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Being Sexually Attracted to Minors: Sexual Development, Coping With Forbidden Feelings, and Relieving Sexual Arousal in Self-Identified Pedophiles

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This article aims to provide more insight into pedophilic attraction and risk and protective factors for offending in nonclinical pedophiles. Fifteen participants were interviewed about sexuality, coping, and sexual self-regulation. Many participants struggled with acknowledging pedophilic interest in early puberty and experienced psychological difficulties as a result. Furthermore, many committed sex offenses during adolescence when they were still discovering their feelings. Early recognition of risk factors and early start of interventions seem vital in preventing offending. Moreover, results suggest that risk for offending can be diminished by creating more openness about pedophilia and by providing pedophiles with social support and control.

INTRODUCTION

Pedophilia (or *pedophilic disorder*) is defined in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013) as the sexual attraction to prepubescent children. This sexual interest is indicated by recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with children generally aged 13 years or younger, and must be present for at least six months. Furthermore, the person must have acted on these sexual urges or experienced significant distress or interpersonal difficulties because of them.

There is ongoing debate about the etiology of pedophilia. Currently, pedophilia is viewed as a psychological disorder with early life risk factors, such as early sexual behavior (Goode, 2010), history of sexual abuse (Freund, Watson, & Dickey, 1990), and prenatal or early childhood neurodevelopmental problems (Blanchard et al., 2002; Cantor et al., 2004). However, pedophilic interest seems more common in contemporary society than may be expected. It is estimated that 3% to 9% of males in community samples are in some way sexually attracted to children (Wurtele, Simons, & Moreno, 2014). Furthermore, Seto (2012) showed recently that pedophilia has many similarities with sexual gender orientation (i.e., heterosexual and homosexual feelings), such as the early age of onset, the fantasy or desire to engage in romantic behavior, and the stability of

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this sexual preference over time. Therefore, Seto (2012) suggested that pedophilia may be better considered as a sexual age orientation instead of a mental health disorder or a sexual preference that is chosen or somehow learned.

This view is controversial given previous research into sexual attraction to minors in individuals who have committed child sexual abuse. This research showed that child sexual abusers may be impulsive (Neutze, Seto, Schaefer, Mundt, & Beier, 2011), have antisocial, narcissistic, or passive-aggressive personality structures (Bogaerts, Buschman, Kunst, & Winkel, 2010), possess little victim empathy, and have distorted cognitions supportive of having sex with children (Cohen & Galynker, 2012; Marshall, Hamilton, & Fernandez, 2001). Yet, not all child sexual abusers are pedophiles. Similarly, as becomes clear from the last criterion in the definition of *pedophilic disorder* in the *DSM-5* given earlier, not everyone who experiences pedophilic feelings qualifies for this diagnosis. However, if someone is experiencing significant distress because of intense sexual fantasies involving children but has never had any physical contact with a child (and maybe never will), this individual can still receive the clinical diagnosis of pedophilia. Finally, even pedophiles who engage in deviant behavior show great behavioral variation in the type and severity of psychological risk factors.

In a recent review on child pornography offending (Houtepen, Sijtsema, & Bogaerts, 2014), it was proposed that risk factors related to child pornography offending can be viewed along the lines of two continua: (1) features related to criminal behavior; and (2) sexual deviance or fantasy. Furthermore, Schmidt, Gykiere, Vanhoeck, Mann, and Banse (2014) showed that different types of child sexual abusers (i.e., intrafamilial child sexual abusers, extrafamilial child sexual abusers, and child pornography offenders) differ in their degree of sexual deviant interests. Moreover, in their study, sexual deviant interest was negatively associated with factors known to be associated with antisocial behavior, such as psychopathy and substance use. This suggests that some offenders do not engage in offending because of antisocial tendencies, but rather due to psychopathological factors related to deviant sexual interest. For example, according to the abused-abuser hypothesis of sexual offending, many offenders who have committed child sexual abuse have themselves been victims of sexual abuse in childhood (e.g., Burton, 2003; Jespersen, Lalumière, & Seto, 2009; Salter et al., 2003).

Other childhood difficulties such as being a victim of physical abuse and/or neglect are also reported among child abusers (Salter et al., 2003; Webb, Craissati, & Keen, 2007). Yet, it is suggested that these risk factors are more related to sex offending in general than specifically to child sexual abuse (Jespersen et al., 2009). Finally, intimacy deficits (Bogaerts, Vervaeke, & Goethals, 2004), low self-esteem, loneliness (Henry, Mandeville-Norden, Hayes, & Egan, 2010), and other general interpersonal difficulties may play a role in the etiology of child sexual abuse. For individuals having interpersonal problems, sexual activity with children may feel easier and may evoke less anxiety compared to sexual activity with same-aged partners (Cohen & Galynker, 2009; Cohen, Grebchenko, Steinfeld, Frenda, & Galynker, 2008).

Furthermore, some pedophiles may engage in child pornography offending in order to relieve sexual arousal and have distorted cognitions concerning both the images and the act of watching (Surjadi, Bullens, Van Horn, & Bogaerts, 2010). These cognitions minimize the negative effects of watching child pornographic material to the extent that some pedophiles believe that children were not harmed in order to produce this material (Quayle & Taylor, 2002). Moreover, pedophiles often acknowledge having romantic and loving feelings for children in addition to having desires

to engage in sexual contact (Seto, 2012). Therefore, it has been suggested that some pedophilic child pornography offenders are less likely to engage in child sexual contact offenses when they are directly (i.e., instead of indirectly, via watching child pornography) responsible for the abuse (Houtepen et al., 2014).

