unique backgrounds pertaining to both offenders and non-offenders of child sexual abuse and pedophilia. The individuals had to have been in the field of mental health, have a background in pedophilia, or have worked with people who have committed child sexual abuse. Once the individuals confirmed they could conduct the interviews, a date and time was scheduled for the virtual interview, which used both audio and visual recording (APPENDIX B). The interviews were later coded and transcribed using NVivo 12 software. The procedures used to collect these data were bound to the existing and conducted interviews that encompassed the issue of pedophilia. Based on observation and working cases with mental health professionals, these procedures complied with ethical standards to acquire information regarding how pedophilia is addressed, the established prevention techniques, and how the system can combat the issue moving forward. Conducting one-on-one (Zoom Google Meets, Microsoft Teams etc.) interviews was essential because it allowed for different types of

dialogue, which ensured that mental disorders or illnesses, people with pedophilia, and both the victims and the offenders were discussed.

### **The Researcher's Role**

Being the individual that is formulating the questions, researching the existing literature, hand selecting the participants for interviewing, and defining the core themes and talking points for the research topic, the role of data analysis and data collection was imperative for assumptions and my own thoughts regarding pedophilia and treatment. I value and understand the bias and interpretations that I came into the topic and research with, which is why the research was sought out as my topic for the dissertation. Being that my job used to be helping individuals from broken situations, the aspect of the origins of pedophilia as a mental disorder is fascinating and intriguing as how we discuss a taboo and sensitive subject for not just criminal justice and mental health, but as a society.

Regarding the data analysis using thematic analysis for review, the role of the researcher was easier for myself given as a previous law enforcement officer, thematic analysis was taught and enhanced upon for developing patterns for individual behavior, body language, and overall review of multiple case types.

For the relationship I have with the participants, they were chosen based on trying to eliminate such bias as they have a background in mental health. Through most of my training, I was taught how to deal with multiple cases of mental illness or mental disorders, but never specifically the reason “why” the individuals do what they do, or the origins of the disorder. As a very reactive society and reactive mindset, having individuals who were proactive in their fields of study was enlightening, fresh, and uncovered additional questions from the results of the research.

Additionally, personal factors such as my wife, helped the desire to pursue higher education and also explore the topic of pedophilia as she is a true crime aficionado. Also, being a military veteran, having the GI bill help pay half of the cost of the program, was also a key element for furthering my education as well. Both socially and personally, the aspects of reducing bias were important and contributed to the overall success of the research and the individuals who participated.

### **Data Collection**

The data collected for this study were qualitative and comprised pedophilia-based interviews. Once seeking and getting approval from the Institutional Review Board, research and literature surrounding pedophilia and child sexual abuse was reviewed to narrow down a pool of over 200 participants that met the age, and professional status, and background to be involved in the study. Then, by sending an invitation via email, the participant was allowed to review the consent form and decide if they were willing to participant. The data collected from the willing participants was done through virtual interviews (audio and video recorded) and their own keen observations surrounding the topic of pedophilia.

### **Interviews**

This qualitative study presents an examination of how pedophilia is labeled as a mental illness yet offers no proper understanding of why specific individuals are attracted to children or how the criminal justice system addresses current treatment options for nonoffenders and victims. Exploring past surveys, interviews, and self-assessments provides a definition of what has been measured and what has not worked; a discussion ensues regarding the future of scientific research for the topic. The significant research gap that currently exists comprises the scientific evaluation of the development of pedophilia and how the justice system presently

addresses and understands treatment options for all parties involved in sexual crimes against children. Pedophilia and society's view of the condition as a crime is a reactive field in policing. With current science, reduced social stigma, and information gathered from past studies, this research contributes to closing the knowledge gap on this sensitive topic. The research presents interviews and secondary data analysis from previous studies. The interviews consisted of 10–15 questions that define when the urges for pedophilia started, the self-diagnosis of the issue, the role of mental illness, and the current treatment options that are implemented by the criminal justice system. The research encompasses both offenders and nonoffenders based on previous research designs, with each previous design being examined as a provider of adequate scientific and qualitative information. The existing research on therapy solutions, behaviors of offenders and non-offenders, and how mental health professionals define the narrow topic of pedophilia are explored. This study was conducted in Columbia, South Carolina, and interviews occurred virtually.

Preparing for the interviews involved conducting research regarding pedophilia before inquiring about observations and documentation from mental health professionals about the diagnosis and treatment of pedophilia. In the past decade, there has been little information regarding brain scans, behavioral traits, and policy implications for people with pedophilia and nonoffenders (Khalid & Yousaf, 2018). These interviews were conducted by asking the following questions:

1. Based on your training, knowledge, and experience, is pedophilia an acquired trait or something people are born with? Why?
2. In your experience, how can people with pedophilic tendencies be linked to sexual orientation or crimes of passion and power?

3. What proactive measures are currently in place, if any, to prevent victims of pedophilia from being exploited?
4. How do you believe that available treatment options for people with pedophilia should be implemented and enforced going forward?
5. In your experiences, how can modern treatment or therapy provide adequate resolution for viewing pedophilia as a mental disorder?
6. What differences exist between people (offenders and nonoffenders) seeking therapy individually and those seeking court-mandated therapy (justice system)?
7. In individuals whom you have studied who were offenders or victims of childhood sexual abuse, how did they psychologically process, understand, and categorize the sexual or pedophilic behavior?
8. How do individuals with pedophilia control their urges? Are these urges natural?
9. Does trauma cause the urges of people with pedophilia to surface or resurface?  
How likely are people with pedophilia to relapse into violent behavior?
10. How does profiling (using people's known backgrounds) contribute to understanding individuals with pedophilic desires (both offenders and nonoffenders)?

Questions one and two are important as they open the dialogue for how the participant currently views pedophilia and the origins of the mental disorder and display answers of opinion and values (Patton, 2015). These questions are meant to draw a baseline of the participants training, background, and personal or professional stance on the topic. Questions three through six discuss the specific look at treatment options and therapy as designed by the criminal justice system and mental health facilities. These questions were a combination of knowledge questions

as well as experience / background of the participants (Patton, 2015). As the participants move through these questions, the knowledge questions were used as a buffer to highlight treatment options, their role in therapy, and the viewpoint of the criminal justice system. Questions seven through nine discusses the outlook on traumas as related to both offenders, non-offenders, and victims and these are labeled as interpretive questions (Patton, 2015). Lastly, question ten highlights the mental health case of profiling individuals for advancement of potential red flags for pedophilic behavior, outreach, and their desires.

### ***Selection Process for Interviewees***

The individuals noted previously were chosen for interviews because they have unique backgrounds. They claim expertise that spans child sexual abuse, mental health as it pertains to victims of sexual abuse, and an overall understanding of sexual behaviors in adolescents and adults.

The interviewees comprised clinical psychologists, scientists, and behavioral health specialists who had a combined 40+ years of knowledge about pedophilia. They were vetted by internet searches for the top experts in the field of pedophilia and examining existing literature used in previous research papers; some of their knowledge is included in Chapter 2 of this paper. Their work includes evaluations of sex crimes and accordant policies, optimal prevention practices for pedophiliac actions, and finding potential underpinnings for victims or perpetrators of child sexual abuse. Additionally, these individuals have been involved with research and institutions specializing in pedophilia with the given resources to combat the problem. Multiple institutions were highlighted throughout the research process, including clinical research facilities that solely isolate the effects of pedophilia and evaluate current treatment options for both victims and offenders. Based on the individuals' extensive résumés and career accolades for

furthering research (publications, public speeches, and professional etiquette), they were seen as the leading candidates for this research topic.

### **Data Analysis**

The analysis procedures for this study involved thematic analysis, which, as defined, tends to focus and adhere to describing both explicit and implicit ideas and dividing text into themes (Guest et al., 2012). Researchers in a previous qualitative study asked individuals who worked in different capacities with sexual offenders, true pedophiles, and victims to provide feedback, analyses, and overarching concepts of how pedophilia is defined and viewed as well as the framework for what is next. Bernard and Ryan (1998) examine qualitative data in three categories: text, images, and sound. Zoom and virtual interviews, which were used in this study, allowed for intensive review and analysis of the data, which were a primary source of information and research. The secondary analysis and sources came from the existing literature (textbooks, research articles, and other manuscripts) surrounding the topic of pedophilia and child sexual abuse within the past decade. Using NVivo 12 software, all the visual and audio transcripts were uploaded and categorized into basic codes to provide additional information and the ability to pull relevant themes. The transcripts were uploaded verbatim and edited later to ease data formatting. To formulate the codes and themes, the transcripts were inputted into NVivo. They thus highlighted the unique answers and known patterns for the research questions asked during the interview. The analysis was then used to formulate a Venn diagram that portrayed which individuals (interviewees) were aligned or had different approaches to the subject.

The quotes, audio, and individuals' previous work experience were further analyzed, and the themes were gathered from the data by grouping the available codes into informational

categories for the study's two research questions. The advantage of this research was increased by using deductive coding methods, starting with the transcription first and later bracketing the codes into their particular themes. The data analysis for this study was used to highlight the individuals who have the closest relationships and understanding of how pedophilia is developed and addressed from a mental health care professional's perspective.

### **Trustworthiness**

When looking at the trustworthiness of any study, the use of qualitative data is seen as the principle means of knowledge production (Adler, 2022). Looking at the credibility of the research study, the dependability and confirmability, and the transferability will be discussed in this section.

#### **Credibility**

The credibility that is discussed in a qualitative research study is that of maintaining and receiving a relationship built on trust that can gather data and information that is genuine from the participants (Nemouchi & Holmes, 2022). The credibility for this study was gained by ensuring direct quotes and information was highlighted and used based on reviewing the audio and visual recordings of the interviews to seek the full answers to the questions asked. Another way that credibility was sought was for hiring a third-party agency and three reviewers with master's and Doctorate degrees for review of the information, structure, and clarification of the results of the research.

#### **Dependability and Confirmability**

For the dependability and confirmability of the study, this looks at if the results of the study can be reproduced or replicated over time with the same population set and establishes whether the data is unique to the participants or just bias from the researcher (Megheirkouni,



Moir, 2023). Dependability and the confirmability of the study was protected by using the NVivo 12 software to transcribe the interviews, create unique codes for each interviewee, and supply reliable information that was specific to each question and each individual participant. Having used mental health professional as the backbone of the interviews, this population can be replicated and reproduced globally for future research for different regions, state, or local confirmation.

