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Understanding how narrative presentations impact stigma and punitive attitudes
towards individuals with paedophilic disorder

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Abstract

The public stigma towards people with paedophilic disorder was previously considered a blind spot in the stigmatisation literature. However, in recent years, we have seen increased attention to this topic, specifically researchers have emphasised the importance of reducing this public stigma towards people with paedophilia, in a bid to encourage willingness to seek therapy and thus, reducing the risk of committing child sexual abuse. In this study, we examined the effectiveness of narrative humanisation presentations in reducing the stigmatic and punitive attitudes towards people with paedophilic disorder. This was done by distributing self-administered questionnaires to a student population ($N = 100$). It was hypothesised that the participants in the experimental condition (narrative presentation condition) would exhibit less stigmatic and punitive attitudes towards people with paedophilic disorder, in comparison to the participants in the control condition. Our findings generally supported this hypothesis, with narrative humanisation presentations producing reduced stigmatic and punitive attitudes towards people with paedophilic disorder. Notably, medium to large effect sizes were reported for four of the outcomes (total scores, dangerousness, intentionality, and punitive attitudes). Intercorrelations of the outcomes and within-group differences were also examined. The theoretical and practical implications of these findings, at a societal and individual level, are discussed, as well as suggestions for future research.

Introduction

Paedophilic disorder is characterised by “recurrent, intense sexually arousing fantasies, sexual urges or behaviors involving sexual activity with a prepubescent child or children” (American Psychiatric Association, 2013, p. 697). Diagnosis is given if “the individual has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulties” (American Psychiatric Association, 2013, p. 697). Although the prevalence of paedophilic disorder is unknown, the DSM-5 has estimated that 3-5% of the population meets this criterion (American Psychiatric Association, 2013). However, other studies have suggested higher rates for example, out of 193 undergraduate students, 21% self-reported a history of paedophilic interests (Briere & Runtz, 1989). In addition to this, in a community sample of 80 men, 20% self-reported paedophilic interest and 26% showed arousal to images of female children (Hall, Hirschman & Oliver, 1995).

Notably, there is no deterministic relationship between child sexual abuse and paedophilia (Seto, 2008). Empirically, less than 50% of child sexual abusers can be classified as having paedophilic disorder (Schmidt, Mokros & Basne, 2013). Despite this, research reveals that the public continue to assume that paedophilia and child sexual abuse are interrelated (Feelgood & Hoyer, 2008). Similarly, McCartan’s (2010) research, using a sample of British Criminology postgraduates ($N = 51$), found the participants believed that paedophiles were predatory child sexual abusers. In addition to this, the public over-rely on the socio-legal understanding of paedophilia, demonstrating the influence that the legal discourse has had on the construction of paedophilia (Harrison, Manning & McCartan, 2010). Notably, there is no legal definition of paedophilia thus, “any feasible definition in legal context tends to, therefore, focus on the criminal acts and behaviour involved”, implying that a

paedophile is someone who commits child sexual abuse (Harrison, Manning & McCartan, 2010, p. 486).

There is an abundance of research in the field of stigmatisation, with several authors consistently establishing the existence of stigma towards multiple mental illnesses (Crisp et al., 2000; Feldman & Crandall, 2007; Stier & Hinshaw, 2007). Despite this, Jahnke and Hoyer (2013) state that stigma towards paedophilic disorder is a major blind spot in stigma research wherein, there are fewer studies, especially when compared to other mental illnesses. Jahnke, Imhoff and Hoyer's (2015) study found that paedophiles produced more negative reactions from participants when compared to sexual sadists and individuals with antisocial personality disorder. Additionally, when compared to other mental illnesses, paedophilic disorder produced the highest score for social distance, behind antisocial personality disorder (Feldman & Crandall, 2007). This is further reinforced by research indicating the public's desire to be socially distant from people with paedophilic disorder (Jahnke, Imhoff & Hoyer, 2015). In addition, Jahnke (2018) found that paedophilia elicited more negative emotions, such as fear, anger and disgust. Moreover, a common theme within the literature concerns the perceptions of paedophiles as high risk or dangerous (Imhoff, 2015; Jahnke, 2018; Jahnke, Imhoff & Hoyer, 2015; Lam, Mitchell & Seto, 2010).

In addition, numerous authors have found that people have strong punitive attitudes towards people with paedophilic interests. For example, Jahnke, Imhoff and Hoyer (2015) found that participants, in both studies one and two, agreed that people with paedophilia should be incarcerated (39% and over 50%, respectively). Other studies report higher punitive attitude scores for instance, 79% of the participants in McCartan's (2004) research agreed or strongly agreed that imprisonment is effective

in dealing with convicted paedophiles. Notably, participants in this study supported harsher punishments for paedophiles, with 44% agreeing or strongly agreeing with the castration of people with paedophilic interests. Arguably, these punitive attitudes can be attributed to public perceptions of paedophiles as dangerous. This is supported by numerous authors who have reported that dangerousness, with regards to people with paedophilia, predicts anger and/or calls for harsher punishments (Feldman & Crandall, 2007; Jahnke, Imhoff & Hoyer, 2015; Imhoff, 2015).

Interestingly, research has found that simply labelling someone as a 'paedophile' would lead to increased punitive attitudes and perceptions of this individual as dangerous (Imhoff, 2015; Imhoff & Jahnke, 2018). This labelling effect was also present in Lam, Mitchell and Seto's (2010) study in which participants were instructed to recommend an appropriate prison sentence for an individual that was caught for possession of child pornography. These authors reported that labelled offenders (e.g., offenders who were believed to have paedophilic orientations) were given much harsher sentence recommendations, in comparison to offenders that were not given this label.

The findings of these studies can be explained using the labelling theory, which argues that once someone is labelled as deviant, or in this case, as a paedophile, they are treated as such (Scheff, 1966). Once an individual is labelled, it becomes extremely difficult to remove this label and often the individual internalises their label, behaving in the way that people originally expected them to, which in this case would involve committing the act of child sexual abuse. This effect is known as the self-fulfilling prophecy (Merton, 1948). Notably, Link et al's (1989) modified labelling theory argues that the extent of these punitive attitudes depends on the

labels that are used to refer to the stigmatised group. In this case, labelling someone as a paedophile evokes a wide range of negative beliefs, especially with regards to perceptions of dangerousness, and emotions such as fear and anger (Jahnke, Imhoff & Hoyer, 2015). These labelling theories would explain why participants, such as those in Jahnke's (2018) study, expressed stronger punitive attitudes towards paedophiles even though they were non-offending. In addition, these labelling theories would explain Jahnke, Imhoff & Hoyer's (2015) findings in which participants in both studies one and two, agreed that people with paedophilia, even if they were non-offending, should better be dead (14% and 28%, respectively).

Notably, research has suggested that demographic variables specifically gender, predicts punitive attitudes. For example, males were more likely to support harsh punishments, such as the death penalty (Kury & Ferdinand, 1999). In comparison, women were more likely to favour rehabilitative alternatives (Haghighi & Lopez, 1998). Also, Applegate, Cullen and Fisher's (2002) study produced similar findings wherein, females were more supportive of offender treatment and less supportive of harsh punishments, compared to males. However, research into punitive attitudes towards sexual offenders suggests opposite findings wherein, women were more likely to support community notifications, in comparison to males (Levenson et al., 2007). These results may be attributed to the fact that females express higher levels of fear, with regards to sexual offenders, in comparison to males (Levenson et al., 2007). Despite this, these authors note that demographic variables alone have limited value with regards to predicting punitive attitudes.

In addition to this, other demographic variables for example, political orientation, educational attainment and parenthood, have been investigated, but to a lesser extent. Both political orientation and educational attainment have been found

to predict punitive attitudes. Specifically, right-wing or conservative political orientations (Boshier & Ras, 1975; Roberts & Hindermaur, 2007) have been associated with higher levels of punitiveness. This makes sense as conservatism involves a preference for enforcement of standards and tradition, thus people who hold these values typically oppose change. Furthermore, literature suggests that educational attainment is influential in moderating attitudes towards sexual offenders. Specifically, people with lower level qualifications expressed having more negative attitudes towards sexual offenders, compared to people with higher level qualifications (Harper & Hogue, 2015a). Additional studies have also reported an association between lower educational attainment and higher levels of punitiveness (Kury & Ferdinand, 1999; Roberts & Indermaur, 2007). Because paedophilia is often associated with child sexual abuse (Feelgood & Hoyer, 2008), it is understandable to expect demographic variables, with regards to parenthood, to be associated with increased punitive attitudes towards people with paedophilic disorder. Levenson et al.'s (2007) study on U.S. parents ($N = 193$) demonstrates support for this wherein, parents were more likely to express fear when asked about sexual offenders and less likely to support locally-based rehabilitation facilities for sexual offenders. Arguably, these findings suggest that punitiveness is actually the result of fear, rather than demographic variables, such as political affiliation, educational attainment or parenthood.

