Inside the Moral Matrix: Understanding and Influencing Public Attitudes Surrounding People with a Sexual Interest in Children

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Abstract

The rampant conflation between having a sexual interest in children and engaging in acts of sexual abuse contributes substantially to high levels of stigma directed towards people living with a sexual interest in children. Stigmatization and societal punitiveness surrounding people living with these interests can impact their wellbeing, obstruct help-seeking, and potentially increase risk of offending behavior. The stigmatization of people with pedophilia was previously identified as a "blind spot" in stigma research. Part One of the current research comprises of a systematic review, which aims to understand (i) factors contributing to stigma towards people with sexual interest in children, (ii) experiences of stigma, and (iii) how stigma can be challenged and reduced. Thematic synthesis was used to analyze data from 35 international, mixed methods studies. Findings highlighted substantial prevalence of stigma towards and amongst people with sexual interest in children, and methodological limitations of extant research, which are addressed in Part Two and Three. Previous research employing stigma intervention strategies have shown promising results in reducing stigmatizing attitudes towards this population, particularly regarding presentations of lived-experience narratives. Part Two (incorporating Studies One and Two) sought to examine the effectiveness of humanizing narrative (lived experience of an individual with sexual interest in children) and informative (fact-based information about sexual interest in children) anti-stigma interventions on members of the general public. Study One used a repeated measures experimental design; participants (N = 694) were randomly assigned one of two intervention videos as part of an anonymous online survey. Attitudes towards people with sexual interest in children (including cognitive, affective, and behavioral responses) were assessed pre- and post- intervention, using scales modified for valence framing effects and researcher developed items. Both interventions were associated with reductions on all measured aspects of stigma, with the exception of perceptions of controllability, which neither intervention

influenced. Although effects between interventions were similar, the informative intervention was associated with greater reductions in perceptions of dangerousness and increased understanding that sexual interest in children is not a choice. Study Two investigated the cognitive and affective responses to the intervention material through a mixed methods analysis of two open-ended survey questions. Part Three (incorporating Studies Three and Four) sought to expand on quantitative research findings by qualitatively exploring the impact of intervention material, and facilitators and barriers to understanding and accepting people living with sexual interest in children. Thirty participants were interviewed following completion of the online stigma intervention study. Participants were asked about their attitudinal responses to the earlier study, and how personal and professional experiences contributed to shaping their attitudes surrounding people living with a sexual interest in children. Utilizing thematic analysis, Study Three found mixed cognitive, affective, and behavioral responses to the intervention material. Study Four found the significance of exposure to alternative narratives emerged across several themes which facilitated understanding and acceptance of people who have a sexual interest in children. Themes which reflected barriers to understanding included difficulty comprehending alternate narratives, parental concern, and reinforcement of current stereotypes. Together, findings from the present research advance our understanding of the efficacy of antistigma interventions, as well as the cognitive, affective, personal characteristics and experiences which underpin attitudes surrounding people with a sexual interest in children. Moreover, findings offer important insights into how future research and interventions can be designed and developed more effectively.

Dedication

To all the individuals who must navigate their sexual interests, self and public stigma on a daily basis.

Your resilience and bravery is unparalleled.

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GENERAL INTRODUCTION

Overview

International research indicates that between 3% and 5.5% of the male population experience a sexual interest in children (Alanko, et al., 2013; Dombert, et al., 2016; Seto, 2008). Based on Statistic New Zealand's (NZ) population estimate of 5,127,100 in 2022 (www.stats.govt.nz), the application of these statistics to a New Zealand (NZ) context indicates that between 76, 906 and 140, 995 men may experience a sexual interest in minors. Despite the likelihood of a substantial number of individuals living with these interests, understanding how to best engage with this population in NZ and internationally is significantly under-researched.

Pedophilia is broadly defined as an enduring sexual interest in prepubertal children (often between ages 3–10; Seto, 2017), whereas Pedophilic Disorder requires enduring interest as well as harm, distress, and/or feelings of guilt and remorse (American Psychiatric Association, 2020). Hebephilia refers to sexual interest in pubescent children (commonly between 11 and 14 years; Blanchard et al., 2009). Sexual interest in children is a term used throughout this research encompassing both pedophilia and hebephilia. The term "minor attraction" is self-selected by some people with sexual interest in children (B4U-ACT, 2019). Minor attraction encompasses pedophilic, hebephilic and ephebophilic interests (sexual interest in adolescents typically between 15 and 17 years; Seto, 2017). None of these sexual interests are synonymous with sexually abusive behavior, yet they are frequently conflated with such behavior in media, popular culture, and academic discourses (Feelgood & Hoyer, 2008), and thus have strong connotations with criminality.

The conflation of child sexual abuse and having a sexual interest in children leads to the application of moral and criminal frameworks to understanding sexual interest in

children, whereby emphasis is placed on risk and prevention of abusive behavior. Consequently, investment in research and services has focused on individuals who have acted on their sexual interest (Harper & Harris, 2017; Levin, 2019), meaning help is only available after abuse is perpetrated. While many individuals with a sexual interest in children are committed to abstaining from acting on their attraction, their capacity to lead fulfilling and safe lives may be significantly diminished without opportunities to fully comprehend and address their sexual interests (Cantor & McPhail, 2016). Understanding and addressing stigma is vital in efforts to mitigate initial perpetration of sexually abusive behavior. Levin (2019) suggests that we have a moral duty as a collective society to offer a supportive social environment in which people with a sexual interest in children can seek help without hostility. However, because of how society currently engages with this population, there is a failing of this moral duty. This failing not only affects people living with the sexual interest, but places children at risk when help is not accessible to manage their sexual interests. The personal, societal and fiscal implications of child sexual abuse dictate reframing tactics to prevention, ultimately shifting moral and criminal frameworks towards a public health approach, which focuses on proactive measures (McCartan et al., 2018). Child sexual abuse is a preventable public health problem that is addressed primarily via reactive criminal justice efforts and exacerbated by punitive public attitudes. Public support (or lack thereof) may also in turn impact the establishment of preventative therapeutic services (Christofferson, 2019).

Public attitudes pertain to the collective beliefs or judgements held by many individuals on certain (often social or political) issues. Within a democratic society, public attitudes are often very persuasive in influencing change, particularly legislative variation or implementation (Burstein, 2003). Regarding therapeutic support establishment, public attitudes are likely to have a direct impact on implementation (i.e., influencing government-level decision making), as well as an indirect impact on implementation and maintenance

(i.e., public funding and policy modifications; Christofferson, 2019). Indeed, the importance of public attitudes regarding legislative decision making has become increasingly more apparent towards those convicted of sexual offences (Richards et al., 2018; Pickett, et al., 2013). However, how the general public perceive, understand, or accept people living with the interest, who do not engage in abusive behavior remains under researched.

Overview of Chapters

This thesis is presented in three parts. Part One comprises a systematic review of the extant literature which analyzes research surrounding factors contributing to public stigma towards people with sexual interest in children, the effects of stigma on people with sexual interest in children, and the effectiveness of interventions designed to challenge public stigma surrounding sexual interest in children. Part Two comprises the first two empirical studies. Study One used quantitative methodology to explore the efficacy of humanizing narrative and informative anti-stigma interventions on members of the general public. Study Two used a mixed method approach to examine responses to two open-ended survey questions regarding the affective responses and perspectives challenged by the intervention material. Part Three comprises Studies Three and Four. Study Three builds upon Study Two by using semi-structured interviews of a subsample of Studies One and Two, enabling an in-depth examination of the impacts of the intervention materials. Qualitative methods were also adopted for Study Four, which examined the facilitators and barriers of understanding and accepting people living with a sexual interest in children.

PART ONE: Systematic Review

Despite previous research highlighting prevalent public stigma surrounding pedophilia and its significant consequences for individuals affected (Jahnke & Hoyer, 2013), only a handful of studies have focused on ways in which stigma can be reduced. Understanding and addressing stigma surrounding sexual interest in children is paramount as stigma contributes to avoidance of help-seeking, which may increase risk of sexual abuse against children (Blagden et al., 2017). In their 2013 review, Jahnke and Hoyer found only a limited number of stigma studies surrounding both pedophilia and sexual offending directly related to the sexual interest, highlighting this as a "blind-spot" in contemporary stigma research. Jahnke and Hoyer identified a pressing need for more "theory-driven, methodologically robust and representative empirical studies" (p. 169) concerning stigma against people with pedophilia. They emphasized that the current literature lacked adequate theoretical grounding, validated stigma scales, commonly conflated sexual interest and sexual behavior, and featured small, biased participant samples. This review provides an update and expansion of their review, to identify the extent to which contemporary research has addressed this blind spot and inform an agenda for future research.

