



# Toward a Holistic Approach to Treatment and Support for People with Attractions to Children

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## Abstract

**Purpose of Review** This review explores the treatment needs of people with attractions to children and emphasizes the importance of adopting a more holistic approach to therapeutic support. We also explore the influence of attitudes, clinicians' willingness to provide treatment, and the alignment of goals between professionals and service users.

**Recent Findings** Existing research highlights barriers to prevention-focused approaches, with help-seeking individuals being met with limited service options. A lack of alignment between available interventions and the targets of service users can contribute to feelings of isolation and heightened vulnerability. Evidence supports the need for a broader focus on treatment goals, such as improving psychological wellbeing, developing healthy coping strategies, and reducing internalized stigma. Research on holistic and innovative service approaches remains limited, and professional willingness to treat this population varies widely.

**Summary** Although specific child protection frameworks are important, a purely prevention-focused approach to treatment can reinforce stigma and limits the development of services that prioritize therapeutic engagement and alignment with service user needs. More research is needed to explore holistic treatment models and enhance professional engagement with these to expand our understanding of how to align prevention and broader treatment goals.

**Keywords** Pedophilia · Treatment goals · Therapeutic engagement · Professional attitudes · Holistic treatment

## Introduction

The treatment of people with attractions to children presents a complex challenge that is highly influenced by societal norms, legal frameworks, and professional attitudes [1–4]. Traditionally, public policy and clinical practice have focused heavily and specifically on the prevention of sexual abuse, aiming to reduce the risk of harm to children [5, 6]. Current approaches to prevention rely on strict legal frameworks, public condemnation, and surveillance measures designed to deter those thought to be at risk of offending [5–7]. These strategies aim to reduce immediate risks to children, but may inadvertently fail to address deeper, more complex issues facing this population. Prevention efforts often assume that people with attractions to children are inherently dangerous and need to be closely monitored or

punished [8]. Although these methods may serve as effective deterrents in some cases, they often place barriers to treatment in the way of those who may not engage in any harmful behavior but who are struggling with emotional distress, social isolation, or mental health challenges [9, 10]. An over-reliance on an explicitly prevention-focused approach can create unintended barriers to treatment and support access, primarily through the reinforcement of stigma and fear [7, 9–12]. These barriers discourage individuals who wish to avoid offending from seeking help, increasing isolation and potentially elevating the risks that prevention strategies aim to mitigate.

This paper reviews the treatment needs of people with attractions to children, highlighting the need for a holistic approach that goes beyond deterrence to integrate mental health care, stigma reduction, and frustration management. We emphasize the importance of individualized treatment models that align service user and therapist goals, the need to build a strong therapeutic alliance, and how addressing emotional distress and psychological resilience can be beneficial in treatment. Additionally, we highlight the role of

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professional attitudes and willingness to treat this population in developing effective treatment environments, noting the need for specialized training to improve engagement and therapeutic outcomes.

## Exploring Treatment Targets

Effectively addressing the treatment needs of people with attractions to children requires a comprehensive understanding of their experiences, challenges, and goals. Treatment objectives can vary from person to person, but many within this population emphasize the importance of improving mental health and reducing stigma as key treatment goals [3]. As therapeutic progress is made, these goals often evolve to include a broader range of issues that can be conceptualized as the pursuit of a ‘good life’ [13–15]. For example, individuals who develop greater self-compassion and emotional stability may broaden their treatment objectives to include the management of sexual frustration and achieving personal fulfilment [2, 3, 16, 17].

Interventions are perceived as being the most effective when they prioritize psychological resilience and overall wellbeing, rather than focusing solely on attempting to change intrinsic sexual preferences [3, 16]. A systematic review of help-seeking behaviors revealed that individuals commonly sought help for mental health issues such as mental distress, depression, anxiety, and managing social stigma [16]. Factors including maladaptive coping, internalized stigma, and low psychological wellbeing were also strongly linked to an increased desire for treatment.

