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The Lived Experiences of Men Attracted to Minors and Their Therapy-Seeking Behaviors

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

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Abstract

This study explored the lived experiences of men attracted to minors who believed they would benefit from therapy but did not seek out or attend therapeutic services; and sought to gain an understanding of how the decision to seek help or not impacted their well-being. Participants included 7 men who were recruited through the B4U-ACT online forum, which provides peer support for the minor attracted community. Participants were interviewed over Skype. Data from these interviews was analyzed and coded according to the interpretative phenomenological method as outlined by Smith et al. (2012). Five main themes emerged, providing insight as to why more therapeutic support is not sought. These themes include: emotional distress, consideration of therapy, actual and perceived stigmatization, expectations of therapist assumptions, expectations of professionalism, and therapeutic support.

The findings were compared with existing literature to propose ways mental health professionals can provide easier access to resources and reach the population, which can lead to societal benefits. Improved access to treatment has the potential to provide the population opportunities to better cope with stigma, manage their impulses more effectively, lower their feelings of isolation, and increase their overall well-being. This study helps to fill the current void in the area of research on help-seeking behaviors and the associated challenges that men attracted to minors may face.

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Chapter 1: Introduction to the Study

Introduction

The relationship between society and pedophilia is a tense one, often fueled by a lack of knowledge and stigma. Many studies have been published on the subject of adult sexual attraction to minors (those under the age of consent); these studies cover the topics of child sexual abuse, child pornography, sexual deviance, and pornography, among others. To date, most of the research conducted on pedophilia has focused on child sexual abusers and those who have been charged with crimes or are in mental health institutions (Freimond, 2013; Horn et al., 2015), with only a small body of empirical research focusing on their therapy-seeking behaviors and experiences (Theaker, 2015). The current study takes a different approach, in that the focus is on the men attracted to minors who do not intend to follow through on their desires and do not want to cross the legal lines of child sexual abuse. This study explored the lived experiences of men attracted to minors and their experiences in seeking mental health services and will be guided by the four constructs of Link and Phelan's (2001) stigmatization model which includes: labeling, undesirability and adversity, disconnection, and status loss and discrimination.

In this chapter, a brief overview of the research literature related to the topic will be presented, as well as an explanation as to why this study is important. The problem statement will be identified and discussed in detail, followed by the purpose of the current study. The conceptual framework of the study will be defined and concisely described as will the relationship between the framework and the research questions. The

nature of the study will be detailed, the definition of key terms will be provided, and any assumptions that are critical to the meaningfulness of the study will be listed. Finally, the scope of the study will be defined, limitations will be provided, and the significance of the potential contributions will be identified.

Background

Existing studies reflect that while wanting treatment and support, men attracted to minors are unlikely to seek it due to real or perceived stigma. In an effort to determine if such individuals would seek help if it were presented, Beier et al. (2015) conducted a study on the German Prevention Project Dunkelfeld (PPD). The study found that a concentrated German media campaign resulted in 808 calls to a research office from pedophiles interested in preventative therapy and who would attend if therapy options were safely provided. In 2011, B4U-ACT (2016), a Maryland based collaborative, conducted a survey of 193 self-identified pedophiles and found that 82% of them agreed that they would benefit from mental health services, 88% of those surveyed disagreed that professionals in the health care setting had a strong grasp of their diagnosis, and 54% believed they would not be treated respectfully by health care professionals.

Goode (2010) conducted a survey to explore from whom people attracted to minors sought support, and found that there was a theme of negative responses to the disclosure of sexual attraction to children. Of the 56 participants who reported disclosing their sexual attraction to children to psychologists or loved ones, 11 were met with negative reactions, 17 reported their only support came from online forums, and five reported no support whatsoever (Goode, 2010). When German males who were attracted

to minors (N = 104) were surveyed, they reported that fear of discovery and stigmatization negatively impacted their motivation to pursue therapy (Jahnke et al., 2015).

Current literature indicates that the concern expressed by these men is well-founded. Indeed, mental health professionals are less willing to interact with people with pedophilia than with people suffering from all the other disorders presented in the study, with the exception of antisocial personality disorder (Jahnke & Hoyer, 2013; McCartan, 2010). Furthermore, in a survey consisting of 86 German psychotherapists, only 4.7% indicated they would treat patients with pedophilia, with 13.3% justifying their refusal with negative feelings toward the pedophilic population (Jahnke & Hoyer, 2013; Stiels-Glenn, 2010). Based on these studies, it appears that men attracted to minors may be perceived as a threat and should be handled at a distance, if at all.

While the existing literature has been useful in identifying and establishing themes related to this stigmatized population and psychological treatment, there are serious gaps in the current literature. This is especially true when it comes to understanding the reasons why this population has lower help-seeking behaviors than other populations (Cantor & McPhail, 2016). For example, studies suggest that while 18% of people attracted to minors seek treatment (B4U-ACT, 2016), 51% of American adults with depression (National Institute of Mental Health, 2010) and 42.2% of American adults with anxiety seek mental health treatment (National Institute of Mental Health, n.d.). This study will help fill the research gap by speaking directly with the non-forensic population of men attracted to minors.

Problem Statement

Oftentimes, terms such as pedophilia and child sexual offending are used interchangeably, despite having very different meanings. Pedophilia is a clinical diagnosis (American Psychiatric Association, 2013), whereas child sexual offending is a legal term. In fact, the number of people who are attracted to minors far outnumbers those who offend against children, creating an entire population of non-offending pedophiles (Theaker, 2015). For the purpose of this study, non-offending pedophiles will be referred to as men attracted to minors and will include adults who are sexually and emotionally attracted to pubescent or prepubescent individuals, but who do not act on their desires (B4U-ACT, 2016b). Throughout the paper, the term "minor" will be utilized because the population being studied is not only sexually attracted to prepubescent children, but to adolescents as well. Additionally, throughout this paper, stigma will be referred to as a result of meeting the four constructs of Link and Phelan's (2001) stigmatization model which includes: labeling, undesirability and adversity, disconnection, and status loss and discrimination.

Despite the research showing that many people attracted to minors believe they would benefit from therapy (B4U-ACT, 2016), a study by Virtuous Pedophiles (2016) showed that only a small percentage of the people attracted to minors actually seek therapy. Research suggests that men attracted to minors are likely to have deep-seated anxiety, depression, and suicidal thoughts, as well as an increased likelihood for substance abuse, especially for those struggling to be a part of society due to stigma or fear (Jahnke, Philipp, & Hoyer, 2015; Tenbergen et al., 2015). While it is likely that some

men attracted to minors may be troubled by their sexual interest and have a fear of acting out, it is also quite possible that they are attempting to deal with issues not specifically linked to their sexuality, such as mental health and overall well-being. So while the population would benefit from professional mental health services to learn better coping strategies, many individuals also hold the belief that they are alone in dealing with their feelings (Houtepen, Sijtsema, & Bogaerts, 2016). Perhaps this is due to the concern of negative consequences that could arise from disclosing their sexual attraction to children (Goode, 2010), or maybe it is based on there not being enough resources that are readily available to them (Jahnke & Hoyer, 2013). In the end, very little is known about the challenges males attracted to minors may face when seeking therapy and even less is known about the experiences of those who have not sought therapy at all. These points form the focus of the current study.

Literature about individuals who are attracted to minors has significant limitations (Theaker, 2015). Specifically, there is a lack of understanding about why this population has lower help-seeking behaviors than other populations (Cantor & McPhail, 2016; Imhoff, 2015), even though many men attracted to minors believe that they would benefit from therapy (B4U-ACT, 2016). Unfortunately, most of what researchers know about pedophilia, in general, comes from the forensic population of males who have been convicted of child sex crimes, which does not generalize at all to the non-offending population (Capra, Forresi, & Caffo, 2014). Knowledge about men attracted to minors who have no criminal record or have not sought professional assistance is lacking (Houtepen et al., 2016). As a consequence, researchers adopted a stance that unreliably

linked non-offending pedophiles to criminality, mental illness, or a combination of the two. There is also a substantial lack of information about individuals attracted to minors who are living in the general population (Freimond, 2013). Freimond (2013) insisted that researchers should endeavor to reach into the non-offending population who are attracted to minors in an effort to better understand their lives, their experiences, and why they tend to not seek therapy.

Purpose of the Study

Males attracted to minors are likely to face intense stigma due to their sexuality (Jahnke et al., 2014). Through their stigmatization model, Link and Phelan (2001) reported that stigma is the result of four main factors, including labeling, undesirability and adversity, disconnection, and status loss and discrimination. Stigma-related stress can lead to an increased risk of negative mental health and interpersonal outcomes (Cantor & McPhail, 2016; Corrigan, Druss, & Perlick, 2014). Such experiences can lead to an increase in poor mental health and overall well-being due to fear, shame, guilt, confusion, depression, anxiety, and stress, to name a few (Corrigan et al., 2014). Numerous treatments and interventions have been successfully shown to reduce symptoms of many mental health issues. Unfortunately, the individuals most distressed often do not seek services or choose to engage in them. It is currently unknown as to why.

To date, no previous studies have explored the help-seeking behaviors and the associated challenges that men attracted to minors may face. The purpose of this interpretative phenomenological study was to explore the lived experiences of men attracted to minors who believe they would benefit from therapy but do not seek or attend

therapeutic services. The study also helped provide an understanding of how the decision to seek help or not has impacted the individual's well-being. This study was guided by the conceptual framework of Link and Phelan's (2001) stigmatization model and the data was obtained by conducting interviews with men who are attracted to minors.

Conceptual Framework

The conceptual framework used for this study is Link and Phelan's (2001) stigmatization model, which proposes that stigma is defined in terms of the presence of four specific components. The first component is labeling, which focuses on the differentiation and labeling of human variations, suggesting that society identifies which human differences are salient, and therefore worthy of labeling. Examples of labels include pedophile, minor-attracted, gay, lesbian, or anything else that categorizes an individual. Second, members of the dominant cultural group link the labeled group members to undesirable attributes. For example, men attracted to minors may be labeled as predators, rapists, and child molesters, even if they have never committed a crime (Salter, 2004). Third is disconnection, where the negatively labeled individuals are placed in a separate group from the non-stigmatized individuals, which serves to establish a sense of disconnection between the groups (Link & Phelan, 2001). Seeing the labeled group as fundamentally different allows for quick, if not immediate, stereotyping. The labeled group is viewed as slightly less human in nature, or, in the most extreme circumstances, not human at all. Link and Phelan (2001) explained that during this component, people are thought to "be" the thing they are labeled rather then being a person who has the thing being used as a label. As an example of this, men with

pedophilia would be thought of as being pedophiles, which takes the humanization away from the population. Another example of this would be referring to someone as 'a schizophrenic' rather than referring to the person as an individual who has schizophrenia (Link & Phelan, 2001). Fourth, as a result of the previous three components, the labeled group and individuals experience status loss and discrimination, which leads to unequal circumstances (Link & Phelan, 2001). Link and Phelan (2001) believe this loss makes the members of the labeled group subsequently disadvantaged in areas including income, education, mental well-being, housing status, health, and medical treatment. When all four components co-occur with the labeled group's low access to economic, social, or political power, the group is considered stigmatized (Kusow, 2007).

This conceptual framework is suitable for this study because a growing body of qualitative research has documented the relationship between pedophilia and stigma; and it is also well documented that stigma of any mental illness is a significant barrier to help-seeking behaviors (Hanafiah & Van Bortel, 2015). This study contributes to the research area by focusing on males attracted to minors who are not offenders. In chapter two, this framework will be discussed in more detail.

Research Questions

The aim of the current study was to gain an in-depth understanding of the experiences of men attracted to minors as it pertains to seeking therapy. The research questions in this study were developed in the context of the stigmatization model by Link and Phelan (2001), which has four key constructs. Construct one is labeling; construct two in undesirability and adversity; construct three is disconnection; and construct four involves

status loss and discrimination. The overarching research question is "What are the lived experiences of men attracted to minors when considering therapy," followed by four additional research questions that answered the four constructs. The research questions are as follows:

1. Overarching research question: What are the lived experiences of men attracted to minors when considering therapy?
2. To answer the construct of labeling: How do men attracted to minors perceive mental health professionals' perception of them?
3. To answer the construct of linking labels to undesirable characteristics: What assumptions do men attracted to minors think mental health professionals will have toward them?
4. To answer the construct of disconnection: How do men attracted to minors think mental health professionals would treat them?
5. To answer the construct of status loss and discrimination: What are the lived experiences of men who are attracted to minors when considering what mental health services are available to them?

Nature of the Study

This qualitative study focused on the lived experiences of men attracted to minors and their therapy-seeking behaviors, which was unearthed through the use of semi-structured interviews. Interpretative phenomenological analysis guided the study methodology. Interpretative phenomenological analysis is a qualitative methodology that aims to provide an understanding of the participants' lived experiences. The lived

experiences describe what a situation is like for them within a specific context (Smith, Flowers, & Larkin, 2012). This understanding occurs through their personal interpretations of their lived experiences and the meanings they attach to them (Smith et al., 2012).

The multiple facets of interpretative phenomenological analysis influence the research question, the planning and implementation of data collection, and how the data will be analyzed and interpreted. Interpretative phenomenological analysis draws upon three fundamental principles, namely phenomenology, idiography, and hermeneutics, (Pietkiewicz & Smith, 2014). It is phenomenological because it will focus on the individuals' personal account or perception of the experience being studied (Pietkiewicz & Smith, 2014). The idiographic, or individual, focus is on the interviewees' cognitive, affective, linguistic, and physical being (Smith et al., 2012). The hermeneutic approach seeks to understand the context and words of the interviewee rather than offer an explanation (Smith et al., 2012). The content is then analyzed through a dynamic process that uses themes as they emerge from the transcripts rather than using constructs that are prepared in advance (Smith et al., 2012). The researcher identifies initial themes and as the text becomes more familiar, emerging themes are grouped together into master themes. As additional interviews are analyzed, new themes emerge and already-discovered themes are confirmed (Pietkiewicz & Smith, 2014).

Interpretative phenomenological analysis is an ideal design for this study because it seeks to gain access to participants' lived experience, and aims to provide an understanding of how participants make sense of their personal world (Smith & Osborn,

2008). Interpretation occurs through a dual process in which the participants are trying to make sense of their world, and the researcher is trying to make sense of the participants trying to make sense of their world (Smith et al., 2012). To ensure accuracy, the researcher verified the interpretations with the participants. This approach also allowed for the focus to be on participants' subjective experiences, attitudes, and interpretations of their world (Pietkiewicz & Smith, 2014).

Definitions of Key Terms

1. Child Sexual Abuse/Molestation. These terms are interchangeable. Child sexual abuse is a form of child abuse that includes sexual activity with a prepubertal child. These actions do not have to be in the form of physical contact and can include digital interactions; exhibitionism; pornographic material containing children; and any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare (Feierman, 2012; Smallbone et al., 2013; Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011).
2. Child sexual offender/child molester/child sexual abuser. These terms are interchangeable and refer to an adult who has engaged with a child sexually.
3. Hebephilia/Hebephile. The term hebephilia is used to describe an adult individual who is sexually attracted to pubescent children, generally aged 11-14 years old (First, 2014).
4. Pedophilia/Pedophile. The term pedophilia is used as a diagnostic label. According to the Diagnostic and Statistical Manual of Mental Disorders

(DSM-5), pedophilia can be identified if an individual has recurrent and intense sexually arousing fantasies, sexual urges, or sexual activity with a prepubescent child generally aged 11 years or younger over a period of six months (APA, 2013).

5. Pedophilic Disorder. To be diagnosed with pedophilic disorder, the individual must also have either acted on the sexual urges or the sexual urges or fantasies must cause a marked distress (APA, 2013). Based on the definition, men attracted to minors fulfill diagnostic criteria even if they have never offended because of the marked distress they experience.
6. Stigma. Stigma is defined various ways, depending upon the source and context. Link and Phelan (2001) define stigma as a co-occurrence of labeling, undesirability and adversity, disconnection, and status loss and discrimination. Merriam-Webster Dictionary (n.d.) conceptualizes stigma as a perceived set of negative beliefs that can cause someone to devalue or think less of the whole person or group of people. For this study, the definition provided by Link and Phelan (2001) will be used and it is important to note that at its root, stigma is attributed to an individual who may differ from cultural norms.
7. Men attracted to minors/People attracted to minors/non-offending pedophile. These terms are used interchangeably throughout this paper. They refer to the individuals who are attracted to minors under the age of consent and, for the purposes of this paper, are not acting upon their desires. Thereby being non-offenders.

8. Therapy. For this study, therapy will be defined as a psychological treatment intended to help individuals feel better, grow stronger, gain understanding, or better cope with symptoms. These symptoms include those associated with any psychological disorder or medical disorder, including those associated with pedophilia.

Assumptions

Certain assumptions were made in regard to the design of the study. These assumptions are believed to be true but are unable to be verified. First, I assumed that the self-report measure would yield valid data to answer the research questions. This means that an individual would not choose to label himself as a person attracted to minors without actually being attracted to minors. This also assumes that an individual is honest about their identification as a non-offender and is truthful about whether or not he has committed a sexual crime against a minor.

