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RESEARCH ARTICLE



Beyond Pro- and Anti-Contact: Understanding the Ideologies of People Attracted to Children

Rebecca Lievesley^a, Craig A. Harper^a, Alisha Awan^a and Allen Bishop^b

^aNTU Psychology, School of Social Sciences, Nottingham Trent University, Nottingham, UK; ^bB4U-ACT, Westminster, MD, USA

ABSTRACT

In the past decade, there has been increased academic and social attention paid to people who are living in the community and experience sexual and/or romantic attractions to children. Most of this attention has focused on determining risk or identifying treatment needs in abuse prevention contexts. However, research into the ideologies (broadly defined as action-oriented belief systems) of people within this community is still scarce. This paper challenges the common assumption that people who are attracted to children are divisible into pro-contact and anti-contact groups on the issue of sexual interactions with children. Using one of the largest currently available online studies of individuals who are attracted to children ($N=389$), a model and associated measurement tool is developed to show how ideological positioning is associated with views about the permissibility of sexual contact with children and the extent to which people experience self-acceptance. The data demonstrate how these ideological positions are linked to different self-labeling, treatment needs, and risk. This paper provides a novel framework for understanding the effects of different ideological positions for clinical practice and provide a professional assessment tool for use by therapists working with this population in treatment settings.

Introduction

There is a rapidly growing body of literature that seeks to shine a light on the topic of sexual attractions to children. Such research has tended to focus on levels of wellbeing and risk (Cohen et al., 2016, 2020; Jahnke et al., 2015; Lievesley & Harper, 2022) or self-regulation strategies among people who experience such attractions (e.g., Houtepen et al., 2016). Despite this emergent area of work in the past decade, only a handful of papers have explored the dynamics of the internal workings of this population, or how non-offending individuals who are attracted to children conceptualize and organize their thoughts about their attractions (e.g., Houtepen et al., 2016; Spriggs et al. 2018).

This paper provides data that challenges a “pro-contact” (i.e., the view that sexual contact with children could be morally permissible) vs. “anti-contact” (i.e., the view that sexual contact with children is never acceptable) dichotomy that emerge in lay discussions of attractions to children. In doing so, it will investigate the plurality of ideological views among people who are attracted to children and identify differences in treatment desires and self-identified risk as

CONTACT Rebecca Lievesley ✉ rebecca.lievesley@ntu.ac.uk 📠 NTU Psychology, School of Social Sciences, Nottingham Trent University, 50 Shakespeare Street, Nottingham, NG1 4FQ, UK

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a function of these ideological beliefs. As such, the work informs a fast-moving academic and practice-based discussion about the most appropriate ways to work with this population in the pursuit of mental wellbeing and the prevention of the sexual abuse of children.

The paper begins with a discussion of the development of the “pro-contact” and “anti-contact” binary in discussions about attractions to children, before considering how a more nuanced understanding of ideological views about attractions to children can inform a more sophisticated understanding of the psychology of people who experience attractions to children, and develop a more rounded view of their treatment needs and levels of risk.

Moving beyond a binary conceptualization of people who are attracted to children

We define “ideology” here in the standard sense of an action-oriented system of beliefs that is geared around facilitating behavior (Bell, 1960). Ideologies are endorsed by individuals and shared by communities and movements, and act as a guide for interpersonal interactions and intrapersonal cognitive functioning (Malešević, 2006; Ostrowski, 2022; Zmigrod, 2022). Although they are most commonly associated with the political domain, ideologies can be present in a wide range of contexts. As an emergent community in social discourse, it might therefore be expected that people who are attracted to children possess an ideology about their attractions that acts as a guide for personal sense-making and ethical practice. Such organizing principles likely help them to make sense of their attractions by providing answers to fundamental questions about them, with the most pressing and likely core issue concerning the moral status of their attractions, and what this means for judgments about sexual activities between adults and children (Jahnke & Malón, 2019; Spriggs et al. 2018). Answering this core question at the individual level of ideology leads to the contemporary divide between “pro-contact” individuals (who believe that sexual contact between adults and children can sometimes be acceptable), and “anti-contact” individuals who reject this claim. This binary view of two ideological camps stems from tension within the “pedophile” community with regard to the permissibility of conversations about adult-child sexual contact. However, its framing potentially hides a great variety of ideological views in this community. It is this variety that is uncovered in this paper.

The contemporary introduction of labels pertaining to ostensibly “pro-contact” and “anti-contact” positions took place at the turn of the 2010s. This followed a pre-Internet radical ideology that centered sexual pleasure and the view that obtaining this was not intrinsically harmful when done in mutually consenting ways. Organizations such as the *Pedophile Information Exchange* (PIE; United Kingdom), the *North-American Man-Boy Love Association* (NAMBLA), and *Vereniging Martijn* (the Netherlands) published books defending pedophilia as a normal variation in human sexuality and arguing for the possibility of healthy, consensual, ethical sexual relationships between adults and children (see e.g., Brongersma, 1986, 1990; O’Carroll, 1980). The fall of these activist groups coincided with the rise of the Internet age in the 1990s. For the first time in history, individuals from all over the world who experienced attractions to children could connect with each other at any time on Internet forums and chat rooms. These online communities grew quickly, fostering a sense of identity and solidarity that was captured by the slogan of the first forum, *BoyChat*: “You are not alone!” In the main, such communities did not prescribe a stance on the contact issue, but instead focused on celebrating the attraction itself.

Lamenting the absence of a sub-community who were explicitly ideologically opposed to child sexual abuse, the *Virtuous Pedophiles* (VirPed) group was founded in 2012. Membership of the *Virped* forum required a clear stance against any sexual contact between adults and children, and debates on the contact issue were prohibited. Members were to support each other in their pledge against sexual contact with children (Christiansen & Martinez-Dettamanti, 2018). The group grew quickly and attracted attention from outside the world of people who are attracted to children, with the media and researchers curious to discover and study these self-proclaimed “non-offending pedophiles” (for an early discussion, see Cantor & McPhail, 2016).

The impact of the creation of *VirPed* on the ideological landscape among people who are attracted to children cannot be understated. The emergence of a fully articulated anti-radical (i.e., anti-contact) view brought to light the very idea of an ideological spectrum structured around the contact issue. However, the ensuing use of strictly binary labels and identities (pro-contact vs. anti-contact) gradually imposed an interpretation of such ideologies as a division into two camps. Despite some work being conducted into a potential range of ideological views on the contact issue (Jahnke & Malón, 2019; Spriggs et al., 2018), many authors have discussed this community using “pro-contact” and “anti-contact” labels (e.g., Christiansen & Martinez-Dettamanti, 2018; Holt et al., 2010; Jackson et al., 2022; Lievesley & Harper, 2022; Nielsen et al., 2022; Roche et al., 2022). This dichotomous language reinforces the perception of this supposed divide, which is in tension with the persisting ideological pluralism of the majority of online forums for people who are attracted to children (Martijn et al., 2020). As such, considering how to best capture the dimensionality of ideological viewpoints among people who are attracted to children is an important endeavor that begins in this paper.

The structure and implications of ideologies in people attracted to children

Considering a potential spectrum of ideological views among people who are attracted to children can help with understanding how such issues might be important in a range of different domains. That is, by understanding the plurality of ideological views held by those within this community, it is possible design responsive services to support people in living full, healthy, happy, and non-offending lives.

When thinking about the historical division over views about sexual contact with children, it is easy to see how issues relating to risk emerge. For example, those with more “pro-contact” views may be said to pose an increased risk to children due to their perceptions about the acceptability of sexual contact with them. Thinking about the psychological antecedents of the narratives underpinning the “pro-contact” position, this potential increase in risk may be related to higher levels of offense-supportive cognition in the form of implicit theories that are supportive of child sexual abuse (Ward & Keenan, 1999). These represent views about children and sex that function to justify, rationalize, and minimize the harm associated with the sexual abuse of children, and they have been found to be particularly prevalent among people with convictions for child-related sexual offenses (e.g., Dawson et al., 2009; Mannix et al., 2013; Marziano et al., 2006), with this effect being exaggerated among those who also experience pedophilic sexual attractions (Eberhaut et al., 2023).