Recent work has identified four specific treatment targets among people with attractions to children [3, 18]. These are: (1) mental health concerns, (2) dealing with stigma, (3) controlling or changing sexual attractions to children, and (4) the alleviation of sexual frustration. To meet the needs of this population, a more holistic, individualized approach – that integrates each of these issues – is necessary. This approach should merge prevention-focused work with client-centered treatment within a framework that balances public protection with individual wellbeing. It must also recognize the evolving nature of treatment goals and the importance of addressing key areas such as mental health support, stigma reduction and frustration management [3, 10, 18]. We now turn our attention to each of these potential treatment domains.

## Mental Health Support

Mental health challenges, including anxiety, depression, and suicidal ideation, are commonly experienced by people with attractions to children [19, 20]. Research has shown that many people in this population experience significant

emotional distress related to their attractions, prompting them to seek mental health support [3, 16, 21], and loneliness and low self-esteem are known risk factors toward offending behavior [20, 22–24]. Mental health concerns rank highest among self-reported treatment targets for people who are attracted to children [3, 16], and frequently serve as the initial point of contact for professional help. This highlights the importance of recognizing mental distress as a key treatment goal. Individuals often express a desire for support not only to address emotional distress but also to improve their overall quality of life. Many seek help to manage intense feelings of shame, guilt, and hopelessness that may accompany their attractions [9, 10, 20]. A small number of studies have found how members of this population frequently experience suicidal ideation, with this being a chronic issue in almost 40% of those sampled in some online surveys [25]. Such ideation appears to be most strongly associated with having a history of experiencing sexual abuse, more exclusive attractions to children (i.e., not experiencing co-occurring attractions to adults), and perceiving a greater amount of social stigma against pedophilia [25].

Mental health interventions such as cognitive-behavioral therapy (CBT) and mindfulness-based approaches, are thought to be effective in enhancing emotional wellbeing, reducing suicidal thoughts, and improving overall stability [10, 26]. For those experiencing significant feelings of shame, Compassion Focused Therapy is argued to be a more appropriate option [16, 27, 28]. These therapies can help individuals develop effective coping strategies, manage negative emotions, and enhance resilience through the achievement of a sense of self-acceptance [27–29]. By addressing underlying mental health issues, these interventions may also reduce the likelihood of harmful behaviors, as state factors facilitating sexual offending include low mood and maladaptive coping strategies, such as substance misuse [23]. As such, the addressing of mental health related concerns can play a key role in the prevention of child sexual abuse, even in the absence of a specific prevention framing to support services [7, 20, 30].

## Managing Stigma

Stigma is one of the most frequently noted barriers to treatment for people with attractions to children [9, 30]. Both internalized and societal stigma can severely impact an individual’s self-esteem, social relationships, and willingness to seek help [10, 19, 20, 31, 32]. Many individuals report feeling ashamed of their attractions and fear the potential consequences of seeking help, such as social rejection, legal consequences [3, 33]. These fears often result in a reluctance to access therapeutic resources, leaving many to struggle with their emotions in isolation [9, 30].

Many people with attractions to children report that their desire for help is linked to overcoming stigma [3, 10, 16, 18], highlighting a need for therapeutic environments where individuals can explore their concerns openly without fear of judgment or legal repercussions [9, 34, 35]. Social and internalized stigma play different roles in the setting of treatment needs and access to appropriate support services [3, 10]. From a social perspective, individuals who are attracted to children often feel unable to disclose their thoughts to therapists, and are worried that their disclosures might be reported to law enforcement and social service professionals. Inherent in this (oftentimes correct) assumption is the acknowledgement that people perceive those who are attracted to children as being dangerous, or at imminent risk of engaging in child sexual abuse [4, 35, 36]. This fear of exposure can exacerbate feelings of shame and hopelessness, pushing individuals to suppress their emotions or manage their distress in isolation [10]. The lack of accessible, non-judgmental support further compounds internal conflict and can lead to worsening mental health outcomes, including depression and suicidal ideation [20, 37]. Alongside this, people can begin to internalize social attitudes and begin to see offending as an inevitability as a result of their attractions. Within the criminological literature this is referred to as a Golem effect, whereby people behave in a manner consistent with social expectations [38, 39].