Because of the great stigma associated with pedophilia (Jahnke & Hoyer, 2013; Jahnke, Imhoff, & Hoyer, 2015), some pedophiles may be troubled by their sexual interest (Freimond, 2013), fear losing control over their feelings (Hossack, Playle, Spencer, & Carey, 2004), or experience difficulties in dealing with feelings that are “forbidden” in contemporary society. In order to refrain from offending, these pedophiles need sufficient self-control and some need professional help in order to learn better coping strategies to relieve sexual arousal.

However, disclosure of sexual interest is a highly frightening activity for many pedophiles. Even when they do find the courage to seek help, resources to provide pedophilic individuals with sufficient help are currently lacking (Seto, 2012). This is in part because previous research on pedophilia has focused mainly on pedophilic offenders who were sentenced to imprisonment or compulsory treatment because of sex offenses (Capra, Forresi, & Caffo, 2014; Hall & Hall, 2009). As a consequence, knowledge about pedophiles who have no criminal record or have not sought professional help is lacking. Although it has been suggested that many undetected pedophiles have engaged in child sexual abusive behavior at some point in their lives (Neutze et al., 2011), it is not clear what other (possible preventive) strategies these pedophiles use in order to cope with their sexual interest and the secretive nature of these feelings. Hence, because there is little empirical evidence to support that the same risk factors are involved in “nonforensic and nonincarcerated” pedophiles, it is not clear what factors other than pedophilic interest result in actual child sexual abusive behavior.

In this study we aim to contribute to the understanding of pedophilia by providing more in-depth insight into pedophilic attraction and risk and protective factors for child sexual offending in nonclinical and nonincarcerated pedophiles. To this end, we interviewed 15 participants who acknowledged having pedophilic feelings. First, in order to provide more insight into pedophilic sexual development, we examined the onset of pedophilic interest, the content of this attraction (i.e., the extent to which there were sexual and/or romantic fantasies and desires present), and risk factors of pedophilia such as early sexual behavior and history of child sexual abuse. Second, we investigated experiences with acknowledging having pedophilic feelings and coping mechanisms that are used in dealing with “forbidden” feelings and stigma. Finally, we examined behaviors to relieve sexual arousal, including self-reported offense behavior such as child pornography offending and sexual child abuse.

METHOD

Participants

The sample comprised 15 self-identified males with pedophilic interest. All participants were Dutch, except for one male who was Belgian. During the interviews, participants were asked specific questions about the age group they were most attracted to. We found that two participants could better be described as having hebephilic feelings; “hebephilia” denotes the

erotic preference for pubescent children, generally aged 12 to 14 years (Blanchard et al., 2009), but is not recognized as an official diagnosis in the *DSM-5*. Also, during the interview, three participants stated they had been convicted for child pornography offending in the past.

After we sent an online request to participate in the study, 18 participants responded. After we provided respondents with further information, three participants dropped out and did not respond again.

Procedure

Participants were approached through an online request that was placed on the forums of three Dutch pedophile websites in November 2013. On these sites, people can discuss issues concerning pedophilia. In addition, these sites provide information on pedophilia from a variety of sources, such as scientific literature. The main aim of these forums is to create more openness about pedophilia, and to provide support to individuals who know someone with pedophilic interests or have pedophilic interests themselves.

Furthermore, the requests were sent by e-mail to individuals who acknowledge having pedophilic feelings and were known to be active in self-help groups in the Netherlands at that time. Individuals who were interested in participating in this study could contact one of the researchers by e-mail or telephone, or they could fill out a contact form that was placed on the website of Tilburg University so they could be contacted to provide further information. After participants agreed to take part in the study, personal appointments were made via e-mail. Most of the interviews took place at Tilburg University. We chose this location because we felt it was a safe environment in which the anonymity of participants was guaranteed. However, some of the participants preferred a home interview or were not able to travel to Tilburg University for personal reasons. In two cases, participants were visited by the first and second author of this study. In one case, the second author met a participant at another university in the Netherlands. All other interviews were conducted by the first author at Tilburg University. Interviews took place between December 2013 and January 2014.

The current study was conducted in accordance with the guidelines of the American Psychological Association (2010). Participants were first asked to sign an informed consent form in which the purpose of this study was explained. Furthermore, participants were informed that any disclosed information about previous or current offenses that were not yet known to the police but potentially involved the safety of a minor would be reported to the authorities. However, to guarantee the participants' anonymity, we did not ask for any personal information during the study. In one case, we suspected that a participant was currently constituting a threat for engaging in sexual contact with minors, but he did not disclose any specific information about possible victims or abusive acts. After contacting organizations dedicated to supporting victims of abuse, it was decided that he had not disclosed enough personal information for identification, so further steps could not be made. All other responses were strictly confidential and participants were able to withdraw from the study at any time. Participants received a refund of all travel expenses and a gift voucher in the amount of 20 euros for their participation.

Interviews were recorded with the permission of the participants. One participant did not want us to record the part of the interview where we asked questions about child pornography offending. Audio recordings were deleted after the interviews were transcribed.

Measures

We made use of semi-structured interviews. Specifically, we developed a structured interview questionnaire that was administered to all participants (see Appendix). We strongly emphasized the importance of answering the questions honestly. In addition to these questions, the interviewer was free to explore important issues more in-depth if he or she felt that extra information was needed in order to obtain a complete image of the respondents' motives, feelings, or behaviors.

The interview questionnaire was developed on the basis of information that we had previously collected from exploratory interviews with law enforcement and mental health professionals who specialize in sex offending (i.e., five police officers employed in the prosecution of sex offenders and a forensic psychologist). We conducted these interviews in order to get a fuller understanding of what is currently known about pedophiles in the forensic field. Furthermore, we aimed to develop an interview that could fill some of the gaps in previous literature on the association between pedophilia and (child pornography) offending (see Houtepen et al., 2014).

Each in-depth interview took approximately 45 minutes. We interviewed participants about demographic characteristics, their sexual preference, sexual development, coping mechanisms in dealing with pedophilic feelings, quality of life, and their ways of relieving sexual arousal, including engagement in child pornography offending and child sexual abuse. Moreover, we asked specific questions concerning their online behavior in order to get more insight into the modus operandi of those who engage in child pornography offending.