In addition to views about sexual contact with children, a fundamental aspect of the ideological make-up of somebody who is attracted to children relates to their view of the attraction itself, particularly within the context of their emerging sense of personal identity (Lievesley et al., 2025). In psychological terms, this may relate to a sense of choice over the attraction, and the extent to which societal stigma becomes internalized as an aspect of one’s self-concept. Previous research has demonstrated how there are high amounts of social stigma attached to pedophilia and other forms of sexual attraction to children (Harper et al., 2018, 2022; Imhoff, 2015; Jahnke et al., 2015), with these views being linked to a conflation within society between sexual attractions to children on the one hand, and the sexual abuse of children on the other (Feelgood & Hoyer, 2008; Harper & Hogue, 2017; Harrison et al., 2010). The adoption of these levels of stigma has been reported to lead to adverse mental health outcomes among people who experience attractions to children (Elchuk et al., 2022; Jahnke et al., 2015; Lievesley et al., 2020, 2025; McPhail & Stephens, 2024; Schaefer et al., 2023), with anticipations of reinforced stigma being a barrier to help-seeking (e.g., Grady et al., 2019; Swaby & Lievesley, 2023). As such, it might be expected that views about their attractions may in some way be linked to the wellbeing and treatment desires of people who are attracted to children, with this relationship to potentially moderated by an interaction with beliefs about the morality of sexual contact with children. For example, if an individual internalizes the stigma associated with pedophilia, they

may be more akin to the mental health profile of somebody with such attractions (e.g., high levels of mental distress; Cohen et al., 2020; Elchuk et al., 2022; Jahnke et al., 2015). In contrast, if the same person was able to resist societal stigma, they may be better able to live a productive crime-free life in the knowledge that, although they may have an attraction pattern that goes against the social norm, they are committed to non-action and child protection.

It is in this potential interaction of ideology-related constructs that the current work makes a novel contribution to the literature. As highlighted earlier, many authors write about this population using explicitly “anti-contact” and “pro-contact” language that obscures how: (1) there may be variations in levels of beliefs about sexual activity with children that fall between these two absolutist positions, and (2) there are likely other ideology-related beliefs (e.g., attitudes about attractions to children, and social stigma) that also influence how attraction-related ideology contributes to behavior (for discussions of the role of such issues in identity sense-making and wellbeing among people who are attracted to children, see Elchuk et al., 2022; Lievesley et al., 2025; McPhail & Stephens, 2024; Schaefer et al., 2023). In understanding some of these issues in greater detail, it may be possible to develop more collaborative and evidence-informed ways of working with this population if/when they come forward for attraction-related support.

The current project

This paper reports on the development and validation of the Child-Attraction Ideologies Scale. The motivation to develop a new measure is rooted in a desire to measure ideological views about one’s attractions to children in a holistic manner, rather than needing to rely on multiple measures that cannot be easily combined. That is, although recently developed measures of proximal (internalized) stigma exist for this population (see e.g., McPhail & Stephens, 2024), and studies have used self-created scales of moral attitudes about the sexual abuse of children (Jahnke et al., 2018; Jahnke & Malón, 2019), these can only be used in isolation to measure specific aspects of participants’ potential ideological perspectives. In developing a new measure that encompasses a larger and broader draft item pool than those cited above, the field may be better placed to holistically examine the ideologies of people who experience attractions to children within one standardized tool, making a substantial contribution to our understanding of the ideological thinking of people who are attracted to children.

Methods

Participants

Consistent with previous guidance for factor analytic work, a minimum viable sample of 300 participants was targeted (Tabachnick & Fidell, 2021). Between February 2023 and May 2023, a total of 649 people clicked on the survey link. Of these, four people did not consent to participate, and 14 stated an age lower than 18 years (indicating ineligibility). Of the remaining 631 participants, only those who completed the full draft of the Child-Attraction Ideologies Scale were retained. This left a sample of 389 participants with data suitable for analysis, which represents one of the largest samples of this kind reported within the peer-reviewed literature at the time of writing. When accounting for data attrition, 30 participants had missing data on between 1 and 24 items of the draft Child-Attraction Ideologies Scale. Owing to the sensitivity of the current topic, and the individualized nature of ideology, it was felt neither ethical nor scientifically valid to impute up to 40% of scale data for those participants with missing values, and as such, they were deleted from the dataset. The remaining 212 participants lost to attrition did not complete any of the draft Child-Attraction Ideologies Scale, and therefore provided no usable data for any aspect of the project.

All participants were recruited online, including from peer-led forums, professional and guided self-help websites, and personal and professional networks that allowed access to people who

are attracted to children. Unlike most research projects conducted in this field, which recruit participants from the same limited pool of peer-support groups that are more likely to reflect an “anti-contact” ideological position (Virtuous Pedophiles, B4U-ACT, MAP Support Club; see Roche et al., [2022] for a discussion of the risks associated with repeated recruitment from the same online groups), as wide a net as possible was cast with the goal of capturing the full ideological landscape of people who are attracted to children.

The average age of the sample was 34.93 years ($SD=14.23$). A total of 86% of the sample were male, with 10% being female and 4% not wishing to disclose this information. Most of the sample were either single or divorced (combined 70%). Only 27% reported that they were in a relationship. 54 participants had children (representing 14% of the sample). Most of the sample (72%) were non-exclusively attracted to children, which meant that they also experienced attractions to adults. This is a proportion that is consistent with prior analyses of exclusivity (Lievesley et al., 2020; Martijn et al., 2020).

Materials

Demographics

To be able to describe the sample, participants were asked to provide basic demographic information about themselves (specifically sex, age, relationship status, and whether they had children). Participants’ also provided data on their sexual attraction patterns to determine their self-reported exclusivity of attractions to children, and their levels of attraction to different age groups. That is, participants were asked whether they have any sexual attractions to adults (Yes/No; used to determine exclusivity of attractions to children), before asking them to declare their predominant chronophilic orientation for male and female targets (separately). For these questions, participants selected one of the following options:

- “Children up to the age of 4 years” (representing infantophilia – a proxy for nepiophilia and early pedophilia)
- “Children between the ages of 5–10 years” (representing pedophilia)
- “Children aged 11–14 years” (representing hebephilia)
- “Teenagers aged 15–17 years” (representing ephebophilia)
- “Adults aged over 18 years” (representing teleiophilia).

For each question, there was also an option to identify no attractions to male or female targets, respectively. Age cutoffs within each of the categories were determined using reference to the clinical literature (e.g., Blanchard et al., 2009; Seto, 2017), as well as consultation with members of the potential participant pool in the project planning phase.

Finally, participants were asked about their self-labeling as it pertains to the moral status of sexual contact with children (giving the options of “anti-contact”, “pro-contact”, “other”, and “I don’t know”). To protect participant anonymity, participants were not asked for information about their location, nor on which website they initially found the survey.

Child-Attraction Ideologies Scale

A first draft of the Child-Attraction Ideologies Scale was developed by considering debates about “anti-contact” and “pro-contact” groups within the community of people who are attracted to children, and the existing evidence base about the psychological and emotional experiences of those within this population. Based on this review, a list of 64 items was written, which spanned areas related to the ability of children to consent to sexual activity, the morality of sexual contact with children, respondent mental health, self-concept and identity, and views about the acceptability of having attractions to children. Acknowledging the subjectivity of the label of “child”, participants were asked to choose the age that they were predominantly attracted to, and to

respond to the scale using that as their reference point for “child”. Each item was framed as a statement that could be agreed or disagreed with, and respondents rated their level of agreement using a six-point scale anchored from 1 (“Strongly disagree”) to 6 (“Strongly agree”). A full list of the items is provided below (Table 1).

Following the main scale items, some supplementary questions were asked about the acceptability of sexual and platonic relationships between adults and children of different ages. These questions first asked about how levels of support for sexual and platonic contact between adults and children change if participants were to think about children who were either younger or older than their own age of attraction. An example item from this set of questions is “If you were to answer the same questions, but imagining children younger than those you are attracted to, would your answers be different?”. Response scales for sexual and platonic contact were presented separately, and were anchored from 1 (Much less supportive of contact) to 11 (Much more supportive of contact). A second set of supplementary questions asked about levels of acceptability of sexual and platonic contact between adults and children of different ages (corresponding to the approximate ages of children as in Seto’s (2017) chronophilias typology). Each of these questions (e.g., “Engaging in sexual acts with a child aged between eleven-to-fourteen years old is never OK”; “It is OK for somebody with attractions to children to spend time forming friendships with children aged between eleven-to-fourteen years old”) was responded to using a six-point scale anchored from “Strongly disagree” to “Strongly agree”, with scores recoded so that high scores equated to higher acceptability. The data from these supplementary questions were tangential to the main focus of the current project, and are not reported here.