Alongside these high levels of punitive attitudes towards paedophilia, the public are also sceptical about the treatment potential of paedophilic disorder. For instance, McCartan (2004) asked participants about whether they thought paedophiles could be treated. A larger proportion of the sample disagreed or strongly disagreed (37%) with the statement, when compared to those that agreed or strongly

agreed (21%). Notably, McCartan (2004) found that the majority of the sample were unsure (41%) about the treatability of paedophiles. According to West (2000), this belief that paedophiles are untreatable stems from the public's assumptions of paedophiles as incorrigible.

Despite these assumptions, treatment and therapy are vital for people with paedophilic interests (Amelung et al., 2012; Beier et al., 2015), because although not all people with paedophilic disorder commit child sexual abuse, paedophilia remains an important risk factor for child sexual abuse (Hanson & Bussiere, 1998). For example, a child sex offender in Blagden et al's (2018, p. 738) study expressed, "If I knew of an organisation where I was able to talk about it, then hopefully I wouldn't have got to the stage that I got to in the end, which was commit the offense and create a victim." In addition, the literature suggests that successful treatment leads to improved self-awareness and provides the clients with an opportunity to develop self-management and self-policing strategies (Hossack et al., 2004). Moreover, these authors argue that without access to treatment and therapy, recidivism for offending paedophiles will remain high. This is consistent with Hocken's (2018) study that suggests that improvements in mental wellbeing and emotion regulation are essential in leading people away from committing future sexual offences.

Another reason why therapy is essential for people with paedophilic disorder concerns the social and emotional consequences of public stigma. For example, when compared to the general public, minor-attracted individuals reported increased stress, caused by real or perceived societal rejection (Freimond, 2013), and lower levels of self-esteem and self-efficacy (Cash, 2016; Pachankis, 2007). The findings regarding self-efficacy are especially worrying because recent studies have suggested that self-efficacy, with regards to the belief that one can influence or

control their sexual interest in children, is associated with actual changes in sexual interest in children over time (Tozdan et al., 2018). Research also suggests that labels assigned to people with paedophilia, typically reinforced through the media (e.g., 'monster'; Harper & Hogue, 2015b), are harmful in shaping their self-concepts (Levenson, Willis & Vicencio, 2017). In addition, perceptions of public stigma can contribute to experiences of self-stigma (Vogel, Wade & Hackler, 2007), which occurs when the individual internalises common stereotypes (e.g., beliefs that they have chosen their sexual interest as opposed to having a mental disorder). This is important because it is due to reasons related to their attraction to children, that 45% of minor-attracted individuals reported suicidal thoughts, with 13% having attempted suicide (B4U-ACT, 2011b). These findings, alongside the fact that minor-attracted individuals have reported suffering from depression and hopelessness, anxiety and suicidality (Cacciatori, 2017), emphasise the importance of therapy for people with paedophilia.

The prejudice against minor-attracted individuals can lead to increased vulnerability, particularly upon disclosing their sexual attraction to children (Friemond, 2013). For example, they might experience strained relationships, loss of relationships, physical and verbal abuse, and fear of being outed (Freimond, 2013; Goode, 2010; Goodier & Lievesley, 2018). Notably, this fear of discovery predicts reduced social and emotional functioning, especially amongst non-offending paedophiles (Jahnke et al., 2015). Because of this, it is particularly important for people with paedophilic interests to seek professional help.

Despite this, public stigma creates a barrier to seeking and continuing treatment and therapy (Corrigan, 2004; Shidhaye & Kremode, 2013; Vogel, Wade & Hackler, 2007). This is particularly true amongst paedophiles wherein, the majority of

minor-attracted individual (59%) admitted that they would not seek professional help even though, a larger proportion of the sample (82%) agreed that seeking help would be beneficial (B4U-ACT, 2011b). This is because of fears that professionals will report them to law enforcement, or out them to family members, employers, or to the community (B4U-Act, 2011a). Additionally, actual and perceived stigma from mental health professionals acted as a barrier to therapy-seeking behaviours with many participants reporting that they were labelled as 'child abusers' and 'monsters' (Cacciatori, 2017). According to Levenson, Willis and Vicencio (2017), stigma towards people with paedophilic interests, resulted in participants feeling shameful and often prevented them from seeking professional help. Nevertheless, these authors found that 20% of their respondents did attempt to speak to someone prior to their arrest. Although, Seto (2012) found that treatment and support services are more readily available to individuals that have already been convicted of sexual offenses than to help-seeking non-offending paedophiles.

More worrisome data concerns the willingness of mental health professionals to work with people with paedophilic disorder. For example, Stiels-Glenn (2010) found that in a sample of psychotherapists, 95% were unwilling to work with individuals, diagnosed with paedophilic disorder, with some psychotherapists attributing this reluctance to their negative feelings and attitudes towards this group. In addition to this, some mental health professionals claim that they are unable to treat minor-attracted individuals because they are unable to remain objective, due to personal factors, and due to the lack of training (Moss, 2019). This is consistent with how clients believe they will be treated by mental health professionals, wherein, minor-attracted people believed that professionals would react negatively, report them or lack the necessary knowledge about their disorder (B4U-ACT, 2011a).

In addition, people with paedophilic disorder have expressed issues with regards to the therapy they are receiving specifically, the issue lies with the type of approach some mental health professionals use when dealing with this particular group. For example, some mental health professionals use a confrontational approach to therapy and clients have described their therapeutic behaviour as punitive (Marshall, 1996). This approach to therapy is detrimental to therapeutic success wherein, Kear-Colwell and Boer (2000) suggest that confrontation during treatment causes clients to become increasingly defensive. The use of such approaches, to treat people with paedophilic disorder, have proved to be problematic. For example, recent studies have found that acceptance-based approaches, wherein the therapist is more empathetic rather than confrontational, are more effective in preventing people with paedophilia from committing sexual offences (Lievesley, Elliott & Hocken, 2018; Hocken, 2018). In addition, it is important to note that Levenson and Grady (2019b) found that minor-attracted individuals believed that the most helpful therapists were those who listened well, were non-judgemental and saw them as someone with needs beyond their sexual attraction to children.

One potential explanation for how stigmatic attitudes come about is the Moral Disengagement Theory (MDT; Bandura et al., 1996). According to MDT, people rationalise punitive attitudes through mechanisms, such as dehumanisation. A dehumanised individual is stripped of their personhood and is then viewed as a subhuman object. Evidence for this theory includes an experimental study that suggests that considerate people, that are given punitive power, are harsher to dehumanised individuals than humanised ones (Bandura, Underwood & Fromson, 1975). This is supported by Bastian, Denson and Haslam (2013), wherein they found

that moral outrage and dehumanisation predicted punishment for child molestation. Additionally, these authors found a negative association between dehumanisation and perceived suitability for rehabilitation. This is consistent with findings that suggest increased dehumanisation towards sex offenders lead to decreased support for rehabilitation, longer sentence recommendations and increased support for violent ill treatment (Viki et al., 2012).

In addition, an analysis of 81 British reports about sexual crimes found that 41% of headlines described sexual offenders using dehumanising terms, such as 'monster' and 'beast' (Breen, 2004; Harper & Hogue, 2015b). It has been suggested that this data can be interpreted using MDT as a theoretical framework (Harper & Hogue, 2015b). Arguably, reporting sexual crimes in this manner may also serve a dissonance-reducing function (Harper & Hogue, 2015b). Festinger's (1957) theory of cognitive dissonance suggests that mental discomfort occurs when a person has conflicting beliefs (e.g., desire for punitive action, which stems from stigmatic attitudes towards paedophiles, versus evidence of effective rehabilitation schemes for people with paedophilic disorder). This mental discomfort motivates the individual to find a way to resolve the contradiction. Harper and Hogue (2015b) argue that the media's dehumanised representation of paedophiles can be used to alleviate cognitive dissonance and rationalize support for punitive policies over rehabilitation. This demonstrates how the media's "monsterization" of sex offenders leads to issues regarding rehabilitation (Breen, 2004, p. 285).

Interestingly, when media outlets use evidence-based reporting that challenges the socially accepted beliefs about people with paedophilia, it is immediately met with hostility and criticism. For example, an article from The Sun ("Shame on the Guardian for giving paedo a voice"; Payne & Keenan, 2013)

expressed their disgust and shock at Henley's (2013) article, "Paedophilia; Bringing Dark Desires to Light". Arguably, this form of shaming prevents other journalists from engaging in evidence-based reporting because of fears that they will be accused of condoning sexual crimes (Harper & Hogue, 2015b). As a result, the public are only exposed to the dominant view that paedophiles are monsters that are undeserving of remorse or rehabilitation and thus should be harshly punished.

Understanding how the media depicts paedophiles is vital in understanding public attitudes towards this group, wherein McCartan (2010) claims that the media impacts our understanding of the world and that we are not always aware of the impact that media has on our perceptions. In addition, Harper and Hogue (2017) established that increased tabloid readership led to increased negative attitudes and preference for harsher punishments for sexual offenders. Similarly, Harper and Bartels (2018) claim that heuristics are important in understanding the influence that the media has on public perceptions and attitudes. This is because human cognition substantially relies on availability and representativeness heuristics, particularly with regards to sexual offenders (Harper & Bartels, 2018). For example, Harper and Hogue (2015b) found that the association between paedophilia and child sexual abuse is reinforced through the media, wherein, they frequently use terms such as 'paedo,' when reporting sexual crimes. These terms suggest that all paedophiles will commit sexual crimes (Harper & Hogue, 2015b), which could potentially explain why the public overestimates the interrelations between paedophilia and child sexual abuse (Feelgood & Hoyer, 2008).