At the end of the interview, we asked participants if they felt we had overlooked important aspects or if they wanted to add further information to any of the subjects that had been discussed. The first participant we interviewed recommended that we add the following question: "If a child is initiating physical contact, for example by cuddling, how do you react?". We subsequently added this question to the interviews that followed.

Data Analysis

In order to provide a complete overview of important issues in the interview data, first we summarized participants' answers per question. Second, we compared the different responses and rated the number of participants who provided similar responses per question. Third, we explored the validity of the main themes via techniques that are part of Thematic Analysis (Braun & Clarke, 2006). That is, we retracted "latent" themes on the basis of their prevalence across all interviews.

We concluded that some of our themes could be divided into subthemes. For example, "Sexuality" was divided into "Onset of pedophilia," "Content of sexual interest," and "Early sexual behavior and experience of sexual abuse." Moreover, we explored new themes (e.g., "Help from like-minded others" and "Help from nonpedophilic individuals"), and found that some themes

were not reflected in the interviews (e.g., “Social networks,” which consisted mainly of questions concerning online sharing of child pornographic material with others). Finally, we used a “contextualist” model for analyzing our data (Braun & Clarke, 2006). More specifically, this means that we acknowledged the ways in which participants attached meaning to their experiences by placing their feelings and behaviors into a broader social context.

RESULTS

Background Characteristics

Nine participants were highly educated (i.e., had either a bachelor’s or master’s degree), two received intermediate vocational education, two only finished high school, and two had less than a high school education. Three were married or in a relationship at the time of the interviews, and two were divorced. Five participants had never been involved in a serious adult relationship. Three participants reported having children.

Two of the 15 participants could better be described as having hebephilic feelings. Aside from the distinction between being attracted to prepubescent or pubescent children, there was still large variation in preferred sexual age orientation between participants. For example, some participants with an interest in prepubescent minors acknowledged being sexually attracted to children from 5 years old, whereas others preferred minors who were in the transition to puberty. Furthermore, not all participants had an exclusive sexual interest in children; nine were also attracted to adult males and/or adult females. Finally, eight participants were solely attracted to boys, three to girls, and four were attracted to both sexes.

Seven participants had experienced mental health problems. They were often troubled with feelings of anxiety, depression, and inferiority. For three participants, mental health issues started after the age of 16. The remaining four had already experienced mental health issues early in life.

Sexual Development

Onset of Pedophilic Feelings

Eleven participants described becoming aware of their sexual attraction to minors as a gradual process. Their sexual development started relatively “normal” at early puberty, when they were still interested in their same-aged peers. However, as they became older, most (11) recognized becoming different from others because their sexual age preference remained stable. Others (four) became aware of their sexual attraction quite suddenly, for example during contact with minors either in real life or by seeing a picture. Since that moment, all except one (see section *Coping with Forbidden Feelings*) had felt the presence of this sexual attraction during their lives, indicating a stable sexual preference.

Content of Sexual Interest

Ten participants acknowledged that their attraction to minors was not solely sexual, but that romantic feelings were also present. They reported falling in love with a child, and/or

had fantasies about having a real romantic relationship with a minor. Also, when asked what they found particularly attractive in minors, eight acknowledged that it was a combination of both physical characteristics, such as “their beauty” or “bodily shapes,” and behavior, such as “openness,” “spontaneity,” “honesty,” or “naïveté,” whereas only four referred solely to children’s appearances.

Moreover, 10 participants stated that having close relationships with children (e.g., friendship or adult coaching role) was highly satisfying, for example, because it provided them with the opportunity to make children happy. Especially for participants who acknowledged being less sexually aroused because of their age (three, including two who were in their early to mid-thirties), having close social contacts with minors was more important than the sexual component. Furthermore, four participants stated that when they were less socially involved with children, they felt more fixated on and troubled by their sexual interest in minors. During these times their need for intimacy and closeness was not met, and some argued that it was easier to imagine children as sexual beings when there was no real contact and distorted cognitions about children and sexuality were not contradicted by real life. Therefore, social contact with minors seemed to serve as a preventive strategy against risks for offense behavior.

In contrast, two participants argued that although romantic fantasies were present, the sexual interest was most important. Moreover, two men in the study admitted having “romantic relationships” with minors in the past, but mainly focused on their sexual engagement. Therefore, it seems that their image of being in love was somewhat distorted or entangled with their feelings of sexual arousal. For example, one participant stated, “Those boys were twelve when we were dating. At that age I find boys attractive, but after two years they suddenly have this complete sexual organ . . . At that point, I lose all sexual interest.”

Participants who were not interested in having romantic relationships with children stated for example that children were not as mature in their cognitive development as they were; some participants reported that they did not find the unequal balance of power attractive but had fantasies in which they were still a child and having sexual relationships with other minors.

Early Sexual Behavior and Experience of Sexual Abuse

Eight participants reported having early sexual experiences (ages 6 to 11 years), ranging from discovering masturbation (one), to “playing doctor” with other children (four) and more mature sexual play with others (one), to actual penetration (two). One acknowledged that this early sexual experience had in some way affected his sexual development, and argued: “This certainly has made me think about sexuality too early, and I guess I was fixated on this for quite a while.” One of these participants also reported being sexually abused in childhood.

Five others had their first sexual experience around the age of 12, including one who acknowledged being very sexually active at that age, engaging in sexual experiments with numerous boyfriends and girlfriends. For the other four, sexual acts early in life only included discovering masturbation. Finally, one admitted never having engaged in any real sexual activity to relieve sexual arousal, including masturbation, and one acknowledged to have engaged in sexual activity in late puberty for the first time. Hence, although early sexual behavior may have fixated some participants on sexual activity with children, for others such a conditioned association between children and sexual attraction seems to be nonexistent.