It was also assumed that the selected participants were cooperative with the purpose of the study and answered the interview questions openly and honestly about pedophilic thoughts, actions, or behaviors. While some of the responses were lengthy, it is important to the study that they be truthful and unscripted.

It was assumed that there were enough participants to provide the sufficient amount of data necessary to identify all relevant themes. Sufficient sample size is important to identify any emerging and unanticipated themes within the research project.

Another assumption was that I was able to administer the interview in a manner free from bias, interruptions, and breach of privacy and confidentiality. It was assumed

that I asked interview questions in an open, non-judgmental way, to ensure participants are supported to express themselves freely. To help avoid the potential researcher bias, a third party oversaw the interview questions, administration method, and data collection methods. Once the data was collected and analyzed, participants were contacted to verify that the interpretation is correct, which also helped address any potential bias.

Scope and Delimitations

In this study, psychological therapy-seeking behaviors of men attracted to minors were examined. The participant selection for this study involved males only due to purposive and homogenous sampling, which refers to individuals who have similar traits and variables. This sampling allowed for greater thematic findings and analysis. While more research needs to be conducted to provide a better understanding of the population attracted to minors, I chose to focus on the psychological therapy-seeking behaviors to help provide an understanding of the attitudes, beliefs, and challenges that this population experiences when considering support and treatment.

A qualitative methodology was used to gather participants for semi-structured interviews to understand any help-seeking behaviors. To be included in the study, participants needed to self-identify as having an attraction to minors, report they had not engaged in any sexual activity with a minor, and report that they had no intention to act on their sexual urges or desires toward minors. Any child sexual offenders were excluded.

Regarding the delimitations, the sample included minor-attracted men who have not offended and who have the intention to never offend. Based on the depth of the

interviews and analysis, seven individuals met the criteria and were interviewed to create a fairly homogenous sample (Smith et al., 2012). The population was sought through online minor-attracted community message boards and chatrooms, as well as through the B4U-ACT organization located in Maryland. Because of the reaching-out behavior inherent in joining an online support forum, the participants likely have different help-seeking behaviors than those within the broader community.

Gender is also a delimitation. Participants were all male, to support homogeneity of the sample. Women attracted to minors were not part of this study because their experiences could fall outside of the male experiences, putting homogeneity in jeopardy for this particular study. There is likely to be greater stigma around females who are sexually attracted to children because it goes against the stereotype of being a woman and mother figure. Therefore, results should not be applied to women at all.

Limitations

Because this study attempted to gain information on aspects of human behavior, particular limitations are noted. The selected participants were located in the United States and will be primarily gained through an organization that focuses on individuals who reported to be non-offending pedophiles. This means the resulting data may not be transferable to males outside the United States or those not part of the online support system.

A number of limitations of this study derive from the very nature of the qualitative research design. Qualitative inquiry intends to develop theories that are transferable, rather than ones that are generalizable. Transferability does not involve

broad claims, but invites readers of research reports to make connections between elements of a study and their own experience (Smith et al., 2012).

The participants for the study were gained through an organization that is focused on individuals who identify as being attracted to minors. These individuals sought the organization out to receive peer support over the Internet and through social groups, where applicable. Therefore, the resulting data may not apply to those men attracted to minors who are not part of the online support system. Additionally, no demographic information or other life variables were obtained throughout this study, meaning that no ages, childhood events, relationships, or age of attraction was taken into consideration.

The format and intention of the semi-structured interview also presented some limitations. This form of interview seeks primarily to understand the lived experiences and perceptions of the participants, not that of the mental health professional. Interpretation of data may also have been limited because the interviews looked predominantly at personal experiences, opinions, and beliefs. Finally, the length of the interviews could have limited information gleaned during data collection, in that the participants often responded quickly to the questions asked due to various reasons of haste, shame, and fear. In-person discussion may also have inspired more vibrant descriptions and more profound responses. Upon completion of this study, the researcher recognized that perhaps greater emphasis on the questions “why?” and “how?” would have provided a deeper look into the experiences of the participant.

It is also possible that results obtained from individuals who volunteered to participate in this research could be different from results obtained from others who met

inclusion criteria, but chose not to participate. For instance, one respondent who refused to participate mentioned that he would not be an ideal participant because he is too fearful to answer to answer questions over a recorded line – even though it was pointed out that he would remain anonymous and that no video would be recorded. Additionally, two females attracted to minors volunteered to be in the study, despite the advertisement stating the study was focusing on males only. Therefore, responses discussed in this study are not highly generalizable and cannot be assumed to represent all individuals in the minor attracted population. However, taking into consideration that the nature of this research is exploratory and a novel contribution to the field, the outcome, regardless of apparent participant slant, adds to the foundation of literature exploring therapy-seeking behaviors of males attracted to minors.

With reflexivity in mind, the researcher made every attempt to remain cognizant of her biases throughout the study, and of how those may impact the research. While these biases and expectations were not intentionally reinforced in the research, and the interviews were worded in as neutral a manner as possible, it remains possible that the researcher's views of minor attraction have affected the interview responses and their subsequent interpretation and analysis.

Throughout the study, the researcher attempted to remain neutral. Interpretative phenomenological research acknowledges the researcher as an instrument within the study, and recognizes that each researcher will approach their study with ideas, knowledge, and biases formulated from their past experiences. Simply having completed doctoral-level education in psychology may have lent to the researcher approaching and

analyzing this study's findings from a psychologically-informed angle. Therefore, if another researcher attempted to replicate this study, different themes may have emerged, based on the other researcher's background, education, experiences, and biases.

This study was likely limited by the use of a small sample size that does not involve random selection of the participants. This, however, is a common practice in phenomenological research (Smith, Flowers, & Larkin, 2012). This purposive sampling method is based on the researcher's informed knowledge base and experience of the phenomenon under examination, which is then used in the selection criteria for the sample chosen (Smith et al., 2012). This means that the participant sample was comprised of males who identified as being attracted to minors.

An additional limitation of this study is the available resources. Men attracted to minors and their therapy-seeking behavior is a relatively new area of research. Thus, locating relevant literature and research produced within the last five years was difficult and limiting. To address this, some older preliminary studies were referenced, as well as some studies that focused on the child sexual offending population. Additionally, references regarding stigma and lack of access to mental health care were also utilized.

Finally, based on the doctoral-level work experiences of the researcher, another limitation was maintaining neutrality throughout the interview process. The researcher found it difficult to refrain from empathizing with participants when they disclosed feeling abandoned or misunderstood by therapists.

Significance

This study was unique because it addressed the lack of research and knowledge

about the lived experience of people who are attracted to minors, and explored why so many minor-attracted men who believe they would benefit from therapy are not seeking services. While it is unknown how many people in the general population are emotionally and sexually attracted to children or pubescent adolescents, it has been shown in a 2011 survey of 192 pedophiles that approximately 82% believed they would benefit from seeing a mental health professional but would not seek the services out of fear (B4U-ACT, 2016).

Since the majority of research found today in the area of pedophilia focuses on the forensic population or those who are in mental health institutions (Freimond, 2013; Horn et al., 2015), the results of this study can help provide mental health professionals with some much needed understanding of the challenges that people with an attraction to minors may face when seeking supportive services within their community. The results provide an in-depth understanding of the attitudes, beliefs, and challenges that this population experiences when considering mental health services. This study also proposes an explanation of how the decision to seek help or not has impacted the individual's overall well-being. The experiences shared by the participants provided insight into how the population perceives mental health professionals, as well as how they believe they will be perceived by mental health professionals.

Overall, the results provide a better understanding of how mental health professionals can provide easier access to resources and reach the population, which can lead to societal benefits. Through the lens of the stigmatization model (Link & Phelan, 2001); it also shows how labeling, undesirability and adversity, disconnection, and status

loss and discrimination impacts the therapy seeking behavior of men attracted to minors. In terms of positive social change, by seeking treatment, the population can learn to cope with stigma, manage their impulses, lower their feelings of isolation, and increase their overall well-being.

Summary

Existing studies reflect that although men attracted to minors desire treatment and support, they are unlikely to seek it out. Stigma and fear – both real and perceived – are likely deterrents to therapy-seeking behavior, so it is important to understand how much of an impact labeling, undesirability and adversity, disconnection, and status loss and discrimination (Link & Phelan, 2001) has when considering therapeutic services. However, very little is known about the challenges these individuals may face when seeking therapy and even less is known about the experiences of those who have not sought therapy at all. Research shows that this population struggles with mental health and overall well-being, making it is more imperative than ever to gain an understanding into how mental health services can be made more readily available to them. Additionally, by gaining insight into the lived experiences of the individuals who are attracted to minors, this stigma may be addressed and reduced, which can potentially provide more therapeutic options and symptom management.

In the next chapter, a brief overview of literature search strategies will be provided as will the conceptual framework that will guide the study. The following chapter will also contain an overview of the current literature reviewed, as well as the limitations and benefits of the information.

Chapter 2: Literature Review

Introduction

The minor-attracted population is unique, and has slowly been gaining more attention in areas of research and treatment (Theaker, 2015). These individuals experience sexual attraction and desire toward pubescent and prepubescent children but do not act on their attraction, typically conveying the strong desire never to do so (Cantor & McPhail, 2016). Practitioners and theorists agree that a sexual interest in minors cannot be chosen or changed; therefore the individuals who are sexually attracted to minors need to find a way to manage and cope with their daily life stressors, stigma, and the devaluing reaction society has toward them (Seto, 2012). Most of the research has been performed with male participants for sampling purposes and this study was no different due to both the lack of women disclosing pedophilia and for the homogeneity of research. It has been found that the majority of information on this population has been obtained from a small subset of this population that has committed sexual crimes against children, with only a small body of empirical research focusing on the therapy-seeking behaviors and experiences of men attracted to minors who do not act upon their desires (Seto, 2007; Theaker, 2015). There have been serious gaps found in the current literature, especially understanding why this population has lower help-seeking behaviors than other populations (Cantor & McPhail, 2016; Fagan, Wise, Schmidt, & Berlin, 2002). Identifying how stigmatization constructs of labeling, undesirability and adversity, disconnection, and status loss and discrimination impacts therapy seeking behavior will help fill the gap. This study seeks to explore the lived experiences of men attracted to

minors who have not sought or maintained mental health services despite believing they would benefit from it.

In this chapter, I provide a brief overview of the literature search strategies and the conceptual framework that will guide the study will be discussed. The literature review section will contain an overview of all the current literature reviewed, as well as the limitations and benefits of the information. Finally, the chapter will be summarized and concluded with a discussion of the ways in which this study contributes to the current gaps in the literature.

Literature Search Strategy

A search of the literature was conducted to locate peer-reviewed journal articles through Walden University databases including PubMed/Medline, PsycINFO, and Academic Search Premier; University of Phoenix databases such as SocINDEX; and websites dedicated to the research and support of people who are attracted to minors. The terms used while conducting the literature search include combinations of "non-offending pedophil*," "paedophil*," "minor attracted people," "minor attracted *," "people attracted to minors," "people attracted to children," "men attracted to minors," "paraphil*," "non-offending minor attracted *," and "therapy for pedo*." It also included terms such as "help for non-offending pedophil*," "therapy for non-offending pedophiles," "pedophiles who do not offend," "minor attracted *," and variations of "help for men attracted to minors." In addition, academic books on related topics were reviewed to locate relevant journal articles referenced by the author(s).

Conceptual Framework for the Study

There is no theoretical framework explaining how stigma influences help-seeking behavior by men attracted to minors. Therefore, the conceptual framework that guided this study is Link and Phelan's (2001) stigmatization model. Link and Phelan (2001) proposed that stigma is defined in terms of the presence of four specific components. As each component is met, the stigma-labeled group would be viewed as fundamentally different, and this would allow for quick stereotyping. The labeled group is then viewed as slightly less human in nature, or, in the most extreme circumstances, not human at all.

The first component identified by Link and Phelan (2001) is the labeling of human differences. It is suggested that society determines which human differences are noticeable, thereby making them worthy of labeling. Society deems sexual orientation as a defining characteristic of people (Healey & O'Brien, 2014) and when one's sexual preference involves an attraction to a minor, it is even more taboo.

Component two involves associating the identified differences with negative attributes (Link & Phelan, 2001). Members of the dominant cultural group link the labeled group members with undesirable and adverse attributes. During this component, men attracted to minors may be labeled as predators, rapists, and child molesters, even if they have never committed a crime (Salter, 2004)

In component three, disconnection occurs when the negatively labeled individuals are placed in groups that are distinct and separate from the non-stigmatized group (Link & Phelan, 2001). Link and Phelan (2001) believed this serves to establish a sense of disconnect between the groups, which allows the common "normal" group to view the

labeled group as fundamentally different and distinct. The labeled group is viewed as slightly less human in nature, or, in the most extreme circumstances, not human at all. Link and Phelan (2001) explained that during this component, people are thought to "be" the thing they are labeled rather then being a person who has the thing being used as a label. As an example of this, men with pedophilia would be thought of as being pedophiles, which takes the humanization away from the population.

Finally, the fourth component includes status loss and discrimination. While most definitions of stigma do not include this component, Link and Phelan (2001) reasoned that when people are labeled, set apart, and linked to undesirable characteristics, the rationale for devaluing, rejecting, and excluding them is constructed. Therefore, people are considered to be stigmatized when they are labeled, set apart, and linked to undesirable attributes. This stigmatization leads them to experience discrimination and loss of status. Furthermore, the members of the stigmatized groups are subsequently disadvantaged in areas including income, education, mental well-being, housing status, health, and medical treatment. People who are labeled as pedophiles oftentimes have difficulties maintaining jobs, finding a safe environment to live, finding accepting friends, or maintaining mental well-being (Jahnke, Imhoff, & Hoyer, 2014).

The concept of stigma has undergone important shifts in its definition since its initial articulation by Erving Goffman in the 1960s. Goffman (1963) viewed stigma as a process that was based upon social identity where individuals who were linked to a stigmatized characteristic or condition went from a "normal" to a "discredited" social status. More recently, researchers contributed to the understanding of stigma by

observing stigmatized groups and identifying how a lowered social status led to disadvantages such as power loss and economic loss (Kleinman & Hall-Clifford, 2009). As a result, in 2001 Link and Phelan added to Goffman's theory of stigmatization by including the aforementioned fourth component of status loss and discrimination, which described the sociocultural disadvantages placed on the stigmatized groups (Kleinman & Hall-Clifford, 2009). This shift in the stigmatization concept has allowed researchers to gain insight into why pedophiles are often punished, ostracized, or labeled as predators, rapists, and child sexual offenders, even if they have never committed a crime (Singal, 2016).

This model has been used throughout recent research – especially in studies of emergent areas of focus – for example to identify the increased stigmatization of the hepatitis virus (Treloar, Rance, & Backmund, 2013), self-stigma in alcohol dependence (Schomerus et al., 2011), mental illness stigma among Chinese-American groups (WonPat-Borja, Yang, Link, & Phelan, 2012; Yang et al., 2013), stigmatization of patients with chronic pain (Cohen, Quintner, Buchanan, Nielsen, & Guy, 2011), public stigma triggered by stereotypes about people with schizophrenia (Vauth, Kleim, Wirtz, & Corrigan, 2007), and the significant social discrimination associated with depression in Finland (Aromaa, Tolvanen, Tuulari, & Wahlbeck, 2011). The current study used this framework to explore how stigma, either real or perceived, plays a role in the lived experiences of the men attracted to minors.

Review of Research and Methodological Literature

A thorough search of literature about the therapy-seeking behavior of men attracted to minors revealed a dearth of studies. Nevertheless, a few studies were able to hint at key differences between pedophilia and sexual offenders, which is important to assist with the differentiation of the commonly interchanged terms. Other studies were able to provide more in-depth information on potential stigmatization, treatment options, and perspectives about seeking therapy. However, in view of the fact that only a few of the referenced articles pertain to those attracted to minors, these studies can only be considered preliminary and require cautious interpretation.

Pedophilia

Understanding pedophilia and some of the theories about how it develops is essential to this study. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies pedophilia within the broader category of mental disorders known as paraphilias. Paraphilias are "recurrent, intense sexually arousing fantasies, sexual urges, or behaviors" that are outside of what people consider societal norms and last at least six months (APA, 2013, p. 695). Pedophilia can be identified if an individual has recurrent and intense sexually arousing fantasies, sexual urges, or sexual activity with a prepubescent child generally aged 11 years or younger over a period of six months (APA, 2013). Under this definition, a pedophile does not have to act on their sexual attraction to children to be diagnosed as a pedophile because they fall under the criteria of attracted to someone who is unable to give legal consent.

