

**‘Minor-Attracted People’: Attitudes toward people attracted to prepubescent children
and the impact on professionals.**

by

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Abstract

Minor-Attracted People (MAPs) have been found to experience higher stigma, negative attitudes, and misconceptions than other populations affecting their propensity to seek and find suitable treatment (Heron et al., 2021; Jahnke et al., 2015a; Jahnke & Hoyer, 2013; Jahnke et al., 2015b; Jara & Jeglic, 202; Stiels-Glenn, 2010). This research project aims to promote a better understanding of the attitudes, stigma and misconceptions towards MAPs and the impact of offence (offending, non-offending) and offence type (contact, non-contact), as well as the use of the terminology MAP among a sample of the public and professionals. Additionally, the purpose of this project is to provide insights into the associative stigma experienced by therapy providers working with MAPs, if any. The data for this project was collected through a systematic review of the literature using a Narrative Synthesis as well as through open-ended questions from a panel of experts using the Delphi method. The attitudes towards MAPs were found to be punitive by the public but more accepting by professionals. The level of stigma toward MAPs was found to be less in the professional sample than in the public. Misconceptions were found to exist in both samples. The terminology MAP was found to be useful and less stigmatising by therapy providers. Therapy providers reported that they experience stigmatisation due to their work with MAPs. These findings indicate the need for more specific training about minor-attraction and support for professionals, to enable more treatment opportunities available for MAPs. Additionally, the need for further research regarding the associative stigma experienced by professionals working with MAPs including different professional groups has been identified. Furthermore, the gap in the literature regarding the significance of the offence type (contact or non-contact) in influencing people's attitudes, stigma, and misconceptions towards MAPs, remains and has been highlighted.

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CHAPTER 1

INTRODUCTION

Individuals with repeated sexual fantasies, behaviours, or impulses for prepubertal children (aged 10 years or younger), are defined as paedophiles (Perrotta, 2020). Paedophilia is a clinical classification and not a legal designation (Levenson & Grady, 2019). In fact, it is important to make the differentiation between sexual attraction and sexual behaviour (Bailey & Hsu, 2017). A sex offender is an individual who has been convicted of a sexual offence. However, a paedophile is an individual with a psychological disorder causing the person to have a main or restricted sexual attraction to prepubescent children (Levenson & Grady, 2019). Statistically, 50% to 65% of sexual abuse against children takes place without the presence of paedophilic interest (Sorrentino & Abramowitz, 2021). Moreover, as high as 80% of incarcerated individuals for child sexual abuse, do not suffer from the paedophilic disorder (Walker & Panfil, 2016; Seto, 2018).

According to the DSM-5 diagnostic criteria for paedophilic disorder, an individual should experience persistent, intense, sexually stimulating fantasies, sexual urges or behaviours concerning a sexual act with a child of prepubertal age. The individual should experience the above for at least six months to meet the criteria. The individual should experience substantial distress or disability in social, working, or other essential areas of functioning. Moreover, the individual should be over the age of sixteen years and five years older than the child (APA, 2013).

However, there are exceptions to this classification, and many professionals working clinically with this group do not follow this conceptualisation (Perrotta, 2020). Furthermore, professionals (media, police, therapists, NGOs, academia, probation) surrounding paedophilia reached an agreement that the definition of paedophilia is a complicated notion to follow in this form (McCartan, 2011). More recently, specifications were noted regarding the clinical

term that are yet to be clarified, such as the sex of the targets of attraction, the relationship of the individual to the targets of attraction and the exclusivity of the individual to the targets of attraction (Lievesley & Harper, 2021).

1.1 Minor-attracted people (MAP) terminology

A new terminology has been introduced beyond the clinical classification. The terminology ‘Minor-Attracted People’ (MAP) is relatively new and is being used to refer to individuals who have a sexual interest towards children. To illustrate the broadness of the term MAP is being used as an umbrella for the different categories for specific ages of attraction (Lievesley & Harper, 2021). Under the umbrella is included nepiophilia (sexual attraction towards infants 0-2 years) (Lievesley & Harper, 2021), paedophilia (sexual attraction to prepubescent children 3-10 years) (Lievesley & Harper, 2021), hebephilia (sexual attraction to pubescent children around 11-14 years) (Lievesley & Harper, 2021), and ephebophilia (sexual attraction to late pubertal adolescents 15-16 years) (Blanchard, 2013).

The terminology ‘minor attracted people’ was first being used by academics in 2011 (Reisman & Strickland, 2011; Freimond, 2013). It started to achieve more attention as it started to be used in psychological research publications in 2016 onwards (Cantor & McPhail, 2016; Levenson & Grady, 2018). Midway through 2018, the term started to be used and being recognised by people who were not involved in academia (Chamandy, 2020). This term has been identified as being less stigmatising by the MAP-led group (B4U-ACT, 2019) and by professionals working with this group (Walker et al., 2021). Although, the term MAP has received critiques for being too concise and merging paedophilia with other minor attractions (Sorrentino & Abramowitz, 2021). Furthermore, the legality of the term MAP has been debated within the scientific community mainly because of the term ‘minor’ and the inconsistent definitions surrounding it (Walker et al., 2021). Also, there is a difference of opinions regarding the age ranges that fit best and which definitions (Seto, 2018).

The term MAP has been found to ground recognition and humanisation towards individuals (Chamandy, 2020). Psychologists formulated this terminology to assist in the destigmatisation of this group. The term MAP was not meant to be used as a way of defending this population but instead as a way of survival (Chamandy, 2020). In contrast to that, in research with Reddit users, the terminology MAP was viewed as more stigmatising and with low levels of personhood (Chamandy, 2020). However, whether the terminology MAP influences or reduces the level of stigma that is accompanying this group of individuals in the opinion of members of the community (Chamandy, 2020) and professionals working with them, still needs to be investigated.

1.2 The distinction between MAPs groups

Nevertheless, not all MAPs have committed a physical contact sexual offence (Montes, 2018). A subgroup restricts themselves to possessing and exchanging child abuse imagery called the fantasy-driven group (non-contact sexual offence), while others also try to involve children in sexual acts, called the contact-driven group (contact sexual offence) (Perrotta, 2020). In addition, there are individuals with paedophilic interests that do not belong in either of those groups and belong to the non-offending group. The contact-driven group is the group that acted on their attraction to minors, whereas the fantasy-driven group is the group that has not acted directly on their attraction to minors (Lievesley et al., 2020). However, both groups have committed a sexual offence.

The distinction between the three groups is important for prevention and risk management. This is crucial as further research including sex offenders has shown that 2.7% of sex offenders convicted for online offences including indecent images of children received a conviction of a sexual contact offence after a 13-year follow-up period (Elliot et al., 2019). Specifically, there are MAPs that spent years restricting themselves from engaging in a sexual act (Piché et al., 2018) until numerous life stressors act as a catalyst and the transition

from sexual interest to sexual behaviour occurs (Leclerc et al., 2016). Thus, the distinction between the three groups of MAPs presented is essential when investigating attitudes, stigma and misconceptions towards this population.

1.3 Misconceptions about MAPs

The public has misconceptions about this population, such as, all child sexual abuse offences are committed by minor-attracted people, minor-attraction is a choice, and there is no treatment available for MAPs (Jara & Jeglic, 2021; Heron et al., 2021). Additional misconceptions include that are dangerous, unable to withstand their sexual urges, everyone has committed an offence or will commit an offence, they will not engage in therapy, are exploitative and unethical, and are deceitful regarding their intentions of not committing a sexual offence (Feldman & Crandall, 2007; Imhoff, 2015; Imhoff & Jahnke, 2018; Jahnke, 2018; Jahnke et al., 2015a; Lawrence & Willis, 2021). Members of the public view MAPs as antisocial and believe that they are unwilling to receive treatment (Levenson & Grady, 2019). A recent definition of misconceptions by Taylor and Kowalski (2014, p. 259) is ‘inaccurate prior knowledge.’

According to Jahnke and Hoyer (2013), the typical traits that come to criminology postgraduate students' minds when they think about people with paedophilia was ‘sexually abusing children’, indicating the misconceptions about this group. Other studies including samples such as social work, psychotherapy and psychology students and police trainees reported more misconceptions towards MAPs than experienced professionals (Campbell, 2013; Moss, 2019; Parr & Pearson, 2019). Following those misconceptions, the public holds strong negative views and stigma, which might affect MAPs’ accessibility to and willingness towards treatment (Jahnke et al., 2015a). According to Jahnke (2018), a strong link exists between the misconception of dangerousness and the desire of the public to punish and avoid people with paedophilia, even the group that has never committed an offence.

1.4 Stigma and Social Stigma Theory

Following those misconceptions, MAPs experience stigma from members of the public. The term stigma originates from the Greeks, who used to burn or cut marks into the skin of slaves, traitors, and criminals in order to be easily identifiable as tainted or immoral so that they could be avoided by the rest (Goffman, 1963). Nowadays, stigma is not a physical mark but results in avoidance and banishment of people (Bos et al., 2013; Coleman, 2013). Although, a more cognitive expression of stigmatisation is the social marking, which has been increased and is responsible for the existence of nearly all stigmas (Jones et al., 1984). Thus, stigmatising could occur as a natural response influenced by people's perceptions of human differences. This is a way for people to preserve order in a possibly social stimuli chaotic world, as they need to believe that the world, they live in is in order (Coleman, 2013).

Stigma in general is a robust phenomenon with broad impacts on its targets (Crocker et al., 1998; Jones et al., 1984; Link & Phelan, 2001). Stigma has been found to be associated with physical illness, poor mental health, low social status, academic underachievement, poverty, infant mortality, reduced access to education, jobs, and housing (Alison, 1998; Braddock & McPartland, 1987; Clark et al., 1999; Yinger, 1994).

According to Goffman's (1963) Social Stigma Theory, stigma can be defined as the process by which individuals or groups are rejected due to their identity or flaws, personal character, and differences. Goffman (1963, p. 3), defines stigma as 'an attribute that extensively discredits an individual'. According to Goffman (1963) there are three kinds of stigma, bodily abnormalities, tarnished or tainted individual character and ethnicity. Thus, according to this model, MAPs are being stigmatised due to their 'tainted individual character' (Goffman, 1963, p.3). Goffman (1963) describes tainted individual character as 'weak will, domineering or unnatural passions [...] mental disorders' (p.4). Similarly stigmatised groups include incarcerated individuals, individuals who abuse alcohol and

individuals who are addicted to drugs (Goffman, 1963). The stigmatised person is being socially dehumanised and experiences discrimination, limiting adaptive and functional opportunities (Goffman, 1963).

According to this theory, the development of stigma includes the following processes: labelling, stereotyping, separation, and discrimination (Link & Phelan, 2001), reflected in the MAP literature. Labelling is the process of differentiating human differences and labelling them. Although not all human differences are of social importance (Link & Phelan, 2001). Labelling is visible through the use of the clinical term 'paedophile', outside of the medical context the term is used (e.g., public, media) to describe any individual who has committed a child sexual offence. Stereotyping involves linking the person to a set of unpleasant characteristics (Link & Phelan, 2001). People have negative stereotypes and expectations that can lead to behaviours towards stigmatised individuals affecting their feelings, behaviours, and thoughts (Major & O'Brien, 2005). This is reflected in MAPs by the connection of this group to stereotypical beliefs about dangerousness and offending, leading to social distancing (stereotypical thinking) (Link & Phelan, 2001).

Separation is the process of separating 'them' (labelled individuals) from 'us' (not labelled individuals) (Link & Phelan, 2001). 'They' are viewed as exploitative, immoral, and different thus perceived as a danger to 'us' (Link & Phelan, 2001; Morone, 1997). Due to the association that has been found to exist between stereotypes, memory and behaviours, the activation of the stereotypes regarding stigmatised individuals can inevitably lead to behaviours towards them embracing the stereotypes (Borgh et al., 1996; Dijksterhuis et al., 2001). This reflects on MAPs through their attraction and the label used to describe them, but also the association of the label with offending behaviour in the eyes of the public.

Discrimination is the process of being set apart and being linked to unpleasant characteristics, experiencing discrimination and status loss. A stigmatised individual

experiences risk and threats to the individual's social identity (Major & O'Brien, 2005). According to Steele et al. (2002) social knowledge or situational signs suggesting that an individual is devalued, disempowered and with low status can lead to social identity threats. Stigma is affecting the structure around the individual leading to disadvantaged life chances visible to MAPs such as psychological well-being, income, medical treatment, education, housing (Link & Phelan, 2001), criminal justice system, workplace (Crandall & Eshleman, 2003), lack of treatment opportunities, and social distancing. Additionally, MAPs often separate themselves due to fear of discovery and negative reactions from professionals (B4U-ACT, 2017; B4U-ACT, 2011).

Although, this theory has been criticised by Link and Phelan (2001) for having a noticeably individualistic approach. The theory is focused on the perceptions of individuals and the consequences of one-to-one interactions (Yang et al., 2007). However, it still has important elements to contribute to our understanding of stigma (Gibbons & Birks, 2016; Link & Phelan, 2001).

A common way to examine stigma is social distance, which indicates the willingness of people to interact with or avoid stigmatised individuals (LeBel, 2008). According to Weiner et al. (1988), people's perceptions regarding the responsibility of the stigmatised individual about their condition lead to anger, which leads to elevated levels of punishment and avoidance and consequently low levels of compassion and support. Supportively, Fieldman and Crandall (2007), suggested that stigma can be most effectively examined based on perceived personal responsibility and dangerousness. Stigmatised individuals have been found to be perceived as responsible for their condition, resulting in the public reacting with hostility and avoidance, with fewer possibilities in offering help and support to them (LeBel, 2008). However, research suggests that people that are familiar with stigmatised groups

perceive them as less dangerous and do not avoid them to the same extent as people who are less familiar (Angermeyer et al., 2004; Corrigan et al., 2001).

1.5 Stigma towards MAPs

Studies have compared the stigma experienced by Minor Attracted People (MAP) with individuals who abuse alcohol and substances and found that MAPs experienced higher levels of stigma than the aforementioned groups (Jahnke et al., 2015a; Jara & Jeglic, 2021). In fact, according to Jahnke et al., (2015a), 78% of the participants in their study preferred individuals sexually attracted to children to stay out of their neighbourhood, even if they had never committed a sexual offence.

Additionally, the public showed negative emotional reactions such as disgust, fear, and hatred (Imhoff & Jahnke, 2018). According to Harper and colleagues (2018), stigmatisation displayed in misconceptions releases emotional responses such as anger, disgust, and fear but also numerous prejudiced behaviours such as social distancing. The public is also found to support harsher punishments for this group such as the introduction of the death sentence or castration, even towards individuals with non-contact sexual offences (Imhoff & Jahnke, 2018). However, according to Imhoff (2015), people's desire to punish individuals sexually attracted to children it's not solely due to the assumed criminality surrounding this group, but the attraction itself.

Furthermore, it was found that stigmatisation of MAPs can be intense even if they had never committed an offence (Sorrentino & Abramowitz, 2021). Studies had shown that MAPs who had never committed an offence are being rejected even more violently than sexual sadists, individuals with antisocial tendencies and individuals who abuse alcohol (Koops et al., 2016; Jahnke et al., 2015a). Paradoxically, these types of community responses appear to affect reoffending prevention in a negative way (Harper et al., 2017). Indeed, it is found that the stigma faced by all three MAP groups, non-offending, contact, and non-

contact, can act as a barrier to seeking treatment (Montes, 2018), and accessing services, resulting in being excluded from adaptive opportunities (Rade et al., 2016), leading to social isolation and increased risk of offending behaviour (Gunnarsdottir, 2018). According to more general research, rejection and social isolation increase the likelihood of non-offenders committing an offence (Cantor & McPhail, 2016). Thus, to guide the development of more supportive and non-stigmatising interventions toward MAPs, a better understanding of the level of stigma they face by the public and professionals using this novel terminology, depending on the offence type would be valuable insight. As such, this project aims to address understanding by investigating whether there are differences in the level of stigma towards MAPs, depending on the sexual offence they have committed (contact or non-contact) or if they have not committed a sexual offence.

1.6 The stigmatisation of professionals working with MAPs

The stigma toward MAPs may also, influence the attitudes and stigma toward the professionals working with them, by association. Associative stigma can result from frequent interaction with the stigmatised individual/group, or it can be self-inflicted (Bos et al., 2013). According to Goffman (1963), individuals associated with a stigmatised condition are being conveyed from a 'normal' social status to social status of being 'discredited' or 'discreditable'. Associative stigma has primarily been related to members of the family of the stigmatised individual (Angermeyer et al., 2003; Phelan et al., 1998; Phelan, 2005). Although, it can also be experienced by mental health professionals due to negative attitudes directed at them because of the target group they work with (Verhaeghe & Bracke, 2012). This could have detrimental results on the professionals' status and their effective working engagement with MAPs.

According to Verhaeghe and Bracke (2012), associative stigma among mental health professionals due to their work with mental illness was self-rated with more emotional

exhaustion, more depersonalisation, and less job satisfaction. Clients receiving services from professionals that experienced associative stigma reported experiencing less client satisfaction and more self-stigma (Verhaeghe & Bracke, 2012). For instance, caregivers of individuals with mental health problems, which is another stigmatised group, experience stigma, in their social and communal interactions due to their association with this population (Bonsu & Yendork, 2019). According to Bonsu and Yendork (2019), this could be due to poor public knowledge (misconceptions) and community gossip. Similarly, social stigma and discrimination, which then developed into self-stigma was reported by psychiatrists due to their association with mental illness in a study of 12 countries, resulting in increasing rates of individuals leaving the profession (Gaebel et al., 2015). In fact, self-stigma could entail conformity of the individual with social biases which could lead to reduced self-efficacy (Michaels et al., 2017). Continuously, an older paper found that therapists working therapeutically with sex offenders experience stigma due to their association with them, leading them to keep the area of their work hidden (Lea et al., 1999). Supportively, treatment providers to sex offenders reported that the stigma of their clients was transferred onto them (Beumel, 2018). They reported that they have noticed a pattern in people's reactions, such as not wanting to socialise with them due to their work with sex offenders (Beumel, 2018).

Moreover, a qualitative study with mental health professionals offering counselling to convicted sex offenders reported being disconnected from the general society (Dreier & Wright, 2011). Furthermore, associative stigma is faced by correctional officers as well due to their association with offenders and the functions of their professional role (Bezerra et al., 2016). As shown, stigma is not directed solely towards stigmatised groups but can also expand to the professionals associated with them.

Thus, considering Social Stigma Theory, professionals involved with MAPs might also be experiencing communal stigmatisation in view of their association with MAPs, with

possible adverse impacts. The stigmatisation of professionals working with MAPs seems like a phenomenon influenced by the attitudes and stigma towards MAPs. Obtaining understanding regarding the stigmatisation of professionals appears to be essential in promoting client engagement and protecting the client's and professionals' well-being (Ebsworth & Foster, 2017). This investigation will enhance academic understanding of the stigma, if any, experienced by professionals working with MAPs and help guide future academic and professional training and support provisions. Best support for professionals could lead to MAPs receiving the best quality services and ultimately reducing reoffending.

1.7 Attitudes towards MAPs

Following the misconceptions and stigma, the public also holds strong negative attitudes towards MAPs. In more detail, attitudes might involve beliefs, stereotypes, emotional responses, and behaviours directed at this group (Breckler, 1984). These public reactions are significant as they have been found to affect MAPs' accessibility to treatment. For example, through the development of few services for this population and the direction of few training programs for treatment providers (Jahnke et al., 2015a). Eagly and Chaiken (1993), defined attitudes as 'a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour' (p. 1).

According to research studies the existence of strong punitive attitudes towards individuals sexually attracted to children have been noted (Imhoff, 2015; Harper et al., 2017; Imhoff & Jahnke, 2018). The public has shown to have particularly unfavourable emotions and attitudes towards this group, without excluding the group that have never committed an offence (Jahnke et al., 2015a). Moreover, only 5% - 7% of their participants expressed willingness for befriending non-offending MAPs (Jahnke et al., 2015a), indicating their negative attitudes. Supportively, people expressed low willingness in interacting with MAPs (Feldman & Crandall, 2007). The perceptions of the public are important for MAPs'

treatment, social interaction, employment, housing, and less isolation, which are important for their psycho-social well-being (Chamandy, 2020). The opposite could be considered as risk factors for offending, since studies have indicated that employment, stable housing, and accessibility to treatment can lessen reoffending or offending behaviour (Graffam et al., 2004; Uggen, 2000; Visser et al., 2008).

Nonetheless, professionals' attitudes that are involved with MAPs are also important for effective prevention, treatment, and risk management. Professionals are members of the same community as the public, with a high probability of being affected or exposed to their community's attitudes about this population. For instance, effective therapy requires the development of an empathetic and trusting relationship, but societal attitudes make an empathetic response for this population more difficult (Jahnke, et al, 2015b). According to Wagner et al. (2016) research with MAPs, they reported that they had experienced stigmatisation from psychotherapists, and they stated their experience of therapy as adverse.

Additionally, research has shown that mental health professionals choose not to offer services to individuals sexually attracted to children due to negative emotions they have towards them, worries regarding liability and the belief that they will not respond to therapy (Stiels-Glenn, 2010; Jahnke & Hoyer, 2013; Jahnke et al., 2015b). Moreover, in their research including psychotherapists in training Jahnke et al. (2015b), found that 80% of the psychotherapists reported that they would deny their services to individuals sexually attracted to children that had committed an offence, but they would accept individuals that have not committed an offence. As a result, a high occurrence of general psychiatric symptoms among MAPs could remain untreated due to the unwillingness of the clinicians to accept them or due to clinicians not having the required knowledge (Sorrentino & Abramowitz, 2021).

Furthermore, professionals working in the mental health area stated numerous reasons for their unwillingness to accept MAPs for therapy. Indeed, one of them is the lack of

knowledge concerning minor-attraction resulting in feelings of unpreparedness, but also the assumption that MAPs are dangerous (Lasher & Stinson, 2017). Although, fewer negative emotions towards MAPs were reported from clinicians that were more experienced in working with MAPs (Campbell, 2013; Moss, 2019 Parr & Pearson, 2019). A reason for this could be the professionals' exposure to MAPs which makes them feel more capable of providing effective treatment. Research has constantly supported a link between exposure to sexual offenders within a work environment and having fewer negative attitudes towards them (Blagden et al., 2014; Ferguson & Ireland, 2006; Gakhal & Brown, 2011; Johnson et al., 2007), which could be a possible similar case for professionals working with MAPs.

The negative attitudes and stigma presented by mental health professionals could affect therapy engagement and make it harder to provide a non-judgemental client centered approach, which is required for a therapeutic relationship (Stiels-Glenn, 2010; Jahnke & Hoyer, 2013; Jahnke, 2018). MAPs' mental health could be improved by therapy and the incidence of MAPs acting on their attraction could probably be reduced (Sorrentino & Abramowitz, 2021). As shown, professionals' attitudes towards MAPs, appear important as they could affect practices and effectiveness in engagement. However, the attitudes of different types of professionals working with MAPs lack attention in the literature. The attitudes of different professionals involved with MAPs are of major importance as they might be the first to encounter them. In considering this literature, it remains unclear whether other variables such as the offence type (contact, non-contact) or no offence, affect professionals' attitudes towards MAPs.

1.8 The role of the Media

The attitudes, stigma and misconceptions toward MAPs are possibly affected by the role of the media in society. Media represents a vital source of information for the public which outlines their views of the world (Shehata & Strömbäck, 2014). Media representations

of MAPs could reinforce the endorsement of misconceptions as they are being presented as ‘violent’ and as ‘monsters’ (Jahnke & Hoyer, 2013; Harper & Hogue, 2015).

Notwithstanding, the difference between individuals who have sexually abused a child and MAPs, the media repeatedly labels the perpetrators of child sexual abuse as ‘violent criminal paedophiles’ (Quin et al., 2004). Supportively, Levenson et al. (2017) stated that the term ‘monsters’ being used by the media is a non-human representation of MAPs. Furthermore, the press coverage of sexual offences involving children is over-presented and the offender is often characterised as a ‘paedophile’ (Harper & Hogue, 2015; Harper & Harris, 2017). Such media commingle exacerbate a social discussion, resulting in the general public believing that any individual that sexually abuses a child is a ‘paedophile’ (Kitzinger, 2002; Silverman & Wilson, 2002). Numerous people are unaware of the differences between child sexual offending and minor-attraction and do not inform themselves precisely, instead, they rely on the media for information (Wurtele, 2018). Thus, representations of this type promote the reinforcement of misconceptions about MAPs, preserving the extensive stigmatisation of MAPs and punitive attitudes towards them that can be observed in broader society (Jahnke & Hoyer, 2013; Harper et al., 2018).

1.9 Conclusion

Following this literature, it remains unclear whether the use of more descriptive terms such as ‘MAP’ affects the level of stigma toward this population. The influence of different variables such as the offence history (offence or no offence) and offence type (contact or non-contact) of MAPs on misconceptions, attitudes and stigma toward them remains uncertain, and the availability of help seeking services for them. Additionally, uncertain is the level of stigmatisation experienced by professionals working with MAPs, and whether it differs depending on the offence history (offence or no offence) and offence type (contact or non-contact) of their client and the impact on therapy opportunities available.

CHAPTER 2

Misconceptions, stigma, and attitudes towards Minor-Attracted People (MAP): A Narrative Synthesis Systematic Review

Abstract

Background and aims. An emerging umbrella terminology that could be used for individuals with sexual attraction to minors, is ‘Minor-Attracted People’ (MAP) (B4UAct, 2018). Research reports strong punitive attitudes towards MAPs (Grady et al., 2019; Lievesley et al., 2020; Levenson & Grady, 2019), misconceptions (Jara & Jeglic, 2021), and stigmatisation (Lievesley et al., 2020). The aim of this systematic review is to explore the attitudes, stigma, and misconceptions of the public and professionals towards MAPs while emphasising offence type (contact or non-contact) or no offence.

Methods. An electronic and hand literature search was conducted using PsycINFO, PsycArticles, Google Scholar, ScienceDirect, ProQuest and Web of Science databases in accordance with outlined inclusion and exclusion criteria. Twelve studies met the inclusion criteria and were analysed using narrative synthesis.

Results. Members of the public expressed neutral attitudes toward MAPs and punitive attitudes toward paedophiles. More negative attitudes and stigma were expressed towards paedophiles who had committed an offence (contact or non-contact), as although regarding MAPs this question remains unanswered. Professionals are found to be more willing to offer services to non-offending MAPs and paedophiles. Also, professionals showed to have fewer negative attitudes and stigma towards MAPs and paedophiles compared to the public.

Misconceptions are found to exist in both samples.

Discussion. The understanding of public and professionals’ attitudes, stigma, and misconceptions toward MAPs could allow for more training about minor attraction with more professionals possibly offering their services to MAPs and possibly better-living conditions

for MAPs in the community that could reduce offending behaviours. The use of less stigmatising terminology could provide avenues for more accessible treatment for MAPs. Future studies should focus on the attitudes, stigma, and misconceptions of different professions (psychologists, social workers, probation officers, lawyers) working with MAPs, the effects of the offence type (contact or non-contact) and investigating professionals' and community attitudes, stigma, and misconceptions in the same study to allow for a thorough comparison.

2. Introduction

An emerging umbrella terminology that could be used to refer to individuals with sexual attraction to prepubescent children is ‘Minor-Attracted People’ (MAP) (B4UAct, 2018), but not limited to it. The term has been created seeking the improvement of the availability and efficacy of treatment opportunities for individuals with sexual attraction to children and to minimise stigmatisation (Chamandy, 2020). Stigmatisation is the rejection of social acceptance (Jahnke, 2018b). The term MAP has been found to be less stigmatising by the MAP-led group (B4U-ACT, 2019) and by professionals working with this group (Walker et al., 2021), although the literature is limited.

Studies have used the term MAP to investigate attitudes towards individuals with sexual attractions to children (e.g., Jara & Jeglic, 2021; Levenson & Grady, 2019; Lievesley et al., 2021; Walker et al., 2021). However, the studies often refer to MAPs as a unified group, when the term is so broad in that it includes MAPs who have committed a physical contact sexual offence, non-contact sexual offence and those who have not committed any sexual offence (Montes, 2018). Studies attempted to emphasise some distinction between MAPs by focusing on the offending group and the non-offending group (e.g., Levenson & Grady, 2019; Walker et al., 2021). Although, the literature has neglected to consider the distinction between the groups of MAPs that have offended, even though the type of offence (contact sexual offence or non-contact sexual offence) is different.

The distinction between the three groups is important for effective risk management and treatment planning. Specifically, there are MAPs that spent years restricting themselves from engaging in a sexual act (Piché et al., 2018) until numerous life stressors act as a catalyst and the transition from sexual attraction to sexual behaviour occurs (Leclerc et al., 2016). Thus, the distinction between the three groups of MAPs presented is essential while reviewing the literature investigating attitudes towards this population.

Moreover, as mentioned above the umbrella term MAP is being used in a broader way, including individuals attracted to other ages of children, such as pubescent or postpubescent adolescent minors (Lievesley et al., 2020). A limitation of this broadness is the need for studies and organisations to fall back on the DSM-5 nomenclature. Thus, the level of recognition provided using the term MAP adds to acknowledging MAPs as people instead of their attraction but does not consider other important aspects (Chamandy, 2020). Therefore, the investigation of the use and definition of the term MAP in research could offer a better understanding regarding this terminology. Nevertheless, this review will include both the term MAP and the clinical term ‘paedophile’ referring to individuals with sexual attraction to prepubescent children (APA, 2013).

The clinical term used to refer to individuals with sexual attraction to prepubescent children, ‘paedophile’ does not imply offending behaviour, yet it is often equated with offending (Cantor & McPhail, 2016). Thus, the distinction between the offending group (contact offence or non-contact offence) and the non-offending group is equally important.