Attitudes are defined as ''a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor'' (Eagly & Chaiken, 1993, p. 1). They are typically understood as three distinctive components: cognitive (beliefs about the attitude object), affective (feelings toward, or in response to, the attitude object) and behavioral (actions taken toward the attitude object) (Breckler, 1984). Stigma is commonly defined as "an attribute that is deeply discrediting" that acts to reduce an individual "from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 265). Stigma can manifest in cognitive, affective, and behavioral ways (Corrigan et al., 2012; Jahnke et al., 2015). Regarding sexual interest in children, stigmatization manifests in stereotyping, emotional

responses (such as disgust, fear, and anger), and various discriminatory behaviors (such as social distancing and supporting imprisonment as form of prevention) (Harper et al., 2018). This review considers two variations of stigma: (i) public stigma, in which members of the general public sanction negative attitudes and discrimination against persons who are different and thus devalued (Vogel et al., 2013), and (ii) internalized or self-stigma, which refers to the internalization of negative societal attitudes. The latter involves three phases: having an awareness of the stereotype, agreeing with the stereotype and self-application (Corrigan et al., 2009). The process of "us versus them" constitutes the make-up of the moral framework by marking the boundaries created by society (Link & Phelan, 2001). The labels and stereotypes associated with this population evoke a visceral and emotive response, particularly regarding fear, and a desire to protect children from harm (Harper & Harris, 2017). Labels, like 'monster' and 'predator', are fed to the public through the media (Harper & Hogue, 2017) and popular culture (Lawrence, 2014). In fact, the only messages mainstream media promote about this population is that they are a dangerous threat which need to be avoided (McCartan, 2010).

Prejudice and stigma reduction strategies in other fields (such as mental health) have been shown to effectively reduce different aspects of stigma (Corrigan et al., 2012). Several methods have been applied to target and diminish stigma, including contact, education and advocacy/protest techniques. Contact interventions expose individuals to constructive encounters of representative examples of the stigmatized group, enabling stigmatized individuals to share their first-hand experiences and stories. This intervention technique targets and reduces affective responses like fear and distrust, as stereotypes and labels are directly challenged (Paluck et al., 2021). Contact interventions have been successful for reducing stigma associated with mental illness by lessening punitive attitudes and behavioral intentions, which are often problematic to shift (Corrigan et al., 2012). Education techniques

employ the traditional psychoeducational approach, whereby stereotypes and labels are directly challenged by the presentation of facts and information about the stigmatized group, their features, and experiences (Vezzali, 2017). Results of educational approaches have produced mixed results (Corrigan et al., 2012). Kavaale et al. (2013) found that an educational intervention designed to reduce stigma surrounding schizophrenia unintentionally highlighted differences by minimizing responsibility, suggesting low levels of recoverability, which in turn increased punitive attitudes, including social distance. Finally, advocacy/protest interventions aim to reduce stigma by challenging negative stereotypes through prioritizing the need to address and reframe wider systematic issues, like the social inequities people experience as a result of stigma. This technique has been less effective in reducing mental illness stigma (Corrigan et al., 2012). Research appears to indicate the largest changes in stigmatizing punitive attitudes result from interventions involving personal contact with members of the stigmatized group (Griffiths et al., 2014).

Jahnke and Hoyer's (2013) review included quantitative empirical studies published in English, German or French. Of the 11 studies fitting their inclusion criteria, eight focused on "lay theories, stereotypes, prejudices and discrimination against people with pedophilia" (p. 169). They concluded that extant research was too limited and diverse to provide more than a rudimentary understanding, and only five studies featured pedophilia as the primary focus. However, they acknowledged the preliminary evidence supported the notion that pedophilia is a highly stigmatized characteristic. Jahnke and Hoyer noted that misperceptions, stereotypes and discrimination surrounding people with pedophilia were prevalent among small samples of the general public and mental health practitioners. Misperceptions and stereotypes were identified through the endorsement of judgmental traits, beliefs of high rates of offending and pessimistic beliefs about treatability. Discrimination was characterized by

strong rejection from students, less acceptance for treatment from psychotherapists and a general belief that people with pedophilia are to be evaded at all costs.

Jahnke and Hoyer (2013) highlighted that in addition to stereotypical representations in the media, an overall failure to distinguish between individuals who have sexually offended and individuals attracted to children, may contribute to the public creating a direct link between sexual interests and sexually abusing a child. More specifically, no studies explicitly differentiated the two phenomena, and it is possible that participants across studies might have responded to questions about people with pedophilia as if they were people who had offended. McCartan (2011) found that various professionals (academics, media associates, practitioners) had varied perceptions of pedophilia**,** which also included conflation. This confusion may impact the attitudes and willingness of treating practitioners, as well as the framing and discourse used by journalists which empowers stigmatization (McCartan, 2011). Only one study included in Jahnke and Hoyer's review investigated professionals' attitudes toward people with pedophilia. Jahnke and Hoyer proposed that negative attitudes may limit professionals' willingness to offer treatment, but further exploration with professional samples was required.

Only three of the 11 studies included in Jahnke and Hoyer's (2013) review considered effects of public stigma on people with pedophilia. They found evidence of negative attitudes surrounding their attraction as a result of public stigma. Additionally, they found help-seeking behavior was limited due to a fear of discovery, despite a general belief of potential benefits. Based on the few studies reviewed, Jahnke and Hoyer questioned whether perceived stigma increased self-isolation potentially increasing risk for offending. A recent review built upon their query and indeed found that negative outcomes associated with stigma-related stress are extensive and theorized to link to central risk factors for the initiation of sexual offending (Cantor & McPhail, 2016). Minority stress theory (discussed by Jahnke & Hoyer)

describes this phenomenon. This theory was developed by Meyer (2003) to understand the prejudice and social stressors faced by individuals who identify as homosexual or bisexual and how these experiences can adversely impact mental health. It has been proposed that numerous consequences result from suffering discrimination, leading to amplified vigilance of expected stigma, the internalization of negative societal views, and efforts to hide one's sexual interests (Meyer, 2003; B4U-Act, 2011; B4U-Act, 2011).

Contemporary studies demonstrate attempts to address Jahnke and Hoyer's (2013) suggestion for more theory-driven research. Harper (2016) proposed a modified social cognitive theory of attitudes in which a dual process of cognition assumes the use of two systems for processing information. "One of these systems is automatic and nonconscious in nature, enabling people to form rapid judgements with little cognitive effort. The second system involves people using conscious reasoning, and the evaluation of available information, before making a decision" (p. 29). Harris and Socia (2016) provided support for this theory, in which the "sexual offender" label elicited more punitive responses to adults and juveniles who have committed sexual offences than the neutral descriptor "people who have committed crimes of a sexual nature." They suggested the label triggers a "series of subconscious processes known as heuristics (cognitive shortcuts that facilitate rapid, intuitive judgments)" (Harris & Socia, 2016, p. 665). The social cognitive theory of attitudes emphasizes the importance of distinguishing intuitive (primarily affective based) responses from cognitive reasoning responses in both understanding and challenging stigmatizing attitudes. However, as this framework has been recently developed and is not widely utilized, labelling theory (Link et al., 1989), and the social cognitive model of stigma (Rusch et al., 2005) were also drawn on throughout the current review to examine literature and interpret findings.

Aims of Systematic Review

Since Jahnke and Hoyer's (2013) review, greater attention to people living with sexual interests in children has developed among researchers. Moreover, it appears that contemporary research has heeded at least some of their recommendations. It is therefore timely to take stock of what we know about stigma surrounding sexual interest in children and how it is experienced. To the extent stigma towards these individuals remains poorly understood, attempts to challenge stigma are compromised and negative experiences on individuals affected continue. Furthermore, individuals affected may struggle accessing help when needed, and society is no safer.

This review provides an update and expansion to the 2013 review conducted by Jahnke and Hoyer on lay theories, stereotypes, prejudice, and discrimination of people with pedophilia, and the effect of stigma on individuals with pedophilia. The inclusion criteria has been expanded to consider: (i) qualitative and mixed methods research together with quantitative research (published after 2012), and (ii) contemporary research exploring ways to challenge public stigma. The inclusion of qualitative research was considered paramount as a systematic review of this literature is currently missing. The current review aims to identify and synthesize qualitative, quantitative and mixed methods empirical studies to understand:

(1) Factors contributing to public stigma towards people with sexual interest in children
(2) The effects of stigma on people with sexual interest in children
(3) The effectiveness of interventions designed to challenge public stigma surrounding sexual interest in children.

Methodology

Search Strategy

Literature was first retrieved with a primary multi-database key word search strategy in four major science and social science related databases. The database search incorporated ProQuest, Scopus, Web of Science and Medline OVID for literature published from 2012 to March 2020. These databases were searched using a combination of the terms "stigma*" "attitude*" "stereotyp*" "label*" "discrimination" "prejudice" "social distance" "media" and the words "pedophil*" "paedophil*" or "minor attract*". A full-text search via Google Scholar within the same date range was also conducted. The search was expanded through hand-searching references in the studies selected and their citations in the Web of Science Citation Index. This did not produce any additional search terms. A supplementary search for qualitative studies published prior to 2013 was conducted using the primary search strategy with the added term "qualitative". This did not produce any additional studies. An independent grey literature search was not conducted as ProQuest incorporates grey literature (research that is either unpublished or has been published in non-peer reviewed form).

Inclusion Criteria

(1) Empirical studies or dissertations featuring sexual interest in children as the primary focus, written in English which (a) explored factors of stigma towards persons with sexual interest in children; (b) the effects of stigma upon persons with sexual interest in children; and (c) challenging or reducing public stigma.