Coping With Forbidden Feelings

Realization of Pedophilic Feelings

Reactions to the realization of pedophilic feelings differed from very negative to extremely positive. In general, 12 participants had struggled with their sexual attraction in some way. Some felt quite disturbed when acknowledging that the term “pedophile” fit their sexual feelings. Because of negative views by both the media and the general public and the subsequent undifferentiated flow of information concerning pedophilia, these participants were afraid of being stigmatized as “monsters” or “child rapists.” One participant argued that pedophilia has become more criminalized over time, leading to more secrecy, rumination, and obsession about pedophilic feelings. This participant also stated that when he was married, he “forgot” his pedophilic interest for a while, which suggests that fixation diminished when he was in a meaningful relationship. Also, some participants felt ashamed and tried to suppress their sexual feelings altogether by using avoidant coping strategies, such as drug abuse. Three participants had little trouble accepting their feelings, but were concerned about the opinions of others. Therefore, some participants experienced a hard time keeping their feelings a secret.

Finally, one participant was extremely positive about his sexual feelings. Although he knew that his feelings were “wrong,” he thought of them as something honorable, because he “had always liked going against the rules.” Indeed, he acknowledged having problems with authority from a young age, which led to problematic behavior such as dropping out of school and not being able to hold onto a job.

Professional Help

Thirteen participants sought help with professionals, like-minded others, or other meaningful individuals in their environment. Six participants had sought help from a physician, psychologist, or sexologist, either to get assistance in accepting and/or coping with their sexual attraction to minors, or to get help with symptoms, such as feelings of depression or loneliness, that seemed partly to be the result of pedophilic interest. Three argued that this help was not sufficient because of a lack of clinical knowledge about pedophilia in general. For one participant, this was also a reason for not seeking help at all. The other three argued that professional support helped them to disclose their feelings and accept their sexual attraction because they learned to separate their sexual feelings from sexual behavior and, hence, dissociate themselves from stories about “child rapists” that had troubled them in the past. In contrast, two participants felt that it was too risky to disclose their sexual feelings to a professional because of the negative stigma of pedophilia.

The struggle with pedophilia also became evident when we asked participants to report their subjective well-being on a scale from zero to 10, which resulted in an average score of 6.3 ($SD = 1.6$; range: 3–8.5; $N = 14$). One participant had trouble expressing his subjective well-being, but reported, “Currently, I am not happy.”

Help from Like-Minded Others

Three participants found support through contact with other individuals with pedophilic interest, for example by visiting self-help groups or by engaging in (online) contact with like-minded

others. Furthermore, three others noted that they just enjoyed having such contacts, because they could really be themselves and talk openly about their feelings. Some participants argued that it was the recognition of shared feelings that comforted them, or that others had provided them with the courage to talk to other nonpedophilic individuals in their environment. Finally, one found it particularly reassuring to see that many others with pedophilic interest did not engage in sexual behaviors with children: “They give me moral support. The media kind of tell you that you’re a ticking time bomb, but then when you go online . . . You see many ‘ticking time bombs’ that do not go off at all.”

Help from Nonpedophilic Individuals

Eleven participants also disclosed their feelings to nonpedophilic individuals to receive social support through others’ acceptance or to have someone around with whom they could be themselves. Some participants found it important that others know about their sexual preference so they could function as safeguards when the participants were around children. Even though many in the study felt sure that they would not cross any legal boundaries, some felt safer knowing that someone else was able to give them feedback on their behavior. Similarly, one participant acknowledged that he preferred to talk about his sexual feelings with nonpedophilic individuals than with other individuals with pedophilic interests because he felt that nonpedophiles were better able to evaluate his cognitions on a “normal” level. In turn, he thought that other pedophiles would just confirm already existing cognitions.

Nondisclosure and Negativity from the Environment

Two participants had never disclosed their feelings to others. One argued that he did not expect people to be accepting, and because he was not looking for disapproval, he kept his feelings to himself. Furthermore, according to him his feelings had never concerned him that much. The other participant admitted somewhat proudly that he had engaged in multiple “romantic relationships” with minors in the past, and therefore did not want people to know about his pedophilic interest (i.e., he argued, “Let sleeping dogs lie!”). Finally, eight participants acknowledged that they had not only experienced social support when they disclosed their feelings, but that they had also experienced some negative reactions to their disclosure. Although most understood that people felt uncomfortable knowing that someone close to them had pedophilic interests, they argued that this negativity contributed to secretive behavior which, in turn, may put some at risk for committing sex offenses.

Relieving Sexual Arousal

Child Pornography Offending

Eleven participants admitted to having watched child pornography at some point during their life. Eight participants argued that they downloaded child pornography years ago, often in adolescence when they were still very sexually focused and/or were confused about their sexual attraction to minors. Currently, these participants stated that they did not engage in

child pornography offending anymore, with one exception—one participant hesitantly admitted that he sometimes still receives some child pornographic material from others with pedophilic interests.

Four had come into contact with the legal justice system for possession of child pornography and three of them had been convicted. Some also received material from others, and/or watched together with others. With regard to exchanging material, only one admitted to having consciously shared material with other people he knew because he thought they would enjoy this type of material. However, he argued that it was not his purpose to use this material as a means of exchange because he did not expect to receive child pornographic material in return. One was being charged with (but not convicted of) production of child pornography because while on vacation he had taken photographs of naked children who were bathing. Finally, one participant had watched child pornography together with pubescent minors (aged 14 to 15). Compared to other participants, he was very specific and elaborative about the material that he liked to watch, returning to the subject multiple times in a somewhat maladjusted manner and specifically describing multiple sexual acts. Only one other participant who did not engage in child pornography offending used such offensive language in order to describe sexual acts or fantasies.