The current literature has established the importance of reducing public stigma towards mental illnesses. This has led to several authors discussing potential strategies that would be effective in reducing public stigma (Corrigan et al., 2012;

Reinke et al., 2004; Rüschi, Angermeyer & Corrigan, 2005). For example, Corrigan et al.'s (2012) meta-analysis describes the common strategies that are used to reduce public stigma towards mental illnesses. The first approach emphasises the importance of education wherein, factual information can be used to challenge popular stereotypes of stigmatised groups. Another strategy concerns interpersonal contact with members of the stigmatised group. This strategy can be especially effective if these interactions are with an individual who disconfirms the prevailing stereotypes that are associated with their stigmatised group. Notably, Viki et al.'s (2012) study confirms the effectiveness of contact strategies wherein, these authors found that good quality contact with sex offenders led to increased humanisation and support for rehabilitation, in a sample of correctional staff. In addition, research suggest that perspective-taking can significantly decrease stigmatisation (Prati et al., 2015; Vescio, Sechrist, Paolucci, 2003). The last strategy that Corrigan et al. (2012) discussed concerns protesting the existing injustices, resulting from public stigma. This approach is sometimes known as social activism, but little evidence exists that supports its effectiveness in reducing stigmatic attitudes (Corrigan et al., 2012).

These strategies in particular, interpersonal contact and educational approaches, have been effective in reducing stigma towards an array of mental illnesses. For instance, Corrigan et al.'s (2001) meta-analysis revealed that interpersonal contact led to improved attributions regarding the controllability of depression and the stability of both depression and psychosis. Furthermore, their findings suggest that contact resulted in participants recalling more positive information about the life story of the mentally ill individual. These findings are consistent with Corrigan et al.'s (2012) comprehensive and systematic review of 72 articles ($N = 38,364$) which found a positive effect in reducing stigma, through

educational approaches and interpersonal contact with the stigmatised group. Notably, research has examined the effectiveness of these strategies in samples of mental health professionals. This would be a particularly important population to study because these strategies could potentially help train mental health professionals, especially those who have difficulties in relation to empathising with clients that have paedophilic disorder. For example, Levenson and Grady (2019a) instructed mental health professionals to participate in a training protocol, which included a clarification of the DSM-5 criteria for paedophilic disorder, and video and audio clips that attempt to humanise the experiences of the minor-attracted individuals. These authors found that the training protocol resulted in mental health professionals developing an improved sense of competence in providing therapy for this group.

Consistent with these findings, authors have found that these strategies have been effective in reducing stigma towards individuals with paedophilic disorder. For example, Harper, Bartels & Hogue (2018) found that narrative humanisation, which involved presenting participants with a first-person narrative of a self-identified non-offending paedophile, was effective in reducing stigma, at an implicit level, in a sample of British university students ($N= 100$). In addition to this, they found that both first-person narratives and expert opinion led to reductions in stigmatic and punitive attitudes, at an explicit level. Contrary to these findings, Harper et al.'s (2019) longitudinal study found that the expert-delivered scientific information condition produced mixed results. Although, they found that narrative humanisation also yielded positive effects on all measured aspects of stigmatisation, such as dangerousness and intentionality. Notably, they found that these effects were present, albeit to a lesser extent, four months after the initial presentation. A

particularly noteworthy study was conducted by Jahnke, Philipp & Hoyer (2014) wherein, they examined the effect of an online anti-stigma intervention (which included an educational component and video-based contact) in reducing stigma towards paedophiles, in a sample of psychotherapists in training ($N= 137$). Their results revealed reduced stigma in all outcomes, such as controllability, dangerousness, sympathy, anger and social distance. Nevertheless, this anti-stigma intervention did not improve motivation to work with clients that had a paedophilic disorder.

The present study

The literature demonstrates the negative impact of stigmatising individuals with paedophilic disorder, in relation to mental wellbeing (e.g., lower levels of self-efficacy and self-esteem). Furthermore, a particularly important impact concerns the fact that public stigma interferes with someone's willingness to engage in help-seeking behaviours (e.g., seek therapy and treatment), which serve to help these individuals manage their paedophilic interests (Lasher & Stinson, 2017). Therefore, by engaging in help-seeking behaviours, people with paedophilic disorder have a lowered risk of committing child sexual abuse. Because of this, it is particularly important to examine how public stigma towards people with paedophilic disorder can be reduced.

This study aims to establish the effectiveness of interpersonal contact, in the form of a narrative humanisation presentation, as a strategy to reduce stigma towards individuals with paedophilic disorder. A quantitative research design was chosen, specifically self-administered questionnaires. It is hypothesised that the participants in the experimental condition (narrative presentation) would exhibit less

stigmatic and punitive attitudes towards people with paedophilic disorder, in comparison to the participants in the control condition.

Method

Design

For this experiment, a between-subjects design, also known as an independent measures design, was used to examine how narrative presentations would influence an individual's explicit stigmatic and punitive attitudes towards people with paedophilic disorder. A between-subjects design was chosen because it reduces extraneous variables, especially situational variables, such as order effects. This design suggests that the order effects with regards to fatigue and practice are minimised. Another reason why an independent measures design was chosen relates to demand characteristics in that because the participants only complete one condition, we can assume that demand characteristics are minimised. In addition to this, completing only one condition would be less time consuming for the participants, thus reducing the number of participants who drop out.

The independent variable in this study concerns the inclusion of the narrative humanisation presentation (e.g., the experimental group were instructed to read the narrative humanisation presentation versus the control group who were not given any presentations). The variables that were measured (dependent variable) in this study are the stigmatic and punitive attitudes towards people with paedophilic disorder.

Measures

Demographic information. Participants were asked to provide basic demographic information to allow us to describe our sample and see if any demographic information (e.g., differences in sex or political affiliations) would

influence the findings. The demographic information collected from the participants included age, sex and political affiliations (see Appendix E)

Narrative presentation (BBC, 2017). This presentation is based on a BBC article which presents a first-hand narrative of an anonymous, non-offending paedophile. This article examines the life of a non-offending paedophile including details such as their traumatic childhood, dealing with the distressing nature of their sexual orientation, their experiences with therapy, and finally their work with a specialist organisation which aims to prevent sexual offending. This article was chosen specifically because it allows for participants to gain a deeper understanding of how someone deals with paedophilia. This form of perspective-taking may humanise people with paedophilic disorder, especially because the information provided allows for prevailing stereotypes, of the stigmatised group, to be challenged. For instance, the information in this narrative presentation challenges common stereotypes of paedophiles as dangerous criminals (e.g., as someone who commits the criminal act of child sexual abuse). Also, the presentation provided information that challenged common perceptions of paedophilia as something that cannot be treated. Notably, the information in this article has been adjusted to minimise participant distress (see Appendix G). For example, the detailed explanation of childhood sexual abuse was removed and replaced with less triggering statements, that still suggest sexual abuse occurred during the individual's childhood.

Attitude change. Only the participants that were given the narrative presentation were asked to complete this attitude change scale (see Appendix A). Specifically, these participants were asked to rate the following statement: 'the content presented to me has changed my views about paedophilia'. This was used

to examine if participants believed that their explicit attitudes had changed as a result of reading the narrative presentation. Additionally, a seven-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree) was used for this item. Participants were then asked to explain their answer in detail. This scale was included in this study to identify participants that had prior knowledge of paedophilia as a mental disorder. If so, this would impact the findings, so these participants' results were excluded when analysing the descriptive statistics for the attitude change item.

Stigma and Punitive Attitudes Scale (SPS; 30 items; Imhoff, 2015). This scale was used to examine participants' attitudes and responses to people with paedophilic disorder. Imhoff (2015) developed this measure specifically to examine facets (dangerousness, intentionality, deviance and punitive attitudes) of stigmatisation towards people with paedophilic disorder. An important reason for the selection of this scale concerns the fact that the subscales of this measure align with the dimensions, previously identified by Feldman and Crandall (2007), that are important when examining the reasons for increased social rejection towards mentally ill individuals. In addition to this, the use of this scale allows us to overcome limitations regarding the use of a self-administered questionnaire (e.g., no one is present to help the respondents if they have difficulty answering or understanding a question). SPS was carefully chosen because the statements were clear and unambiguous. It is important to note that Imhoff's (2015) SPS measure was designed for an American sample but because the target population for this study is British university students, spelling alterations had to be made. For example, 'pedophile,' 'pedophilia,' and 'pedophilic' (Imhoff, 2015), were changed to 'paedophile,' 'paedophilia,' and 'paedophilic' (see Appendix H)

The first subscale of SPS is dangerousness (5 items; e.g., 'paedophiles are dangerous for children'; *Cronbach's* $\alpha = .82$) which measures the perceived link between paedophilic interests and the criminal act of committing child sexual abuse. The intentionality subscale (6 items; e.g., 'people with a paedophilic orientation have consciously decided for this orientation'; *Cronbach's* $\alpha = .79$) measures the degree to which participants perceived a paedophile as someone who chooses their sexual interests or as someone with a mental disorder with which they have no control over. Moreover, the deviance subscale (6 items; e.g., 'paedophilia is a mental disorder, like for example schizophrenia'; *Cronbach's* $\alpha = .62$) measures the extent to which people perceived paedophilia as a psychological disease. The final subscale examines the extent to which participants demonstrate punitive attitudes towards paedophiles (13 items; e.g., 'known paedophiles should be sentenced for life as deterrence'; *Cronbach's* $\alpha = .90$).