Efforts to reduce feelings of internalized stigma focus not on improving self-directed attitudes about the permissibility of attraction-related sexual behaviors, but instead link to developing a sense of self-acceptance [10, 18]. Acceptance-related methods have been shown to yield multiple benefits, including improved self-esteem and increased willingness to seek help [10, 32, 40]. Within therapeutic settings, breaking down stigma-related barriers is said to be crucial to fostering a sense of safety and trust [12], which in turn enhances client satisfaction with services, encourages sustained engagement in therapy, and facilitates better treatment outcomes in the form of improved wellbeing and, indirectly, a reduction in risk [34, 41, 42].

Beyond individual therapeutic settings, broader societal stigma also has significant implications for treatment and prevention [10, 12, 43]. When societal attitudes shift toward greater understanding, people with attractions to children may feel more supported and less alienated, which can encourage them to seek help before crises arise [17, 44]. Public education campaigns and open dialogues can play a key role in reframing societal perceptions, dispelling misconceptions, and moving towards a more constructive and solution-focused discourse [17, 44]. By mitigating stigma, we can thus create opportunities for abuse prevention and early intervention while reducing the emotional burden on those seeking help [7, 18].

## Frustration Management

Sexual frustration can pose a challenge for people with attractions to children, often arising from the conflict between their sexual desires and societal norms, compounded by the stigma and isolation they experience [2, 3], and the lack of legal sexual outlets available to them [2]. Unaddressed sexual frustration can contribute to significant psychological strain, maladaptive coping strategies, or risky behaviors, making it a critical area for therapeutic intervention [13]. From a prevention perspective, we know that blockages to sexual expression and paraphilic sexual interests are implicated in all major models of sexual offending [23, 45–47], with this being compounded among people with sexual attractions with no legal outlet [2].

The subject of sexual frustration is only just beginning to be explored in this area [18], with a small number of researchers talking about the potential utility of working with sexual fantasy and various fictional sexual outlets (e.g., stories, AI-generated content, and silicone dolls) as routes to addressing such frustration [2, 48–53]. This is not without controversy, particularly in light of the limited evidence base supporting the use of various sexual outlets [2]. When looking at the data that do exist, no clear link between engagement with child-related sexual outlets and an increase in risk is observed [48]. However, better quality longitudinal data is required for more definitive conclusions to be drawn from this research.

One potential therapeutic approach to managing sexual frustration is to explore legal and ethical outlets for sexual expression in controlled settings [2, 54]. For example, therapists might work with clients to identify sexual outlets that align with their values and avoid victim-driven content, such as fantasy thinking or the use of fantasy sexual materials [2, 3, 52]. Using this approach in treatment could provide individuals with a sense of agency and control over their sexual feelings while adhering to societal norms and maintaining public safety via close clinical supervision. Incorporating legal sexual outlets into therapeutic strategies would require careful consideration and collaboration between the therapist and service user [37]. These discussions should be handled with sensitivity and an understanding of the individual's specific needs and circumstances. When implemented effectively, such approaches could provide relief in a manner that (from a theoretical perspective) could serve to reduce risk by eliminating frustration-related motivations to engage in sexually abusive behaviors [55–57].

## Controlling or Changing Attractions

The question of whether sexual attractions can or should change is complex and contentious. Although some people with attractions to children express a desire to modify

these feelings, others prioritize learning how to manage their attractions in non-harmful ways [3]. The desire for change can stem from the wish to align their feelings with societal norms or reduce personal distress [10]. However, not all individuals with these attractions seek change, with research noting a rejection of treatment goals focused on controlling or changing sexual attractions [3, 58]. Indeed, some people within the community who experience attractions to children suggest that “you have to be realistic” about whether changing attraction patterns is possible [18]. When talking about changing attractions, a risk reduction lens is often applied. In this sense, it may be more fruitful to consider this aim as being related to controlling attractions in non-abusive ways, and acknowledge that, for most, eliminating attractions to children is not an achievable goal [18, 59].