The dependability of the study was predicated on how the existing literature fits the known narrative of the definitions of mental illness as well as how and whether the origin of pedophilia has been discussed in the past five years. The study was further predicated on how much information and detail was discussed in the interviews and in the initial observations of the existing research. This study required a substantial investment of time due to the initial analysis of the interview process and the scheduling for the needed research. A study was conducted in 2018 regarding behavioral monitoring of people who sexually abused children, and its authors conclude that in a virtual situation (virtual reality), nearly 25% of the participants were found to have behaved inappropriately based on therapy suggestions and correspondence (Fromberger et al., 2018). This study is needed because previous studies have not presented a long-term solution for understanding the causation of pedophilia or preventing the problem accurately and willingly (on the part of those with pedophilia) in the future.

### **Transferability**

Transferability directly looks at whether the results of the research could be transferred to different variables for research such as a new setting, as well as the application of the new data set (Megheirkouni, Moir, 2023). The transferability is applied to the research given that the settings, participants, and other key indicators for the how the research was conducted is outlined

and spoken to for ease of transferring the new research. The participants were chosen due to their background specifics for mental health and could be transferred to any other field that works with criminals, mental health patients, or even non-offenders. The sample size (ten participants) was also smaller and used for the transferability of the research to a subset of the population that is very specific to the research itself. Lastly, the fluctuation of the participants with their known geographic locations, spanning the United States, and the difference of age between the participants was also a correlation to new information and new research.

### **Ethical Considerations**

This research study uncovered multiple ethical considerations. Having discussed in the consent form of the confidentiality of the participants, pseudonyms were used to describe the results and the quotes provided by the participants. Additionally, the results and transcriptions of the data was only seen by myself, a third-party agency for which a non-disclosure agreement was signed for privacy, and selected members of the university (Chair / Reader). The data and transcriptions as well as the related audio and visual recordings were stored on an external hard drive which was also stored in a locked cabinet, which was encrypted to a password for future access.

Furthermore, when discussing ethical considerations, the bias I entered with for the research was something I had to consider to be open-minded and cognizant for my previous work in law enforcement. Having this known bias, I formulated the research questions for a more open dialogue concerning the treatment of offenders, non-offenders, and individuals involved in child sexual abuse. The heaviest important aspect of the data was allowing the participants to answer the questions and not influence or sway their stance on the topic. Minimizing potential

conflicts was also done through writing important interpretations or insights while the interviews and data were being collected.

### **Summary**

This chapter covered the methods used for conducting this research study. The data collection, the design of the study, the participants, and the settings were among the topics for the research pertaining to the origins of pedophilia and how we currently treat individuals with pedophilia. Steps were followed and enhanced to ensure the data collected and information from the interviews followed a semi-structure design involving both interviews and observations from the participants themselves. Procedures were also considered for the ease of data collection, how the participants were selected for the study, and known ethical considerations. Also, the trustworthiness of the study, including the credibility, transferability, and the dependability and confirmability were addressed. Through recent research and design implementations, the existing results have been inconclusive for therapy and finding the true origins of pedophilic tendencies and how those relate to specific victims. Defining pedophilia as a mental illness or mental disorder is only half the battle; the condition must be discussed on a more personal level (based on an individual's environment) to provide the proper answers. The next chapters will encompass the results and what the future of research for this topic needs to address as well as the limitations of the research study.

## **CHAPTER FOUR: FINDINGS**

### **Overview**

The purpose of this study is to identify and explain the origins of pedophilia and how it is treated by the criminal justice system. The problem that pedophilia presents is how to address and react to the sexual violence that can occur if the condition is not treated adequately while also attempting to determine why the thoughts and feelings exist. The first research question being answered during this research is RQ1: How does the criminal justice system treat those with pedophilia? The second research question being answered during this research is RQ2: What are mental health professionals' current characteristics and definitions regarding the origins of pedophilia? Beginning in this chapter, the study's participants explain and provide background regarding pedophilia. Participants were selected for their roles as clinical psychologists, scientists, or behavioral health specialists with knowledge directly related to pedophilia, victims of sexual abuse, and in some cases, their work with offenders. The information collected from the participants was acquired through one-on-one interviews with each participant for which a date and time were selected based on the participant's schedule. The remaining information in Chapter 4 is listed below through qualitative findings, answers to the research questions, and analysis of that information.

### **Participants**

This study's participants include mental health professionals, clinicians, and scientists who have extensive backgrounds regarding pedophilia and victim trauma. This research spans the different mental health institutions in which participants worked, existing literature written and researched by the participants, and scientific research regarding offending and nonoffending persons with pedophilia. Participants' experiences were from mental health interventions

concerning child sexual abuse, pedophilia, and mental health analyses. The participants listed below were provided with confidentiality by using pseudonyms for this qualitative research study.

***Mary***

Mary is a female clinical psychiatrist and professor at a well-respected university in New York. She has been in the field of psychology for more than 25 years, studying the relationships between childhood trauma, pedophilia, brain image methodology, and neuropsychological development. Mary has numerous publications, including a personality pathology of human behavior, human development, and psychometric studies. Mary owns a private practice, in which she provides psychotherapy as well as psychodynamic treatments and CBT.

***Katy***

Katy is a research specialist and adjunct professor who works closely with an organization that seeks to prevent child sexual abuse. She has researched female sex offenders and the recidivism rates for this population. She works closely with victims and children of child sexual abuse, focusing on the development and adverse trauma associated with being a victim. Katy has received awards from Tiffin University for her research. She also works for a crisis nursery that provides relief and an inclusive culture for families and children who have been abused or neglected.

***Jim***

Jim is board certified in psychiatry by the American Board of Psychiatry and Neurology. He is a member of the American Neuropsychiatric Association, the International Society for ECT and Neurostimulation, and the American College of Psychiatrists; in his private practice, he studies sexual offenses, sexual ethics, and psychodynamic psychiatry. Jim is also a professor and

teaches courses in psychopharmacology, ECT, paraphilias and perversions, sexual dysfunction, psychiatric ethics, psychiatry and religion, and forensic psychiatry.

### ***Sara***

Sara is a licensed psychologist and a CCTP with an extensive background in the stigma surrounding pedophilia and MAPs. Helping the victims, Sara seeks to counteract issues involving trauma, depression, anxiety, and relationship or communication issues. Sara has counseled victims and provided different therapeutic options for managing interpersonal difficulties after a traumatic event. Sara background also includes applied behavioral principles, which comprises the imperative study of the avoidance, attention, reinforcements, and instant gratification in people with pedophilia as they choose their victims.

### ***George***

George is a forensic psychologist for a rehabilitation program for sexual offenders in the United States, the United Kingdom, and Australia. These rehabilitation and transition services assist offenders as they leave prison and rejoin society. George works with sexual offenders who are required by the court system to seek therapeutic options to prevent reoffending. George treats trauma associated with offending and future treatment options for sexual offenders.

### ***James***

James has been a licensed psychiatrist for over 30 years and has worked with sexual offenders. James' clients have ranged from teenagers to individuals in their 80s who express sexually deviant behaviors and seek sexual treatment. Beginning his studies regarding sexual offenders in 1993, James is licensed in Static-99R, Static-2002R, Stable 2007, and Acute 2007, which encompass sexual arousal patterns and full-scale psychosexual evaluations. James also has

a background in assessing risk with adolescents and has submitted findings to the Utah Board of Pardons and Parole for offender evaluation and future treatment.

### ***Samantha***

Samantha is an LSOTP. Samantha has a master's degree in forensic psychology and has been working with individuals who are court mandated to seek treatment for sexual offenses. Her patients range from first-time to violent offenders. In August 2022, Samantha worked in private practice with sexual offenders and previously worked at the Texas Civil Commitment Center.

### ***Stephanie***

Stephanie is a behavioral health specialist who counsels sexual offenders. Stephanie has a background in using CBT and solution-focused therapy for sexual offenders. She has 15 years of experience in the field, holding licenses including licensed clinical professional counselor (LCP), LSOTP, national certified counselor (NCC), and certified anger resolution therapist (CART). The conditions for which she has provided care and her extensive research background include sexual or pornography addiction, dialectical behavioral therapy (DBT) technique, and sexual functioning.

### ***John***

John is a licensed professional counselor and LSOTP in Texas. John's background is in multiple mental health issues, dual diagnoses, and varying degrees of psychopathy in violent sex offenders. John has counseled over 400 clients, all male, who have related and known concerns with depression, abuse, or trauma, and in some cases, unresolved relationship issues with sex and sexual offenses. John has previously worked with abused children and has developed sophisticated databases for real-time evidence-based decision-making techniques for treatment providers and facilities.

### *Alexis*

Alexis is an associate professor at a university in New York. She has a background in cognitive assessment, neuroimaging, and behavioral impulse control, which aligns precisely with pedophilia. She focuses on the neurobiology and neuropsychology of sexual offenders to develop future treatment and prevention techniques. She has also worked with individuals who have committed pedophilic offenses against children and nonpedophilic offenses that span a wide range of sexual offenses. Alexis' expertise covers behavioral neuroendocrinology, executive function in sexual offenses, and program evaluation for risk assessments of people with pedophilia.

### **Results**

This qualitative study was framed around two research questions that enhance the understanding and possible origins of pedophilia as well as the knowledge of how society addresses the treatment of people with pedophilia in the criminal justice system. Participants were asked to complete a 45–60-minute interview with 10 questions about both victims and offenders, treatment options, and pedophilia's origins (environmental factors, trauma, neurodevelopment, sexual orientation, etc.). The themes that came from the interviews and research follow.

#### **Research Question #1: How does the criminal justice system treat those with pedophilia?**

Based on the first research question, multiple themes were derived from the participants' answers, which were informed by their backgrounds in trauma, pedophilia, victim advocacy, development of known mental disorders, and sexual offenses. In these discussions, the criminal justice system was defined as a government institution or set of available systems to manage and control what society deems a crime (Kubrin & Tublitz, 2022). The following themes were



extracted from the qualitative analysis using NVivo 12 software for coding and file storage: court-ordered therapy, individual therapy, and mandated reporting.

### **Court-Ordered Therapy**

Treatment for offenders involves court-ordered therapy. This approach by the criminal justice system mandates treatment for a specific amount of time, which typically includes an evaluation and treatment at an available facility and is based on the outlined condition of the individual's offense or parole (Villines, 2019). Court-ordered therapy has been seen in the criminal justice system and mental health professionals as a conflicting argument for how offenders view their crimes, their punishment, and their push to enter society upon release from prison. Of the 10 participants in this study, three stated that court-ordered therapy can be effective because the offenders have already committed and acted upon their thoughts and feelings, while the other seven indicated that forcing therapy upon an individual can be counterproductive and, in some cases, a waste of time and money. For many members of society, this is seen daily, whether it is on television, through personal experiences, or from others' opinions that therapy is mainly conducted for individuals with pedophilia. Of the seven participants who did not favor court-ordered therapy, one participant (Jim) stated that "people who are court ordered to therapy have a different motivational structure and are more [problematic] concerning what their outcomes might be." This motivational structure is critical to remember because it shows that court-ordered therapy itself can become problematic over time.