Wellbeing measures

We used the 14-item Warwick-Edinburgh Mental Wellbeing Scale (Tennant et al., 2007) to measure participants’ subjective levels of general emotional wellbeing. This widely-used scale asks participants to rate the frequency with which they have experienced various mental states (e.g., “I’ve been feeling good about myself”) in the previous two weeks, using a five-point scale anchored from 1 (“None of the time”) to 5 (“All of the time”). In previous studies, the measure has been found to be a valid measure cross-culturally in student, general community, and clinical samples (Bass et al., 2016; Castellví et al., 2014; McKay & Andretta, 2017; Stewart-Brown et al., 2009). An average score across all items was calculated as a general index of subjective wellbeing ($\alpha=0.93$; $\omega=0.93$). Diener et al. (1985) five-item measure of life satisfaction was used to measure participants’ level of contentedness with their current life conditions. Each item (e.g., “In most ways my life is close to my ideal”) was responded to using a seven-point scale anchored from 1 (“Strongly disagree”) to 7 (“Strongly agree”). This measure demonstrated excellent internal consistency in the current sample ($\alpha=0.89$; $\omega=0.89$).

An adapted version of Thoits and Link (2016) measure of internalized stigma was administered to examine levels of participants taking on societal stigma about their attractions to children. In the original scale, items are framed to explore internalized stigma about hospitalization with mental health conditions. In the adapted version, each item was re-written to reflect stigma relevant to this sample. Five items asked about the extent to which participants felt certain emotions about their attractions (e.g., “How much embarrassment do you feel due to your attractions to children?”), with these being scored on a seven-point scale anchored from 1 (“Not at all”) to 7 (“Very strongly”). A further three items asked about the frequency with which certain emotions were felt in the past three months (e.g., “Ashamed that you were attracted to children?”), with these being scored on a five-point scale anchored from 1 (“Never”) to 5 (“Very often”). Given the disparity in scale points, the seven-point scale was recoded to fit a five-point alternative by dividing these scores by seven and then multiplying by five. This allowed for an average score to be calculated across the eight items, with higher scores being indicative of more internalized stigma ($\alpha=0.91$; $\omega=0.92$).

Offense-supportive cognition

We measured offense-supportive cognition in the form of implicit theories through the administration of a 30-item Implicit Theories Questionnaire developed by the authors as part of an independent project. This measure explores constructs related to the “children as sexual beings” implicit theory (operationalized as seeing children as sexual agents that both desire and initiate sexual contact or activity with others; 15 items; e.g. “Children sometimes try to make adults sexually aroused”; $\alpha=0.96$; $\omega=0.96$), the uncontrollability of respondents’ sex drive (10 items; e.g. “I am not in control of what happens when I am sexually aroused”; $\alpha=0.90$; $\omega=0.90$), and the minimization of harm caused by incidents of child sexual abuse (five items; e.g. “Sex is only harmful to children if they are coerced into it”; $\alpha=0.93$; $\omega=0.93$). Each item is rated on a six-point scale anchored from 1 (“Strongly disagree”) to 6 (“Strongly agree”). An average score for each implicit theory was calculated, with higher scores indicating a greater degree of offense-supportive cognition. A full item list, along with details about the development of this scale, is provided in the [Online Supplementary Materials](#) accompanying this project.

Support for non-sexual contact with children

Acknowledging the known anecdotal support for non-sexual contact between adults and children (in the form of friendships) among some people who are attracted to children, a list of 24 statements was written (e.g., “Adults and children can have mutually fulfilling friendships”) that could be rated on a six-point scale anchored from 1 (“Strongly disagree”) to 6 (“Strongly agree”). An average score was calculated across these items, with higher scores indicating a greater level of support for platonic relationships between adults and children ($\alpha=0.96$; $\omega=0.96$).

Treatment priorities

We used the 10-item treatment priorities measure reported by Lievesley, Harper, Swaby, et al. (2023) to examine participants’ treatment target prioritization. Each item on this measure is framed as a potential treatment goal, with participants rating these using a 10-point scale anchored from 1 (“Not at all a priority”) to 10 (“Definitely a priority”). The measure contains three clusters of treatment needs, identified via exploratory factor analysis in Lievesley, Harper, Swaby, et al. (2023). The first cluster relates to mental health (two items; e.g., “To feel happier or at peace”; $\alpha=0.76$; $\omega=0.76$), the second cluster relates to controlling or changing sexual attractions to children (four items; e.g., “To extinguish or reduce my attractions to children”; $\alpha=0.81$; $\omega=0.81$), and the third cluster relates to living with a stigma (three items; e.g., “To figure out how to live in society with my sexual attractions”; $\alpha=0.79$; $\omega=0.79$). One item (“To deal with their sexual frustration”) is independent of these three factors, and thus is analyzed separately. An average score was calculated for each treatment target cluster, where higher scores indicated a greater degree of prioritization.

Sexual activity and fulfilment

We asked people about the frequency of their sexual activity using two single-item questions. The first asked about solo sexual activity (i.e., masturbation), while the second asked about partnered sexual activity. Each of these questions was responded to using a seven-point scale anchored from 1 (“Never”) to 7 (“Multiple times per day”). Participants also rated their level of sexual satisfaction using a single scale anchored from 1 (“Very unsatisfied”) to 5 (“Very satisfied”).

Self-assessed risk for sexual offending

Participants reported a self-assessment of their risk for engaging in sexual offending against children using four questions which were based on those used by (Ó Ciardha et al. (2022) when assessing proclivities for, and interest in, child molestation. Two of the items referred to their

likelihood of seeking out sexually explicit images or videos of children (i.e., non-contact offending), and two referred to their likelihood of seeking out sexual contact with children (i.e., contact offending). The use of two questions for each type of offending allowed for an analysis of self-reported proclivities for offending under two conditions. In the first, participants were invited to imagine a world wherein they knew for certain that they could not be caught when engaging in these forms of sexual offending. In the second condition, participants responded with the knowledge that there was a chance that they could be caught. All participants were presented with all four questions, which were rated using a 10-point scale anchored from 1 (“I would never do this”) to 10 (“I would definitely do this”).

Procedure

The survey link was posted to a range of online locations (e.g., forums that are commonly frequented by people who are attracted to children). Upon clicking the survey link attached to study advertisements, interested participants were presented with an information screen that detailed the content and aims of the research. At this point, participants were asked to indicate their consent to take part, before creating an unique identifying code (to allow for anonymous withdrawal, if desired at a later date) and provide responses to the demographic questions. The Child-Attraction Ideologies Scale was presented next to maximize sample size in line with the planned factor analytic work. Following this, all remaining measures were administered in a pseudo-randomized order (randomization of the order occurred before the survey going live, with the randomized order being consistent across participants). The only exception to this was the placement of the self-reported risk assessment questions, which were positioned at the end of the survey. Once all measures had been administered, a comprehensive debrief was provided. This detailed the full aims of the research, sources of support, and researcher contact details. This procedure obtained a favorable opinion from the Nottingham Trent University School of Social Sciences Research Ethics Committee before the start of data collection.

Planned analytic approach

The project used a rigorous two-stage approach owing to the types of tests planned for the analyses. In Stage 1, an exploratory factor analysis (EFA) was run to identify the factor structure of the draft Child-Attraction Ideologies Scale, and to identify how these factors are associated with relevant psychometric measures of constructs such as wellbeing, life satisfaction, and offense-supportive cognition as a test of concurrent validity. Confirmatory hypothesis testing was then planned for Stage 2. The plan here was to develop hypotheses about the likely relationships between ideological factors and important outcomes in terms of treatment needs and self-reported risk once the factor structure of the Child-Attraction Ideologies Scale was known. The hypotheses that were made are presented when introducing these analyses, which are presented in the [Online Data Supplementary Material](#).¹

Results

Exploratory factor analysis

All items from the draft Child-Attraction Ideologies Scale were entered into an EFA using the open-source statistical program *jamovi*. Consistent with prior factor analytic studies, parallel analysis was used for identifying factors (O'Connor, 2000), and an item loading value of 0.30 or higher as a cutoff for items being retained (Field, 2005). Factors were judged to be viable if they made semantic and theoretical sense and contained at least five items that uniquely loaded onto them (this latter criterion was set to allow for a meaningful estimate of internal consistency

for each factor to be obtained, owing to the instability of such estimates in very short measures). Factors were extracted using an oblique rotation (Oblimin) via the minimal residuals extraction method.