Type of Material

The type of material that participants watched differed greatly, ranging from virtual child pornography to material depicting real minors engaging in sexual activity with adults. However, nine had closely considered what type of material they could justify watching. For example, they preferred material that depicted children posing naked, old material, and/or material that depicts sexual activities between minors because they argued that in order to produce this material, children did not have to be sexually abused (anymore). Interestingly, these justifications seemed to overlap with their views about children's sexuality. According to 11 participants, children often show signs of developing sexuality in an experimental fashion, such as through experimenting with nakedness and "playing doctor" with other children. Therefore, watching child pornographic material in which no adults were involved was considered as viewing material of children who are enjoying themselves, but not as an act that contributed to child sexual abuse.

Two acknowledged that material depicting sexual activity between children and adults was sexually arousing to them. These participants also had more problematic views concerning children and sex. For example, one stated that if children initiated sexual behavior, it is in some cases acceptable to "cooperate" and engage in "the unheavy stuff, but not penetration" because the latter would be physically impossible. The other participant thought that children can desire and engage in the same sort of sexual activities as adults.

In addition to the 11 participants who watched illegal material, three either viewed legal material of children depicted naked or watched movies that were formerly considered legal, but are currently labeled as child pornography because those films include shots of minors being naked while having an erection. One admitted that although at first he did not feel the need to search for child pornography, searching for naked pictures of minors made him curious about more severe material. Yet, as a barrier to offending he said that he had never been a risk taker and that he could not risk getting caught because of his wife and children. Similarly, others also acknowledged the fear of getting caught as a vital protective factor against offending, or argued

that they simply did not feel the need to engage in child pornography offending because their sexual fantasies had always been sufficient to relieve arousal.

Effect of Child Pornography on Sexual Arousal

With regard to the effect that the watching of child pornography may have on the viewer's cognitions and feelings, seven others argued that they needed new or more severe material in order to get sexually aroused at the time they were downloading. Moreover, seven reported experiences of having mixed feelings while watching child pornography. For example, they stated, "I regularly felt pathetic or dirty" and "I felt sick and was disgusted with what I saw, but at the same time I was frightened by my own excitement." This discomfort and the subsequent realization that this behavior is harmful to children were sufficient reasons for some to stop watching child pornography. One described that he felt his cognitions getting more sexualized: "If I was watching a normal nonpornographic movie involving children, for example, I thought to myself, 'When are they going to take off their clothes?'" Moreover, he recognized that although normally he was very open to people, he got more secretive when watching child pornography and often felt agitated.

One participant stated that with time, he got more excited from searching and collecting the material than from actually watching it. For him, child pornography offending rather served the function of a collective addiction. Finally, one participant admitted that at times he used downloading as a substitute for child sexual hands-on abuse or at least felt that he needed to download material in order to refrain from hands-on offending. In contrast, five participants reported that their sexual arousal showed stable patterns over time; their preferred child pornography images remained sufficient to relieve sexual arousal. Overall, none of these participants reported cross-over sexual deviant behavior (hands-off to hands-on). Two participants watched child pornography or photographs of children depicted naked only once. Others had watched this material regularly for a while, ranging from one week to fifteen years.

Child Sexual Contact Abuse

Ten participants stated that they had never engaged in physical sexual contact with minors. Three of them admitted that they had considered seeking sexual contact with a minor at some point, but never fulfilled these fantasies. One acknowledged that this interest was especially salient when he was engaged in child pornography offending; at that time, he also fantasized about how such contact could be initiated. Finally, the fact that his fantasies became so explicit discomfited this individual, which was his main reason to stop downloading. Yet, the other seven participants never seriously considered having sexual contact with a minor despite their sexual desires. For example, one reported that although the sexual desire toward minors was present, he could keep his sexual arousal under control and had never harassed children with these feelings. In contrast, one admitted that he still feared that he would commit a sexual contact offense even though he could not imagine himself hurting a child.

Based on their personal experiences, four of these participants said that although they never initiated sexual contact with children, children may sometimes try to involve adults in their sexual behavior. According to them, in such cases adults should take responsibility by disapproving this type of behavior and/or explain to children the reason for the inappropriateness. These four

participants considered sex between children and adults as abuse mainly because of the age difference and subsequent imbalance in power, but did not seem to consider children unwilling to engage in such behavior per se. For some, the inappropriateness was mostly determined by the current taboo on children's sexuality. They argued that sex between an adult and a minor would not per definition be accounted for as sexual abuse. However, because children would not be able to talk to others about their sexual engagement, this would always be problematic in contemporary society.

So although these participants did not really feel that having sex with children is wrong, they made use of strategies in which they could uphold their own feelings and beliefs about their sexual fantasies, while also respecting the rules of current society against having sex with children (i.e., "children are already experiencing sexual feelings, but should not be able to express these with adults because of current stigma"). Finally, one participant felt concerned when a minor gave sexual signals to him because he was not sure if other (nonpedophilic) adults had similar experiences. Therefore, he was frightened that he had done something wrong to provoke this sexual interest.

Five participants admitted that they had engaged in sexual behavior with minors, but none of them defined this behavior as child sexual abuse. In one case, the sexual contact happened more than 20 years ago with a minor with whom he was in love. According to him, this sexual contact was initiated by the minor who was just as sexually distorted as he was because of early abusive experiences. The participant's involvement with the minor had led to a conviction and community service for this participant. One other participant admitted that he had sometimes crossed legal boundaries when providing minors with sexual information. Even though he thought he had maybe crossed a line, he felt his victims would probably not blame him for what he had done. Similarly, one other participant acknowledged that he had sought sexual contact with minors when he was younger, but that he did not understand at the time that what he did was wrong and believed that it was a pleasurable experience for both parties. All stated that they would never engage in sexual contact with children again.