The evidence regarding the effectiveness of treatments aimed at changing attractions is limited [60–62]. Efforts to directly alter attractions have not demonstrated consistent success, and researchers caution against such approaches due to ethical and practical concerns related to procedures that evoke images consistent with sexual orientation conversion therapy [4, 44]. Instead, interventions that focus on the acceptance of feelings while managing attraction-related sexual behaviors appear more promising [33, 35]. These therapies do not aim to change the attractions themselves but rather equip individuals with tools to manage their feelings in ways that align with their personal values and ensure the prevention of harm.

Arousal-related interventions may, however, be suitable for working with the residual attractions to adults that are experienced by up to 80% of those who identify as being attracted to children [5, 63–65]. Within the forensic literature it has been acknowledged that efforts to recondition arousal patterns by using latent sexual interests are associated with reduced recidivism among people with sexual convictions [66]. Applying this to the community context, arousal reconditioning approaches may thus represent a therapeutic option for those who are not exclusively attracted to children and wish to reduce the salience of their child-related attractions. Incorporating these strategies into treatment frameworks allows for a more holistic approach to improving emotional health, reducing the risk of harmful behaviors, and increasing overall life satisfaction through a positive psychological approach [14].

## Working as a Professional

### Willingness to Treat

The willingness of professionals to engage with people who have attractions to children is a foundational aspect of effective intervention. However, many professionals report discomfort or reluctance when working with this population, often due

to societal stigma, fear of professional backlash, or a lack of knowledge or specialized training [4, 11, 16, 41, 67, 68]. These challenges can result in hesitancy to provide care, which further compounds the barriers faced by individuals seeking help [4, 12, 69]. Encouragingly, research indicates that targeted education and training can improve professional competence and confidence when working with this group [34, 35]. Training programs that focus on empathy, risk assessment, therapeutic boundaries, and evidence-based practices have been shown to enhance professional readiness, equipping practitioners to create a supportive and effective therapeutic environment [70].

Even in situations where there is a willingness to treat, first-line professionals may not have the capabilities or capacities to offer the requisite depth of service required [4]. As such, the development of secondary services, likely in mental health settings, is of vital importance. At the moment, such services are typically offered by third sector providers and charitable organizations [71]. A greater level of investment from central governments may serve to improve training opportunities and the perceived importance of such community-based services, and move them away from traditionally forensic settings.

### Professional Attitudes

Professional attitudes play a pivotal role in shaping the therapeutic experience for individuals seeking help. Negative or judgmental attitudes can undermine trust, create barriers to open communication, and discourage service users from fully engaging in the therapeutic process [9, 18, 67, 72]. A particularly pervasive concern is the belief that openly discussing their thoughts in a clinical setting could lead to criminalization, even in the absence of any harmful behavior [3]. Professionals have expressed a readiness to report individuals with attractions to children, even in the absence of any clear safeguarding concerns or evidence of offending behavior [3, 73]. Conversely, attitudes grounded in empathy and evidence-based approaches support a sense of safety and acceptance, which are critical for building a strong therapeutic alliance [70]. Systemic efforts to cultivate positive attitudes through education, supervision, and ongoing professional development are essential for ensuring consistent and effective care [74]. By addressing these factors, it becomes possible to create a more inclusive and empathetic framework that supports service users in achieving their treatment goals.