Each item was answered using a seven-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree). A composite score was calculated for each subscale by averaging the subscale items. Higher scores indicate more negative views in relation to each stigma domain. For instance, high scores in the dangerousness subscale indicates that the participant strongly perceives people with paedophilic disorders as dangerous individuals who commit the criminal act of child sexual abuse.

Participants

For this study, British university students (aged 18 to 25) were recruited. The reason for recruiting this particular group is due to convenience. In addition to this, because demographic variables, such as gender and political affiliations, will be examined,

British participants were essential. This is because only British political parties were listed in the demographic section of the survey (see Appendix E). Volunteer sampling was used to collect this data wherein, the questionnaire was advertised via social media (i.e., Facebook). Specifically, it was advertised on online student survey exchange groups. This form of sampling was chosen because of its potential for accessing a large population that meets the inclusion criteria for this study (British university students, aged 18-25). Additionally, it was chosen because it is a time- and cost-efficient method for collecting data (Lefever, Dal & Matthíasdóttir, 2007).

Of the 130 people that expressed an interest in the study by clicking the survey link, only 101 respondents had completed the questionnaire. One participant's data was excluded from this study for having many missing values. On examination of the participants' data, inconsistent responding meant that the replacement of missing values was not feasible.

The final sample consisted of 100 participants, who upon clicking the survey were randomly assigned to either the control condition ($N = 47$) or the experimental condition ($N = 53$). The final sample consisted of 67 females and 33 males, ranging from ages 18 to 25 ($M = 21.75$, $SD = 1.78$). With regards to the participants that expressed their political affiliation, the sample was relatively homogenous. For example, the majority of participants ($N = 56$) described themselves as belonging to the left end of the political spectrum (e.g., Labour Party, $N = 40$; Liberal Democrats, $N = 7$; Green Party, $N = 5$; Scottish National Party, $N = 3$, Sinn Féin, $N = 1$). Only 8 participants expressed belonging to the right end of the political spectrum (e.g., Conservative and Unionist Party, $N = 7$; UK Independence Party, $N = 1$). The remaining participants selected other or preferred not to say ($N = 12$ and 24 , respectively).

There were no differences in demographic information (e.g., sex, age, or political affiliation) between the control condition and the narrative presentation condition. For example, the control condition consisted of 16 males and 31 females. Similar sex differences were found in the narrative presentation condition wherein, 17 of the participants were male and 36 were female. Moreover, the control condition sample consisted of 4 participants that were right on the political spectrum, 28 participants that were left on the political spectrum, and the remaining 15 chose other or preferred not to say. Similarly, the narrative presentation condition sample consisted of 4 participants that were right on the political spectrum, 28 participants that were left on the political spectrum, and the remaining 21 participants selected other or preferred not to say.

It is important to note that there were within-group differences, with regards to demographic information. For example, both the control condition and the narrative presentation condition had samples with nearly double the number of female participants than male participants. In addition to this, both conditions had more participants with left political ideologies than right political ideologies.

Procedure and ethics

By clicking the link on the online mediated advertisements, participants were redirected to the survey on the Qualtrics website. Participants were immediately randomly allocated to either the control condition or the narrative presentation condition. Participants in both conditions were first instructed to read the information page (see Appendix F) and the consent form (see Appendix C). Moreover, they were then informed that by continuing on, they were giving consent to participate in the study. All participants were asked to answer questions with regards to their

demographic information, such as age, sex, and political affiliation. The participants in the experimental condition were instructed to read the narrative humanisation presentation. After reading the presentation, these participants were then instructed to complete both the attitude change and the stigmatic and punitive attitude scales (SPS; Imhoff, 2015). On the other hand, participants that were randomly allocated to the control condition were only given the stigmatic and punitive attitudes scale to complete.

The maintenance of ethicality throughout the survey was ensured by debriefing the participants wherein, they were repeatedly reminded that they could withdraw their data, and that their participation was anonymous and confidential (see Appendix D for the debrief sheet). More importantly, because of the sensitive and potentially triggering information, especially in the narrative presentation condition, participants were given contact information to a number of relevant mental health services, such as NSPCC and Victim Support. It should be mentioned that the original BBC article, which the narrative presentation is based on, was altered to minimise psychological distress (e.g., removal of detailed explanation of childhood sexual abuse). Lastly, participants were not deceived during this research wherein, they were informed about the true aims of this study in both the information sheet and the debrief. This research has received ethics approval from Royal Holloway, University of London (see Appendix B)

Data analysis

To test the hypothesis of this study, an independent samples *t*-tests was performed to examine differences in overall stigmatic and punitive attitudes, between the control condition and the narrative humanisation condition. Additionally, multiple

independent *t*-tests were performed to examine the differences, with regards to the individual SPS subscales (dangerousness, intentionality, deviance and punitive attitudes). Furthermore, within-group differences, with regards to sex, were examined using multiple independent samples *t*-tests for each outcome, in both the control and the narrative humanisation condition. Also, a Pearson's correlation coefficient was performed to examine the strength and direction of the relationships for the SPS subscales. With regards to the attitude change scale in the narrative humanisation condition, only descriptive statistics were needed.

Results

Participants that were given the narrative presentation ($N = 53$), on average, reported lower stigmatic and punitive attitudes (total SPS score) towards people with paedophilic disorder ($M = 3.78$, $SD = .75$). By comparison, the control group ($N = 47$) was associated with higher stigmatic and punitive attitudes towards people with paedophilic disorder ($M = 4.37$, $SD = .93$). Similarly, the narrative presentation condition produced lower mean scores, with regards to all SPS subscales (dangerousness, intentionality, deviance, and punitive attitudes), in comparison to the control group. These descriptive statistics are presented in Table 1.

Table 1. Descriptive statistics with *t*-tests for between-group differences

Outcome	Control	Narrative	Between-group differences	
	$N = 47$	$N = 53$	<i>t</i> -test	
	$M (SD)$	$M (SD)$	$t (df)$	d
Dangerousness	4.93 (1.15)	3.97 (1.23)	4.22** (98)	.85
Intentionality	3.69 (1.16)	3.19 (.90)	2.45** (98)	.49
Deviance	5.17 (.96)	5.03 (.80)	.75 (98)	.15
Punitive attitudes	4.07 (1.21)	3.39 (.91)	3.18** (98)	.63
Total SPS score	4.37 (.93)	3.78 (.75)	3.50** (98)	.70

Note.

** . Difference is significant at the 0.01 level ($p < .01$)

* . Difference is significant at the 0.05 level ($p < .05$)

To test the hypothesis that narrative presentations would lead to a statistically significant reduction in stigmatic and punitive attitudes towards people with paedophilia, compared to the control group, an independent samples *t*-test was performed. This test was found to be statistically significant, $t(98) = 3.50$, $p < .01$, $d = .70$ (see Table 1). The effect size for this analysis ($d = .70$) was found to exceed Cohen's (1988) convention for a medium effect size ($d = .5$). These results indicate that participants in the narrative presentation condition reported significantly fewer

explicit and punitive attitudes towards people with paedophilic disorder, compared to participants in the control condition.

Participants in the narrative presentation condition reported lower perceptions of dangerousness ($M = 3.97$, $SD = 1.23$) than the participants in the control condition ($M = 4.98$, $SD = 1.15$). An independent samples t -test showed that this difference was significant, $t(98) = 4.22$, $p < .01$, $d = .85$. This effect size ($d = .85$) exceeds what is agreed to be a large effect size ($d = .8$), according to Cohen (1988). With regards to the intentionality subscale, participants that were instructed to read the narrative presentation ($M = 3.19$, $SD = .90$), compared to the participants in the control group ($M = 3.69$, $SD = 1.16$), were less likely to perceive paedophiles as having chosen their sexual interest. This difference in perceptions of intentionality was found to be statistically significant, $t(98) = 2.45$, $p < .01$, $d = .49$. It is important to note that the effect size found for this subscale ($d = .49$) would almost be regarded as a medium effect size ($d = .5$; Cohen, 1988). Also, the difference in punitive attitude scores was found to be statistically significant, $t(98) = 3.178$, $p < .01$, $d = .63$, with participants in the narrative presentation condition ($M = 3.39$, $SD = .91$) showing less support for harsh punishments, compared to the control condition ($M = 4.07$, $SD = 1.21$). The effect size found in this analysis ($d = .63$) exceeds what is regarded as a medium effect size.