From a phenomenological perspective, the attraction to minors can be interpreted as a sexual orientation (Seto, 2012). Like bisexuality, homosexuality, and heterosexuality it represents a clear phenomenological category of sexual interest (Seto, 2012). In some cases, the person experiences sexual motivation or romantic interest only toward children with no signs of pubertal development, and holds no sexual attraction adults (American Psychiatric Association, 2013). In a recent qualitative study, participants were asked to describe the nature of their attraction to minors and rather than describing their attraction as strictly sexual, the majority described having romantic feelings toward children (Houtepen, Sijtsema, & Bogaerts, 2016). They reported having fantasies about a romantic relationship or even falling in love with a minor. A limitation of these studies is that while the research was qualitative and highlighted some key points as to the nature of their attraction, the sample size was relatively small (N=15).

There are several theories about how pedophilia develops, some of which are deemed controversial. Recent research indicates that pedophilia can be classified as a biological and organic condition in the brain that individuals are born with, much like handedness (Cantor, 2011). Additionally, a scientific link has been found between being left-handed and having pedophilia (Cantor, 2011; Friedman, 2013). The link between handedness and attraction to minors is important because it points to a natural biology, suggesting that pedophilia is biological and likely developed in the brain prior to birth (Friedman, 2013; Peoppl et al., 2015). This review of literature found three research groups currently using MRI and fMRI to study the relationship between pedophilia and the brain. Each of these groups has shown evidence that the source of pedophilia is

indeed in the composition and structure of the brain (Friedman, 2013). With further studies, it was concluded that there is less connective tissue, or white matter, that connects the different regions of the brain. Additionally, the underdeveloped white matter was symmetrical. The significance of this is that the white matter connects to all the areas of the brain that respond when a person is sexually aroused. Based on this, the researchers were able to determine a literal cross wiring in the arousal sections of the brain (Cantor, 2011; Friedman, 2013).

These studies offer a disconfirmatory viewpoint to the more common theory that pedophilia develops from traumatic or atypical life experiences and vulnerabilities from childhood such as being victimized or abused (Marshall & Barbaree, 1990). The first such theories to account for pedophilia were based on conditioning and suggested that childhood sexual abuse or masturbatory conditionings were causal explanations (Marshall & Barbaree, 1990). However, due to lack of proper control groups, small experimental groups, and little knowledge of effect duration, these theories are not well supported (Seto, 2008; Tenbergen et al., 2015). Furthermore, current research indicates the majority of child sexual abuse victims are female whereas the majority of known offenders are male, so if conditioning was the only logical theory into the cause of pedophilia, it would stand to reason that there would be more female pedophiles than are clinically seen (Tenbergen et al., 2015).

Another early non-biological theory that was researched briefly in the 1970s and 1980s focused on how a process of attribution error may play a role in creating arousal toward children (Araji & Finkelhor, 1985). The theory was proposed in the late 70s by

Howells, who speculated that some individuals might react to children out of misplaced, or misattributed, emotions (Araji & Finkelhor, 1985). For many people, children elicit strong emotional responses such as those related to affection, innocence, purity, and love. It was suggested that some individuals may confuse affection for sexual attraction, and respond accordingly. Araji and Finkelhor (1985) also hypothesized that the individuals who misattribute the emotions might be those who are unable to get their needs met in an adult relationship. There is no recent literature available on this theory, and the earlier studies were conducted on individuals with cognitive or emotional impairments (McConaghy, 2013).

Various challenges characterize research on pedophilia. Theories of pedophilia cover many underlying factors ranging from dysfunctions in brain development to traumatic childhood experiences. Demographic challenges between studies include differences such as intelligence, age, and comorbidities (Tenbergen et al., 2015). While society is unaware of these challenges, it is imperative that there be a better understanding between pedophilic disorder and child sexual offenders to help reduce the stigma of the former currently seen in society.

Child Sexual Offenders

Child sexual abuse is a form of child abuse that includes sexual activity with a prepubescent child (Feierman, 2012; Smallbone, Marshall, & Wortley, 2013). By definition, children cannot consent to any form of sexual activity. So when someone engages sexually with a child, a crime is being committed. Sexual abuse does not have to be in the form of physical contact between a perpetrator and victim. It can include

obscene phone calls, text messages, or digital interactions; exhibitionism; masturbation in the presence of a minor; forcing the minor to masturbate; sex of any kind with a minor be it vaginal, oral, or anal; producing, owning, or sharing pornographic images or movies of children; sex trafficking; and any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare (Smallbone et al., 2013; Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011).

Researchers indicated that sexual offenders in the US are usually male, with approximately 8.3% of sexual offenders being female (Cortoni & Hanson, 2005; Smallbone et al., 2013). While this topic is still in the early stages of research, some researchers believe that child sexual offenders can be pedophilic or non-pedophilic. A behavioral analysis of child sexual offenders performed in cooperation with the Federal Bureau of Investigation (FBI) found that only 40% to 50% of convicted child sexual offenders meet the diagnostic classification of pedophilia (Lanning, 2010). Those who would not be diagnosable with pedophilic disorder were identified by the FBI as situational, or opportunistic, offenders. Tenbergen et al.'s (2015) study hypothesized that non-pedophilic child sexual offenders may include inexperienced adolescents, developmentally disabled individuals, people diagnosed with antisocial personality disorder (ASPD), or perpetrators who seek surrogate partners in children and are likely diagnosed with impulse-control disorders.

Sexual Offending Against Minors and How it Relates to Pedophilia

The relationship between pedophilia and sexual offending against minors must be examined in order to understand the distinction between the two groups. While the terms

‘pedophile’ and ‘child sexual offender’ are often used interchangeably, it is incorrect to do so (Friend, 2013; Goode, 2010). As shown in the aforementioned sections, the populations are quite different.

Many cases of child sexual offenses are not related to pedophilia at all. Researchers have identified that high levels of child sexual offenders are likely to be non-pedophilic, and that they sexually abuse children out of opportunity rather than attraction (Feelgood & Hoyer, 2008; Richards, 2011; Wortley & Smallbone, 2006). Pedophilic offenders who are in correctional settings are not representative of men attracted to minors who are non-offenders and in the general population. There are, in fact, a substantial number of studies about pedophilic offenders that say less about pedophilia and more about prison samples. An analysis of 257 cases of sexual perpetrators against children in Poland revealed that less than 30% met the criteria for a diagnosis of pedophilic disorder and that the remaining 70% were seeking a satisfying substitute for sexual activities, with the added influence of alcohol intoxication (Heitzman, Lew-Starowicz, Pacholski, & Lew-Starowicz, 2014). The relationship between opportunity and sexually offending against children is a complex one. It is, however, important to acknowledge that both opportunity and predation can lead to the sexual victimization of children (Plummer, 2010; Richards, 2011).

In a comparative anonymous study by Mitchell and Galupo (2015), it was found that non-offending males who were attracted to minors (N = 100) were less likely to disclose a behavioral inclination to participate in sexual contact with a minor when compared to males who sexually offended against minors. The results suggested that an

important characteristic of those who do not offend is their lower level of willingness to engage in sexual activity with a minor. Additionally, compared with child sexual abusers, men attracted to minors have been found to have less supportive attitudes toward sexual activity with minors and higher levels of self-efficacy for controlling sexual urges (Jahnke, Schmidt, Geradt, & Hoyer, 2015).

Overall, when looking at the two populations, there are distinct differences. With the easily interchangeable terms 'pedophile' and 'child sexual offender,' it becomes clear how men attracted to minors can face stigmatization.

Stigma

A review of current literature examining the stigma toward men attracted to minors found that while there is a general lack of research regarding this specific population, there are a number of stigma-related phenomena facing these individuals (Cantor, 2014; Jahnke & Hoyer, 2013). While some studies were found that could shed light on the social stigma attached to the population, other studies were used to reference how marginalized populations commonly react to stigmatization and ostracism, and how it can impact seeking help.

Due to limited access to the non-offending population, most researchers choose to study the forensic population instead, especially those who have been convicted of child sex crimes (Seto, 2007). In lieu of this, researchers adopted a stance that unreliably linked traits of criminality, mental illness, or a combination of the two to people who are attracted to minors (Cantor et al., 2008). This link was picked up by lay people in society who began linking people who are attracted to minors to negative judgments and traits

such as being evil or being labeled as disgusting. This link has contributed to intense stigmatization for those attracted to minors, and because of the stigma-related stress, the population has an increased risk of negative mental health and interpersonal outcomes (Cantor & McPhail, 2016).

Research has found that the public sees a direct link between pedophilic interests and abusing a child (Imhoff, 2014). Two online studies were conducted to examine if individuals thought negatively about those sexually attracted to children when no sexual offense was mentioned, and if the responses were impacted by the use of the clinical label of pedophilia or not. The participants (N = 345) were presented with surveys asking them to rate the extent to which they saw individuals interested in minors as committing child abuse, responsible for their sexual interest, and clinically disordered (Imhoff, 2015). The participants were randomly assigned to one of two survey groups, where each of the groups answered the same questions, with the only difference being whether the question refers to someone with pedophilia or someone who has a sexual interest in children. Participants linked the label of pedophilia to more punitive attitudes and increased ratings of perceived dangerousness.

In two comparative studies conducted by Jahnke et al. (2014), the incidence of the public's stigma toward individuals attracted to minors was examined and compared with attitudes toward individuals with other mental disorders. The first study showed that participants (N = 854) expressed more stigmatizing attitudes and anger toward men attracted to minors, and exhibited the desire for greater social distance from these individuals compared with alcoholic individuals. The second comparative study

performed by Jahnke et al. (2014) replicated these findings when comparing attitudes toward men attracted to minors versus attitudes toward individuals with sexual sadism and individuals with antisocial tendencies. Overall, the results of these studies suggest that the terms pedophile, pedophilic, and pedophilia may have more negative connotations than descriptive labels such as "sexual interest in minors" or "being attracted to minors." It also supports the notion that the men attracted to minors face substantial stigma (Imhoff, 2015; Jahnke et al., 2014).

Public and personal stigma is a pervasive barrier that prevents numerous individuals from engaging in mental health care (Parcesepe & Cabassa, 2013). In a systematic review of 144 studies with 90,189 participants, Clement et al. (2015) found that internalized stigma and treatment stigma were most often associated with reduced help-seeking, with stigma and disclosure concerns reported as the next reasons associated with not seeking help. In a review of 54 studies on perceived and personal stigma in people with schizophrenia spectrum disorders, it was found that 64.5% of patients perceived stigma, 56% actually experienced stigmatization, and that 50% reported alienation and shame as the most common aspect of self-stigma (Gerlinger et al., 2013).

Feelings of exclusion and isolation have been documented among sexual minorities who keep their identities hidden (Bond, Hefner, & Drogos, 2009), not to mention the high levels of stress associated with keeping an alternative sexual identity a secret (Cox, Dewaele, Van Houtte, & Vincke, 2011). Benson (2013) examined mental health barriers in a sample of 130 transgender volunteers and found that while 68 participants showed psychological distress and disclosed feelings of depression and

anxiety, they did not seek mental health services in the year prior to the study. The participants informed Benson (2013) that it was due to previous bad experiences and fear of stigma. Various studies show that sexuality-based stigma is associated with increased rates of depression and anxiety (Marsack & Stephenson, 2016; Mattocks et al., 2014).

Research shows that individuals who experience self-stigma suffer from lowered self-esteem and increased depression. Self-stigma refers to the internalization of negative societal attitudes (Herek, Gillis, & Cogan, 2009). Stigma-related stress has been associated with numerous mental health and physiological problems such as social isolation, decreased ability to cope with stress, and higher perceived social distance (Cantor, 2014; Jahnke et al., 2015). Additionally, these individuals have more negative attitudes toward, and fewer intentions to seek psychological services. Those who endorse greater self-stigma are also less likely to return for subsequent sessions after an initial visit, and have lower treatment compliance (Vogel et al., 2013). These studies suggest that the impact of perceived negative attitudes and stigma experienced by men attracted to minors is therefore a key consideration when it comes to mental and physical well-being.

Help-Seeking Behavior

Much of the literature reviewed for this study indicates that a large portion of the surveyed minor-attracted population believe they would benefit from therapy. However, respondents do not tend to reach out for therapy due to commonly reported themes of low self-worth, fear, cognitive distortions, and negativity (B4U-ACT, 2016; Goode, 2010; Jahnke, Philipp, & Hoyer, 2015).

In 2011, B4U-ACT (2016), a Maryland-based collaborative, conducted a survey of 193 men attracted to minors. In this survey, 82% of the respondents believed they could benefit from mental health services, 40% of which said they have desired mental health care for a reason related to their attraction to minors but did not seek it. Despite the overwhelming acknowledgement that they could benefit from mental health services, 88% of those surveyed disagreed that professionals in the healthcare setting had a strong grasp of their diagnosis, and 54% did not believe that they would be treated respectfully by healthcare professionals (B4U-ACT, 2016).

Several studies have aimed to explore from whom men attracted to minors have been willing to seek support. Goode (2010) found that men attracted to minors (N=56) who reported their disclosure to psychologists or loved ones were met with fear, suspicion, aggression, violence, and disrespect regardless of whether or not they have participated in sexual activity with a minor. Of those interviewed, 11 respondents reported they received negative reactions such as aggressive acts of violence, rejection, and disrespect when disclosing their preferences to family, friends, or anyone else outside of an online forum of like-minded individuals (Goode, 2010). Of the remaining participants, 17 reported their only source of support was among the online pedophile communities and fora; and another five reported they could not confide their sexual preference with anyone because of fear of being hated, not trusting friends or family to be supportive, and because they felt there was nobody to turn to. The remaining participants reported that their disclosure was met without a negative reaction, but it was either ignored or not discussed at all. Of the 56 participants, only four reported feeling like they

have support available from churches, therapists, and family members; but this small minority also indicated feeling as though they were tolerated rather than accepted (Goode, 2010).

When German males who were attracted to minors (N = 104) were surveyed, they reported that fear of discovery and stigmatization negatively impacted their motivation to pursue therapy (Jahnke et al., 2015). The study examined self-esteem, emotional coping, symptoms of clinical disorders, social functioning, self-efficacy related to control of sexual urges toward children, and beliefs regarding sexual abuse of children, as well as the motivation to seek therapy. Participants reported significantly high levels of perceived social distance and judgment (Jahnke et al., 2015). Also, the majority of the respondents reported being afraid that their sexual preference for children would be discovered, and experienced a significant amount of distress because of this fear. With regard to therapy-seeking motivation levels, 52% stated they might seek professional help while another 32% stated their belief that a healthcare professional would not even understand their problems.

Minor-attracted pedophilic Dutch males (N = 13) reported seeking help from professionals or significant others (Houtepen et al., 2016). Six reported seeking help from a psychologist, physician, or sexologist in order to get assistance in coping with their sexual attraction to children or to get help with symptoms related to feelings of depression or loneliness. Three of those participants argued that the help was insufficient due to lack of knowledge of pedophilia. An additional three argued that professional support helped them disclose their feelings and dissociate themselves from stigma that

had troubled them in the past. Two participants disclosed they felt it was too risky to disclose their sexual feelings to a professional because of the negative stigma of pedophilia. One participant expressed that the perceived lack of knowledge and stigma was a reason to avoid seeking help at all because therapists would be inclined to call the police even if no criminal act or intention had been discussed in therapy (Houtepen et al., 2016).

There are commonly reported themes of low self-worth, fear of disclosure, cognitive distortions, and stigma but that when these individuals do find the courage to seek help, sufficient resources are currently lacking. These responses indicate that this population feels as though they are alone and lack the supportive resources to help deal with their thoughts, feelings, and concerns (Goode, 2010; Houtepen et al., 2016; Jahnke et al., 2015).

Therapist Perceptions of Treating Men Attracted to Minors

There are limited studies about therapists' views of treating men attracted to minors. From the existing few, it appears that mental health professionals indicated a lower willingness to interact with people with pedophilia than with people suffering from all the other presented disorders, except antisocial personality disorder (Feldman & Crandall, 2007; Stiels-Glenn, 2010). Based on these studies it appears that therapists believe that men attracted to minors may be perceived as a threat and should be handled at a distance, if at all.

A survey of German psychotherapists (N = 86) suggested that while 12.8% of the participants indicated they would be willing to treat sexual offenders, only 4.7% indicated

they would treat patients with pedophilia (Stiels-Glenn, 2010). Of those who would deny treating the population, 20% of the therapists specified they would not treat them due to lack of knowledge, 13.3% justified their refusal with negative feelings toward the pedophilic population, and 11.7% reported doubts regarding clients' motivation for therapy. Of the 86 participants, 6.7% expressed some doubts regarding the suitability of the therapeutic setting. These results hint at a few of the uncertainties therapists have regarding the treatment of men attracted to minors, such as a lack of knowledge, self-reported bias, and discomfort of having a pedophile in their treatment setting.

Cantor (2014) noted that when confronted with the possibility that a client may have an attraction or sexual interest in minors, even experienced mental health professionals can find themselves struggling with competing instincts. For instance, it could be an internal struggle to consider unconditional positive regard for the client versus sympathy for any potential victims of sexual abuse. Another struggle could be between client confidentiality versus ethical and legal obligations to protect minors. Furthermore, therapists may struggle with the ethical battle of providing proper treatment while not being able to make clinical decisions based on scientific knowledge due to current limitations of any empirical knowledge currently available (APA, 2010).

