

Examining Professional Attitudes Toward Individuals with Sexual Interest in Children

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Introduction

- Prevalence of child sexual abuse (CSA): ~8% of boys; ~20% of girls (Pereda, Guilera, Forns, & Gómez-Benito, 2009)
- Prevention of CSA is of utmost importance
- One of the strongest predictors of sexually offending against a child is having a sexual interest in children (Babchishin et al., 2015)
 - Yet, some pedophiles report little to no past offending behaviour and express no desire to commit any (i.e., Minor Attracted Persons; MAPs) (Cantor & McPhail, 2016)
- Sexual interest in children accompanied by social and emotional tolls leading to increases in mental health issues (e.g., Carlstedt et al., 2005)
- Example: depression, shame/guilt, unhealthy coping strategies (e.g., Cacciatore, 2017; Levenson & Grady 2019)
- However, many barriers to accessing treatment for MAPs
- Biggest: stigma (e.g., Jahnke et al., 2015a; Jahnke et al., 2015b; Stieles-Glenn, 2010)
- Clinicians hold more favorable views, but not immune to stigmatizing beliefs (Stieles-Glenn, 2010)
 - Beliefs can affect quality of care they provide (Peris et al., 2008)

QUESTION(s)

- What stigmatizing beliefs do clinicians hold against MAPs?
- What experiences do clinicians have with providing psychological treatment for MAPs?

CURRENT STUDY

- Aimed to examine clinician attitudes toward MAPs and determine their willingness to provide treatment for them.

Methods

PARTICIPANTS

- $n = 26$
 - Age: $M = 53.08$, $SD = 11.59$
 - Sex: 65.4% Female ($n = 17$); 26.9% Male ($n = 7$)
 - Race: 84% White/Caucasian ($n = 22$); 7.7% Hispanic ($n = 2$)
 - Sexuality: 80.8% Heterosexual ($n = 21$); 7.7% Other ($n = 2$); 3.8% Homosexual ($n = 1$)

PROFESSIONAL ASSOCIATIONS

- 4 organizations selected for recruitment (participants from only 2 responded)
 - American Psychological Association
 - Canadian Psychological Association**
 - Association for the Treatment of Sexual Abusers**
 - College of Physicians and Surgeons of Ontario

MEASURES

- The Controllability Scale (Jahnke et al., 2015)
- The Dangerousness Scale (Jahnke et al., 2015)
- The Social Distance Scale (Jahnke et al., 2015)
- General Information Questionnaire (developed for this study)

Methods

PROCEDURE

- Survey hosted on Qualtrics platform
- Recruitment materials and link to study sent to selected organizations
- After informed consent, measures were all presented in randomized order

COMPENSATION

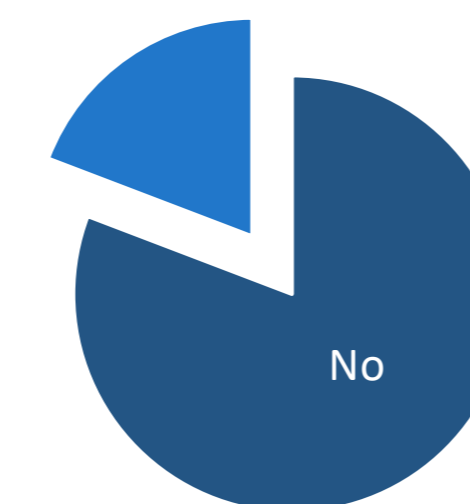
- Participants could choose to enter a draw for a \$50CAD Amazon gift card.
- If they so desired, participants were redirected to a second survey where they could input their contact information

Results

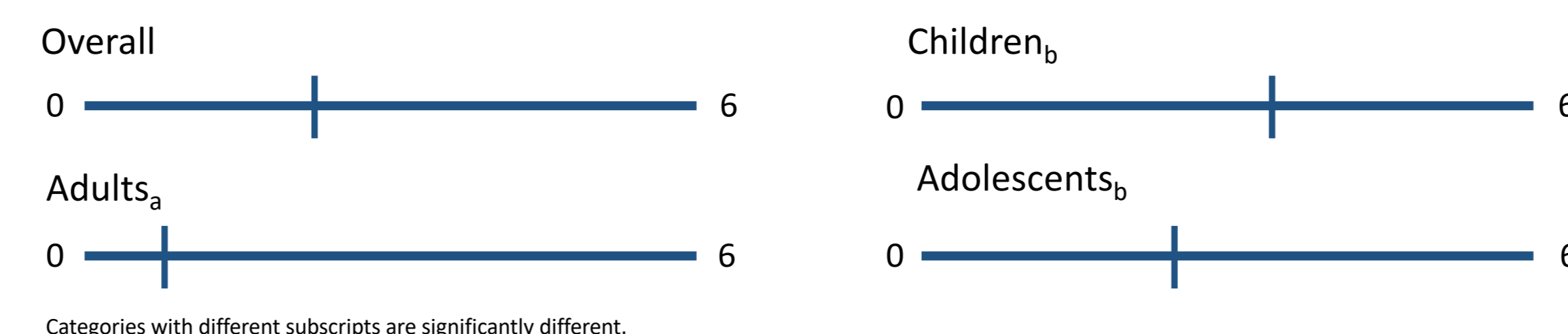
- Due to low participant count no comparative tests were done; only descriptive data is presented

Stigmatizing Beliefs

Is physical contact with a child necessary for a diagnosis of pedophilic disorder?