Court-ordered therapy is also a central theme for the findings because it has not placed significant emphasis on the individual or victim but on the appearance of any actual benefit. John stated regarding court-ordered therapy that "these individuals were in jail for 20 years and [are]

getting their treatment in Year 20.” If addressing the issue is the key, then the mistake of waiting to correct the actual behavior is not beneficial to society or the individual.

Three participants saw this approach from a different perspective. John started by saying that:

Treatment is a spectrum, and people go through different phases as they go through their treatment. Often, when we're talking about something that's judicial and makes sure some court requirement [that] people [start] off with, I'm checking the box. Let me get this over with. I don't have a choice, and then it's later in their treatment that they start to think, ok, maybe there's something here I need to be listening to.

### **Individual Therapy**

With the idea and construction of court-ordered therapy, the participants also highlighted the differences associated with individual therapy versus it being forced by the court system, which, with patients who have pedophilia, is a critical topic that has not been explored recently. Participants balanced this theme by explaining that court-ordered and individual therapy have different primary motivations and prevention techniques. Individual therapy was optimally described by Sara, who stated the following:

People who come in on their own volition, you know, on an independent basis, they have already discovered a reason that they need to come in, and they tend to be super motivated from the get-go, and even if they struggle with keeping that motivation, they keep coming back because they're there for a reason and they're invested. I mean, that's coming out of their pocket.

George detailed the idea of individual therapy as instrumental by stating that individuals who decide to seek therapy on their own “overcomes the trauma they have experienced versus

those who wait until somebody with a hammer in their hand says go do it.” This is essential to the criminal justice system's management of pedophilia because it shows that the placement of blame and responsibility based on society standards in many situations suffers from a lack of attention and emphasizes the need for a basic understanding of a complex issue.

Furthering the concept of individual therapy and how it is addressed, Mary suggested that “if the goal is to develop effective therapies that both treat the adjustment (trauma) and any associated emotional difficulties and help protect society, it will be more effective if it is empathic as opposed to punitive.” Having individual therapy be highlighted as a noncritical motivational structure for future offenders indicates that therapy, whether cognitive or behavioral, is more effective and better treats the underlying issue when individuals seek it on their own than when an individual is forced to adhere to a structure of protocols.

Alexis shared that individuals who have pedophilia and seek treatment on their own tend to “be more treatment compliant, more engaged, more willing, whereas the person who got caught might not be.” Understanding how the problem is addressed and the outcome of forced treatment for the criminal justice system and offenders in prison highlights that individual therapy is a better option for understanding and being proactive in child sexual abuse.

### **Mandated Reporting**

The criminal justice system relies heavily on mandated reporting of crimes such as child sexual abuse, rape, and violent acts. In fact, mandated reporting is the only significant established proactive measure that addresses child sexual abuse and the perception of pedophilia. All 10 participants referred to some form of mandated reporting as law enforcement and the justice system's management of people with pedophilia. As one participant stated regarding mandated reporting, “If you tell me you're going to act on your attraction to him, I have to report

it. But telling me you have an attraction, there is nothing wrong with that.” The act itself is a crucial component in understanding pedophilia because, as stated previously, attraction is not a crime, but the action is. This understanding of mandated reporting was echoed by Samantha: “If we suspect something, we have to report, and then you've got trust issues with potential clients. And are they really going to be honest if they're worried about getting reported on?” The criminal justice system reactively addresses people with pedophilia, and relying on proactive reporting is a significant gray area regarding should be reported and which details should be shared among therapists.

Expanding on mandated reporting also illuminates how the criminal justice system uses this method for victims and victim advocacy. Mary stated that “psychotherapy is highly attuned to the impact of childhood trauma.” After a pedophilic act is committed, family advocacy is provided in most cases; forensic interviews and initial crime reporting ensue (Heasman & Foreman, 2019). The victim has many options for reactive and mandated reporting because law enforcement must consider every case seriously and seek to understand how the victim became the victim. Concerning victim advocacy, one participant explained how the criminal justice system addresses the victim:

Well, actually, we've addressed the needs of the victim reasonably well. There's a lot of therapy and literature on treatment for trauma victims. It's understood that child sexual trauma is damaging, and there are legal statutes that make it a crime, and there's punishment for that. There's the awareness that if a child is recognized to have been abused, they will be referred, for the most part, to therapy, and the family can be referred to treatment.

Having this understanding of how the criminal justice system addresses treatment options, the participants indicated that they believe the current treatment options are minimal and fail to address the real issues in pedophilia. Knowing the criminal justice system's recent stances on child sexual abuse and specifically pedophilia leads to the second research question, which engages the future of the topic and the potential for enhancing the definition and management of child sexual abuse and pedophilic attraction.

**Research Question #2: What are mental health professionals' current characteristics and definitions regarding the origins of pedophilia?**

The following themes were established for Research Question 2 based on the participants' responses: acquired pedophilia, sexual orientation, and permissive beliefs about sex.

**Acquired Pedophilia**

Acquired pedophilia is defined as follows:

Pedophilic [sic] behavior refers to a sexual urge toward children that emerges later in life as a consequence of a neurological condition with clear etiology (e.g., frontotemporal dementia, brain tumor, clivus chordoma, surgical lesions, hippocampal sclerosis) thereby causing a '*behavioral fracture*' in the overt behavior manifested prior [to] and after the brain disease insurgence (Lopes et al., 2020, p.104).

Six of the 10 participants listed pedophilia and sexual attraction toward children as acquired traits. This clashes with multiple use cases in existing literature that present pedophilia and child sexual abuse as a trait that is not one that an individual chooses but rather is born into. From a mental health professional's perspective, one of the first interviewees stated, "I think there's no evidence at all convincing that says that pedophilia or pedophilic disorder is kind of genetic, congenital, or biologically determined all the way down."

This approach was also highlighted in a unique answer from James, who suggested the following:

I lean more toward it being something that's acquired. It shouldn't be something that somebody literally is just born into this world, and that's what they're set with right from the get-go. One of the main reasons for that is, if nothing else, just from an evolutionary standpoint. Having that kind of arousal pattern would not serve in terms of [the] survival imperative and attempting to copulate with a prepubescent child is in no way going to allow you to pass your genes on. There is just no survival incentive to it.

Acquired pedophilia was also hinted at by George, Katy, John, and Jim, who indicated that the vast majority of people with pedophilia acquire the disorder environmentally. The environments in which individuals, especially those who commit sexual crimes, grow up—where they live, how they were taught about sex, and how they view sex from adolescence to early adulthood—are where pedophilia was likely acquired; this was a theme in the possible origins of the mental disorder, and the potential ability to acquire pedophilia led to the first subtheme of the research: the use of one's background or profiling to understand the red flags associated with potential sexual crimes.

***Having Knowledge of the Individual's Background.*** All 10 mental health professionals from across the United States noted that within acquired pedophilia, understanding, and processing the thoughts and feelings of those individuals enable understanding of their actual backgrounds. Having insight into individuals' backgrounds through therapy can reveal multiple signs of potential abuse, mistreatment, knowledge of sex, and the individuals' views of their behaviors.

Jim, John, and Alexis stated that understanding patients' backgrounds and using profiling comprised a holistic approach. Having the entire picture of individuals' situations—where they acquired their sense of rational thoughts, feelings, and behaviors—is the first step to knowing where to uncover pedophilia.

Sara described understanding the background of pedophilia as follows:

Knowing how they blend into who this individual is, is important because that could be where the anxiety comes from or where the suicidal tendencies come from. That could be where any outward displays of rebellion come from, so having that background is essential in treating somebody moving forward now entirely.

The importance of therapists' ability to associate the individual with their own life experiences was a central point for George, who said:

Half of the treatment is trying to understand the childhood origins of your own schemas. The desires that you have, the deviant fantasies that you have, that is almost always correlated in some way with the experiences that you have as a child.

The experiences one faces can directly enhance how individuals with pedophilia view treatment going forward.

***Associated Trauma and Early Childhood Development.*** The concept of pedophilia developing through known trauma was a significant subtheme. Eight of the 10 participants stated that trauma was a key indicator or had an essential role in patients acquiring or developing pedophilia or attraction to prepubescent children. Trauma is seen as “the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic

event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships" (Centre for Addiction and Mental Health [CAMH], n.d.,2023).

Mary, who is a clinical psychiatrist, dissected trauma by stating,

In terms of trauma, we know that childhood trauma is a significant risk factor, and even among those who have not acted on it and have not sexually offended against children, they report very high rates of emotional, physical abuse, sexual abuse, and neglect.

Jim also described that all three levels of trauma, whether physical, emotional, or mental, can contribute to the development of pedophilia.

Alexis, who views trauma as a multilayered and complex idea, explained that the engagement of pedophilic behavior is traumatic in itself for the offender, for which it "does play a role in engaging in not only problematic behaviors but also illegal behaviors that also sets you up for a lifetime of mental health issues." Alexis, Samantha, and John shared that trauma can also impact individuals' desires for what they have seen as typical behavior.

People's view of trauma, specifically for people with pedophilia, was described differently by Stephanie, who explained a newer stance on how trauma can be triggered:

The way that the word *trigger*, when used properly with sex offenses, is a very different thing from something being triggering for somebody who says he is an alcoholic. Ok, the trigger is some stressful situation; it is not sexual in nature. You know, you lost your job. You know, your boss yelled at you that day, and you're looking for something to soothe those feelings.

Trauma was previously defined from the viewpoint of individuals who lost their sense of safety and were unable to regulate their own emotions (Centre for Addiction and Mental Health, 2023).



James addressed trauma through the deviant thoughts and coping dynamics used by people who commit sexual offenses and those who are true pedophiles to manage their own unresolved trauma. Trauma is central in how individuals view life, the situations in which they place themselves, and what others may have forced them to do as children. As it relates to people with pedophilia, trauma can enhance or justify individual thoughts and behavioral patterns.

### **Sexual Orientation**

Sexual orientation was a prominent topic for mental health professionals' definition and explanation of the attraction that people with pedophilia have to children. This has been a topic of widespread debate in the past decade; seven participants stated that merely the attraction to children could be a possible sexual orientation. Participants discussed the bridge between people acquiring pedophilia and the condition developing and originating at a neurodevelopmental level.

Mary described pedophilia as a sexual orientation by stating,

I'm not even sure I'd call pedophilia mental illness. I mean, it's listed in [the] DSM, but I think it's a sexual orientation, which is an unfortunate one because it can't be acted on in a way that's productive or sustainable without hurting someone else.

