



Stigmatizing attitudes towards people with pedophilia and their malleability among psychotherapists in training[☆]



Sara Jahnke^{*}, Kathleen Philipp, Juergen Hoyer

Clinical Psychology and Psychotherapy, Technische Universität Dresden, Germany

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ABSTRACT

Offering counseling and psychotherapy to patients with pedophilia is considered an essential part of sexual abuse prevention by many experts in the field. Yet, professionals' willingness to offer treatment might be compromised by stigmatizing attitudes towards these patients. In the present study, we developed and tested a 10-min online intervention (including educational material and a video about a person with pedophilia) to reduce stigma and increase motivation to work with this particular patient group. Psychotherapists in training were either assigned to the anti-stigma intervention group ($n=68$) or the control group ($n=69$) that received information about violence-free parenting. In the anti-stigma condition, agreement with the stereotypes controllability and dangerousness, anger, reduced pity and social distance were significantly reduced after the intervention, compared to the control group, while motivation to work with this group remained unchanged. The effects persisted, though slightly reduced in size, for perceived controllability, anger and social distance at follow-up. Our results suggest that stigmatizing attitudes, negative affective responses and social distance regarding people with pedophilia among psychotherapists in training can be positively influenced by a low-cost intervention. Practical implications of these findings for high quality health care and child sexual abuse prevention are discussed.

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Introduction

Child sexual abuse, defined as a sexual contact offense between an adult and a minor, is highly prevalent worldwide (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). According to a recent meta-analysis, about 13% of girls and 6% of boys have experienced sexual abuse during their childhood (Barth, Bermetz, Heim, Trelle, & Tonia, 2012). As the experience of child sexual abuse is known to be associated with a large range of negative consequences for the affected children's mental and physical health (Briere & Elliott, 2003) and high costs for the community (Shanahan & Donato, 2001), research has been dedicated to find new and effective ways of child sexual abuse prevention (e.g., Zeuthen & Hagelskjær, 2013).

Many experts argued that focusing on the identification, counseling and treatment of potential offenders may be a very helpful and worthwhile approach to significantly reduce the occurrence of child sexual abuse (Beier, Ahlers, et al., 2009; Beier, Neutze, et al., 2009; Finkelhor, 2009; Osterheider et al., 2011). Although not all people who are pedophilic (i.e., have a sexual

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^{*} Corresponding author.

attraction to prepubescent children, [Dombert et al., 2014](#); [Seto, 2008, 2012](#)), commit such acts, pedophilia is nevertheless one of the most important risk factors for child sexual abuse ([Hanson & Bussière, 1998](#)). This makes people with pedophilia (PWP) an obvious target for child sexual abuse prevention (e.g., psychotherapy). Yet, psychotherapists may not be willing to and/or may not feel qualified enough to contribute to these efforts.

In a German survey, more than 95% of the responding psychotherapists were unwilling to work with patients diagnosed with pedophilia for various reasons, some of them relating to negative feelings and attitudes towards this patient group ([Stiels-Glenn, 2010](#)). In a recent public health survey of 352 clinical practitioners (medical doctors, psychologists, psychotherapists and other health care personnel) in Finland, 65% rated their skills and knowledge, and 38% their personal attitudes as poor or insufficient concerning the treatment of PWP ([Alanko, Haikio, Laiho, Jahnke, & Santtila, 2014](#)). Conversely, in a survey conducted and published by a US-based network of mental health specialists and people with a sexual interest in children, a large number of PWP named the expectation to be treated in a stigmatizing way by the professional as one of the primary reasons for their previous reluctance to seek help ([Kramer, 2011](#)). Therefore, reducing stigma against PWP among health care professionals must be considered an important prerequisite for timely child sexual abuse prevention and treatment targeting PWP.