Potential Treatment Opportunities

Currently, there are no empirically based treatment options that can be endorsed as "best practices" for the treatment of men attracted to minors. Studying this hitherto neglected group can help provide some understanding on the hopes and problems of those who seek therapy, which may in turn be used to develop more effective therapeutic

interventions (Schaefer et al., 2010). There are several treatments that have been shown effective to treat anxiety and depressive disorders, as well as help manage stigma-related stress and shame.

Cognitive behavioral therapy (CBT) has become the dominant empirically-validated treatment for anxiety disorders. It has demonstrated effectiveness in treating anxiety disorders including panic disorder, generalized anxiety disorder (GAD), social anxiety disorder (SAD), obsessive compulsive disorder (OCD), specific phobia and posttraumatic and stress disorder (PTSD) (Arch, Eifert, Davies, Vilardaga, Rose, & Craske, 2012). In a study designed to examine the long-term effectiveness of CBT for 181 patients with anxiety disorders, results showed that 80% had maintained their reduction in symptoms one year after treatment ended (DiMauro, Domingues, Fernandez, & Tolin, 2013). A Germany-based prevention project produced some preliminary results that showed a positive result in their CBT trial program (Beier et al., 2015). The treatment group participated in a year-long CBT program that included change motivation, self-efficacy, self-awareness and monitoring, adequate coping strategies, emotional regulation, and social functioning. After the program was over, participants demonstrated a decrease in emotional deficits and an increase in sexual self-regulation (Beier et al., 2015).

Acceptance and Commitment Therapy (ACT) may be an effective tool to help with stigma reduction. The primary focus of ACT is on mindfulness, acceptance, and valued living, which make it a suitable approach to address internalized stigma, self-criticism, and shame (Luoma & Platt, 2015). There are several studies that support the

effectiveness of ACT on self-stigma, or the devaluation of oneself and related fears of being stigmatized due to identification with a stigmatized group. One substance addiction study replaced the usual treatment with a six-hour group focused on mindfulness, acceptance, and values which reflected a significant decrease in internalized shame (Luoma & Platt, 2015). A study that targeted self-stigma related to obesity showed larger improvements in quality of life and greater reductions in weight self-stigma at the three-month follow up (Lillis, Hayes, Bunting, & Masuda, 2009). Yadavaia and Hayes (2012) used a six to ten session ACT intervention to target self-stigma related to sexuality in five individuals who expressed concern regarding sexual orientation. Despite the small sample size, results showed large reductions in distress related to sexuality, decreases in internalized homophobia, and decreases in their beliefs of their own judgmental ideas, about same-sex attraction.

Yet another study applied a combination of ACT and Compassion-Focused Therapy (CFT) to address self-stigma related to HIV status in five HIV-positive men, where the results suggest the treatment was effective in increasing psychological flexibility and reducing HIV- related stigma (Skinta, Lezama, Wells, & Dilley, 2015). Taken together, the findings suggest that ACT in an effective approach for reducing shame and self-stigma related to various issues through the weakening of negative thought patterns, decreasing avoidance, and increasing psychological flexibility. ACT has also demonstrated effectiveness in anxiety disorders, including OCD, SAD, panic disorder, GAD, and PTSD (Arch et al., 2012; Wetherell et al., 2011).

Despite the lack of available treatments, Cantor (2014) argued that the treatment of men attracted to minors is well within the skill set of a therapist. He proposed that while the focus of one's sex drive and attraction cannot be adjusted through therapy, the feelings of hopelessness and isolation could be managed and adjusted. Cantor and McPhail (2016) suggested that since pedophilia is unchangeable, providing ways to cope with stigma and other mental health issues should be the key focus point when helping men attracted to minors. By providing an acceptance of the sexual preference as an unchangeable biological trait, the focus of treatment can be more on coping with and managing mental health, internal shame, and other stressors while leading a meaningful and fulfilling life; rather than on trying to change the person's basic orientation.

Comorbidity

Pedophilia does not necessarily occur in isolation (Tenbergen et al., 2015). Comorbidity is a term used to describe two or more disorders or conditions occurring in the same person during the same time period (National Institute of Drug Abuse, 2011). A link between pedophilia and comorbid disorders has been identified, with many reporting a history of depression, anxiety, or substance abuse (Fagan et al., 2002; Garcia & Thibaut, 2011). While there is a link, there is no evidence to suggest that the attraction to minors caused a disorder. More likely, the anxiety and depression-related disorders stemmed from a combination of substance use, social stigma, self-stigma, and social expectations (Tenbergen et al., 2015). People who are attracted to minors and suffer from comorbid disorders are at an increased risk for antisocial activities, peer rejection, isolation, social distancing, and substance use, all of which can hide the underlying

experience of pedophilia, making treatment and symptom management more difficult (Barkley, 2014).

Deciding to Seek Treatment

Millions of people have sought therapy and found relief from emotional difficulties through seeing a mental health professional. Research suggests that therapy can effectively decrease symptoms of depression and anxiety, as well as many others (APA, n.d.). Making the decision to seek treatment can be difficult due to stigma, finances, or various other roadblocks. The process of deciding to seek therapy can be explained through using the theory of reasoned action (TRA), which suggests that intentions to seek therapy are influenced by whether or not the individual believes it will be successful. In other words, an individual will likely weigh out the risks and benefits of therapy to determine whether they will find success, then determine if the anticipated outcome it will be worthwhile (Ajzen, 1985).

According to the theory of reasoned action, one of the primary determinants of help-seeking intentions is one's attitude toward the therapy process (Clement et al., 2015). These attitudes comprise opinions or feelings about mental health services and are formed through an evaluation of the benefits and risks, as well as the social norms associated with seeking mental health services (Maier, Gentile, Vogel, & Kaplan, 2014; Vogel et al., 2013). Whereas some of the perceived benefits of seeking therapy include stress reduction; distress tolerance; preventative skills such as emotional regulation, impulse control, and self-awareness; and the attainment of support; the perceived risks may include fear of being reported to the authorities, stigmatization, shame, and

vulnerabilities resulting from self-disclosure (Altiere, 2009). Additionally, it is important to consider how social norms may impact help-seeking behavior. A social norm refers to the unspoken rules of the group and includes beliefs about how family and friends would act or react in a similar situation. Therefore, it is important to consider the role of the individual's social network as it pertains to any anticipated outcomes of seeking therapy and on one's attitudes toward and intentions to seek mental health services (Maier et al., 2014; Mojtabai, Evans-Lacko, Schomerus, & Thornicroft, 2016).

While men attracted to minors can get assistance with symptom reduction, better management of stigma-related stress, improved coping abilities, improved social support networks, and reducing pessimism and hopelessness (Cantor & McPhail, 2016), the fear of being rejected may outweigh the benefits. As previously mentioned, stigma is often responsible for treatment seeking delays and often reduces the likelihood that an individual will receive adequate care (Shrivastava et al., 2012). Thus, men attracted to minors are less likely to benefit, as they are unlikely to seek services due to perceived stigma and social distance. Although the quality and effectiveness of therapy and mental health services have improved greatly over the past 50 years, the field of mental health has not yet been able to reduce stigma.

Research Methods.....

To date, research regarding individuals attracted to minors has not yet yielded specific guidelines for conducting research on the population. Because many studies target sexual offenders or child sexual abusers, the research cannot accurately reflect the experiences and beliefs of the population who are attracted to minors but refuse to act on

it. As a result of these deficiencies, this qualitative study was mindfully designed as a process in which data was collected through the use of semi-structured interviews and analyzed through the lens of interpretative phenomenological analysis. Interpretative phenomenological analysis provides an understanding of the participants' lived experiences, which describes what a situation is like for them within a specific context (Smith, Flowers, & Larkin, 2012).

While there were no studies found on men attracted to minors that used this methodology, interpretative phenomenological analysis has been used in a number of studies related to understanding stigma and life experiences of individuals as it related to specific events. The analysis of data collected using interpretative phenomenological analysis methodology has identified several psychological themes associated with the experiences of stigma, such as negative labeling, hiding and lying about one's identity, managing any stigmatization by shifting focus away from specific qualities (Tomura, 2009), stress of victimization (Rummell, 2013), and how the labels attached to one's identity create an internal battle (Walton, 2013).

When looking to understand the lived experiences of stigma in a prostitute's life for example, several psychological themes were identified, such as her awareness of engaging in what people think is bad behavior; negative labeling by others; having to hide and lie about her identity to avoid being labeled negatively; stress, anxiety, and exhaustion that relate to the perceived stigma; and questioning and objecting to the stigmatization of her lifestyle (Tomura, 2009). Similarly, an analysis focused on understanding the process of identifying and accepting the identity of a gay youth

presented themes of how to accept the identity of a sexual minority, how to share the stigmatized identity with others, and how he faced high levels of environmental risks such as victimization, stress, and negative social sanctions by others (Rummell, 2013). In an effort to reduce recidivism rates, another relevant study explored how five child sexual offenders were impacted by their sexual preference of children (Walton, 2013). Themes that were identified included how their sexual preference created an internal battle, the acceptance that the thoughts and feelings would never go away, the belief that there was no help or support for them, and the awareness that their interest in children was more than just sexual (Walton, 2013).

While none of the aforementioned studies focused on the current population of men attracted to minors, the studies are relevant in terms of the themes identified, the feelings of hopelessness when it came to receiving support, and the negative consequences of labeling as it pertains to being stigmatized. The studies reported how each sample viewed the support available to them and how they had to reach a level of acceptance to being stigmatized.

Summary and Conclusions

Overall, the existing literature has shown that there is a relationship between stigma, either perceived or real, and help-seeking behaviors in the stigmatized groups (Cantor & McPhail, 2016). Of the available literature, only a scant portion relates directly to men attracted to minors. This lack of information has led to the public creating a direct link between pedophilic interests and abusing a child, creating a stigma-related phenomenon (Cantor, 2014; Imhoff, 2014; Jahnke & Hoyer, 2013; Seto, 2007). Literature

has also hinted at the comorbidity of other psychological issues impacting members of the population, including, but not limited to reported increases in depression and anxiety, as well as decreases in confidence and esteem (Cantor, 2014; Cantor & McPhail, 2016; Jahnke et al., 2015).

While the existing literature has been useful in identifying and establishing themes related to stigmatized populations, it is filled with shortcomings, especially about why the current population appears to have lower help-seeking behaviors than other populations (Cantor & McPhail, 2016; Fagan et al., 2002). This study helps fill that research gap by speaking directly with the non-forensic population of men attracted to minors. The next chapter discusses the methodology, setting, sample, instrumentation, and analysis that were used to carry out the study.

Chapter 3: Methodology

Introduction to Methodology

Over the last few years, men attracted to minors have been gaining more attention in the mental health fields, especially those who have resisted having sexual contact with a minor and are seeking to continue doing so (Cantor & McPhail, 2016; Theaker, 2015). Research suggests that help-seeking behavior within the population is low (B4U-ACT, 2016). Therefore, with a professional consensus that sexual interests cannot be chosen or changed, practitioners have yet to understand how people who are sexually attracted to minors cope with their sexual interests and society's devaluing attitudes toward them (Jahnke, 2015; Seto, 2012). The purpose of this study was to explore the lived experiences of men attracted to minors who believe they would benefit from therapy but will not seek therapeutic services. The study was guided by the stigmatization constructs of labeling, undesirability and adversity, disconnection, and status loss and discrimination. The study was conducted by interviewing men attracted to minors, and used interpretative phenomenological analysis as a methodology.

In this chapter, the methodology of the study is discussed. First, the research design and the rationale are discussed, followed by a description of the role of the researcher. Next, there is a description of the study methodology, followed by the issues of trustworthiness and the plan for addressing them within the study. Lastly, any ethical considerations pertinent to this study will be discussed.

Research Design and Rationale

There are five research questions in this study. They were developed in the context of the stigmatization model by Link and Phelan (2001), which has four key constructs including labeling, undesirability and adversity, disconnection, and status loss and discrimination. The research questions are the following:

1. Overarching research question: What are the lived experiences of men attracted to minors when considering therapy?
2. To answer the construct of labeling: How do men attracted to minors perceive mental health professionals' perception of them?
3. To answer the construct of linking labels to undesirable characteristics: What assumptions do men attracted to minors think mental health professionals will have toward them?
4. To answer the construct of disconnection: How do men attracted to minors think mental health professionals would treat them?
5. To answer the construct of status loss and discrimination: What are the lived experiences of men who are attracted to minors when considering what mental health services are available to them?

Central Phenomena of the Study

The central concepts of this study are attraction to minors, stigma, and therapy-seeking behavior. I am defining non-offending pedophiles as men who are attracted to minors and, for the purposes of this study, are not acting upon their desires, thereby being

non-offenders. Throughout this study, this term is interchanged with pedophile, non-offending pedophile, and pedophilia, which is the clinical and diagnostic label.

According to the DSM-5, pedophilia is diagnosed when an individual has recurrent and intense sexually arousing fantasies, sexual urges, or sexual activity with a prepubescent child generally aged 13 years or younger over a period of six months (APA, 2013). To be diagnosed with pedophilic disorder, the individual must also have either acted on the sexual urges or the sexual urges or fantasies must cause a marked distress (APA, 2013). For this study, the focus is on those adults who experience marked distress but have reported to never having sexual contact with a child.

Stigma is defined using Link and Phelan's stigmatization model, which states that a group is stigmatized if they are labeled because of differences, they are attributed negative characteristics, they are distinctly separated from the "normal" group, and they experience status loss and discrimination (Link & Phelan, 2001).

Therapy-seeking behavior, or help-seeking behavior, is when an individual actively seeks remediation or support services to enhance mental well-being. Help-seeking behavior can be defined as any action or activity carried out by someone who perceives herself/himself as needing personal, psychological, or affective assistance with the purpose of meeting this need in a positive way (Cornally & McCarthy, 2011). For the purpose of this study, this refers to seeking help from formal services, such as mental health professionals.

Research Tradition

This qualitative study utilized the phenomenological research tradition,

specifically interpretative phenomenological analysis. Phenomenological research seeks to understand the meaning that individuals attribute to their experiences (Smith, Flowers, & Larkin, 2012). Interpretation occurs through a dual process in which the participants are trying to make sense of their world, and, in turn, the researcher is trying to make sense of this (Smith et al., 2012). In interpretative phenomenological analysis, researchers seek the subjective meaning described by the participants, and add insights based on current literature in the field. To ensure accuracy, the researcher then verified the interpretations with the participants. This approach also allows for the focus to be on participants' subjective experiences, attitudes, and interpretations of their world (Pietkiewicz & Smith, 2014).

Rationale

The qualitative research approach typically uses small samples rather than the large-scale samples of quantitative research. This approach is also interpretive, context-specific, and centers on the verbal and visual rather than on the statistical-inquiry procedures (Creswell, 2013). Moreover, qualitative inquiry intends to develop theories that are transferable, rather than ones that are generalizable. Transferability does not involve broad claims, but invites readers of research reports to make connections between elements of a study and their own experience. For instance, readers of this study might selectively apply their own experience of stigma and how it impacted their help-seeking behaviors. Thus, the intent is to describe and interpret rather than generalize from a sample to the population (Creswell, 2013). Existing literature has shown that there is a relationship between stigma, either perceived or real, and help-seeking behaviors in

stigmatized groups (Cantor & McPhail, 2016), such as people who are attracted to minors. This relationship can be best understood by using a qualitative method specifically designed to look at the participants' understanding of their own experiences (Smith et al., 2012); therefore, phenomenological methods offer the best research tradition for this study.

Other qualitative methods described by Creswell (2013) include ethnography, biography, case study, and grounded theory. However, none of those methods were suitable for this study. Ethnography requires an observable social group, which did not fit within this study. Since the intent with this study is to gain understanding rather than generate a theory, the grounded theory approach was not appropriate. While case studies offer an in-depth description of experience, they do not look at underlying meanings of the responses as deeply as interpretative phenomenological analysis does. Lastly, narrative studies describe the experiences of the individuals as they unfold over time rather than describing the meaning of the experiences. Therefore, a phenomenological study of the lived experiences of men attracted to minors, stigma, and their therapy-seeking behaviors seemed to be the most appropriate choice.

Role of the Researcher

As the sole researcher, I am the primary instrument for collecting data, as is the tradition in phenomenological research (Pietkiewicz & Smith, 2014). Since I am the sole researcher, I am also the one interviewing the participants over Skype and the one analyzing the resulting data. The interviews are semi-structured and the tradition of interpretative phenomenological analysis is followed throughout.

I had no personal or professional relationship with the participants; therefore, no dual relationship boundaries were likely crossed. Additionally, the research did not take place in an environment where I previously had an active role, nor were there any incentives for participation.