Only one outcome (deviance) was found to have a difference that was not statistically significant, $t(98) = .75$, $p = .23$, $d = .15$, despite participants in the narrative presentation condition reporting, on average, lower scores ($M = 5.03$, $SD = .80$) compared to control condition participants ($M = 5.17$, $SD = .96$). Notably, the effect size found in this analysis ($d = .15$) is much lower than what is required to be considered a small effect size ($d = .2$; Cohen, 1988).

Table 2. Descriptive statistics with *t*-tests for within-group sex differences

Outcome	Control condition				Narrative presentation condition			
	Female <i>N</i> = 31	Male <i>N</i> = 16	Within-group differences		Female <i>N</i> = 36	Male <i>N</i> = 17	Within-group differences	
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>t</i> (<i>df</i>)	<i>d</i>	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>t</i> (<i>df</i>)	<i>d</i>
Dangerousness	5.12 (1.02)	4.71 (1.37)	1.16 (45)	.34	4.14 (.95)	3.62 (1.66)	1.44 (51)	.38
Intentionality	3.92 (1.10)	3.25 (1.19)	1.93* (45)	.58	3.16 (.83)	3.24 (1.06)	-.27 (51)	-.08
Deviance	5.18 (.99)	5.14 (.92)	.16 (45)	.05	5.14 (.79)	4.80 (.79)	1.46 (51)	.43
Punitive attitudes	4.30 (1.02)	3.62 (1.44)	1.89* (45)	.55	3.55 (.74)	3.06 (1.15)	1.86* (51)	.50
Total SPS score	4.54 (.80)	4.03 (1.08)	1.83* (45)	.53	3.89 (.61)	3.54 (.97)	1.60 (51)	.43

Note.

*. Difference is significant at the 0.05 level ($p < .05$)

Independent samples *t*-tests were conducted to examine within-group differences (see Table 2 for sex differences within each condition). Only three outcomes were found to be statistically significant in the control condition. Firstly, females reported higher intentionality scores ($M = 3.92$, $SD = 1.10$) than males ($M = 3.25$, $SD = 1.19$), $t(45) = 1.93$, $p < .05$, $d = .58$. Secondly, females ($M = 4.30$, $SD = 1.02$), on average, were more likely to support punitive actions towards people with paedophilia, than males ($M = 3.62$, $SD = 1.44$), $t(45) = 1.89$, $p < .05$, $d = .55$. Moreover, the descriptive statistics suggest that females reported higher overall SPS scores ($M = 4.54$, $SD = .80$) compared to males ($M = 4.03$, $SD = 1.08$). This is the final outcome in the control condition to have a difference that was found to be statistically significant, $t(45) = 1.08$, $p < .05$, $d = .53$. The effect sizes for these three outcomes exceeds what is commonly regarded as a medium effect size, according to Cohen (1988).

Interestingly, all outcomes in the narrative presentation condition, with the exception of punitive attitudes, were found to have differences that were not statistically significant. Like the data in the control condition, females ($M = 3.55$, $SD = .74$) in the narrative presentation condition, reported being more supportive of punitive actions for people with paedophilic disorder, in comparison to males ($M = 3.06$, $SD = 1.15$) on average. This difference was statistically significant and a medium effect size was reported, $t(51) = 1.86$, $p < .05$, $d = .50$.

Table 3. Intercorrelations of the four SPS subscales for each condition

Outcome	Control condition				Narrative presentation condition				
	1	2	3	4	1	2	3	4	
1. Dangerousness	<i>r</i>	1	.609*	.327*	.707*	1	.582*	.240*	.799*
	<i>p</i>		.000	.012	.000		.000	.041	.000
2. Intentionality	<i>r</i>	.609*	1	.152	.720*	.582*	1	.223	.590*
	<i>p</i>	.000		.154	.000	.000		.054	.000
3. Deviance	<i>r</i>	.327*	.152	1	.235	.240*	.223	1	.216
	<i>p</i>	.012	.154		.056	.041	.054		.060
4. Punitive attitudes	<i>r</i>	.707*	.720*	.235	1	.799*	.590*	.216	1
	<i>p</i>	.000	.000	.056		.000	.000	.060	

Note.

** . Correlation is significant at the 0.01 level ($p < .01$)

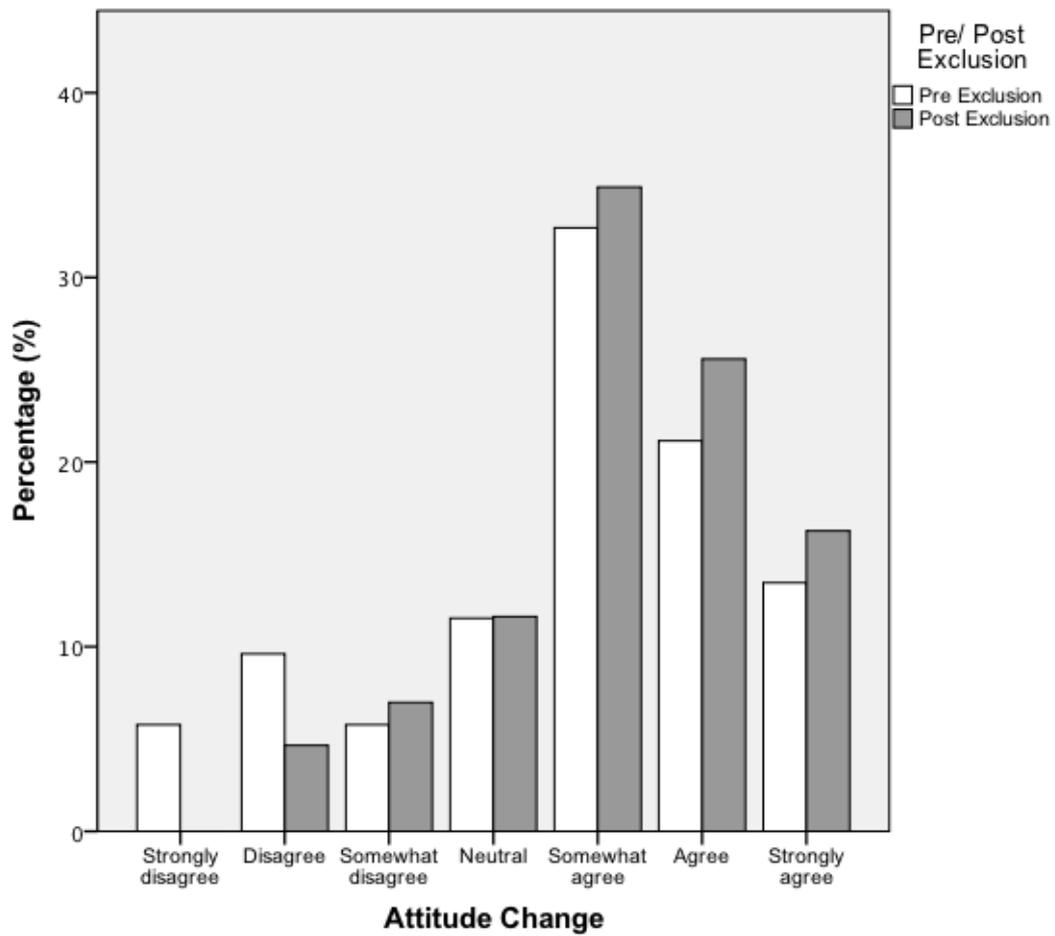
* . Correlation is significant at the 0.05 level ($p < .05$)

A Pearson's correlation coefficient was conducted to examine the direction and strength of the relationship between the subscales for each condition (see Table 3). This analysis found moderate positive correlations between the dangerousness and intentionality subscales for both conditions, $r(45) = .61$, $p < .01$ (control condition) and $r(51) = .58$, $p < .01$ (narrative presentation condition). This demonstrates that the more someone perceives paedophilia as criminal, the more they are likely to perceive paedophiles as having chosen their sexual interest, rather than as someone

with a mental disorder of which they have no control over. In addition, a strong positive correlation of $r(45) = .72, p < .01$ was reported between the intentionality and punitive attitudes subscale, in the control condition. Interestingly, the narrative presentation condition produced only moderate positive correlations for these subscales, $r(51) = .59, p < .01$. This data suggests that the more someone perceives a person with paedophilic disorder as having chosen their sexual interest, the more they are likely to support harsh punishments for this group. This is true for both conditions, but the strength of this relationship is slightly weaker when participants are given a narrative presentation. Furthermore, strong positive correlations were found between the dangerousness and punitive attitudes subscales for both conditions, $r(45) = .71, p < .01$ (control condition) and $r(51) = .80, p < .01$ (narrative presentation condition). This indicates that whether someone is given the narrative presentation or not, the more they perceive paedophilia as criminal, the more they are likely to support harsh punishments for paedophiles.