The data were found to be suitable for factor analytic techniques, with a Kaiser-Meyer-Olkin (KMO) value of 0.97, and Bartlett's test of sphericity being statistically significant, $\chi^2 = 28,358$, $df=2145$, $p < .001$). Parallel analysis determined that five factors underpinned the data. However, only two of these met the *a priori* criteria for viability. As a check of robustness, just the items loading onto these two factors were subjected to the same analysis and the structure remained consistent. As such, a scale underpinned by two factors was proceeded with. Item loadings for the initial EFA are presented in the [Online Data Supplementary Material](#), with item loadings for the two-factor solution presented in (Table 1).

Table 1. Item loadings within the two-factor exploratory factor analysis.

	Factor	
	1	2
Sex with a child can be morally acceptable if the child wants it.	-0.96	-0.10
Sex with a child can be morally acceptable if the child initiates it.	-0.95	-0.07
If a child indicates that they are consenting to sex, engaging in sexual acts with them should be allowed.	-0.94	-0.08
It is never OK to have sexual interactions with a child.	0.92	-0.03
Having sex with children should be legal.	-0.91	-0.05
I don't see an issue with having sex with children if they are consenting to it.	-0.91	-0.06
Adults should never interact sexually with children.	0.91	0.01
Having sex with consenting emotionally mature children is morally acceptable.	-0.90	-0.04
It is always wrong to engage in sexual acts with children.	0.90	-0.02
Engaging in sexual acts with children is never OK.	0.89	-0.06
Sex with an adult is harmful for a child.	0.89	-0.02
Sex with children is morally wrong even in parts of the world where it is legal and accepted by a majority of people.	0.89	-0.02
Engaging in sexual relationships with children should be as acceptable as any other form of loving sexual expression.	-0.89	0.00
Sex with children could possibly be morally okay.	-0.89	0.01
Even in ancient societies where people viewed sex with children as OK, such sex was morally wrong.	0.89	0.01
The law is right to criminalize adults having sex with children.	0.87	-0.03
People with sexual attractions to children should never engage children in sexual activity.	0.87	-0.03
I see no issue in adults having children as a sexual partner.	-0.87	-0.03
Even if a child were to initiate sex with an adult, they are not mature enough to foresee the consequences of this act, and that makes the act morally wrong.	0.86	-0.04
While it is sometimes wrong to have sex with children, it is common for a child to be mature enough to offer a valid consent, and in those cases, sex can be morally acceptable.	-0.85	-0.10
People who have sex with children should be punished.	0.85	-0.01
Having sex with children is usually morally okay.	-0.85	-0.05
Having sex with children is morally acceptable.	-0.85	0.02
There are no criteria that make sex with children morally acceptable; such acts are always wrong.	0.85	-0.07
Sex with children would remain morally wrong even in a hypothetical future society where it would be accepted by a majority of people.	0.85	0.01
Sex with children is always morally wrong because children are not mature enough to consent.	0.82	-0.12
Society is too on edge about the idea of sex with children.	-0.80	0.04
Sex with children is always morally wrong because of the power imbalance between adults and children.	0.79	-0.09
Society's response to sex between adults and children is what causes harm, rather than the act itself.	-0.79	0.02
Even when the child reaches the legal age of consent in the country/state, it can still be morally wrong to have sex with them because of their age.	0.78	0.01

(Continued)

Table 1. Continued.

	Factor	
	1	2
Touching a child sexually is a good way of showing affection.	-0.78	0.00
Sex with children will become morally acceptable one day if society changes its views on sex.	-0.76	0.04
The real source of the harm caused to a child when they have sex with an adult is the sexual act itself, which is harmful.	0.72	-0.08
Even if having sex with a child causes them no harm, this sex would still be wrong for other reasons.	0.70	-0.09
Having sex with children only causes harm because of the negative views that society holds about this behavior.	-0.68	-0.07
Having sex with a child always causes harm.	0.65	-0.23
Children cannot really want to have sex with an adult.	0.57	-0.19
Sex with a child is morally okay when they reach the legal age of consent in the country/state.	-0.41	-0.05
I am at peace with my attractions to children.	0.08	0.93
I am OK with my sexuality.	0.01	0.91
I feel negatively about my attraction to children.	0.02	-0.86
Generally speaking, I am accepting of my sexuality.	0.05	0.85
I have come to terms with my sexuality.	0.07	0.80
I embrace my attraction to children.	-0.08	0.76
There is nothing wrong with being attracted to children	-0.09	0.76
I am proud of my sexuality, even though others may not accept it.	-0.16	0.72
I am uncomfortable with my sexuality.	-0.02	-0.70
I'm a bad person because of my sexuality.	-0.04	-0.69
To put it simply, there is nothing good about being attracted to children.	0.21	-0.67
Attractions to children are morally acceptable.	-0.01	0.64
Society should be more accepting of those with attractions to children.	-0.13	0.52
My sexuality is probably just a phase, and I'll probably grow out of it.	-0.18	-0.39

Note. 'Minimum residual' extraction method was used in combination with an 'oblimin' rotation. Items loading statistically on to at least one factor are highlighted in **bold** typeface.

Factor 1 was labeled "Permissibility of Sex with Children" and relates to beliefs about the acceptability of sexual contact between adults and children. For ease of interpretation, the positively-loading items within the EFA were reverse-coded when scoring this factor (i.e., to ensure that high scores related to permissibility, rather than to impermissibility). Those with higher scores on this factor thus more strongly endorsed statements such as "Sex with children could possibly be morally okay". A total of 38 items loaded significantly onto this factor, with an average score of 4.24 within the current sample ($SD=1.33$), which is significantly above the scale mid-point, $t(384) = 10.99$, $p < .001$, $d=0.56$. This indicates a relatively high level of belief within the current sample that, under some circumstances, sexual interactions between adults and children could be morally acceptable. Data related to this factor demonstrated a high degree of internal consistency ($\alpha=0.99$; $\omega=0.99$).

We labeled Factor 2 "Self-Acceptance", with this relating to the extent to which those who are attracted to children reject self-stigma and integrate their attractions into an accepted self-concept. Those with higher levels of self-acceptance agreed with items such as "I have come to terms with my sexuality". The average score across the 14 items on this factor was 4.93 ($SD=1.01$), which is significantly higher than the scale mid-point, $t(385) = 27.81$, $p < .001$, $d=1.42$. This suggests relatively high levels of self-acceptance within the current sample. This factor demonstrated excellent internal consistency ($\alpha=0.94$; $\omega=0.95$).

Looking at the associations between the factors, seeing sex with children as permissible is positively associated with self-acceptance ($r=0.49$, $p < .001$). This suggests that those who view sexual contact with children as morally permissible are, to a moderate degree, more likely to act compassionately toward themselves and exhibit higher levels of self-acceptance.

Producing a short-form of the “permissibility” factor

In identifying the factors described above, there was a substantial disparity in the lengths of each subscale. Acknowledging a desire for the developed measure to be used in a range of contexts (e.g., research and practice), a decision was made to reduce the length of Factor 1 to produce a questionnaire that was underpinned by two 14-item subscales. To identify which items to retain, Smith et al. (2000) approach was used, wherein: (1) a range of high- and low-loading items are selected, (2) items with a high item-total correlation are retained, and (3) items with moderate average inter-item (i.e., “item-rest”) correlations remain.

Due to the high degree of internal consistency within the full version of the *Permissibility of Sex with Children* factor, there was minimal variability in item-total correlation scores. As such, the principal criteria for selecting items to retain were based on their factor loading coefficients, and the moderate variability in inter-item correlation. A balance of items that were reverse-coded, and that reflected the breadth of beliefs within this collection of items, were retained (Table 2).

The full- and short-versions of this subscale were positively and significantly correlated with each other in an almost perfect manner, $r=0.99$, $p < .001$. The internal consistency of the short version of the scale was also excellent ($\alpha=0.97$; $\omega=0.97$), and correlated with the *Self-Acceptance* factor to an almost identical extent as the full version ($r=0.51$, $p < .001$). In all subsequent analyses, the short version of the *Permissibility of Sex with Children* factor is used.