As suggested by Creswell (2013), the role of a qualitative researcher requires interaction with each participant to obtain a more in-depth understanding of the therapy-seeking behaviors as each participant has experienced them. Due to the interaction, it is important that all personal views are acknowledged and managed while performing the study, to ensure that bias does not jeopardize the research. Through self-awareness, I believe that my personal views hold no stigma toward the men attracted to minors who do not act upon their desires. However, I do hold a strong opinion against those who have offended against children. Understanding my bias and beliefs allows me to step back and objectify data collection and interpretation. A journal was kept to record my thoughts and emotional reactions about the interviews and throughout the analysis process. The journal was reviewed objectively after the interview process and any identified bias could have been processed with the dissertation committee.

I began this study with the full understanding that this subject is difficult. Due to the stigma, participants had some difficulty opening up and responding frankly in the interview. Through my own experiences of sexuality-based stigma, I was able to show empathy and warmth to the participants to assist with the rapport-building process, while not appearing as though I condone any sexual interactions with children.

Methodology

Participant Selection Logic

For this study, a homogeneous sample was used, as is recommended for interpretative phenomenological analysis (Smith et al., 2012). Homogeneous sampling is a technique that ensures the sample consists of participants who share similar characteristics or traits (Smith et al., 2012). This study focused on participants who self-identify as men attracted to minors and who have reported never having sexual contact with a child.

The criteria used for participant selection consisted of three factors: (a) Adult men self-identifying as having an attraction to minors, (b) The individuals must report that they have not sexually offended against children, and (c) The individuals must have the intention to never offend against a child. As defined in Chapter Two, child sexual abuse does not need to be in the in the form of physical contact, but can also include digital interactions, masturbation in the presence of a minor, child pornography, and any other sexual conduct that can be harmful to a child (Smallbone et al., 2013). Participants needed to report never having engaged in such offending behavior, nor intending to engage in it. This criteria was also listed in the advertisement that was posted to seek participants (see Appendix A).

Participants were identified and interviewed. Interviews occurred until saturation occurred. Saturation is considered to be reached when the data collected during interviews begins to reveal the same general patterns (Creswell, 2013). Samples with too few participants do not allow a full pattern to develop, whereas those with too many

participants overwhelm the dataset and do not provide any additional patterns. Thus, more participants do not necessarily equate to more meaningful results (Smith et al., 2012). The minimum target sample was six participants, with a maximum of 12; however saturation was reached at participant seven.

The population was reached through an online minor-attracted organization, B4U-ACT, located in Maryland. The Maryland-based organization has an extensive network of minor-attracted contacts, and allows for recruitment of their participants after an in-depth approval process (B4U-ACT, 2016b). An advertisement was also placed in some of the online members-only chatrooms that caters to the minor-attracted community, such as Virtuous Pedophiles. This was done after the director of the organization approved the advertisement, which included a brief description of the study, researcher information, inclusion criteria for the study, and invited interested individuals to contact me via email (see Appendix A). Public advertisements were used to eliminate any perceived coercion.

When potential participants contacted me, more detailed information about the study was sent to them, along with a consent form (see Appendix B). The first participants who met the criteria were chosen to continue on to the interview process. For those who did not meet the criteria or came in after the target sample size was selected, they were contacted via email to thank them for their willingness and explain that the study was full. The selected participants were emailed and asked to digitally sign and return the consent form. Once consent forms were received, the interviews began.

Instrumentation

Data was collected through semi-structured interviews conducted via Skype. With participants' consent (see Appendix B), the audio portion of the interviews was recorded for later reference during the analysis phase. Semi-structured interviews have been established as a data collection instrument for answering phenomenological research questions (Smith et al, 2012).

Questions were developed from current research concerning men attracted to minors, stigma, and help-seeking behaviors. As suggested by Smith et al. (2012), the format consisted of open-ended questions and preplanned prompts that offered a plan for data collection while still retaining the flexibility required for efficient interviewing. The interview consisted of rapport-building questions, in addition to open-ended questions, to answer the research questions and prompts. The questions are listed below, along with which research question they relate to.

The overarching research question, asking about the lived experiences of the men attracted to minors in terms of considering therapy, was answered with the following questions:

1. Have you ever wanted to see a mental health professional?
    a. If yes, what was your experience of seeking help?
        i. What encouraged you to seek help?
        ii. What made it harder for you to seek help?
2. If not covered in responses to previous questions, the following was also asked:

a. If you received help, what was your experience of this therapy?

b. Looking back, what impact has your decision to seek or not seek therapy had on you?

To answer the labeling construct, the research question asking about how the men attracted to minors experience mental health professionals' perception of them, was answered with the following questions:

1. In your experience, how do you think a mental health professional would view your attraction to minors?
2. In your experience, what kind of understanding do you think mental health professionals have about your attraction to minors?

To answer the undesirable label construct, the research question asking the men attracted to minors about what assumptions they think mental health professionals would have toward them, was answered with the following questions:

1. What kind of assumptions do you believe that mental health professionals may have about you based on your attraction to minors, if any?
    a. How has this impacted you?

To answer the disconnection construct, the research question asking how the men attracted to minors think mental health professionals would treat them, was answered with the following questions:

1. Do you believe that mental health professionals would treat you ethically and professionally?
    a. Why or why not?

   b. How would this influence your decision to seek therapy?

2. Do you believe a mental health professional would keep your attraction to minors confidential?
   a. Why or why not?
   b. How does this influence your decision to seek therapy?

To answer the status loss and discrimination construct, the research question asking the men attracted to minors about what mental health services they thought were available to them, was answered with the following questions:

1. Based on your experiences, what kind of mental health services do you believe are available to you?
2. What could mental health professionals do to help promote therapy-seeking behavior within this community?

Content validity was established as each interview question is directly linked to one of the research questions. The flexibility of the semi-structured interview ensured that the data collection instrument was sufficient to answer the phenomenological research questions (Smith et al., 2012).

Procedures for Recruitment, Participation, and Data Collection

As the researcher, I collected the data through semi-structured interviews that took place via Skype, an internet-based communication service. I interviewed the participants over a Skype session that lasted no more than an hour, and maintained a conversational flow. Once the interviews were completed, participants were debriefed and reminded about the intended use of the data. This debriefing was also used to answer

any questions the participants had about the study, the analysis of the data, and the publication procedure. The debrief form can be found in Appendix C.

There were no requirements for follow-up interviews during the course of the study; however, participants were reached via email to review the researcher's summary of their interview for accuracy and additional comments. This technique is called member-checking, and it helped to improve the accuracy and credibility of the study, as well as provide any clarification I needed regarding responses to parts of the interview (Merriam & Tisdell, 2015).

Data Analysis Plan

The sole data collection technique was the semi-structured interview questions used to answer the research questions. The procedure for data coding outlined by Smith et al. (2012) was used to analyze the data. Each interview was analyzed as a single and complete data set following the interpretative phenomenological analysis and coding technique as described by Smith et al. (2012). The first four steps described below were conducted with each interview transcript, followed by analysis of the relationship between the datasets.

The first step involved immersing oneself into the data (Smith et al., 2012). This essentially entailed reviewing the interview transcript several times. This was conducted to help the researcher enter the world of the participant as much as possible while ensuring that the participant is the focus of the analysis (Smith et al., 2012).

The second step was to make initial notes on the transcripts. While this step was the most detailed and time consuming, it was also the most important because it allowed

the researcher to examine the language and semantic content on an exploratory level. This means the researcher made descriptive notes based on the face value, as well, as notes based on the participants' use of metaphors, pronoun choices, and other notable word choices (Smith et al., 2012).

Step three was to identify any emerging themes. The researcher reviewed the initial notes and identified any themes that most directly applied to the lived experiences of the participants. Interpretative phenomenological analysis dictates that each interview needs to be analyzed separately before examining themes across the interviews (Smith et al., 2012).

The fourth step was to identify connections between the identified themes. The connections were found through the use of several strategies. Abstraction was used to clump similar themes into a single cluster to identify an emerging theme. Contextualization was used to help identify the narrative or contextual themes by highlighting those that related to a particular life event. Numeration identified the frequency a theme emerges throughout a transcript, while function can help map out any positive and negative themes (Smith et al., 2012). These strategies helped bring the themes together and map them to help with the analysis process.

The fifth step was to repeat steps one through four with each of the remaining interview transcripts. Each participant's interview was analyzed separately and completely as described above (Smith et al., 2012).

The sixth and final step was to identify the patterns across all of the interview cases. The themes of each participant's experiences were analyzed to see how they

related to one another (Smith et al., 2012). This was done in a table of themes to show how each theme related to another.

No software was used for the analysis process. Discrepant cases were included in the analysis and the differences are discussed as part of the data analysis in Chapter 4 of the dissertation.

Issues of Trustworthiness

In qualitative studies, trustworthiness is essential to evaluate the worthiness of the study. To establish trustworthiness, researchers need to demonstrate credibility, dependability, transferability, and confirmability (Lincoln & Guba, 1985). In this study, trustworthiness was verified using multiple methods, including prolonged engagement, member-checking, reflexive journaling, triangulation, thick description, and an audit trail, which is discussed in more detail below. These methods demonstrated the study's credibility, dependability, transferability, and confirmability.

Credibility

Credibility is one of the key criteria in establishing trustworthiness (Lincoln & Guba, 1985; Shenton, 2004). Credibility is demonstrated when participants are able to recognize the reported research findings as their own experiences as the truth of how they know and experience the phenomenon. Activities that can increase credibility include: prolonged engagement, triangulation, member checks, and external audits.

Prolonged engagement. Prolonged engagement refers to investing sufficient time to learn about the population, gain trust, and test for any bias or distortions of the self or of the participants (Lincoln & Guba, 1985). The researcher is required to take the time to

detect and account for any distortions that may come about just by being "an outsider" to the community and attend to overreactions that it may cause (Lincoln & Guba, 1985). Therefore, I spoke with participants to build up a warm rapport prior to beginning the interview questions. I also had conversations with a manager from B4U-ACT to understand more about the population and how their sexual interest in minors plays a role into their well-being.

Reflexive Journaling. Reflexive journaling was used to help manage any researcher bias. This journal served to enhance my ability to notate my initial impressions of each data collection session, any patterns that emerged, and any generated theories (Shenton, 2004). The reflexive journal also played a key role in the monitoring of developing constructions, which is considered to be critical in establishing credibility (Vicary, Young, & Hicks, 2016).

Triangulation. Triangulation is the use of two or more sources, methods, theories, and researchers to provide corroborating data and examine phenomena with as many perspectives as possible (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). This can help develop a comprehensive understanding of the phenomena and experiences presented. Triangulation adds credibility by gaining confirmation and credibility to results. For this study, having several participants that created a homogenous sample produced triangulation.

Member checking. Member checking was used to assess the accuracy with which a researcher had represented participants by checking the findings and interpretation with the original respondents (Merriam & Tisdell, 2015). After the

interviews had been analyzed and interpreted, I contacted participants via email sent them a summary of their responses and themes to ensure their views were properly captured, as well as to provide any clarification needed regarding responses to parts of the interview (Harper & Cole, 2012).

Transferability

Transferability is the degree to which the results can be transferred to other contexts. Transferability does not involve broad claims, but invites readers of the research report to make connections between elements of a study and their own experience (Shenton, 2004). To help enhance transferability, Lincoln and Guba (1985) recommended using thick description, which is the process of providing a thorough description of the research context and the assumptions central to the study. This provided a rich and thick description of the participants' lived experiences, which are listed in chapter four of the dissertation. To support the development of themes and superordinate themes, some of the words of the participant used are reflected, which allows the reader to judge the transferability of findings (Lincoln & Guba, 1985; Smith et al., 2012).

Dependability

Dependability refers to stability of the data and inquiry processes (Houghton, Casey, Shaw, & Murphy, 2013). Researchers need to account for the continually changing context where research occurs, due to the changing environment and phenomenon of qualitative research. Dependability of a research study is met if it can be demonstrated that the researcher was careful and no mistakes were made in conceptualizing the study, collecting the data, interpreting the findings and reporting

results (Houghton et al., 2013). Essentially, the more consistent the researcher is throughout the entire research process, the more dependable the results are. Lincoln and Guba (1985) stressed that there were close ties between credibility and dependability; therefore a demonstration of one goes some distance in ensuring the other. Morse (2015) stated that dependability is attainable through credibility as well as through the use of triangulation, which was defined above, and the audit trail.

Audit trail. An audit trail is a transparent description of the research steps taken from the beginning of a research project through the reporting of findings (Houghton et al., 2013). For this study, an audit trail was used to maintain the transcripts of the interviews, personal journal entries, and all other notes related to the research process (Smith et al., 2012). This allows my dissertation committee to review the raw data and readers or other researchers to review the analysis process.

Confirmability

Confirmability will also be established. Confirmability refers to the substantiation of data, meaning that the data and interpretations are accurate and true. This was achieved by providing a chain of evidence, such as through the audit trail, that can attest to the fact that the data can be traced back to the original sources and that the data synthesis process used to reach conclusions can be confirmed (Mertens, 2014). The audit trail contains a complete set of raw records generated throughout the study, which allows others to verify trustworthiness of the findings (Lincoln & Guba, 1985; Shenton, 2004).

Confirmability was also demonstrated through reflexivity, or **reflexive journaling**. As discussed above, I kept all records throughout the research process. Such records were used to help crosscheck the data and write the final report of the study.

Ethical Procedures

Walden University IRB approval was required and obtained prior to beginning the data collection, in addition to approval from the B4U-ACT foundation. The advertisement to participate in the study was placed in a website forum that accessed by the non-offending pedophile population. There was no pressure to read or respond to the advertisement request and the researcher had no relationship with any of the participants. The respondents who qualified to participate in the study were sent a consent form (see Appendix B) and upon consent, they were provided an identification number, which was used in all future communications to help ensure anonymity and privacy. This is discussed in further detail below.

An explanation of the limits of confidentiality can be found in the consent form (see Appendix B), and the participants were also reminded verbally at the beginning of the interview. I made clear the limits of confidentiality while also discussing my obligation to protect the participants' right to privacy. It was imperative that participants understood that confidentiality could be broken if they reported intent to harm a child. Participants were informed that California law lists several exceptions to the limits of confidentiality including where there is a reasonable suspicion that there is a danger of violence to others, as well as where there is a reasonable suspicion of child abuse (Bersoff, 2014). Participants were also notified that due to the limits of confidentiality

and the Tarasoff duty to report laws, I am required to call and file a written notification to the relevant public office, such as Child Protective Services or the authorities.

When interviewing participants, there is always a slight possibility of psychological distress, especially if the participants have pre-existing emotional vulnerabilities such as depression or anxiety. Some participants may experience negative moods, stress, and anxiety due to the taxing nature of being interviewed and disclosing personal details about their experiences. Substantial psychological distress was unlikely, since the focus of this study was on therapy-seeking behaviors; however, mental health resource information was made available to all participants (see Appendix C). Additionally, some researchers have reported benefits to interviewing participants not previously considered, such as the opportunity to discuss emotions, events, stigmatizing experiences, and the potential to help others (Labott, Johnson, Fendrich, & Feeny, 2013).

Participants had complete control over when, where, and how they responded to the interview questions. To minimize privacy concerns, the researcher prompted the participant to choose a location where the interview can take place and cannot be overheard or observed. Headphones were also suggested to ensure privacy.

The audio of the interviews was recorded. The recorded file contained no names or personal information and was identified only by the number identification mentioned below. When not in use, the recordings were encrypted and saved on an external drive.

Participants may not have previously disclosed their attraction to minors to other people, therefore inadvertent disclosure as a result of participating in this study could lead to social or economic loss. Only the researcher knows the participant identities and every

effort was made to protect their identities. The dissertation does not include participant names, nor demographic details to limit risk of identity exposure. The participants received a number identification and all data related to them was saved under that identification. The consent forms were the only form to contain identifying information.

Any emails were copied to a word processing file with all identifying information removed. Additionally, emails were password protected, and identified solely through the participant identification number. All word processing and electronic files were password protected and saved on an encrypted removable storage drive. When not in use, the drive was locked up in a file cabinet in the researcher's home office. The data will be kept for the allotted time of five years, and then the drive will be reformatted, safely destroying all data contained on it. Other potential ethical issues were considered for this study, but seemed unlikely to occur, as the researcher had no conflict of interests, and no incentives were used.

Summary

In chapter three, the proposed study was described in detail. The chapter opened with description of the research tradition and rationale, which was followed by a description of the role of the researcher as the primary data collection instrument, as well as a detailed outline of the methodology. Finally, the methods to address trustworthiness were described, followed by any perceived ethical issues.

In chapter four, the current study is discussed. There is also a description of the setting where the study took place, in addition to the participant demographics and

the data collection process. Finally, the data analysis is described, followed by the study results.