When examining the explicit attitude changes for participants in the narrative presentation condition, nine scores were excluded after participants had reported already being aware or having prior knowledge of paedophilia as a mental disorder. After the exclusion of these scores, we see a reduction in the percentage of participants that disagreed with the following statement: the content presented to me has changed my views about paedophilia (see Appendix A for the attitude change scale). Also, after the exclusion of these scores, no participants strongly disagreed with the statement. Notably, around three quarters of the 43 remaining participants reported that the narrative humanisation content presented to them changed their attitude towards people with paedophilic disorder (34.9% somewhat agreed, 25.6% agreed, 16.3% strongly agreed; see Figure 1)

Figure 1. Explicit attitude changes (%), pre- and post- exclusion of scores from participants with prior knowledge of paedophilic disorder, in the narrative presentation condition



Discussion

Summary of the findings

This study sought to examine the effectiveness of narrative humanisation presentations in reducing stigmatic and punitive attitudes towards people with paedophilic disorders. When examining the data regarding the explicit attitude changes in participants in the narrative presentation condition, data from nine participants was excluded. This is because these nine participants explained that they already had prior knowledge of paedophilia as a mental disorder. After the exclusion of this data, over three quarters of the remaining participants reported that the narrative humanisation content presented to them directly influenced changes in their explicit attitudes towards people with paedophilic disorder.

Also, intercorrelations were examined for the SPS subscales in both the control condition and narrative presentation condition. Moderate to strong positive correlations were found for both conditions, with regards to the relationship between dangerousness and intentionality. This indicates that the more the participants perceived paedophiles as dangerous individuals, that commit the criminal act of child sexual abuse, the more they are likely to perceive paedophiles as having chosen their sexual orientations. In addition to this, the analysis found strong positive correlations between the dangerousness and punitive attitudes subscales, for both conditions. This suggests that the more the participants perceived paedophiles as criminals, the more they were likely to support punitive actions (e.g., preventative incarceration) for people with paedophilic disorder. Furthermore, moderate to strong positive correlations were found between the intentionality and punitive attitudes subscales. Interestingly, the strength of this relationship was larger for the control condition than for the narrative condition. Possibly indicating that exposure to the

narrative humanisation presentation may have dampened the strength relationship between these subscales.

In addition, results revealed that on average, the narrative humanisation condition, reported lower overall stigmatic and punitive attitudes towards people with paedophilic disorders, compared to the control condition. Similar findings were found with regards to each individual SPS subscale (dangerousness, intentionality, deviance and punitive attitudes). Of these outcomes all, with the exception of the deviance subscale, were found to be statistically significant. Notably, medium to large effect sizes were found for the total SPS scores and for three out of the four SPS subscales (dangerousness, intentionality and punitive attitudes). On the other hand, the effect size for the deviance subscale was lower than what is required in order to be considered a small effect size. These findings are generally consistent with this study's hypothesis.

Analyses were conducted to examine the within-group sex differences for each condition. Interestingly, statistically significant sex differences were reported for the punitive attitude subscale, in both the control condition and narrative presentation condition, with female participants reporting higher punitive attitudes than the male participants. Notably, this outcome was the only one to produce a statistically significant sex difference, in the narrative presentation condition. On the other hand, three outcomes were found to have statistically significant sex differences in the control condition. These include intentionality, punitive attitudes and total SPS score. Specifically, females reported higher scores, on average, in all three of these outcomes, in comparison to males.

Theoretical and practical implications

These findings are consistent with similar research in the field of stigma. For example, these results provide support for research highlighting the influence of first-person narratives in reducing stigma and punitive attitudes towards people with paedophilia, at an explicit level (Harper, Bartels & Hogue, 2018). Furthermore, this study produced similar effects for the SPS subscales. These findings are in line with studies that found that narrative humanisation yielded positive effects on stigma outcomes, such as dangerousness and intentionality (Harper et al., 2019; Jahnke, Philipp & Hoyer, 2014). In addition, the findings of this study are consistent with those demonstrating the effectiveness of perspective-taking in decreasing stigmatic attitudes (Prati et al., 2015; Vescio, Sechrist, Paolucci, 2003).

Notably, the narrative humanisation article (see Appendix G) included content that is in line with current interpersonal contact and educational strategies, which are commonly used for reducing stigmatisation towards people with mental illnesses (Corrigan et al., 2001; Corrigan et al., 2012; Reinke et al., 2004). For instance, the article provided information that allows for common stereotypes of paedophiles (e.g., paedophiles as dangerous criminals who choose their sexual orientation) to be challenged. Importantly, the narrative humanisation presentation challenged the popular association between paedophilic disorder and child sexual abuse, which is typically reinforced by the media (Harper & Hogue, 2015b). The findings of this study demonstrate support for the effectiveness of these interpersonal contact and educational strategies in reducing stigma towards mental illness.

Notably, the findings of this study align with the Moral Disengagement Theory, proposed by Bandura et al. (1996), highlighting the importance of understanding the role dehumanisation has in influencing public stigma towards particular groups of people. The role of dehumanisation is particularly important with regards to

perceived suitability for rehabilitation (Bastian, Denson & Haslam, 2013). The findings of this study demonstrate that by humanising the individual with paedophilic disorder, we can reduce public support for punitive policies. This is consistent with Viki et al's (2012) findings wherein, reduced dehumanisation of sex offenders led to support for rehabilitation. In addition to this, the intercorrelations reported in this study, especially with regards to the relationship between the dangerousness and punitive attitudes subscales, are in line with Imhoff's (2015) findings, which demonstrate that perceptions of dangerousness predict calls for harsher punishments. By using narrative humanisation, perceptions of paedophiles as dangerous criminals can be reduced. Moreover, removing this perception and humanising the people with paedophilic disorder has implications at a societal level, with regards to public policies. For example, the public would be more supportive of rehabilitative alternatives over harsh punishments, such as preventative incarceration.

Media outlets commonly describe sex offenders using dehumanising terms, such as 'monster' and 'beast' (Breen, 2004; Harper & Hogue, 2015b). The findings of this study indicate the potential for narrative humanisation presentations to challenge the media-reinforced stereotypes of people with paedophilic disorder, such as stereotypes of such individuals as predatory criminals. This suggests implications at a societal level wherein, reduced public stigma towards people with paedophilic disorder will minimise the shaming of evidence-based reporting of people with paedophilic disorder, such as Henley's (2013) article, "Paedophilia; Bringing Dark Desires to Light". As a result, more reporters will engage in evidence-based reporting and consequently, the public are not as exposed to articles that emphasise common

stereotypes of paedophiles as dangerous 'monsters' or 'beasts' (Breen, 2004; Harper & Hogue, 2015b) that commit the criminal act of child sexual abuse.

Furthermore, by humanising people with paedophilic disorder, we could potentially remove the main barrier (e.g., public stigma) that prevents non-offending individuals with paedophilic disorder from seeking help from mental health professionals. This subsequently leads to improvements, at the individual level, with regards to their mental wellbeing. For example, therapy could lead to improvements in self-esteem, self-concept, self-efficacy and social and emotional functioning (Cash, 2016; Levenson, Willis & Vicencio, 2017; Pachankis, 2007). Improvements in self-efficacy are particularly important in that research suggests that self-efficacy is associated with actual changes in sexual interest in children over time (Tozdan et al., 2018). Furthermore, therapy would provide these individuals with opportunities to address their mental health wherein, several minor-attracted individuals also suffer from depression and hopelessness, anxiety and suicidal thoughts (Cacciatori, 2017). In addition to this, it can reduce the risk of the individual committing child sexual abuse by allowing the individual to engage in and develop self-management and self-policing strategies (Hossack et al., 2004). For example, Hocken (2018) suggests that improvements in mental wellbeing and emotion regulation are the most important factors in leading people away from committing a sexual offence.

In addition to this, these findings have implications within clinical contexts. For example, the findings of this study are consistent with previous research into the effectiveness of anti-stigma interventions in a sample of mental health professionals (Jahnke, Philipp & Hoyer, 2014). Specifically, these authors found that online anti-stigma interventions led to reduced stigma towards people with paedophilic disorder, in all outcomes, such as perceptions of dangerousness and desire for social

distance. A particularly important finding of Jahnke, Phillip and Hoyer's (2014) study relates to the potential for narrative humanisation presentations to yield positive effects with regards to sympathy outcomes in a sample of psychotherapists. Increased sympathy towards people with paedophilic disorder may encourage more psychotherapists and other mental health professionals to use more empathy and acceptance-based approaches, as opposed to confrontational approaches. This change in approach to therapy is essential because many studies have found that more empathetic approaches to therapy are more effective in preventing individuals from committing sexual offences (Lievesley, Elliott & Hocken, 2018; Hocken, 2018). In addition to this, humanising the experiences of minor-attracted individuals has been found to improve sense of competence in providing therapy for people with paedophilic disorder, in a sample of mental health professionals (Levenson and Grady, 2019a). Improving competence is especially important in encouraging people with paedophilic disorder to engage in help-seeking behaviours.

Interestingly, the findings of this study, specifically the data regarding the within-group sex differences, for both the control condition and narrative presentation condition, contradict recent literature into the influence of demographic variables, specifically gender, in predicting punitive attitudes. The findings in this study demonstrate that females, compared to males, were more likely to report higher punitive attitudes, towards people with paedophilic disorder, in both conditions. This does not align with findings from several authors which have suggested that females were more likely to support rehabilitative alternatives, while males were more likely to support harsh punishments, such as the death penalty (Applegate, Cullen & Fisher, 2002; Haghghi & Lopez, 1998; Kury & Ferdinand, 1999). These contradictions can be attributed to the types of crimes being examined in each study.