Pedophilia's connection to a sexual orientation remains a significant focus, as existing research has yet to determine the specific understanding of pedophilia on a larger scale. Sara further highlighted the advancement of the sexual orientation argument by saying, "They have no control over the attraction, so it's not necessarily something they've acquired. It's like, you know, they're very aware that, at some point, they are attracted to minors."

Because pedophilia refers solely to one's attraction to children, not the crime (child sexual abuse), mental health professionals tend to try to understand the source of that attraction,

as it is not a typical behavior and is diagnosed as a mental disorder. Katy mentioned sexual orientation as a metric for its origin because “for those who are diagnosed with pedophilia, I think it's a combination of genetics and environmental factors.” Understanding this combination of scientific and environmental factors leads to the subtheme: pedophilia being a neurodevelopment in the brain throughout an individual’s life.

*Neurodevelopment.* The neurodevelopment of the brain was discussed regarding pedophilia to navigate how sexual attraction forms within an individual, specifically attraction to prepubescent children. Neurodevelopment as it pertains to pedophilia is ideally explained in the article "Brain structure and clinical profile point to neurodevelopmental factors involved in pedophilic [sic] disorder." This is described by using multiple factors including “genetic and environmental influences on the brain, such as prenatal androgens affecting brain development, cognitive functioning, and disorder development” (Abé et al., 2021, p. 364). Assessing the development of the disorder, Mary stated that most of the individuals she has assessed or counseled developed the known attraction to children by or around the age of 13. The sexual experiences that an individual faces were also discussed by Katy, who explained that “they [people with pedophilia] have zero interest in even, like, socializing with an adult as they would rather feel more comfortable with a child.” This is a common theme in neurodevelopment because it challenges the typical belief that pedophilia is linked to the criminal act of child sexual abuse rather than the sole attraction to children.

James, discussing pedophilia and development, stated that "With the pedophilic clients I've worked with, there's been enough in their developmental history that really points to it being learned and developed."

James further noted that pedophilia, in terms of sexual orientation, is “a fundamentally developed pattern of both attraction and arousal.” George discussed the neurodevelopment in specific clients by recalling, “I do have clients who, from as early as I can remember, were attracted to a specific age group of individuals. As they grew out of that age group, their attraction never changed.” The developmental aspect of pedophilia's origin is closely related to adolescents undergoing puberty who do not advance from the age group to which they are sexually attracted.

**Natural Impulse.** The second subtheme in sexual orientation is understanding sexual impulses and whether they are natural for individuals with pedophilia. Seven of the 10 participants indicated that the impulses align with sexual desire and that the individuals with whom they have worked are natural impulses regarding behavior and sexual interest toward children. In this context, natural urges or impulses are classified alongside sexual desire, defined as “the emotion and mental energy related to sex that is seen from internal or spontaneous responses” (Bulut & Çankaya, 2020, p. 2). George indicated that people with pedophilia use the understanding of natural impulses and “[reinforce] those deviant impulses over and over again, with something as strong as, like, sexual gratification or masturbation.” The experience of counseling sexual offenders has allowed George to see the sexual nature that pedophilia encompasses. Impulses of sexual attraction being natural were again highlighted by George, who reported that the impulses become a “core belief” and can embody an individual's sexual interest. The sexual attraction that evolves is a viewpoint of how true pedophiles are seen by society.

John stated that he believes pedophilia is a sexual orientation and thus is natural, for which “this small percentage, I believe it possibly is for them, it would be natural.” Samantha stated, “If we're going the true pedophile route, then I would say, I kind of almost want to say yes

in the sense that that is what they're attracted to.” Mental health professionals view the narrative of attraction as natural and biological—the emergence of urges.

These internal responses to children are something the individuals cannot ignore, and understanding these responses should inform how the mental disorder is treated in the future. This current measure and definition in understanding people with pedophilia indicates that they are naturally impulsive; as James stated, this is not something that an individual “decides he was going to go looking for” and is aware of before the impulse or urge began to surface. The natural impulse that people with pedophilia presents, offers a unique challenge in how mental health is discussed and mental health treatment is provided for sexual offenders.

### **Permissive Beliefs About Sex**

The choice of having known beliefs about sexual encounters with children is based on the permissive belief that what one does as an individual is inherently okay. All participants in this study stated that passive and unrealistic notions of sex, offenders' sexual education, and perceptions regarding attraction to children is a strict stance from which pedophilia originates.

Mary, when discussing offenders' view of pedophilia before and after committing a sexual offense, described the following:

What used to be called *cognitive distortions* or *permissive beliefs* is another way that people who are attracted to children will rationalize, normalize, and minimize it and often have permissive attitudes toward adult-child sex. They will say we love children, and we don't want to hurt children, but we think that this is a way of expressing a love, that children are sexual beings, and that the only reason we shouldn't have sex with children is that society is uptight.

***Passion and Power.*** Examining MAPs' beliefs regarding sex reveals that the reality of the attraction's origin is both an aspect of passion for the child and power or control of the situation. George, when asked about the vulnerability of people with pedophilic tendencies, expressed that “it's easier to control a child, you know, if they [offenders] feel rejected by an adult, it's easier for them to have control over a child if they have an emotional congruence toward a child. It's easier to be trusted, you know.” The trust factor was also highlighted by Mary, who stated that some individuals find it “easier to relate to a child,” and the ‘convenience’ of the child promotes an inherent sexual attraction that can evolve.

Jim noted the emotional level of awareness in individuals with pedophilia or who commit sexual offenses; they have “certain sexual inclinations.” Additionally, people with pedophilia are known for “expressing aggression.” Sara also discussed the views of power and passion in individuals with pedophilia, asserting that “I think the good majority of people who have the attraction and act out against it—that piece comes in with a power component.”

Alexis recalled cognitive distortions with previous clients, stating that “I've had experiences where there were cognitive distortions at play where a person was able to rationalize or justify their behavior and their sexual offenses against children by saying the child started it, the child wanted it, you know.” John indicated that the attraction of pedophilia comes from one's perception of reality, specifying that the individuals feel as if they have “not done anything wrong and they have managed to short circuit that portion and justify what they're doing.”

***Education Surrounding Sex and Sexual Abuse.*** The sexual education provided to youth and their view of sex vastly differs depending on the individual's environment, social patterns, and relationships with adults and children during puberty. Katy first highlighted this when she described the proactive measures against pedophilia:

I think we need to be teaching healthy sexuality. We need to be talking about what sexuality is. We need to be empowered—not only children, but adults, so that they know that they are the bosses of their bodies. And so that they know what healthy sexuality looks like, so that if they're ever in a situation where it's not a consensual interaction, then they can spot it right away.

Katy also mentioned that sexual abuse is discussed by how individuals with pedophilia may watch pornography that features adults. When this becomes boring, they move on to pornography that features children to heighten their arousal.

John, when asked about the stigma associated with pedophilia, stated that “nobody is explaining what sex is, and that's just basic biological sex. No discussions on sexuality in relationships or what sex means. So, these kids are, you know, set up to fail.” The discussion around safe sex and consensual sex seemed to be a topic of how sexual abuse can form, according to Mary, who stated that the sexual abuse survivors she sees:

Can become either sexually constricted and overcontrolled or sexually uncontrolled. You know, by having sex with everybody, they might even repeat the perpetration. They might become very somatic, having many illnesses, and they might seek out people who also mistreat them. They're just repeating their behavior.

This pattern of teaching and educating individuals from an early age is the beginning of the issue's future. Pertaining to the individual's environment and their known background is essential; George explained that an individual's view of sex, and women in particular, significantly reflects their upbringing.

George stated,

Whether they were abused or not, they learn about sex at a very early age in a very unhealthy way, whether it be through pornography, whether it be through just having a family with no boundaries and witnessing sexual acts by their parents all the time or being molested themselves.

Education about sex, safe sex, and individuals' attraction to certain things is predicated on the education from their parents, their home life, and their view of consent.

James described that one of his patients had a skewed view of sex because his mother frequently walked around their home naked, and he became desensitized to the notion of sex and women who were mature in their development. James said the patient was attracted to “someone who didn't have, you know, the broader hips, or the breasts, or the pubic hair. It went toward younger children, and that ended up becoming part of what we also worked on in his treatment.” George and Sara discussed education within the criminal justice system: some individuals have been in the selected programs for 6 or 7 years but do not receive the necessary education until Year 25 of a 30-year prison sentence.

The source of sexual education and the individual's background with family and healthy relationships are imperative to understanding and introducing the new definitions of pedophilia. Three other participants shared that education is nonexistent and society's sexualization of children may be a form of grooming and manipulation for potential future offenders with pedophilic thoughts and tendencies.

### **Summary**

This chapter provides the results for both the criminal justice system's treatment of people with pedophilia and the current characteristics as well as definitions of the origins of pedophilia. The results were provided by 10 mental health professionals in career fields that included

licensed and forensic psychiatrists, forensic psychologists, LSOTPs, behavioral health specialists for sexual offenders, licensed professional counselors, and research specialists in pedophilia as well as adjunct professor backgrounds. The data were collected by conducting interviews through media and transferable software systems; these included treatment options provided by participants, personal experiences working with offenders and victims, and extensive research of both victims and offenders regarding perspectives, management, and origin of pedophilia.

Regarding the criminal justice system's treatment of people with pedophilia, the key insights involved therapy at an individual level, therapy designed and forced by a court order, and mandated reporting by mental health professionals. Court-ordered therapy was designated as the primary source of the criminal justice system's treatment of people with pedophilia through mental health classes, group therapy, and one-on-one clinical evaluations by mental health professionals before offenders' reenter society. This was followed by individual therapy, for which nonoffenders or MAPs can seek treatment independently to discuss and evaluate their level of attraction to minors, so they do not offend. The third way the justice system addresses people with pedophilia is most notably through mandated reporting. This can occur when mental health professionals learn that someone has committed child sexual abuse, is solely attracted to children, or confesses a lewd act while in therapy or treatment.

Current characteristics or definitions of the origins of pedophilia suggest that it can be acquired through multiple environmental, social, and economic factors; that it can be a sexual orientation linked to neurodevelopmental symptoms throughout childhood; and that it can pertain to permissive beliefs about sex. Regarding acquired pedophilia, participants expressed that profiling offenders or nonoffenders and the trauma that was endured during childhood can be relative factors for the gradual development of pedophilia.



Another defining characteristic of the origin of pedophilia is sexual orientation. Based on the results, multiple factors may raise neurodevelopmental red flags, as views of gender and sex are based on puberty and early childhood development. Additionally, the impulses that drive the known attraction in people with pedophilia were seen as natural by seven of 10 mental health professionals.