(2) Qualitative, quantitative and mixed methods studies.

Exclusion Criteria

Research regarding sexual interest in children and sexual abuse against children has revealed a dubious tendency to obscure social, legal and psychopathological classifications (Feelgood & Hoyer, 2008). To avoid perpetuating this misperception, studies dealing with public, professional or self-perceptions of individuals who have sexually abused children (Budd, 2011; Colson, 2018; Corabian, 2012; de Vel-Palumbo et al., 2019; Flynt, 2016; Greineder, 2012; Hancock, 2019; Harris & Socia, 2016; Hildembrand, 2019; King & Roberts, 2017; Kleban & Jeglic 2012; Klein, 2015; Levenson et al., 2017; Malinen et al., 2014; Piché, et al., 2016; Rosselli & Jeglic 2017; Sandbukt, 2019; Thakker, 2012; Goodier & Lievesley, 2018; Bartram, 2018) were excluded unless the researchers specifically differentiated sexual interest in children from child sex offending, and asked about perceptions of the former. Finally, although important, studies which solely pertained to the coping mechanisms or therapeutic interventions for people with sexual interest in children who experience stigma were excluded, unless they focused on the perceived effects or reduction of stigma. One borderline study (Wurtele, 2018) was included. The study examined the impact of an educational intervention on perceptions surrounding sexual interest in children and child sex offending. Only findings pertaining to the former were included. Selected studies were imported into a bibliographic management software program, and duplicates removed. The study selection process is illustrated in Figure 1.1.

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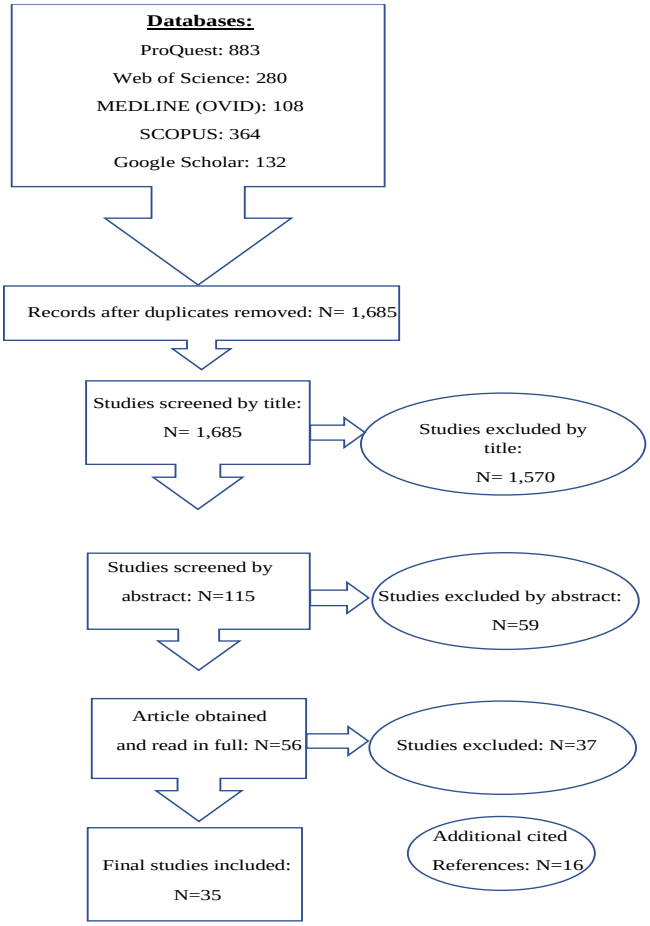

Data Extraction

The following data were extracted from selected studies: country, participant age and sex, sample size, recruitment strategy, study objective, methodologies, theoretical frameworks, and findings (see Appendices A and B).

Data Synthesis

Thematic synthesis (Thomas et al., 2008) was used to summarize and analyze data from included studies. Thematic synthesis was selected for the purposes of this review for numerous reasons. First, it is well suited to our objective of collecting existing evidence and identifying patterns within data. Second, whilst it is mostly associated with the synthesis of qualitative research findings, thematic synthesis is also used for the synthesis of quantitative research findings, particularly where there is heterogeneity in outcome variables and

measurements. Finally, the process of thematic synthesis offers transparency in that findings are accessible preserving the principles of systematic reviews (Thomas et al., 2008). Thematic synthesis identifies central concepts across studies, even when diverse wording or explanations are used. Concepts are then drawn together in themes, endeavoring to go beyond the content of the original research (Thomas et al., 2008). The synthesis includes three stages which were repeated for each of the three aims of the current review.

(1) Stage one: line-by-line coding of the findings from included studies.

(2) Stage two: development of descriptive themes.

(3) Stage three: generating analytical themes that 'go beyond' the findings of the original studies and generate new interpretive constructs, explanations or hypotheses (Thomas et al., 2008, p.1).

The first author read the studies several times to ensure that all text relating to the three focus areas (factors contributing to stigma, effects of stigma and challenging stigma) were identified, integrated and grouped into initial subthemes. Findings from both text and abstracts discussed or labelled "results" or "findings" were extracted (Thomas et al., 2008). All extracted text were read line by line and independently coded in a code-book document by the first author, who labelled meaning and content. The development of descriptive subthemes was identified during subsequent reading of the texts, and overarching themes were generated from subthemes. Subthemes were then reviewed by the second author and overarching themes were discussed and reviewed through a series of revisions**.**

Results

Included in the review were 20 quantitative, 11 qualitative and four mixed methods studies, making a combined total of 35 studies. The studies were carried out in Germany (*n* = 8), USA (*n* = 13), UK (*n* = 6), Canada (*n* = 3), New Zealand (*n* = 1), Australia (*n* = 1), the

Netherlands (*n* = 1), and Norway (*n* = 2). Of these studies, 12 had mixed international samples. None of the studies included were featured in the Jahnke and Hoyer (2013) review. All but two studies were conducted in subsequent years. These two studies were qualitative, and thus did not meet Jahnke and Hoyer's inclusion criteria. There were 17 studies which focused on contributing factors of public stigma and 14 studies focused on the experiences and effects of stigma amongst people living with sexual interest in children. Of these 31 studies, 10 explored how public stigma could be challenged or reduced, whilst only four featured this as their primary focus. In all, three themes, generated from 13 subthemes, characterized contributing factors of stigma towards sexual interest in children: misperceptions and stereotypes, negative affective responses, and discrimination. Three themes, deduced from 15 subthemes, were identified regarding the effects of stigma for people with sexual interest in children: mental distress, internalized public stigma and negative experiences, and effects of disclosure. Two themes of humanization and informative interventions were extrapolated from three subthemes as ways to challenge stigma. Findings (including subthemes) will be discussed as they relate to each aim of the review.

Contributing Factors of Public Stigma Towards People with Sexual Interest in Children

Table 1 lists subthemes of contributing factors of stigma towards people with sexual interest in children. Results of the main themes are described in the following sections.

Table 1

Subthemes of Contributing Factors of Public Stigma Towards People with Sexual Interest in Children

Subthemes	Jahnke, Imhoff, et al. 2015	Imhoff 2015 a&b	Imhoff & Jahnke 2018	Harper et al. 2018	Jahnke 2018	Levenson & Grady 2019	Campbell 2013	Boardman & Bartels 2018	Richards 2018	Moss 2019 b	Wurtle 2018	Montes 2018	Gunnarsdottir 2018	Serigstad 2016	Hanson 2018
Stereotypes	X			X					X		X	X	X	X	
Negative affective reactions	X				X	X	X			X	X	X	X	X	X
Perceived dangerous-ness	X	X	X	X	X			X		X			X	X	X
Low levels of social acceptance	X			X	X								X		
Perceived deviance and un-trust worthiness	X	X	X		X			X							X
Perceived intentionality		X	X	X	X			X		X			X		
Perceived un controllability	X(b)	X	X	X	X						X	X		X	X
Presence of labels		X	X									X			X
Inevitability of offending behavior	X	X			X										
Desire for punitive punishment	X	X		X	X	X	X	X	X	X	X	X	X		X
Perceptions of immorality				X	X										
Mis-perceptions or lay theories						X	X		X	X	X	X	X		
Therapists unwillingness to provide treatment						X	X			X		X	X		X

Misperceptions and Stereotypes

There were 17 identified studies which examined the link between misperceptions and/or stereotypes and public stigma. The theme misperceptions and stereotypes encompassed inaccurate causes and beliefs commonly held by the public regarding individuals with sexual interest in children. This theme was characterized by participants agreement with various statements featured in stigma and knowledge scales. The statements reflected perceived levels of dangerousness, deviance, choosing to have the sexual interest,

inability to control acting upon the sexual interest, and inevitability of offending behavior. Within the qualitative and mixed methods studies, this theme was characterized by phrases suggestive that people with sexual interest in children have an inability to be treated, are inherently different from other people, are lying about their intentions of not acting upon their sexual interest, that their urges will escalate to action, and endorsements of other common stereotypes discussed below.