2.1 Misconceptions and Public Attitudes

Previous studies have reported that the public tends to hold misconceptions about this population. Misconceptions include, all child sexual abuse offences are committed by minor-attracted people, minor-attraction is a choice and there is no treatment available for MAPs (Jara & Jeglic, 2021). Misconceptions embraced incorrect beliefs regarding MAPs, which is frequently noticed by members of the public (Lawrence & Willis, 2021). That is shown in scales used to measure stigma and knowledge by several statements included in the scales (Lawrence & Willis, 2021). Following those misconceptions, the public forms and holds strong negative attitudes, which might affect MAPs’ accessibility to and willingness toward receiving treatment (McKillop & Price, 2023).

Assuming that, MAP terminology affords more humanising of this group, attitudes using this nomenclature might be important. Moreover, research studies have reported strong punitive attitudes towards MAPs (Grady et al., 2019; Lievesley et al., 2020; Levenson & Grady, 2019). However, limited studies exist using the MAP terminology and differentiating the groups of MAPs when looking at the attitudes towards them. A similar gap in the literature exists regarding the differentiation of the offending groups using the clinical term paedophile. The perceptions of the public are important for MAPs' treatment, social interaction, employment, housing, and less isolation, which are important for their psychosocial well-being (Chamandy, 2020). In addition, studies have indicated that employment, stable housing, and accessibility to treatment can lessen reoffending or offending behaviour (Graffam et al., 2004; Uggen, 2000; Visher et al., 2008), thus the opposite could be considered risk factors for offending behaviour.

As such, this systematic review aims to address understanding in this area by investigating whether there are differences in the attitudes of the public toward MAPs and paedophiles, depending on the type of sexual offence they have committed or if they have not committed a sexual offence.

In more detail, attitudes might involve beliefs, stereotypes, emotional responses as well as behaviours directed at this group (Breckler, 1984). Similar attitudes reported towards MAPs also exist for paedophiles. According to Jahnke et al., (2015a), 78% of the participants in their study preferred paedophiles to stay out of their neighbourhood, even if they had never committed a sexual offence. Additionally, only 5% - 7% of their participants expressed a willingness for befriending non-offending paedophile (Jahnke et al., 2015a), expressing a low willingness in interacting with them (Feldman & Crandall, 2007). The public has shown to have particularly unfavourable emotions and attitudes towards this group, without excluding the non-offending group of paedophiles (Jahnke et al., 2015a). This could be a result of the

public misconceptions about paedophiles, with paedophilia being equated with criminality and the expectation of engagement in child sexually abusive behaviours (Maroño et al., 2023).

2.2 Professionals' Attitudes

Equally important are the attitudes of professionals working with MAPs. Professionals belong in the community, which could make them vulnerable to their community's attitudes toward this population. Professionals' attitudes could affect their therapeutic approach (Craig, 2005; Gibson, 2021). Thus, societal attitudes could make the professionals' empathetic and trusting response toward paedophiles and MAPs harder (Jahnke, et al, 2015b).

According to research, numerous professionals are reluctant to work with individuals with sexual attraction to minors due to their stigmatising attitudes resulting in feelings of incapability for providing support (Elias & Haj-Yahia, 2017; Jahnke, et al, 2015b; Kadambi & Truscott, 2003). Supportively, Stiels-Glenn (2010) found that 95% of the psychotherapists taking part in a study in Germany were unwilling to work with paedophiles due to their negative feelings and attitudes toward them, with only 4.7% willing to work with paedophiles. However, professionals' positive attitudes can align with a positive therapeutic approach which is related to more effective treatment (Beech & Hamilton-Giachritsis, 2005; Howard et al., 2019; Marshall et al., 2003; Stasch et al., 2018).

Supportively, social work and psychology students reported intense negative emotions and discriminatory attitudes against MAPs and paedophiles, and a lack of willingness in working with them (Hanson, 2018; Heron et al., 2021; Montes, 2018; Walker et al., 2021), compared to more experienced professionals (Campbell, 2013; Moss, 2019; Parr & Pearson, 2019; Jahnke et al., 2015b). Professionals' attitudes towards MAPs, appear important as they could affect practices and effectiveness in engagement. In considering this literature, it is

unclear whether the terminology MAP and other variables such as offence type (contact, non-contact) or no offence as well as different professional roles affect professionals' attitudes towards MAPs.

2.3 Stigma

The accumulation of negative attitudes and misconceptions towards MAPs and paedophiles as well as the sensitivity of their offence category, if any, makes them a highly stigmatised group (Jahnke et al., 2015a; Lievesley et al., 2020). According to Social Stigma Theory, stigma can be defined as the process by which individuals or groups are rejected due to their identity or flaws, personal character, and differences (Goffman, 1963). The stigmatisation may be linked to negative feelings towards the stigmatised individual or group, due to their inclusion in that group (Harper et al., 2018). Research has shown that feelings play a key part in forming attitudes (Giner-Sorolla et al., 2021). As well, stigmatisation involves negative attributions, such as the attribution of choice to the sexual preference or the assumptions of offending behaviour including sexual contact, towards the stigmatised individual or group (Imhoff, 2015), in this case, MAPs.

Additionally, stigmatisation may involve supporting more vindictive punishment or social distance for the stigmatised individual or group (Jahnke et al., 2015a), such as MAPs. According to research evidence, social distancing towards paedophiles is the propensity of people to reject them at all levels of social interaction (Jahnke, 2018). This could be expanded and have similar problematic effects on MAPs' life chances, such as appropriate housing, and opportunities for work or health care (Hatzenbuehler et al., 2013; Page, 1977; Thornicroft, 2008). Supportively, a study has shown that 39% of the participants reported that non-offending paedophiles should be incarcerated and 14% of the participants reported that paedophiles would be 'better off dead' (Jahnke et al., 2015a).

Indeed, it is found that the stigma faced by both contact and non-contact paedophiles groups as well as non-offending paedophiles, can act as a barrier to seeking treatment (Montes, 2018), and accessing services, resulting in being excluded from adaptive opportunities (Rade et al., 2016), leading to social isolation and increased risk of offending behaviour (Gunnarsdottir, 2018). Consequently, even with limited research into the topic of stigmatisation of MAPs, it has been shown that MAPs could experience high levels of societal as well as self-stigma (Mundy & Cioe, 2019). Thus, to guide the development of more supportive and non-stigmatising interventions for MAPs, a better understanding of the level of stigma expressed by the community and professionals using this novel terminology, depending on the offence type or no offence could be a valuable insight. As such, this systematic review aims to address understanding in this area by investigating whether there are differences in the level of stigma toward MAPs, depending on the type of sexual offence they have committed or if they have not committed a sexual offence.

2.4 The current systematic review

The aim of the current systematic review is to provide an understanding of the attitudes, stigma, and misconceptions toward MAPs. The specific aims are:

- To explore the use and definition of two types of terminology used in studies (paedophile or MAP).
- To explore the attitudes, misconceptions, and stigma of community and professionals toward MAPs and paedophiles.
- To identify whether there are differences in attitudes based on the offence type (contact or non-contact) or no offence and in the different terminologies (MAP or paedophile).

2.4.1 Research questions

1. What is the use and definition of the terminology (MAP or paedophile) in studies?

2. Does the offence and offence type have an impact on attitudes, stigma, and misconceptions towards MAPs or Paedophiles?
3. Do professionals and the public have different attitudes, stigma, and misconceptions toward MAPs or Paedophiles.

2.5 Method

2.5.1 Search Strategy

To identify studies for inclusion in this review, a search was undertaken between August and September 2021 of the following electronic databases: PsycINFO, PsycArticles, ProQuest, Google Scholar, Web of Science and ScienceDirect. The reference list of the shortlisted papers was also hand-searched for relevant articles. Additionally, communication with professionals with a research interest in MAPs was initiated via email in search of unpublished papers. The professionals contacted were from Nottingham Trent University, the University of Lincoln, and the University of Mainz.

The selection of the search terms included the identification of relevant terms and synonyms that were used in the search of the different databases. To locate studies, associated keywords were used, which are presented in figure 1.

While identifying articles for inclusion it was noted that the term MAP was not being used alone but interchangeably with the clinical term ‘paedophile’ within the articles. That is, the authors used the terminology MAP to refer to individuals with sexual attraction to prepubescent children (see Jara & Jeglic, 2021, Levenson & Grady, 2019, Walker et al., 2021). Only one paper included in this review has used the stand-alone term MAP (see Lievesley et al., 2021). Thus, the original search was expanded with the addition of a second search including the term ‘Paedophile’ to avoid the exclusion of relevant articles. Therefore, two different searches were carried out, one with the original sole terminology ‘minor-attracted people’ and one with the additional terminology ‘paedophile’.

Arguably, a contextually similar term is child sex offender, this was not included in the search because generally, it describes the behaviour and not the attraction precisely (Abel & Harlow, 2001). Not all paedophiles are child sex offenders and not all child sex offenders are paedophiles (Richards, 2011). Notably, the terms ‘paedophile’ and ‘MAP’ are not

identical to 'child sex offenders' due to the latter term indicating that the individual has had sexual contact with a child (Sorrentino & Abramowitz, 2021). However, the terms 'paedophile' and 'MAP' are not synonymous as MAP is an umbrella term used to refer to the sexual attraction of individuals under the legal age of consent. Thus, MAP does not mean that the criteria for paedophilia are necessarily met (Sorrentino & Abramowitz, 2021).

The terms professionals and public were not used in the search to allow for a wider search of papers.

Figure 1 and Figure 2 illustrate the search terms used for each electronic database using the term 'Minor-Attracted People' and 'Paedophile', respectively.

Figure 1.

Search Terms using the term 'Minor-Attracted People'

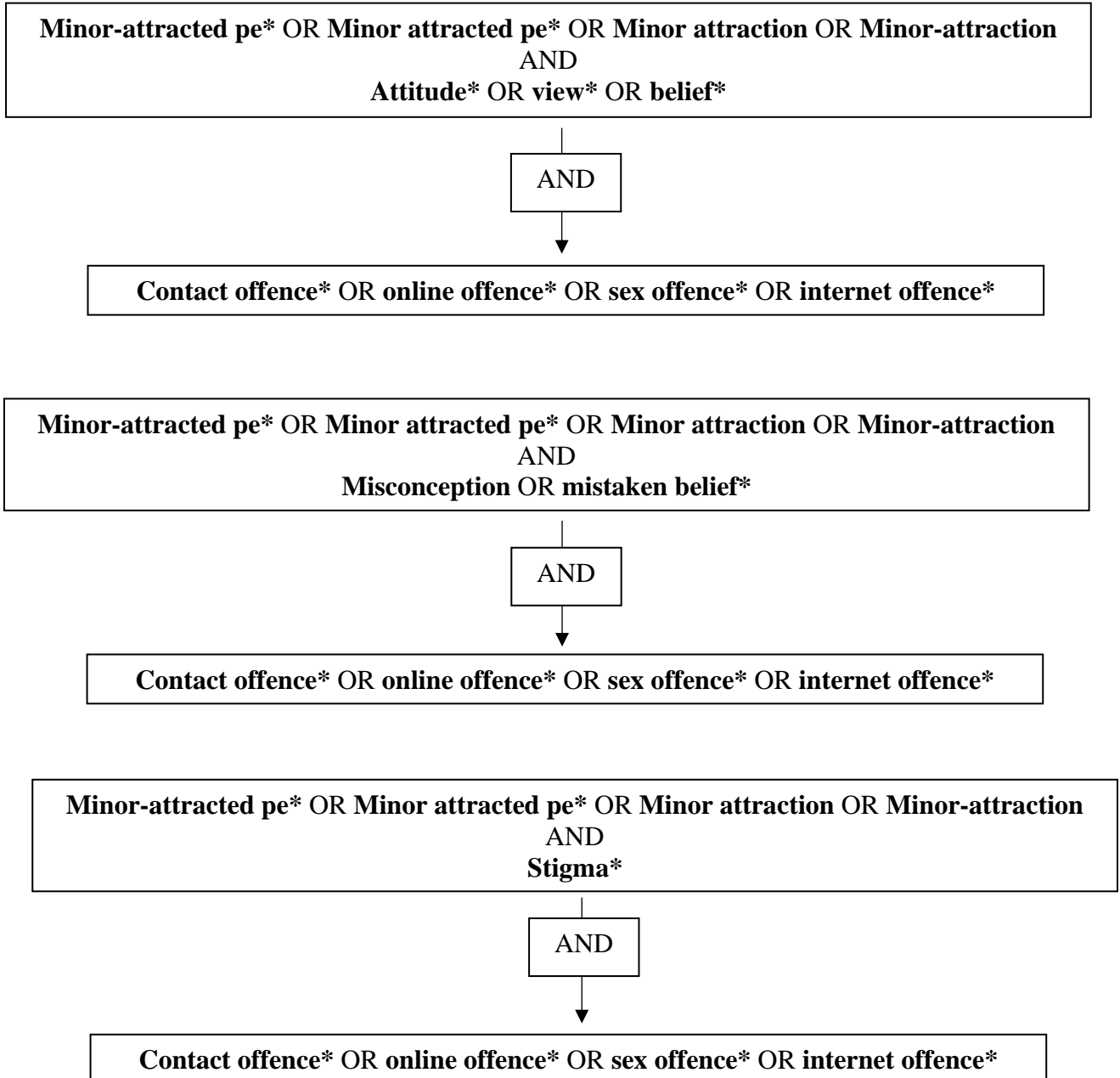
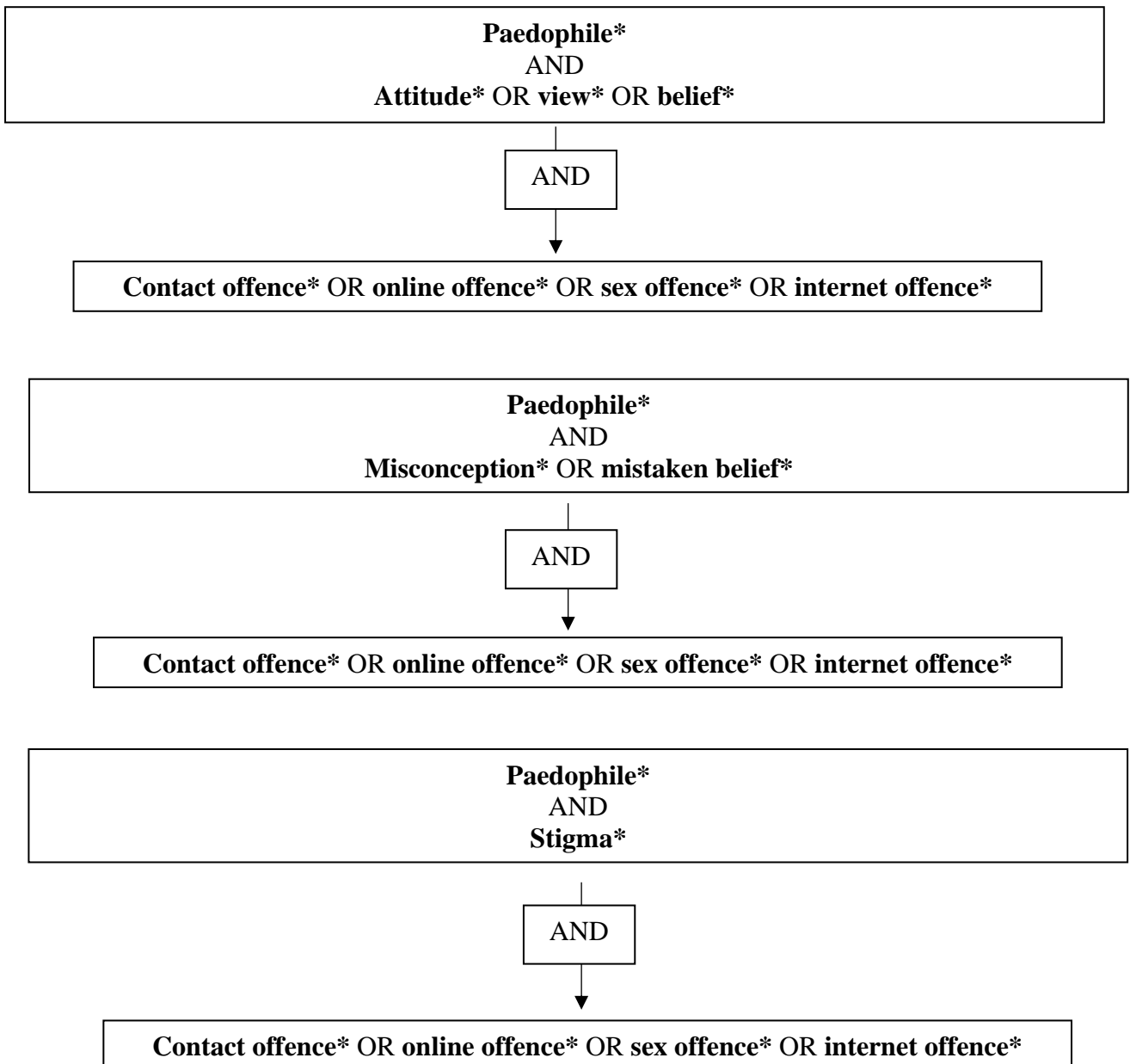


Figure 2.

Search terms using the term 'Paedophile'.



2.5.2 Study Selection and Eligibility Criteria

The studies had to be published in the English language and including the terminology 'Minor-Attracted People' (MAP) or 'Paedophile' in the paper, had to be Journal Articles or published Dissertations or Theses, investigate attitudes, stigma or misconceptions toward MAPs, participants should be people from the public or professionals and not MAPs themselves, and the studies had to use a quantitative or mixed-methods design. Studies were

excluded if they did not include the terminology MAP or paedophile and were not published in English, were reviews, narratives, commentaries, opinion papers or book chapters. The reason for the inclusion of published Dissertations and Theses is that the terminology MAP is considered new, so there is a lack of published papers looking at the attitudes, misconceptions, and stigma toward MAP. Thus, with the inclusion of published Dissertations and Theses, more potential studies were allowed in the searches, which were later either included or excluded from the systematic review based on the inclusion criteria.

Other limits imposed in the searches were that the studies had to use as participants individuals from the public or professionals in the field (psychologists, social workers, mental health professionals, psychotherapists). Hence studies that included direct interviews with MAPs or paedophiles were excluded. The studies had to use a quantitative method design, as it enables the evaluation of the collected data with numbers which provides objectivity and accuracy, allows higher data volume, enables more generalisation of the results, and has a descriptive nature (Bagdonienė & Zemblytė, 2005). Mixed method design studies were included as they provided richer insights into the topic being studied and allowed the collection of information that might be missed by employing only one research design, enhancing the knowledge, and producing more questions of interest for future studies (Caruth, 2013). Studies following only a qualitative methodology were excluded. In studies that had used a pre-test/post-test design, only the pre-test findings were used for this systematic review.

To distinguish the relevant papers for this systematic review, the title and abstract of the papers were hand-searched and inclusion criteria were applied. The full paper was read following the fulfilment of the inclusion criteria. Table 1 illustrates the inclusion and exclusion criteria.

Table 1.*Inclusion and Exclusion Criteria*

PICOS	Inclusion	Exclusion	Comments
Population	Participants from public (people from the community) or professionals (psychologists, social workers, mental health professionals, psychotherapists)	MAP/Paedophiles	Participants should be from the public (people from the community) or professionals (psychologists, social workers, mental health professionals, psychotherapists) involved with MAP/Paedophiles
Intervention/Exposure	Anti-stigma intervention or training/workshop or no intervention		Papers measuring attitudes, or misconceptions, or stigma without the use of intervention or training/workshop were still included
Comparators	No comparators required		Papers with comparators were included but if it was pre-test/post-test only the pre-test was considered
Outcome	Measurement of attitudes or misconceptions or stigma of public or professionals towards MAP/Paedophiles		
Study Design	Quantitative studies or mixed method design studies	Qualitative studies, reviews, commentaries, book chapters, narratives	
Other	Language of publication: English Use of the MAP/Paedophile terminology	Studies contacted in other languages.	

The rationale for the inclusion and exclusion criteria within the PICO framework was as follows:

- **Population:** The focus of this systematic review is to explore the attitudes, misconceptions, and stigma of the public or professionals towards MAPs. Thus, studies that included MAP or paedophiles as participants were excluded.
- **Intervention/Exposure:** Studies measuring attitudes, misconceptions, and stigma towards MAP/paedophiles, using interventions or training/workshops to measure the outcome were included in this systematic review looking at the pre-intervention stage, as well as papers without the use of an intervention.
- **Comparators:** Due to the limited existing literature measuring attitudes, misconceptions, and stigma towards MAPs in a cross-sectional format, using the MAP terminology, papers including comparators such as pre/post-intervention, pre/post training/workshop, control groups or solely use questionnaires to measure the outcome were included in this systematic review, looking at the pre-intervention stage.
- **Outcome:** To measure the outcome, which is the attitudes, misconceptions, and stigma of participants towards MAP/paedophiles, studies had to use a reliable and valid measure. In case the studies use their own scale or adapt an already validated measure the reliability or psychometric properties of the measure should be mentioned in the paper.
- To measure attitudes, misconceptions, and stigma of the public and professionals towards MAP/paedophiles, the studies had to use questionnaires for a higher data volume. However, studies using mixed method design were included due to the apprehension of information they provide by employing both quantitative and

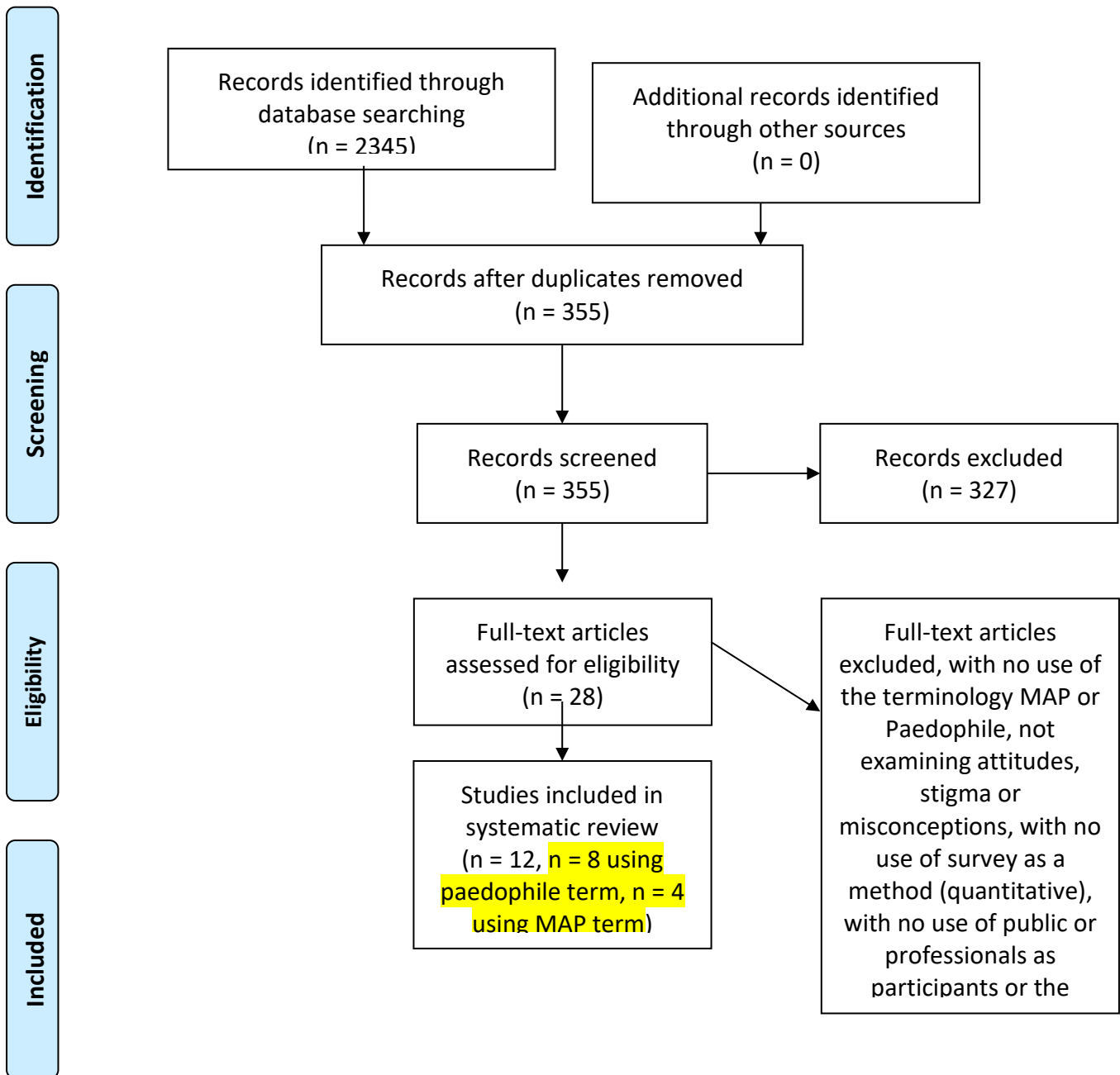
qualitative methods in the same study. Hence, quantitative, and mixed method designs were most appropriate for the current systematic review.

There were 2,345 papers identified through the database search. Following the exclusion of the duplicates, 1,990 papers were excluded based on the title and abstract screening. The inclusion criteria were applied to 28 papers. Five papers were excluded due to not examining attitudes, stigma, or misconceptions towards MAPs, six papers were excluded due to not using the MAP or Paedophile terminology, three papers were excluded as they were using solely qualitative methods, one paper was excluded as it was a narrative, and one paper was excluded as the quality of the paper was low as rated by the researcher. Following the PICOS framework, 12 papers remained for inclusion in this systematic review.

Figure 3 provides an overview of the data selection process.

Figure 3.

Data selection process



2.5.3 Quality Assessment

A quality assessment was conducted for the final studies (n = 12) in September 2021, to reduce bias. The assessment used was the Mixed Method Appraisal Tool (MMAT) version 2018 (Hong et al., 2018). A second independent researcher scored the quality assessment to

minimise bias, with a percentage of 80% agreement between raters. All quality assessment tools are focused on the methodology of the studies to identify selection bias, reporting bias, performance bias, attrition bias, detection bias and any other bias that can be identified during the research process that can influence internal validity (Zeng et al., 2015).

The quality assessment for studies combining qualitative and quantitative method designs is challenging (Hong et al., 2018) and complicated given the requirement to use different appraisal tools. The Mixed Method Appraisal Tool (MMAT) (Hong et al., 2018) was developed for this purpose and was used to assess the quality of studies (Hong et al., 2018).

The MMAT can assess five different study designs including qualitative, randomised controlled, nonrandomised, quantitative descriptive and mixed methods (Appendix B). There are five core criteria that are more relevant in assessing methodological quality for each study design. The criteria are scored as “yes”, “no” and “can’t tell”. The MMAT includes two screening questions for all study designs (Hong et al., 2018). The MMAT does not provide an overall quality score, however. The reason for this is that the presentation of a single number lacks information regarding the problematic aspects of a study (Crowe & Sheppard, 2011). The calculation of an overall score is discouraged (Herbison et al., 2006; Higgins & Green, 2008; Viswanathan et al., 2012), and the authors of MMAT recommend a detailed presentation of the ratings of each criterion (Hong et al., 2018). Moreover, the MMAT calculates the quality score for each study in the form of stars which are explained with a percentage (Reporting the results of MMAT version 2018, 2020). Table 2 presents a detailed presentation of the ratings of each criterion following a consensus between raters and Table 3 presents the quality of the studies included in this review.