DANGEROUSNESS: Are MAPs a danger to others? (0 = Do Not Agree at All; 6 = Completely Agree)



CONTROLLABILITY: Can MAPs control their interests? (0 = Do Not Agree at All; 6 = Completely Agree)

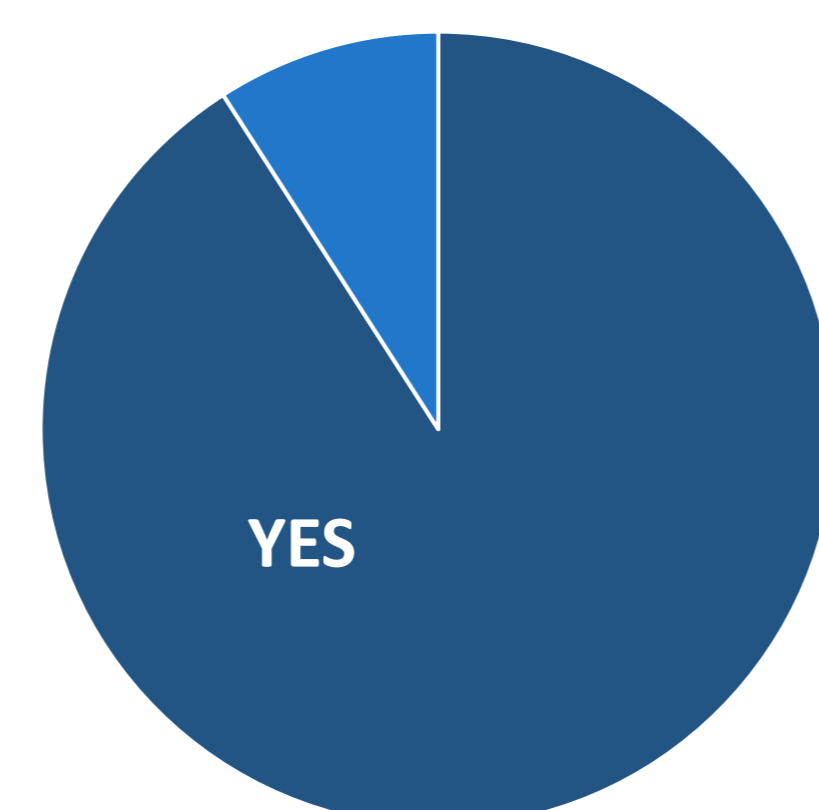


SOCIAL DISTANCE: Would you interact socially with MAPs? (0 = Do Not Agree at All; 6 = Completely Agree)

