

Understanding People with Sexual Interests in Children: Exploring Effective Therapeutic Interventions and Moral Concerns

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Abstract

People with sexual interests in children (PSIC) are primarily stigmatized by the public and mental health clinicians due to the various misconceptions and sparse research.

This qualitative study aims to reduce the stigma, examine the social/biological factors of PSIC, and offer potential therapeutic interventions through the experiences of mental health clinicians and advocates.

Methodology

- Six licensed mental health clinicians and one mental health coach from different states and countries (USA & Canada)

Number of Participants	Mean Age (SD)	Primary Ethnicity	Males	Females
7	56 (12.21)	Caucasian	5	2

- Sampling method: convenience and snowball
- In-person/online semi-structured qualitative interviews: 45 – 60 minutes
- Transcribed with InqScribe and analyzed with NVIVO
- Data analysis using phenomenological theory

Results

Misconceptions

“The greatest misconception is that pedophiles are all abusers. Not all child molesters are pedophiles. Not all pedophiles are molesters” (Participant 4).

Consensus: 6/7 participants

Developmental factors

“I don’t think pedophilia is a fetish. I personally see that as a [sexual] orientation” (Participant 2).

Consensus: 4/7 participants

Therapeutic interventions

“I think a good modification of it is to use DBT because it’s more of the emotional side as well” (Participant 3).

Consensus: 5/7 participants

“The truth is, they are a victim in a sense that in this society, in this time, they will never be able to fulfill their erotic ideology. They just can’t, so that’s where the existential work comes in...” (Participant 5).

Consensus: 5/7 participants

Challenges working with PSIC

“Right now, it’s mirrored in a law that really speaks to pedophiles than anything else, and the law is carved out by the pressures of the political sayings from the community” (Participant 1).

Consensus: 5/7 participants

“One of the challenges is that you don’t have a lot of therapists, colleagues, that you can talk about it because quite frankly, that’s one of the challenging things is that there’s no support in the therapy world for this, for working with pedophiles” (Participant 5).

Consensus: 4/7 participants

Reducing stigma toward PSIC

“It’s about education oneself about the variety of issues that exist around this world and probably having a good number of years professionally treating this population... so you’ll become an informed voice... it takes a while to develop that critical mass of voice to happen” (Participant 1).

Consensus: 4/7 participants

Discussion

Despite support from research studies and participant responses that pedophilia is a sexual orientation, people may not want to grant PSIC legal rights and protections in society (Blagden, Mann, Webster, Lee, & Williams, 2017; Houtepen, Sijtsema, & Bogaerts, 2016).

Variations of CBT are the most commonly used interventions for PSIC and child sex offenders (Clarke, Tapp, Lord, & Moore, 2013; Colton, Roberts, & Vanstone, 2009; Grady & Brodersen, 2008; Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).

Humanistic-orientated approaches may benefit PSIC with exploring self-awareness and empathizing with children (Walji, Simpson, & Weatherhead, 2014; Williams, 2004).

Introduction

Negative labels such as pedophilia and child sex offenders increase the public’s judgmental attitudes and misunderstanding towards this stigmatized group compared to non-judgmental labels such as PSIC (Harris & Socia, 2016; Imhoff, 2015).

Without support from society and mental health advocates/professionals, PSIC experience shame, social isolation, social distance, and develop irrational beliefs about themselves and the world (Jahnke et al., 2015; Houtepen et al., 2016).

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