Table 2.*Quality Assessment ratings for final 12 studies included in the systematic review*

Studies	Criteria from the Mixed Methods Appraisal Tool																									
	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4	5.5	
Jara & Jeglic (2021)						1	1	2	1	1																
Levenson & Grady (2019)											1	1	2	1	0											
Walker et al. (2021)																						1	1	1	0	2
Lievesley et al. (2021)																1	1	2	1	1						
Boardman & Bartels (2018)											1	1	1	1	0											
Harper et al. (2018)											1	1	0	1	1											
Heron et al. (2021)																						1	1	1	1	2
Imhoff & Jahnke (2018)											1	1	1	1	1											
Imhoff (2015)											1	1	1	1	1											

Jahnke et al. (2015a)	1	1	1	1	1					
Jahnke (2018)						0	1	1	0	1
Jahnke et al. (2015b)	1	1	2	1	1					

Note. *1= ‘yes’, 2= ‘no’, 0 = ‘can’t tell (1.1-1.5 = Qualitative studies, 2.1-2.5 = Randomised Controlled Trials, 3.1-3.5 = Non-randomised studies, 4.1-4.5 = Quantitative descriptive studies, 5.1-5.5 = Mixed Methods studies)

Table 3.*Quality of the final studies included*

Studies	Method	Country	Population	Intervention	Comparator	Outcome	Quality
Jara & Jeglic, (2021)	Randomised-control trial	Online Amazon Mechanical Turk (MTurk)	General public – over 18 years and English-speaking	Online Psychoeducational texts	Control, non-offending MAP, people with substance abuse	Participants in the MAP condition reported more negative attitudes with a small effect size compared with participants in the substance abuse ($r = .17$) and control ($r = .22$).	****
Levenson & Grady (2019)	Non-randomised	US	Social workers and counsellors	Training workshop	Pre-test/post-test	Participants reported more likely to have some negative feelings, believe that MAP will always present a risk for abuse and MAP are unlikely to benefit from counselling – prior to the intervention	***
Walker et al. (2021)	Mixed methods	US	Social work students	Survey	No comparator	Participants reporting that they would have made a police report if their client had disclosed being a paedophile, even when the client have not committed a sexual offence – negative attitudes.	***
Lievesley et al. (2021)	Quantitative descriptive	UK, USA, Canada, Australia, New Zealand	Mental health professionals and medical care professionals	Survey	Mental health professionals and medical care professionals	Mental health professionals showed fewer punitive attitudes towards MAP than medical professionals such as view MAP as	****

Studies	Method	Country	Population	Intervention	Comparator	Outcome	Quality
						dangerous, attribute blame to them for their attractions and view their attractions as avoidable.	
Boardman & Bartels (2018)	Non-randomised	UK	General & student population	Video-based stimuli	Offending, non-offending paedophile and control	More negative attitudes towards offending paedophile as participants view offending paedophile as more dangerous.	****
Harper et al. (2018)	Non-randomised	UK	Students	Lab-based experiment	Narrative video, informative video, narrative written, informative written	Punitive attitudes prior to intervention. Participants in the narrative condition (self-identified paedophile) had less punitive sentencing judgements post intervention.	****
Heron et al. (2021)	Mixed methods	Netherlands	Psychology Students	Educational lecture and direct contact with a paedophile	Pre-test/post-test	Participants hold punitive attitudes towards paedophiles, prior to the intervention.	****
Imhoff & Jahnke (2018)	Non-randomised	US	General public	Vignette experiment	Paedophilia label/low intentionality, paedophilia label/high intentionality, no label/low intentionality, and no label/ high intentionality	Participants showed harsher punitive attitudes when judging paedophiles than people with sexual interest to prepubescent children. Participants viewed paedophiles as more dangerous.	*****
Imhoff (2015)	Non-randomised	Germany – Study 1	General public	Vignette experiment	Paedophilia label and sexual interest in children – Study 1	Participants reported more punitive and stigmatising attitudes towards	*****

Studies	Method	Country	Population	Intervention	Comparator	Outcome	Quality
		US – Study 2			Paedophilia label and sexual interest to prepubescent children – Study 2	paedophiles than people with sexual interest in children with significant effects of dangerousness, intentionality, and deviance. There was more intentionality attributed to paedophile label– Study 1 Participants reported even harsher negative attitudes towards paedophiles than people with sexual interest in prepubescent children with dangerousness as the strongest predictor followed by intentionality. Paedophiles viewed as less deviant.– Study 2	
Jahnke et al. (2015a)	Non-randomised	Germany – Study 1 Online – Study 2	General public- Study 1 General public (English-speaking) – Study 2	Survey	Paedophilia and people who abuse alcohol – Study 1 Paedophilia, sexual sadists and people with aspects from antisocial personality disorder – Study 2	Participants reported more stigmatised attitudes towards paedophiles than people who abuse alcohol – Study 1 Participants reported more negative and stigmatising attitudes towards paedophiles than sexual sadists and people with aspects from antisocial personality disorder – Study 2	*****
Jahnke (2018)	Quantitative descriptive	Online – Amazon	General public	Vignette experiment	Non-offending motivation:	Participants reported more punitive attitudes towards	***

Studies	Method	Country	Population	Intervention	Comparator	Outcome	Quality
		Mechanical Turk (Mturk)			Paedophilia Intrinsic, paedophilia, extrinsic, teleiophilia Intrinsic, and teleiophilia extrinsic	non-offending paedophilia whether the motivation was intrinsic or extrinsic compared to teleiophilia.	
Jahnke et al. (2015b)	Randomised control trials	Germany	Psychotherapists in training	Written information and video stimuli	Anti-stigma and Control group Pre-test/post-test	Participants reported fewer stigmatising attitudes and social stigma towards paedophiles with almost half willing to accept them in their neighbourhood, of many participants were willing to work with non-offending paedophiles and almost half were willing to work with offending paedophiles prior the interventions.	****

Note. * = 20%, ** = 40%, *** = 60%, **** = 80%, ***** = 100% (<http://mixedmethodsappraisaltoolpublic.pbworks.com/>)

2.5.4 Analytical Strategy

To synthesise the studies a narrative synthesis approach was used (Popay et al., 2006). A narrative synthesis is a common approach to systematic reviews suitable for integrating different types of evidence (Lee et al., 2020). Narrative synthesis goes beyond describing and summarising the primary elements of studies, allows investigation of differences and similarities between studies, assessment of evidence strengths and exploring relationships within the data (Lissy & Porritt, 2016). As shown in Table 4 and 5 there is heterogeneity between the studies regarding the type of intervention, the terminology used, and the tools used to measure attitudes, stigma, and misconceptions. Thus, the data could not be synthesised in a quantitative manner in the present investigation due to the studies not being directly comparable. Analysis implemented the following steps (Popay et al., 2006): (1) textual description (textual description of each study in Appendix C), (2) tabulation, (3) grouping and clustering, (4) thematic analysis.

2.5.5 Description of Analytical Technique

Tabulation

Tabulation is a tool used frequently in systematic reviews to present the data in a visual form and start identifying patterns within the studies (Popay et al., 2006). The data for this review was tabulated based on the author and year of the study, the location of the study, the intervention used (if any), the participants of the study, the method used for the collection of data for the study and the main findings of the study (Appendix D).

Groupings and Clusters

Groupings and clusters is a technique used in narrative synthesis to help organise the studies, and the identification of patterns within and between the groups (Popay et al., 2006). The studies for this review were grouped according to the type of population (professionals,

public, students), offence (offending, non-offending, not specified), terminology (MAP, paedophile) and location. (Appendix E).

Thematic analysis

Thematic analysis is a common technique used to systematically identify the most important themes across the studies, organisation and summarising the outcomes of different types of research (Popay et al., 2006). The thematic analysis was conducted using the software NVIVO version 1.6.1. All the papers meeting the inclusion criteria for this review (n = 12) were uploaded to NVIVO 1.6.1. Each paper's results and discussion sections were read, and initial coding was developed. Following, the codes were used to identify the themes, which were identified through an inductive and deductive approach, as they were already organised based on attitudes, stigma, and misconceptions.

2.6 Results

2.6.1 Textual Descriptions (MAPs)

Studies focusing on Non-offending MAPs

Students. Conversely, Walker and colleagues (2021) also reported on the attitudes towards non-offending MAPs using a sample of social work students. An online survey was used. The results showed that most of the participants indicated that if their client had disclosed sexual attraction to minors, they would make a police report, indicating stigmatisation. Additionally, 40% of the participants reported they believed MAPs have necessarily committed a sexual offence, highlighting misconceptions about MAPs.

Public. Oppositely, Jara and Jeglic (2021), reported on the attitudes toward non-offending MAPs, using samples from the public. Jara and Jeglic (2021) used psychoeducational texts as an intervention. Survey data were also collected. Results indicated

neutral attitudes with a small effect size regarding more negative attitudes towards non-offending MAPs compared to substance use and the control condition (Jara and Jaglic, 2021).

Professionals. Levenson and Grady (2019) used a sample of social work and counselling professionals working with non-offending MAPs. The authors used a training workshop and survey to measure attitudes and knowledge of professionals towards MAPs. They found that prior to the training, professionals reported some negative feelings towards non-offending MAPs, and they believed that MAPs will always present a risk for sexual abuse.

Offence type not specified (MAPs)

Professionals. On the other hand, Lievesley et al. (2021) reported on the views of medical care professionals and mental health professionals toward MAPs as a group. The findings showed that medical professionals perceived MAPs as dangerous, attributed blame for their attractions, saw their sexual attractions to children as avoidable and held more punitive attitudes towards them than mental health professionals.

Table 4.*Data summary of 4 final studies including the MAP term*

Author and Year of study	Population		Terminology used	Type of Intervention used	Type of offence (Contact or non-contact or no offence)	Measures used	Outcomes	
	Size of sample (Males & Females)	Type of population					RQ1: Attitudes, Misconceptions, Stigma of professionals and general public	RQ2: Offence type and attitudes, stigma, and misconceptions
Jara & Jaglic (2021)	Total N = 205 (Males = 133) (Females = 70) (Other = 2)	Public	MAP	Online Psychoeducational texts 3 conditions a. control b. MAP c. substance abuse)	Non-offending	-Attitudes Toward Minor-Attracted Persons (ATMAP; Jara & Jaglic, 2020) adapted from the Attitude Toward Prisoners Scale (Melvin et al., 1985)	- participants leaned towards agreeing with the negative statements. - mean increase in ATMAP scores from participants in the MAP condition	
Levenson & Grady (2019)	Total N = 94 (Male = 30%, Female = 70%)	Therapists (Social workers and ATSA professionals)	MAP	Training workshop	Non-offending	The protest/post-test survey was developed by the lead author and was designed to measure pre-training and post-training knowledge and attitude levels.	- No significant changes between groups (social workers/counsellors). - Attitudes toward MAPs were perceived as negative pre-test and no changes	

Population				Outcomes			
					The survey contained 13 items		were noted post-test. - Participants reported that the main objective of providing services to MAPs would be the prevention of child sexual abuse. - participants agreed more with the statement 'MAPs are unlikely to benefit from counselling' pretest.
Walker et al. (2021)	Total N = 200 (Female = 82%, Male = 16%, Nonbinary = 2%, Transgender, 1%)	Undergraduate and postgraduate students	MAP	Survey	Non-offending	-Measure to assess attitudes towards paedophiles and MAPs in clinical situations made by the authors and open-ended questions.	- 54% of participants indicated that they would make a police report if a client disclosed 'being a paedophile' - 7% of participants indicated that they would make a police report when

Population						Outcomes
						the hypothetical client was 'sexually attracted to children but not committed an offence against a child'. - females were more likely to indicate a belief that they would need to make a police report if their client is self-identified as paedophile.
Lievesley et al. (2021)	Total N = 220 (Males = 45) (Females = 175)	Healthcare professionals (Primary medical care and primary mental health care)	MAP	Survey	Not specified	Adaptation of a 17-item measure of attributions about mental health to tap into attributions about sexual interest in children - Stigma and Punitive Attitudes Towards Paedophiles Scale (SPS; Imhoff, 2015), - Mental health professionals showed less punitive attitudes towards MAP than medical professionals. - Anticipated comfort and having mental health related treatment targets were associated with a greater willingness

Population	Outcomes
	<ul style="list-style-type: none"> - Experience and anticipated comfort - treatment priorities measure reported in B4UACT's (2011) survey of MAPs in relation to their perceived treatment needs modifying the items for healthcare professionals, - self-produced a progressive vignette to explore how the disclosure of new case information might affect participant judgments and decision-making.

Table 5.*Data summary of 8 final studies including the Paedophiles term*

Population			Outcomes					
Author and Year of study	Size of sample (Males & Females)	Type of population	Terminology used	Type of Intervention used	Type of offence (Contact or non-contact or no offence)	Measures used	RQ1: Attitudes, Misconceptions, Stigma of professionals and general public	RQ2: Offence type and attitudes, stigma, and misconceptions
Boardman & Bartels (2018)	Total N = 89 (Females = 60) (Males = 29)	Public and students	Paedophiles	Video-based stimuli (3 conditions: a. non-offending paedophile (NOP) b. offending paedophile (OP) c. control	Offending and non-offending	- Stigma and Punitive Attitudes Towards Paedophiles Scale (SPS; Imhoff, 2015) - Attitudes Towards Sex Offenders Scale: 21-item version (ATS-21; Hogue & Harper, 2015) - Judgements Questionnaire (JQ) was created		- Punitiveness judgements were higher towards the OP than NOP and controls - old OP perceived as more dangerous than old NOP and control - young OP perceived as more dangerous than young NOP and control

		Population				Outcomes		
Author and Year of study	Size of sample (Males & Females)	Type of population	Terminology used	Type of Intervention used	Type of offence (Contact or non-contact or no offence)	Measures used	RQ1: Attitudes, Misconceptions, Stigma of professionals and general public	RQ2: Offence type and attitudes, stigma, and misconceptions
Harper et al. (2018)	Total N = 100 (Females = 81) (Males = 19)	Students	Paedophiles	Lab-based experiment (4 conditions: a. narrative video b. informative video c. narrative written d. informative written)	Not specified	- Attitudes Towards Sex Offenders Scale: 21-item version (ATS-21; Hogue & Harper, 2015) - Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015) - Moral Disengagement Scale modified version of the Moral Disengagement Toward Sexual Offenders Scale (MDS-SO; Harper, 2016) - GNAT (Nosek & Banaji, 2001)	- Punitive attitudes, perception of dangerousness and deviance prior the intervention - significant reduction in perceptions of paedophiles' dangerousness, deviance, and punitive attitudes toward paedophiles as a function of the narrative condition.	

		Population				Outcomes		
Author and Year of study	Size of sample (Males & Females)	Type of population	Terminology used	Type of Intervention used	Type of offence (Contact or non-contact or no offence)	Measures used	RQ1: Attitudes, Misconceptions, Stigma of professionals and general public	RQ2: Offence type and attitudes, stigma, and misconceptions
						<ul style="list-style-type: none"> - Perceptions of sex offenders scale (PSO; Harper & Hogue, 2015) - Absorption scale (adapted from Green & Brock, 2000), - Mousetracking (Freeman & Ambady, 2010). 		
Heron et al. (2021)	Total N = 162 (Females = 131) (Males = 29)	Psychology Students	Paedophiles	Educational lecture and direct contact with a paedophile pre-test/post-test design	Not specified	<ul style="list-style-type: none"> - Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015) 	<ul style="list-style-type: none"> - Results supported that student hold punitive attitudes toward paedophiles. - Students showed fewer negative attitudes towards paedophiles after the intervention. - Comments on meeting with a 	

Population							Outcomes	
Author and Year of study	Size of sample (Males & Females)	Type of population	Terminology used	Type of Intervention used	Type of offence (Contact or non-contact or no offence)	Measures used	RQ1: Attitudes, Misconceptions, Stigma of professionals and general public	RQ2: Offence type and attitudes, stigma, and misconceptions
							paedophile were solely positive and some participants stated that now they see paedophiles as normal human beings.	
Imhoff & Jahnke (2018)	Total N = 423 (Females = 152) (Males = 255) (Other = 16)	Public	Paedophiles	Vignette experiment (4 conditions: a. paedophilia label, low intentionality b. paedophilia label, high intentionality c. no label, low intentionality d. no label, high intentionality	Not specified	- Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015) - Stigma-related beliefs scale (Imhoff, 2015)	- Harsher punitive attitudes toward paedophiles than sexual interest in prepubescent children. - More negative attitudes were elicited by the term paedophilia and participants perceived paedophiles to be more dangerous - the label of paedophilia	

Population							Outcomes	
Author and Year of study	Size of sample (Males & Females)	Type of population	Terminology used	Type of Intervention used	Type of offence (Contact or non-contact or no offence)	Measures used	RQ1: Attitudes, Misconceptions, Stigma of professionals and general public	RQ2: Offence type and attitudes, stigma, and misconceptions
							increases stigmatising attitudes. - participants with some knowledge exhibit less stigmatising attitudes.	
Imhoff (2015)	Total N = 332 (Males = 162) (Females = 162) (Other = 1) (Missing = 7)	Public	Paedophiles	Experiment Vignette (2 conditions: a. paedophilia label b. sexual interest in children)	Non-offending	- Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015)	- Paedophilia label led to lesser ascriptions of intentionality than the label sexual interest in children - Paedophilia label led to more punitive attitudes and stigmatisation	
Jahnke et al. (2015a)	Total N = 1,055	Public	Paedophiles	2 Surveys (2 conditions: a. paedophiles. alcohol abuse) (3 conditions: a. paedophiles. b.	Not specified	- Controllability scale · Affective Reactions · - The Social	- public stigma towards paedophiles was significantly stronger	

Population						Outcomes		
Author and Year of study	Size of sample (Males & Females)	Type of population	Terminology used	Type of Intervention used	Type of offence (Contact or non-contact or no offence)	Measures used	RQ1: Attitudes, Misconceptions, Stigma of professionals and general public	RQ2: Offence type and attitudes, stigma, and misconceptions
				sexual sadists. c. people with antisocial tendencies)		Distance Scale (Bogardus, 1933) - Right-Wing Authoritarianism (RWA)	- 84% agree to feel anger towards paedophiles - 10% agree they wouldn't accept paedophiles in their neighbourhood - 90% agree that paedophiles are danger to children and adolescents - 14% agree that paedophiles should better be dead - 39% agree that paedophiles should be incarcerated - younger age was linked to higher social distance towards paedophiles	

Population							Outcomes	
Author and Year of study	Size of sample (Males & Females)	Type of population	Terminology used	Type of Intervention used	Type of offence (Contact or non-contact or no offence)	Measures used	RQ1: Attitudes, Misconceptions, Stigma of professionals and general public	RQ2: Offence type and attitudes, stigma, and misconceptions
Jahnke et al. (2015b)	Total N = 137 (Females = 82.5%)	Psychotherapists in training for CBT	Paedophiles	Intervention (written information & video) (2 conditions: a. anti-stigma b. control)	Offending and non-offending	- The Stigma Inventory (Jahnke et al., 2014) - Therapy Motivation Scale - Assessing participants' satisfaction with the anti-stigma program:	- fewer stigmatising attitudes and social stigma towards paedophiles compare to the general public	- most psychotherapists reported willingness to work with non-offending paedophiles and almost half reported willingness to work with offending paedophiles.
Jahnke (2018)	Total N = 205	Public	Paedophiles	Vignette experiment (4 conditions : a. Paedophilia, Intrinsic b. paedophilia, extrinsic c. teleiophilia Intrinsic d. teleiophilia extrinsic	Non-offending	- Cognitive Antecedents (developed) - Punitive Attitudes (Imhoff, 2015) - Social Distance Scale (Jahnke, 2015a)	- Paedophilia extrinsic – significantly more social distance, punitive attitudes, fear, anger, disgust. Paedophilia extrinsic - higher perceived abnormality,	

Population						Outcomes		
Author and Year of study	Size of sample (Males & Females)	Type of population	Terminology used	Type of Intervention used	Type of offence (Contact or non-contact or no offence)	Measures used	RQ1: Attitudes, Misconceptions, Stigma of professionals and general public	RQ2: Offence type and attitudes, stigma, and misconceptions
						- Social Desirability Scale (Ray, 1984)	amorality, and dangerousness. - stronger desire to punish and avoid paedophiles - females had a greater desire for punishment.	

2.6.2 Textual Descriptions (Paedophiles)

Studies including Paedophiles with Contact and Non-contact offences

Professionals. Jahnke et al. (2015b) conducted a study with a sample of psychotherapists in training for CBT. Psychotherapists in training used in Jahnke et al (2015b) were considered professionals as they were post-graduate. A video-based stimuli and survey were used to measure attitudes. Psychotherapists in training reported less social distance, with half of them willing to treat offending paedophiles indicating fewer stigmatising attitudes.

Public. However, Boardman and Bartels (2018) conducted a study using a sample from the public, to examine attitudes towards offending and non-offending paedophiles. A video-based stimuli and survey was also used to measure attitudes. Members of the public reported more punitive judgements toward the offending paedophiles, as they viewed them as more dangerous, indicating more stigmatise attitudes.

Non-offending paedophiles

Public. Imhoff (2015) and Jahnke (2018) reported on the attitudes toward non-offending paedophiles, using samples from the public. Both studies used vignettes. The results of Imhoff (2015) indicated that the public holds punitive attitudes toward paedophiles even if they have never committed an offence. Jahnke (2018) also found a stronger desire by the participants to punish and avoid paedophiles than teleiophiles.

Offence type not specified (Paedophiles)

Students. Furthermore, Harper et al. (2018), and Heron et al. (2021) reported on the attitudes and stigmatisation toward paedophiles, using student samples. The authors used presentations and a lecture as interventions. The authors found that participants reported more

dangerousness, intentionality, punitive attitudes, more moral disengagement, and deviance towards paedophiles, before the experimental manipulation (Harper et al., 2018; Heron et al., 2021).

Public. Moreover, Jahnke et al. (2015a) and Imhoff and Jahnke (2018), reported on public stigma and punitive attitudes toward paedophiles in general. They found that the public's stigma was significantly higher for paedophiles than for people who abuse alcohol, sexual sadists, and people with aspects of antisocial personality disorder (Jahnke et al., 2015b). Imhoff and Jahnke (2018) found that the public holds harsher punitive attitudes toward paedophiles than towards people described as having a sexual interest in prepubescent children.

2.6.3 Groupings and Clusters: MAPs and Paedophiles

Groups and clusters of the studies have been explored to identify if characteristics of the studies could be clustered (e.g., location, offence, population). The most noticeable difference between the studies according to the location is that most of the studies have been conducted in the US, UK and Germany, with the exclusion of one study (Heron et al., 2021) which was conducted in the Netherlands. Another exception is the study of Lievesley et al. (2021) that used participants from New Zealand, Australia, and Canada, although the majority of participants were from the UK. Besides, the studies could be grouped according to the population (professionals, students, public) offence (offending, non-offending, not specified), and terminology used (MAPs, Paedophiles)

2.6.4 Thematic analysis

Seven themes emerged from reviewing all 12 papers: 'Attitudes toward MAPs', 'Stigma toward MAPs', 'Misconceptions regarding MAPs and minor attraction', 'Attitudes towards Paedophiles' 'Stigma toward Paedophiles', 'Misconceptions regarding Paedophiles'

and ‘Label effect on stigma and attitudes’. The themes were organised into three categories: attitudes, stigma, and misconceptions (Appendix F).

Attitudes toward MAPs

Public. Public attitudes toward MAPs as a group were reported to be neutral, although this is based only on one study due to the limited number of studies that currently exist. Even though it was found that participants were leaning towards the negative statements for MAPs, overall, they presented to be neutral and did not generally agree or disagree with the statements.

Students. However, students were found to have punitive attitudes and judgments toward MAPs. Interestingly, students seemed to believe that MAPs do not choose to be sexually attracted to prepubescent children. This indicates that students did not perceive MAPs’ sexual attractions as intentional. Some understanding was shown regarding the difference between attraction and behaviour regarding attitudes when MAP terminology was used.

‘Simply stating one is attracted to a child is not cause to call the police.’

(Walker et al., 2021)

Additionally, there was some understanding regarding MAPs’ need for therapy and the acknowledgement of the struggle of finding professionals willing to work with them. It was also acknowledged that MAPs should have the opportunity to ask for and receive help and not be excluded from that opportunity due to their attractions.

‘Need people to be open to working with them’

‘Individuals are more than their thoughts or actions. Everyone should have the opportunity to receive help.’

(Walker et al., 2021)

Yet even though their attitudes toward MAPs were punitive, students at higher program level reported less punitive attitudes. However, when it came to treatment targets, students as future professionals showed understanding and empathy regarding MAP's needs.

'I would focus on whatever their presenting issue is, or the issue they believe is most salient. If it has to do with their sexual attractions, we would focus on that, but I would not push that as our main focus if they do not believe it is important'.

(Walker et al., 2021)

On the other hand, some students indicated the need to change MAPs attractions to help them be sexually attracted to adults. Some students presented to view MAPs as their attractions indicating their negative attitudes.

'I want to see if I could convert the client to be sexually attracted to usual normal adults not children'.

(Walker et al., 2021)

Moreover, female participants felt the need to make a police report if their hypothetical clients identified themselves as MAP, highlighting more negative attitudes.

Professionals. On the other hand, mental health professionals reported favourable attitudes toward MAPs, which were less punitive than the public. It was noted that more experienced professionals felt more competent, comfortable, and confident in working with MAPs. However, professionals' competence was found to be reduced when they learned about their client's masturbation habits from sexual thoughts involving children.

'MAPs' masturbation to sexual thoughts involving children reduced perceived competence' and comfort.'

(Lievlesley et al., 2021).

Professionals higher prioritising treatment need for MAPs was to control their sexual attractions. Although, at the same time when they were prioritising this treatment need their willingness to work with MAPs was decreasing. Other treatment targets professionals set when working with MAPs included living with stigmatised attractions, mental health needs and coping with social stigmatisation.-

Stigma toward MAPs

Public. Participants showed lack of social acceptance to MAPs indicating their stigmatisation. Additionally, participants were more likely to believe that MAPs are not the same with members of the general public and that they are different, highlighting their stigma towards MAPs.

Professionals. Professionals were presented as having less stigma toward MAPs than the public. However, medical professionals were found to have more stigma towards MAPs than mental health professionals. Medical professionals showed to view MAPs as dangerous, their attractions as being avoidable and attribute blame to MAPs for their attractions, indicating their higher levels of stigma. Although, medical professionals' perceptions of MAPs' dangerousness were lower than members of the public. Professionals who had experience with patients disclosing their attraction and having mental health-related treatment targets showed greater willingness to working with them. Additionally, professionals reported that the main objective of providing services to MAPs would be the prevention of child sexual abuse. This indicates a neglect of the broader therapeutic needs of MAPs.

Students. Stigma was found to exist toward non-offending MAPs, as well. The stigma toward them seemed to be in the forms of social distance and social neglect, including death sentencing. This was found to act as a barrier for this group of MAPs in seeking therapy. It was noticed that even if MAPs had not committed any sexual offences, they are stigmatised due to their attraction alone and the assumption of the negative consequences their attraction could have if they act on it.

“If I know that the person is a paedophile, I would report it even if they have not committed anything. Mainly because it is putting potential victims’ lives in danger.”

(Walker et al., 2021)

Misconceptions regarding MAPs and minor attraction

Misconceptions regarding MAPs were found to exist in the public and the student populations. Misconceptions were found regarding the dangerousness of MAPs and the belief that MAPs don’t want to be treated or could not be treated. Beliefs that MAPs are different from the general public and that MAPs lack impulse control were also found to exist. Additionally, participants found to hold the misconceptions that MAPs’ attractions can be explained through childhood trauma and that MAPs attraction can be changed.

Attitudes toward Paedophiles

Public. Public attitudes toward paedophiles were reported to be negative and punitive. Participants reported attitudes including *‘these persons should be incarcerated’*, and *‘these persons should better be dead’*. The same negative and punitive attitudes were reported for non-offending paedophiles as well, *‘should better be dead’*. It was found that the reason behind those attitudes was the desire paedophiles have and not necessarily their behaviour. People from the public reported feeling anger, fear,

disgust, and pity toward paedophiles. Anger and fear seemed to contribute to the increase in social distancing from paedophiles.

Fear appeared to originate from the people's perceptions of dangerousness, whereas anger originated from the amorality surrounding paedophiles attractions. Furthermore, the perceived abnormality of paedophiles' attractions was found to provoke the feeling of disgust. Those emotions were experienced more by female participants, accompanied by a higher desire to punish paedophiles, which indicates more punitive attitudes. However, public seemed to hold harsher punitive attitudes toward offending paedophiles than non-offending paedophiles.

Stigma toward Paedophiles

Public. Members of the public presented with high levels of social stigma toward paedophiles. Participants were noted to have high levels of social distance, avoiding personal contact or companionship with paedophiles and perceived dangerousness of paedophiles, indicating stigmatisation. They were presented with negative reactions, negative emotions, and stigmatising assumptions. The stigma towards offending paedophiles was high due to the perception of being immoral and abnormal due to their attractions. Furthermore, people were reported perceiving older offending paedophiles as more dangerous than younger offending paedophiles, indicating high levels of stigma. Moreover, age was found to be a factor influencing the levels of stigma toward paedophiles, with younger people reporting more social distance, indicating more stigmatisation of paedophiles.

Professionals. Stigma among professionals towards paedophiles exists with lower levels of social distancing and more acceptance for paedophiles in their neighbourhood. Most professionals also presented a willingness to work with non-

offending paedophiles, although fewer expressed a willingness to work with offending paedophiles. This highlights that there is more stigma toward paedophile that have committed an offence by professionals. However, professionals reported low levels of perceived deviance and dangerousness regarding paedophiles.

Misconceptions towards Paedophiles and Paedophilia

Misconceptions were found to exist in all samples, including professionals, the public and the student populations. Misconceptions were identified regarding the age of paedophiles, as people viewed younger non-offending paedophiles as more dangerous. This might be due to the perception that younger paedophiles are less able to control their urges, as they are not mature enough and lack experience. Additionally, it may be due to their age being closer to children and possibly having access to children in an easier way. Moreover, there was a perceived link between paedophilia and child sexual abuse, which could explain the punitive attitudes and stigmatisation of paedophiles and MAPs. This highlights the misconception that exists in the community that all paedophiles have committed a child sexual offence. There was also a link between sexual attraction to children and mental illness. Although, sexual attraction to minors could only be considered a psychiatric disorder if the DSM-5 diagnostic criteria for paedophilic disorder are met. Furthermore, some people reported the misconception that sexual attraction to minors is self-chosen.

Label effect on stigma and attitudes: MAP/Paedophile

The label used to refer to individuals with sexual attraction to children was found to be influencing the stigma and attitudes towards them. The clinical term 'paedophile' was found to evoke harsher punitive attitudes, perceptions of dangerousness and stigma than more descriptive terms such as 'sexual interest in prepubescent children'. The term 'paedophile' appeared to bring to mind the same effect even when the term MAP was used as an

alternative. People find the term paedophile more familiar than the terms MAP and sexual interest in prepubescent children, which enhances punitive attitudes and stigma. This highlights the power of labels in broader society.

2.6.5 Exploring similarities and differences between the studies

There are four concepts that appear to provide translation within the studies. Table 6 presents details regarding the similarities and differences between the studies. The first is whether the participants have children. The participants in Jahnke (2018) reported having children below the age of 14 had more punitive attitudes toward paedophiles that have not offended, possibly due to their children being possible victims' ages. The exact opposite seemed to be demonstrated in Jahnke et al. (2015b) where most participants did not report having children and comparably had more favourable attitudes toward paedophiles who had committed a sexual offence. Although, the sample in Jahnke et al. (2015b) were psychotherapists in training with more knowledge on the topic than Jahnke (2018) that the sample consisted of students and the public.