Finally, the two participants who acknowledged engaging in multiple "romantic relationships" with minors had also engaged in sexual contact with these minors. Both seemed to understand at some level that their behavior was considered abusive because they actively tried to hide their behavior from others. That is, one kept all contact he had with these minors hidden from his environment and the other was vague about his sexual engagement with minors during the interview. For example, when asked about any engagement in current sexual hands-on behavior, the latter answered, "Unfortunately, I cannot tell you that."

Other Ways to Relieve Sexual Arousal

Seven participants acknowledged that they are (or were) also able to relieve sexual arousal by watching adult pornography or by engaging in sexual activity with adults. For most, masturbation and fantasy were enough to satisfy their sexual interest, and some acknowledged that sexual experiences became far less important with age. Instead, the social component of pedophilia (i.e., having close contact with minors) was experienced as more meaningful. Finally, one participant used special Japanese child sex dolls with which it is possible to engage in sexual behavior. He argued that because the child doll is clearly an object that is especially made for someone to relieve sexual arousal, there is no association with real children. According to him, when

fantasizing about engaging in child sexual behavior, the boundary between real and make-believe sexual appropriate behavior is less clear-cut. Therefore, by using the child sex dolls to relieve sexual arousal, he was not drawn to committing child sexual contact abuse.

DISCUSSION

In this study we aimed to provide more insight into pedophilic attraction by interviewing non-forensic and nonincarcerated individuals with pedophilic interest. In concordance with Seto's study (2012), we found that individuals with pedophilic interest often recognized the onset of sexual attraction in puberty that remained rather stable over time. In addition to sexual attraction, most participants reported having romantic feelings for children and emphasized the importance of being able to engage in social contact with minors, for example in adult coaching roles or friendships. This study suggests that such social contact seems to diminish child sexual offending. Yet, because there is no objective measure to determine who is able to control his or her sexual feelings and who is not, keeping children safe should be the main focus. Also, for some participants, their pedophilic interest was solely sexual (i.e., an expression of a sexual drive) without romantic feelings. Furthermore, with regard to age preference and the subject of attraction, there was great variation among participants. For example, in some, attraction was based on personality characteristics of the child, whereas others were attracted to physical appearances or to both inner and outer characteristics.

With regard to risk factors for developing pedophilia, most participants experienced early sexual behavior with other minors, which seemed to have influenced their cognitions concerning children as sexual beings. Such experiences were also reported in another study among self-identified pedophiles (Goode, 2010). Moreover, Santilla et al. (2010) investigated adults' sexual interest in children in a sample of 1,312 Finnish male twins in the general population and concluded that having early sexual interactions with other children was associated with a lower minimum age of preferred and actual sexual partners in adulthood.

According to conditioning theories of the etiology of pedophilia, these early sexual experiences with other children are a first introduction to interpersonal sexuality. During these sexual experiences, individuals become aware of their sexual preferences and conditioning attraction to particular childlike physical appearances. These characteristics are then never properly adjusted to older individuals (Seto, 2004). Although it is not clear what mechanism underlies this developmental stagnation, conditioning theories suggest that in many pedophiles, sexual attraction is in some way socialized through experience. Still, in the current study, some participants did not engage in sexual contact before puberty. To summarize these findings, there is great differentiation in pedophiles' sexual preferences, and in the development, content, and etiology of this sexual interest in children.

The second aim of this study was to provide insight into how individuals with pedophilic feelings cope with sexual attraction to minors. Many participants reported having difficulties acknowledging their pedophilic attractions. Moreover, on average, these participants rated their lives as a 6.3 on a scale of zero to 10, (the average happiness score in the Netherlands was 7.9 in 2012; Centraal Bureau voor de Statistiek [Statistics Netherlands], 2013), which indicates relatively low subjective well-being. In general, two important issues in learning to cope with pedophilia need to be considered: (1) acceptance of having pedophilic feelings; and (2) finding appropriate ways to relieve sexual arousal. To resolve these issues, pedophiles may need professional help or

help from their social environment to stimulate disclosure and learn to separate their feelings from abusive behavior. Yet, half of the participants in our study who had sought such help (i.e., three out of six) suggested that sufficient professional help is currently lacking, especially in regular (i.e., nonforensic) mental health sectors. This is in line with previous research (Seto, 2012). Another study also suggested that not all mental health professionals are willing to treat pedophiles, and that some may hold stigmatized views against pedophiles themselves (Jahnke, Philipp, & Hoyer, 2015). Moreover, such stigmatized views, or even punitive attitudes against pedophiles are in fact considered socially desirable in contemporary society (Imhoff, 2014). Therefore, to better educate mental health professionals and to reduce stigma, more attention should be given to pedophilia in general and to the treatment of pedophiles and individuals with pedophilic interest who are struggling with their sexual feelings.

Furthermore, risk factors such as health issues related to feelings of anxiety and depression should be identified and treated as early as possible. Specifically, it is important to provide individuals with the necessary confidence in themselves and other people so that they can actively engage in interpersonal relationships and talk openly with others. Our interviews suggest that such openness could prevent child sexual abuse because it enhances feelings of acceptance. Disclosing sexual feelings to nonpedophilic individuals can be particularly valuable because these individuals can provide social control and challenge inappropriate cognitions.

As Goode (2010) notes, society responds more adequately to adult sexual attraction to children by recognizing its existence and by keeping children safe through allowing for open communication regarding the subject of pedophilia. Brochures discussing pedophilic feelings at offices of physicians, sexologists, and clinical (also nonforensic) psychologists can be helpful in reaching those individuals who are currently struggling with pedophilic feelings but who have not, or not yet, engaged in sexual behavior with children. Moreover, information on pedophilia could be given in general sex education to youth who are developing a sense of their own sexuality. Providing youth with more nuanced information that is often lacking in the media and society can give them the right tools to cope with their sexual feelings in appropriate ways and seek help when needed.