Concurrent validity of the Child-Attraction Ideologies Scale

To test the concurrent validity of the Child-Attraction Ideologies Scale, regression analyses examined how indices of subjective wellbeing, sexual activity, and offense-supportive cognition were related to each of the ideological factor scores. A matrix of the correlations between these constructs and the Child-Attraction Ideologies Scale factors (including partial correlations controlling for the other scale factor) can be found in Table 3. Regression coefficients are presented in Table 4.

The model explaining variance in the *Permissibility of Sex with Children* factor was statistically significant, $F(11, 299) = 220.89$, $p < .001$, adj. $R^2 = 0.88$. Within this model, the expected associations were present with offense-supportive cognition, where a tendency to see children as desiring and initiating sexual contact with others, and to minimize the harm that is caused by the sexual abuse of children, was associated with higher scores on the permissibility factor. This belief in the acceptability of sex with children was also linked to higher rates of masturbation. Those who viewed sex with children as permissible were also more likely to support platonic relationships between adults and children. Elsewhere in the model, lower levels of internalized stigma were associated with a greater belief in the permissibility of engaging in sexual activity with children, suggesting that beliefs about the morality of potential attraction-related behaviors play a role in the self-concepts of people who are attracted to children.

The model explaining variance in *Self-Acceptance* factor scores was also statistically significant, $F(11, 299) = 65.50$, $p < .001$, adj. $R^2 = 0.70$. As expected, lower levels of internalized stigma were associated with higher levels of self-acceptance. In the domain of offense-supportive cognition, seeing children as desiring and initiating sexual activity with others was associated with higher levels of self-acceptance, which may suggest that self-acceptance is being reached, by some, by conceptualizing children as potentially viable sexual partners. In contrast, self-acceptance was lower among those who viewed their sex drive as being uncontrollable. This is indicative of the conclusion that self-acceptance may depend, to some degree, on a perception of self-control. Higher levels of self-acceptance were also predicted by both higher levels of masturbation and support for platonic relationships between adults and children.

Table 2. Items retained in the short version of the permissibility of sex with children factor.

Item	Item loading ^a	Item-total correlation	Item-rest correlation
I don't see an issue with having sex with children if they are consenting to it.	−0.91	0.88	0.87
Society is too on edge about the idea of sex with children.	−0.80	0.83	0.82
Having sex with a child always causes harm.	0.65	0.77	0.76
Touching a child sexually is a good way of showing affection.	−0.78	0.78	0.77
Engaging in sexual relationships with children should be as acceptable as any other form of loving sexual expression.	−0.89	0.89	0.88
Engaging in sexual acts with children is never OK.	0.89	0.92	0.92
Having sex with children only causes harm because of the negative views that society holds about this behavior.	−0.68	0.66	0.64
If a child indicates that they are consenting to sex, engaging in sexual acts with them should be allowed.	−0.94	0.91	0.90
People with sexual attractions to children should never engage children in sexual activity.	0.87	0.89	0.88
It is always wrong to engage in sexual acts with children.	0.90	0.91	0.91
I see no issue in adults having children as a sexual partner.	−0.87	0.86	0.85
Adults should never interact sexually with children.	0.91	0.90	0.89
It is never OK to have sexual interactions with a child.	0.92	0.93	0.93
Having sex with children is morally acceptable.	−0.85	0.86	0.86
People who have sex with children should be punished.	0.85	0.86	0.85
Sex with children could possibly be morally okay.	−0.89	0.89	0.89
Having sex with children should be legal.	−0.91	0.89	0.89
The law is right to criminalize adults having sex with children.	0.87	0.89	0.88
Sex with children will become morally acceptable one day if society changes its views on sex.	−0.76	0.79	0.78
Sex with children is morally wrong even in parts of the world where it is legal and accepted by a majority of people.	0.89	0.90	0.89
Even in ancient societies where people viewed sex with children as OK, such sex was morally wrong.	0.89	0.88	0.87
Sex with children would remain morally wrong even in a hypothetical future society where it would be accepted by a majority of people.	0.85	0.85	0.84
Having sex with consenting emotionally mature children is morally acceptable.	−0.90	0.88	0.88
While it is sometimes wrong to have sex with children, it is common for a child to be mature enough to offer a valid consent, and in those cases, sex can be morally acceptable.	−0.85	0.81	0.80
Having sex with children is usually morally okay.	−0.85	0.83	0.82
There are no criteria that make sex with children morally acceptable; such acts are always wrong.	0.85	0.88	0.88
Sex with children is always morally wrong because of the power imbalance between adults and children.	0.79	0.84	0.83
Sex with children is always morally wrong because children are not mature enough to consent.	0.82	0.88	0.88
Even if having sex with a child causes them no harm, this sex would still be wrong for other reasons.	0.70	0.75	0.74
Society's response to sex between adults and children is what causes harm, rather than the act itself.	−0.79	0.80	0.79
The real source of the harm caused to a child when they have sex with an adult is the sexual act itself, which is harmful.	0.72	0.77	0.76
Sex with an adult is harmful for a child.	0.89	0.90	0.89
Sex with a child can be morally acceptable if the child initiates it.	−0.95	0.91	0.90
Sex with a child can be morally acceptable if the child wants it.	−0.96	0.91	0.91

(Continued)

Table 2. Continued.

Item	Item loading ^a	Item-total correlation	Item-rest correlation
Even if a child were to initiate sex with an adult, they are not mature enough to foresee the consequences of this act, and that makes the act morally wrong.	0.86	0.88	0.88
Children cannot really want to have sex with an adult.	0.57	0.67	0.66
Sex with a child is morally okay when they reach the legal age of consent in the country/state.	−0.41	0.42	0.39
Even when the child reaches the legal age of consent in the country/state, it can still be morally wrong to have sex with them because of their age.	0.78	0.79	0.78

^aPositively-loading items are reverse-scored to maintain conceptual clarity when interpreting factor scores. Statistics for retained items are presented in bold typeface.

Table 3. Correlations (and partial correlations controlling for the alternative scale factor) between the Child-Attraction Ideologies Scale factors and associated psychometrics.

	Factor	
	Permissibility of sex with children	Self-acceptance
Wellbeing	0.09 (−0.10)	0.33*** (0.34***)
Life satisfaction	0.02 (−0.08)	0.18*** (0.19***)
Internalized stigma	−0.36*** (0.02)	−0.73*** (−0.69***)
Children as sexual beings implicit theory	0.80*** (0.74***)	0.44*** (0.07)
Uncontrollable sex drive implicit theory	−0.07 (0.13*)	−0.35*** (−0.37***)
Nature of harm implicit theory	0.91*** (0.90***)	0.41*** (−0.17**)
Mental health treatment priorities	−0.21*** (−0.03)	−0.35*** (−0.30***)
Control or change attractions treatment priorities	−0.29*** (0.07)	−0.67*** (−0.67***)
Living with stigma treatment priorities	−0.04 (0.10)	−0.25*** (−0.26***)
Sexual frustration treatment priorities	−0.10 (0.09)	−0.35*** (−0.34***)
Support for platonic relationships with children	0.62*** (0.43***)	0.67*** (0.53***)

Note. Correlations in parentheses are partial correlations that control for the other Child-Attraction Ideologies Scale factor.

* $p < .05$; ** $p < .01$; *** $p < .001$.

These data are indicative of the developed measure having concurrent validity, with statistically significant relationships between the scale's factors and associated constructs being in theoretically plausible directions.

A model of ideological groupings

Considering the two-dimensional structure underpinning the Child-Attraction Ideologies Scale, a quadrant model of ideological groupings was created by combining high and low scores on each of the ideological factors. Upon inspecting the distribution of scores, though, a clustering of scores around the center of the factors was identified (Figure 1). As such, a model of ideological groups was produced based on four quadrants, with the addition of a central “Moderates” group, formed by encompassing those scoring around the mid-point of both factors (arbitrarily set as ± 1.5 measurement points around the scale mid-point of 3.5). The use of this label is consistent with work on ideologies in other contexts (e.g., political psychology; for a review of ideological positions in politics, see Jost, 2017), and refers to moderation of extreme views on each of the scale factors. Using this approach, 55 participants (14% of the sample) were captured within this group.

To check the conceptual and practical coherence of the “Moderates” grouping, a series of one-way ANOVAs were run to test whether those within this central group differed on measures relating to wellbeing, internalized stigma, treatment priorities, offense-supportive cognition, and support for platonic contact with children. The grouping variable in this analysis was a hypothetical ideological group for these participants if they were categorized according to their factors scores in a simplistic “high/low” quadrant model. These tests confirmed that these four subgroups

Table 4. Regression coefficients for models explaining variance in the Child-Attraction Ideologies Scale factor scores.