The second concept is the label used to refer to individuals with sexual attraction to children. In Imhoff (2015) the label 'paedophile' elicited harsher punitive attitudes and stigma toward paedophiles than more descriptive terms such as 'sexual interest in children' and 'sexual interest in prepubescent children'. The same label effect was demonstrated by Imhoff and Jahnke (2018), indicating that the label used to refer to this group is noted to affect attitudes and stigma towards them.

The third concept is the gender of the participants. Female participants as presented by Walker et al. (2021) had a stronger desire to report their hypothetical client if disclosed as MAP, indicating a possible desire for punishment. The same desire to punish and avoid paedophiles was reported by Jahnke (2018) by female participants. This concept highlights

possible more negative attitudes and stigmatisation of individuals with sexual attraction to children by females.

The fourth concept is the level of familiarity: with the topic of minor attraction. The level of familiarity in Walker et al. (2021) elicited less punitive attitudes and stigma toward MAPs, as students in higher education programs reported. The exact same effect was demonstrated by Lievesley et al. (2021) where professionals with more experience with minor attraction were more willing to work with MAPs. Also, Imhoff and Jahnke (2018) with participants with some knowledge of the topic reported less punitive attitudes and stigma. These four concepts can possibly represent the translation between the studies. Nevertheless, they might be a start in identifying some characteristics that influence attitudes and stigmatisation toward MAPs and paedophiles.

Table 6.*Similarities and differences between the studies.*

Author and Year of study	Terminology used	Type of population	Offence	Outcome	Comments / Conclusions
Jahnke et al. (2015b)	Paedophiles	Psychotherapists in training for CBT	Offending	<i>Having Children</i> The majority of participants did not have children. – more favourable attitudes	Having children and the age of the children was found to be a variable affecting participants' attitudes toward paedophiles. Even though the two samples and paedophiles group are different, it is a variable indicating an impact on participants' attitudes and more investigation is needed regarding the sample and paedophiles group to allow comparison.
Jahnke (2018)	Paedophiles	General public and student population	Non-offending	Participants who had children below the age of 14 years showed more punitive attitudes toward non-offending paedophiles than teleiophiles.	
Imhoff (2015)	Paedophiles	General public	Non-offending	<i>Labels</i> Participants showed harsher punitive attitudes and stigma toward the label 'paedophile' than 'sexual interest in children' and 'sexual interest in prepubescent children'.	The label used to describe this group was found to impact the attitudes and stigma towards them. As indicated by the findings the label 'paedophile' was found to elicit more punitive attitudes and stigma towards this group, than more descriptive labels.
Imhoff & Jahnke (2018)	Paedophiles	General public	Not specified	Participants showed harsher punitive attitudes and stigma toward paedophiles than 'individuals with a sexual interest in prepubescent children'.	
Walker et al. (2021)	MAPs	Undergraduate and postgraduate students	Non-offending	<i>Gender of participants</i> Female participants indicated a stronger desire to report their hypothetical client.	The gender of the participants is impacting attitudes and stigma toward MAPs and paedophiles based on the findings. However, both

Jahnke (2018)	Paedophiles	General public	Non-offending	Female participants had a stronger desire to punish and avoid paedophiles.	studies concentrated on the non-offending group of MAPs and paedophiles. More investigation is needed regarding the effects of the gender of participants on attitudes and stigma toward the offending groups of MAPs and paedophiles.
Walker et al. (2021)	MAPs	Undergraduate and postgraduate students	Non-offending	<i>Level of Familiarity</i> Participants in a higher program of studies (e.g. postgraduates) showed less need to make a police report for their hypothetical client disclosing being 'a paedophile', indicating less stigma and punitive attitudes.	The level of familiarity with the topic was found to impact attitudes and stigma toward MAPs and paedophiles. As indicated by the findings higher levels of familiarity elicit less punitive attitudes and stigma toward MAPs and paedophiles. More investigation regarding the level of familiarity specifying the offending groups of MAPs and paedophiles would be beneficial.
Lievalsey et al. (2021)	MAPs	Healthcare professionals (Primary medical care and primary mental health care)	Not specified	Professionals more experienced with minor attraction were more willing to work with MAPs, indicating less punitive attitudes and stigma.	
Imhoff & Jahnke (2018)	Paedophiles	General public	Not specified	Participants with some knowledge on the matter showed less stigma toward paedophiles.	

2.7 Discussion

This systematic review aimed to provide an understanding of the attitudes, stigma, and misconceptions of the public and professionals towards MAPs. Moreover, the current review aimed to emphasise the differences regarding the attitudes, stigma and misconceptions based on the offence type (contact or non-contact) or no offence. Twelve studies were included based on the inclusion criteria. The relationship between the offence type and attitudes, stigma, and misconceptions was explored by also including the non-offending group of MAPs and the group of MAPs where it was not specified whether there was an offence or not.

2.7.1 What is the use and definition of the terminology (MAP or paedophile) in studies?

It was found that the label used to refer to individuals with sexual attraction towards prepubescent children affects attitudes, stigma, and misconceptions. More punitive attitudes and stigma was detected by the label 'paedophile' as it was perceived as more dangerous than more descriptive label such as 'sexual attraction to prepubescent (Imhoff, 2015; Imhoff & Jahnke, 2018; Walker et al., 2021), indicating the existence of misconceptions. Further studies within the literature have concluded that terminologies such as 'sexual interest in children' and 'MAP' are related to less stigma (Cantor & McPhail, 2016; Levenson & Grady, 2019). These results indicate that indeed the terminology chosen to describe individuals with sexual attraction to children is affecting the attitudes people form and hold towards them.

According to Walker et al. (2021), the validity of the term 'minor-attracted people' is under debate within the scientific literature mainly due to the use of the term 'minor' and its varying definitions. Thus, the papers using both terms interchangeably could maybe act as a specification or reminder to the reader that the term MAP is being used to refer only to individuals with sexual attraction to prepubescent children and not MAPs in general. Moreover, as the term 'minor-attracted people' is not a clinical term, perhaps papers use the paedophile term in an attempt to introduce a more clinical aspect.

2.7.2 Does the offence type have an impact on attitudes, stigma, and misconceptions?

MAPs

The findings suggested that the existence of offence or not, seemed to influence attitudes, stigma and misconceptions towards MAPs. For example, it was found that when it was specified that the MAP had not committed any sexual offences, the attitudes of the participants severely changed to become less stigmatised (Walker et al., 2021). A reason for this could be the misconception that all individuals with sexual attractions to children commit sexual offences and a possible implied link with offending behaviour, whereas the clarification that it is non offending changes the stance. This indicates that the presence of offence does in fact impact attitudes, stigma and misconceptions toward MAPs. However, this should be interpreted with caution as due to the narrow list of studies using MAP terminology this finding was only present in one study.

Paedophiles

The findings indicated that there indeed were negative attitudes and stigmatisation toward paedophiles and the presence of a sexual offence certainly had an impact on them. For example, it was found that people held more negative attitudes toward paedophiles that have committed an offence, as they were viewed as more dangerous (Boardman and Bartels, 2018). Nonetheless, it was not specified whether the offence was a contact offence or a non-contact offence highlighting a limitation in the focus of these studies.

Apart from the sensitive nature of children as victims, another reason for the strong negative attitudes even in cases where an offence is not admitted might be the media and the way media present sexual crimes. Moreover, members of the public have media as their main source of information regarding sexual offences against children, resulting in their attitudes being shaped through media representation (Popovic, 2022). This leads the public believing in misconceptions regarding these individuals, impacting their attitudes and stigmatisation towards them. Moreover, in a different literature, attitudes towards sex offenders could be influenced by information about the offence (Harper et al., 2017), and in the same manner, possibly attitudes towards paedophiles or MAPs could be influenced by the type of offence they have committed.

2.7.3 Do professionals and the public have different attitudes, stigma, and misconceptions?

MAPs

Differences have been identified between professionals' and public's attitudes and stigma toward MAPs. The attitudes of the public toward MAPs were found to be neutral. An explanation for this could be

the use of the terminology ‘minor-attracted people’ that is not as well-known to the general public and perhaps connections to negative cognitions have not been established. However, on the other hand the levels of stigma toward MAPs from the public and student population were found to be high. The stigma could be a result of their community’s influence regarding MAPs, guiding them into providing socially desirable responses. On the other hand, mental health professionals were found to have lower levels of stigma and less punitive attitudes toward MAPs with willingness to work with them. Indeed, professionals’ knowledge and experience in minor attraction seemed to affect their willingness in working with MAPs and influence their attitudes in a less negative direction. It can be concluded that professionals would like to help MAPs manage their sexual attraction. However, the challenge of this treatment target could possibly make them feel incompetent and not confident in their abilities resulting in them being less willing to work with MAPs.

Paedophiles

This review has found differences in the attitudes, stigma, and misconceptions towards paedophiles between members of the community and professionals. For example, it was found that psychotherapists in training held fewer stigmatising attitudes towards paedophiles when compared with people from the public (Jahnke et al., 2015b). Paedophiles' attractions seemed to provoke people into assuming negative consequences due to their desires, hence increasing people’s intentions to punish paedophiles. These punitive attitudes were often expressed through the emotions of fear and anger. Literature supports that, professionals working with paedophiles tend to hold fewer negative and punitive attitudes than different professionals, students, and people from the community (Ferguson & Ireland, 2006; Higgins & Ireland, 2009; Harper et al., 2017; Kerr et al., 2018; Harper & Hicks, 2021). In support of the exposure hypothesis, is literature which indicates that professionals with more level of contact such as psychologists have more positive attitudes when compared to professionals involved in the processes of law enforcement (Tewksbury & Mustaine, 2013; Day et al., 2014). Moreover, the less negative attitudes of professionals could be explained by the greater contact through the experience of working with them and the demonstration of effective training processes (Harper & Hicks, 2021; Kerr et al., 2018; Roselli & Jeglic, 2017).

However, students' attitudes and level of stigma were found to differ to those of professionals. For example, negative and stigmatising attitudes towards paedophiles have been reported by psychology students (Harper et al., 2018; Heron et al., 2021).

Correspondingly, the findings supported more negative, punitive, and stigmatising attitudes towards paedophiles by the general public. For example, it was found that members of the community have punitive attitudes, socially distance themselves from paedophiles and have a strong desire to punish them (Jahnke, 2018; Imhoff & Jahnke, 2018; Imhoff, 2015). Furthermore, when compared to other stigmatised groups such as people who abuse substances (Jahnke et al., 2015a), sexual sadists and people with aspects of antisocial personality disorder (Jahnke et al., 2015a), public still had more stigma toward paedophiles. Public stigma toward paedophiles could be a result of the social stigma attached to this group, endorsing conformity. On the other hand, participants with some knowledge of the topic were found to hold fewer stigmatising attitudes towards paedophiles (Imhoff & Jahnke, 2018), indicating that knowledge could be a variable affecting attitudes and stigma. These findings substantiate that paedophiles are indeed a highly stigmatised group.

In regards to misconceptions, they were found to exist in all the groups of interest such as the public, students and professionals.

The impact of age and gender on attitudes, stigma, and misconceptions towards paedophiles

Participants reported fewer stigmatising attitudes towards older non-offending paedophile than the young non-offending paedophile (Boardman & Bartels, 2018). This could be due to their age and the assumption that they have experience in managing their attraction better, thus they do not pose as big of a threat in committing sexual abuse.

An additional interesting finding was that younger participants reported socially distancing themselves more than older participants (Jahnke et al., 2015a). However, this finding is contradictory in more general literature in stigma research, as older individuals are the ones predictably holding more distinguished views towards stigmatised groups (Angermeyer & Dietrich, 2006; Herek, 2002; Liekens et al., 2012), such as paedophiles.

Furthermore, the findings showed that females hold more negative attitudes and stigma toward paedophiles (Jahnke, 2018; Walker et al., 2021). Congruent results were found in further literature by Willis et al. (2013), which found that females reported more negative attitudes than males.

2.8 Limitations

Nevertheless, there are areas needing improvement for future reviews. Some methodological considerations of the literature were noted and need to be addressed. For example, only four studies included in this review used the terminology 'MAP', the rest of the studies (n = 8) used the terminology 'paedophile'. One of the reasons for this might be that the terminology is new in the research literature regarding attitudes, stigma, and misconceptions towards this group. Another reason could also be the lack of a clear definition of the term that drives researchers to choose the term paedophile in their study (e.g., Walker et al., 2021). This can be considered a weakness of this review, but also highlights the need to further explore the literature. However, this review provides an initial understanding regarding the stigma, attitudes, and misconceptions toward individuals with sexual attraction to children using the MAP term, in the literature currently available including samples of professionals and the public. Moreover, this review included only studies in the English language, which may impact the generalisability of the findings, although English is the main language used worldwide.

The analytical choice of narrative synthesis has strengths in highlighting the heterogeneity between the studies and concerns of appraisal. This could be due to narrative synthesis making the characteristics and context of each study clearer, whereas the thematic approach is using themes to organise the data (Barnett-Page & Thomas, 2009). However, research argues that even though narrative synthesis is common in systematic reviews, it frequently lacks transparency, the methods used are often not reported and the data presentation rarely enables clear links between text and data presentation (Campbell et al., 2019). Thus, this review attempted reporting narrative synthesis with clarity.

Another issue to consider pertains to the choice of terminology for this systematic review, given the purposeful exclusion of the term 'child sex offender'. This distinction was made following calls from the

literature (Able & Harlow, 2007; Richards, 2011) although the danger of excluding significant papers was present. To alleviate these concerns a parallel search of the databases inclusive of the search criteria with the term child sex offender revealed two additional papers (Rogers et al., 2011; Jung et al., 2011) which however were not included in this review to maintain terminological clarity.

2.9 Conclusions and Future Research

The current systematic review is the first to explore whether the different offence types (contact or non-contact) or no offence committed by MAPs or paedophiles have an impact on attitudes, stigma, and misconceptions towards these groups, considering individuals from the public and professionals. Inclusive search strategies were applied combined with an efficient quality assessment tool. These allowed the underlined of relevant information, such as terminology used (MAPs or paedophiles), sampling procedures (public or professionals), offence type (contact or non-contact) or no offence, measures used and the analysis of the results. Most of the studies included in this review used quantitative descriptive methods as their study design. Additionally, all the studies included are up to date due to the infancy of the current research topic as well as the terminology ‘minor-attracted people’.

In general, professionals were found to have less negative and stigmatising attitudes toward MAPs and paedophiles. Although, more professionals are willing to work with non-offending paedophiles than offending paedophiles. Further, professionals were found to believe in misconceptions regardless of their education and training. Moreover, similar conclusions exist for future professionals (psychology and social work students) who were found to believe in misconceptions and hold negative and stigmatising attitudes towards MAPs and paedophiles. Further research is needed to allow for a more enhanced understanding of professionals’ attitudes, stigma, and misconceptions towards MAPs, but also their perceptions of the term MAP and views on the use of the term, as the number of available studies on this matter for inclusion in this review were limited. The focus on professional samples is essential as professionals’ attitudes, stigma and misconceptions toward MAPs could affect therapy opportunities, practices, and effectiveness in treatment engagement, limiting the availability for service providers to MAPs. Further research regarding professional samples should focus on emphasising the offence type and the possible impact on attitudes, stigma and misconceptions, as the studies available are limited and most of them refer to MAPs as a unified group.

Over and above, there is a need for research investigating professionals' and community's attitudes, stigma, and misconceptions in the same study to better allow comparison.

However, the public held negative, punitive attitudes toward paedophiles, with attitudes towards MAPs found to be more neutral (at least from the limited number of studies reviewed). Members of the public presented with high levels of social stigma toward paedophiles and MAPs, even when compared with other stigmatised groups (individuals who abused substances, alcohol, sexual sadists, and people with aspects of antisocial personality disorder). Although, more intense negative attitudes were found toward offending paedophiles. Future research should benefit from bigger community samples from South European countries to allow more the cross-national generalisability of the results.

Regarding the terminology, it was indicated that the terminology does appear to affect attitudes, stigma, and misconceptions towards individuals with sexual attraction to children. More descriptive terminologies such as MAP were found to minimise negative and stigmatising attitudes in the reviewed studies, although the sample size of studies was limited. Further research would benefit this area as it might affect decision on how to refer to this group of individuals by services, policies and the media. The gap in the literature regarding the use of the terminology MAP and how it is perceived by professionals, would benefit from further research, as the word 'minor' is surrounded by multiple definitions.

All the above should be taken into consideration for future research exploring attitudes, stigma, and misconceptions towards MAPs, as these seem to affect help seeking services availability for MAPs. Furthermore, the gap in the literature regarding the significance of the offence type (contact or non-contact) in influencing people's attitudes, stigma, and misconceptions towards MAPs, remains and has already been highlighted in this systematic review. Based on the results of the current review a need for more research on the topic outside the countries (UK, US, Germany) where most of the studies were conducted to allow a broader understanding of cultural differences regarding therapy opportunities for MAPs.

CHAPTER 3

Misconceptions, attitudes, and stigma toward minor-attracted people: An Expert Panel Delphi Study

Abstract

Background and aims: Professionals are members of the same community as the public, with a high probability of being affected or exposed to their community's attitudes about MAPs. Some professionals are unwilling to offer treatment to MAPs due to stigmatising attitudes and the impact those attitudes have on their capability to provide support (Jahnke, et al, 2015b; Kadambi & Truscott, 2003; Elias & Haj-Yahia, 2017). This Delphi study aimed to reach a consensus among experts working with MAPs, to identify the attitudes, stigma, and misconceptions that exist in their professions toward MAPs. An additional aim was to reach a consensus on whether professionals experience stigma related to their work with MAPs, and whether the type of offence MAPs have committed affects this stigmatisation if any.

Methods: The study employed a Delphi technique recruiting experts defined as 'a person with specialist training, study or experience who can provide professional information or opinion that is likely to be beyond the experience and knowledge of the average person' (British Psychological Society, 2021, p.6). The study recruited 26 experts and run three rounds. The panel members received an email with the link to Round 1 questionnaire. Some professionals had been approached through a direct message on LinkedIn and received the link to Round 1 via message. The purpose of the study and procedures were explained to the experts, followed by their consent to participate in the study prior to proceeding to the Round 1 questionnaire. Two reminder emails (one week apart) were sent between Rounds to increase participation.

Results: The highest consensus (100%) was reached for the statements, 'MAPs who have committed a physical contact sexual offence against a minor deserve to be treated respectfully' and 'My professional role allowed me to broaden my understanding in relation to MAPs and their attraction'. Experts held accepting attitudes toward MAPs, with more favourable attitudes toward non-offending MAPs. Moreover, experts did not report believes in misconception, however, they indicated misconceptions they believe to exist in their

professional fields. Furthermore, experts agreed on experiencing stigmatisation due to their work with MAPs.

Discussion: Professionals' attitudes, stigma, and misconceptions about MAPs, can provide an opportunity for more specific training about minor-attraction and support for professionals working with MAPs, in helping them cope with the stigma they experience. This could lead to more treatment opportunities available for MAPs.

3. Introduction

People, including professionals, have misconceptions about MAPs (Jara & Jeglic, 2021; Levenson & Grady, 2019; Walker et al., 2021) followed by punitive attitudes, and stigma (Harper et al., 2018; Heron et al., 2021; Imhoff & Jahnke, 2018; Jahnke et al., 2015a) and negative emotions (Jahnke et al., 2015b). Effective therapy requires the development of an empathetic and trusting relationship, but societal attitudes make an empathic response for this population harder (Jahnke, et al, 2015b). This impacts MAPs' accessibility to treatment in multiple ways; for example, experiencing stigma from healthcare professionals (Grady et al., 2019) and lack of funding for specialised treatment services (Assini-Meytin et al., 2020). This lack of funding for specialised and expert services is important if one considers that, fewer misconceptions about MAPs have been reported among experienced professionals than among social work, psychotherapy, psychology students and police trainees (Campbell, 2013; Moss, 2019; Parr & Pearson, 2019). A reason for this could be the professionals' exposure to MAPs making them feel more capable of providing effective treatment. Research has constantly supported a link between exposure to sexual offenders within a work environment and having fewer negative attitudes towards them (Blagden et al., 2014; Ferguson & Ireland, 2006; Gakhal & Brown, 2011; Johnson et al., 2007). This is supported by more recent research that more experienced professionals hold fewer negative emotions toward MAPs (Campbell, 2013; Moss, 2019; Parr & Pearson, 2019). However, a gap to this line of research is the distinction between the different group of MAPs that have offended based on the type of offence they have committed (contact or non-contact) and whether the type of offence influence the professionals' attitudes and stigma towards them.

Moreover, research has shown that there are mental health professionals who deny their services to MAPs due to negative emotions, stigmatising attitudes and the impact those attitudes have on their capability for providing support, worries regarding liability and the belief that MAPs will not respond to therapy (Elias & Haj-Yahia, 2017; Jahnke & Hoyer, 2013; Jahnke et al., 2015b; Kadambi & Truscott, 2003; Stiels-Glenn, 2010). Supportively, Stiels-Glenn (2010) found that 95% of the psychotherapists taking part in a study in Germany were reluctant to work with paedophiles (term used by Stiels-Glenn, 2010) due to negative feelings and attitudes they had towards them. Social work students reported intense negative

emotions against MAPs, compared to more experienced social workers (Montes, 2018). Notably, among those professionals who work with MAPs, a bigger percentage choose to work with non-offending MAPs (Jahnke et al., 2015b). A notable limitation in this literature is that most studies that have investigated the attitudes and stigma of professionals toward MAPs, have used a sample of professionals without being experts on the target population. This creates a gap in the literature regarding the understanding of attitudes and stigma of professionals with experience in working with MAPs towards their clients. Thus, using experts in the field to investigate professionals' attitudes and stigma toward MAPs could enhance understanding.

In view of other professional groups, a study in Norway found that police trainees held more stigmatising attitudes towards paedophiles (a term used by Gunnarsdottir, 2018) than psychology students (Gunnarsdottir, 2018). In a qualitative study in Israel, defence attorneys reported feelings of pity and empathy towards sex offenders, but anger and disgust at the offences (Bitton & Mashiach, 2021). Specifically, psychotherapists' and social workers' opinions are highly important because they work with this population therapeutically and their attitudes and stigma could affect their therapeutic approach. Furthermore, the systematic review that was conducted as part of this project, showed that MAPs are a highly stigmatised population. The findings indicated that members of the public hold punitive attitudes and stigma toward MAPs. On the other hand, professionals were found to hold fewer negative attitudes and stigma toward MAPs when compared to the public although they were more willing to offer their services to non-offending MAPs. It was noted that only a limited number of studies (N = 3) included in the systematic review used professionals as their sample. This leaves a gap in the literature regarding the attitudes and stigma of professionals working with MAPs toward their clients. Moreover, misconceptions about MAPs were found to exist in both members of the public and professionals. In general, the findings revealed that more negative punitive attitudes and stigma exist for MAPs that have committed an offence. However, the gap in the literature remains concerning the type of offence committed and the effects on attitudes, stigma, and misconceptions of professionals delivering treatment to MAPs.

Studies exist investigating attitudes and stigma toward MAPs who have offended and MAPs who have not committed an offence. Moreover, studies lack clarification regarding the type of offence

committed, whether it was an online sexual offence (non-contact) or physical sexual offence (contact) (e.g. Harper et al., 2018; Heron et al., 2021; Imhoff & Jahnke, 2018; Jahnke et al., 2015a; Lievesley et al., 2021). Consequential, the gap regarding the effect of offence type exists in the population of professionals in the field working with MAPs and whether their attitudes and stigma are affected by their clients' offence history and the type of offence they have committed.

In similar literature about the challenges of professionals working therapeutically with sex offenders, Grady and Strom-Gottfried (2010), in their narrative review paper concluded that professionals working with stigmatised populations face challenges, such as the stigma and negative attitudes of themselves and society toward their clients. An additional challenge is also the stigma and negative attitudes the society being directed at professionals due to their work, making effective practice harder. This result in fewer professionals willing to work with this population, due to being negatively labelled (Grady & Strom-Gottfried, 2010). Moreover, challenges faced by professionals specifically working with non-offending MAPs and MAPs who have committed non-contact offences include limited knowledge about this population, worry about mandatory reporting and stigmatisation (Jackson et al., 2022). Thus, considering the stigma attached to MAPs, professionals working with MAPs may experience stigma themselves due to their work with this population, by association.

A series of studies looked at whether mental health professionals including psychologists, occupational therapists, and clinicians providing treatment to sex offenders members of the Association for the Treatment of Sexual Abusers (ATSA), sex offender counsellors and case managers, experience associative stigma due to their role. Picco et al. (2019), used an online survey comprising eleven items regarding associative stigma with mental health professionals including doctors, nurses, psychologists, occupational therapists, physiotherapists, case managers and medical social workers, working at the Institute of Mental Health (IMH) in Singapore. The study confirms that associative stigma is common among mental health professionals while higher levels of associative stigma was associated with lower job satisfaction (Picco et al., 2019). Picco et al. (2019) however, looked at mental health professionals in general and not specifically mental health professionals working with MAPs, thus gaps remain in our understanding of the associative stigma experienced by professionals working with MAPs.

Jesse (2015) used questionnaires and open-ended questions to measure the associative stigma experienced by mental health professionals members of the Association for the Treatment of Sexual Abusers (ATSA) working with sex offenders using case managers of serious mental illness and college counsellors as comparative groups. The findings showed that sex offender counsellors reported experiencing more associative stigma and depersonalisation due to their work than case managers and college counsellors (Jesse, 2015). Jesse (2015) however, used mental health professionals working with sex offenders in general and not specifically with MAPs, thus the gaps in the literature regarding our understanding of professionals working with MAPs experienced associative stigma remains. Even though individuals with sexual attraction to children are a highly stigmatised group (Heron et al., 2021), the literature has neglected possible associative stigma experienced by professionals working with MAPs.

3.1 Current Study

The studies exist investigating attitudes, stigma, and misconceptions of professionals toward MAPs are limited. Moreover, the samples of professionals used are mental health professionals in general and not professionals that work directly with MAPs. This leaves gaps in the literature regarding our understating of the attitudes professionals working with MAPs have toward their clients. An additional gap in the literature is the effects of the type of offence (contact or non-contact) their MAP client has committed, on the professionals' attitudes and stigma toward MAPs.

The purpose of this study was for a panel of experts to arrive at a consensus regarding the use of the terminology 'Minor-Attracted People' (MAP), the attitudes, stigma and misconceptions that exist in their profession towards MAPs and the level of stigmatisation they experience, if any, due to their work with MAPs. The specific aims are:

- To explore their agreement with the terminology 'Minor-Attracted People' (MAP)
- To explore the attitudes, misconceptions, and stigma that exist in the professions of psychologists and social workers working with MAPs toward MAP.
- To identify whether there are differences in attitudes towards MAPs based on the offence type (contact or non-contact) or no offence.

- To explore whether associative stigma is experienced by professionals due to their work with MAPs, and whether the type of offence their client has committed affects their stigmatisation if any.

3.1.1 Research questions

1. How do professionals perceive the term ‘minor-attracted people’?
2. What are the attitudes of professionals towards the term ‘minor-attracted people’?
3. What are professionals' attitudes, stigma and misconceptions towards MAPs based on their offence history and type of offence?
4. Do professionals that work with MAPs experience stigma due to their work with them?
5. Does the offence type committed by their client influence the stigmatisation professionals’ experience (if they do)?

3.2 Methodology

3.2.1 The Delphi Method

The Delphi technique is a mixed-method study design aiming to generate reliable information about a topic from a group of experts in the field (Sossa et al., 2019). This technique is widely used to initiate awareness, especially in situations where the availability of information is limited (Beiderbeck et al., 2021). For example, when there is a lack of availability of accurate information and information regarding professionals’ judgement is required (Steurer, 2011). In such situation,s researchers collect the knowledge of experts in an organised and controlled way (Steurer, 2011). Delphi has been used in disciplines such as social sciences (Bishop et al., 2017; Status et al., 1975), medicine (Dellinger et al., 2008; Morley et al., 2013; Sinha et al., 2011), health care (Boulkedid et al., 2011; Lee et al., 2011; Mokkaik et al., 2010), education (Bulger & Housner, 2011), engineering and technology (Bokrantz et al., 2017; Schweizer et al., 2020), environmental studies (Seuring & Muller, 2008), business (Czinkota & Ronkainen, 2020; White, 2017), and information management (Akkermans et al., 2003; Schmidt et al., 2001). The technique involves an iterative process of collecting information anonymously from experts by distributed questionnaires (Sossa et al., 2019). Delphi employs the collection of data through organised groups of experts to assemble their

expert opinions and ultimately reach a consensus on the target topic in usually three rounds (Rivera, 2013; Steurer, 2011).

This Delphi aimed for a panel of experts to arrive at a consensus regarding the attitudes, stigma and misconceptions that exist in both their respective fields (psychology, social work) toward MAPs. The experts who participated were not split according to their profession field for the study.

3.2.2 Participants

Participants were psychologists and social workers, working with MAPs. An expert in this study was defined and recruited based on the following definition ‘a person with specialist training, study or experience who can provide professional information or opinion that is likely to be beyond the experience and knowledge of the average person’ (British Psychological Society, 2021, p.6).

Experts for the Delphi were recruited from a professional online social media site (LinkedIn) and from organisations and agencies providing services to MAPs, such as B4U-ACT, Association for the Treatment of Sexual Abusers (ATSA), International Association for the Treatment of Sexual Offenders (IATSO), MAP friendly therapy, Stop it NOW US, and Stop it NOW UK. Only individuals identifying on their social media profiles as working in an organisation related to MAPs were contacted through a direct message.