Although a considerable number of participants across studies believed sexual interest in children was a choice, most did not (e.g., Imhoff & Jahnke, 2018; Imhoff, 2015a, 2015b; Jahnke, Imhoff, et al., 2015). Within these studies, researchers suggested the view that sexual interest in children is innate, and therefore incurable, appeared to increase the degree of blameworthiness and untrustworthiness attributed to the individual. Additionally, most studies found that most participants viewed the interest as uncontrollable which extended to individuals who had not acted on their interest. Consequently, findings illustrate participants made a strong connection between the sexual interest in children and the assumption of criminality, which highlights the stigmatization surrounding this sexual interest is reflected in cognitive conceptions of the ability to choose and control them. Similarly, in addition to perceptions of choice and controllability, studies found links between perceived danger and the assumption that sexual interest in children is synonymous with (the inevitability of) sexual abuse against children. In that, despite highlighting that no offending related behavior had occurred, six studies (see Table 1) found moderate to high levels of perceived dangerousness. Results suggested varying levels of stereotype endorsement, but most participants across studies believed that the terms “pedophile” and “child sex offenders” were interchangeable. Across all studies, the general public, social work, psychology and psychotherapy students and police trainee samples showed higher levels of various stereotype endorsements than samples of experienced professionals.

Wurtele (2018) suggested that widespread media attention in recent years featuring cases of adults serving in positions of authority (including religious advisors, coaches, and teachers, both male and female) may have assisted in discrediting some common stereotypes (e.g., "dirty old man" and "stranger danger"). However, Richards' (2018) results showed persistence of the "stranger danger" stereotype. Although results of these studies are largely consistent with previous literature on the common misperceptions (Jahnke & Hoyer, 2013), they advance on previous research by illuminating the cognitive processes that inform widely held conflicting perceptions. Additionally, Imhoff and Jahnke (2018) and Imhoff (2015a, 2015b) used a labelling theory framework to highlight how the "pedophile" label plays a fundamental role in influencing moral judgments. Some results indicated that empirical accuracy is making its way into public consciousness. That is, many participants recognized that having a sexual interest in children is not something one can choose, is in line with scientific evidence (Seto, 2008). However, despite the decrease in some stereotypes (e.g., "dirty old man") and most participants holding accurate beliefs regarding choice, these do not appear to have reduced risk and danger misperceptions (Jahnke, Imhoff, et al., 2015).

Negative Affective Responses

This theme encompassed participants' negative affective responses to individuals with sexual interest in children, and how these responses correspond to other factors which shape stigma. The theme was characterized by participants' agreement with statements within scaling tools featuring anger, fear, disgust, and reduced pity or empathy used in six studies (see Table 1). Similar words were used to describe individuals with sexual interest in children in five qualitative and mixed methods studies (see Table 1). In addition, use of words like "gross" and "pieces of shit" were decidedly suggestive of disgust and reduced empathy.

Lower levels of negative affective responses were reported amongst three studies sampling experienced clinicians (Campbell, 2013; Moss, 2019; Parr & Pearson, 2019), whereas the social work, psychology and psychotherapy students, police trainees, and clinicians with little experience working with this population, featured in Montes (2018), Gunnarsdottir (2018), Hanson (2018), Jahnke, Phillip, et al. (2015) and Serigstad (2016) reported moderate to high negative affective responses.

High levels of anger, fear, and reduced pity were especially prevalent in the studies sampling the general public, despite the absence of offending behavior (Jahnke, Imhoff, et al., 2015; Jahnke, 2018). As in the misperceptions and stereotypes theme, perceptions of reduced controllability (which Jahnke, Imhoff, et al., [2015] hypothesized as virtually tantamount with accountability) associated with an increase in anger and reduction in pity. The levels of self-reported anger in these studies were considered high for something that the majority perceives as something one cannot choose. These findings provide support for the social cognitive theory of attitudes, in that people's subconscious (or affective) responses are triggered and used to make snap judgments about this group, despite holding empirically accurate information, negating these judgments. Furthermore, results found that pity and anger were predictors of social distance, while fear was not. More specifically, anger was associated with higher levels of social distance whereas pity accompanied increased acceptance. Jahnke (2018) and Jahnke, Imhoff, et al., (2015) identified that female participants were more likely to experience fear and disgust than male participants, and had a greater desire to punish. Participants who had young children below the age of fourteen had a higher probability to report fear and punitive attitudes than participants without or with older children.

Discrimination

The theme of discrimination was characterized by public participants statements or agreement with statements in surveys which reflected low levels of social acceptance (including personal interaction or acceptance), punitive judgments and punishments, and therapists' unwillingness to provide treatment. There were 17 studies (see Table 1) which explored how these variations of discrimination contribute to stigma.

Consistent with the negative affective reactions, studies with general public samples found high levels of discrimination regarding personal interactions with individuals with sexual interest in children but some found low-moderate levels of punitive judgments and punishment. Imhoff (2015a), (2015b); Jahnke (2018) and Imhoff and Jahnke (2018) all found that discriminatory attitudes were not only predicted by the perceived association of attraction and offending behavior, but also by the perceived choice of the sexual interest and its nonconformity. They suggested that the confusion between the two phenomena is only a partial explanation of the public's need to punish people with this attraction. Consequently, the attraction itself, and not just its assumed criminality, evoke a desire for punishment (Imhoff, 2015). These studies also indicated that higher social desirability is related to stronger discrimination. Thus, choice and social desirability as predictors of discrimination appear to have a direct relationship to the desire to conform to group norms and to punish those who deviate. Furthermore, the studies suggested that the desire to punish, based upon an inherent difference, correlates with deviance, fear, and (in Jahnke, Imhoff, et al., 2015) right-wing authoritarianism. Imhoff (2015a, 2015b) and Imhoff and Jahnke (2018) provided further evidence for a labelling effect, whereby the labels "pedophile" and "pedophilia" increased discrimination. Specifically, the "pedophilia" label held further adverse associations compared with a descriptive naming of the sexual interest.

Social work and psychology students and police trainees tended to report higher levels of discriminatory attitudes and an unwillingness to work with individuals with sexual interest in children (Gunnarsdottir, 2018; Montes, 2018; Hanson, 2018) compared to experienced professionals who overall, held more positive attitudes (Campbell, 2013; Jahnke, Phillip, et al., 2015; Moss, 2019b; Parr & Pearson, 2019). Reported reasons regarding unwillingness to provide treatment from clinicians who held negative attitudes included an incapacity to suspend negative beliefs and judgments, fear of entanglement in legal situations, personal safety concerns (correlating the sexual interests with unpredictable behavior), and in some cases, believing they are unable to be treated. The mixed results from professional samples links to previous themes, in that accurate knowledge, training and interaction impacts discriminatory attitudes and behavior. Furthermore, such an explanation also aligns with findings from studies with general population samples as they are less likely to have had exposure to people with sexual interest in children and form rapid judgments about them.

Effects of Stigma on People with Sexual Interest in Children

Table 2 lists subthemes of effects of stigma on persons with sexual interest in children. Results of the main themes are described in the following sections.

Table 2

Subthemes of the Effects of Stigma on People with Sexual Interest in Children

Subthemes	Moss 2019	Lievesley et al. 2020	Jahnke, Schmidt et al. 2015	Cohen et al. 2019	Friedmond 2013	Cacciatori 2017	Cohen et al. 2018	Muir 2018	Cash 2016	Grady et al. 2018	Levenson & Grady 2019	Houtepen et al. 2018	Stevens & Wood 2019	Walker 2017
Negative treatment experiences	X	X	X		X	X		X		X	X	X		X
Negative assumptions of professional support	X	X	X		X	X		X	X	X	X	X		X
Negative affective responses	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Low levels of self-esteem	X	X		X	X			X	X	X			X	
Perceived levels of limited public acceptance	X	X	X	X	X	X		X	X	X	X	X		X
Internalizing perceived negative attitudes			X		X	X		X	X	X	X			X
Isolation	X		X	X	X			X	X	X	X			X
Feeling misunderstood	X	X		X	X	X	X	X	X	X	X			X
Difficulty forming new relationships	X			X	X			X	X	X				
Depression	X	X	X	X	X	X	X	X	X	X	X		X	X
Suicidal ideation	X			X		X	X	X			X		X	X
Fear of discovery		X	X	X	X	X		X	X	X				X
Negative (non-professional) responses to disclosure					X			X	X			X		X
Identity secrecy		X		X	X	X		X	X	X	X	X		X
Identity distress	X	X		X	X	X		X	X	X	X			X
Experiences of discrimination	X							X	X					X

Mental Distress

The theme mental distress encompasses self-reported accounts from participants with sexual interest in children regarding forms of negative emotional and psychological impacts as a result of stigma. All 14 studies (see Table 2) exploring the effects of stigma identified significant mental distress was felt by individuals with sexual interest in children. Mental distress was characterized by self-reported depression, anger (at the public, themselves and wider society), anxiety, despair, shame, grief, guilt, loneliness, isolation and low self-esteem.