Chapter 4: Current Study

Introduction to Current Study

It has been reported that males who are attracted to minors have an increased likelihood to face intense stigmatization due to their sexuality (Jahnke et al., 2014). Stigma-related stress has been shown to lead to increased risk of poor mental health and overall well-being due to fear, shame, guilt, confusion, depression, anxiety, and stress, to name a few (Corrigan et al., 2014). While numerous treatment approaches have been shown to improve the mental health of those who seek treatment, preliminary research suggests that help-seeking behavior within the population of males attracted to minors is low (B4U-ACT, 2016). The purpose of this interpretative phenomenological study was to gain an in-depth understanding of the experiences of men attracted to minors as it pertains to seeking help from professional therapeutic services. The study also sought to help provide an understanding of how the decision to seek or not seek help has impacted the individual's well-being. Guided by the conceptual framework of Link and Phelan's (2001) stigmatization model, the data was obtained by conducting interviews with men who are attracted to minors.

The research questions were as follows: What are the lived experiences of men attracted to minors when considering therapy? How do men attracted to minors perceive mental health professionals' perception of them? What assumptions do men attracted to minors think mental health professionals will have toward them? How do men attracted to minors think mental health professionals would treat them? What are the lived

experiences of men who are attracted to minors when considering what mental health services are available to them?

This chapter aims to discuss the current study. The setting of where the study took place will also be discussed, in addition to the participant demographics and the data collection process. Finally, the data analysis process will be presented, followed by the study results.

Setting

The interviews took place over the Internet with the researcher sitting in a private home office wearing headphones to protect privacy. The participants reported and/or appeared to be in their own homes in front of their computers. One participant described 'hiding' in his garage while the remaining six were in a room of their residence. No known interruptions occurred during the web-based interviews.

The research did not take place in an environment where the researcher previously had an active role, nor were there any incentives for participation. There were no known extraneous conditions present that may have influenced participants nor their experiences during the interviews that would likely impact interpretation of the study results.

Demographics

The participants consisted of seven adult males (N=7) who self-identified as being attracted to minors, reported never having sexually offended children, and reported having the intention to never offend against a child. Data was collected through via semi-structured interviews that took place over the Internet using Skype. Each interview was given a one-hour time slot but was generally conducted within the timeframe of 30 - 45

minutes, depending upon the length of the participant responses. After participant consent was given (see Appendix B), the audio portion of the interviews was recorded for later reference during the analysis phase. No video recording took place. There were no variations or any unusual circumstances throughout the data collection process that was proposed in chapter three.

Data Analysis

The data and themes appeared to reach saturation with the seventh participant. Therefore, the basis for understanding therapy seeking behaviors of males attracted to minors was drawn from the in-depth semi-structured interviews of these seven males. Overall, the analysis process produced five main themes with 21 sub-themes.

All data was analyzed and coded according to the interpretative phenomenological method as outlined by Smith et al. (2012). Per this method, each interview transcript was analyzed individually, and then all transcripts were analyzed together to view the relationship between the datasets.

Analysis commenced by first immersing myself into the data, where I reviewed the interview transcript several times to ensure the participant was the focus of the analysis (Smith et al., 2012). This additionally helped get a more thorough sense of each participant and his response style.

The second step was to make initial notes on the transcripts in red pen. Initially, the transcripts were printed and marked on, then the notes were transferred into electronic spreadsheets to help manage the data more effectively. While this step was the most time-consuming step, it was also the most important because it allowed me to examine the

language and semantic content on an exploratory level. Descriptive notes created during this step of analysis were based on the face value, as well as on the participants' use of metaphors, pronoun choices, and other notable word choices (Smith et al., 2012).

Step three was to identify emerging themes. The initial notes were reviewed to identify any themes that most directly apply to the lived experiences of the participants.

Interpretative phenomenological analysis dictates that each interview be analyzed separately before examining themes across the interviews (Smith et al., 2012). The fourth step, then, was to identify any connections between the identified themes. The connections were found through the use of several strategies, including abstraction, contextualization, and numeration (Smith et al., 2012). These strategies helped bring the themes together and map them to help with the analysis process.

The fifth step was to repeat steps one through four with each of the interview transcripts (Smith et al., 2012). The sixth and final step was to identify the patterns across all of the interview cases. The themes of each participant's experiences were analyzed to see how they related to one another.

Data Verification

According to Smith et al. (2012), phenomenologists view verification and standards as largely related to the researcher's interpretation. To verify data in this study, procedures used included member checking, triangulation, and peer review. After the interviews were transcribed, the participants were provided an emailed summary of their responses and themes to ensure their views had been properly captured. This additionally helped to provide any clarification that was needed regarding responses to parts of the

interview (Harper & Cole, 2012). After the analysis and interpretation of the data was completed, I engaged a former classmate and a psychologist with whom I had previously worked – both familiar with qualitative research designs – to participate in the peer-review process, review the data, and ensure an unbiased analysis of the themes occurred. The peers reviewed the themes to ensure that interpretation was objective. This verification technique allowed for an external check on the research process and about the findings.

Themes Identified

Five major themes emerged from analysis of the interview transcripts. These themes included: emotional distress, consideration of therapy, actual and perceived stigmatization, expectations of therapist assumptions, expectations of professionalism, and therapeutic support. From these five main themes, 21 sub-themes emerged (see Table 1).

Table 1

Themes and sub-themes

Emotional Distress	Consideration of Therapy	Actual and Perceived Stigmatization	Expectations	Therapeutic Support
Feeling unsafe	Depression and hopelessness	Labeling	Expectations of therapist assumptions	Professional support
Fear of exposure	Anxiety	Undesirability and adversity	Expectations of professionalism	Personal support
Fear of rejection	Suicidality	Disconnection		Ways to improve therapeutic services
Expectations of being misunderstood	Negative perception due to personal experiences	Status loss		
	Negative perception due to beliefs	Expectations of social stigma and lack of understanding		
	Positive perception due to personal experience			

Discrepant findings were defined as the minority of the participants' remarks that did not merge on any of the major themes identified and under the minority count (N < 4). The discrepant findings in this study included: minor attraction as a motivator to seek therapy, expectations of positive therapist assumptions, and self-acceptance. The details of these findings are listed later in this chapter.

Evidence of Trustworthiness

In this study, trustworthiness was verified using multiple methods, including prolonged engagement, member-checking, reflexive journaling, triangulation, thick description, and an audit trail. These methods demonstrated the study's credibility, dependability, transferability, and confirmability.

Credibility

Credibility is one of the key criteria in establishing trustworthiness (Lincoln & Guba, 1985; Shenton, 2004). Credibility was demonstrated when participants recognized the reported research findings as their own experiences as the truth of how they knew and experienced the phenomenon. To increase credibility, the following activities were used: prolonged engagement, triangulation, member checks, and external audits.

Prolonged engagement requires the researcher to take the time to detect and account for any distortions that may have come about just by being "an outsider" to the community (Lincoln & Guba, 1985). To meet this requirement, I spent time expressing warmth and building rapport with each participant prior to asking the interview questions.

Reflexive journaling was used to help manage any researcher bias. This journal served to annotate initial impressions of each data collection session, any patterns that appeared to emerge, and any generated theories (Shenton, 2004).

For this study, having several participants that created a homogenous sample produced triangulation. Triangulation is the use of two or more sources, methods, theories, and researchers to provide corroborating data and examine phenomena with as many perspectives as possible (Carter et al., 2014). This can help develop a comprehensive understanding of the phenomena and experiences presented. Triangulation adds credibility by gaining confirmation and credibility to results.

Member checking was used to assess the accuracy with which the researcher represented participants by checking the findings and interpretation with the original respondents (Merriam & Tisdell, 2015). After the interviews were analyzed and interpreted, the participants received a summary of their responses and themes via email, to ensure their views were properly captured.

Transferability

Transferability is the degree to which the results can be transferred to other contexts. Transferability invites readers of the research report to make connections between elements of a study and their own experience (Shenton, 2004). To help enhance transferability, Lincoln and Guba (1985) recommended using thick description, which is the process of providing a thorough description of the research context and the assumptions central to the study. This provides a rich and thick description of the participants' lived experiences. To support the development of themes and superordinate

themes, the words of the participant were used, which allows the reader to judge the transferability of findings.

Dependability

Dependability refers to stability of the data and inquiry processes (Houghton, Casey, Shaw, & Murphy, 2013). Dependability of a research study is met if it can be demonstrated that the researcher made no mistakes in conceptualizing the study, collecting the data, interpreting the findings and reporting results (Houghton et al., 2013). Essentially, the more consistent the researcher is throughout the entire research process, the more dependable the results are. To show dependability, an audit trail was used to maintain the transcripts of the interviews, personal journal entries, and all other notes related to the research process (Smith et al., 2012).

Confirmability

Confirmability was also established to show that the data and interpretations were accurate and true. The audit trail contains a complete set of raw records generated throughout the study. Confirmability was also demonstrated through reflexivity, or reflexive journaling.

Results

The purpose of this study was to understand therapy-seeking behaviors and beliefs from the perspective of the individual participants. Interviews were conducted via Skype. The interviews consisted of nine inquiries developed to respond to the five research questions: What are the lived experiences of men attracted to minors when considering therapy? How do men attracted to minors perceive mental health

professionals' perception of them? What assumptions do men attracted to minors think mental health professionals will have toward them? How do men attracted to minors think mental health professionals would treat them? What are the lived experiences of men who are attracted to minors when considering what mental health services are available to them?

All participants sampled were from the B4U-ACT online message board where an advertisement was placed. After consent was provided, each patient was allotted a one-hour time slot for the interview, which was generally conducted within the timeframe of 30 - 45 minutes, depending upon the length of the participant responses. The audio portion of the interviews was recorded.

Nine questions were asked of each of the seven participants. Significant statements about therapy-seeking behaviors and stigma were parceled out from each of the participant responses. These questions were derived from the broad question underlying this study: What are the lived experiences of men attracted to minors when considering therapy? After rereading the text of each participant transcript thoroughly, five themes were identified based on the research questions and participant replies: emotional distress; consideration of therapy; actual and perceived stigmatization; expectations; and therapeutic support. In order for a theme to be identified, I determined that a majority of responses endorsing a particular theme would determine its appearance in the study. The minority of the participants' remarks that did not merge on the major themes identified are noted as "discrepant findings," and are discussed later in this chapter.

What are the lived experiences of men attracted to minors when considering therapy?

Theme 1: Emotional Distress. When the participants discussed whether they considered therapy or not, it was revealed that emotional distress was a widespread theme, especially for those who considered but never sought therapy. Participants described their emotional distress as having a significant impact on if they considered seeking therapy or not. Of the six participants who considered therapy, only four actually reached out to mental health professionals. When describing their emotional distress, the following sub-themes emerged from the data: feeling unsafe, fear of exposure, fear of rejection, and expectations of being misunderstood.

Sub-theme 1.1: Feeling unsafe

All seven participants reported expectations of feeling unsafe when considering therapy. P3 stated, "I didn't actually seek the help because I felt it wasn't safe for me. All I ever heard about pedophiles was that they were monsters, they were horrible, they should be killed, they should be in prison." P5 sought therapy and identified, "either I am told that nothing can be done to help me, or I am treated with hostility or like my sexual attractions themselves are an illness to be cured, making me feel unsafe," stating, "I get lost in the bureaucracy." P4 expressed his frustration about therapy, and how this may have caused further emotional damage: "I had a few meetings at a Centre for Sexual Medicine where they seemed intent on 'treating' my attractions as if they were an addiction instead of a sexuality, using techniques that used to be used to 'cure' gay people, which made me feel completely unsafe to even be in their presence." He also

claimed that when he disclosed his attraction, the counselor "promptly abandoned me without a referral. It left me feeling totally hopeless and helpless. Like I was some sort of monster that was from another planet that didn't deserve help… left me more vulnerable."

When delving deeper into the impact of feeling unsafe, P3 explained, "the impact of not seeking therapy hasn't had a large impact. What hurts me is that anyone should feel comfortable seeing a counselor or psychologist, whereas I don't feel comfortable doing that." When discussing the impact of his decision to not seek therapy, P3 claimed, "I never really thought it was a safe option for me."

Sub-theme 1.2: Fear of exposure

All seven participants also reported that fear of exposure had some influence in their decision to seek therapy. Some of the fear stemmed from hearing stories from other people attracted to minors, such as when P3 "read cases where younger people who had come out to therapists were reported to their parents then to the police," and P2 "read an article of a 16 year old MAP … and the therapist was the first person he told that he was a MAP then the therapist immediately went out to the room where his mother was and told his mother that he was attracted to children." Fear also stemmed from their personal experiences. P7 stated, "I know I would never be fully accepted socially if I happened to be vocal, which is a similar feeling of alienation to the one I experience if I'm closeted (as gay);" whereas P5 reported, "I receive actual death threats when I talk about my situation online in anonymous settings."

The fear of exposure made some of the participants, “feel like a pre-criminal” and that “society will reject” them if their attraction was discovered, according to P3 and P2. P1 explained, “had I believed that my attraction period would have been divulged to anyone else, I would not have talked to anyone at all.”

Sub-theme 1.3: Fear of rejection

The fear of rejection was another sub-theme that arose in four of the seven participants. P4 reported two experiences of rejection. The first occurred when he disclosed his attraction to a counselor: “I was doing some counseling to get my life together before I got in another relationship, and so I came out to the counselor, and she promptly abandoned me without a referral.” P4’s second example occurred when he attempted to disclose to a small group of peers in the Master’s-level counseling program he was attending. “So I said…I’ve been sexually attracted to little girls for the past 50 years, but I choose not to act on it. And they all rejected me.” P4 described this experience as “turning me off from therapy” and “not feeling as if I’m worthy enough to receive it.” When seeking therapy, P1 stated, “I expected him or any therapist to reject me and to hate me.” P2 described the impact of his fear as “debilitating. I couldn’t tell a complete stranger like a therapist. I thought about it but I never really considered it.”

Sub-theme 1.4: Expectations of being misunderstood

Participants commonly discussed expectations of feeling misunderstood by a therapist. Several participants reported that therapists have “little understanding of our attraction.” P2 additionally noted that “they have a prejudice just like the rest of society.” When asked for his feelings about the prejudice and lack of understanding, he stated,

"well, I don't regret that I have never been to a therapist, if that answers it." P3 expected that "with the little understanding they did have, they would look at it like a pathological condition – something that needed to be treated. So I assume that if I went to a mental health professional, they'd want to try to find the problem that made me the way I am, which I find quite offensive. Even though they are supposed to be professionals, they would think almost like the general public does – with a lot of prejudice, a lot of misunderstanding." P6 stated, "I was afraid of being misunderstood and stuff, so I just didn't chance it at all."

As he was recalling his decision to not seek therapy, P5 reported, "just like laypeople, they usually view it as a compulsion or urge rather than being of the same nature as attraction to adults. My sexual feelings toward children are the same as toward adults. It's not a different feeling. And neither mental health professionals nor laypeople seem able to grasp this." He described this making him feel as though keeping his attraction secret was the only option and it was "a source of suffering." Of the participants, five of them reported that therapists needed more education and training to help the community feel safe when seeking therapy.

Theme 2: Consideration of therapy not related to minor attraction. Another theme revealed that participants considered seeking therapy for reasons other than their attraction to minors; creating several sub-themes such as depression and hopelessness, anxiety, and suicidality. Additionally, participants often referred to their perceptions of therapy based on either personal experiences or personal beliefs so additional emergent sub-themes include: negative perception due to personal experiences, negative perception

due to belief, positive perception due to personal experiences, and positive perception due to belief.

Sub-theme 2.1: Depression and hopelessness

Depression and hopelessness was the most common reason reported for therapy consideration. Six of the seven participants reported having depression at some point throughout their lives. P6 stated, “I got low enough that I felt like I didn't care anymore if trying to find help got me exposed and possibly killed, because I didn't feel I had anything left to lose, and basically wanted to die already; so either I'd die or things would get better.” P5 reported that it was “only complete hopelessness” that motivated him to risk seeking therapy.

Anxiety

Anxiety was reported by five of the seven participants, with three reporting “anxiety of being persecuted.” P7 identified that signs of “stress, anxiety, and depression” were clear to him and he reporting thinking that “stress and anxiety was a normal part of the childhood process.” P4 reported, “I experienced severe anxiety, crying without any reason, so I sought therapy.”

Sub-theme 2.2: Suicidality

Suicidality was an additional motivator to seek therapy. Much like P6, who reported he “basically wanted to die already,” P7 also reported suicidal ideation by stating, “the paranoid idea that somehow my attraction could become known and misconstrued to shame me, motivated me to decide on killing myself when I reached a certain age.” However, it was a suicide attempt that motivated P5 to seek help after

"coming close to suicide and spending the night in the hospital." When discussing the impact his therapist had on his life, P1 stated, "If I didn't have my therapist to talk to, I don't know honestly if I would still be alive today." When asked to expand on that, he stated, "It's been a godsend. I kinda lucked out cuz I am not certain that every mental health professional would have reacted the way the gentleman I found did, which was with compassion and understanding, and a real desire to help me."