Organisations included prisons and private organisations offering forensic psychology services to MAPs.

Twenty-six experts completed the online Delphi with three participants excluded due to not meeting the recruitment criteria as there were no psychologists or social workers (1 lawyer, 1 student, and 1 accountant). The final participant numbers for Round 1 were 23, 17 for Round 2 and 15 for Round 3.

3.2.3 Procedure

Experts were exposed to the study advertisement (Appendix A) and if they considered themselves an ‘expert’ based on the provided definition they were given access to Round 1. Eligibility criteria were then checked through demographics. The panel members from organisations received an email (Appendix B) with the link to Round 1 questionnaire, while professionals that had been approached through a direct message on LinkedIn received the link via message. The purpose of the study and procedures were explained to the experts in an information letter, followed by their consent to participate in the study prior to

proceeding to Round 1 questionnaire. Two reminder emails (one week apart) were sent between Rounds to increase participation. Ethical approval for this study was obtained by Cyprus National Bioethics Committee (Appendix I) and by the University of Central Lancashire ethics committee (Appendix J). Table 7 presents details regarding the timeline and data collection.

Table 7.

Data Collection Summary

Date	Activity	Appendices
17/12/21	The survey was placed in <i>Qualtrics</i> .	-
17/12/21	The flyer of the study was posted on LinkedIn.	G
17/12/21	Email invitations were sent to affiliated professionals to participate in Round 1.	H
17/12/21	Personal messages were sent to professionals on LinkedIn based on their profiles.	-
17/12/21–28/01/22	Round 1 data collection.	K
01/02/22–04/02/22	Round 2 instrument developed and placed in <i>Qualtrics</i> .	-
07/02/22	Email invitations were sent to Round 1 registered affiliated professionals to participate in Round 2.	M
14/02/22	A reminder email for Round 2 was sent.	N
07/02/22–19/02/22	Round 2 data collection.	O
22/02/22–27/02/22	Round 3 instrument developed and placed in <i>Qualtrics</i> .	-
28/02/22	Email invitations were sent to Round 1 registered affiliated professionals to participate in Round 3.	P
07/03/22	A reminder email for Round 3 was sent.	Q
28/02/22–27/03/22	Round 3 data collection.	R
28/03/22	<i>Qualtrics</i> projects closed, and data analysis began.	-

3.2.4 Materials

The Delphi method does not employ specific tools for collecting data. A tool was created according to the research questions (Appendix K). A demographic questionnaire (Appendix L) was included prior to

the Round 1 questions. Round 1 questions were developed based on the gaps in the literature indicated from the Systematic Review and reflecting on the study's aims. To gain better understanding of professionals' perceptions of the term MAP, experts were asked about their perceptions of the term and their thoughts of its use (e.g., questions 1,3). In exploring attitudes, stigma and misconceptions based on their profession, experts were asked about their professional roles' affection in their opinion, attitudes, stigma and misconceptions toward MAPs (e.g., questions 3, 8-10). To explore for any differences regarding the offence type, experts were asked about their views of MAPs with no offence, contact offence and non-contact offence (e.g., questions 4-6). To explore associative stigma and the impact of offence type, experts were asked about barriers in working with MAPs, if they experience stigma and whether the stigma was more depending on the offence type, if associative stigma was presence (e.g., questions 7, 11, 12). Table 8 presents the questions included in the Round 1 questionnaire.

Table 8.

Questions included in the Round 1

Round 1 Questions
1. Could you explain how you perceive the term "minor-attracted people". In your own words, what does it mean?
2. What are your thoughts on the use of the terminology 'minor attracted people'?
3. In what way does your professional role affect your own opinion towards minor-attracted people? Please elaborate your answer.
4. What are your views of minor-attracted people who have committed physical contact sex offences towards a minor?
5. What are your views of minor-attracted people who have committed <u>non</u> -physical contact sex offences (e.g., online sex offences)?
6. What are your views of minor-attracted people who have <u>not</u> committed an offence?
7. What are the barriers you experience as a professional, in working with minor-attracted people?
8. In your field of profession, what are the main attitudes held towards minor- attracted people?
9. In your field of profession, what are some misconceptions about minor-attracted people?
10. To your knowledge, what stigma is there in relation to minor-attracted people?

11. To your knowledge, do you think that your professional peers including yourself experience stigma due to working with minor-attracted people?

12. To your knowledge, do you experience more stigma working with minor-attracted people who have committed contact sexual offences, or when working with minor-attracted people who have committed non-contact sexual offences?

Before proceeding with Round 1 of this study, the Delphi questions were checked for clarity and comprehension with a group of Forensic Psychology professionals and students. According to Delphi literature (e.g., Cibbens et al., 2012; Hassan & Barnett, 2002), including this step in Delphi research could prove valuable in the development of good quality questions which capture the aims of the study for the first round.

Twenty-seven participants were recruited for the pilot study (males = 2; females = 25), 21 from the UK and 6 from Cyprus. The language check study participants were professionals who specialised in Forensic Psychology, but not currently working with MAPs and postgraduate students in Forensic Psychology enrolled in PhD or Doctoral studies or undergoing their practical experience year following the first year of their MSc in Forensic Psychology (professionals = 8, students = 19). The participants were recruited from UCLan Cyprus, University of Birmingham and Forensic Psychology Practice Ltd, through mailing lists. The pilot resulted in modifications of several questions in preparation for Round 1 of the Delphi study.

3.2.5 Data Collection and Analysis

Round 1 – Generating opinions

Round 1 consisted of a demographics questionnaire of the experts, such as gender, country, occupation, specific occupational role, highest qualification earned, years of experience in general, if they have children and whether the children (if any) are under the age of 13 years or older. Following this, experts completed the Round 1 questionnaire.

Following the completion of Round 1, the data was downloaded into separate Microsoft Office 365 Excel spreadsheets. The responses were grouped into categories using content analysis (Erlingsson & Brysiewicz, 2017), to prevent duplication on a Microsoft Office 365 Word document. Statements with similar meanings

were grouped together. Categories were also reviewed by a second independent reviewer, external to the study with experience in mixed-method designs, resulting in a high interrater agreement of over 80%. Similar statements were grouped into one statement included in the Round 2 questionnaire while the wording was preserved to ensure the same meaning and the rest were discarded (Keeney et al., 2011). Statements that only appeared once were included in the Round 2 questionnaire.

Round 2 – Likert scale

Round 2 involved the experts rating their agreement on each of the 73 statements generated from Round 1. A 5-point Likert scale was used ranging from 1= strongly disagree to 5= strongly agree. SPSS V26.0 was used to analyse the data. Measures of central tendency, levels of dispersion (mean, median and standard deviation) and frequency analysis were calculated for each statement to examine the levels of agreement. The consensus was achieved when responses reached a median of 3.25 on the Likert scale (or higher) (Green, 1982) or when 70% of the experts rated the same response indicating either agreement or disagreement (Green, 1982; Keeney et al., 2011).

Round 3 – Re-rating and analysis

Round 3 involved the experts re-rate only the statements that had not reached consensus in Round 2. The same 5-point Likert scale used in Round 2 was used in Round 3. Experts were presented with the overall group response of Round 2 for each statement included in Round 3. SPSS V26.0 was used to analyse the data. Measures of central tendency, levels of dispersion (mean, median and standard deviation) and frequency analysis were calculated for each statement to examine the levels of agreement.

3.2.6 Method

The method used to analyse the results of Round 1 was content analysis (Erlingsson & Brysiewicz, 2017). The aim of content analysis is to methodically convert the amount of text into an organised and brief summary of significant results (Erlingsson & Brysiewicz, 2017). The first step is for the researcher to read and re-read the transcriptions to gain an understanding of the data. The second step is to start dividing the text into smaller groups, while preserving the meaning. Then the researcher starts to develop descriptive labels (codes) to help make it easier to identify connections between the smaller groups of data. The fourth

step is to compare codes to regulate which belong together to form a theme (Erlingsson & Brysiewicz, 2017).

3.3 Results

3.3.1 Characteristics of Expert Panel Members

The expert panel consisted of 56.5% females ($n = 13$) and 43.5% males ($n = 10$). Ages ranged from 23 to 64 years. The country of the expert panel members varied, with 32% residing in the UK ($n = 7$), 27.3% in Cyprus ($n = 6$), 13.6% in the US ($n = 3$), 9.1% in Greece ($n = 2$), 4.5% in Ireland ($n = 1$), 4.5% in Nigeria ($n = 1$), 4.5% in South Africa ($n = 1$) and 4.5% in the Netherlands ($n = 1$). Most of the experts were psychologists ($n = 12$), with 36.6% being Clinical Psychologists ($n = 8$) and 18.2% being Forensic Psychologists ($n = 4$). The years of experience of professionals ranged from one year to 41 years. Experts in the panel held a master's degree (72.8%), 9.1% held a PhD and 9.1% held a Doctorate. The 50% of the experts had children ($n = 11$), with 22.7% of them having children under the age of 13 years ($n = 5$) and 18.2% having children older than the age of 13 years ($n = 4$). Table 9 presents in detail the expert panel characteristics.

Table 9.

Expert Panel Members' Characteristics

	Frequency	%
Gender		
Female	12	54.5%
Male	10	43.5%
Country		
Cyprus	6	27.3%
UK	7	32%
US	3	13.6%
Greece	2	9.1%
Ireland	1	4.5%
Nigeria	1	4.5%
South Africa	1	4.5%
Netherlands	1	4.5%
Occupation		
Clinical Psychologist	8	36.6%

Forensic Psychologist	4	18.2%
Clinical social worker	1	4.5%
Psychotherapist	1	4.5%
Therapist	1	4.5%
Intervention/Program Facilitator	2	9.1%
Volunteer for MAP Mental Health Advocacy Group	1	4.5%
Trainee Clinical Psychologist	1	4.5%
Data Analyst	1	4.5%
Independent/Senior Researcher	2	9.1%
Highest Qualification Earned		
PhD	2	9.1%
Doctorate	2	9.1%
Professional Master's Degree	1	4.5%
Qualification in Forensic Psychology	1	4.5%
Masters' Degree	16	72.8%
Specific Occupational Role		
Clinical Psychologist	2	9.1%
Forensic Psychologist	1	4.5%
Delivering interventions to offenders	2	9.1%
Prison Psychologist	1	4.5%
Probation Service	1	4.5%
Programmes facilitator	1	4.5%
Psychologist in maximum security prison	1	4.5%
Therapy	1	4.5%
Work with convicted sex offenders	1	4.5%
Therapy and Psychological support to sexual offenders	1	4.5%
Clinical training coordinator	1	4.5%
Research on sexual offending, interviewing patients with sexual offence history in forensic hospital	1	4.5%
Data Collector	1	4.5%
Adults Mental Health	1	4.5%
Self-employed	1	4.5%
Independent Researcher	1	4.5%
Practicing	1	4.5%
Course and seminar instructor	1	4.5%
Trainee Clinical Psychologist	1	4.5%
Trainee Psychotherapist	1	4.5%
Years of experience		
1 year	2	9.1%
2 years	1	4.5%
3 years	1	4.5%
5 years	1	4.5%
6 years	1	4.5%
9 years	3	13.6%
10 years	2	9.1%
12 years	2	9.1%
14 years	2	9.1%
15 years	1	4.5%
16 years	2	9.1%

18 years	1	4.5%
32 years	1	4.5%
35 years	1	4.5%
41 years	1	4.5%
Have children		
Yes	11	50%
No	11	50%
Age of children		
Under the age of 13 years	5	22.7%
Older than the age of 13 years	4	18.2%

*Note. Frequencies not summing to 22 reflect missing data.

3.3.2 Round 1

Round 1 generated 14 themes that were reflected in 74 statements to be included in Round 2. Table 10 presents the themes that emerged from the content analysis.

Table 10.

Emergent Themes from Content Analysis

Themes emerged from Round 1	Explanation
1. Age specification of attraction	The specific age of attraction as described by the experts
2. Description of attraction	Experts' description of the attraction
3. Perceptions of the term	How the experts perceived the term MAP
4. Opinions regarding the term	Experts' opinions regarding the use of the term MAP
5. Opinions affected by the professional role	How experts' professional roles affected their opinions
6. Views of the behaviour	How experts view MAPs' behaviours
7. Help and support	Experts' opinions regarding help and support for MAPs
8. Attitudes towards MAPs	Experts' opinions regarding the attitudes toward MAPs existing in their profession
9. Need for training	Experts' opinions regarding training on minor attraction and how to help MAPs

10. Reasons for MAPs to seek therapy	Experts' opinions regarding MAPs therapy
11. Professional barriers in working with MAPs	Experts' opinions regarding the barriers in working with MAPs
12. Misconceptions about MAPs and minor attraction	The experts' opinions regarding misconceptions existing in their profession
13. Stigmatisation of MAPs	Experts' opinions regarding the stigma toward MAPs existing in their profession
14. Associative stigma	Experts' opinions regarding the stigma they experience due to their work with MAPs

3.3.3 Round 2

A total of 17 participants from Round 1 responded to Round 2. As shown in Table 11 (Appendix S), the highest level of agreement was reached with the statements 'MAPs who have committed a physical contact sexual offence against a minor are still human beings' ($M = 4.41$, $Median = 5.00$, $SD = .80$), 'A contact sexual offence committed by MAPs is unacceptable' ($M = 4.41$, $Median = 5.00$, $SD = .71$), 'A contact sexual offence committed by MAPs violates children's rights' ($M = 4.53$, $Median = 5.00$, $SD = .71$), 'A non-contact sexual offence committed by MAPs violates children's rights' ($M = 4.53$, $Median = 5.00$, $SD = .71$), 'MAPs who have committed a contact sexual offence need help and support to cope with their attraction and not reoffend' ($M = 4.47$, $Median = 5.00$, $SD = .62$), 'MAPs who have committed a non-contact offence need help and support to cope with their attraction and not reoffend' ($M = 4.41$, $Median = 5.00$, $SD = .71$), 'My professional role allowed me to broaden my understanding in relation to MAPs and their attraction' ($M = 4.59$, $Median = 5.00$, $SD = .51$), 'My professional role helped to not be easily shocked as I am used to seeing the 'dark' side of people' ($M = 4.12$, $Median = 5.00$, $SD = 1.22$). There were two statements that reached a full consensus of 100% and those statements were, 'MAPs who have committed a physical contact sexual offence against a minor deserve to be treated respectfully' and 'My professional role allowed me to broaden my understanding in relation to MAPs and their attraction'.

Experts reached a consensus of disagreement with four statements in Round 2. The highest level of disagreement consensus was reached by the statements 'MAPs should be kept locked up forever' ($M = 1.59$,

Median = 1.00, *SD* = 1.18), ‘MAPs are psychopaths’ (*M* = 1.71, *Median* = 1.00, *SD* = .99), ‘Punishment will correct MAPs’ (*M* = 1.82, *Median* = 1.00, *SD* = 1.31), ‘Imprisonment will correct MAPs’ (*M* = 1.88, *Median* = 1.00, *SD* = 1.17).

Round 2 achieved consensus for 33 statements, leaving 41 statements to be included in Round 3.

Table 12 shows statements that reached consensus either on Agreement (strongly agree) or Disagreement (strongly disagree).

Table 12.

Percentage of experts reaching consensus of agreement and disagreement with statements of Round 2

Statement	N	%
Agreement		
MAPs who have committed a physical contact sexual offence against a minor deserve to be treated respectfully.	17	100%
My professional role allowed me to broaden my understanding in relation to MAPs and their attraction.	17	100%
MAPs who have committed a physical contact sexual offence against a minor are still human beings.	16	94.1%
MAPs who have committed a contact sexual offence need help and support to cope with their attraction and not re-offend.	16	94.1%
Therapy should become available to MAPs who have not committed any offences in a much easier way.	16	94.1%
There is a great level of social stigma towards MAPs affecting every aspect of their life.	16	94.1%
The term MAP is useful to use.	15	88.2%
A contact sexual offence committed by MAPs is unacceptable.	15	88.2%
A contact sexual offence committed by MAPs violates children’s rights.	15	88.2%
A non-contact sexual offence committed by MAPs violates children’s rights.	15	88.2%
MAPs who have committed a non-contact offence need help and support to cope with their attraction and not re-offend.	15	88.2%
My professional role helped me become more compassionate towards MAPs.	15	88.2%
My professional role helped me to not be easily shocked as I am used to seeing the ‘dark’ side of people.	15	88.2%
MAPs who have committed a contact sexual offence should be punishable by law.	14	82.4%

Statement	N	%
Agreement		
MAPs who have committed a non-contact sexual offence should be punishable by law.	14	82.4%
A non-contact sexual offence committed by MAPs is unacceptable.	13	76.5%
MAPs seek therapy because they need support on difficulties beyond their attraction.	13	76.5%
MAPs who have not committed any offences experience emotional difficulties caused by their attraction	12	70.6%
MAPs who have not committed any offences feel isolated.	12	70.6%
The unwillingness of society to provide adequate help towards MAPs acts as a barrier in working with them.	12	70.6%
The lack of effective training on how to help MAPs makes it harder for me to work with MAPs.	12	70.6%
Professionals working with MAPs experience stigma due to their work with them.	12	70.6%
The stigma experienced by professionals working with MAPs is generalised, regardless of whether their service user committed an offence and the type of the offence (contact or non-contact).	12	70.6%
Disagreement		
MAPs should be kept locked up forever.	15	88.2%
Therapy would not benefit MAPs to cope with their feelings.	15	88.2%
MAPs are psychopaths.	13	76.5%
MAPs are always paedophiles.	13	76.5%
Minor attraction is a smokescreen to justify sexual contact with children.	13	76.5%
MAPs make me feel anger and disgust towards them.	12	70.6%
Minor attraction is a mental illness.	12	70.6%
Punishment will correct MAPs.	12	70.6%

3.3.4 Round 3

A total of 17 participants from Round 2 participated in Round 3 with only 15 responding to the questions. As shown in Table 13 (Appendix T), the highest level of agreement was reached by the statement ‘MAPs who have not committed any offences are just people like everyone else’ ($M = 4.20$, $Median = 5.00$, $SD = 1.32$). As in Round 2, experts reached a consensus of agreement to disagree with four statements.

The highest level of agreement to disagree was reached by the statements ‘My own attitudes make it challenging to work with MAPs’ ($M = 1.60$, $Median = 1.00$, $SD = .74$), ‘MAPs behaviour originates from sadistic tendencies’ ($M = 1.40$, $Median = 1.00$, $SD = .63$), ‘MAPs behave the way they do because they feel inadequate’ ($M = 1.60$, $Median = 1.00$, $SD = .83$), ‘Imprisonment will correct MAPs’ ($M = 1.33$, $Median = 1.00$, $SD = .62$).

Round 3 achieved consensus for 19 statements. Furthermore, the panellists reached a consensus to neither agree nor disagree with the following four statements ‘MAPs do not suffer but rather enjoy it’ (70.6%), ‘MAPs seek therapy because of their attraction’ (82.4%), ‘People believe that professionals working with MAPs are supporting them in being abusive’ (70.6%) and ‘MAPs have some form of childhood abuse’ (70.6%). Table 14 shows statements that reached consensus from either on Agreement (strongly agree) or Disagreement (strongly disagree).

Table 14.

Percentage of experts reaching consensus of agreement and disagreement with statements of Round 3

Statement	N	%
Agreement		
Important details about a contact sexual offence, such as the age of the minor, will influence my views towards MAPs.	13	76.5%
There is more room for therapy for MAPs who have committed non-contact offences.	12	70.6%
MAPs are perceived by professionals as abnormal.	12	70.6%
The inability of society to provide adequate help towards MAPs act a barrier in me working with them.	12	70.6%
Disagreement		
MAPs behaviour originates from sadistic tendencies.	14	82.3%
Imprisonment will correct MAPs.	14	82.3%
MAPs who have not committed any offences should receive therapy to introduce them to same-age sexual/romantic partners.	13	76.5%
My own attitudes make it challenging to work with MAPs.	13	76.5%
My own biases make it challenging to work with MAPs.	13	76.5%

Stigma associated with MAPs is a huge barrier which can prevent me from working with MAPs.	13	76.5%
My own feelings, makes it challenging to work with MAPs.	13	76.5%
MAPs have a personality disorder.	13	76.5%
MAPs who committed a contact offence will do it again.	13	76.5%
MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is indiscipline.	12	70.6%
MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is unlawful.	12	70.6%
The use of psychiatric terminology by the public (often in erroneous ways) makes it harder for me to work with MAPs.	12	70.6%
The use of psychiatric terminology that exists in the media makes it harder for me to work with MAPs.	12	70.6%
MAPs who committed a non-contact offence will do it again.	12	70.6%
MAPs behave the way they do because they feel inadequate.	12	70.6%

3.4 Discussion

This Delphi study aimed for a panel of experts (therapy providers) to reach a consensus regarding the use of the terminology ‘Minor-Attracted People’ (MAP), the attitudes, stigma and misconceptions that exist in their professions toward MAPs, whether they experience stigmatisation due to their work and whether their stigmatisation is affected by their clients type of offence (contact or non-contact). The expert panel members have reached a consensus on 52 statements out of 74 statements generated through open-ended questions in Round 1 and included in Round 2 and 3.

The results indicated that experts found the terminology ‘Minor-Attracted People’ (MAP) less stigmatising and useful to be used. The panel member agreed that the terminology MAP is less stigmatising when compared to other terms, such as the clinical term ‘paedophile’. In line with this finding, are the results of Imhoff (2015) and Imhoff and Jahnke (2018) supporting that the terminology ‘paedophile’ elicits more punitive attitudes and stigma than more descriptive terms. The expert panel indicated that the reason they find the term MAP less stigmatising and more useful is the focus on the emotional and cognitive

aspects instead of the behavioural one. This focus could possibly offer therapy providers with the empathy and understanding which is required for an effective therapeutic relationship. Additionally, professionals found it less stigmatising and useful due to being more descriptive of the preference of the person.

The expert panel indicated that the selection of words to form the term is what makes it useful. For example, it was indicated that the word "Minor" demonstrates the notion of legal childhood, the word "Attracted" undermines the misconception of MAPs as necessarily being involved in activities or criminal offences, and the word "People" is important because it's a reminder that MAPs are indeed "people". Finally, the panellists reported that in time, the term MAP will promote less hostile and dangerous discussions around MAPs. Consistent with these findings, is research stating that the term MAP states recognition and humanisation towards the person (Chamandy, 2020).

Based on the findings the terminology 'Minor -Attracted People' is indeed found to be a more descriptive term and focuses on the description of the attraction and not the individual. This is in line with a different literature regarding individuals with addictions, which is another stigmatised population and the different terms used to refer to them. According to Saitz et al. (2021), terms such as 'drunk', 'abuser', 'alcoholic' or 'addict' used to refer to individuals with addictions, are stigmatised. Seitz and colleagues (2021) recommend the use of terms incorporating person first language such as 'patient with alcohol use disorder', which is less stigmatising. As with the term 'minor attracted people', more descriptive terms seemed to humanise the person more in the eyes of broader society. The use of stigmatising terms could impact the quality of care in a negative way (Saitz et al., 2021).

However, the expert panels' perceptions of the terminology MAP varied. The different definitions focused on the word 'minor' which the experts provided different ages ranging from 14 years to 18 years. This is due to the variation of definitions of the word 'minor' in different countries. As the group of experts included professionals from different countries, experts usually gave the definition of 'minor' based on their country's legal age of consent, as the legal age of consent has been examined for the countries included in this study. Consistent with this finding is research highlighting that the legality of the term MAP has been debated within the scientific community mainly because of the term 'minor' and the inconsistent definitions surrounding it (Walker et al., 2021).

Furthermore, experts identified misconceptions that they believe to exist in their professions surrounding MAPs. The misconceptions were identified using an open-ended question in Round 1 and the statements provided by experts were used in Round 2 and 3. Those misconceptions include: ‘minor-attraction is a mental illness’, ‘MAPs behaviour originates from sadistic tendencies’, ‘MAPs are inadequate and that is the main drive behind their offences’, ‘MAPs are psychopaths’, ‘MAPs seek therapy for their attraction rather than any other difficulties with everyday living’, and ‘all MAPs have a form of childhood abuse or trauma’. However, the experts did not agree with these misconceptions, as a consensus of disagreement has been gained, but it is believed to exist in their professions. Thus, experts in this Delphi study were found to not believe in misconceptions about MAPs. This could be due to better, more informative training being provided enhancing therapy providers’ knowledge about MAPs and minor attraction.

Nevertheless, there are differences in the misconceptions believed to exist in professional samples and the ones found in the public, and they are worth mentioning. A misconception surrounding MAPs from the public indicates that ‘there is no treatment available for this group of individuals’ (Jara & Jeglic, 2021) while a misconception believed to exist in professional samples specified that there is available therapy but ‘MAPs seek therapy for their attraction rather than any other difficulties with everyday living’. This highlights the belief that their attraction could be the only difficulty they would seek therapy for. Even though, studies have found that MAPs face difficulties with mental health problems, distress, coping, substance use (McPhail & Stephen, 2020), chronic suicidal ideation (Cohen et al., 2020), loneliness and lower self-esteem (Cohen, 2016). In line with this, is also the consensus reached by the experts that MAPs experience difficulties beyond their attraction and that is a reason they seek therapy. The truth is that MAPs’ treatment priorities include mental health and well-being related to depression, loneliness, anxiety, and low self-esteem (Levenson & Grady, 2019). Even though, there were no misconceptions towards MAPs from this panel of experts, the misconceptions they identified that possibly exist in their professions could be used in training programs and seminars in an attempt to continue enhancing professionals knowledge around minor attraction and how to best help MAPs by possibly working together in setting therapeutic targets.

Furthermore, the panellists agreed that MAPs who have committed a contact sexual offence are still human beings and deserve to be treated respectfully, indicating their positive attitudes toward MAPs. This is consistent with previous research which concluded that more experienced professionals hold fewer negative attitudes toward MAPs (Campbell, 2013; Moss, 2019; Parr & Pearson, 2019). Furthermore, a consensus was reached regarding the emotional difficulties and feelings of isolation experienced by MAPs who have not committed any offences, indicating more understanding and empathy towards this group of MAPs. Moreover, experts agreed that therapy for MAPs who have not committed any offence should become available to them in a more accessible way. In line with this finding is the results of Jahnke et al. (2015b) suggesting that a bigger percentage of professionals choose to work with non-offending MAPs, highlighting their favouritism toward this group of MAPs. This may be due to the professionals' possible confidence that they could achieve a better therapy outcome with non-offending MAPs, by helping them cope with their attraction and not offend.

Additionally, a consensus was reached that MAPs who have committed a non-contact offence would benefit more from therapy than MAPs who have committed a contact offence, to reduce reoffending. Although, concerning non-contact sex offenders and their benefit from therapy there is limited knowledge, as most of the research on treatment effectiveness concerns sexual contact offenders (Gallo, 2020). This is an interesting finding as treatment providers seemed to prefer to work with non-offending MAPs and MAPs who have committed a non-contact offence rather than MAPs who have committed a contact offence. This could be due to treatment providers being more confidence in helping MAPs and preventing sexual contact offending in MAPs that have not committed a contact offence. However, this finding highlights a gap in the literature regarding the effectiveness of the treatment of MAPs who have committed non-contact offences.

However, experts agreed that there are barriers to choosing to work with MAPs, such as the unwillingness of society to provide adequate help for MAPs, but also the lack of effective training on how to help MAPs. The findings are consistent with the study of Parr and Pearson (2019) concluding that professionals choose to deny their services to MAPs due to not adequate training available for them. The panellists agreed that their own feelings, attitudes, biases, the stigma associated with MAPs and the use of the psychiatric terminology used by the public or the media, do not act as barriers to working with MAPs.

The results contradict the findings of Elias & Haj-Yahia (2017), Jahnke et al. (2015b), Jahnke & Hoyer, 2013, Kadambi & Truscott, 2003 and Stiels-Glenn (2010), suggesting that professionals deny their services to MAPs due to negative emotions, stigmatising attitudes and the impact those attitudes have on their capability for providing support, worries regarding liability and the belief that MAPs will not respond to therapy, acting as barriers in choosing to work with them. However, a plausible explanation for this could be that the professionals in this study work with MAPs and the professional samples in the other studies were general mental health professionals. On the other hand, it could have been a result of social desirability responses.

The panellists reached a consensus of being indecisive regarding MAPs' suffering or enjoyment of their attraction, whether they seek therapy due to their attraction, or had experienced childhood abuse. However, this contradicts the consensus reached by previous statements that MAPs need therapy to get support and help to cope with their attraction and not re-offend and that their professional roles allowed them to broaden their understanding of MAPs and minor attraction. An explanation for this could be the lack of effective training for professionals working with MAPs on minor attraction and MAPs' needs to enhance their understanding of the topic.

Besides, the Delphi panellists agreed that MAPs experience a great level of social stigma that is affecting every aspect of their life. Additionally, the panel members agreed that this stigma is transferring to them, as they experienced stigma due to their work with MAPs. Experts agreed that the stigma they experience is generalised, regardless of whether their client has committed an offence or the type of the offence (contact or non-contact). According to the research of Parr and Pearson (2019), 40% of their participants reported experiencing stigma due to their work with MAPs, and 35% reported being cautious about advertising their services and talking about their area of work. These results are in line with further literature, indicating professionals experienced stigmatisation when working with stigmatised groups (Beumel, 2018; Bonsu & Yendork, 2019; Dreier & Wright, 2011; Gaebel et al., 2015; Grady & Strom-Gottfried, 2010; Jesse, 2015; Lea et al., 1999; Picco et al., 2019; Verhaeghe & Bracke, 2012).