Many participants spoke of despair as the most substantial challenge they faced in living with a sexual interest in children. This was described as a profound sense of loss for their future. Participants discussed grief for these losses which centered around a lack of intimacy, love, family relationships and professional opportunities. Cohen et al. (2018) found that individuals with sexual interest in children with and without sex offence convictions self-reported comparable levels of mental distress, whereas the Jahnke, Schmidt, et al. (2015) participants self-reported high levels of mental distress and social isolation, with lower levels of emotional coping than comparison samples. Cash's (2016) sample had lower self-reported self-esteem and higher loneliness than comparison samples of the general public. A concerning number of participants featured in eight studies (see Table 2) self-reported either recent or chronic suicidality. Cohen et al. (2019) reported suicidal participants self-reported more reasons not to self-disclose compared with their non-suicidal counterparts and had higher scores on low self-esteem and social anxiety. Lievesley et al. (2020) found that higher levels of self-reported guilt and shame and lower levels of hope for the future were consistent with high levels of internalization of negative societal attitudes.

Internalized Public Stigma

The theme internalized public stigma was characterized by the absorption and self-application of negative messages or stereotypes. The theme encompassed participants' accounts of negative public perceptions of social acceptance, identity distress manifested by identifying with negative attitudes and perceptions, and negative assumptions of the effects of disclosure in professional and personal capacities. Many participants featured in Cacciatori (2017), Cash (2016), Friedmond (2013), Grady et al. (2018), Walker (2017) and Muir (2018) described internalizing the negative beliefs observed in society, which contributed to identification with the horrific perception that wider society holds, in that they were "deviant monsters" fated to offend. Many participants who had not acted upon their attraction reported

being labelled as a pedophile, child abuser, sexual deviant, and monster by society in addition to their self-labelling of being "minor attracted". They described that the labels made them feel misunderstood, ashamed, prejudged based on things that would never happen, unworthy of services, pre-criminals, dysfunctional, or perverts. This labelling contributed to self-reported mental distress such as guilt, self-loathing, and shame.

Several participants featured in the same studies above experienced substantial fear of their sexual interests being discovered, which they anticipated would result in discriminatory ramifications. Hypothesized ramifications included loss of employment and status within the community, fear of violent responses, and further isolation. This fear compelled many participants to actively evade suspicion, which negatively impacted their relationships. Participants across studies described feeling unsafe, fearing others' perceptions and concern that they would be detested or rejected from those close to them and wider society. Participants described fear of exposure as a primary reason for not seeking therapy. They described internal conflict between wanting to engage in therapeutic services but choosing not to do so, due to the strongly held belief that society views those who identify as having a sexual interest in children as destined to offend. This belief corresponded to the perceived fear that the cost of disclosure would result in police involvement even with an absence of an offense.

Jahnke, Schmidt, et al. (2015) suggested that persons with a sexual interest in children generate presumptions on how they are viewed by wider society based on media representations and a small number of people who express negative attitudes. Due to the internalization of these attitudes and an unwillingness to disclose their attraction, they are unable to determine how they are perceived. Thus, avoidance means they do not receive any corrective feedback. Findings support this claim, as the social distance many participants

perceived the public wished to maintain was an overestimate when compared to the social distance results from the public sample in Jahnke, Imhoff, et al. (2015).

Negative Experiences and Effects of Disclosure

The theme of negative experiences of disclosure encompassed individuals' processes in the decision to disclose and the lived experiences when disclosing their attraction to others in personal and professional settings. Many participants across 11 studies (see Table 2) discussed the experienced effects of personal disclosure (family and friends), which included self-reported increased stress, feeling their attraction is misunderstood, the loss and strain of relationships, feeling intimidated through threats of violence, legal action and verbal abuse, and being outed to others without their knowledge. Some participants reported experiencing status loss and discrimination in areas including treatment options, education, work, living situation, church, and community. Participants in Houtepen et al. (2016) shared that the negativity they received upon personal disclosure contributed to secretive behavior.

Various participants across studies self-reported further mental distress as a result of utilizing mental health services. Based on their sexual interest they emphasized being judged, rejected or ignored resulting in feelings of hopelessness, shame and feeling unworthy of treatment. An overwhelming majority of participants across studies described experiencing a lack of understanding from inadequate professional care and observed a gap in both the services available to them and limited trained therapists to support those with an attraction to children. This gap was observed by individuals in the United States, Canada, Germany, the United Kingdom, The Netherlands and New Zealand (Cash, 2016; Friedmond, 2013; Jahnke et al., 2015; Lievesley et al., 2020; Houtepen et al., 2016; Muir, 2018).

Disclosure was a theme with dichotomous elements of both stress and relief. For many, resolving this conflict was only possible at a point of desperation. At this point, the

cost of not disclosing was maximized and participants felt that there was no option but to disclose. The decision process entailed uncertainty as participants navigated the tension between fear of rejection and desire for support. Several studies (Cacciatori, 2017; Grady et al., 2018; Lievesley et al., 2020; Moss, 2019a; Muir, 2018) identified a problematic secrecy-stigma paradox, that is, stigma generates secrecy of the sexual interest, but wider exposure of the existence of the attraction is highlighted as an integral element of stigma reduction. However, it is important to acknowledge the existence of positive or neutral experiences of disclosure. In fact, many participants within the Cash (2016) and Friedmond (2013) studies reported neutral or positive experiences of personal and professional disclosure, and just under half of the participants in Levenson & Grady's (2019) study found formal assistance helpful. Characteristics of beneficial therapeutic encounters included knowledge about the attraction, non-judgmental attitudes, and viewing clients in a person-centered and holistic way.

Challenging Public Stigma Surrounding Sexual Interest in Children

Table 3 lists subthemes of challenging public stigma surrounding sexual interest in children. Results of the main themes are described in the following sections.

Table 3

Subthemes of Challenging Public Stigma Surrounding Sexual Interest in Children

Subthemes	Theaker 2015	Jahnke, Phillip, et al. 2015	Gunnarsdottir 2018	Parr & Pearson 2019	Wurtele 2018	Harper et al. 2018	Harper et al. 2019	Boardman & Bartels 2018	Montes 2018	Levenson & Grady 2019
Education/Informative materials	X	X	X	X	X	X	X	X	X	X
Increased public visibility of individuals with minor attraction	X			X	X		X		X	X
Humanizing narratives	X	X	X	X	X	X	X	X		X

Informative Interventions

The theme of informative interventions was extrapolated by examining the outcomes of studies which used this technique to challenge stigma surrounding sexual interest in children. This theme reflected findings associated with an increase in understanding and an increase in empathy for individuals with sexual interest in children. Harper et al. (2018) and Wurtele (2018) saw educational interventions were effective in challenging assumptions and attitudes. Specifically, these studies found educational interventions were able to decrease negative affective responses and improve attitudes towards treatment by decreasing support for punitive punishment. Additionally, Gunnarsdottir (2018) and Moss (2019b) both saw results suggesting that empirically accurate information regarding sexual interest in children could decrease negative affective responses, such as anger. However, the informative intervention provided to the Jahnke, Phillip, et al. (2015) sample of psychotherapists saw that despite an increase in empathy, there was no increase in a willingness to work with people with sexual interest in children. Additionally, Harper et al. (2019) found providing fact-based information had mixed results and actually increased perceptions of deviance. In line with previous findings regarding choice and controllability, they suggested that presenting empirically accurate information may produce an attitude that people with these sexual interests are destined to offend due to an unchosen, unchangeable, and therefore untreatable sexual interest (Harper et al., 2019).

Several studies explored views of mental health professionals regarding individuals with sexual interest in children and how stigma towards them could be challenged. Numerous participants highlighted that the media offered potential to educate the public and decrease stigma by increasing understanding and decreasing judgment. Participants in Parr and Pearson (2019) discussed that education campaigns (through social media and sex education in schools) should emphasize the importance of the stable nature of the sexual interest, and

behavioral choices and responsibility which shifts focus away from secrecy and shame. Additionally, they suggest an increase in publicity may normalize the concept that understanding sexual interest in children is of more benefit to the community than condemning it. Participants also acknowledged that increased publicity would likely improve the visibility of services.

Humanization Narratives

The theme of humanization narratives was also extrapolated from studies which explored avenues of challenging stigma. This theme reflected findings which were associated with an increase in empathy and a greater understanding of individuals with sexual interest in children. Boardman and Bartels (2018); Gunnarsdottir, (2018); Harper et al. (2018); Harper et al. (2019); Jahnke, Phillip, et al. (2015) and Wurtele (2018) found narrative-based depictions of individuals with sexual interest in children had the effect of reducing stigmatization via the processes of humanization. These studies consistently found that presenting tangible and accurate representations of persons with sexual interest in children who had not offended (compared to conflating the attraction and offending) had a significant effect of improving attitudes towards this population, and support for preventative treatment services. Most studies which featured both humanizing narratives and educational interventions found the former was more effective in decreasing punitive attitudes and negative affective responses. However, Harper et al. (2018) found no such differences between a first-person narrative condition and an expert opinion condition. Although they suggested that narrative presentation may be more effective in improving attitudes as the effect size was substantially greater in the narrative condition. Two studies showed the effects of narrative-based presentations led to long-term reductions in stigmatization through follow-up surveys (Harper et al., 2019; Jahnke, Phillip, et al., 2015). Of note, most studies which featured a

humanization narrative condition were conducted with psychology students or trainee psychotherapists, and only one sampled the general public (see Harper et al., 2019).