All 10 participants explained that permissive beliefs about sex throughout society are a prominent factor in defining pedophilia. Participants highlighted sexual education as well as views of sex, sexual abuse, and pedophilia; society's sexualization of children through media and advertisements; and offenders' concepts of passion and power as they relate to attraction to children. Current definitions of pedophilia comprise the 'maturity of the parental figures' and 'the power control complex' of the innate attraction that is formed or developed through brain anomalies and trauma. The cognitive distortions and perceptions of the offenders' or nonoffenders' reality were an important factor in determining how future treatment options, society's viewpoint, and mental health professionals can continue to redefine and shape the concept of pedophilia and how it is addressed moving forward.

## **CHAPTER FIVE: CONCLUSION**

### **Overview**

The reason for the study was to explore, from a mental health perspective, the origins of pedophilia (the attraction) and the criminal justice system's treatment of people with pedophilia. The existing literature surrounding the topic explains it as a crime rather than a mental disorder that is based on an attraction solely to minors. Compounding this notion, the second research question discussed another gap in society's perspective of the characteristics and definition of pedophilia; society considers pedophilia not from an offender's point of view but solely from a victim's outlook. This research contributes to closing the gap on the definition and the origin of pedophilia by understanding offenders' known characteristics from mental health providers and the criminal justice system. The researcher engaged mental health professionals with backgrounds specifically in child sexual abuse and offenders with pedophilia. In this chapter, the key findings, the discussion of the relationship to the results and the findings, the implications of the research, the delimitation and limitations, the recommendations for future research, and the summary are provided.

### **Summary of Findings**

The first research question asked, how does the criminal justice system treat those with pedophilia? As seen in Chapter 4 and mentioned through the existing literature as well as by the participants, the criminal justice system treats people with pedophilia by being reactive to the mental disorder through the most relevant avenue: court-ordered therapy for treatment after a crime of child sexual abuse has occurred. After court-ordered therapy, individual therapy is designed to confront and address pedophilia (the attraction) as participants discuss their thoughts and emotions with a mental health care professional to reverse their sexual thoughts, so they do

not commit another crime. Finally, the criminal justice system treats people with pedophilia by mandating that health care professionals continue to report after the sexual abuse has been committed. These three factors were highlighted by all 10 participants regarding the courts' reactive stance toward people who commit sexual crimes against minors.

The second research question asked, what are mental health professionals' current characteristics and definitions regarding the origins of pedophilia? This was first defined by acquired pedophilia, for which six participants stated that pedophilia can be acquired; these professionals believed that understanding both the offender's trauma and profile are essential to understanding the characteristics of the attraction itself. Other participants indicated that the origins of pedophilia exist through sexual orientation (three participants). This was discussed in detail, during which the origins of pedophilia were described as natural impulses and a neurological development that surfaces during puberty.

Another important theme was that of permissive beliefs about sex. The support for this was garnered from the idea that passion and power are solid components of the decisive nature of the pedophilic desire and the control of assimilation in the child. This was highlighted by the education surrounding child sexual abuse. Seven of the 10 participants discussed desensitization and pornography as informal education that overpowers individuals' views of healthy sex as well as certain age groups' views of the definition of sex.

### **Discussion**

Pedophilia and its origin have long been a topic of discussion and exploration, given the view it garners from society and how it shapes society's perception of mental disorders. This discussion is essential to understanding treatment of people with pedophilia and the known characteristics of its origin because pedophilia must be seen as a public health issue for well-

being and child abuse prevention (Harper et al., 2022). The existing research on pedophilia, especially literature published in the past decade, has taken a more scientific stance regarding its origin. Those known characteristics and definitions have been highlighted recently as biomarkers that may reveal characteristics and potential red flags unique to people with pedophilia and may guide future treatment options per individual (Jordan et al., 2019). The topic's relevance shows that science and mental illnesses can coexist to advance treatment options and provide an understanding of the origins of deviant sexual attractions and behaviors. This research contributes to and confirms previous research by expanding the approach to defining and treating people with pedophilia from a mental health perspective.

### **Discussion Regarding the Criminal Justice System**

For the criminal justice system and the definitions of treatment for people with pedophilia, prior researchers have noted that drugs, such as Degarelix, are commonly used along with providing autonomy to MAPs to self-determine and self-diagnose their behavior and feelings (El Sayed et al., 2020; Levenson et al., 2019). This study showcased how the criminal justice system treats people with pedophilia reactively after the thoughts, feelings, and behaviors have manifested into a crime rather than seeking proactive treatment options. This research also presented an examination of how people with pedophilia are treated from a mental health perspective within the criminal justice system, for which mandated reporting, individual therapy, and court-ordered therapy are provided by mental health professionals from all avenues of therapeutic methods.

Court-ordered therapy refers to the mandated treatment provided to offenders. An evaluation is needed from a mental health professional to meet specific criteria and standards for early release or parole (Villines, 2019). Three participants in this study cited court-ordered

therapy as an effective treatment option within the criminal justice system. This study contradicts previous research by stating that court-ordered therapy and forcing the offender to acknowledge wrongdoing are effective. Existing literature states that legal treatment and authoritative treatment options can instill unique motivation for the offender and encourage alliance with future therapy outcomes (Hachtel et al., 2019). The other seven participants labeled court-ordered therapy as box-checking for the criminal justice system through which therapy and therapeutic solutions are provided at the end of the offenders' prison term, which does not reinforce positive rehabilitation but only heightens inherent sexual tendencies and future crimes. The research also reported the motivational structure for which court-ordered therapy is seen as a treatment option within the criminal justice system, which is different for each offender. Using this information for therapy could produce different results. The mental health professionals interviewed in this study did not consider court-ordered therapy to be an adequate treatment option for this population, as it is a known reactive solution to an active problem.

The second treatment option used by the criminal justice system is mandated reporting from mental health professionals, educators, first responders, and public servants. This study expands on the existing research because mandated reporting is seen as the most significant avenue for finding potential offenders and flagging them for future crimes, determining updated therapy techniques, and discovering data on specific individuals with pedophilic thoughts and behaviors. In a separate study on clinical decision-making and mandated reporting, researchers reveal that clinicians who have clients in this population stated that the stigma surrounding pedophilia in the media and society has a direct impact on the likelihood of reporting (Stephens et al., 2021). Additionally, this study expands on mandated reporting in that all ten participants stated that with victims of sexual offenses, society provides adequate responses and victim

assistance through mandated reporting. The act itself (sexual abuse) is a mandatory reporting field; the results of the study showcased that professionals believe that mandated reporting is pragmatic for losing clients and future individuals for individual therapy. The criminal justice system and mandated reporting are ever-expanding, placing mental health professionals on the front lines of reporting deviant sexual behavior.

Finally, individual therapy was seen by mental health professionals as a treatment option within the criminal justice system to treat people with pedophilia. Individual therapy is the only proactive measure within the criminal justice system, which highlights that, in existing research, individual therapy is the backbone for potential mandated reporting from a mental health professional. The findings in this study diverge from previous research because six participants stated that individual therapy was more effective than punitively ordered therapy. As stated, offenders who undergo individual therapy for sexual crimes have a significantly lower recidivism rate than the offenders in most violent crimes. However, court-ordered therapy and individual therapy raises the question of whether a client would feel comfortable describing pedophilic attraction to a mental health professional in light of reporting requirements. Individuals must seek therapy and therapeutic resources on their own more frequently, according to previous research. Padilla (2023) discusses the scarcity of mental health professionals with a background in pedophilia who can treat people with pedophilia and overcome the stigma surrounding the topic. This study, as stated, diverges but also confirms that individual therapy is a known treatment option. Still, in the United States, citizens do not have the resources or information for next steps after nonoffenders have sought and completed individual therapy.

Research question two discussed the characteristics and definitions of pedophilia and its possible origins. Based on the existing research, pedophilia originates and is characterized in

multiple ways. Even defining its origin is controversial in the mental health field. Previous researchers have stated that pedophilia is either a mental illness or a sexual orientation (Scott, 2018). The wide range of information based on sexual orientation is considered to be both fixated and regressive regarding sexual preferences toward children. Defining pedophilia as primarily a sexual orientation based on previous literature is where this research study diverges in origin; herein, pedophilia is classified based on a combination of sexual orientation, acquired pedophilia, and beliefs about deviant behavior and sex.

Most participants, based on client evaluation and practice, stated that both nonoffenders and offenders acquire pedophilia rather than being born with the mental disorder. A few participants saw pedophilia through a different lens, equating it to a more significant sexual orientation due to its known neurological development and the brain structure unique to offenders and nonoffenders. The findings in this research study corroborate previous research, as the characteristics of pedophilia and its definition are based on mental health professionals' perspectives, but its treatment depends on the use case of the individual.

Expanding on acquired pedophilia, a small sample of previous research reports that acquired pedophilia is a hypersexual behavioral disorder (Ternberg et al., 2015). This study extends the previous research by introducing that trauma is deeply associated with behavioral patterns and hypersexuality, serving sexual addiction, reoccurring fantasies, and urges, which are also closely defined in the DSM. Trauma was stated to be a key associated factor for acquiring pedophilia by eight participants, who highlighted that physical, emotional, and mental abuse have overt consequences for both offenders and nonoffenders' future decisions. The findings in this study also confirm that existing research on trauma and abuse provides solid indicators of pedophilic characteristics based on sexual offenders and recidivism rates.

While some participants highlighted that pedophilia is linked to a possible sexual orientation, this number was significantly lower than in existing research on the origins of pedophilia. The sexual orientation characteristic that some participants defined revealed a belief that the impulses of deviant sexual behavior are natural. This factor expands on and confirms previous research based on the precise and current definition of pedophilia, which includes reoccurring impulses. Existing research is based on both scientific and empirical studies in which pedophilia is described and viewed as a sexual orientation; consequently, the findings in this research study corroborate previous findings for both neurological and known structures of the brain through which offenders and nonoffenders can acquire these natural urges or impulses.

Surrounding the neurological development of pedophilia, a common subtheme in the research was that of pedophilia developing during puberty and being a defining precursor for pedophilic attraction. This corroborates existing literature because pedophilia is a known sexual orientation, and no gray matter indicates a mental disorder. Sexual medicine showcases specific biomarkers for pedophilia and includes sexual preferences during puberty (Baker, 2021). This expands on the literature, and some of the participants stated that while some believe that pedophilia is a neurological development, there is an aspect of combining both neurological underpinnings and environmental factors.