Arguably, the more fear someone has of a particular crime, the more they are likely to express punitive attitudes towards people who commit those crimes. Notably, the findings of this study align with research into punitive attitudes towards sexual offenders wherein, females were more likely to support community notifications and expressed higher levels of fears, in comparison to males (Levenson et al., 2007).

Limitations and future directions

It is possible that the findings of this research have been subjected to a sampling bias, with the sample consisting of only British university students. The use of only British university students suggests that the sample is limited in that the findings can only be applied to people with similar backgrounds (e.g., British, educated and within the age range of 18 to 25). Because of this limited sample, we cannot deduce that individuals with dissimilar backgrounds (e.g., non-British, lower educational attainment and people outside the age range of 18 to 25) would produce similar changes in stigmatic and punitive attitudes. Because only university students were recruited, we could not examine if educational attainment influences stigmatic and punitive attitudes towards people with paedophilic disorder. Additionally, the collection of the data is flawed in that it was advertised on social media outlets, specifically on Facebook student survey exchange groups. Notably, many of the students using these survey exchange groups were doing similar university courses, such as psychology. Psychology students are more likely to be aware of paedophilic disorder than the general population and therefore, the findings are not representative of the general population. These limitations indicate that this study suffers from poor external validity, in that the sample is limited and thus, we are unable to generalise the findings to the general population.

Additional limitations regarding the external validity of the findings have been identified in relation to the final sample used for analysis. For example, more females than males participated in this study, with nearly 70 percent of the sample being female. This could possibly be attributed to the use of volunteer sampling and the fact that respondent characteristics are an important factor regarding participation in online surveys. For example, Lefever, Dal & Matthíasdóttir (2007) reported that females were twice as likely than males to participate in voluntary online surveys. As a result, the final sample is not representative of the general population. Therefore, the data regarding the within-group sex difference may be invalid, with the findings being distorted by the difference in participation from males and females. In addition, the majority (56%) of the final sample identified themselves as being left on the political spectrum. On the other hand, only 8 out of 100 participants in the final sample, described themselves as belonging to the right end of the political spectrum. The remaining 36 participants selected other or preferred not to say. This can arguably be attributed to the fact that only students were recruited. This lack of diversity, with regards to political affiliations, meant that analysis could not be conducted to examine if a political ideology influenced changes in stigmatic and punitive attitudes towards people with paedophilia. This highlights issues regarding the external validity and the inability to generalise the findings to the general population.

Another methodological issue concerns the internal consistency of the SPS subscales. Specifically, the internal consistency for the deviance subscale was calculated to be $\alpha = .62$. According to a number of academic papers, a good or acceptable internal consistency is characterised by a Cronbach α value of $\geq .7$ (Bland & Altman, 1997). Because the internal consistency of the deviance subscale

was found to be unacceptable, caution must be taken when interpreting the results. Notably, when examining the between-group differences, the deviance subscale was found to have a very small effect size, with the strength of the effect ($d = .15$) being much lower than what is required to be considered a small effect size ($d = .20$; Cohen, 1988). Also, deviance was the only subscale that was not statistically significant. These findings can be attributed to the fact that the internal consistency of the deviance subscale was regarded as unacceptable. Despite this, it is important to note that a few authors would have regarded a Cronbach α value of .62 as acceptable. For instance, van Griethuijsen et al. (2014) suggested that the acceptable value should be $\alpha \geq .7$ or .6.

Moreover, the design of the study provides many limitations for example, the use of a between-subjects design suggests issues regarding extraneous variables, such as individual differences or participant variables. These may include intelligence, mood and concentration. Issues regarding concentration are exacerbated by the fact that a self-administered questionnaire was used. For example, there is no way to know if the participants read the entire narrative presentation. Additionally, data regarding whether participants in the control group had prior knowledge of paedophilic disorder was not collected. As a result, we could not account for the number of participants, in the control group, that already had low stigmatic and punitive attitudes towards people with paedophilia. These participant variables create issues concerning the validity of the findings, especially with regards to the between-group differences.

In addition to this, the use of a self-administered questionnaire creates issues with regards to the social desirability bias. Notably, compared to other methods, such as personal interviews, participants were less likely to exhibit social desirability bias

in self-administered questionnaires (Bryman, 2016). However, the controversial nature of this topic indicates that the social desirability bias is inevitable. For example, personal and socially sensitive topics tend to enhance the possibility of the social desirability bias (King & Bruner, 2000; Mick, 1996). Notably, this remains true when examining sensitive topics, such as sexual practices (DiFranceisco, McAuliffe & Sikkema, 1998). The social desirability bias impacts the internal validity of the findings, thus preventing meaningful conclusions to be made about the findings of this study.

Furthermore, this study is limited in that it does not examine the long-term effects that narrative presentations have on stigmatic and punitive attitudes towards people with paedophilic disorder. This study only measures the attitudes directly after the narrative presentation which indicates that we cannot definitively say that the effects found in this study will remain in the long run. As a result, future studies should focus on conducting longitudinal research designs, which are highly valid for determining long-term changes.

As well as conducting longitudinal research designs, future research should also address the limitations mentioned previously. For example, future studies should examine the effectiveness of narrative presentations, in reducing stigmatic and punitive attitudes towards people with paedophilic disorder, in a larger and more diverse sample. By recruiting participants from the general population, future studies can produce findings that are generalisable to the wider population. In addition to this, the effectiveness of narrative presentations should be examined in populations that work with people with paedophilic disorder. For example, future studies should examine effects on psychotherapists and other mental health professionals.

Conclusion

In this study, we examine the effectiveness of narrative humanisation presentations in reducing stigmatic and punitive attitudes towards individuals with paedophilic disorder. It was hypothesised that the participants in the narrative presentation condition would exhibit less stigmatic and punitive attitudes towards people with paedophilic disorder, in comparison to the participants in the control condition. The majority of the participants in the narrative presentation condition reported that the content presented to them had changed their explicit attitudes towards people with paedophilic disorder. Moreover, we found statistically significant differences between the control condition and narrative presentation condition, with regards to the overall stigmatic and punitive attitudes scores towards individuals with paedophilic disorder. Specifically, participants given narrative humanisation presentations demonstrated having significantly lower overall stigmatic and punitive attitudes towards people with paedophilic disorder. Similar results were found with regards to the individual SPS outcomes for example, narrative presentations led to reductions in punitive attitudes, and perceptions of dangerousness and intentionality. These findings generally support the hypothesis of this study. In addition, intercorrelations of the SPS subscales suggested moderate to strong positive correlations between the following subscales, in both conditions: dangerousness and intentionality, dangerousness and punitive attitudes, and intentionality and punitive attitudes. We propose that academics and policymakers use narrative humanisation presentations to address issues regarding public stigma towards people with paedophilic disorder, in a bid to reduce the risk of child sexual abuse and improve the mental wellbeing of people with paedophilic disorder.

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Appendix A – Attitude Change

	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
The content presented to me has changed my views about paedophilia							
Please explain your answer to this in detail...							

Appendix B – Confirmation of ethics approval

CR3025 Ethics Proposal - Ethics Proposal	25 Oct 2019 - 14:59	1 Nov 2019 - 12:00	6 Dec 2019 - 19:53	100
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Summary:

Deadline: 01 November 2109 at 12 Noon

Refresh Submissions

	Submission Title	Turnitin Paper ID	Submitted	Grade	
View Digital Receipt	Ethics Application	112306151	31/10/19, 18:06	1/100	Submit Paper --

Appendix C – Consent form

Name of the study: Understanding How Narrative Presentations Impact Stigma and Punitive Attitudes Towards Individuals with Paedophilic Disorder

Name of researcher: Gianna Cadorna

Please be aware that by clicking through to the next page, you are giving your informed consent and are agreeing to the following statements:

- I have read the information sheet about this study
- I have had the opportunity to ask questions
- I received satisfactory answers to any questions
- I understand that I am free to withdraw from the study at any time, without giving a reason
- I agree to participate in this study

NB: This consent form will be stored separately from the response you provide. Please note: There should be no data collected on the consent form as this will be stored separately from the data.

Appendix D – Debrief sheet

Dear participant,

Stigma creates a barrier towards help-seeking behaviours and therefore, reducing stigma is important in reducing treatment avoidance amongst individuals with mental disorders. This also applies to paedophilic disorder. Because the consequence of treatment avoidance, amongst individuals with paedophilic disorder, is severe, particularly in relation to child safety, it is important to look into ways of reducing stigma, towards this disorder. The aim of this study was to gain an understanding of the impact narrative presentations have on stigma and punitive attitudes towards individuals with paedophilic disorder. Your participation has contributed to the research by providing insight into the effectiveness of narrative presentations in reducing stigma and punitive attitudes towards individuals with paedophilic disorder.

Your participation is anonymous and confidential (only to be seen by myself and supervisor) and at any point you may withdraw your results without giving a reason.