	Permissibility of sex with children					Self-acceptance				
	<i>B</i> (<i>SE</i>)	<i>t</i>	<i>p</i>	β	95% CI (β)	<i>B</i> (<i>SE</i>)	<i>t</i>	<i>p</i>	β	95% CI (β)
Intercept	−0.04 (0.29)	−0.15	.881	—	—	3.13 (0.36)	8.60	<.001	—	—
Wellbeing	0.05 (0.05)	1.08	.281	0.03	[−0.02, 0.08]	0.07 (0.06)	1.24	.216	0.05	[−0.03, 0.14]
Life satisfaction	−0.03 (0.02)	−1.24	.216	−0.03	[−0.08, 0.02]	−0.03 (0.03)	−0.94	.346	−0.04	[−0.12, 0.04]
Internalized stigma	−0.07 (0.02)	−3.46	<.001	−0.09	[−0.14, −0.04]	−0.27 (0.02)	−11.55	<.001	−0.48	[−0.57, −0.40]
Children as sexual beings implicit theory	0.25 (0.04)	6.39	<.001	0.20	[0.14, 0.26]	0.19 (0.05)	3.82	<.001	0.19	[0.09, 0.28]
Uncontrollability of sex drive implicit theory	−0.04 (0.03)	−1.24	.217	−0.03	[−0.07, 0.02]	−0.13 (0.04)	−3.68	<.001	−0.14	[−0.21, −0.06]
Nature of harm implicit theory	0.60 (0.03)	22.03	<.001	0.69	[0.63, 0.75]	−0.05 (0.03)	−1.59	.112	−0.08	[−0.18, 0.02]
Sexual satisfaction	−0.03 (0.03)	−0.96	.336	−0.02	[−0.07, 0.02]	0.04 (0.03)	1.33	.186	0.05	[−0.02, 0.12]
Solo sexual activity (masturbation)	0.04 (0.02)	2.26	.025	0.05	[0.01, 0.09]	0.06 (0.02)	2.51	.013	0.08	[0.02, 0.15]
Partnered sexual activity	0.02 (0.03)	0.94	.346	0.02	[−0.02, 0.06]	−0.03 (0.03)	−0.90	.370	−0.03	[−0.10, 0.04]
Support for platonic relationships with children	0.15 (0.04)	3.74	<.001	0.10	[0.05, 0.15]	0.41 (0.05)	8.15	<.001	0.34	[0.26, 0.42]
Exclusive attractions to children	−0.11 (0.06)	−1.73	.085	−0.08	[−0.17, 0.01]	−0.03 (0.08)	−0.34	.733	−0.03	[−0.17, 0.12]

Note. Exclusivity variable refers to the contribution of exclusive attractions (vs. non-exclusive attractions) to variance in factor scores. *B* refers to the unstandardized estimate, whereas β refers to the standardized estimate. *p*-Values are not corrected for multiple testing. Applying a per-model correction to our alpha level does not change our interpretations pertaining to statistical significance, with the exception of masturbatory activity becoming unrelated to perceptions of the permissibility of sex with children.

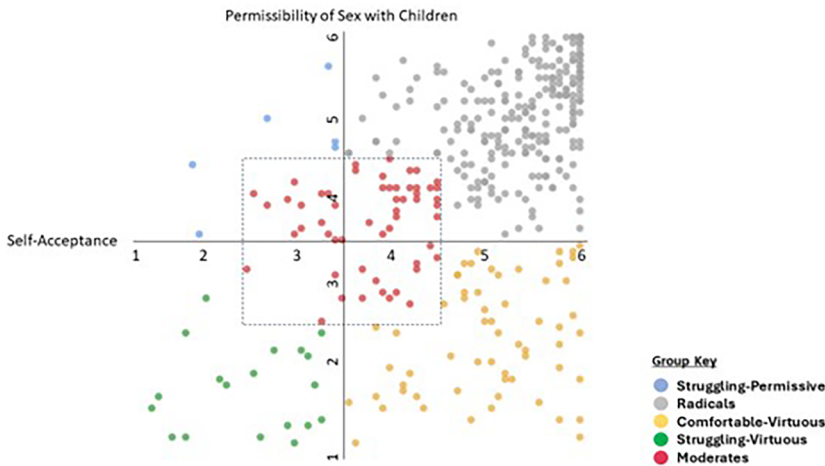


Figure 1. A map of ideologies among people who are attracted to children.

functionally look like one coherent group of participants (i.e., they broadly did not differ in terms of their scores on these measures; see [Online Data Supplementary Material](#)). These “Moderates” therefore comprised the first ideological group, with people within this classification having nuanced views about the permissibility of sexual contact with children, and variable levels of self-acceptance.

The second group contained those who believed in the permissibility of some sexual contact with children, and who scored comparatively high on the *Self-Acceptance* factor. These individuals were assigned the label “Radicals” because of the all-positive approach that they take to both their attractions and associated behaviors. There were 242 participants (63% of the sample) in this group.

The third group was comprised of 60 participants (16% of the total sample) who were less open to the permissibility of sexual contact between adults and children, but who demonstrated relatively high levels of self-acceptance. These participants were labeled as “Comfortable-Virtuous”, as they are secure in their sense of self and committed to a life of non-abuse. The term “Virtuous” is inspired by the group *Virtuous Pedophiles*, which makes an endorsement of the prohibition of sexual contact with children essential to its membership.

The fourth group was labeled “Struggling-Virtuous”, and demonstrated low levels of self-acceptance alongside the belief that sexual contact between adults and children is impermissible. People in this group are therefore characterized by their all-negative view of both their attraction and any associated behaviors. A total of 19 participants (5% of the sample) were in this group.

The final cluster of people exhibited beliefs that sex with children could be acceptable (exemplified by high scores on the *Permissibility of Sex with Children* factor) but had low levels of self-acceptance. These participants were labeled “Struggling-Permissive”. Only six participants (2% of the sample) formed this group, which is perhaps indicative of the ideological inconsistency of this configuration of beliefs. The fact that no participant from this cluster was at the extreme end (top-left) of the quadrant, and that all but two were right next to a middling border, further support the conclusion that “Struggling-Permissive” does not reflect an ideologically consistent position. Their data are reported in subsequent sections but caution is urged in interpreting this group as a meaningful ideological cluster.

Most of the sample ($n=382$) were clearly classifiable into one of these ideological groups. Participants whose average factor scores were exactly 3.50 (the scale mid-point) were not categorized, except for those who fell within the “Moderates” group. This decision was made to maintain the coherence and distinctiveness of each ideological grouping.

Subgroup analyses

Self-labeling by ideological grouping

We ran a chi-square test of association to investigate participants’ self-labeling within each of the ideological groupings. This analysis allowed for the development of an understand whether certain labels (e.g., “anti-contact”, “pro-contact”) are over- or under-represented within each of the groups. The chi-square value was statistically significant, $\chi^2 (12, N=372) = 259.36, p < .001$, Cramer’s $V=0.48$. This means that the distribution of participant self-labeling differed within each ideological group. Expected values for self-labeling frequency, along with observed values within the dataset, are presented in [Table 5](#).

Within the “Radicals” group, five participants identified as “anti-contact” (expected value = 55.53), 148 identified as “pro-contact” (expected value = 99.07), 68 participants identified with an “other” label (expected value = 58.68), and 15 participants were uncertain about which label they would ascribe to themselves (expected value = 22.72).

Table 5. Observed and expected distributions of participant self-labeling across the ideological groups.

Label		Group				
		Struggling-permissive	Radicals	Comfortable-virtuous	Struggling-virtuous	Moderates
"Anti-contact"	Observed <i>n</i>	1	5	48	14	20
	Expected <i>n</i>	1.41	55	13.65	4.47	12.94
	% Within group	17	2	83	74	36
"Pro-contact"	Observed <i>n</i>	1	148	1	0	7
	Expected <i>n</i>	2.52	99.07	24.35	7.98	23.09
	% Within group	17	63	2	0	13
"Other"	Observed <i>n</i>	2	68	8	0	15
	Expected <i>n</i>	1.49	58.68	14.42	4.72	13.68
	% Within group	33	29	14	0	27
"I don't know"	Observed <i>n</i>	2	15	1	5	13
	Expected <i>n</i>	0.58	22.72	5.58	1.83	5.29
	% within group	33	6	2	26	24

Among those who were "Comfortable-Virtuous", 48 participants identified as "anti-contact" (expected value = 13.65), one identified as "pro-contact" (expected value = 24.35), eight subscribed to an "other" label (expected value = 14.42), and one participant did not know what label they identified with (expected value = 5.58). Within those in the "Struggling-Virtuous" group, 14 participants identified as "anti-contact" (expected value = 4.47), no participants identified as either "pro-contact" or a specific "other" label (expected values = 7.98 and 4.72, respectively), and five participants did not know what label they identified with (expected value = 1.83).