### Alignment and Alliance between Professionals and Service Users

Alignment between professional goals and service user needs is a critical determinant of therapeutic success [3, 11, 67, 68]. As previously discussed, people with attractions to children often seek support to manage mental health challenges, reduce

stigma, and improve their overall quality of life [3, 18]. However, professionals have been found to report all treatment targets to be of equal priority, illustrating confusion around the priorities of people accessing services [3]. Although treatment goals are often not mutually exclusive, misalignment can lead to dissatisfaction and disengagement on the part of service users [75], as well as a lack of focus in therapeutic settings. Building alignment requires a shared understanding of treatment priorities and outcomes [3, 18]. Collaborative goal setting, informed by a combination of service users' lived experiences of attractions to children on the one hand, and the professional's clinical expertise on the other, is essential for bridging this gap [3, 68, 76]. This becomes increasingly important when working with populations within this community who may be further marginalized by their minority or non-stereotypical status, such as women who are attracted to children, or those in adolescence [77].

A strong therapeutic alliance is the cornerstone of effective treatment. It is built on mutual trust, respect, and a shared commitment to achieving agreed-upon goals [75, 78, 79]. A non-judgmental and empathetic therapeutic relationship is especially crucial when working with people attracted to children, as many feel marginalized or isolated due to their attractions. Motivational interviewing, person-centered care, and trauma-informed practices have been identified as particularly effective strategies for strengthening this alliance [76–83]. Ultimately, working with this population as a professional presents unique challenges but also significant opportunities for positive impact. By approaching with a willingness to support and treat, and aligning professional and service user goals, practitioners can create a therapeutic environment conducive to growth and change [3, 4, 11, 67, 68]. Ultimately, the development of a strong therapeutic alliance appears to be essential for addressing individual treatment needs and improving therapeutic efficacy.

## Conclusions

Research into the support and treatment offered to people with attractions to children in non-forensic settings is still its infancy, and our understanding remains limited by a small number of research teams working on this topic. Although significant strides have been made in identifying treatment targets and exploring their efficacy, more work is needed to develop effective and comprehensive treatment models that integrate these in holistic ways [3]. Moving beyond a prevention-only framework is essential, and adopting more client-centered approaches that bring together insights related to mental health support, stigma reduction, and frustration management are likely to attract more people into therapeutic settings [2, 3, 7, 16, 18].

The next steps involve refining services in such a way that facilitates, from a structural perspective, this more

holistic approach [7]. This includes the development of training programs for professionals, particularly in mental health settings, to equip them with the skills and knowledge necessary to engage effectively with this population [4, 74]. Training should emphasize the importance of approaching service users with empathy and non-judgmental attitudes, and the importance of building a strong therapeutic alliance and reduce the barriers people with attractions to children face when seeking help. Equally important is the role of policy makers in commissioning services that align with a broader and more compassionate vision. Public attitudes and social appetite for such services are critical factors influencing policy decisions. The existing literature suggests mixed views on this issue [17, 44], with some advocating for support and others remaining sceptical due to stigma and misconceptions. Engaging in public education campaigns and promoting open dialogue can help shift societal perceptions, creating a foundation for more inclusive, supportive, and effective services [32, 36, 43].

In conclusion, addressing the needs of people with attractions to children requires a multi-faceted approach that brings together researchers, practitioners, policy makers, and the public. Expanding our understanding of this population's needs and providing specialized training for professionals are essential steps in building effective interventions. Supporting evidence-based practices is equally important to ensure the development of a compassionate framework that prioritizes the treatment needs and goals of potential service users. By adopting a holistic approach that balances public safety with individual wellbeing, we can develop an inclusive system capable of addressing diverse needs and promoting long-term positive outcomes.

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This paper factor analyzed a measure of treatment targets and prioritization among people with attractions to children.

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This paper looks at the views of specialist mental health professionals about working with people who are attracted to children.

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This paper explores therapist views of working with people who are attracted to children.

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**Data Availability** No datasets were generated or analysed during the current study.

## Declarations

**Competing Interest** The authors declare no competing interests.

**Human/Animal Studies Informed Consent Statement** This article does not contain any studies with human or animal subjects performed by any of the authors.

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