Thank you for your participation in the project
Gianna Cadorna

Contact Information from Mental Health Services:

- 116 123 (Samaritans; confidential support for people experiencing feelings of distress or despair)
- 0300 304 7000 (SANE; confidential emotional support, information and guidance for people affected by mental illness, their families and carers)
- 0808 800 5000 (NSPCC; for adults concerned about a child suffering from abuse or cruelty)
- 0808 168 9111 (Victim Support; confidential support line for those affected by crime, whether the crime has been reported or how long ago it happened)

Appendix E – Demographic information

1. Sex

Female Male Other

2. Age

18

19

20

21

22

23

23

25

3. Political affiliation

Conservative and Unionist Party

Labour Party

Scottish National Party

Liberal Democrats

Democratic Unionist Party

Sinn Féin

The Independent Group for Change

Plaid Cymru

Green Party

UK Independence Party

Other

Prefer not to say

Appendix F – Information sheet

Dear participant,

This research examines how first-person stories impact stigma and punitive attitudes towards individuals with paedophilic disorder.

Should you choose to participate in this study, you will be randomly assigned to a control or experimental group.

- Should you be assigned to the control group, you will be given a survey to answer.
- Should you be assigned to the experimental group, you will be presented with a personal story from an individual with paedophilic disorder (which includes sensitive and potentially triggering information). Then, you will be asked about the impact the personal story had on your attitudes and to fill in a survey measuring your attitudes.

Participation is entirely voluntary and at any point, you can choose to withdraw without giving a reason. Participation is anonymous and confidential (only to be seen by myself and supervisor). You can decide not to answer any question if you prefer not to. Your consent form will be stored separately from the responses you provide. If you decide not to participate, it will not affect your education or care.

NB: You may retain this information sheet for reference and contact us with any queries

Thank you for considering this request.

Gianna Cadorna, School of Law, Royal Holloway, University of London

Zet1094@live.rhul.ac.uk

Supervisor: Dr Emily Glorney

Emily.Glorney@rhul.ac.uk

Appendix G – Narrative presentation

It's a long time since I've described myself as a paedophile. Paedophilia is a disorder, a deeply distressing sexual orientation. For me, it's triggered by traumatic experiences in childhood... when I was a young boy my mother used to sit me on her lap and she was sexually inappropriate towards me. Her behaviour never felt sexual but, looking back, of course it was. I can't remember exactly how long that went on but it was a long time. By the time it was over, I was self-harming. I think my attraction to young boys came from what my mother did to me. I first acknowledged my abnormality around the age of 15. That was when I first realised that I wasn't changing mentally in the same way that other boys were changing. They were taking an interest in women or, in one or two cases, in men. But I never did. I remained fixated on pre-adolescent boys, which was the age at which I had been sexually interfered with. It was horrible. I never even contemplated abusing a child. It was a million miles away from what I wanted to be - which was a normal adult man. I hoped that as I grew older I'd grow into an adult sexual orientation, but it was like my development had stalled. It was completely terrifying, and I felt revolted with myself. I realised that it was likely that I would lead a very lonely life. I was scared that if people found out about my terrible thoughts it could lead to violence, physical attacks.

I went to university, where I had a group of friends and spent several years battling against the reality of my mental state. I had almost no sexual experience at that time. I was eventually forced to face the fact that I wasn't changing when I was outed by a housemate. I guess he had noticed that if we started talking about children, I would change the subject. If we walked down the street and saw a family with children I would get uncomfortable... I went to the university GP the next day. I

said, "I'm a paedophile. Can this be cured?" The conventional view of paedophilia is that it's an incurable condition. But this doctor laughed - he laughed! And he said, "Of course it's curable." It was an absolutely huge relief. The doctor didn't challenge my identification with paedophilia, he just accepted it and said: "No problem, we'll sort it." I got a referral letter to the Portman Clinic, which – amongst other services - offers specialist treatment for people with problematic sexual behaviours. I went to London for my assessment a few weeks later.

It was a midsummer's day in 1972 and I remember walking on Hampstead Heath, watching the trees, listening to the birds, and thinking: "I'm going into a new life." The Portman Clinic's treatments are long-term. I was seen by them for several years. You talk freely and, over time, they construct a picture of your subconscious drivers. After treatment, I was a very different person. I even developed a sexual interest in women, which felt extraordinarily liberating. But there was a lot about me that was shy, inexperienced and naïve. In a sense, I had to experience my adolescent years after all my peers. I'd had minimal sexual experience; all my friendships had been warped by my self-hatred and I had a huge lack of self-esteem...

I work with a charity called **StopSO**, a specialist treatment organisation for the prevention of sexual offending. It's a UK-wide organisation offering therapy to anyone who feels at risk of committing a sexual offence. Paedophilia is not understood. People think paedophilia is synonymous with child sexual abuse. But I would never have abused a child. Most paedophiles have two warring drives within them: the urge to offend, and the urge to be normal. Most paedophiles are desperate for those desires to go away. There are online communities where non-offending paedophiles can support each other. I once discovered a woman online who was

exactly like me. She was attracted to infants of the age at which she had been abused. She also received therapy to treat her paedophilia. But the demonisation of paedophiles makes it more difficult for non-offending young people who are worried about developing this sexual orientation to seek help...

We should be identifying sexually damaged young people and potential abusers, and treating them as early as we can. That's a key way to break the cycle of sexual abuse. Instead, if you're a paedophile who has not offended, but you want help, it is very rare to get treatment on the NHS. Most of the time, you'll only get help after you've offended and already hurt someone. I was lucky. Because of the help I got, I've been able to live a normal adult life. I've been able to address my issues in ways that others cannot.

Appendix H – Stigma and Punitive Attitudes Scale (SPS)

		Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
Dangerousness	Paedophiles are dangerous for children	<input type="radio"/>						
	Paedophiles are perverse sex offenders	<input type="radio"/>						
	There exists no strong relationship between paedophilia and sexual abuse of children	<input type="radio"/>						
	Many paedophiles never have any sexual contact with a child	<input type="radio"/>						
	Paedophilia sooner or later always leads to child sex abuse	<input type="radio"/>						
Intentionality	Paedophilia is something that you choose for yourself	<input type="radio"/>						
	If someone is paedophilic, there is nothing he can do about it	<input type="radio"/>						
	If someone is paedophilic, it is his own fault	<input type="radio"/>						
	People can decide whether they are paedophilic or not	<input type="radio"/>						
	Paedophilia is a disposition that you cannot do anything about	<input type="radio"/>						
	People with a paedophilic orientation have consciously decided for this orientation	<input type="radio"/>						
Deviance	Paedophilia does not require treatment	<input type="radio"/>						
	Paedophilia is not pathological	<input type="radio"/>						
	Paedophilia is a mental disorder, like for example schizophrenia	<input type="radio"/>						
	Paedophiles are normal people with an infrequent sexual orientation	<input type="radio"/>						
	Paedophiles are sick	<input type="radio"/>						
	Someone who is paedophilic but never sexually abuses a child is not mentally ill	<input type="radio"/>						
Punitive attitudes	Paedophiles should be pre-emptively taken into custody	<input type="radio"/>						
	One should not condemn paedophiles too harshly	<input type="radio"/>						
	Paedophiles should be castrated	<input type="radio"/>						
	Known paedophiles should be sentenced for life as deterrence	<input type="radio"/>						
	Paedophiles should be allowed to work with children	<input type="radio"/>						
	Citizens should have a right to get informed if paedophiles move to their neighbourhood	<input type="radio"/>						
	Paedophiles should be forced to undergo therapy	<input type="radio"/>						
	If all other means fail, it should be legal in exceptional cases to torture paedophiles	<input type="radio"/>						

Paedophiles should experience leniency when dealing with the legal system	<input type="radio"/>						
There should be a website listing paedophiles with name, photo and address	<input type="radio"/>						
Paedophiles should be chemically castrated	<input type="radio"/>						
The privacy of paedophiles is more important than information and safety needs of the public	<input type="radio"/>						
Known paedophiles should be sentenced to death as deterrence	<input type="radio"/>						

Appendix I – Data and Supervisor meeting log

Date	Data for Review (make notes on what data you presented)	Actions from Data Meeting (record your next steps)	Supervisor Comments/Signature
29/01	Qualtrics data – clear view of the variables should be shown so that possible tests can be discussed	T-Tests, Internal consistency (by doing Cronbach’s alpha), correlations etc. should be used in analysis	Dr Emily Glorney

Date	Items for Review (make notes on what you want to discuss)	Actions from Review Meeting (record your next steps)	Supervisor Comments/Signature
08/10	Approval for dissertation topic change	Change research question, remove health professionals as a sample because it requires an extra ethics application. Maybe look into doing a vignette.	Dr Emily Glorney
21/10	Discussing methods being used (survey and questionnaire) and what questions are in the survey.	Instead of doing an interview after the survey, you can include the questions in the survey.	Dr Emily Glorney
29/10	Ethics applications - Whether the narrative presentation is appropriate to give the participants seeing as the information is slightly distressing	Change should be made to the narrative presentation to make it less triggering esp. the child sexual abuse.	Dr Emily Glorney