Theaker (2015) evaluated public responses on social media to Luke Malone's, This American life radio segment entitled "help wanted." This study provided preliminary insight as to whether (humanization narrative based) visibility of non-offending individuals with sexual interest in children could challenge stigma. Theaker also explored willingness of pro-social behavior towards this population. Many commenters acknowledged their assumptions about the interest had been challenged and alluded to supporting the concept of intervention for self-identified individuals with sexual interest in children. However, frequent comments reflected disbelief of the existence of a "non-offending pedophile", implying the concept is not understood or accepted by members of the general public. All studies which explored ways of challenging stigma suggested that presenting humanized information about these individuals may lead to more accepting societal attitudes.

Discussion

This systematic review expands on the limited understanding of stigma found in the 2013 quantitative review. The inclusion of 35 studies (compared to the 11 in the 2013 review) found consistent evidence that stigma presents as a significant multi-faceted issue. The addition of 11 qualitative, 4 mixed methods studies, and grey literature included within this review added further richness to understanding stigma. (It should be noted that due to the search strategy of qualitative research prior to 2012, some literature may have been missed). Findings showed strong stigmatizing assumptions, negative emotions, discrimination, and a desire to punish from the public and professionals on a widespread scale. Moreover, the review illuminated the effects of stigma upon individuals with sexual interest in children, including high levels of mental distress, increased social isolation, and limited help-seeking behavior. Finally, a small number of empirical studies showed preliminary ways in which

stigma can be addressed and reduced, which was a novel and important component of this review.

Contemporary research has addressed some of the limitations of stigma research highlighted by Jahnke and Hoyer (2013). The expanded enquiry includes: larger and more representative professional and general public samples, a larger number of studies including sexual interest in children as the main focus, explicitly assessing perceptions of non-offending people with sexual interest in children, wider application (or discussion) of theoretical frameworks, and some research assessing attitudes with newly developed stigma scales. Now that we know more about what contributes to stigma than we did in 2013, we are better equipped to challenge it. Although prominent themes related to stigmatization were identified, several studies were limited by various methodological issues expanded on next.

Methodological Limitations of Stigma Research and Implications for Future Research

In their 2013 review, Jahnke and Hoyer acknowledged no study had attempted to counteract confusion, as clarity between "pedophile" and "child sex offender" was lacking. Although some studies separated the two distinct phenomena (Imhoff & Jahnke, 2018; Jahnke & Hoyer, 2015; Jahnke, Imhoff, et al., 2015; Jahnke, 2018), attitudinal tools used in a small number of studies (ATS-21, CATSO, PSO, MDS-SO) continued conflation by failing to provide definitional clarity and inexplicably interchanged the terminologies. For instance, studies were specifically designed to assess attitudes surrounding sexual interest in children, yet scales asked about attitudes towards "offenders" promoting the stereotype that people with sexual interest in children have or will offend. Thus, a limitation of extant research resides in the terminology used by researchers. Accurately identifying perceptions and attitudes is hindered when the target group are not clearly defined. Implications for future research include consistent definitional clarity of target groups and ceasing

interchangeability, so as not to inadvertently contribute to stigmatizing misperceptions. Additionally, utilization of validated scales which measure attitudes directly relating to perceptions of sexual interest in children are encouraged.

Through the lens of labelling theory, Imhoff and Jahnke (2018) and Imhoff (2015a, 2015b) identified how the "pedophile" label influenced negative perceptions of people with sexual interest in children. Lowe and Willis (2019) found similar effects in that offense-based labels like "sex offender" or "murderer" were associated with less willingness among community members to do volunteer work with these groups as compared to neutral person first language (e.g., "people who have committed crimes of a sexual nature"). Also, a more recent study showed a small but significant effect of labeling when language in the Community Attitudes Towards Sex Offenders scale (CATSO) was manipulated to reflect neutral descriptors (Lowe & Willis, 2021). Statements utilized within measurement tools identifying perceptions and attitudes were often framed in a punitive manner, which may inadvertently reinforce underpinning punitive belief systems. The framing of questions and statements within measurement tools is of vital importance (particularly when challenging stigma) as evoking myths in an attempt to negate them, in fact, reinforces them (Schwarz et al., 2016). This is particularly true if the issue induces fear in people, and sexual interest in children continues to be what people fear the most (McCartan, 2010). Further, research on "valence framing" indicates that different choices or judgments are made dependent on the options provided or described. These effects suggest that attitude intensity is increased by the use of negative frames (Bizer et al., 2011). Future scales may consider including statements such as, people with sexual interest in children can control their interests, can achieve psychological wellbeing or can build relationships with adults. Moreover, to ensure that items within scales capture the range of possible underlying attitudes and do not inadvertently

influence them, it is important that future research integrate findings from qualitative studies to inform the design of quantitative research.

There has been less attention paid to understanding stigmatization through qualitative research methods. Qualitative methods can help address knowledge gaps by exploring ambiguous or mixed quantitative findings (Merriam, 2022). For example, through open-ended interview questions, summarizing, and reflections, qualitative research generates rich data affording opportunities to explore different possible interpretations of quantitative data. (Merriam, 2022). Qualitative research is also often undertaken if there is a failure or confusion in current theory explaining a phenomenon (Collins & Stockton, 2018). Existing qualitative research included in this review exploring views held by professionals has enabled a deeper understanding of their attitudes surrounding individuals living with sexual interest in children. Serigstad (2016) examined professionals experience with this population and found mixed attitudes regarding their willingness to provide therapeutic support, and a general lack of knowledge on the subject, which indicated a need for further professional development. Parr and Pearson (2019) explored barriers to treatment and how those barriers could be reduced amongst professionals working directly with people with sexual interest in children. They found a number of potential solutions to reduce these barriers such as increasing publicity, educating the public, and offering enhanced training to professionals.

Finally, future research should broaden stakeholder samples to include, for example, judges, doctors, teachers, school counsellors, healthcare practitioners, public health workers and pastoral workers. As these stakeholders hold a position of trust within the community, it is logical to assume that they may be confided in by individuals with sexual interest in children. Indeed, Levenson and Grady (2019) and Muir (2018) found that medical doctors, school counsellors and religious advisors were amongst the professional stakeholders who were contacted for help from these individuals. Numerous studies identified a correlation

between a lack of knowledge or training and higher levels of discrimination. Successful anti-stigma intervention efforts targeting trusted community members may have a significant impact in challenging general public stigma, given their potential influence. No study featured in the review measured genuine behavioral changes among professional stakeholders who received anti-stigma interventions. It is recommended that future anti-stigma research accounts for this gap, in order to gauge whether interventions result in lasting behavioral changes. Furthermore, despite a growing number of studies focused on attitudes (including behavioral intentions towards persons with convictions), only one study investigated whether the public would engage in proactive, prosocial behavior towards persons with sexual interest in children. Future research may benefit from focusing on the general public's behavioral intentions regarding earlier intervention, before harm is done.

Implicit Attitudes and Stigma Interventions

Findings supported the modified dual processing of the social cognitive theory of attitudes (Harper, 2016) as the literature overwhelmingly indicated both the existence of prevalent stigma and negative affective responses informing a desire to punish even when the behavior and the attraction were distinguished. Thus, it appears that a cognitive awareness of the conceptual differences does not negate negative affective responses. Further, results indicated very high rates of negative behavioral intentions, including social distance (Jahnke, Imhoff, et al., 2015), which may be explained by the NIMBY (not in my backyard) phenomenon. NIMBY is typically associated with low public acceptance of housing or social development, which would otherwise be supported, if these were not in their direct vicinity. This phenomenon is underpinned by negative affective responses such as distrust, fear, and feeling threatened by outsiders (Esaiasson, 2014). Thus, although people may be cognitively aware of the benefits of supporting people with sexual interest in children (e.g., reducing

help-seeking barriers and the incidence of sexual abuse), people appear resistant to provide direct, personal support.

A common misperception contributing to stigma was the belief that a lack of choice was connected to uncontrollability. This narrative seems exclusive to people with sexual interest in children, and not other sexual interests. It seems important for future research to engage in stigma reduction messages which focus on the nature of choice and controllability of other sexual preferences. This focus may assist in the recognition that people with sexual interest in children can indeed control their sexual behavior.