According to Verhaeghe and Bracke (2012) mental health professionals experience negative attitudes due to the groups they work with, resulting in associative stigma. The stigma experienced by therapy

providers could have harmful outcomes to their own well-being but also to the well-being of their clients (Verhaeghe & Bracke, 2012). This could potentially lead to reluctance of offering services to MAPs, in an attempt to avoid the stigma but it could also lead to poor therapeutic engagement. Thus, it could be presumed that therapy providers working with MAPs would benefit from informative seminars regarding associative stigma and trainings on how to cope with it, in order to assure professional and client well-being.

This Delphi study revealed that professionals have more positive attitudes and less stigma toward MAPs, barriers they experience in working with MAPs, and that psychologists and social workers working with MAPs experience stigmatisation due to their association with them. Although further research is needed to identify whether the offence type of MAPs affects the stigmatisation of professionals due to their association with them while considering different professions.

3.5 Conclusions

While there are MAPs that would like to seek help and support to cope with their attraction and everyday life, there are professionals that are reluctant to work with them. This is due to negative attitudes and stigma professionals have toward MAPs or punitive attitudes and stigma that society has toward MAPs or due to the stigma being transferred to them as professionals due to their association with MAPs. This led to fewer opportunities available for MAPs to seek help and support.

By exploring the way professionals perceived the terminology 'Minor-Attracted People' (MAPs), this study established that professionals have a good knowledge of the terminology, consider it to be useful and less stigmatising due to being more descriptive and focusing on the attraction. The attitudes of the professionals toward MAPs that have committed an offence (contact or non-contact) were positive and less stigmatising with professionals attitudes being more favourable to non-offending MAPs. Professionals did not indicate to believe in misconceptions about MAPs, however they indicate misconceptions they believe to exist in their professional fields. Moreover, experts agreed that due to their association with MAPs in their professional role, the stigma attached to MAPs is transferring to them. However, professionals agreed that the stigmatisation they experience is more generalised due to their work with MAPs and that they have not experienced any difference in their stigmatisation affected by the type of offence their client has committed.

The findings presented are important as they enhance our understanding regarding the use and perceptions of the terminology ‘MAP’, the attitudes, stigma, and misconceptions that exist in the professions of psychology and social work and the stigmatisation of the professionals due to their work with MAPs, based on the experts’ knowledge. These findings can be used for more specific training about minor-attraction for professionals working with MAPs and support them in coping with the stigma they experience in order to feel more capable to provide help to this population. As experts agreed there is a need for clear guidance and training regarding minor attraction and how to help MAPs based on their needs. This could lead to more treatment opportunities available for MAPs, as more professionals could be willing to work with them. A need for further research including different professionals that could work with MAPs such as probation officers and lawyers, would enhance our knowledge regarding the possible experienced associative stigma from professionals other than therapy providers. The investigation of different professionals’ attitudes, stigma, and misconceptions toward MAPs, would allow for better understanding regarding possible differences based on their professional role.

3.6 Limitations

There were limitations observed in this study that need to be considered. A limitation is the lack of different professions working with MAPs, such as probation officers and lawyers. The initial intention of this study was to include those professions although it couldn’t be suppressed. The absence of these professions could act as a threat to the generalisability of the results of a multidisciplinary approach of professionals working with MAPs. While the absence of different professionals could be important, the study has managed to gather professionals with provisional treatment with MAPs that was not as focused on previous research. However, this study still has valuable information to offer regarding the stigma, attitudes and misconceptions of therapy providers toward MAPs and the stigmatisation they experience due to their work, enhanced our understanding, and provide avenues for further research including different professional groups.

Additionally, social workers are underrepresented in the study, as only one followed the study to completion. This limitation act as a barrier to the representation of social workers that work with MAPs, by the findings. Nevertheless, the findings can still represent psychologists working with MAPs, even though

further research with more experts could enhance the knowledge regarding the profession and provide additional support to the findings.

Moreover, the results of 15 expert panel members cannot be generalised to represent all psychologists and social workers working with MAPs. Although, the expert opinions of the panellists provide an initial understanding of the topic matter, from professionals from different destinations. Further, follow-up research including surveys or interviews with therapy providers could offer a morin-depth understanding of this phenomenon and more generalisability of findings.

CHAPTER 4

GENERAL DISCUSSION

People, including therapy providers, have misconceptions about MAPs followed by punitive attitudes and stigma, affecting MAPs' propensity to seek and find suitable treatment. This thesis aimed to provide an understanding of the attitudes, stigma, and misconceptions of the public and professionals towards MAPs while emphasising the differences based on the offence type (contact or non-contact) or no offence. Additionally, this thesis aimed to generate an understanding regarding the use of the terminology 'Minor-Attracted People' (MAP) by therapy providers and whether they experience stigmatisation due to their work while emphasising the type of offence (contact or non-contact) committed by their client. This thesis consisted of two studies following the methodology of narrative synthesis for the systematic review and the Delphi technique for the second study. This chapter's purpose is to interpret the current thesis' findings. The key findings of each study will be presented and interpreted according to the research questions.

4.1 Systematic Review

The data of the systematic review suggests that the label used to refer to individuals with sexual attraction to minors affects the attitudes, stigma and misconceptions towards them, as it was found that more descriptive terms, such as MAP, elicit fewer stigmatising attitudes. This finding is in contrast with the study of Chamandy (2020) which found that, Reddit users viewed the terminology MAP as more stigmatising and with low levels of personhood. This could be a result of the familiarity of people with the clinical term 'paedophile' through the media and the misconceptions surrounding it that cause it to elicit more stigmatising attitudes. On the contrary arguably the term MAP is not so well-known in the public. Nonetheless the term MAP has received critiques in past literature for being too concise and merging paedophilia with other minor attractions (Sorrentino & Abramowitz, 2021). Thus, it is important to highlight that the two terms, MAP and Paedophile are not synonymous to child sexual abuse, and they do not imply offending behaviour. Instead, the terms describe the age of the attraction. A MAP may or may not fulfil the criteria for paedophilia, depending on the age of their sexual attraction and the presence of

experienced distress. Several individuals with sexual attraction to minors identify with the term MAP, although not all of them do (Sorrentino & Abramowitz, 2021).

Beyond the definitions of the terminology MAP, the data still supports the existence of negative attitudes toward MAPs, with differences between members of the community and professionals. The analysis identifies more negative, punitive, and stigmatising attitudes towards MAPs by the public, and students than by professionals. An explanation for these attitudes could be the source of information, especially for the members of the public, as their main source of information is the media, with their attitudes being shaped through the media representation when it comes to this population (Popovic, 2022).

Furthermore, the impact of media is shown on a different literature associated with having committed a sexual offence, reporting that when asked about individuals having committed sexual offence with children victims, people are biased in thinking about the media-proliferated conventional image of a male, violent paedophile (King & Roberts, 2015), highlighting the misleading use of labels by the media. This could result in attitudes being more punitive even if this predictable image does not match (Harper & Hogue, 2014; Salerno et al., 2010). This could relate to MAPs as well, as people found to hold negative attitudes towards them even where there was no offending behaviour, possibly due to the linkage with the clinical term paedophile and the media usage and presentation.

Additionally, the data provided similar findings with the use of the term paedophile. However, the question of whether the offence type (contact or non-contact) impacts the attitudes, stigma and misconceptions toward MAPs remains unanswered, with similar results provided with the term paedophiles. This is due to this information not been reported in the limited number of studies available using the MAP term, highlighting a limitation of the studies. Thus, it appears that the presence of an offence or not did not seem to have an impact on the attitudes, regardless of the term used.

Moreover, professionals' attitudes can be explained by the greater contact through the experience of working with them and the demonstration of effective training processes (Harper & Hicks, 2021; Kerr et al., 2018; Roselli & Jeglic, 2017). This is in line with further literature suggesting that professionals with a

higher level of contact such as psychologists have more positive attitudes when compared to other professions with lower level of contact (Day, 2014; Tewksbury & Mustaine, 2013).

In addition, the data supports the existence of misconceptions towards MAPs. The misconceptions focused mainly on MAPs dangerousness, blame for their attractions, their attraction is a choice, always presenting a risk for committing an offence and certainty that all MAPs have committed a sexual offence. This is in line with previous research of Lawrence and Willis (2021) suggesting that misconceptions about MAPs include the choice of their sexual attraction, perceptions of dangerousness, certainty of sexually offending behaviour, deviance, and inability to control their urges.

Subsequently, the data supports the existence of high levels of stigma towards MAPs. The stigma toward MAPs by the public comes in forms of social distancing and perceptions of dangerousness, whereas professionals' comes in unwillingness to offer their services. The levels of stigma toward MAPs from the public and student populations were indeed found to be high. Previous research has reported that MAPs are a highly stigmatised population even when compared to people who abuse substances, which is another stigmatised group (Jara & Jeglic, 2021). On the other hand, mental health professionals were found to have lower levels of stigma and willingness to work with this group. In a different literature on professionals' level of stigma towards people with mental illness, it was found that high level of contact, more years of experience, higher levels of education were associated with less stigmatising attitudes by professionals (Ghuloum et al., 2022). This could be applied to professionals working with MAPs, as people with mental illness and MAPs are both highly stigmatised groups.

4.2 Delphi Study

The analysis of the Delphi study identified that the terminology 'Minor-Attracted People' (MAP) was found by therapy providers to be less stigmatising and more useful than other terms such as 'paedophile'. This is in line with research, indicating that the term MAP was formulated by psychologists to assist in the de-stigmatisation of this group. (Chamandy, 2020). According to the data, this term allows the professional to focus on the emotional and cognitive aspect instead of the behavioural one. This could help professionals to be more empathetic and understanding towards MAP clients. Additionally, the data suggest that professionals find it less stigmatising and useful due to being more descriptive of the preference of the

person. The data supports that the use of the word "Minor" in the term demonstrates the concept of legal childhood, the word "Attracted" attempts to weaken the misconception of MAPs being involved in criminal activities, and the importance of the word "People" is that it acts as a reminder that MAPs are indeed people. Finally, the data suggest that professionals believe the term MAP will promote less hostile and dangerous discussions around MAPs, in the future. Professionals' perceptions about the term are consistent with research, finding the term MAP to ground recognition and humanisation towards the individuals (Chamandy, 2020).

The perceptions of therapy providers regarding the terminology MAP varied. The definitions they provided of the word 'minor' differed, including ages varying from 14 years to 18 years. However, the experts in the study were from different countries with the definition of the term 'minor' varying from country to country. According to the literature, this is an existing debate in the scientific community as there are varying definitions surrounding the word 'minor' which are affecting the legality of the term MAP (Walker et al., 2021).

Furthermore, the experts attitudes towards MAPs were found to be impacted by their offence history. More accepting attitudes were found to exist when there was no offence implied. These results align with the study of Chamandy (2020), where more sympathetic attitudes were reported toward non-offending MAPs. Additionally, this is in contrast with the study of Parr and Pearson (2019) reporting that therapists refused to work with non-offending MAPs due to their own biases and judgements.

Moreover, differences in the attitudes were also found according to the type of offence among experts. Accepting attitudes were reported toward MAPs that have committed a contact offence and even more accepting attitudes toward MAPs that have not offended. These findings could suggest that professionals' might be more confident about the achievement of better therapy outcome with non-offending MAPs, by helping them cope with their attraction and prevent offending behaviour. Alternatively, it could be professionals' clinical understanding that individuals with risk of committing sexual offence against a child should be able to access and receive therapy before any offending behaviour occurs (Cantor & McPhail, 2016; Harper et al., 2018).

Regarding MAPs with non-contact offences, the data suggest that therapy providers believe this group of MAPs would benefit from therapy more than MAPs with contact offences. According to the research of Jackson and colleagues (2022), there is a lack of help seeking services for MAPs with non-contact offences to maintain wellbeing and the reduction of risk factors that could possibly lead to contact offending behaviours. This constitutes an interesting finding as it highlights the need for more readily available help seeking services for non-contact offending MAPs. Thus, the encouragement of therapy providers to work collaboratively with all groups of MAPs, and identify appropriate individualistic treatment targets, the life outcomes for MAPs have the potential to improve (Lievesley et al., 2023). Additionally, beneficial could be the exposure of therapy providers to MAPs with non-contact offences during a training, which might increase the therapy services availability for this group of service users.

Furthermore, the data, supports the identification of misconceptions, that therapy providers believe to exist in their professional groups. These misconceptions include: ‘minor-attraction is a mental illness’, ‘MAPs behaviour originates from sadistic tendencies’, ‘MAPs are inadequate and that is the main drive behind their offences’, ‘MAPs are psychopaths’, ‘MAPs seek therapy for their attraction rather than any other difficulties with everyday living’, and ‘all MAPs have a form of childhood abuse or trauma’. Although, the experts identified these misconceptions to exist in their professional fields, they reached a consensus of disagreement for them. The fact that professionals did not agree with the misconceptions identified, it may be due to better quality informative training provided to professionals, about MAPs and minor attraction, or due to their experience working with MAPs. However, research identified the existence of low levels of knowledge regarding minor attraction (Lievesley et al., 2022b). Thus, the use of the misconceptions identified in an informative training about MAPs and minor attraction for professionals, will help them enhance their knowledge and improve their therapeutic practice.

Moreover, the data support a great level of social stigma toward MAPs with this stigma being transferred to therapy providers working with MAPs. The analysis identifies that therapy providers experience stigmatisation due to their work with MAPs, although this stigmatisation seemed to be generalised and not affected by their client’s offence history (offence or no offence) or type of offence

(contact or non-contact). This is in line with the research of Parr and Pearson (2019) reporting that 40% of their participants experience stigma due to their work with MAPs, whereas 35% were cautious about whom they were telling about their work or advertise their services.

Furthermore, MAPs could possibly have contact with other professional groups which according to research they face associated stigma, as well. Correctional officers found to experience associative stigma due to their association with offenders and the functions of their professional role (Bezerra et al., 2016). This could suggest that associative stigma could expand to other professional groups related with MAPs.

4.3 Conclusion

To conclude, there are punitive attitudes, stigma, and misconceptions toward MAPs among members of the public and professionals, however, the question regarding the offence type's (contact or non-contact) impact remains unanswered. As found, members of the public were noted to have more punitive and stigmatising attitudes than professionals. Moreover, therapy providers working with MAPs found the terminology MAP to be less stigmatising and more useful to be used, based on the wording used and being more descriptive of the attraction. Therapy providers seemed to have positive attitudes and less stigma toward MAPs, with more favouritism toward non-offending and non-contact MAPs. Additionally, therapy providers experience associative stigma due to their work with MAPs, while their clients' offence history and type of offence do not seem to impact the level of the associative stigma they experience. Therapy providers identified misconceptions about MAPs that they believe to exist within their professions, however they disagree with them.

4.4 Future Research

Future research is needed to identify whether the offence type of MAPs affects the stigmatisation of professionals due to their association with them while considering different professions, as professionals beyond mental health professionals may be required to work with MAPs. Further, follow-up research including surveys or interviews with therapy providers could offer a more in-depth understanding of this phenomenon and allow for more generalisability of findings. A need for further research including different professions working with MAPs such as probation officers, psychologists, social workers, and lawyers,

would allow a better understanding of the attitudes, stigma, and misconceptions towards MAPs, as the current project focused only on therapy providers working with MAPs.

Over and above, there is a need for research investigating professionals' and community's attitudes, stigma, and misconceptions in the same study to better allow comparison. Additionally, the research of new variables such as thinking styles and cognitive rigidity could add to our understanding of the attitudes, stigma and misconceptions towards MAPs, as they have been neglected by this literature. Also, future research should focus on bigger samples from South European countries to allow more the cross-national generalisability of the results, to allow a broader understanding of cultural differences as more of the studies included in the systematic review were conducted in UK, US and Germany. Further research would benefit the gap in the literature regarding the perception and use of the terminology MAP, not only with professional sample but public as well. The education and awareness of the public about this terminology could open new doors for MAPs' help-seeking behaviours.

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Appendix A

Search Strategy

- #1 Minor-attracted pe*
- #2 Minor attracted pe*
- #3 Minor attraction
- #4 Minor-attraction
- #5 Attitude*
- #6 view*
- #7 belief*
- #8 Contact offence*
- #9 online offence*
- #10 sex offence*
- #11 internet offence*
- #12 #1 OR #2 OR #3 OR #4 AND #5 OR #6 OR #7 AND #8 OR #9 OR #10 OR #11
- #13 Minor-attracted pe*
- #14 Minor attracted pe*
- #15 Minor attraction
- #16 Minor-attraction
- #17 Misconception
- #18 mistaken belief*
- #19 Contact offence*
- #20 online offence*
- #21 sex offence*
- #22 internet offence*
- #23 #13 OR #14 OR #15 OR #16 AND #17 OR #18 AND #19 OR #20 OR #21 OR #22
- #24 Minor-attracted pe*
- #25 Minor attracted pe*
- #26 Minor attraction
- #27 Minor-attraction
- #28 Stigma
- #29 Contact offence*
- #30 online offence*
- #31 sex offence*
- #32 internet offence*
- #33 #24 OR #25 OR #26 OR #27 AND #28 AND #29 OR #30 OR #31 OR #32
- #34 Paedophile*
- #35 Attitude*
- #36 view*
- #37 belief*
- #38 Contact offence*
- #39 online offence*
- #40 sex offence*
- #41 internet offence*
- #42 #34 AND #35 OR #36 OR #37 AND #38 OR #39 OR #40 OR #41
- #43 Paedophile*
- #44 Misconception
- #45 mistaken belief*
- #46 Contact offence*
- #47 online offence*
- #48 sex offence*
- #49 internet offence*
- #50 #43 AND #44 OR #45 AND #46 OR #47 OR #48 OR #49

#51 Paedophile*
#52 Stigma
#53 Contact offence*
#54 online offence*
#55 sex offence*
#56 internet offence*
#57 #51 AND #52 AND #53 OR #54 OR #55 OR #56

Appendix B

Questions for each study design that are included in MMAT

Category of study designs	Methodological quality criteria
Screening questions (for all types)	S1. Are there clear research questions? S2. Do the collected data allow to address the research questions?
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question? 1.2. Are the qualitative data collection methods adequate to address the research question? 1.3. Are the findings adequately derived from the data? 1.4. Is the interpretation of results sufficiently substantiated by data? 1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed? 2.2. Are the groups comparable at baseline? 2.3. Are there complete outcome data? 2.4. Are outcome assessors blinded to the intervention provided? 2.5. Did the participants adhere to the assigned intervention?
3. Quantitative non-randomized	3.1. Are the participants representative of the target population? 3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)? 3.3. Are there complete outcome data? 3.4. Are the confounders accounted for in the design and analysis? 3.5. During the study period, is the intervention administered (or exposure occurred) as intended?
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question? 4.2. Is the sample representative of the target population? 4.3. Are the measurements appropriate? 4.4. Is the risk of nonresponse bias low? 4.5. Is the statistical analysis appropriate to answer the research question?
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question? 5.2. Are the different components of the study effectively integrated to answer the research question? 5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted? 5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?

5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?

Appendix C

Textual description of each study

Jara & Jeglic (2021)

Aim: To assess the public's attitudes toward MAPs and test if the psychoeducational intervention can change attitudes toward MAPs.

Sample: 205 (Males = 133, Females = 70, Other = 2).

Country: Online through Amazon Mechanical Turk (MTurk)

Recruitment: Amazon MTurk

Type of population: General public.

Terminology: MAP / Paedophile

Type of intervention: Online Psychoeducational texts 3 conditions (control, MAP, substance abuse).

Offence: Non-offending

Type of offence: No offence

Materials: Minor attraction psychoeducational text (myths vs facts) and substance use psychoeducational text (myths vs facts)

Measures: Attitudes Toward Minor-Attracted Persons (ATMAP; Jara & Jaglic, 2020)

Procedure: The participants were randomly assigned to conditions, through Survey Monkey online software. Participants in the control condition did not receive a psychoeducational text. Participants that have received a text were asked three comprehensive questions with participants failing to give more than one correct answer were eliminated. Then participants were asked to complete ATMAP and then debriefed.

Outcome: Public attitudes toward MAPs were found to be neutral, although participants in the MAP condition leaned towards agreeing with the negative statements with increased ATMAP scores (MAP mean = 3.22, substance use mean = 3.02, control mean = 2.91). Participants were more likely to view MAPs as dangerous, believe that MAPs did not want to be treated or could not be treated and MAPs are different from the general population.

Levenson & Grady (2019)

Aim: To determine if there are significant differences in knowledge and attitudes of clinical therapists working with MAPs after receiving training on the topic.

Sample: 94 (Male = 30%, Female = 70%)

Country: US

Recruitment: National Association of Social Workers-Florida Chapter (NASW-FL) annual conference in Orlando in June 2016 (3 hr), National Organization of Forensic Social Work conference in Boston in July 2017 (90 min), in two conferences of Association for the Treatment of Sexual Abusers (ATSA) held in April 2017, one at the Florida chapter conference (90 min), and the other at the Massachusetts conference (3 hr).

Type of population: mental health professionals (social workers = 31, counsellors offering treatment to sexual abusers = 63)

Terminology: MAP / Paedophile

Type of intervention: a conference workshop session titled “Beyond the Ick Factor: Counselling Nonoffending Minor-Attracted Persons,” facilitated by the study’s lead author.

Offence: Non-offending

Type of offence: No offence

Materials: A training protocol created by the lead author, clarifies the DSM-5 criteria for Paedophilic Disorder, issues related to mandatory reporting, and a framework for offering ethical services to non-offending MAPs.

Measures: The lead author developed a pre-test/post-test to measure pre-training and post-training knowledge and attitude levels.

Procedure: Participants were invited to participate in the study upon their arrival, provided with the pre-test. Following the training workshop, participants were provided with the post-test.

Outcome: No significant changes between groups (social workers/counsellors). Attitudes toward MAPs were perceived as negative pre-test and no changes were noted post-test. Participants reported that the main objective of providing services to MAPs would be the prevention of child sexual abuse. Participants agreed more with the statement ‘MAPs are unlikely to benefit from counselling’ pre-test.

Walker et al. (2021)

Aim: To determine future social services providers’ attitudes toward MAPs and knowledge of breaking client confidentiality.

Sample: 200 (Female = 82%, Male = 16%, Nonbinary = 2%, Transgender, 1%)

Country: US

Recruitment: public University in the state of Utah

Type of population: Undergraduate and postgraduate students from a public University in the state of Utah. Bachelor’s, master’s, and doctoral students enrolled on the following programs: social work, psychology, gerontology, counselling psychology, school psychology, school counselling, clinical mental health counselling, and applied positive psychology.

Terminology: MAPs / Paedophile

Type of intervention: No intervention

Offence: Non-offending

Type of offence: No offence

Materials: No materials

Measures: Measure to assess attitudes towards paedophiles and MAPs in clinical situations made by the authors and open-ended questions.

Procedure: Participants were told that the study was an ethics study although it was mentioned in the consent form that some questions might make them feel uncomfortable. Participants were asked how

students would approach a hypothetical client who disclosed being a 'paedophile'. The same questions were posed again with the wording being changed to a person that disclosed sexual attraction but not committed any offence against a child. Participants were asked more general questions about paedophiles first followed by questions indicating significant information about MAPs. The 'back' button was removed from the survey to avoid change in responses and collect the student's original understanding.

Outcome: 54% of participants indicated that they would make a police report if a client disclosed 'being a paedophile'. 7% of participants indicated that they would make a police report when the hypothetical client was 'sexually attracted to children but not committed an offence against a child'. Females were more likely to indicate a belief that they would need to make a police report if their client is self-identified as a paedophile. The higher the program of study of the students the belief that they need to make a police report when the client disclose being a paedophile was less. 69% of participants believe that people with paedophilia have acted on their attractions. Participants indicate a belief that MAPs lack impulse control. Most participants focused on the prevention of offending when asked about therapy goals with a MAP client. Participants indicated the belief that MAPs' attraction can be explained through childhood trauma and a belief that MAPs' attraction can be changed.

Lievesley et al. (2021)

Aim: To explore the views of non-specialist healthcare professionals in managing MAP disclosures of their sexual attractions.

Sample: 220 (Males = 45) (Females = 175)

Country: UK, USA, Canada, Australia, and New Zealand (90% of the sample was based in the UK)

Recruitment: direct invitations to medical and mental health professionals on the social networking website LinkedIn and direct emailing to GP practices and psychological professionals using publicly available distribution lists.

Type of population: Healthcare professionals (Primary medical care and primary mental health care)

Terminology: MAP

Type of intervention: No intervention

Offence: Not specified

Type of offence: Not specified

Materials: No materials

Measures: Adaptation of a 17-item measure of attributions about mental health to tap into attributions about sexual interest in children, Stigma and Punitive Attitudes Towards Paedophiles Scale (SPS; Imhoff, 2015), treatment priorities measure reported in B4UACT's (2011) survey of MAPs about their perceived treatment needs modifying the items for healthcare professionals, self-produced a progressive vignette to explore how the disclosure of new case information might affect participant judgments and decision-making.

Procedure: Participants provided consent, followed by a demographic questionnaire. Participants were asked about their experiences of patients disclosing their attraction to children, followed by the measures of risk posed by MAPs and treatment priorities. Then, the rest of the measures were presented in random order at the end of the survey.

Outcome: Mental health professionals showed less punitive attitudes towards MAP than medical professionals. Mental health professionals showed less stigma toward MAPs than medical professionals. The

authors compared their dataset with a dataset using a sample of the public (Harper et al., 2021) and found that mental health professionals showed less punitive attitudes and stigma when compared to members of the public. Professionals who had patients disclosed their attraction and having mental health-related treatment targets were associated with a greater willingness to work with them. Medical professionals were more likely to view MAPs as dangerous, blame them for their attractions, and see their attraction as being avoidable than mental health professionals. Medical professionals were less likely to say that MAPs could control their behaviour.

Boardman & Bartels (2018)

Aim: To examine how people respond to paedophiles that differ in terms of whether they have offended or not. To test whether a short video clip would elicit more stigmatizing judgments about an OP compared to a NOP, to determine whether an older paedophile would be judged more harshly than an adolescent paedophile, investigated whether these attitudes were greater following the offending clip, compared to the NOP and control clips.

Sample: 89 (Females = 60, Males = 29)

Country: UK

Recruitment: university participation scheme and by directly approaching prospective participants.

Type of population: General & student population

Terminology: Paedophiles

Type of intervention: Video-based stimuli

Offence: Offending and non-offending

Type of offence: Not specified

Materials: Video (3 conditions: non-offending paedophile (NOP), offending paedophile (OP), control). Various men representing NOPs, each describe the stigma they face. They also dispel some of the myths associated with paedophilia (e.g., stating that it is a non-chosen preference, but that behaviour is a choice). The clips presented a 47-year-old male who was either: (1) a paedophile who had never offended and wanted help to manage his attraction to children; (2) a paedophile who had offended but did not want to offend anymore and wanted help; and (3) a man asking for help following a failed job interview (control condition). Another three videos were created to represent a 15-year-old male, using a male actor in his early twenties. All six videos were filmed by the first author in a quiet room on a plain white background. Once recorded, the face of the actor in each video was pixilated. The videos lasted between 25 and 30 seconds.

Measures: Stigma and Punitive Attitudes Towards Paedophiles Scale (SPS; Imhoff, 2015), Attitudes Towards Sex Offenders Scale: 21-item version (ATS-21; Hogue & Harper, 2015), Judgements Questionnaire (JQ) was created.

Procedure: Participants were assigned to each condition. Following their consent to participate participants provided demographic information and then watched their assigned video. Immediately after, participants were asked to complete the JQ and then SPS and ATS-21, before they were debriefed.

Outcome: More negative attitudes towards offending paedophiles as participants view offending paedophiles as more dangerous. Punitiveness judgements were higher towards the OP than NOP and controls. Old OP is perceived as more dangerous than old NOP and control. Young OP is perceived as more dangerous than young NOP and control. Participants indicated a need to punish OP more than NOP.

Harper et al. (2018)

Aim: examined the extent to which both explicit and implicit attitudes toward paedophiles may be influenced through narrative humanisation.

Sample: 100 (Females = 81) (Males = 19)

Country: UK

Recruitment: Participants were recruited directly on campus and via online advertisement

Type of population: Students from the University of Lincoln (UK)

Terminology: Paedophiles

Type of intervention: lab-based experimental (4 conditions: narrative video, informative video, a narrative written, informative written)

Offence: Not specified – referrals of non-offending paedophiles

Type of offence: Not specified

Materials: Four presentations about paedophilia. The source of information and delivery method was controlled across participants. The presentations discussed the clinical basis of paedophilia distinguishing the condition as sexual preference disorder. The narrative video had a duration of 5 minutes taken from the British documentary *The Paedophile Next Door*, which presented the story of a self-identified paedophile (“Eddie”) speaking about the roots and consequences of his sexual interests in children from a first-person perspective. The informative video had a duration of 5 minutes taken from www.YouTube.com, in which Dr James Cantor discussed his research findings into the neural basis of paedophilic sexual interests (*Mysteries of the Mind: The Paedophile’s Brain (HD)*). The written conditions were transcripts of the videos. At the end of every condition, it was mentioned that early prevention before any sexual offences were committed would be an effective way of preventing child sexual abuse.

Measures: Attitudes Towards Sex Offenders Scale: 21-item version (ATS-21; Hogue & Harper, 2015), Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015), Moral Disengagement Scale modified version of the Moral Disengagement Toward Sexual Offenders Scale (MDS-SO; Harper, 2016), GNAT (Nosek & Banaji, 2001), Perceptions of sex offenders scale (PSO; Harper & Hogue, 2015), Absorption scale (adapted from Green & Brock, 2000), Mouse tracking (Freeman & Ambady, 2010).