Finally, the permissive or deviant beliefs regarding sex are significant elements that characterize pedophilia and define attraction. Prior research has indicated that how individuals are raised and view sex, based on parental figures and education regarding sex, contributes to whether they grow up to consider children their age or younger as sexual beings (Olubunmi et al., 2019). This research confirms and expands that an individual, whether an offender or nonoffender, can be affected and use general beliefs that were learned and taught in deviant ways



based on environmental factors. Many participants connected pedophilia with nonexistent education regarding safe sex at home or school. A permissive view of sex may also lead to what is categorized as passion versus power in pedophilia and grooming for future child sexual abuse.

Regarding passion and power, the participants highlighted the cognitive distortions of offenders and their rationalization of their behaviors and acts. Compounding this, previous researchers have studied cognitive distortions as models for offenders' justifications of their actions with reassuring patterns that creates normality around potential abuse and may eventually escalate into other sexual acts (Perrotta, 2020). Furthermore, the participants also highlighted the ease and comfortability of relationships with children based on cognitive behavior, which expands the topic to cover deviant behavior as well as cognitive imbalances, thus broadening the definition of pedophilia and mental disorders. Understanding pedophilia's current definition and characteristics enhanced discussions with mental health professionals regarding their perspectives and the combination of pedophilia, sexual orientation, and belief systems based on social, environmental, and economic factors.

### **Implications**

The findings from this research uncover multiple implications for the criminal justice system, offenders and nonoffenders, and mental health professionals.

#### **Implications for the Criminal Justice System**

This research study proves that there are implications specific to the criminal justice system for treating people with pedophilia and preventing future child sexual abuse. Efforts toward mandated reporting highlight these areas as well as the design of court-ordered therapy and individual therapy for MAPs. For mandated reporting, the implication is that there must be clear, concise guidance for mandated reporting when client privilege and criminal activities cross

paths. The criminal justice system is a large institution with no actual feedback process for how to report, where the reports are housed, and proper investigations for those reports if mandated by law. The necessary advancement of techniques for mental health professionals to use and explore is evident in the current state of privacy dictated by each therapist, doctor, psychiatrist, or other specialist. Although mandated reporting is seen as a see-something-say-something concept, many professionals do not comply, which allows people who express deviant behavior to move into criminal conduct within the scope of child sexual abuse.

The current design of court-ordered therapy implies that the nature of rehabilitation or progress for sexual offenders is not in the best interest of the criminal justice system. Generally, therapy is provided not at the beginning of the offender's sentence but at the end, which does not reinforce improvement of prior deviant behavior but rather treats therapy as a checklist.

Treatment of people with pedophilia from an outsider's perspective is based on media attention and headlines with keywords, while discussing the matter seems disgusting and cold. This significantly implies the need for offenders, nonoffenders, and victims to receive adequate treatment for their situations, behaviors, thoughts, and feelings to prevent child sexual abuse and overcome the attraction associated with pedophilia.

### **Implications for Offenders and Nonoffenders**

Existing research regarding offenders and nonoffenders has subsequently placed both groups under the same umbrella of guilt in child sexual abuse. Society's association of nonoffenders and individuals who have committed child sexual abuse must change. Many participants highlighted those therapeutic options, whether provided individually or after a court order, have different approaches to the same sexual attraction to children or both children and adults.

Furthermore, nonoffenders should be able to find additional outlets for therapy because of the stigma surrounding the topic, both from professionals and society. As discussed previously, the natural urges or impulses that occur are not something the offender can control alone, but individual therapy can provide solutions. Finally, people who sexually abuse children should not be made to wait until the last 5 years of their sentence before they receive treatment, as this is not beneficial to the group, the individual, or most importantly, the victim of the abuse.

### **Implication for Mental Health Professionals**

Mental health professionals are the glue in this study, as they highlight trends, behaviors, thoughts, patterns, and responses to their clients for future evaluation and bridge the gap between their clients' fantasies and reality. The research study's findings indicate that specifically for people with pedophilia, mental health professionals are some of the only individuals with access to their minds, and other members of society do not have answers for their behavior. While most mental health professionals have extensive backgrounds showcasing multiple degrees of intellect, there remains a small selection of professionals trained in pedophilia. The need for both mental health professionals and individuals with pedophilia to sit and converse is paramount: those with pedophilia must learn natural impulse control, and mental health professionals must learn the patient's associated trauma and background as well as acquire training on what pedophilia is and how to report it.

Additionally, mental health professionals must work with MAPs to understand where and when the behaviors started, to learn how to address clinical inclinations for research, and to expand the boundaries of pedophilia and sexual abuse from being synonymous to being separate entities. Assisting with destigmatizing the attraction in the mental health space will also allow a more significant number of individuals to seek therapy on their own rather than undergo a

reactive decision from the court system after a child becomes a victim and taxpayers' money is effectively wasted on treatment. Moreover, mental health professionals could gain support from society by providing informative education detailing that pedophilia is not a crime rather than being seen as those who protect individuals with pedophilia. Mental health professionals and known guides to navigate the definition of pedophilia are needed on both the criminal level and the societal level so that pedophilia and other mental disorders can be taken seriously in the future.

Expanding on the informative education and training, the use of training for mental health professionals should also be provided in the future for that roughly only ten percent of those professionals are even trained in what pedophilia is and how to manage it. This low of a rate for mental health professionals adequately trained shows a concerning gap even as pedophilia is labeled as a mental disorder, and how mental health professionals address treatment moving forward.

### **Delimitations and Limitations**

This research study was limited by including only individuals with mental health backgrounds. This population was selected due to a significant gap in the existing literature on the definition and understanding of the origins of pedophilia from a particular mental health perspective. The topic was chosen due to its stigma and the false, misguided understanding of what it is. The participants were required to have a mental health background so that they could provide knowledge of pedophilia due to their work with offenders, nonoffenders, and victims.

With the above delimitations highlighted, the current research study had several known limitations. A significant limitation was that four of the 10 participants currently worked or had worked for the same court-ordered therapy center in Texas. The results or findings for the

research would be more expansive if the results were taken from similar training, experiences, and offender backgrounds. Another limitation was that six of the 10 participants were women who primarily counseled male offenders and nonoffenders. This was a limitation because it prevented gaining knowledge from a male perspective and outcomes were not gathered at a higher capacity. The relevant questions asked for research purposes were also a known limitation because only 10 questions were asked regarding pedophilia, which prevented the collection of a larger pool of information for future results. Additionally, not all participants had worked with offenders, nonoffenders, and victims. The mental health professionals had a mixture of backgrounds with offenders, nonoffenders, and victims and provided different answers for different research questions. Finally, the study included only mental health professionals and thus was limited in acknowledging other fields of licensed professionals to discuss the topic. These highlighted limitations are specific to the study and can impact future research regarding child sexual abuse and pedophilia.

### **Research Bias**

Like all research study there is bias to consider for the overarching theme and qualitative study for uncovering the origins of pedophilia and how the criminal justice system handles the mental disorder. The small bias for this study encompassed how the questions were asked and the wording of the questions. The way this was mitigated was allowing the interviewee to expand on their knowledge, training, and expertise to address the question in multiple ways, rather than a yes or no question. Another possible bias for the research was having previously worked in law enforcement and having dealt with sensitive subjects and having my own bias towards the study for how the criminal justice system handles pedophilia and child sexual abuse. The way in which this was mitigated was asking and interviewing mental health professionals and individuals who

do not have a similar or professional viewpoint as previously discussed and this allowed for more open and fluid dialogue. Additionally, bias was considered for having six the participants, who were women, interviewed who work with largely male offenders and having a known viewpoint for how sexual abuse is seen in different genders. This bias was mitigated due to the questions being asked covered both offenders and victims as well as the remaining participants and myself were male.

### **Recommendations for Future Research**

Based on the results and findings of the current study, there are multiple avenues of approach for future research designs. The first recommendation is to understand pedophilia strictly from an offender's perspective rather than from a third party. Where the thoughts and feelings involved in pedophilia originate may be different if asked of individuals who answer for themselves rather than learning of their behavior based on outdated training techniques. Furthermore, nonoffenders could offer helpful insight regarding pedophilia's origin, and how the sexual impulses are seen for future therapy, and treatment from the criminal justice system when no crime has been committed.

Future research should also expand the population by studying juveniles and pedophilia. Existing research shows that pedophilia is a sexual orientation that emerges during puberty; consequently, studying juveniles specifically could harness the ability to address the red flags of pedophiliac behavior for families, children, and the overall population. Furthermore, future researchers could also examine the criminal justice system and pedophilia. The prevalent stigma associated with the topic has been explored, but the criminal and legal aspects of reactive information and crimes surrounding sexual abuse may lead to additional findings regarding pedophilia. As mental health has undertaken an extensive support system from society, studying

how victims are characterized and selected for grooming, sexual abuse, and child pornography could provide insight into the overall attraction to children. Throughout the existing research, a focus on victims and nonoffenders has been essential to understanding pedophilia and how to address it moving forward.

### **Summary**

This qualitative research study offered helpful and critical insight into the criminal justice system's treatment of people with pedophilia and defined the characteristics as well as origins of pedophilia. This was accomplished by interviewing mental health professionals with backgrounds as licensed psychiatrists, forensic psychologists, and behavioral specialists regarding the scientific origins of pedophilia. Using participants' extensive research backgrounds, existing literature in the field of study, and recruitment emails, the participants were selected and highlighted as the chosen individuals for this research study. The results gathered from this study showcase that mandated reporting, individual therapy, and court-ordered therapy are the only three options in the criminal justice system's treatment of people with pedophilia. Seeing this as a mainly reactive stance to the attraction itself, a proactive stance on the mental disorder must be assumed and offered a livelier role within society to address other issues, such as potential child sexual abuse, red flag laws, and reverting to crimes to satisfy certain sexual impulses. Mental health professionals who have experience working with offenders, nonoffenders, and victims, confirmed that pedophilia originates from three avenues of it being a sexual orientation, one that can be acquired, and one that is based on permissive beliefs about education and sex itself.

The results from this study add to the existing literature because they highlight the use case scenario of labeling pedophilia as a sexual orientation that has a multitude of origin points

based on environmental, social, and economic factors. Participants stated that pedophilia could be acquired, develop over time based on neurodevelopmental issues, and be linked to sexual orientation in a smaller population. It was also noted that future mental health professionals need more training specific to pedophilia, treatment for mental disorders, and handling sexual abuse in all age groups. The results also demonstrate that while court-ordered therapy and mandated reporting reduce recidivism rates, there is still a substantial hurdle for nonoffending MAPs to seek adequate treatment before entering the criminal justice system with no options for reducing stigma and educating and informing society. Finally, the findings indicate that to help victims of child sexual abuse, society must also support nonoffenders with pedophilia to receive proper coping mechanisms, training, and treatment for impulse control as well as create and implement proactive measures to address pedophilia and child sexual abuse within the criminal justice system.