Although research has highlighted how dual processing is understood and expressed (Harper, 2016), we know little about the origins of negative affective attitudes and limited focus has been placed on emotional aspects of the stigma surrounding sexual interest in children (Jahnke, 2018). By better understanding these attitudes, we can explore how they can best be challenged and influenced, and better design outreach programs. Furthermore, negative stereotypes prevent individuals with a sexual interest in children from seeking help and influences practitioners' abilities to provide effective therapeutic support. It is recommended that further research evaluates how implicit attitudes are prompted by subconscious value and belief systems and adopt a line of inquiry which seeks to better understand and target these systems. The promising results from the studies using first person narrative humanization techniques to challenge stigma (Boardman & Bartels, 2018; Gunnarsdottir, 2018; Harper et al., 2018; Harper et al., 2019; Jahnke, Phillip, et al., 2015 & Wurtele, 2018) may be engaging with people's values and belief systems. Harper et al. (2018) stated that "challenging implicit-level cognitions may mean that snap judgments about this group may also be influenced, potentially leading to more rational and progressive social discourses" (p.553). Rydell et al. (2007) explored how explicit (identifiable and controllable) and implicit (subconscious and uncontrollable) attitudes changed in response to counter-

attitudinal information. They found that explicit attitudes were able to change quickly when presented with counter-attitudinal information whilst implicit attitudes were slower to change post presentation of counter-attitudinal information. They suggested that this shift was a result of the continued accumulation of information influencing the subject of the attitudes (Rydell et al., 2007). Indeed, the results from Harper et al. (2019) showed negative attitudes continued and even increased despite cognitive changes in understanding empirically accurate information regarding sexual interest in children. Thus, as attitudes regarding the attraction have developed over an extended period, repeated interventions are required to develop and sustain long lasting attitudinal changes. Ma and Loke (2020) identified that a combination of strategies were more effective for interventions reducing stigma related to people living with HIV/AIDS, as opposed to isolated strategies. A multi-faceted approach may also be required for stigma reduction efforts surrounding sexual interest in children, as new information is often evoking of preceding beliefs (Rusch et al., 2005).

Several quantitative studies within the review found participants endorsed a score of '3' on a 1-6-point Likert scale survey, indicating a lack of knowledge. For instance, the scale measuring social distance used by Imhoff (2015a, 2015b) showed a substantial number of participants were uncertain as to whether they would talk to an individual with sexual interest in children. Individuals who are uncertain of their perceptions and attitudes of this group may be highly valuable to involve in stigma reduction efforts, as they may be more open to accept empirically accurate information, and attitudinal changes may be quicker and more malleable.

Only one study used a humanization narrative with a general public sample, whereas the others featured students and mental health professionals. Future research could make use of international general public samples to provide a more representative indication of whether narrative humanization is a viable method of reducing public stigma.

Implications for Wider Society and Persons with Sexual Interest in Children

At a wider society level, addressing structural discrimination is an integral component of targeting public stigma (Coleman et al., 2017; Corrigan et al., 2012). Although some stereotypes, such as 'dirty old man' appeared to have been discredited, most studies found that inaccurate stereotypes maintained by the media (such as the interchangeability of the "pedophile" and "child sex offender" labels) remained within public consciousness (Gunnarsdottir, 2018; Harper et al., 2018; Jahnke, Imhoff, et al., 2015; Montes, 2018; Richards, 2018; Wurtele, 2018).

Mass media interventions have shown to increase public knowledge and decrease discrimination in other fields (Clement et al., 2015). Additionally, campaigns may challenge stereotypes commonly associated with sexual interest in children, such as dangerousness, the choice to have the interest, and controllability. For instance, promoting the knowledge that most individuals realize their attraction at puberty may assist with humanization efforts. Educational campaigns providing information on sexual abuse prevention, effective support for persons with sexual interest in children and reducing people's reliance on affectively laden judgments may alleviate the paradoxical effects of stigma (Harper & Bartels, 2017). An increased awareness within the public consciousness appears paramount as findings suggest that internalization of stigma and associated fear of disclosure is what maintains stigma related distress, providing further support for minority stress theory. Furthermore, the public engages in processes of othering of individuals with sexual interest in children and creates narratives which support and reflect this (Richards, 2018).

Literature pertaining to how individuals with sexual interest in children cope with the effects of stigma was beyond the scope of this review. It is encouraged that future research take stock of the humanitarian focus centering on how people with these sexual interests

manage to live fruitful and offence-free lives, while coping with the stigma of their sexual interest (Cantor, 2014).

Conclusion

Research exploring stigmatization of people with sexual interest in children has important implications for sexual abuse prevention. However, the means of preventing sexual abuse against children has divided opinion, especially since, as a society, we are largely preoccupied with punishment (Parr & Pearson, 2019). Future prevention efforts which challenge stigma are encouraged to focus on behavioral choice and controllability rather than shame and punishment, which are contributing factors to secrecy and an environment for potential offending. Stigma can be challenged and reduced. However, it is no simple endeavor to influence entrenched affectively laden attitudes (Malinen et al., 2014). To target the impact of widespread stigma, primary prevention efforts require the development of effective stigma reduction techniques, which address both cognitive processes and affective responses. Other potential benefits of stigma reduction pertain to individuals living with the interest in the forms of increasing self-acceptance, reducing and preventing depression/suicidal ideation, and improving social connectedness. This review highlighted promising means of influencing such attitudes, including humanizing narratives. These narratives provide a platform in which labels are challenged and enables public consideration of these individuals as people who can indeed control acting upon sexual interests. Positive social effects by means of the humanization of individuals with sexual interest in children has potential for the promotion and acceptance of preventative therapies, minimizing the harmful effects of self-stigmatization and reducing the risk of these individuals moving from the non-offending space to the offending space (Wilson & Jones, 2008).

Introduction to Empirical Chapters

This research aims to investigate attitudes towards people with a sexual interest in children, and the levels of support for a preventative service that exist within the NZ public. More specifically: to understand implicit (affective and subconscious) and explicit (conscious reasoning) attitudes of the NZ public, to examine the effectiveness and impacts of informative and humanization narrative interventions, to evaluate behavioral intentions, and explore the facilitators and barriers of understanding and accepting people with a sexual interest in children. This research presents information about behavioral choice and controllability that challenges the current societal narratives of shame and punishment, which are contributing factors to dehumanization, secrecy, and an environment for potential offending. There has been no research examining the effectiveness of narrative humanization or informative interventions (concerning people with a sexual interest in children) with the NZ public. Additionally, no study has investigated NZ public attitudes surrounding sexual interest in children. Further, whilst there is emerging qualitative research on understanding stigma amongst professional samples, to the authors' knowledge, there is no existing qualitative research which focuses on understanding public attitudes surrounding people with sexual interest in children. Finally, this research will also address gaps, methodological flaws and limitations identified in the extant international literature. These include, measuring behavioral intentions towards people with a sexual interest in children through follow-up interviews, distinct separation of the commonly conflated child sexual abuse and paedophilia, and improving attitude measurement.

The empirical chapters of this thesis are presented in two parts. Part Two reports findings from two studies directly examining the impacts of antistigma interventions from an online survey. Part Three reports the findings of follow-up interviews featuring thirty participants who completed the online survey two to three months prior.

PART TWO: Developing and Testing the Interventions

Methodology

Intervention Development

The development of the interventions was based on the interventions (educational and narrative) commonly featured within the extant literature (see Part One for overview of general features of antistigma interventions and the review findings of challenging stigma). Many of the studies with humanizing interventions consisted of pre-existing Youtube clips from documentaries (Jahnke, Phillip, et al., 2015; Boardman & Bartels, 2018), audio clips (Levenson & Grady, 2019) and written text vignettes featuring the narrative of a non-offending person living with the sexual interest (Jahnke, 2018; Parr & Pearson, 2019. The informative interventions were often comprised of interviews with expert clinicians or academics providing fact-based information of the population (Harper et al., 2018) and some included of the impacts of stigma (Harper & Bartels, 2017; Harper et al., 2019). As the research showed a general lack of specifically developed interventions, a key feature of this project was the development of specifically designed interventions. Evidence in mental health research indicates (Clement et al., 2012; Reinke, et al., 2004; Ritterfeld & Jin, 2006), that the presentation of a person with a mental illness on videotape (indirect contact) is helpful in reducing stigma, though typically yielding smaller effect sizes compared to direct face-to-face contact (Corrigan et al., 2012). As a result, the decision was made to generate film clips, as opposed to written text or audio-based interventions. Given how emotive and stigma laden the topic is, the risks involving generating face-to-face interventions or a video featuring a real person living with the interest, (which would compromise their anonymity) was considered too great. As such, it was determined that actors would read both the informative

and narrative scripts for consistency across interventions. Specific details of the interventions follow below and within the Measures and Materials section.

Humanizing Narrative. An advertisement was placed on online community support forums B4U-Act and VIRPED to recruit a New Zealander living with a sexual interest in children to anonymously share their story as part of this research project - see Appendix C for recruitment post. They were offered a $50 grocery voucher in exchange for their participation in the research. It was considered important in the developmental stages of the research design to specifically feature a New Zealander, as it would likely increase relatability to survey participants. One individual from New Zealand contacted the primary researcher via email expressing their interest in being part of the research project. He was provided with a participant information sheet (PIS) and consent form (see Appendices D and E) prior to engaging in the research. Guidelines for the script were developed by the researcher and provided to the participant, in order to assist with structure. The guidelines addressed stereotypes, the impacts of stigma, and promoted a preventative/therapy service within NZ - see Appendix F. There were several difficulties faced by the humanizing narrative contributor when developing and presenting his narrative as an antistigma intervention for this research. Particularly, he was concerned about his anonymity being compromised and had several crises of confidence as a result, some of which he reflected on in the final script. Many of the conversations between the contributor and researcher revolved around tension of the dual aimed approach of the research, in that, by appeasing the public through promoting a preventative focus, people living with the interest are inherently alienated, as their well-being is sidelined. Further, he wanted to be a research collaborator and not just a research "participant", which was not something this project and the researcher were able to offer. See Appendix G for finalized humanizing narrative script.