A stigma is defined as a negatively valued attribute that makes its carrier “different from others, [...] in the extreme, a person who is quite thoroughly bad, or dangerous, or weak” ([Goffman, 1963](#), p. 3). People respond to stigmatized others on a cognitive, emotional and behavioral level ([Corrigan, Morris, Michaels, Rafacz, & Rusch, 2012](#); [Rusch, Angermeyer, & Corrigan, 2005](#)), also identified as stereotypes (e.g., the belief that someone is dangerous), prejudice (e.g., agreeing with the belief that someone is dangerous and/or feeling angry towards another person) and discrimination (e.g., refusing to talk or work with someone). Stigma against people with a mental illness is a widespread problem with serious adverse consequences for the stigmatized individuals, including, most notably, reducing quality of life and self-esteem ([Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001](#)), and creating an obstacle for high quality health care ([Corrigan, 2004](#)). To prevent the harmful effects of stigmatization to take its toll on people with a mental illness, a multitude of stigma reduction interventions have been tested ([Dalky, 2012](#); [Heijnders & Van Der Meij, 2006](#)). Such programs have focused primarily on attitudes towards patients suffering from schizophrenia or mental illness in general ([Dalky, 2012](#)), and none of them have yet addressed concerns regarding PWP (see also [Jahnke & Hoyer, 2013](#)). Despite this, the abundant literature on the effectiveness of previous anti-stigma programs can and should inform the development of new programs directed at other stigmas.

[Corrigan et al. \(2001\)](#) suggested three strategies to categorize the literature on interventions targeting stigma of mental illness: protest, education and contact. Protest campaigns center on “highlight[ing] the injustices of various forms of stigma and chastise offenders [i.e., stigmatizers] for their stereotypes and discrimination” ([Corrigan & Shapiro, 2010](#), p. 910). However, it was found that such campaigns seem to be ineffective or even have a worsening effect on people's attitudes ([Corrigan & O'Shaughnessy, 2007](#)), what may be interpreted as a sign of psychological reactance ([Corrigan et al., 2001](#)). Educational strategies challenge common stereotypes and misperceptions, separating (stigmatizing) myths from reality ([Corrigan et al., 2001](#)). Empirically, attitudes towards people with mental illness have been discovered to be more favorable among the more educated ([Link, Cullen, Frank, & Wozniak, 1987](#)), and educational interventions have been shown to decrease mental illness stigma ([Penn, Kommana, Mansfield, & Link, 1999](#)), at least in the short term ([Corrigan et al., 2002](#)). The largest and most stable effects concerning more positive attitudes towards people with a mental illness, however, appear to be achieved by enabling contact between members of the general public and people with a mental illness ([Corrigan et al., 2001](#)). In general, people who report being familiar with people with a mental illness showed a more favorable reaction to this group ([Angermeyer & Dietrich, 2006](#); [Corrigan, Edwards, Green, Diwan, & Penn, 2001](#); [Link & Cullen, 1986](#)).

Pedophilia belongs to the most stigmatized and rejected mental disorders ([Feldman & Crandall, 2007](#)). Fourteen percent of the participants in a large and heterogeneous German sample agreed that PWP should better be dead and 39% recommended imprisonment, even though the instruction emphasized that the individual in question had never committed a sexual (or other) crime (while only 3% or 5%, respectively would respond similarly when alcohol abusers are concerned, [Jahnke, Imhoff, & Hoyer, 2014](#)). Among an English-speaking sample, as much as 27% agreed that PWP should better be dead and 49% recommended imprisonment (compared to 9% or 6%, respectively demanding similarly drastic measures for sexual sadists, or 21% and 8%, respectively, when people with antisocial tendencies are concerned, [Jahnke et al., 2014](#)). Moreover, many members of the population falsely believe that pedophilia is a controllable disorder in the sense of [Weiner \(1985\)](#), implying that PWP can exert, at least to some degree, volitional control over whom they feel sexually attracted to ([Jahnke et al., 2014](#)). Hence, these individuals may not see pedophilia as a true mental disorder (see also [Imhoff, 2014](#)), and are thus unable or unwilling to afford it the same level of concern or deservingness of treatment that they do to other mental disorders. Even more problematic, the public seems to be uninformed about the conceptual differences between pedophilia and child sexual offending, assuming that the vast majority of, or even all PWP irrevocably engage in sexual activities with minors ([Feelgood & Hoyer, 2008](#); [McCartan, 2004, 2010](#)), although this is not the case. While we have very little information about PWP who never commit sexual crimes, this group must be expected to exist and to potentially make up a large proportion of PWP as a population ([Goode, 2010](#); [Schmidt, 2002](#)).

Given the huge stigma directed at them, we expect many PWP to be reluctant about disclosing their sexual interests and potentially related problems to other people, including health care professionals. Although people with mental health training generally hold more positive attitudes towards people with a mental illness than those without special training ([Peris, Teachman, & Nosek, 2008](#)), they are not immune to stigmatizing attitudes that exist in their social environment and may be less motivated or capable to offer high quality treatment as a result ([Schulze, 2007](#)). In a German sample of

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