Nondisclosure and engagement in secretive behavior seem to stimulate child sexual abuse because of a lack of social control and the subsequent belief that inappropriate behavior has few consequences. The importance of social control in the inhibition of criminal behavior is recognized in Social Control Theory (Hirschi, 1969). This theory explains engagement in criminal behavior due to a lack of commitment to others, institutes, rules, and laws that can prevent individuals from doing wrong and foster self-regulation (Pratt, Gau, & Franklin, 2011). This also aligns with Ward and Hudson's (1998) self-regulation model of sex offending processes. They suggest that there are sex offenders who are motivated to avoid offending, but either lack sufficient self-regulation (i.e., avoidance-passive offenders) or use maladaptive strategies to refrain from offending, such as drug abuse (i.e., avoidance-active offenders), which result in an increased risk to commit sexual abuse. We found support for both types of offenders in this study.

We found that most, but not all, participants acknowledged engaging in child pornography offending and/or child sexual abuse at some point during their life. This is in line with earlier research on self-identified pedophiles and hebephiles (Neutze et al., 2011). Yet it is important to note that most participants engaged in this behavior in adolescence when they were highly sexually fixated, suggesting that adolescence is a critical time for offense behavior in individuals with pedophilic feelings. During adolescence many individuals are still struggling with accepting

their pedophilic interest and sexual identity and do not yet have the capacity to understand and appropriately control their sexual arousal.

The latter explanation is in concordance with findings suggesting that in adolescence, individuals engage more in risk behaviors because (1) their neurocognitive development is still in progress (for example, they do not yet have a fully developed prefrontal cortex); and (2) many neurophysiological changes happen around puberty—for example, changes in dopaminergic activity may lead to a higher need to engage in sensation seeking (Steinberg, 2008). Indeed, many participants in our study stopped offending because they were better able to understand that their behavior was damaging to victims and/or because they were less fixated on their sexual feelings. Furthermore, in contrast to the avoidance-active offenders of Ward and Hudson (1998), they seemed to have found better coping strategies to control their sexual interest, for example through fantasizing and masturbation. For others, these coping strategies comprised telling others about their sexual feelings, thereby diminishing the risk of offending by enhancing their self-control with social support and control from others (cf. Hirschi, 1969).

With regard to the participants in our study who committed child sexual abuse, we found that they differed in the severity of their sexual abusive acts, but also in the degree to which they understood or dealt with the fact that this is considered criminal behavior. Some used justifications for engaging in this abuse to indicate that this behavior was not acted out on the basis of egoistic motivations alone. These defense mechanisms are also recognized in earlier studies on pedophilia (Hall & Hall, 2009) and are thought to show some of the underlying mechanisms (i.e., cognitions) that have caused these participants to commit sexual abuse (Burn & Brown, 2006). For example, according to Ward (2000), offenders develop from childhood on maladaptive implicit theories about children's sexuality that guide the processing of information in such a way that children's behavior is more easily interpreted as sexual. In line with this reasoning, we found that four participants in our study argued that although they had never engaged in sexual contact with children, they had experienced situations in which children themselves were the initiators of sexual contact and tried to seduce adults to sexual play. The fact that our participants report these experiences may be explained by the possibility that pedophiles are more inclined to view situations involving children as sexual because of their implicit theories concerning children and sex. Nonpedophilic individuals instead will probably not have these sexual association biases involving minors, and therefore may not report such experiences.

Finally, we found that two participants engaged in child sexual abuse more secretly than others, probably as a result of the awareness that their behavior is wrong, and because they were motivated to engage in child sexual abuse (i.e., approach-active offenders, according to Ward & Hudson, 1998). Both made inappropriate and explicit sexual comments on multiple occasions, suggesting that in addition to pedophilia, they also experienced severe problems with their sexual self-regulation. Given the earlier described taxonomy of mapping risk factors into features related to criminal behavior (continuum 1) and sexual deviance (continuum 2) (Houtepen et al., 2014), it seems that these participants have problematic scores on both continua and have a higher risk for re-offending.

Our findings should be interpreted against the backdrop of several limitations. First, our sample is not an adequate representation of the whole population of pedophiles in the Netherlands. Because of stigma and fear of the consequences of disclosing their sexual interest, self-identified pedophiles are an extremely difficult subgroup to reach, and only 15 individuals agreed to participate in our study. Also, we studied individuals who acknowledged having pedophilic

interest, but who do not necessarily have an official diagnosis of pedophilia according to the *DSM-5*. Finally, although none of the participants was incarcerated at the time of the study, during the interviews three participants stated that they had been convicted in the past for child pornography offending. Therefore, and because of the explorative nature of this study, we should be careful in generalizing our conclusions to the whole population of nonforensic and nonincarcerated pedophiles. Furthermore, our sample consisted mainly of highly educated individuals, and this may have confounded our results. Moreover, we recruited our sample via online requests on forums where pedophiles are active. As a result, participants were already interested in discussing this topic and were able to critically reflect on their own and others' thinking, feelings, and behaviors. Finally, because we only made use of self-reports, deviant behaviors may have been underreported (Buschman et al., 2010).

Future research should invest in including nonforensic pedophiles to study directions and links between risks and protective factors for offending, including early sexual behavior, and social support from the environment. Also, more research is needed on treatment programs that will help pedophiles better understand their feelings and provide them with the support and tools to relieve their sexual arousal in nonharmful ways. Eventually, more insight into pedophilic feelings may result in a broader debate and acceptance of deviant sexual preferences by society. Until then, many individuals with pedophilic preferences remain standing at the edge of society, waiting for self-regulation to fail.