Sub-theme 2.3: Negative perception due to personal experiences

Two participants reported negative personal experiences with therapy. P5 shared, "I had therapy sessions with a psychiatric nurse who treated the sessions like an interrogation where he was trying to get me to admit to some wrongdoing so he could justify reporting me for something" and decided that "therapy has been largely ineffective. I have been juggled between all kinds or therapists." He described feeling "hopeless" and "unsafe." P4 also shared his experience when he disclosed, "I was doing some counseling to get my life together before I got in another relationship, and so I came out to my counselor, and she promptly abandoned me without a referral." P4 described that the abandonment made him feel "more hopeless and worthless" leading him to not seek therapy again.

Sub-theme 2.4: Negative perception due to personal beliefs

Several of the participants reported how their personal beliefs impacted their negative perceptions about therapy. P2 reported, "I talked to MAPs who have been through therapy and some have had positive experiences and some negative but I don't regret that I have never been to a therapist;" whereas P7 reported, "not seeking help

caused me a lot of personal suffering. I believe some [therapists] would be ethical, but some may vilify me." P5 viewed therapeutic services as unhelpful, and reported "since there's nothing to fix about me, and nothing is being done to fix the world I live in so I can be accepted, all I can really hope to get out of therapy is coping skills for how to live a life in hiding from a world that hates my very existence, without letting it destroy me. But I don't see any therapists offering that kind of support." He described feeling as though "living in the shadows only destroys the lives of people like me, while only enabling those who want to hurt children to do so in the shelter of secrecy."

Sub-theme 2.5: Positive perception due to personal experiences

When discussing his therapy experience, P4 stated, "to me, the most important approach is the therapeutic relationship – somebody who believes in you." While discussing his therapist, P1 stated, "I sought an LGBT-friendly therapist because of this particular issue and he's been my therapist ever since. I'm still kinda thinking I kinda lucked out cuz I am not certain that everyone, every mental health professional would have reacted the way the gentleman I found did, which was with compassion and understanding, and a real desire to help me." He continued, stating his therapy experience was "a godsend." P6 stated, "the therapist I'm going to right now is very good, I guess, cuz she listens to me and she said she has learned a lot from me so she's willing to learn about it instead of just going with what she's heard, I guess."

Sub-theme 2.6: Positive perception due to personal beliefs

Several participants discussed positive perceptions of therapy due to personal beliefs. Three participants alluded to hearing positive feedback from other people

attracted to minors. P4 stated, "I know that an understanding, caring therapist can do more than any magic program...just a good, listening ear, reflective listening, and understanding the stigma that there is around having pedophilia."

How do men attracted to minors perceive mental health professionals' perception of them?

Theme 3: Actual and Perceived Stigmatization. The conceptual basis for this research was based on Link and Phelan's (2001) stigmatization model, which suggests that stigmatization occurs when four key constructs are met: labeling, undesirability and adversity, disconnection, and status loss and discrimination. Throughout the interview process, all seven participants reported stress and anxiety due to the four constructs, thereby making them emerge as sub-themes, as well as a sub-theme of expectations of social stigma and lack of understanding. The stigma, either real or perceived, was reported as a large barrier to therapy-seeking behaviors, as well as having a large impact on daily life stress.

Sub-theme 3.1: Labeling

Labeling refers to the labeling of the participants human variations, suggesting that society identifies which human differences are salient. Throughout the study, all seven participants reported being labeled as a "pedophile," "child abuser," "sexual deviant," and even "monster" by society in addition to their self-labeling of being "minor attracted." P6 reported, "a lot of the stuff I read online written by mental health professionals make mistakes like 'pedophile' just across the board means 'child abuser.'" When asked to discuss what the labels meant to them, participants responded that they

often felt “misunderstood,” “ashamed,” “biased against based on things that would never happen,” and “unworthy of services.”

Sub-theme 3.2: Undesirability and Adversity

Undesirability and adversity is when the labeled group members are linked to undesirable attributes. All the participants reported being associated with the traits of “child predators,” “child molesters,” and “sexual offenders,” despite never having committed a crime, making them feel as though they are “pre-criminals,” “dysfunctional,” or “perverts.” Participants spoke of how they often faced the bias from mental health professionals who believe they are “having to fight sexual urges.” P5 described his frustration by stating, “I’m treated like I'm a pervert, that I have some kind of urge to hurt children that I need to keep under control.” P7 added, “socially I know people don’t make the distinction between pedophile and child abuser, at most non-offending pedophile is thought as the rare exception or just a pre-criminal who needs to be branded,” which made him feel “a lot of sexual guilt,” “self-loathing,” and “shame.”

Sub-theme 3.3: Disconnection

Disconnection is where the participants are placed in a separate group, allowing for quick, if not immediate, stereotyping. Several participants reported that a disconnection from society made them feel “unsafe” and “set apart” from others. P6 reported being treated “like somehow we have uncontrollable urges that are different from the kind of sexual urges that people who aren’t pedophiles have. Like we need special, uh, things to make us not offend.” P4 expressed, “they consider me a monster and not human” when speaking of society and mental health professionals.

Sub-theme 3.4: Status Loss

The majority of the participants also reported experiencing status loss and discrimination in areas including treatment options, education, work, living situation, church, and community. When discussing his family, P6 reported, "I feel like they wouldn't treat me the same in that way if they knew about my attraction." The same type of concern was also relayed by P5, "the only true solution to my problems would be the ability to come out of the closet and live openly as minor-attracted without fear of losing my job or home or facing violent reprisal or systematic discrimination." P4 additionally reported several instances of discrimination: "I came out in university once … and I got dismissed and told to leave, making me feel rejected;" "I came out to the counselor and she promptly abandoned me without a referral, leaving me vulnerable;" "My wife and I were banished from our church when I came out;" and "I was banned from the only hospital in our community, so I could not receive treatment, making me feel helpless and hopeless." When discussing treatment seeking, P4 also reported "there was a guy [I contacted] and he refused to even answer my calls. I called a woman...and she refused to return my calls. Eventually I talked with a third woman, who was providing sex offender treatment, even though I hadn't offended. Well I go, 'I needed something...' and I told her about how the others had not returned my calls, and she said, 'oh I won't do that," and but she has never returned my calls either. So it's very hard to get *any* therapy." When discussing his feelings about the events, he stated, "overall, I felt hopeless and undeserving of therapy. I was abandoned, rejected, and made to feel more like an animal than a person."

Sub-theme 3.5: Expectations of social stigma and lack of understanding.

While the participants reported numerous examples of experienced stigmatization, they also identified expectations of social stigma. Participants reported that they believed mental health professionals, in addition to the rest of society, would lack understanding of their attraction to minors due, in part, to expected stigma. According to P1, "a lot of mental health professionals don't think this is real, that it's somehow made up or chosen," which made him feel "vulnerable." P2 identified feeling conflicted and stated, "I guess there are some who are really understanding about minor attraction but there are also some who won't even have [them] as clients because they cannot emotionally deal with it or aren't equipped professionally to deal with minor attracted people." Much like P2, P3 also reported that "mental health professionals don't want anything to do with pedophilia, so most of them want to ignore it, refuse to treat people" as well as stating that "people are suffering because of this lack of knowledge – not only people like me who are no harm to anyone, but those who are a danger to themselves and others and are also forced to hide." P5 expressed frustration in stating "experts are supposed to know better, and actually be informed. But they're operating on no information and contributing to the culture that maintains that ignorance."

In terms of treatment, P3 reported, "I can assure you they would have very little understanding. I'd assume with the little understanding they did have, they would look at like a pathological condition – something that needed to be treated." Similarly, P7 stated, "the formation on paraphilic disorders here is lacking and I believe they could project a

lot of fears and concerns from child sexual abuse into the attraction itself, and not on the other relevant psychopathological aspects."

What assumptions do men attracted to minors think mental health professionals will have toward them? How do men attracted to minors think mental health professionals would treat them?

Theme 4: Expectations. While responding to the questions about assumptions that may be held by therapists and about how therapists may think of them, the participants spoke about expected therapist responses and treatment. The sub-themes of expectations of therapist assumptions and expectations of professionalism emerged.

Sub-theme 4.1: Expectations of therapist assumptions. When expressing their concerns about seeking mental health services, the theme of expected therapist assumptions emerged. Six participants reported expecting negative assumptions. Two of the participants, P5 and P6, expressed their expectations that therapists would assume they had been "sexually abused as a child" in search of a cause for their attraction.

The majority of the participants expressed expectations that therapists would treat them with prejudice. As stated by P3, "even though they are supposed to be professionals, they would think almost like the general public does – with a lot of prejudice, a lot of misunderstanding." P5 and P3 remarked similarly that their attraction "would be treated as an illness to be fixed" rather than getting help for "life things." P5 also expressed, "what bothers me is that no effort is made to listen and work past those assumptions to a better understanding. I'm left frustrated because not many people are willing to understand what I'm going through." P4 offered, "most of them would think

I'm hopeless and helpless, and I would inevitably offend. They view me as a ticking time bomb. A monster." Similarly, P1 "would expect them to think I'm an evil monster who is out there desiring to harm and hurt children." When discussing how they felt, both participants indicated they felt "hated" and "misunderstood."

When discussing the impact the expected assumptions have on them, P2 stated "it can definitely be a negative factor like when you think a therapist has negative assumptions because of your attractions then I think it can probably prevent you from even going to a therapist." Comparatively, P3 noted that these "assumptions are what's preventing me from seeking help, so they have been quite impactful."

Sub-theme 4.2: Expectations of professionalism. When asked how they would expect to be treated in therapy, participants often referred to ethical and confidentiality concerns. Based on his experience with therapists, P5 reported, "some have seemed like they were itching for some excuse they could use to justify violating confidentiality." Frustrated with his previous experiences, P4 similarly stated, "a therapist has no ethical right to force their values on a client, and yet when it comes to pedophilia, they do!" P1 noted "I'm just not confident they would keep things confidential because of the assumptions and beliefs out there." Whereas, P3 reported thinking "in most cases, they would be ethical and maintain patient confidentiality in things, but I still don't have complete confidence in that, so I think it mostly would be fine but I think if any population was going to be treated unethically, it would be minor attracted people." He reported this makes him feel "unsafe seeking therapy." In terms of reporting laws, however, P7 stated, "whether someone is in danger or not when speaking about pedophilic sexual fantasies

can be easily misconstrued, depending on the subjective ideas the professional has about sexuality. And then it's a professional's words against a pedophile's." Despite his concerns, he also reported that "not seeking help caused me a lot of personal suffering."

What are the lived experiences of men who are attracted to minors when considering what mental health services are available to them?

Theme 5: Therapeutic support. Participants described their expectations of available support services, as well as ways to improve therapeutic services within the minor attracted community. Therefore, professional support, personal support, and ways to improve therapeutic services emerged as sub-themes.

Sub-theme 5.1: Professional support

Participants described their expectations of professional support, or mental health services. When discussing his therapist, P6 stated, "the therapist I'm going to right now is very good, I guess, cuz she listens to me and she said she has learned a lot from me so she's willing to learn about it instead of just going with what she's heard, I guess." Despite P4's poor experiences with past therapists, he claimed, "we have a lot of supportive mental health professionals." Alternatively, P2 stated that "there are a lot of services available, although maybe not specifically for MAPs – at least probably not good services." P1, P3, and P5 reported their belief that "no services" exist to help them because "therapists don't offer the needed support."

Sub-theme 5.2: Personal support

Personal support as identified in this study includes support from family, friends, and resources such as B4U-ACT and other support groups. Five participants reported

having personal support after disclosing their attraction. P2 “came out to close friends” at age 18. P1 stated that his “mom knows,” and P4 reported he has “all the support from [his] wife.” P3 was able to “meet and disclose it to a couple of people” who showed support. Through anonymous means, P5 was able to “find people who accept me. It's very difficult, and I face a lot of censorship and backlash, from getting banned from social sites to receiving death threats. But ultimately, those few real friends that I make that way, who I can be myself with, are more helpful to me than any therapist has been.”

Sub-theme 5.3: Ways to improve therapeutic services.

Throughout the interview process, each participant discussed ways to improve mental health services within the community. P3 stated, “we need someone to be open and just listen to us when we talk. We are just normal people in the community and we don’t need conversion therapy, but just need help and support.” P4 also noted, “I know that an understanding, caring therapist can do more than any magic program... just a good, listening ear, reflective listening, and understanding the stigma that there is around having pedophilia.”

When discussing promotion of services, P3 responded, “they need to make us feel welcome, I guess. We need them to come out and say, ‘look you’re welcome in our clinics,’ because as a minor attracted person, you don’t know where you can go and fit in.” P5 suggested, “speak out on our behalf. Be the voice that we can't be for ourselves. Help people in general see us with sympathy and as deserving of help and support. And when we do seek support, actually listen.” P6 requested, “more stuff put out by mental

health professionals about the field and even if it's self help stuff or research stuff and making it known they are friendly toward that population."

Discrepant Cases

Surprisingly, minor attraction emerged thematically as the least motivating of many factors to seek therapy. Only one participant reported seeking therapy because of minor attraction, with two others specifically stating that their attraction to minors was never a motivator. "The attraction never bothered me - it's more the way people react to it," stated P6.

Expectations of positive therapist assumptions were reported by only one participant. P4 reported, "the good ones assume that I have not acted on it. They accept that that is a possibility." He additionally noted, "I think it depends on the therapist. I've had bad experiences, but I do believe good ones can exist." The remaining six participants reported negative assumptions.

Another discrepant case was the theme of acceptance. Only two participants mentioned self-acceptance. P4 reported, "believe me I have prayed about it, but I can't 'pray the gay away.' And it doesn't seem to work to pray the pedophilia away. So I accept the fact. It's with me for life." He also reported that accepting himself and his attraction "freed him from the fear of exposure and mandated reporting." P7 stated he "accepted" himself at the "age of 21," which offered him a feeling of "freedom and relief" that he was not reliant on "other people's approval."

Summary

The sample for this study consisted of seven adult males who self-identified as

being attracted to minors, reported never having had sexual relations with a minor, nor having any intent to act on the attraction. No contextual data such as past experiences was obtained about participants, as the researcher did not want any potential inferences to influence the study. The participants were recruited from the B4U-ACT website via an ad placed on their website. After consent was provided, semi-structured interviews took place over Skype.

Throughout the interview process, several themes emerged to answer the research questions. Therapy seeking behaviors of males attracted to minors were influenced by emotional distress, perceptions of therapy, stigmatization, expectations of social stigma and lack of understanding, expectations of therapist assumptions and professionalism, and perception of services available to them.

Chapter five provides an interpretation of the results, strengths, limitations, implications for social change, recommendations, and conclusions. It also includes an explanation of how the findings of this study can influence social change as well as the results it may have for researchers and clinical practitioners. Finally, the limitations of the study are discussed, as are how the distinctiveness of this study can contribute to move the field forward.

Chapter 5: Discussion

Introduction

The goal of this interpretative phenomenological study was to gain an in-depth understanding of the experiences of men attracted to minors as it pertains to seeking professional mental health services. The study also sought to help provide an understanding of how the decision to seek help or not has impacted the individual's well-being. Males who are attracted to minors have been reported to face an increased likelihood of intense stigmatization due to their sexuality (Jahnke et al., 2014). Stress related to stigma has been shown to lead to increased risk of poor mental health and overall well-being due to shame, fear, guilt, anxiety, and depression, to name a few (Corrigan et al., 2014). While numerous treatments have been shown to improve the mental health of those who seek treatment, preliminary research suggests that help-seeking behavior within the population of males attracted to minors is low (B4U-ACT, 2016).

The seven participants in this study have experienced some form of stigmatization due to their attraction to minors. Five main themes and 21 sub-themes emerged during constant comparative analysis of the interview data, and will be reviewed in this chapter in relation to existing literature and research. The following sections of this chapter will give a summary of the research results, discuss the limitations of the current study, provide some clinical implications of this study's results, and provide suggestions for future research.

Interpretation of the Findings

When performing a review of the literature, only a dearth of studies focusing on the experiences of men attracted to minors and their therapy-seeking behaviors were found (Seto, 2007; Theaker, 2015). While several studies provided information on potential stigmatization, treatment options, and perspectives about seeking therapy (Cantor, 2014; Cantor & McPhail, 2016; Clement et al., 2015; Jahnke et al., 2015; Maier et al., 2014; Vogel et al., 2013), only a few pertained to those attracted to minors.

As nominally indicated by the existing research, participants of this study described emotional distress as having a deep impact on whether they considered seeking therapy or not. Each participant described their hesitance to seek therapy as being based on feeling unsafe, their fears of exposure or rejection, and their expectations of being misunderstood. Much like previous studies suggested, despite the perceived benefits of seeking therapy, this population is likely to avoid therapy due to the perceived risks such as fear of being reported to the authorities, stigmatization, shame, and vulnerabilities resulting from self-disclosure (Altiere, 2009).

Due to the societal stigmas, both real and perceived, some participants reported "feeling like a pre-criminal" if their attraction was discovered. This is due to the incorrect interchange of the words "pedophile" and "sexual abuser." Indeed, results of several studies suggest that the terms pedophile, pedophilic, and pedophilia may have more negative connotations than being "attracted to minors;" supporting the notion that the men attracted to minors face substantial stigma (Imhoff, 2015; Jahnke et al., 2014).