Procedure: The participants who agreed to participate agreed with the authors on a convenient time to attend a quiet lab space to complete the experiment. Participants were asked to provide demographic information before they complete (ATS-21 > MDS-SO > SPS > GNAT). Following that, participants were randomly presented with one of the conditions and then completed the Absorption scale. Then, they completed MDS-SO and SPS again followed by mouse-tracking and PSO. Participants were debriefed.

Outcome: Punitive attitudes, perception of dangerousness and deviance before the intervention, indicating stigma toward paedophiles. Significant reduction in perceptions of paedophiles’ dangerousness, deviance, and punitive attitudes toward paedophiles as a function of the narrative condition.

Heron et al. (2021)

Aim: explore whether a dichotomous anti-stigma intervention can change psychology students’ attitudes towards PWP regarding perceived dangerousness, intentionality, deviance, and punitive attitudes.

Sample: 162 (Females = 131) (Males = 29)

Country: Netherlands

Recruitment: Participants were made aware of a lecture (“Talking about Pedophilia”) two weeks in advance. The psychology study association of the University of Groningen (VIP) advertised the lecture online via Facebook. Also, there were posters and flyers hung around the buildings of the University.

Type of population: Psychology students from the University of Groningen

Terminology: Paedophiles

Type of intervention: educational lecture and direct contact with a paedophile pre-test/post-test design

Offence: Not specified

Type of offence: Not specified

Materials: A PowerPoint presentation for the lecture. Participants heard about paedophilia, paedophilic offenders, non-paedophilic child sex offenders, and the media’s influence in forming and increasing misconceptions about paedophilia. The lecture included theories about the motivation of child sexual abuse, the difference between child sex offenders and PWP, the DSM-5 definition of paedophilic disorder, statistics about media representations of child sex offences, dynamic risk factors of child sex offending, and a brief explanation of a prevention program called “Kein Täter werden (“Don’t offend”). The focus of the intervention was the distinction between child sex offending and the concept of paedophilia. The lecture given by Gabriel Levi entailed information on his childhood, the realization of his sexual attraction, his struggles to incorporate being a PWP into his identity, his attempts to find appropriate coping strategies, and his overall experiences.

Measures: Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015)

Procedure: Participants were asked to turn off their phones and electronic devices for the lecture, and no recording was allowed. Participants were asked to provide demographic information before the lecture. The SPS was administered before and after the lecture. At the end of the lecture, participants were asked to evaluate the cause of their attitude change if any (lecture, meeting a PWP or both). The lecture duration was 45 minutes and then a 15-minute break followed. After the break, participants met Gabriel (PWP) who gave a lecture, that lasted 50 minutes. In the end, participants had 30 minutes to ask questions. Following this, participants had 10 minutes to complete the questionnaire again and then left the hall.

Outcome: Psychology students hold punitive attitudes toward paedophiles. Pre-manipulation, most participants linked paedophilia with child sexual abuse. Although, most students pre-manipulation believed that PWP do not choose to be attracted to prepubescent children. Also, most participants perceived PWP as mentally ill. Students showed fewer negative attitudes towards paedophiles after the intervention. Comments on meeting with a paedophile were solely positive and some participants stated that now they see paedophiles as normal human beings. Participants reported that both the lecture and meeting a PWP helped in attitude change, followed by meeting a PWP and then lecture alone.

Imhoff & Jahnke (2018)

Aim: exploring the effects in more detail by separately manipulating the label (paedophiles vs. people with a sexual interest in prepubescent children) and degree of intentionality (paedophilia or sexual desire as malleable vs. not malleable) on attitudes towards paedophiles.

Sample: 423 (Females = 152, Males = 255, Other = 16)

Country: US

Recruitment: U.S.-based workers on Mechanical Turk (MTurk)

Type of population: General public

Terminology: Paedophiles

Type of intervention: Vignette experiment (4 conditions: paedophilia label - low intentionality, paedophilia label - high intentionality, no label - low intentionality, no label - high intentionality)

Offence: Not specified

Type of offence: Not specified

Materials: Four vignettes. The concept of the label was manipulated in the vignettes, paedophilia (paedophilia label) and sexual interest in prepubescent children (no label). The target of someone's sexual desire was something that can be controlled at some level (high intentionality) or not (low intentionality).

Measures: Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015) (the wording was manipulated to fit the vignettes label), Social Desirability scale (Ray, 1984)

Procedure: Participants were randomly assigned to one of the four conditions following informed consent. After reading the vignette, participants were asked to complete the SPS, demographic information, and the social desirability scale.

Outcome: Harsher punitive attitudes toward paedophiles than individuals with a sexual interest in prepubescent children. More negative attitudes were elicited by the term paedophilia and participants perceived paedophiles to be more dangerous. The label of paedophilia increases stigmatising attitudes. Participants with some knowledge exhibit fewer stigmatising attitudes.

Imhoff (2015)

Aim: explored whether people harbour punitive attitudes against individuals sexually interested in children even if no sexual offence is mentioned and whether this effect is amplified by the clinical label paedophilia.

Sample: Study 1 – 129 (Males = 36, Females = 93)

Study 2 – 203 (Males = 162, Females = 69, Other = 1, Missing = 7)

Country: Study 1 – Germany

Study 2 - US

Recruitment: Study 1 – e-mail list of participants in previous (unrelated) studies and a public website for online studies (www.forschung-erleben.de).

Study 2 - Amazon Mechanical Turk (MTurk)

Type of population: General public

Terminology: Paedophiles

Type of intervention: Study 1 - Experiment Vignette (2 conditions: paedophilia label, sexual interest in children)

Study 2 - Experiment Vignette (2 conditions: paedophilia label, sexual interest in prepubescent children)

Offence: Non-offending

Type of offence: No offence

Materials: Vignettes

Measures: Study 1 - Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015) (modifications occurred to fit the vignettes labels) – German language

Study 2 - Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015) (modifications occurred to fit the vignettes labels), Social Desirability scale (Ray, 1984) – English language

Procedure: Study 1 – Participants were randomly assigned to one of two conditions. After reading the vignette participants completed the SPS.

Study 2 – Participants were randomly assigned to one of two conditions. After reading the vignette participants completed the SPS and then provided demographic information. Then participants completed a social desirability scale.

Outcome: Study 1 - Participants showed punitive attitudes towards individuals, based on their sexual desires, without the mention of criminal acts. There was a strong endorsement of dangerousness by the participants. Paedophilia label led to lesser ascriptions of intentionality and more punitive attitudes than the label sexual interest in children. The paedophilia label led to more punitive attitudes and stigmatisation.

Study 2 - Participants showed punitive attitudes towards individuals, based on their sexual desire without the mention of criminal acts. Punitive attitudes were influenced by the perception of dangerousness. The paedophilia label revealed harsher punitive attitudes than the label sexual interest in prepubescent children than in Study 1. Participants did not ascribe less intentionality to paedophiles than individuals with a sexual interest in prepubescent children.

Jahnke et al. (2015a)

Aim: To estimate the public stigma and determine the predictors of social distance from paedophiles.

Sample: Study 1 - 854

Study 2 – 201 (Males = 56.8%)

Country: Study 1 – Germany

Study 2 - US

Recruitment: Study 1 – approached pedestrians on the street and asked whether they would like to participate in a 10-min survey in the cities of Dresden and Stuttgart.

Study 2 - Amazon Mechanical Turk (MTurk)

Type of population: General public

Terminology: Paedophiles

Type of intervention: Study 1 - Vignettes (2 conditions: paedophiles, alcohol abuse)

Study 2 – Vignettes (3 conditions: paedophiles, sexual sadists, people with antisocial tendencies)

Offence: Not specified

Type of offence: Not specified

Materials: Study 1 - Vignettes - people who are dominantly sexually interested in children (as a description of PWP) and people who almost daily drink large amounts of alcohol (as the descriptive term for people who abuse alcohol).

Study 2 - Vignettes - people who are dominantly sexually interested in children (as a description of PWP), Sexual sadists were described as people with a dominant sexual interest in inflicting physical pain on others while the description of the third group, people who continuously disregard other people's rights, was based on one aspect of antisocial personality disorder.

Measures: Study 1 - Controllability scale, Affective Reactions, The Social Distance Scale (Bogardus, 1933) – modified, Right-Wing Authoritarianism (RWA) – German language

Study 1 - Controllability scale, Affective Reactions, The Social Distance Scale (Bogardus, 1933) – modified, Right-Wing Authoritarianism (RWA) – English language

Procedure: Study 1 – Participants were approached on the street, if they showed interest then they were given more information regarding the questionnaire and the aims of the study. Then, participants were asked to complete the questionnaires. They were presented with items regarding people who abuse alcohol first and then PWP.

Study 2 - Participants were asked to complete the questionnaires. They were presented with items regarding people who abuse alcohol first and then PWP.

Outcome: Study 1 - public stigma toward paedophiles was significantly stronger. Eighty-four per cent of them agreed to feel anger towards paedophiles. Ten per cent agreed they would accept paedophiles in their neighbourhood. Thirty-nine per cent agreed that paedophiles should be incarcerated. Fourteen per cent agreed that paedophiles should better be dead. Ninety per cent agreed that paedophiles are a danger to children and adolescents. Participants viewed people who abuse alcohol as more in control of their condition than paedophiles. Younger participants showed higher social distance toward paedophiles.

Study 2 – Participants showed more negative toward PWP than sexual sadists. Participants showed more desire to social distance from PWP than the other two groups. Forty-four of participants agreed that paedophilia was less controllable than sexual sadists and antisocial personality groups. Ninety-four per cent of participants agreed that PWP poses more danger to children and adolescents than the other two groups. Forty per cent reported feeling pity for PWP. More than half of the participants agreed that PWP should be incarcerated. Twenty-eight of the participants agreed that PWP should better be dead, a percentage that is higher than the other two groups.

Jahnke et al. (2015b)

Aim: developed and tested a 10-min online intervention (including educational material and a video about a person with paedophilia) to reduce stigma and increase motivation to work with this particular patient group.

Sample: 137 (Females = 82.5%)

Country: Germany

Recruitment: Psychotherapists in training for cognitive-behavioural therapy (CBT) were approached at eight German CBT institutes and received invitation letters to the study via their respective postgraduate institutes.

Type of population: Psychotherapists in training for CBT

Terminology: Paedophiles

Type of intervention: Intervention (written information & video) (2 conditions: anti-stigma, control)

Offence: Offending and non-offending

Type of offence: Not specified

Materials: The written information anti-stigma intervention consisted of short texts challenging typical myths about paedophilia by describing it as a condition that one can neither choose nor change (controllability stereotype) and that, for many PWP, does not lead to child sexual abuse or child pornography offences (dangerousness stereotype). Further texts provided general information about diagnostic criteria and therapeutic interventions. Video-based contact was implemented using excerpts from the Austrian documentary “Outing” (Moser, Neumann, Meise, & Reider, 2012) where a young male student with an unpixelated face talks about his sexual interest in children, and his therapeutic experiences. Another short section that we used showed the man talking to his psychotherapist about his desire to be accepted by others and his intention to never commit sexual offences with children.

The control condition consisted of information about violence-free education and a course specifically designed for parents (“Starke Eltern, Starke Kinder” [“Strong parents, strong children”]) to teach family conflict-management skills and promote violence-free parenting. The footage included short interviews with the treatment staff, the parents and the children that were involved in this program.

Measures: The Stigma Inventory (Jahnke et al., 2014), Therapy Motivation Scale, Assessing participants’ satisfaction with the anti-stigma program.

Procedure: Questionnaires and interventions were administered online via the software package SoSci Survey (Leiner, 2013). Participants completed the questionnaires before the intervention (pre-test), immediately after the intervention (post-test) and following a period of more than a week but less than two months (follow up). Participants created a code to link their data. Participants were randomly assigned to one of the two conditions.

Outcome: fewer stigmatisation towards paedophiles was found when compared with the data of a study using a sample from the general public (Jahnke et al., 2014). Less than 3% of participants agreed that sexual interest in children is something that one can choose. Forty per cent of the participants reported feeling anger when thinking of a person with paedophilia. More than 40% of the participants reported a willingness to accept PWP in their neighbourhood. A small minority of participants reported that PWP that have not committed any offences should be incarcerated. Participants showed a less social distance when compared with the aforementioned group from the public (Jahnke et al., 2014). Eighty per cent of participants reported a willingness to work with non-offending paedophiles and almost half reported a willingness to work with offending paedophiles. Also, 79% of participants agreed that they would attend courses to learn more about the treatment of paedophiles.

Jahnke (2018)

Aim: examined the effects of non-offending motivation (internal vs. external) and sexual orientation (paedophilic vs. teleiophilia) on cognitive apprehensions (amorality, dangerousness, abnormality), emotions (fear, anger, disgust), punitive attitudes, and social distance toward non-offending paedophiles.

Sample: 205 (Males = 58%)

Country: US

Recruitment: Amazon Mechanical Turk (MTurk)

Type of population: General public

Terminology: Paedophiles

Type of intervention: Vignette experiment (4 conditions: Paedophilia, Intrinsic, paedophilia, extrinsic, teleiophilia Intrinsic, teleiophilia extrinsic)

Offence: Non-offending

Type of offence: No offence

Materials: Vignettes described a paedophilic or teleiophilic man (“Jim”) experiencing a sexually transgressive impulse toward a girl/woman. The vignette described Jim as paedophilic or teleiophilic and, second, whether his motivation to live offence-free was portrayed as intrinsic or extrinsic

Measures: Cognitive Antecedents (developed based on similar measures in Giner-Sorolla et al. (2012)), Fear, Disgust, and Anger (followed the approach described in Giner-Sorolla et al. (2012)), Social Distance Scale (Jahnke, 2015a), Stigma and Punitive Attitudes Toward Paedophiles Scale (SPS; Imhoff, 2015) (only the punitive attitudes scale), Social Desirability Scale (Ray, 1984)

Procedure: Participants were randomly assigned to one of the four conditions. After reading the vignette they were presented with participants were asked to complete the measures.

Outcome: Participants reported more social distance, punitive attitudes, fear, anger, disgust, abnormality, amorality, and dangerousness towards non-offending paedophiles than teleiophiles. Participants in the external non-offending paedophilic motivation condition were more likely to report social distance, punitive attitudes, fear, anger, and disgust, and to rate themselves as more immoral, abnormal, and dangerous. Sexual orientation increased punitive attitudes through fear and anger. Female participants were more likely to feel fear and disgust and had a greater desire for punishment. Participants who had young children below the age of 14 were more likely to report fear and punitive attitudes towards non-offending paedophiles. Participants showed more desire to punish and socially distance themselves from non-offending paedophiles, especially when the motivation for not offending was to avoid punishment.

Appendix D

Detailed tabulation of the data

Author/Year	Location	Terminology	Intervention	Participants	Method	Main Findings
Jara & Jeglic, (2021)	Online Amazon Mechanical Turk (MTurk)	MAP	Online Psychoeducational texts	General public – over 18 years and English- speaking	Survey	Participants in the MAP condition reported more negative attitudes with a small effect size compared with participants in substance abuse ($r = .17$) and control ($r = .22$).
Levenson & Grady (2019)	US	MAP	Training workshop	Social workers and counsellors	Survey	Participants reported being more likely to have some negative feelings and believe that MAP will always present a risk for abuse and MAP are unlikely to benefit from counselling – before the intervention
Walker et al. (2021)	US	MAP	None	Social work students	Survey and open-ended questions	Participants reported that they would have made a police report if their client had disclosed being a MAP, even when the client has not committed a sexual offence – negative attitudes and stigma.
Lievesley et al. (2021)	UK, USA, Canada, Australia, New Zealand	MAP	None	Mental health professionals and Medical care professionals	Survey	Mental health professionals showed fewer punitive attitudes towards MAP than medical professionals such as viewing MAP as dangerous, attributing blame to them for their attractions and viewing their attractions as an avoidable – stigma.
Boardman & Bartels (2018)	UK	Paedophile	Video-based stimuli	General & student population	Survey	More negative attitudes towards offending paedophiles as participants view offending paedophiles as more dangerous.
Harper et al. (2018)	UK	Paedophile	Lab-based experiment	Students	Survey	Punitive attitudes toward paedophiles before intervention.
Heron et al. (2021)	Netherlands	Paedophile	Educational lecture and direct	Psychology Students	Survey and open-ended questions	Participants hold punitive attitudes towards paedophiles, before the intervention.

Author/Year	Location	Terminology	Intervention	Participants	Method	Main Findings
Imhoff & Jahnke (2018)	US	Paedophile	contact with a paedophile Vignettes	General public	Survey	Participants showed harsher punitive attitudes when judging paedophiles than people with a sexual interest in prepubescent children. Participants viewed paedophiles as more dangerous.
Imhoff (2015)	Germany – Study 1 US – Study 2	Paedophile	Vignettes	General public	Survey	Participants reported more punitive and stigmatising attitudes towards paedophiles than people with a sexual interest in children with significant effects of dangerousness, intentionality, and deviance. – Study 1 Participants reported even harsher negative attitudes towards paedophiles than people with a sexual interest in prepubescent children with dangerousness as the strongest predictor followed by intentionality. – Study 2
Jahnke et al. (2015a)	Germany – Study 1 Online – Study 2	Paedophile	None	General public- Study 1 General public (English-speaking) – Study 2	Survey	Participants reported more stigmatised attitudes toward paedophiles than people who abuse alcohol – Study 1 Participants reported more negative and stigmatising attitudes toward paedophiles than sexual sadists and people with aspects of antisocial personality disorder – Study 2
Jahnke (2018)	Online – Amazon Mechanical Turk (Mturk)	Paedophile	Vignettes	General public	Survey	Participants reported more punitive attitudes towards non-offending paedophiles whether the motivation was intrinsic or extrinsic compared to teleiophilia.
Jahnke et al. (2015b)	Germany	Paedophile	Written information and video stimuli	Psychotherapists in training	Survey	Participants reported fewer stigmatising attitudes and social stigma toward paedophiles with almost half willing to accept them in their neighbourhood, a large number of participants were willing to work with non-offending paedophiles and almost half were willing to work with offending paedophiles before the interventions.

Appendix E

Grouping and clusters of the data

Terminology	Offence History	Type of population
<p>Paedophile: (Boardman & Bartels, 2018; Harper et al., 2018; Heron et al., 2021; Imhoff, 2015; Imhoff & Jahnke, 2018; Jahnke et al., 2015b; Jahnke et al., 2015a; Jahnke, 2018)</p> <p>MAP: (Jara & Jeglic, 2021; Levenson & Grady, 2019; Lievesley et al., 2021; Walker et al., 2021)</p>	<p>Offending: (Boardman & Bartels, 2018; Jahnke et al., 2015b)</p> <p>Non-offending: (Imhoff, 2015; Jahnke, 2018; Jara & Jeglic, 2021; Levenson & Grady, 2019; Walker et al., 2021)</p> <p>Not specified: (Harper et al., 2018; Heron et al., 2021; Imhoff & Jahnke, 2018; Jahnke et al., 2015a; Lievesley et al., 2021)</p>	<p>Professionals: (Jahnke et al., 2015b; Levenson & Grady, 2019; Lievesley et al., 2021)</p> <p>Students: (Harper et al., 2018; Heron et al., 2021; Walker et al., 2021)</p> <p>Public: (Boardman & Bartels, 2018; Imhoff, 2015; Imhoff & Jahnke, 2018; Jahnke, 2018; Jahnke et al., 2015a; Jara & Jeglic, 2021)</p>

Appendix F

Thematic Analysis themes in detail

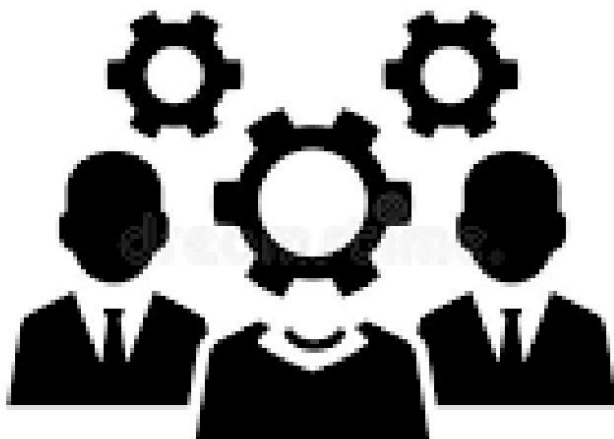
Attitudes	Stigma	Misconceptions
<p>Negative attitudes: Negative attitudes based on their sexual desire without sexual offending Based on their sexual interest in children Desire to punish Should be dead Sexual orientation increases punitive attitudes through fear and danger Desire to avoid</p> <p>Positive attitudes: The attraction of children is not a cause to call the police Need for more people willing to work with MAPs Everyone should be able to get help People are more than their thoughts or actions</p> <p>Professionals' attitudes: Mental health professionals had less punitive attitudes than medical professionals and public</p> <p>Public attitudes: Should be incarcerated Better be dead More punitive judgements towards offending Paedophiles</p> <p>Students' attitudes:</p>	<p>Professionals' stigma: Psychotherapists in training held fewer stigmatising views than the public Willingness to accept Paedophiles in their neighbourhood Less social distance than the public More willingness to work with non-offending Paedophiles than offending Paedophiles Viewed MAPs as less dangerous than the public Perceived that MAPs did not choose their attraction to minors</p> <p>Public stigma: Social distance Consider MAPs dangerous Stigmatising assumptions Anger Less education Having children below the age of 14</p> <p>Stigma toward non-offending MAPs/Paedophiles: Lack of social acceptance Barriers to treatment Report to the police</p> <p>Stigma towards offending Paedophiles: Moral disengagement Considered dangerous Psychologically deviant Social distance</p>	<p>Younger Paedophiles are viewed as more dangerous Perceived link of minor-attraction with CSA Dangerousness The connection between paedophilic interest and CSA Sexual attraction to prepubescent children can be changed Lack of control of their behaviour Minor-attraction can be controlled All MAPs have or will commit a sexual offence</p>

<p>MAPs do not choose their attraction to prepubescent children Punitive attitudes toward MAPs Predictors of punitive attitudes: Dangerousness Intentionality Deviance The effects of national background on attitudes: US sample had more extreme disapproval Emotions: Anger Pity Fear Disgust Gender effects on attitudes: Women reported higher levels of anger, fear, and perceived dangerousness Women are more likely to experience disgust and a greater desire to punish Females are more likely to contact the police if their client self-identified as Paedophile Social desirability effects on attitudes: Respondents viewed it as socially endorsed to express negative views and punitive attitudes The effects of familiarity and knowledge: Previous knowledge led to less punitive attitudes</p>	<p>Withhold companionship and personal contact Perceived them as immoral and abnormal Discriminatory behaviour Age and the effects on stigma: Older Paedophiles are viewed as more dangerous than younger Paedophiles More stigmatised judgement toward younger non-offending Paedophiles than older non-offending Paedophiles Younger age was linked to more social distance toward Paedophiles Older age was linked with more agreement in making a police report for non-offending Paedophiles Label effects on stigma: Harsh punitive judgements toward ‘paedophiles’ than ‘people with a sexual interest in prepubescent children’ ‘Paedophiles’ were viewed as more dangerous than ‘people with a sexual interest in prepubescent children’ ‘Paedophilia’ label increases stigmatised attitudes and attribution of dangerousness ‘Paedophilia’ label led to less attribution of intentionality ‘Paedophilia’ label increases punitive attitudes People would report a client with paedophilia more than a client sexually interested in prepubescent children. ‘Paedophilia’ label was found to provoke a response toward the use of law enforcement</p>	
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Higher program levels led to fewer beliefs that there needed to be a police report of the client disclosed being a MAP		
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Appendix G

Flyer advertisement of the study on LinkedIn



EXPERT PARTICIPANTS NEEDED!

DELPHI STUDY - PANEL OF EXPERTS

Why should I be interested in participating?

Your role as a professional is very important in working with minor-attracted people who need assistance to address mental health issues they face. Through your participation, you have an opportunity to shape how to best develop relevant training programs and mental health efforts for MAPs.

What is the aim of the study?

The purpose of the study is to facilitate a panel of multidisciplinary professionals to arrive at a consensus regarding the attitudes, stigma and misconceptions of professionals involved with minor-attracted people and the use of the terminology 'minor-attracted people'. The study will be online and will be executed in 3 Rounds, over a period of 3 months. Each round will require no more than 20 minutes of your time commitment. Individualized feedback will be provided after each round! The study has received ethical approval from Cyprus National Bioethics Committee and UCLan Ethics Committee.

Contact the researcher (Stavri Andreou) for any questions.
Email : sandreou@uclan.ac.uk Tel : 99353224

Who do we need?

Professionals working with clients/ service users who have expressed sexual interest to prepubescent children irrespective of whether they have committed an offence or not.

The professionals can participate in the study in the English language.

TO PARTICIPATE PLEASE FOLLOW THE LINK OR SCAN THE QR CODE:

[HTTPS://UCLAN.EU.QUALTRICS.COM/JFE/FORM/SV CTIGZV OGKRVUHUY](https://uclan.eu.qualtrics.com/jfe/form/sv-ctigzvoqkrvuhuy)



Appendix H

Email Invitation for Round 1

Delphi Round 1


You are being invited to participate on a multidisciplinary professional Delphi method panel in a research study regarding the attitudes, stigma, and misconceptions towards minor-attracted people. The purpose of the study is for a panel of multidisciplinary professionals to arrive at a consensus regarding the attitudes, stigma and misconceptions of professionals involved with minor-attracted people. Also, this study aims to gain consensus on the attitudes towards the use of the new terminology 'minor-attracted people'. Note that there is not a minimum or maximum length for your answer; however, it is encouraged that your answers are concise and efficient at conveying your expert opinion. We are not interested in your academic knowledge but only your opinion.


Please follow the link below to answer the questions:

https://uclan.eu.qualtrics.com/jfe/form/SV_cTigzVOGKrvuhUy

Appendix I

Cyprus National Bioethics Committee Ethical Approval


ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ


ΕΘΝΙΚΗ ΕΠΙΤΡΟΠΗ ΒΙΟΗΘΙΚΗΣ ΚΥΠΡΟΥ

Αρ. Φακ.: EEBK ΕΠ 2021.01.190
Αρ. Τηλ.: 22809038/039, 22819101
Αρ. Φαξ: 22353878

07 Οκτωβρίου, 2021

Δρ Βασιλική Χριστοδούλου
Αγίου Ευτυχίου 31
2571 Νήσου
Λευκωσία

Κυρία Σταυρούλα Ανδρέου
✓ Ακροπόλεως 180
Διαμ. 1, Block A
5282 Παραλίμνι

Αγαπητές κυρίες,

Αίτηση γνωμοδότησης για την πρόταση με τίτλο:
«Misconceptions, attitudes, and stigma toward minor-attracted people:
An Expert panel Delphi study»

Αναφέρομαι στην αίτηση σας ημερομηνίας 23 Σεπτεμβρίου 2021 για το πιο πάνω θέμα, και επιθυμώ να σας πληροφορήσω ότι από τη μελέτη του περιεχομένου των εγγράφων που έχετε καταθέσει, που αφορούν την πιο πάνω έρευνα, η Εθνική Επιτροπή Βιοηθικής Κύπρου (ΕΕΒΚ) **γνωμοδοτεί θετικά υπέρ της διεξαγωγής της πρώτης φάσης της έρευνας (expert panel Delphi study).**

2. Η Επιτροπή θα αναμένει την κατάθεση για αξιολόγηση των επόμενων δύο φάσεων της μελέτης όταν αυτές είναι έτοιμες και πριν την έναρξη τους.

3. Η Επιτροπή επιθυμεί να τονίσει ότι παραμένει ευθύνη δική σας η διεξαγωγή της έρευνας με τρόπο που να τηρούνται οι πρόνοιες του νέου Ευρωπαϊκού Γενικού Κανονισμού Προστασίας Προσωπικών Δεδομένων (2016/679) και του περί της Προστασίας των Φυσικών Προσώπων Έναντι της Επεξεργασίας των Δεδομένων Προσωπικού Χαρακτήρα και της Ελεύθερης Κυκλοφορίας των Δεδομένων αυτών Νόμος του 2018 (Ν. 125(I) /2018), ως αυτός εκάστοτε τροποποιείται.

4. Σας ενημερώνουμε ότι για σκοπούς καλύτερου συντονισμού και αποφυγής επανάληψης ερευνών με το ίδιο θέμα ή/και υπό εξέταση πληθυσμό μέσα σε σύντομο σχετικά χρονικό διάστημα, η ΕΕΒΚ δημοσιεύει στην ιστοσελίδα της το θέμα της έρευνας, τον φορέα και τον υπό εξέταση πληθυσμό.

.../2

Λαέρτου 22, 2365 Άγιος Δομέτιος, Λευκωσία
Ηλεκτρονικό Ταχυδρομείο: cnbc@bioethics.gov.cy, Ιστοσελίδα: www.bioethics.gov.cy

5. Κατά τη διάρκεια εκπόνησης της έρευνας, ο συντονιστής / επιστημονικός υπεύθυνος θα ενημερώνει την ΕΕΒΚ για κάθε τροποποίηση των αρχικά κατατεθειμένων εγγράφων (πρωτόκολλο ή άλλα ερευνητικά έγγραφα) και θα υποβάλλει τις απαιτούμενες έντυπες τροποποιήσεις στην Επιτροπή.

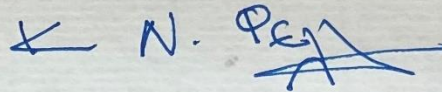
6. Σε περίπτωση διακοπής της έρευνας, ο συντονιστής/ επιστημονικός υπεύθυνος θα ενημερώσει γραπτώς την Επιτροπή κάνοντας αναφορά και στους λόγους διακοπής της έρευνας.