Among Moderates, 20 participants identified with the "anti-contact" label (expected value = 12.94), seven were "pro-contact" (expected value = 23.09), 15 identified as something else (expected value = 13.68), and a final 13 participants did not know what label they used to describe themselves (expected value = 5.29).

Among the "Struggling-Permissive" group, one participant identified as "anti-contact" (expected value = 1.41), one as "pro-contact" (expected value = 2.25), two as "unsure" (expected value = 1.49), and two participants did not know what label they identified with (expected value = 0.58).

Supplementary analyses

We conducted a series of tests to examine how membership of each ideological grouping affected outcomes pertaining to self-perceived treatment needs and self-reported risks of engaging in contact and non-contact sexual offending against children. In accordance with a request made during the peer-review process, the outcomes of these tests are reported in the [Online Data Supplementary Material](#).

Discussion

This project aimed to transform our understanding of the ideologies of people who are attracted to children, and to move the field away from discussions of an ostensible "pro-contact" vs. "anti-contact" dichotomy. In doing so, a novel measure of ideological beliefs among members of this population was developed that demonstrates good levels of validity, and identified how scores on this measure are associated with important outcomes related to treatment prioritization and risk. The following sections provide more context about the findings, and highlight how the Child-Attraction Ideologies Scale makes a significant contribution as a clinical tool when working with people seeking support related to their attractions to children.

Moving beyond “anti-contact” and “pro-contact” groupings

This work has demonstrated how a binary view of people who are attracted to children of “pro-contact” vs. “anti-contact” is too simplistic, and risks missing crucial variation and subtle differences in both treatment need prioritization and self-identified risk. This misattribution of positions on contact is also observable within the self-labeling data, with the data showing variation from clear “pro-contact” and “anti-contact” clusters (both in terms of the dimensional nature of the Child-Attraction Ideologies Scale, and in relation to the self-labeling outcomes in the posited ideological groupings).

Ideological variation in behavioral attitudes

Of most pressing concern to many academics, policymakers, and clinicians are the views held by people who are attracted to children about the permissibility of sexual contact with children. In the sample, higher permissibility beliefs were associated with lower levels of internalized stigma, a higher level of belief in the notion of children desiring and initiating sexual contact with others, and increased rates of masturbation. In the domain of internalized stigma, the relationship with permissive attitudes is in the expected and theoretically consistent direction, in that those who feel less shame about their attractions (exemplified by lower levels of internalized stigma) are more likely to report the permissibility of adult-child sexual contact. When looking at the effect of masturbatory frequency, it could be that increasing levels of masturbation (perhaps to child-related sexual fantasies) increase both perceptions of children desiring and initiating sexual activity with others, and perceptions that sexual contact with them is morally permissible. This would be consistent with an escalation model of engaging with sexual fantasy, wherein fantasy engagement causes an increase in proxies for sexual risk (for discussions, see Bartels & Gannon, 2011; Howitt, 2004). In contrast, it is equally plausible that having a baseline belief that sex with children could be morally permissible functionally plays a role in allowing people experiencing attractions to children to seek a sense of sexual fulfillment through masturbation (for discussions, see Lievesley, Harper, Woodward, et al., 2023; Woodward et al., 2024). In this sense, a cognitive process of reframing the acceptability of one’s sexual desires may be turned into a functional permission-giving process to allow for a cathartic behavior (i.e., masturbation) to be engaged with.

Ideological variation in self-identity

A sense of self-acceptance in the sample was associated with lower levels of internalized stigma and an increased belief that children both desire and initiate sexual activity with other people. In the sexual domain, higher levels of masturbation were observed alongside a greater belief in the controllability of participants’ sexual desires among those with higher levels of self-acceptance. These findings may be indicative of a greater degree of clarity among these participants about the nature of their attractions, and their ability to manage them. That is, if somebody acknowledges their attractions to children, but can manage these appropriately without support, then it is unsurprising that self-acceptance about those attractions follows from this.

A potentially more problematic issue pertains to the relationship between self-acceptance and the view that children desire and initiate sexual activity with others. However, it is also plausible that some individuals who experience attractions to children are aware of some evidence of childhood sexuality (e.g., through youth pornography consumption rates or rates of teenage sexual activity; Ballester-Arnal et al., 2023; Mattebo et al., 2013; Udell et al., 2010), or indeed are recalling memories of their own childhood. From this, they may begin to construct a sense of acceptability related to their attractions, so long as they do not act upon these and cause harm to individual children. In this sense, the correlation represents a cognitive link, rather than a behaviorally-oriented one. Similar caveats apply to these findings as to those described

previously, though. The data in this paper are cross-sectional, as causality is therefore not possible to establish.

Practical implications of ideological variability

The analysis of scores on the Child-Attraction Ideologies Scale allowed for hypothesizing about different groupings of people with varying beliefs about the permissibility of sexual contact with children on one axis, and self-acceptance on another. While these groupings are illustrative of potential clusters of participants within the sample, it is important to see how different compositions of scores on each of the Child-Attraction Ideologies Scale dimensions were associated with patterns of both treatment need and risk in a way that was consistent with the Stage 2 analysis predictions (see the analyses in the [Online Data Supplementary Material](#)). These findings are summarized below.

Ideological dimensions and links to treatment needs

In relation to self-reported treatment needs, those scoring low on self-acceptance reported needing relatively high levels of support across all treatment domains, which may be indicative of this particular ideological factor being of importance in treatment planning. Among those with relatively high scores on the self-acceptance factor, there were subtle differences in treatment prioritization as a function of their permissibility views. Among the group labeled “Radicals”, there were relatively low levels of self-reported needs for treatment, which might indicate that this group does not often appear in clinical settings. In analyzing their data, though, there was a firm rejection of treatment that was designed to control or change their attractions, with sexual frustration needs being less important than receiving support with mental health and social stigma. This was also the case for those labeled “Comfortable-Virtuous”, and as such it makes sense to perhaps move away from seeing the clusters as entirely separate groups with specific or unique treatment needs. Instead, a more responsive and effective way of using the Child-Attraction Ideologies Scale may be to consider how ideological expressions on each of the scale’s dimensions shift the prioritization of different treatment targets. That is, participants who scored higher on self-acceptance uniformly expressed an aversion to treatment aims designed to change their attraction patterns, irrespective of whether they were in the groups that were arbitrarily labeled “Radicals” or “Comfortable-Virtuous”.

Where these participants did differ was in related to the prioritization of treatment needs pertaining to sexual frustration, with scores on the permissibility dimension leading to a divergence in levels of potential willingness to explore their own sexuality without clinical intervention. That is, those who scored highly on the permissibility dimension were less likely to report needing support with sexual frustration. This may be due to these participants feeling less shame about expressing their sexuality, and a greater level of willingness among them to engage with sexual fantasy and fictional sexual materials (FSM; Lievesley, Harper, Woodward et al., 2023; Woodward et al. 2024). If this is the case, then it makes sense that a need for support with dealing with sexual frustration is reduced due to these individuals addressing this through their personal masturbatory practices. In contrast, those who were more likely reject the acceptability of sexual activity involving children may suppress their sexual urges to a greater degree, leading to a build up of sexual frustration requiring more specific clinical support. In contrast, mental-health related needs were prevalent among those scoring lower on the self-acceptance dimension, irrespective of whether participants were in the groups labeled “Struggling-Virtuous” or “Struggling-Permissive”. This trend demonstrates that while the arbitrarily assigned grouping labels may be informative in providing a basis for understanding the likely needs of a given individual, a more granular analysis of the functional relationships between Child-Attraction Ideologies Scale dimensions is likely to yield more effective identification of specific treatment needs within a clinical context.