It was also found that participants expect therapists to have a prejudice against them and have little understanding of their attraction. Stigma-related stress has been associated with numerous mental health and physiological problems such as social isolation, decreased ability to cope with stress, and higher perceived social distance (Cantor, 2014; Jahnke et al., 2015). One participant discussed his fear that a therapist would report his attraction and that it would be misconstrued to shame him. Another discussed his concerns about the subjectivity of therapist perception, noting that if his attraction was reported it would be a "therapist's word against a pedophile's."

From a phenomenological perspective, the attraction to minors can be interpreted as a sexual orientation; therefore the individuals who are sexually attracted to minors need to find a way to manage and cope with their daily life stressors, stigma, and the devaluing reaction society has toward them (Seto, 2012). Indeed, throughout the study, several participants reported feeling distressed about how their sexuality was perceived by therapists as something that needed to be treated rather than simply being accepted. Similarly, they reported that being perceived as having a "pathological malfunction" impacts their therapy-seeking behaviors because it makes them feel unsafe despite their desire to get help with daily life stressors.

A link between pedophilia and comorbid disorders has been identified, with many reporting a history of depression, anxiety, or substance abuse (Fagan et al., 2002; Garcia & Thibaut, 2011). All four participants who endorsed previously seeking therapeutic services reported doing so for symptoms of depression and anxiety, rather than because

of their sexuality. They also reported a history of suicidal ideation – some with several suicidal attempts – before making the decision to seek therapy despite their stated fears.

Participants reported negative, as well as positive experiences, when seeking therapy. While one participant discussed that his therapist saved his life, another participant, reported that after disclosing his attraction, his therapist abandoned him, making him feel "more hopeless and worthless." While men attracted to minors can get assistance with symptom reduction, better management of stigma-related stress, improved coping abilities, improved social support networks, and reducing pessimism and hopelessness (Cantor & McPhail, 2016), the fear of being rejected may outweigh the perceived benefits.

Conceptual Framework

This study was guided by Link and Phelan's (2001) stigmatization model, which proposed stigma as comprising four specific components. As each component is met, the stigma-labeled group would be viewed as fundamentally different, thereby allowing for quick stereotyping, which then leads to them being viewed as slightly less human in nature, or, in the most extreme circumstances, not human at all. Throughout this study, stigma was reported as a large barrier to therapy-seeking behaviors, as well as having a large impact on daily life stress.

The first component identified by Link and Phelan (2001) is the labeling of human differences, which suggests that society determines which human differences are noticeable, thereby making them worthy of labeling. Throughout the study, all the participants reported being labeled as a "pedophile," "child abuser," "sexual deviant,"

and even "monster" by society in addition to their self-labeling of being "minor attracted." When asked to discuss what the labels meant to them, participants responded that they often felt misunderstood, ashamed, biased against based on things that would never happen, and unworthy of mental health services.

Component two involves association of the identified differences with negative attributes and traits (Link & Phelan, 2001). Throughout the study, all participants reported being associated with the traits of child predators, molesters, and sexual offenders, despite never having committed a crime, making them feel as though they are pre-criminals, dysfunctional, or perverts. Several participants reported experiences of being turned away, abandoned, or ignored by therapists they reached out to because they were branded as "predators" and linked to such traits.

In component three, disconnection occurs when the common "normal" group views the labeled group as fundamentally different and distinct – slightly less human in nature (Link & Phelan, 2001). Several participants reported that a disconnection from society made them feel "unsafe" and "set apart" from others. P4 expressed, "they [society and therapists] consider me a monster and not human." Participants reported experiences of therapists treating them as if they were distinctly different from others or less human.

Finally, the fourth component includes status loss and discrimination. Stigmatized individuals are subsequently disadvantaged in areas including income, education, mental well-being, housing status, health, and medical treatment. People who are labeled as pedophiles oftentimes have difficulties maintaining jobs, finding a safe environment to live, finding accepting friends, or maintaining mental well-being (Jahnke et al., 2014). P4

reported several instances of discrimination and status loss, including disclosing his sexuality at his university and "getting told to leave;" disclosing to a counselor who "promptly abandoned me without a referral, leaving me vulnerable;" and being banned from "the only hospital in our community, so I could not receive treatment, making me feel helpless and hopeless." This highlights that in therapy, where people are supposed to feel safe and respected unconditionally, men attracted to minors instead experienced abandonment and insecurity, lending to their fears of being stigmatized and misunderstood.

Limitations of the Study

A number of limitations of this study derive from the very nature of the qualitative research design. A known trade-off to the interpretative phenomenological analysis approach is that it does not follow traditional/quantitative research norms; therefore reliability, validity, and generalizability appear more limited than if this was a quantitative study (Smith et al., 2012). However, due to the attention paid to trustworthiness, this qualitative inquiry is reliable and valid within the described parameters and developed themes that are transferable, rather than ones that are generalizable. Transferability does not involve broad claims, but invites readers of research reports to make connections between elements of a study and their own experience (Shenton, 2004).

Another limitation is self-selection bias, as it is possible that results obtained from individuals who volunteered to participate in this research could be different from results obtained from those who met inclusion criteria, but chose not to participate. For instance,

one respondent who refused to participate mentioned that he would not be an ideal participant because he is too fearful to answer to answer questions over a recorded line – even though it was pointed out that he would remain anonymous and that no video would be recorded.

Additionally, two females attracted to minors volunteered to be in the study, despite the advertisement stating the study was focusing on males only. Therefore, responses discussed in this study are not highly generalizable to all individuals in the minor attracted population. However, taking into consideration that the nature of this research is exploratory and a novel contribution to the field, the outcome, regardless of apparent participant slant, adds to the foundation of literature exploring therapy-seeking behaviors of males attracted to minors.

Throughout the study, I attempted to remain neutral. Interpretative phenomenological research acknowledges the researcher as an instrument within the study, and recognizes that each researcher will approach their study with ideas, knowledge, and biases formulated from their past experiences. Simply having completed doctoral-level education in psychology may have lent to the researcher approaching and analyzing this study's findings from a psychologically-informed angle. Therefore, if another researcher attempted to replicate this study, different themes may have emerged, based on the other researcher's background, education, experiences, and biases.

Finally, the length of the interviews could have limited information gleaned during data collection, in that the participants often responded quickly to the questions asked due to various reasons of haste, shame, and fear. In-person discussion may also

have inspired more vibrant descriptions and more profound responses. Upon completion of this study, the researcher recognized that greater emphasis on the questions "why?" and "how?" could have perhaps provided a more thorough look into the experiences of the participant. For future studies, this is an area that could be explored in more depth.

Recommendations For Future Research

As mentioned throughout the literature review, empirically supported research on the therapeutic interventions of males attracted to minors is still in its infancy. More randomized studies need to be completed. While this study indicated that anxiety and depression was based more on the expected responses of society and therapists than on the distress of being attracted to minors, more quantifiable studies would better support that claim. Statistically speaking, it could benefit therapists to understand how many people attracted to minors would seek services if they felt their emotional needs were able to be met without needing to focus on areas that do not cause them distress.

Studies comparing childhood experiences and stressors would likely add a more in-depth understanding of each participant's experiences. Various comparative studies could also greatly enhance the literature. For instance, one comparative study could evaluate if stigma-related stress impacts males attracted to minors differently than females attracted to minors. Another could evaluate the therapy-seeking behaviors of females attracted to minors to see if any differences are presented. Another could explore demographic or contextual information, such as childhood events or age that minor attraction was noticed, to see if any relationships exist. Theories of pedophilia and minor attraction cover many underlying factors ranging from biology, to differences in brain

development, to traumatic childhood experiences; so exploring and comparing the similarities and differences between those who identify as minor-attracted could account for a better understanding of the population (McConaghy, 2013; Tenbergen et al., 2015).

Research on mental health professionals' perspectives on people attracted to minors could offer more qualitative data on experiences and opinions of treating clients within the population. Additional studies are also needed to explore and understand participants' claims that therapists "are not knowledgeable enough" to provide adequate services if a male attracted to minors approaches them for help.

Implications and Social Change

This research offers several important clinical implications for social change. Participants consistently reported that the primary need when seeking mental health services was to be heard. Responses reflected that therapists need to be more open and listen, remembering that men attracted to minors are "just normal people" who need help adjusting to life stressors. One participant reported, "I know that an understanding, caring therapist can do more than any magic program... just a good, listening ear, reflective listening, and understanding the stigma that there is around having pedophilia."

This research also intends to offer therapists a newfound motivation to gain more knowledge and a better understanding of minor attraction. The subject of non-offending pedophilia is still new to the research field. This study reports that males attracted to minors hold the belief that therapists cannot offer the support necessary due to personal bias and lack of knowledge.

With the information gained from this study, it is hopeful that mental health

professionals become more aware of their biases and open up their practices and services to the minor-attracted population. It is suggested that therapists promote their services as being friendly toward the minor attracted population, affording them the knowledge and belief that they are "safe and welcome."

In light of these findings, mental health practitioners should be aware that elevated rates of emotional or social deficits might, at least in part, be due to public stigma and the high levels of stress and anxiety that are associated with it. Since public stigma does not only apply to males attracted to minors, de-stigmatization of mental health issues or sexual minority interests in general, should remain on the agenda of any humanitarian society.

Conclusion

This study sought to extend the current literature about the therapy seeking behaviors of men attracted to minors and to help determine ways to enhance treatment options. The interpretative phenomenological analysis of this research allowed for in-depth responses from a specific population. The five main themes that emerged included: emotional distress, consideration of therapy, actual and perceived stigmatization, expectations of therapist assumptions, expectations of professionalism, and therapeutic support. These themes can serve as additional suggested research for future quantitative and qualitative studies, and can inform mental health professionals on ways to improve therapy for this population. Ideally, this research will begin to fill the current void in the area of research on males attracted to minors and, more specifically, on their therapy seeking behaviors and how they are impacted by it.

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Appendix A: Recruitment of Participants

Study about Therapy-Seeking Behavior of Men Attracted to Minors

You are invited to participate in a research study about understanding the help-seeking behaviors of men who are sexually attracted to minors. The study is also intended to help identify how mental health services can be made more available to those who are attracted to minors. My name is Heather Cacciatori, and I am a doctoral student of Psychology at Walden University. I am conducting this study for my PhD dissertation.

The intent behind this study is to gain an understanding of the professional help-seeking behaviors of people who are sexually attracted to minors. The study will also help provide an understanding of how the decision to seek help or not has impacted your well-being. Your shared experiences will help me understand how you think about therapy, as well as how you believe you will be perceived by mental health professionals. Your experiences will be able to provide an understanding into how mental health professionals can make therapeutic services more readily available to those who are attracted to minors.

For those interested in participating, the interviews will be conducted using free internet-based software (i.e., Skype) and a webcam to help build rapport. The interviews will take no more than an hour. Your identity will be protected so any data collected and reported will be anonymous. Please email me at heather.cacciatori@waldenu.edu for more information.

You may be eligible to participate in this study if you can answer YES to all of these questions:

- I am a male who is 18 years or older.
- I am attracted to minors aged 17 or younger.
- I have never sexually offended against a minor or child
- I have never used pornography that involved children.
- I have no intentions to ever offend against a minor or child
- I intend to never use pornography that involves children.

All selected participants must be 18 or over and meet the above criteria

If you would like to participate in this study, please email me at heather.cacciatori@waldenu.edu to express you interest within 7 days of this posting. When I receive your email, I will send you more detailed information on the study along with a consent form that will require your signature. Once the consent form is received, we will setup a time for the interview.

Appendix B: Recruitment of Participants

Consent Form

You are invited to take part in a research study about understanding the help-seeking behaviors of men who are sexually attracted to minors. I am inviting adult males attracted to minors who have not nor intend to act upon their desires against children to take part in this study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

I, Heather Cacciatori, a doctoral student at Walden University, am conducting this study.

Background Information:

The purpose of this study is to understand the experiences that determine if people who are attracted to minors seek professional mental health services and if not, why. The responses will be able to identify the thoughts and beliefs associated with help-seeking behaviors, as well as how the decision to seek help or not has impacted their well-being. Additionally, the results will help identify how mental health services can be improved for those who are attracted to minors.

Procedure:

If you agree to be in this study, you will be asked to:

- Participate in an interview using free internet-based software (i.e., Skype) and a webcam.
    - The interview will take no longer than an hour.

- The audio of the interviews will be recorded by and later transcribed to help with the analysis.

Here are some sample questions:

- Have you ever wanted to see a mental health professional about your attraction to minors?
- How do you think a mental health professional would view your attraction to minors?

To ensure accuracy, I will reach out to you after the interview so you can verify the interpretation of your responses is correct. This will be done via email and will also allow me to address any questions or concerns you may have.

Privacy:

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by limiting any demographic details to those that will not risk identity exposure such as age and gender. The participants will receive a number identification and all data related to them will be saved under that identification. Any emails will be copied to a word processing file with all identifying information removed and will be password protected. All word processing and electronic files will be password protected and saved on an encrypted removable storage drive. When not in use, the drive will be locked up in a file cabinet in the researcher's home office. The data will be kept for the allotted time of five years, as

required by the university, and then the drive will be reformatted, safely destroying all data contained on it.

Limits of Confidentiality:

While privacy is of upmost concern, there are limitations under law. The law lists several exceptions to the limits of confidentiality including where there is a reasonable suspicion that there is a danger of violence to others, as well as where there is a reasonable suspicion of child abuse. This means that if one of these exceptions is met, it is my duty to report it to the necessary law enforcement services.

Voluntary Nature of the Study:

This study is voluntary. You are free to accept or turn down the invitation. No one at Walden University will treat you differently if you decide not to be in the study. If you decide to be in the study now, you can still change your mind later. You may stop at any time until data analysis starts. The researcher will follow up with all volunteers to let them know whether or not they were selected for the study.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress, or becoming upset. Being in this study will not pose risk to your safety or well-being.

There are likely no direct benefits to participants, however there may be some benefits to the larger community of men attracted to minors as well as to mental health professionals. The results of the study can provide an understanding into how mental health professionals can make therapeutic services more readily available to the

population. The results will also allow mental health professionals and other members of the community to gain a better understanding into the strategies that have been working to help manage the attraction and deal with any stigma.

Payment:

There is no payment or incentive for participating in this research study.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email: heather.cacciatori@waldenu.edu. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is **02-08-17-0382428** and it expires on **February 7, 2018.**

Please print or save this consent form for your records.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about it, please indicate your consent by replying to this email with the words, "I consent."

Appendix C: Debrief

Debrief Form

Thank you for your participation in a research study about understanding the help-seeking behaviors of people who are sexually attracted to minors. This form is part of a process called "debriefing" which serves as a reminder of the details of the study as well as provides support information in case of distress.

I, Heather Cacciatori, a doctoral student at Walden University, am conducting this study.

Background Information:

The purpose of this study is to understand whether or not men who are sexually attracted to minors seek professional mental health services. It is also the intent to identify if help-seeking behaviors have impacted daily well-being and how to mental health services can be improved for those who are attracted to minors.

Privacy:

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by limiting any demographic details to those that will not risk identity exposure such as age and gender. The participants will receive a number identification and all data related to them will be saved under that identification. Any emails will be copied to a word processing file with all identifying information removed and will be saved under password protection by the

participant identification number. All word processing and electronic files will be password protected and saved on an encrypted removable storage drive. When not in use, the drive will be locked up in a file cabinet in the researcher's home office. The data will be kept for the allotted time of five years, s required by the university, and then the drive will be reformatted, safely destroying all data contained on it.

Limits of Confidentiality:

While privacy is of upmost concern, there are limitations under law. The law lists several exceptions to the limits of confidentiality including where there is a reasonable suspicion that there is a danger of violence to others, as well as where there is a reasonable suspicion of child abuse. This means that if one of these exceptions is met, it is my duty to report it to the necessary law enforcement services.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress, or becoming upset. Being in this study would not pose risk to your safety or wellbeing.

There are likely no direct benefits to the participant; however there may be some benefits to the larger community of men attracted to minors as well as to mental health professionals. The results of the study can provide an understanding into how mental health professionals can make therapeutic services more readily available to the population. The results will also allow mental health professionals and other members of the community to gain a better understanding into the strategies that have been working to help manage the attraction and cope with the stigma.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email to heather.cacciatori@waldenu.edu. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is **02-08-17-0382428** and it expires on **February 7, 2018.**

Member Checking:

Upon completing the transcription of the interview, I will be contacting you via email with a summary of your responses. This will provide you with an opportunity to ensure your views have been properly captured, as well as to provide any clarification that is needed regarding responses to parts of the interview. If you have any questions or concerns, contact me at heather.cacciatori@waldenu.edu.

Please print or save this form for your records.

Sources of Support:

There is always a slight possibility of psychological distress and some participants may experience negative moods, stress, and anxiety due to the taxing nature of being interviewed and disclosing personal details about their experiences. If you feel as though you need some extra support, please contact the services below:

- Mental health emergency, call 911
- National Suicide Prevention Lifeline: (800) 273-8255