7. Ο συντονιστής/ επιστημονικός υπεύθυνος θα ενημερώσει την Επιτροπή σε περίπτωση αδυναμίας να συνεχίσει ως συντονιστής και θα υποβάλει τα στοιχεία επικοινωνίας του αντικαταστάτη του.

8. Με το πέρας της ερευνητικής πρότασης, ο συντονιστής / επιστημονικός υπεύθυνος θα ενημερώσει εγγράφως την Επιτροπή ότι το υπό αναφορά ερευνητικό πρωτόκολλο ολοκληρώθηκε.

9. Σας ευχόμαστε κάθε επιτυχία στη διεξαγωγή της έρευνάς σας.

Με εκτίμηση,



Καθ. Κωνσταντίνος Ν. Φελλάς
Πρόεδρος
Εθνικής Επιτροπής Βιοηθικής Κύπρου

Appendix J

UCLan Ethics Committee Ethical Approval



University of Central Lancashire
Preston PR1 2HE
01772 201201
uclan.ac.uk

15 December 2021

Stavroula Andreou / Vasiliki Christodoulou
School of Psychology and Computer Science
University of Central Lancashire

Dear Stavroula / Vasiliki

Re: Science Ethics Review Panel Application

Unique Reference Number: SCIENCE 0156 Phase 1 Amend 13Dec2021

The Science Ethics Review Panel has approved your proposed amendment to your application 'Misconceptions, attitudes, and stigma toward minor-attracted people: An Expert panel Delphi study'.

Yours sincerely

Michael Lewis
Deputy Vice-Chair
Science Ethics Review Panel

Appendix K

Delphi Round 1 Questions

Delphi Study Questions

1. Could you explain how you perceive the term "minor-attracted people". In your own words, what does it mean?
2. What are your thoughts on the use of the terminology 'minor attracted people'?
3. In what way does your professional role affect your own opinion towards minor-attracted people? Please elaborate your answer.
4. What are your views of minor-attracted people who have committed physical contact sex offences towards a minor?
5. What are your views of minor-attracted people who have committed non-physical contact sex offences (e.g. online sex offences)?
6. What are your views of minor-attracted people who have not committed an offence?
7. What are the barriers you experience as a professional, in working with minor-attracted people?
8. In your field of profession, what are the main attitudes held towards minor- attracted people?
9. In your field of profession, what are some misconceptions about minor-attracted people?
10. To your knowledge, what stigma is there in relation to minor-attracted people?
11. To your knowledge, do you think that your professional peers including yourself experience stigma due to working with minor-attracted people?
12. To your knowledge, do you experience more stigma working with minor-attracted people who have committed contact sexual offences, or when working with minor-attracted people who have committed non-contact sexual offences?

Appendix L

Demographic Questionnaire

Gender

- Male
- Female
- Non-binary/third gender
- Prefer not to say

What is your age?

Country

Occupation

Specific occupational role

Highest Qualification Earned

Years of experience

Do you have children?

- Yes
- No

Please select the age group of your child/children.

- Under the age of 13 years
- Older than the age of 13 years

Appendix M

Email invitation for Round 2

Dear Expert Panel Member,

Thank you for returning the questionnaire for the Round 1 of this Delphi study. You will now find included the link to the Round 2 Delphi questionnaire which summarises all the responses from the panel members in relation to Minor-Attracted People (MAP).

This questionnaire is completed differently to the Round 1 questionnaire and consists of statements for you endorse your agreement/disagreement. Please read the instructions carefully and complete the questionnaire as fully as you can. Return of completed Round 2 implies consent to participate, although you may always opt to withdraw from participating.

If you could complete the questionnaire by **Saturday 19th of February 2022**, I would be most grateful. If you wish to discuss any aspect of this further, please do not hesitate to contact me at sandreou4@uclan.ac.uk.

Thank you for your continued participation in this study.

Link to Round 2 questionnaire:

https://uclan.eu.qualtrics.com/jfe/form/SV_3ZOK471RiwerFXM

Appendix N

Reminder email for Round 2

REMINDER EMAIL Delphi Study Round 2

Please complete Round 2 of the survey if you haven't done so already. The link will remain open until **Saturday the 19th of February 2022**. As of today, 20% of participants have completed Round 2. If you are one of them, thank you and please disregard this reminder.

RESEARCH LINK:

https://uclan.eu.qualtrics.com/jfe/form/SV_3ZOK471RiwerFXM

Dear Expert Panel Member,

Thank you for returning the questionnaire for the Round 1 of this Delphi study. You will now find included the link to the Round 2 Delphi questionnaire which summarises all the responses from the panel members in relation to Minor-Attracted People (MAP).

This questionnaire is completed differently to the Round 1 questionnaire and consists of statements for you endorse your agreement/disagreement. Please read the instructions carefully and complete the questionnaire as fully as you can. Return of completed Round 2 implies consent to participate, although you may always opt to withdraw from participating.

If you could complete the questionnaire by **Saturday 19th of February 2022**, I would be most grateful. If you wish to discuss any aspect of this further, please do not hesitate to contact me at sandreou4@uclan.ac.uk.

Thank you for your continued participation in this study.

Link to Round 2 questionnaire:

https://uclan.eu.qualtrics.com/jfe/form/SV_3ZOK471RiwerFXM

Appendix O

Delphi Round 2 Questions

Delphi Round 2

Instructions

The Round 2 of this Delphi study lists all the responses from the panel members in Round 1. These responses have been analysed using Content Analysis. Similar responses have been grouped together to ensure the non-repetition of the statements and the easy completion of the questionnaire. The meaning of the responses has not been changed.

You will see a scale alongside each statement. This scale is numbered 1 (strongly disagree) to 5 (strongly agree). Please indicate the number that best describes your agreement with each statement.

Questions

1. Minor attracted people are primarily or exclusively sexually and/or romantically attracted to people under the age of 18 years old.
2. The term MAP is less stigmatising compared to other terms such as paedophile.
3. The term MAP is useful to use.
4. MAPs who have committed a physical contact sexual offence against a minor are still human beings.
5. MAPs who have committed a physical contact sexual offence against a minor deserve to be treated respectfully.
6. A contact sexual offence committed by MAPs is unacceptable.
7. A non-contact sexual offence committed by MAPs is unacceptable.
8. A contact sexual offence committed by MAPs violates children's rights.
9. A non-contact sexual offence committed by MAPs violates children's rights.
10. MAPs who have committed a contact sexual offence should be punishable by law.
11. MAPs who have committed a non-contact sexual offence should be punishable by law.
12. MAPs who have committed a contact sexual offence need help and support to cope with their attraction and not reoffend.
13. MAPs who have committed a non-contact offence need help and support to cope with their attraction and not reoffend.
14. There is more room for therapy for MAPs who have committed non-contact offences.
15. MAPs who have not committed any offences recognise that is harmful to children and respond to their attraction in a socially compliant way.
16. MAPs who have not committed any offences are just people like everyone else.
17. I have more sympathy and compassion towards MAPs who have not committed any offences.
18. MAPs who have not committed any offences experience emotional difficulties caused by their attraction
19. MAPs who have not committed any offences feel isolated.

20. MAPs who have not committed any offences have greater chance to benefit from therapy.
21. Therapy should become available to MAPs who have not committed any offences in a much easier way.
22. MAPs who have not committed any offences should receive therapy to avoid committing an offence.
23. MAPs who have not committed any offences should receive therapy to introduce them to same age sexual/romantic partners.
24. MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is indisciplined.
25. MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is unlawful.
26. MAPs who have not committed any offences should receive therapy to process all their thoughts and feelings.
27. MAPs should be kept locked up forever.
28. MAPs are perceived by professionals as abnormal.
29. MAPs make me feel anger and disgust towards them.
30. MAPs need education.
31. MAPs need guidance.
32. Important details about a contact sexual offence, such as the age of the minor, will influence my views towards MAPs.
33. Important details about a non-contact sexual offence, such as the age of the minor, will influence my views towards MAPs.
34. My professional role allowed me to broaden my understanding in relation to MAPs and their attraction.
35. My professional role helped me become more compassionate towards MAPs.
36. My professional role helped to not be easily shocked as I am used to seeing the 'dark' side of people.
37. Other professionals' attitudes act as a barrier in me working with MAPs.
38. Other professionals limited understanding act as a barrier in me working with MAPs.
39. The unclear guidelines on when a professional should report someone to the police or other authority, makes it difficult to work with MAPs.
40. MAPs mistrust towards mental health professionals makes it harder to work with them.
41. The inability of society to understand MAPs act as a barrier in me working with them.
42. The inability of society to provide adequate help towards MAPs act a barrier in me working with them.
43. The unwillingness of society to understand MAPs act as a barrier in me working with them.
44. The unwillingness of society to provide adequate help towards MAPs act a barrier in working with them.
45. My own feelings, makes it challenging to work with MAPs.
46. My own attitudes make it challenging to work with MAPs.
47. My own biases make it challenging to work with MAPs.
48. Stigma associated with MAPs is a huge barrier which can prevent me from working with MAPs.

49. The use of psychiatric terminology by the public (often in erroneous ways) makes it harder for me to work with MAPs.
50. The use of psychiatric terminology that exists in the media makes it harder for me to work with MAPs.
51. The lack of effective training on how to help MAPs makes it harder for me to work with MAPs.
52. Therapy would not benefit MAPs to cope with their feelings.
53. Minor-attraction is a mental illness.
54. MAPs have a personality disorder.
55. MAPs who committed a contact offence will do it again.
56. MAPs who committed a non-contact offence will do it again.
57. MAPs behaviour originates from sadistic tendencies.
58. MAPs behave the way they do because they feel inadequate.
59. MAPs are mistaken for psychopaths.
60. MAPs are psychopaths.
61. MAPs are always paedophiles.
62. MAPs do not suffer but rather enjoy it.
63. Punishment will correct MAPs.
64. Imprisonment will correct MAPs.
65. MAPs seek therapy because of their attraction.
66. MAPs seek therapy because they need support on difficulties beyond their attraction.
67. People believe that professionals working with MAPs are supporting them in being abusive.
68. MAPs have some form of childhood abuse.
69. MAPs have some form of trauma.
70. Minor-attraction is a smoke screen to justify sexual contact with children.
71. There is a great level of social stigma towards MAPs affecting every aspect of their life.
72. Professionals working with MAPs experience stigma due to their work with them.
73. Professionals working with MAPs who have committed a physical contact sexual offence experience more stigma against them.
74. The stigma experienced by professionals working with MAPs is generalised, regardless of whether their service user committed an offence and the type of the offence (contact or non-contact).

Appendix P

Email for Round 3

Dear Expert Panel Member,

Thank you for returning the Delphi Round 2 questionnaire. You will now find below the link to the Round 3 questionnaire of this Delphi study, which includes the statements that have not reached agreement from the expert panel. You will also find a table with the statements that have already reached consensus. This does not mean that they are the most important statements, only that they have reached consensus at an early stage.

Please read the instructions carefully and complete the questionnaire as fully as you can. Return of completed Round 3 implies consent to participate, although you may always opt to withdraw from participating.

If you could complete the questionnaire by **Sunday 27th of March 2022**, I would be most grateful. If you wish to discuss any aspect of this further, please do not hesitate to contact me at sandreou4@uclan.ac.uk.

If you wish to receive the final results of this Delphi study, please email me to indicate your interest at sandreou4@uclan.ac.uk.

Thank you for your continued participation in this study.

Link to Round 3 questionnaire:

https://uclan.eu.qualtrics.com/jfe/form/SV_7X99vonTqrlymFO

Appendix Q

Reminder email for Round 3

REMINDER EMAIL Delphi Study Round 3

Please complete Round 3 of the survey if you haven't done so already. The link will remain open until **Sunday the 27th of March 2022**. As of today, 20% of participants have completed Round 3. If you are one of them, thank you and please disregard this reminder.

RESEARCH LINK:

https://uclan.eu.qualtrics.com/jfe/form/SV_7X99vonTqrlymF0

Dear Expert Panel Member,

Thank you for returning the Delphi Round 2 questionnaire. You will now find below the link to the Round 3 questionnaire of this Delphi study, which includes the statements that have not reached agreement from the expert panel. You will also find a table with the statements that have already reached consensus. This does not mean that they are the most important statements, only that they have reached consensus at an early stage.

Please read the instructions carefully and complete the questionnaire as fully as you can. Return of completed Round 3 implies consent to participate, although you may always opt to withdraw from participating.

If you could complete the questionnaire by **Sunday 27th of March 2022**, I would be most grateful. If you wish to discuss any aspect of this further, please do not hesitate to contact me at sandreou4@uclan.ac.uk.

If you wish to receive the final results of this Delphi study, please email me to indicate your interest at sandreou4@uclan.ac.uk.

Thank you for your continued participation in this study.

Link to Round 3 questionnaire:

https://uclan.eu.qualtrics.com/jfe/form/SV_7X99vonTqrlymF0

Appendix R

Delphi Questions Round 3

The Round 3 of this Delphi includes statements that have not yet reached an agreement from the expert panel. Following each statement, there is the overall group response from Round 2 in brackets.

Next, you will see a scale alongside each statement providing you with the opportunity to reconsider your response from Round 2. This scale is numbered from 1 (strongly disagree) to 5 (strongly agree). Please indicate the number that best describes your agreement with each statement.

Please note that you do not have to change your original response if you do not wish to.

1. There is more room for therapy for MAPs who have committed non-contact offences. (Overall group response - Strongly Agree)
2. MAPs who have not committed any offences recognise that is harmful to children and respond to their attraction in a socially compliant way. (Overall group response – Agree)
3. MAPs who have not committed any offences are just people like everyone else. (Overall group response - Strongly Agree)
4. I have more sympathy and compassion towards MAPs who have not committed any offences.(Overall group response - Agree)
5. MAPs who have not committed any offences have a greater chance to benefit from therapy. (Overall group response - Strongly Disagree)
6. MAPs who have not committed any offences should receive therapy to avoid committing an offence. (Overall group response - Neutral)
7. MAPs who have not committed any offences should receive therapy to introduce them to same age sexual/romantic partners. (Overall group response - Strongly Disagree)
8. MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is indiscipline. (Overall group response - Disagree)
9. MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is unlawful. (Overall group response – Disagree)
10. MAPs who have not committed any offences should receive therapy to process all their thoughts and feelings. (Overall group response - Agree)
11. MAPs are perceived by professionals as abnormal. (Overall group response - Agree)
12. MAPs need education. (Overall group response - Neutral)
13. MAPs need guidance. (Overall group response - Agree)
14. Important details about a contact sexual offence, such as the age of the minor, will influence my views towards MAPs. (Overall group response - Agree)
15. Important details about a non-contact sexual offence, such as the age of the minor, will influence my views towards MAPs. (Overall group response - Disagree)

16. Other professionals' attitudes act as a barrier to me working with MAPs. (Overall group response - Disagree)
17. Other professionals limited understanding act as a barrier in me working with MAPs
18. The unclear guidelines on when a professional should report someone to the police or other authority, makes it difficult to work with MAPs.
19. MAPs mistrust towards mental health professionals makes it harder to work with them. (Overall group response - Neutral)
20. The inability of society to understand MAPs acts as a barrier in me working with them. (Overall group response - Strongly Agree)
21. The inability of society to provide adequate help towards MAPs acts a barrier in me working with them. (Overall group response - Agree)
22. The unwillingness of society to understand MAPs acts as a barrier in me working with them (Overall group response - Agree)
23. My own feelings, makes it challenging to work with MAPs. (Overall group response - Disagree)
24. My own attitudes make it challenging to work with MAPs. (Overall group response - Strongly Disagree)
25. My own biases make it challenging to work with MAPs. (Overall group response - Strongly Disagree)
26. Stigma associated with MAPs is a huge barrier that can prevent me from working with MAPs. (Overall group response - Disagree)
27. The use of psychiatric terminology by the public (often in erroneous ways) makes it harder for me to work with MAPs.
28. The use of psychiatric terminology that exists in the media makes it harder for me to work with MAPs. (Overall group response - Disagree)
29. MAPs have a personality disorder. (Overall group response - Disagree)
30. MAPs who committed a contact offence will do it again. (Overall group response - Disagree)
31. MAPs who committed a non-contact offence will do it again. (Overall group response - Disagree)
32. MAPs' MAPs behaviour originates from sadistic tendencies. (Overall group response - Strongly Disagree)
33. MAPs behave the way they do because they feel inadequate. (Overall group response - Strongly Disagree)
34. MAPs are mistaken for psychopaths. (Overall group response - Agree)
35. MAPs do not suffer but rather enjoy it. (Overall group response - Neutral)
36. Imprisonment will correct MAPs. (Overall group response - Strongly Disagree)
37. MAPs seek therapy because of their attraction. (Overall group response - Neutral)
38. People believe that professionals working with MAPs are supporting them in being abusive. (Overall group response - Neutral)
39. MAPs have some form of childhood abuse. (Overall group response - Neutral)
40. MAPs have some form of trauma. (Overall group response - Agree)
41. Professionals working with MAPs who have committed a physical contact sexual offence experience more stigma against them. (Overall group response - Neutral)

Appendix S

Means, Median and Standard Deviations for Round 2

Table 11.

Means, Median and Standard Deviations for Round 2

Statement	N	Mean	Median	SD	Min	Max
1. Minor attracted people are primarily or exclusively sexually and/or romantically attracted to people under the age of 18 years old.	17	3.65	4.00	1.17	2	5
2. The term MAP is less stigmatising compared to other terms such as paedophile.	17	4.18	4.00	.73	3	5
3. The term MAP is useful to use.	17	4.18	4.00	.64	3	5
4. MAPs who have committed a physical contact sexual offence against a minor are still human beings.	17	4.41	5.00	.80	2	5
5. MAPs who have committed a physical contact sexual offence against a minor deserve to be treated respectfully.	17	4.47	4.00	.51	4	5
6. A contact sexual offence committed by MAPs is unacceptable.	17	4.41	5.00	.71	3	5
7. A non-contact sexual offence committed by MAPs is unacceptable.	17	4.06	4.00	1.08	1	5
8. A contact sexual offence committed by MAPs violates children's rights.	17	4.53	5.00	.71	3	5
9. A non-contact sexual offence committed by MAPs violates children's rights.	17	4.53	5.00	.71	3	5
10. MAPs who have committed a contact sexual offence should be punishable by law.	17	4.24	4.00	.75	3	5

Statement	N	Mean	Median	SD	Min	Max
11.MAPs who have committed a non-contact sexual offence should be punishable by law.	17	4.12	4.00	.86	2	5
12.MAPs who have committed a contact sexual offence need help and support to cope with their attraction and not reoffend.	17	4.47	5.00	.62	3	5
13.MAPs who have committed a non-contact offence need help and support to cope with their attraction and not reoffend.	17	4.41	5.00	.71	3	5
14.There is more room for therapy for MAPs who have committed non-contact offences.	17	3.65	3.00	1.17	2	5
15.MAPs who have not committed any offences recognise that is harmful to children and respond to their attraction in a socially compliant way.	17	3.82	4.00	.73	3	5
16.MAPs who have not committed any offences are just people like everyone else.	17	3.71	4.00	1.31	1	5
17.I have more sympathy and compassion towards MAPs who have not committed any offences.	17	3.47	4.00	1.13	1	5
18.MAPs who have not committed any offences experience emotional difficulties caused by their attraction	17	3.82	4.00	.64	3	5
19.MAPs who have not committed any offences feel isolated.	17	3.94	4.00	.75	3	5
20.MAPs who have not committed any offences have greater chance to benefit from therapy.	17	2.88	3.00	.93	1	5
21.Therapy should become available to MAPs who have not committed any offences in a much easier way.	17	4.24	4.00	.75	2	5
22.MAPs who have not committed any offences should receive therapy to avoid committing an offence.	17	3.47	3.00	1.07	1	5
23.MAPs who have not committed any offences should receive therapy to introduce them to same age sexual/romantic partners.	17	2.47	3.00	1.28	1	4

Statement	N	Mean	Median	SD	Min	Max
24.MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is indisciplined.	17	2.59	2.00	1.00	1	4
25. MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is unlawful.	17	2.94	3.00	.90	2	4
26.MAPs who have not committed any offences should receive therapy to process all their thoughts and feelings.	17	3.88	4.00	.93	2	5
27.MAPs should be kept locked up forever.	17	1.59	1.00	1.18	1	5
28.MAPs are perceived by professionals as abnormal.	17	3.41	4.00	.80	1	4
29. MAPs make me feel anger and disgust towards them.	17	1.94	2.00	1.09	1	4
30.MAPs need education.	17	3.24	3.00	.83	1	4
31.MAPs need guidance.	17	3.71	4.00	.59	3	5
32.Important details about a contact sexual offence, such as the age of the minor, will influence my views towards MAPs.	17	3.18	3.00	1.02	2	5
33. Important details about a non-contact sexual offence, such as the age of the minor, will influence my views towards MAPs.	17	3.06	3.00	1.03	2	5
34.My professional role allowed me to broaden my understanding in relation to MAPs and their attraction.	17	4.59	5.00	.51	4	5
35.My professional role helped me become more compassionate towards MAPs.	17	4.29	4.00	.69	3	5
36.My professional role helped to not be easily shocked as I am used to seeing the 'dark' side of people.	17	4.12	5.00	1.22	1	5
37.Other professionals' attitudes act as a barrier in me working with MAPs.	17	3.06	3.00	1.52	1	5

Statement	N	Mean	Median	SD	Min	Max
38. Other professionals limited understanding act as a barrier in me working with MAPs.	17	3.12	3.00	1.36	1	5
39. The unclear guidelines on when a professional should report someone to the police or other authority, makes it difficult to work with MAPs.	17	3.35	3.00	1.27	1	5
40. MAPs mistrust towards mental health professionals makes it harder to work with them.	17	3.53	3.00	.80	2	5
41. The inability of society to understand MAPs act as a barrier in me working with them.	17	3.53	4.00	1.38	1	5
42. The inability of society to provide adequate help towards MAPs act a barrier in me working with them.	17	3.35	4.00	1.32	1	5
43. The unwillingness of society to understand MAPs act as a barrier in me working with them.	17	3.41	4.00	1.18	1	5
44. The unwillingness of society to provide adequate help towards MAPs act a barrier in working with them.	17	3.71	4.00	1.16	1	5
45. My own feelings, makes it challenging to work with MAPs.	17	2.35	2.00	1.17	1	5
46. My own attitudes make it challenging to work with MAPs.	17	2.12	2.00	1.17	1	4
47. My own biases make it challenging to work with MAPs.	17	2.24	2.00	1.20	1	4
48. Stigma associated with MAPs is a huge barrier which can prevent me from working with MAPs.	17	2.76	2.00	1.48	1	5
49. The use of psychiatric terminology by the public (often in erroneous ways) makes it harder for me to work with MAPs.	17	2.88	2.00	1.45	1	5

Statement	N	Mean	Median	SD	Min	Max
50.The use of psychiatric terminology that exists in the media makes it harder for me to work with MAPs.	17	3.06	3.00	1.39	1	5
51.The lack of effective training on how to help MAPs makes it harder for me to work with MAPs.	17	3.65	4.00	.99	1	5
52.Therapy would not benefit MAPs to cope with their feelings.	17	1.82	2.00	.81	1	4
53.Minor-attraction is a mental illness.	17	2.12	2.00	1.11	1	4
54.MAPs have a personality disorder.	17	2.24	2.00	1.15	1	4
55.MAPs who committed a contact offence will do it again.	17	2.41	2.00	1.06	1	5
56.MAPs who committed a non-contact offence will do it again.	17	2.47	2.00	1.07	1	5
57.MAPs behaviour originates from sadistic tendencies.	17	2.12	2.00	1.22	1	5
58.MAPs behave the way they do because they feel inadequate.	17	2.41	2.00	1.18	1	4
59.MAPs are mistaken for psychopaths.	17	3.53	4.00	1.07	1	5
60.MAPs are psychopaths.	17	1.71	1.00	.99	1	4
61. MAPs are always paedophiles.	17	2.00	2.00	.87	1	4
62.MAPs do not suffer but rather enjoy it.	17	2.35	2.00	1.00	1	4
63.Punishment will correct MAPs.	17	1.82	1.00	1.31	1	4
64.Imprisonment will correct MAPs.	17	1.88	1.00	1.17	1	4
65.MAPs seek therapy because of their attraction.	17	3.12	3.00	.70	2	4
66.MAPs seek therapy because they need support on difficulties beyond their attraction.	17	3.88	4.00	.60	3	5
67. People believe that professionals working with MAPs are supporting them in being abusive.	17	3.24	3.00	1.19	1	5

Statement	N	Mean	Median	SD	Min	Max
68.MAPs have some form of childhood abuse.	17	2.76	3.00	.90	1	4
69. MAPs have some form of trauma.	17	3.00	3.00	1.06	1	4
70.Minor-attraction is a smoke screen to justify sexual contact with children.	17	1.94	2.00	1.03	1	4
71.There is a great level of social stigma towards MAPs affecting every aspect of their life.	17	4.41	4.00	.62	3	5
72.Professionals working with MAPs experience stigma due to their work with them.	17	3.88	4.00	.99	2	5
73.Professionals working with MAPs who have committed a physical contact sexual offence experience more stigma against them.	17	3.53	3.00	1.07	2	5
74.The stigma experienced by professionals working with MAPs is generalised, regardless of whether their service user committed an offence and the type of the offence (contact or non-contact).	17	3.71	4.00	.85	2	5

Appendix T

Means, Median and Standard Deviations for Round 3

Table 13.

Means, Median and Standard Deviations for Round 3

Statement	N	Mean	Median	SD	Min	Max
There is more room for therapy for MAPs who have committed non-contact offences.	15	4.13	4.00	.92	2	5
MAPs who have not committed any offences have greater chance to benefit from therapy.	15	2.60	2.00	1.12	1	5
MAPs who have not committed any offences should receive therapy to avoid committing an offence.	15	3.13	3.00	.74	1	4
MAPs who have not committed any offences should receive therapy to introduce them to same age sexual/romantic partners	15	1.73	2.00	.88	1	4
MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is indiscipline.	15	2.07	2.00	.59	1	3
MAPs who have not committed any offences should receive therapy to remind them that acting on their attraction is unlawful.	15	2.20	2.00	.78	1	4
MAPs who have not committed any offences should receive therapy to process all their thoughts and feelings.	15	3.67	4.00	.82	2	5
MAPs are perceived by professionals as abnormal.	15	3.93	4.00	.59	3	5
MAPs need education.	15	2.87	3.00	.52	2	4
MAPs need guidance.	15	3.67	4.00	.49	3	4

Statement	N	Mean	Median	SD	Min	Max
There is more room for therapy for MAPs who have committed non-contact offences.	15	4.13	4.00	.92	2	5
Important details about a contact sexual offence, such as the age of the minor, will influence my views towards MAPs.	15	3.67	4.00	.98	1	5
Important details about a non-contact sexual offence, such as the age of the minor, will influence my views towards MAPs.	15	2.67	2.00	1.13	1	5
Other professionals' attitudes act as a barrier to my working with MAPs.	15	2.40	2.00	.91	1	4
Other professionals limited understanding acts as a barrier to me working with MAPs.	15	2.73	3.00	1.22	1	5
The unclear guidelines on when a professional should report someone to the police or other authority makes it difficult to work with MAPs.	15	3.33	4.00	.82	2	4
MAPs' mistrust of mental health professionals makes it harder to work with them.	15	3.27	3.00	.46	3	4
The inability of society to understand MAPs acts as a barrier in me working with them.	15	3.53	4.00	1.25	2	5
The inability of society to provide adequate help towards MAPs acts a barrier in me working with them.	15	3.87	4.00	.64	2	5
The unwillingness of society to understand MAPs acts as a barrier in me working with them.	15	3.47	4.00	.92	2	5
My own feelings, makes it challenging to work with MAPs.	15	1.93	2.00	.70	1	3
My own attitudes make it challenging to work with MAPs.	15	1.60	1.00	.74	1	3
My own biases make it challenging to work with MAPs.	15	1.67	2.00	.72	1	3

Statement	N	Mean	Median	SD	Min	Max
There is more room for therapy for MAPs who have committed non-contact offences.	15	4.13	4.00	.92	2	5
Stigma associated with MAPs is a huge barrier that can prevent me from working with MAPs.	15	2.07	2.00	.70	1	4
The use of psychiatric terminology by the public (often in erroneous ways) makes it harder for me to work with MAPs.	15	2.13	2.00	.92	1	4
The use of psychiatric terminology that exists in the media makes it harder for me to work with MAPs.	15	2.27	2.00	1.03	1	5
MAPs have a personality disorder.	15	1.87	2.00	.64	1	3
MAPs who committed a contact offence will do it again.	15	2.13	2.00	.52	1	3
MAPs who committed a non-contact offence will do it again.	15	2.07	2.00	.59	1	3
MAPs behaviour originates from sadistic tendencies.	15	1.40	1.00	.63	1	3
MAPs behave the way they do because they feel inadequate.	15	1.60	1.00	.83	1	3
MAPs are mistaken for psychopaths.	15	3.67	4.00	.82	2	5
MAPs do not suffer but rather enjoy it.	15	2.80	3.00	.41	2	3
Imprisonment will correct MAPs.	15	1.33	1.00	.62	1	3
MAPs seek therapy because of their attraction.	15	2.93	3.00	.26	2	3
People believe that professionals working with MAPs are supporting them in being abusive.	15	3.07	3.00	.46	2	4
MAPs have some form of childhood abuse.	15	2.87	3.00	.64	1	4
MAPs have some form of trauma.	15	3.47	3.00	.52	3	4
Professionals working with MAPs who have committed a physical contact sexual offence experience more stigma against them.	15	3.27	3.00	.59	2	4