Future research should primarily focus on gaining the perspective of actual offenders and victims of child sexual abuse to explore the source of intent and the internal persuasion required to commit the criminal act. Future researchers should also examine nonoffenders to bridge the gap between the stigma of pedophilia and actual child sexual abuse. This new research could cover all individuals involved in child sexual abuse, including offenders, victims, mental health providers, and nonoffenders who may act out. To make the world safer, scientists and researchers must understand the criminal mind to assess and prevent deviant behavior from becoming irreversible.



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## APPENDIX A: IRB APPROVAL

# LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

September 7, 2022

James McElhaney  
Kim Miller

Re: IRB Exemption - IRB-FY22-23-87 Pedophilia: Understanding the Origins and Problems within the Criminal Justice System

Dear James McElhaney, Kim Miller,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2. (iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:  
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

**Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB.** Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,

J. Michele Baker, MA, CH

*Administrative Chair of Institutional Research*  
Research Ethics Office

## APPENDIX B: INFORMED CONSENT FORM

### Consent

**Title of the Project:** Pedophilia: Understanding the Origins and Problems within the Criminal Justice System

**Principal Investigator:** [REDACTED], Graduate Student, Liberty University (Helms School of Government)

#### Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be between the ages of 18-65 years of age. You must work as a clinical psychologist, scientist, or behavioral health specialists with knowledge directly related to pedophilia, pedophilia victims, and in some cases having worked with offenders directly as well. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

#### What is the study about and why is it being done?

The purpose of the study is to examine the root origins and causes for pedophilia and how to potentially prevent offenders from committing such harsh acts of violence on youth. Having a better understanding of this, we can then understand the motivational structure by which the normal sexual desire for wanting to have sex with a child exists. Knowing the red flags and how future scientific research is imperative for studying pedophilia is a reason for change and enhanced treatment and prevention techniques for serious sexual crimes.

#### What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in a virtual interview regarding ten research questions about pedophilia that will be audio and video recorded.

#### How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include defining pedophilia to better understand the offender and the victims, increases awareness about how pedophilia is viewed in modern society, opens the discussion of how pedophilia needs to be reassessed to reflect current behavior for offenders, and lastly will provide significant insight into pedophilic behaviors and tendencies and expands observations on existing and new scientific research.

#### What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

#### How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only

the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer as well as an external hard drive and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer and an external hard drive for three years and then erased. Only the researcher will have access to these recordings.

#### **How will you be compensated for being part of the study?**

Participants will not be compensated for participating in this study.

#### **Is study participation voluntary?**

Participation in this study is voluntary. Your decision to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

#### **What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

#### **Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is [REDACTED]. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him through email at [REDACTED]. You may also contact the researcher's faculty sponsor, [REDACTED].

#### **Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, [REDACTED] [irb@liberty.edu](mailto:irb@liberty.edu)

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

**Your Consent**

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

☐ The researcher has my permission to audio and video record me as part of my participation in this study.

\_\_\_\_\_  
**Printed Subject Name**

\_\_\_\_\_  
**Signature & Date**

Liberty University IRB-FY22-  
23-87 Approved on 9-7-2022



## **APPENDIX C: INTERVIEW PROTOCOL**

1. Based on your training, knowledge, and experience, is pedophilia an acquired trait or something you are born with? And why?
2. If any, what are some proactive measures in place currently to help stop victims of pedophilia from being exploited?
3. How do you believe treatment options available for pedophilia should be implemented and enforced going forward?
4. How does profiling (known backgrounds) contribute to understanding individuals with pedophilic desires (offenders and non-offenders)?
5. In your experiences, how can modern treatment or therapy provide adequate resolve for how pedophilia is viewed as a mental disorder?
6. What differences exist between individuals (offenders and non-offenders) seeking therapy individually against those seeking therapy from a court order (justice system)?
7. In your experience, how can pedophilic tendencies be linked to sexual orientation or crime of passion and power?
8. How do individuals with pedophilia control their urges, and are they natural urges?
9. Does trauma cause the urges of pedophilia to surface or re-surface, and how likely do pedophiles relapse into violent behavior?
10. For individuals you have studied who was an offender/victim of sexual abuse encounters as a child, how did they psychologically process, understand, and categorize the sexual or pedophilic behavior?

**APPENDIX D: SAMPLE INTERVIEW TRANSCRIPT**

Speaker 1

Cool, ok, so it is recording now.

Speaker 2

All right, well, my name is Albert Housepian. I am a psychiatrist and a philosopher. I received my doctoral degree in philosophy from the University of Notre Dame and my medical degree from the University of California at Davis. I am a full-time psychiatrist at the Veterans Administration Hospital here in Fresno. Moreover, I am on the UCSF Fresno Medical Education program faculty and the adjunct faculty at The California State University, Fresno.

Ok, so the first question was based on your training and experience. Do you think pedophilia or child sex abuse is, like, an acquired trait? Or do you think it is something that you are born with? And why would that be?

Speaker 2

All right, so, I guess the first thing I have to say is that, you know, child sex, abuse, and pedophilia are not the same thing. So, there are many people. Who commits child sex abuse? Who [is] not [a pedophile]? Exactly, so, that is a very, very broadly put question, and the second thing is that I am unsure how you use the term. So, the idea of pedophilia is different from the idea, let us say, of pedophilic disorder, at least the way that the American Psychiatric Association's talking about those two things now. That is, a that, I am not sure how I think. I think you might need to clarify and kind of narrow the question.

Speaker 1

Yeah, yeah, yeah. I will narrow it down. The first part is based on your knowledge and experience. Should we narrow it down? Could a pedophilic disorder be an acquired trait? Or do you think it is something that an individual is essentially born with, so why do you think that is?

Speaker 2

Yeah, right, so, a fundamental axiom of biology says that for any phenotype that is an organism, [it] is structured or behaves. You always know a genotype and an environment that in some way interacts to produce that phenotype concerning almost everything in biology, and even those conditions are autosomal dominant conditions. The expression of that condition has no environmental determinants. So, I think there is no evidence [that is] at all convincing that says pedophilia, pedophilic disorder, is genetic or congenital. Alternatively, you know, biologically determined down that there are environmental reasons for it. So, that is the first part of the question. I do not think that there are people who are born with pedophilic disorder and the second part, why might I say that? And again, in part, that is because of the fundamental axiom of biology that I mentioned.

Speaker 2

And then, there is [the] fundamental axiom of biology, which is a more conceptual and general reason. But there are also, you know, many studies about risk factors for pedophilia that I think are illuminating. In this regard, I mean any kind of predilection or orientation or anything

like that is going to have some. The set of factors to which one is exposed increases the probability of that individual having that condition, and we see that in pedophilia like we see it elsewhere. So, those are the reasons I would give.

Speaker 1

Ok, the second question I would have is, I discussed it earlier. Are there any proactive measures in place? An individual with pedophilic disorders acts out on their urges or their behaviors. Are there any proactive measures, whether that be in policing or therapeutic options, that we have currently to help analyze it and assess it so?

Speaker 2

Well, there are. There are treatments, some of which are thought to be at least, to some extent, helpful. So, I guess there are ways in which pedophiles can undergo a certain kind of training or treatment. Uh, it will decrease at least their risk of acting on their pedophilic disorder, so yeah.

Speaker 1

Ok, sweet, and then the third question caveats off that second question. Ok, the third one is, are there current treatment options available? Or, in the future, how should they be implemented to garner a better one—opportunity or chance—going forward for not only the offenders but the victims. Is there anything that the treatment options could improve on? Or is there anything that law enforcement or anyone else could improve on to make, to make it better, essentially.

Speaker 2

I mean that the treatment options are, you know, modestly helpful at best. There is always room for tremendous improvement. This is a challenging patient population. So, yeah, there is enormous potential for hopefully helping these individuals, although what that looks like, what that might look like, takes much work.

Speaker 1

Ok. And then to the fourth question, how do you think, uh, specifically profiling or knowing an individual's background can contribute to understanding the individuals who have certain pedophilic disorders, whether that be offenders or nonoffenders, like, how do you think to understand, from a therapeutic opinion or background, just understanding and profiling them can help those treatment options?

Speaker 2

What do you mean by profiling?

Speaker 1

Yes, yeah. So essentially, like, just understanding, not necessarily, I guess, profiling but understanding their backgrounds, where they come from, like, their family subset, their childhood. How do you think that can contribute, in the future, [to] understand individuals with pedophilic disorders, whether offenders or nonoffenders? Because there are people out there

that have never offended, but they know that it is wrong. How influential do you think that is to advance those kinds of treatment options that we have?

Speaker 2

Yeah, I think that, I think it is, those are critical. Explorations that, I think, I do not have the view that pedophilic disorder or pedophilia, it is driven by one or two significant problems [or] that somehow the etiology can be explained very narrowly, straightforwardly. I think there are multiple avenues that can lead to pedophilic disorder [or] pedophilia. And so, trying to understand the contributions from various aspects of an individual's life would help further illuminate their later development of these severe problems.

Speaker 1

Ok. Ok, yeah, that makes sense. So, I guess the fifth question would be about the current treatment or therapy for individuals with pedophilic disorders. Do you think at any point they could provide an adequate resolution for how pedophilia, or pedophilic disorder, is considered a mental disorder by society? Do you think there will ever be a way in which they can have therapeutic options in which the community can kind [of] back that and sort of help resolve the stigma surrounding it—the topic?

Speaker 2

Not sure quite what you are asking and resolving this. I do not think, they're, that anyone ought to resolve the stigma of pedophilia or pedophilic disorder; I believe that to be stigmatized with that condition is precisely correct. What happens is that some individuals have stated, you

know, ought to be stigmatized, and that is in, furthermore, that is one of them. So, I am not sure what you are asking about it—real stigma or asking about the resolution of the condition itself.

Speaker 1

Yeah, more about like the condition itself. Are there the treatment options that we have now? Or, in the future, it could, like, erase the disorder. Or do you think there will always be some sort of, of, like, an urge? Alternatively, [with] impulse, there is just going to have to be, like, suppressed, do you think?

Speaker 2

Do you mean in every case, [do] you mean?

Speaker 1

Not, maybe only some cases, just on an individual, case-by-case basis.

Speaker 2

Yeah, so, you know there is, again, these are very challenging when you survey the treatment outcomes for individuals with pedophilia or pedophilic disorder. You will come across, and I am sure you have come across, case studies in which individuals seem to have resolved this condition. So there seem to be some people, at least within case studies, they claim they no longer have this desire or impulse fantasy after a specific treatment. This kind of psychological, motivational structure is in the direction of children. So, that gives me hope. Suppose there are even a few such cases, even if there is one such case. That gives me hope.