Ideological dimensions and potential risk associations

Self-reported levels of sexual risk differed as a function of ideological scores in this sample. Risk was particularly low among those who scored lower on the permissibility ideological domain. Among these participants, a self-reported proclivity for CSEM offending was higher than for contact offending, but even this slight CSEM risk was diminished when they were prompted about a chance of detection. In relation to contact offending, the likelihood of detection did not impact self-reported proclivities, which suggests a consistency in the anti-contact stance adopted by these participants. The trend was particularly pronounced among those with higher relative levels of self-acceptance who, consistent with previous points, are perhaps more comfortable with their sense of self and personal ideological perspectives. When permissibility perceptions were high, self-reported proclivities for offending were increased for both CSEM and contact offenses. These proclivities were lower when participants were prompted about the possibility of detection, though the high permissibility groups remained higher in their self-reported proclivities for offending under these conditions.

Potential clinical uses of the Child-Attraction Ideologies Scale

The different trends in treatment prioritization and risk data identified above bring about thoughts of the potential clinical utility of the Child-Attraction Ideologies Scale. That is, much has been written in the literature about divergent treatment aims between service users and clinicians in this context (see e.g., Levenson et al., 2017; Levenson & Grady, 2019; Lievesley, Harper, Swaby, et al., 2023). The developed measure can therefore offer a standardized guide to help clinicians understand their service users' ideological positions and use this as a starting point for navigating idiographic treatment-related discussions. To facilitate this applied use of the scale, a full list of items and a scorable version (in Microsoft Excel format) is provided in the [Online Practice Supplementary Material](#) accompanying this paper (to download the form directly, visit <https://forms.microsoft.com/e/2XWr0xVvMj>).

Emerging in the data is a clear distinction about the importance of the different ideological domains in the areas of treatment target prioritization and risk. In the treatment context, self-acceptance appears to be a key factor in determining treatment target prioritization, with those scoring low on this ideological domain having more varied treatment targets (including changing their attraction patterns). For these service users, having a holistic approach to understanding themselves, building a sense of personal control and agency, and working on self-identity and acceptance may be important.

Where self-acceptance is higher, therapists may wish to consider perceptions about the permissibility of sexual contact with children more precisely. Given that high permissibility scores appear to be associated with an increased self-reported willingness to engage in the sexual abuse of children, being able to show participants where their views sit on the ideological spectrum may provide an useful starting point for discussing these beliefs. This raises various ethical and deontological considerations. Although it may appear sensible to focus on these beliefs as a priority with service users where they are particularly prominent, doing so can feel challenging to clinicians trying to develop a strong therapeutic alliance with their clients. In addition, adopting an explicitly abuse prevention approach is known to be detrimental to the likelihood of service uptake among people who are attracted to children (Levenson & Grady, 2019; Lievesley et al., 2025; Lievesley & Harper, 2022). The use of a tool such as the Child-Attraction Ideologies Scale thus allows for a more collaborative dialogue to explore what a relatively high score on this domain might represent for the individual service user, where such difficult conversations may have previously felt threatening or hostile.

In contexts where the client has explicitly excluded risk management as a treatment target, placing emphasis on the client's beliefs regarding the permissibility of sexual contact with children could hinder the development of a trusting and authentic therapeutic relationship. The use of the Child-Attraction Ideologies Scale should not be in tension with the client's stated goals

for therapy, and interactions between clients and therapists should follow the general principles of service-user centered care. As the data demonstrate, people who are attracted to children can choose to enter therapy for a variety of reasons that may or may not be related to their attraction (see also Levenson & Grady, 2019; Lievesley & Harper, 2022), and “like any other client, [they] know what support and assistance they need and should participate in deciding the focus of their therapy” (B4U-ACT, 2020, p. 2).

Limitations and future directions

Survey-based research such as the study described in this paper is inherently based around the use of self-report methods, and these are susceptible to self-presentation biases. This is particularly problematic within the context of high levels of societal (and internalized) stigma about sexual attractions to children. Given that participants were explicitly asked about their views related to the permissibility of sex with children, there is an added layer of potential concern related to such biases. It is also important to ground the conclusions within this particular research context. That is, participants were sampled from a range of online forums that are frequented by people who experience attractions to children, and all participants were self-selecting. Despite recruiting from multiple forums that have a range of stances about the acceptability and permissibility of sexual contact between adults and children, the generalizability of the claims made in this paper could be questioned. This is further demonstrated when considering that almost two-thirds of the sample fell into the Radical ideological grouping, with only 21% being classified in either of the “Virtuous” groupings. Future work might look to explore the prevalence of attractions to children within the broader population and capture these ideological views at that level.

Linked to the issue of grouping, a relatively arbitrary approach to the creation of the ideological groups was used. These groupings, while making conceptual sense, are thus not derived from formal statistical approaches to identifying clusters within psychometric data (e.g., latent profile analysis). The reason for this was that the sample size, despite being large by the standards of the field, was inadequate to conduct robust clustering analyses. This approach means that there are several “border” cases in the dataset (that is, participants whose combination of scores on the dimensions of the Child-Attraction Ideologies scale place them on the cusp of multiple ideological groups. This highlights the importance of using the ideological groups as a heuristic for understanding what might be important for specific individuals within this population, rather than using them as a diagnostic tool. That is, the groupings provide a starting point for considering where, in broad terms, an individual is in terms of their ideological composition, from which a more nuanced conversation and clinical relationship can flourish. It is advisable that researchers to seek to recruit large and diverse samples with a view to collaborative working that tests the veracity of the posited ideological groups using more formal statistical techniques.

There is an inherent difficulty in measuring moral or ideological views about attractions to children when the concept of “child” is itself so broad. For example, according to Seto’s (2017) chronophilic typology, this category could range from ages 0–14, and possibly (if considering ephebophilia an attraction to children) even up to age 17. This makes it difficult to establish ideological views about, for example, the (im)permissibility of sexual contact between adults and children at the population level, as doing so would require a specific definition of “children”. This difficulty was mitigated by asking participants to respond about children within their age of attraction. However, this limitation is worth highlighting as the broadness of ages of attraction may also lead some readers to exercise caution when interpreting the findings. Future research might look to understand the effect of varying the operationalization of “child” to understand how this manipulation changes the views of people who are attracted to children about a range of issues.

Despite the identification of the potential utility of the Child-Attraction Ideologies Scale in clinical settings, additional work is required to test this. Evaluation studies may seek to understand

how treatment is perceived by service users whose experiences are guided (vs. not guided) by this scale's use. Contentment with treatment, improvements in interpersonal functioning, changes in mental health, and decreases in measures of dynamic risk for sexual offending might all serve as useful outcomes for such studies. Refinement of the tool, including in the framing of the five ideological groupings identified in this paper, should be undertaken when sample sizes allow. For example, the identification of ideological groupings was based on a plausible delineation of high/low scores on each of the scale's factors. Although formal statistical modeling (e.g., via latent profile analysis) would be ideal, the sample size fell short of what is usually required for this (Spurk et al., 2020). These provisional ideological groupings should thus be confirmed in larger samples in subsequent work to allow for a higher degree of confidence in their veracity.

Further developments to the provided Microsoft Excel sheet used to administer the Child-Attraction Ideologies Scale may also be guided by interview studies with clinicians. If the scale is adopted in clinical practice, it would also be interesting to explore how clinicians and service users perceive the quality and tone of their professional interactions, given that one aim of the scale is to guide collaborative interactions.

Conclusions

This project has identified a plurality of ideological groupings among people who are attracted to children, which runs counter to the prevailing view that this population can be cleanly divided into distinct “pro-contact” and “anti-contact” camps. This is a significant development within this field of study that opens many possibilities for both future research and the development of better and more client-focused clinical practice. In the research domain, studying different subgroups allows for a much more nuanced understanding of this group to develop, and unveils opportunities to understand the developmental and behavioral trajectories of people with different ideological positions. In the clinical sphere, this work moves the field forward; away from simple approaches that pit preventative messages against those related to mental health and toward a more individualized approach that places the development of effective therapeutic relationships and collaborative goal setting at its core. The Child-Attraction Ideologies Scale is offered as a method for structuring the assessment of these ideological positions, and is freely available for use by researchers and clinicians alike. In this endeavor, it is hoped that more effective care can be designed for those who are attracted to children in a manner that both reduces offending risk and prioritizes a person-centered approach to therapeutic activity.

Note

1. These analyses were included in an earlier draft of the paper, but were moved to the [online data supplement](#) at the request of a reviewer during the peer-review process.

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Data availability statement

Data for this study cannot be shared owing to its sensitivity and a lack of consent obtained from participants.

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