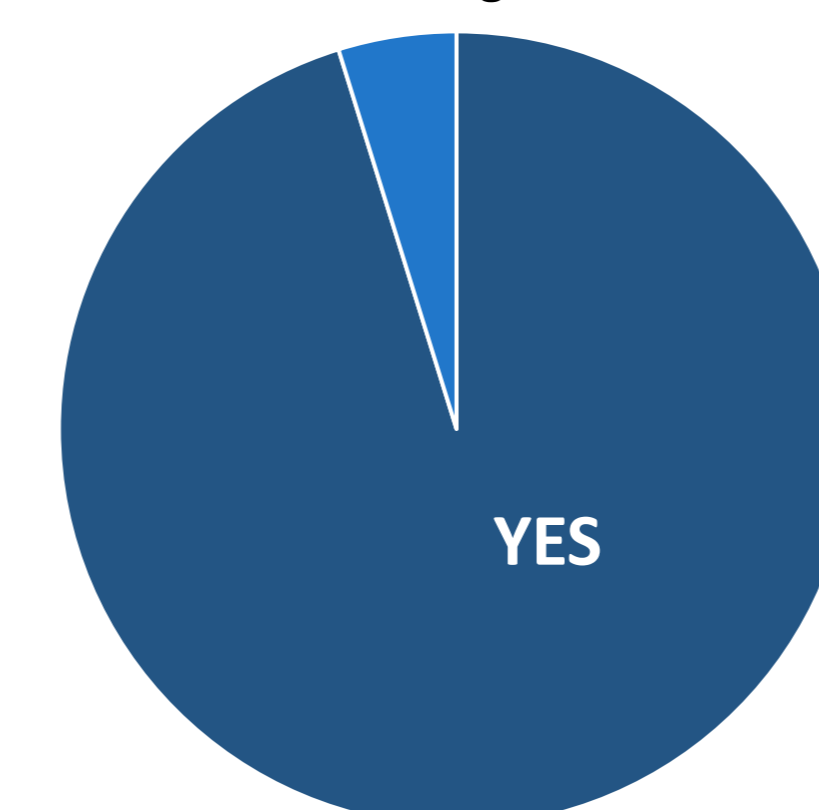


Willingness to Treat

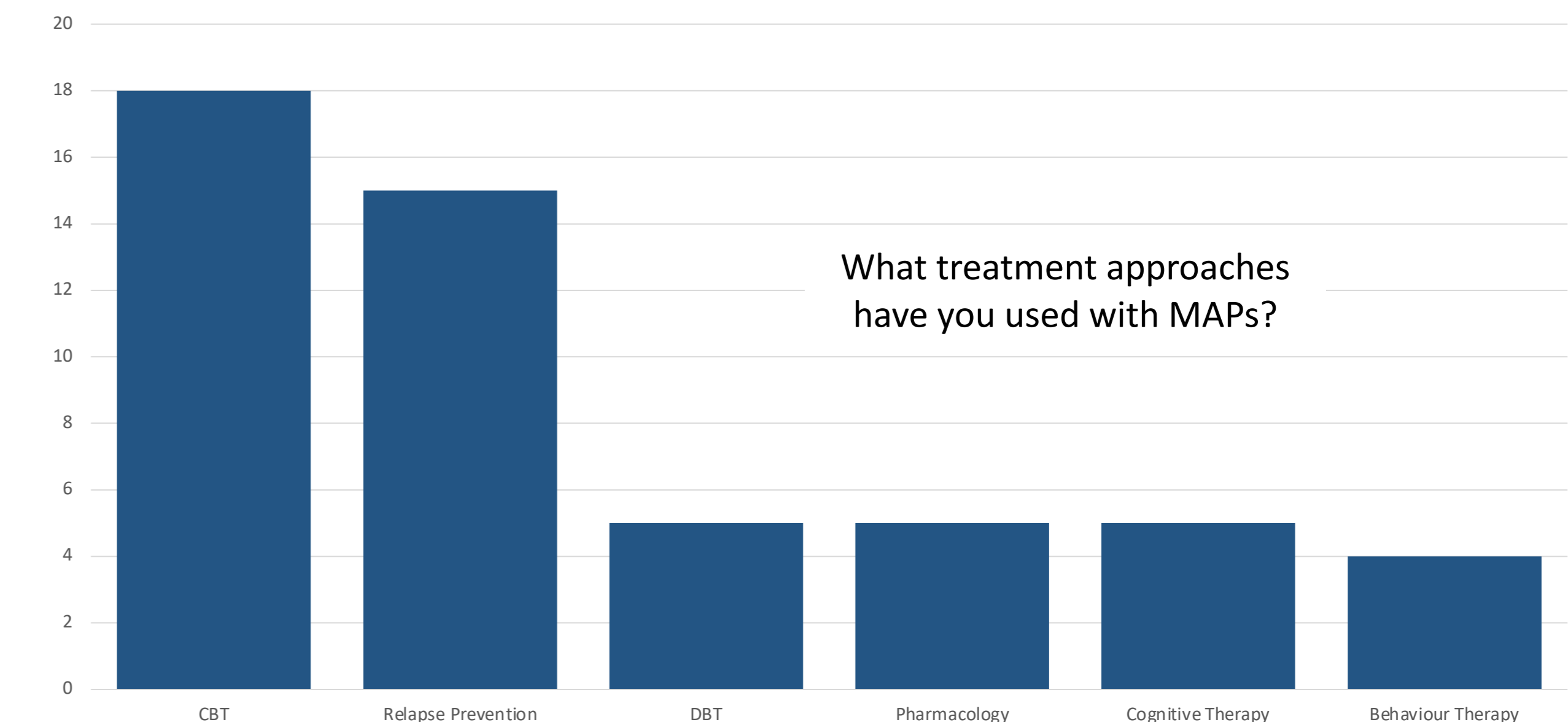
Have you ever treated someone who identified as a MAP?



Would you be willing to treat a MAP who had previously committed a contact or non-contact sexual offense against a child?



Results



Discussion

- Clinicians seemed to understand the nature of sexual interest in children and its distinctness from sexual contact
- Although clinicians had more favorable views than others (Jahnke et al., 2015a), they were not immune to believing MAPs posed a danger to children
 - In line with researching indicating MAPs believe therapists will treat them with prejudice (Cacciatore, 2017)
- Alternatively, clinicians don't seem to believe MAPs can influence their sexual interest nor do they appear to desire social distance from them
 - Recommended that clinicians treating MAPs do not assume they have more uncontrollable urges than anyone else (Levenson et al., 2019)

IMPLICATIONS

- Treatment
 - Clinicians should aim to continuously educate themselves on the risks MAP pose or do not pose to alleviate any unconscious bias they may hold against MAPs
- Research
 - Adding to the evidence that clinicians are not immune to stigmatizing beliefs despite their previous experience with the population
 - More research should focus on how beliefs affect treatment decision-making

Limitations

- Small Sample Size
 - Makes interpretation of results difficult
- Specialized Knowledge
 - Most participants had experience with MAPs so they already had some prior knowledge
- Psychological Professionals Only
 - Should consider potential first line of contact for MAPs

Contact

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