Speaker 1

Essentially, yep. Ok, and that leads to the sixth question. What differences do you think exist between them? Specifically, like, [between] offenders or nonoffenders who seek therapy individually against individuals who seek therapy from, like, a court order or because they're forced? Do you think there is a big difference in the treatment [that] it is received, whether from a court order or whether you believe an individual seeks it individually, knowing there is an issue?

Speaker 2

Yeah, so, I mean, as a general rule, people court ordered to therapy have a different motivational structure and are more problematic with respect [to] what their outcomes might be. The second thing to say is that this is a massive problem in pedophilia literature. The problem is distinguishing between incarcerated people and [those who are] otherwise compelled to go [to] therapy or caught for a particular crime, et cetera, as opposed to those individuals who, um, are never caught for any crime and are not so compelled, and those two groups are very, I mean, they almost certainly are quite different, and we are not really, we are never [going to have] an obvious idea about it. How best to treat individuals? Alternatively, what are their outcomes, backgrounds, et cetera, in those who are never caught for pedophilic acts? Those people sometimes show up in therapy, of course, but they have not been as systematically studied as captive audiences in correctional settings. Thus, we do not have as much information about them.

Speaker 1



Yes, that is something I have seen with the existing literature. Is there a lot? Because it is essentially forced, and so we have a lot. There is a lot more information regarding that than the individuals who seek it individually because not many people want to come forward and say that they have that issue. So, ok, cool. Question #7: do you think, uh, pedophilic tendencies are linked? I think we talked about this earlier, related to sexual orientation. Or do you think it is more of a crime of passion and power?

Speaker 2

I am sorry. Can you ask the question again?

Speaker 1

Do you think individuals with pedophilic tendencies or pedophilic disorder, do you think it is linked to more sexual orientation, or is it related to more of a crime of passion and power? A crime of opportunity.

Speaker 2

So again, I am not, the question needs to be phrased in a way that I can confidently answer because you are asking about it. On the one hand, some, kind of, how people are inclined and, on the other hand, they are asked about something related to a crime. So, I will have you rephrase that question in a way that, that can help me answer it.

Speaker 1

Ok, let me see. Do you think individuals who have?

Speaker 2

Moreover, are you referring to people who act on these tendencies or have the tendencies?

Speaker 1

Yeah, yeah, yeah. So, I am, I am more explicitly talking about the people acting on this question's tendencies. Do you see that?

Speaker 2

Well, I mean, are they acting on these tendencies? So again, a substantial portion of individuals, to commit child sex crimes, those individuals are not pedophiles; you know, they do not have pedophile disorder. They are not pedophiles. So, are you referring just to that percentage of people who commits these crimes? Who are pedophiles?

Speaker 1

Yes, yeah, yeah, specifically.

Speaker 2

Ok, so ask it. Ask it with that, the group in mind.

Speaker 1

Ok, so do you think the group of people who commit a child, you know, pedophiliac acts on a child and are labeled as pedophile-like, with pedophilia, do you think it is for the crime itself, [or] do you think it is more linked to the sexual orientation or the urge? Or do you think it's more of the crime of passion and power and the crime of opportunity for that?

Speaker 2

I see, so this is a question similar to what people say [about] rape, for example, whether it's, yeah, and the answer is that there is almost certainly some mixture of those, those two elements, you know. Pedophiles who commit crimes are not so different in that respect than many other people who commit sex crimes. They have particular inclinations and conflicts, opportunities, situations, and emotions that drive them to do something violent, in the sense of violating someone. You know, without their consent, violates them because there is something about expressing aggression that this individual is inclined toward and their sexual inclination.

Speaker 1

Yeah, this is good to have; this is the feedback that I like to understand, like, how to ask and try to get the best possible answer that I can. So, I appreciate your willingness to be patient with me. So, the eighth question is, how do you think individuals with pedophilia control their urges?

Speaker 2

You bet.

Speaker 1

And do you think that they are natural urges themselves?

Speaker 2

Not natural in the sense of honesty that's operative in moral theory and natural law, for example, or how the notion of nature is talked about in moral philosophy and ethics. So, not natural. Clearly, in that sense. How they control the urges, I think, [is] not unlike how lots of other people handle sexual urges, which is, which includes things like distracting oneself, masturbating, going to, you know, some, you know, a place in one's mind that tries to shut those thoughts down or mitigate them because of, they are morally reprehensible, et cetera. So, I mean, there are several other such things people might do, but I think it is essential to add in this context, as far as we know, most people with these impulses and inclinations do not act on them, so they all do something practical to not have themselves act on these impulses. I do not think they are very much different than what anyone else might do in not acting illegal, or, you know, morally repulsive impulses.

Speaker 1

Yeah, yeah. The existing literature has said the same thing as far as, like, you know, the topic. Pedophilia is very, it is specific and different but in the grand scheme of many realms, it is no different from ordinary individuals; it is just that the behavior itself might be taboo. So, for Question #9, do you think trauma can cause the urges that these individuals with pedophilia [experience] to surface or resurface, and how likely do you think, specifically, pedophiles can relapse back into violent behavior?

Speaker 2

So, compound question, but let me talk about the first part, and then you can refresh my memory about the second part. So, the notion of trauma in psychiatry is, you know, somewhat ambiguous right there; there is a, it is emotional trauma that the DSM-5 TR specifies. If you have posttraumatic stress disorder, for example, you have to be emotionally traumatized in a certain way. So, that is that, that is one kind of trauma; another is the emotional trauma that goes beyond the DSM-5 TR's way of specifying it. Even, you know, Freud talked about emotional traumas, but that would not fit the DSM-5 TR's conceptualization of what makes something an emotional trauma, so there is this broader notion of emotional trauma, and third, there [is] trauma, physical trauma that can be, that, it does not fit into these. You know, you can be physically and not be emotionally traumatized in specific ways so that you can have trauma. You know, brain injury, for example. So, all three kinds of traumas can contribute to the development of pedophilia. And what was the second part?

Speaker 1

Of the question, yeah, and the second part of the question was, how likely do you think specifically pedophiles, because of that trauma, will relapse back into their urges or violent behavior that they may display?

Speaker 2

It depends on the context in which they end up. Um, so if, so if somebody has, somebody commits some pedophilic act and then is caught, they are punished. Then they are released, so

the probability of committing another pedophilic act is relatively low. That is different from somebody who commits a pedophilic act and is missed. Furthermore, again, they are driven by [their desires]. Pedophilic desires are not just child sexual abuse by a nonpedophile but driven by the pedophilic structure of their character and [if they are] not caught, the probability is relatively high that they will act on those impulses again.

Speaker 1

Ok, once again, the existing literature can be kind of, it can be broad. Sometimes I think a lot of this is on a case-by-case basis. I believe that is the difficulty with this topic. Sometimes, it is easy to say this might happen because of X, Y, and Z, but all individuals are very different in how we relate to trauma. Things that happen in our life can be vastly different, so it is interesting. Help narrow it down but understand it is generally on the case-by-case basis. And then I think of the last question I have. Have you ever, like, [studied] an actual victim of pedophilia before in your experience?

Speaker 2

I have studied many victims of pedophilia, just virtue of the fact that, you know, a significant percentage of my patients are victims of child sexual abuse. Now, I am going to modify that. I mean, maybe I mean, I cannot tell in many of these cases whether they were victims of pedophiles, but they were undoubtedly victims of someone, of an adult, when they were a kid concerning child sexuality abuse; some of those were victims of pedophiles. But yeah, I have several such patients.

Speaker 1

Ok, I guess the caveat question would be, how do you think the victims psychologically process and categorize the behavior that happened to them? How do you think they psychologically process and understand what happened?

Speaker 2

Well, I mean, the patients that I have, the great majority of them feel traumatized by what happened to them. Do not rationalize it. Do not try to sugarcoat it. They might potentially amplify the nature of that interaction or those ways in which they were abused and suffered a great deal. As a result, now, that, the patients I have are correct, that is different than what the literature might reflect regarding what many people who have undergone child sexual abuse will say about that abuse. They might not consider it abuse at all. A significant percentage of people who have interacted with an adult while they were a child claim at least that they were not traumatized by it, but that is in nonclinical samples. But in clinical samples, you know, we have a selective, the population there is obviously in a clinical selection because there is something wrong with them emotionally, they feel, and if that is a result of some adult having had sex, sexual contact with them as a child, you know, that is understandable that they would see this negatively. But again, nonclinical samples seem to see this differently.

Speaker 1

Ok, yeah, that was good to get the clinical and nonclinical pieces. I am still waiting to get that, um, because the existing literature can be back and forth on that. Especially to how, um, it is portrayed to the public that the victims want to suppress those feelings or speak about what

happened. Ok, sweet, yeah, that. These were all the 10 questions that I had for you. So, yeah, once again like, I appreciate your time. The only other thing is I, I could ask of you, did [you] know in the original email that I sent a consent form? I can send it over to you to have you.

Speaker 2

Oh, I do not remember. I did not open it up, but I can; let me see if I can find it.

Speaker 1

Yeah, I can send it to you. I will send it.

Speaker 2

To the, yeah, if you would like to send it. Be great; yeah, I will send it over. Great, ok, my very best to you. I am, I, I hope I was helpful, and I look forward to the results of whatever you find.

Speaker 1

Any feedback I can get is constructive, so I am open to everything needed to improve. I could continually improve in writing or displaying information, so I appreciate it.

Speaker 2

You are very, very welcome—my very best to you. Have a great day.

Speaker 1



Thank you.

Speaker 2

Thank you. Bye

## APPENDIX E: RECRUITMENT EMAIL

Dear Recipient:

As a graduate student in the Helms School of Government at Liberty University, I am conducting research as part of the requirements for a Doctorate degree. The purpose of my research is to examine the origins for pedophilia and how to potentially prevent offending as well as understanding the red flags and the development of mental illnesses (specifically pedophilia), and I am writing to invite yourself as an eligible participant to join my study.

Participants must be between the ages of 18-65 years of age. They must work as a clinical psychologist, scientist, or behavioral health specialists with knowledge directly related to pedophilia, pedophilia victims, and in some cases having worked with offenders directly as well. Participants, if willing, will be asked to conduct an interview (video & audio recorded), for which ten (10) questions will be asked regarding pedophilia, trauma associated with pedophilia, psychological underpinnings involving pedophilia, and any know red flags and treatment options available for pedophilia. It should take approximately 45-60 minutes to complete the interview and procedures listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at [REDACTED] or by phone [REDACTED] for more information or to schedule an interview.

A consent document is attached to this email and should be filled out at least one week before the interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Sincerely,

[REDACTED]

Graduate Student, Liberty University

[REDACTED]

## Research Results Visualization