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APPENDIX
INTERVIEW QUESTIONNAIRE

<i>Theme</i>	<i>Questions</i>	<i>Specifications</i>	
Demographics	What is your age?		
	What is your marital status?	<i>In case of relationship/marriage:</i> For how long have you been in this relationship? Have you been in other serious relationships?	
		<i>In case of being single:</i> Have you been been in serious relationship previously? <i>If yes:</i> How many? How old are they?	
	Do you have any (step-) children?		
	What is your current living situation?		
	What is your highest level of education?		
	What job/study are you currently engaged in?		
	Do you have history of mental health problems?	<i>If yes:</i> What mental health problems did you have?	
	Sexuality	How would you describe your sexual preference?	Do you have an exclusive sexual interest for minors? Are you attracted to girls/boys/both sexes? What age are you specifically attracted to? To what characteristics are you most attracted to?
		When did you first notice this attraction?	
How do you felt when you first discovered you were interested in minors? (i.e., confused/ashamed/feared)			
Did you want to keep your feelings a secret?			
Can you describe how this sexual interest developed from that moment on?		Did you fantasize about being in a relationship with youngsters? Did you have sexual fantasies? And what did these look like? Did you masturbate to these sexual fantasies? When did you start masturbating to these fantasies?	
		How did you feel about that behavior? Did masturbation relieved sexual arousal?	
What do you think of childrens' sexuality?		How does childrens' sexuality relate to the sexuality of adults?	
When was your first sexual experience?		With whom did you engage in this experience? What included this sexual experience?	
Have you told someone in your environment about your feelings for minors?		<i>If yes:</i> Who did you tell?	

Theme	Questions	Specifications
Watching of child pornography	Do you receive social support from others?	What was your motivation to share this information? What was their reaction? <i>If no:</i> Why did you keep your feelings a secret?
	Have you ever sought help from others?	<i>If yes:</i> From whom do you receive support? What includes this social support? <i>If yes:</i> When did you seek help? What was your motivation for seeking help? From whom did you seek help? What included this help? Was this help useful to you?
	Have you ever watched child pornography?	<i>If no:</i> Have you ever considered watching child pornography? <i>If considered:</i> What prevented you from accessing this material? How did you inhibit this desire? Was it difficult to inhibit your behavior?
	<i>If yes, the following questions:</i>	
	How old were you when you watched child pornography for the first time?	
	Where did you watch this material? (e.g., internet, film, dvd, magazine)	Did you actively search for this material or did you access this material accidentally? <i>If active search:</i> How did you know where to find the material? Where did you search for the material?
	What was your motivation to watch child pornography?	
	What type of material were you looking for?	Was it hard to find the material you were searching for? Where were you looking for a particular age category? Where were you looking for specific sexual acts?
	How did you feel when watching these images?	
	Did you masturbate while watching?	<i>If no:</i> Did you do something else to relieve sexual arousal?
Child pornography: Impact on life	After you watched child pornography for the first time, did you start looking for more? <i>If yes, the following questions:</i>	
	When did you start searching for more?	
	Where were you looking for the same type of material?	
	Did the type of material you liked to watch increase in severity?	<i>If yes:</i> Why do you think your preference changed?

<i>Theme</i>	<i>Questions</i>	<i>Specifications</i>
	Did you access the material via a stable modus operandi every time you watched?	<i>If no:</i> What other strategies did you use? How did you discover these strategies?
	How much time per week did you spend while watching child pornography?	
	Was the amount of time you spend on this behavior stable over time?	<i>If no:</i> Was there an increase or decrease in this behavior?
	What was the influence of watching child pornography on your life offline?	Did it influence your work behavior/social relationships/mood in any way?
	What function did watching of child pornography have for you?	
	Remained the feeling you had when you first watched child pornography stable over time?	
	Did you ever feel guilty?	
	Were you afraid to get caught by the police?	
	Have you ever come into contact with the legal justice system for child pornography offending?	<i>If yes:</i> Were you convicted?
	Did you make use of safety mechanisms in order to secure your safety?	<i>If yes:</i> What safety mechanism did you use? Did you use this safety mechanism from the beginning?
Child pornography: Distribution and production	Have you ever shared child pornography on the internet?	<i>If yes:</i> How did you share this material? What were your motives for sharing child pornography? <i>If no:</i> Have you ever considered spreading child pornography?
	Have you ever produced child pornography?	<i>If yes:</i> How did you produce this material? What were your motives for producing child pornography? Have you earned money for producing child pornography? How often did you engage in the production of child pornography? Were you involved in the commercial trade of child pornography? How did you approach the children? <i>If no:</i> Have you ever considered producing child pornography?
	What is your opinion on the current law regarding child pornography offending in the Netherlands?	
	Do you think that the law should better be adapted to for example type of child pornographic material?	

<i>Theme</i>	<i>Questions</i>	<i>Specifications</i>
Child sexual abuse	Have you ever engaged in sexual contact with a child?	<p><i>If yes:</i> How did this sexual contact happen?</p> <p>With whom did you engage in this sexual contact?</p> <p>When did this sexual contact happen?</p> <p>Have you been convicted for child sexual abuse?</p> <p>Are you currently engaged in sexual contact with children?</p> <p><i>If no:</i> Have you ever considered to engage in sexual contact with a child?</p>
Social networks	<p>If a child is initiating physical contact, for example by cuddling, how do you react?</p> <p>Do you find this difficult?</p> <p>Have you ever had contact with similar others who were interested in child pornography?</p>	<p><i>If no:</i> People sometimes share child pornography images with one another. Have you never engaged in this behavior?</p> <p>Did you ever want to share material with similar others?</p>
Current ways to relieve sexual arousal	<p><i>If yes, the following questions:</i></p> <p>When did this happen for the first time?</p> <p>What was your motive for engaging in contact with similar others?</p> <p>How would you describe this social contact?</p> <p>How often did you have contact with others?</p> <p>With how many people did you have contact?</p>	
Quality of life	What are you current ways to relieve sexual arousal?	
	In general, how would you rate your life on a scale from 0 to 10?	