Informative Intervention. The intervention material was informed by the extant research and findings of the systematic review addressing stereotypes, the impacts of self-stigma, the general public's responsibility to help shift public stigma, and the need for more therapeutic services. It was primarily developed by the researcher with several drafts read and edited by the supervisory team. In the initial stages of the research, there was deliberation over the most effective methods of delivering psychoeducation information, which included utilizing an interview style video with an expert/academic relaying the information through questions asked by an interviewer. However, it was decided that a script should be developed and read by the same actor(s) across both interventions for consistency - see Appendix H for the informative script.

Actors. Recruiting an amalgamation of actors (of varying age, gender and ethnicities) was aimed for early in the research design process for increased diversity and relatability. A total of six actors were originally recruited from Facebook NZ actor pages, and a paid listing on a recruitment website, Star now - see Appendix I for recruitment post. They were offered a $50 grocery voucher for the reading and filming of each script, and were provided with an information sheet and consent form - see Appendices J and K. Four of the six actors who initially agreed to take part in the research expressed reservations at being involved in the project at various stages of the process. As a result, three actors withdrew. One stated an inability to connect with the content, and the other two expressed concern regarding the impact their involvement with the project would have upon future roles in their acting careers. As such, two actors (one female and one male) remained. It was then decided to use the one remaining male actor to read both scripts, as a female would be unable to credibly read the narrative script. Both scripts were recorded on the actors own recording equipment and were emailed to the primary researcher as MP4 files.

Editing. Both videos were edited by a paid professional. The humanizing narrative intervention required considerable edits, as the original was over 25 minutes in length. The editing process was done in collaboration with the humanizing narrative participant, and segments were removed based on deemed necessity and the current levels of stigma identified in the systematic review. For instance, specific details about his (platonic) relationship with a young girl were removed due to the potential adverse response this inclusion may have received. Both videos included disclaimers that the video featured an actor.

Participants and Procedure

Questionnaire responses were received from a total of 1005 members of the NZ public. Data from participants who did not complete both the pre-and post- intervention questions were removed, resulting in a sample of $N = 694$. Due to the nature of online sampling, the population of people reached is unknown (Wright, 2005). As such, calculating a response rate was not possible. Overall participant characteristics are summarized in Table 4; participants ranged in age from 18 to 90 ($M = 41.7$, $SD = 15.02$). The sample was predominantly female and of NZ European decent. Education levels were skewed towards high levels of educational attainment with many ($n = 282$; 40%) respondents having a Bachelor's degree or higher ($n = 109$, 15% had a Master's or Doctoral degree). As an extension of the demographic data, participants were asked about sources of knowledge, personal exposure to, and having conversations about people with a sexual interest in children with friends or family. Participants self-reported they received their information about people with sexual interest in children from sources such as news stories ($n = 626$; 90%), social media ($n = 441$; 63%) and film ($n = 409$; 59%). Over half of the sample ($n = 412$; 59 %) self-reported never to have had personal contact with someone with sexual interest in children.

Table 4

Sample Demographics

Characteristic	*n*
Gender	
Male	162 (23%)
Female	499 (72%)
Gender Diverse/Nonbinary	17 (2.5%)
Prefer not to disclose	10 (1.5%)
Age	*M* = 41.7
Ethnicity	
NZ European	547 (78%)
NZ Māori	107 (15%)
Samoan	12 (1.5%)
Cook Island	9 (1%)
Tongan	4 (0.5%)
Niuean	1 (0.15%)
Chinese	14 (2%)
Indian	16 (2.3%)
Other	94 (13.5%)
Education	
Less than High school	30 (4%)
School Certificate/ NCEA Level 1	47 (6.5%)
Sixth Form Certificate/ NCEA Level 2	56 (8%)
Bursary/ University Entrance/ NCEA Level 3	165 (23%)
Bachelors degree	282 (40%)
Masters or Doctoral degree	109 (15%)
Read or heard about people with a sexual interest in children	
News stories	626 (90%)
Social media	441 (63%)
Movies	409 (59%)
Other	258 (37%)
None	12 (1.5%)
Personal contact with persons with sexual interest in children	
Family	67 (10%)
Friend	23 (3.5%)
Acquaintance	63 (9%)
Prefer not to say	36 (5%)
Other	88 (13%)
None	412 (59%)
Conversations with friends or family about people with sexual interest in children	
Yes	424 (61%)
No	267 (38%)

The survey was accessed through the online software platform Qualtrics, and the PIS was presented on the first screen. Informed consent was indicated by clicking ‘Next’, and the survey questions followed. Demographic questions and a preintervention questionnaire

(detailed in the measures section) assessing baseline attitudes were presented first. Participants were then randomly allocated to one of the two intervention videos. Following the experimental interventions, participants repeated the attitudinal questionnaire. Finally, participants received a ten-item absorption questionnaire gauging levels of engagement with the experimental material and future behavioral intentions (see Appendix L for PIS and complete survey). Following completion of the survey, participants were invited to enter a prize draw for one of five grocery vouchers and were also asked if they consented to be contacted for the follow-up study (Part Three). Participants contact information for the prize draw was stored separately from their questionnaire responses to maintain anonymity. Participants were also given contact information for the researchers. All participants were informed of the content of the survey but were unaware of the specific aims and experimental manipulations at the point of data collection.

Data collection was conducted between March and August 2021. The recruitment of 1,000 participants was targeted to allow for incomplete survey responses. Participants were recruited from an array of online social media platforms, including Reddit and Facebook. Facebook advertising consisted of researcher-placed advertisements (i.e., posting on NZ community pages) and subsequent paid advertising to specifically target underrepresented groups (e.g., males and people aged 65+) - see Appendix M for recruitment post. Paid advertising was primarily employed due to recruitment difficultly on community Facebook pages. Direct messages were sent to the administrators of the groups requesting for the survey to be posted. Most administrators declined the request to post the survey on their pages due to the nature and content of the research. Many expressed that it was unrelated to their community or may be triggering for group members. At the request of some administrators who agreed to post the survey, a content warning (CW- pedophilia) was added to the advertisement.

Measures and Materials

During the initial developmental phases of the survey, there was much contemplation of terminology to be as inclusive as possible of a full range of experiences. People with pedophilia, people with minor attraction, people attracted to children, and people with a sexual interest in children were all considered. Although wanting to avoid minimizing the romantic connection component of pedophilia was acknowledged, it was decided that people with a sexual interest in children was the clearest description, which would cause the least confusion from participants completing the survey. Across measures, items from existing attitudinal scales were adapted to replace "pedophile" and "pedophilia" with "people with a sexual interest in children" and "sexual interest in children", respectively. In addition, as detailed in the descriptions of each measure, selected items were deleted, and new items developed to account for effects of valence framing. All measures were rated on a 5-point Likert scale (1–5), ranging from strongly agree to strongly disagree. Higher scores on the attitudinal scales, intentionality items, and the affective item of pity reflect punitive attitudes, whereas lower scores on the three affective items reflecting disgust, anger, and fear indicate punitive attitudes. Measures are described in the order they were presented to participants.

Affective Reactions. Pity, disgust, anger, and fear towards people with sexual interest in children were assessed with one item each. Participants rated how much they agreed with feeling each emotion when thinking of this population (strongly agree to strongly disagree). The four items comprising affective reactions were examined separately, which is the same approach used by Jahnke, Imhoff, et al. (2015).

Intentionality. Perceptions of intentionality surrounding having a sexual interest in children were measured using two items from the intentionality subscale within the Stigma and Punitive Attitudes Scale (SPS; Imhoff, 2015). These items measured participant's perceptions of a person's choice in and ability to control their interest in children. An

additional item was created by the researchers to measure perceptions of responsibility; "People are not responsible for their sexual preferences, but they are responsible for their behavior." Given internal reliability of the scale was insufficient to analyse these three items as a scale (Cronbach's $\alpha = .41$), they were considered individually across analyses.

Supportive Attitudes. Supportive attitudes were measured using six items, which were developed by the authors in line with research on valence framing to gauge public support for the implementation of sexual abuse preventative strategies. Examples of items related to supportive attitudes include: "There should be programmes in New Zealand to help people control their sexual interest in children" and "Prevention programmes may reduce the risk of people with a sexual interest in children acting upon their interest." Reliability analysis showed two items lowered the overall alpha and were therefore removed, resulting in a final scale of four items and a Cronbach's alpha of $\alpha = .84$.

Social Distance. Social distance was measured using a modified version of Jahnke et al.'s (2015) scale, which consisted of four items and required a rating of how much a person would agree to interact with a person with sexual interest in children at different levels of social contact. This scale demonstrated excellent internal consistency (Cronbach's $\alpha = .90$).

Dangerousness. Perceptions of dangerousness levels of people with sexual interest in children were measured using two items from the SPS scale. We modified the item "There exists no strong relationship between pedophilia and sexual abuse of children" to read "Many people with a sexual interest in children never have sexual contact with a child." The reliability of this scale was questionable (Cronbach's $\alpha = .62$). However, as there were only two items measuring perceptions of dangerousness, they were considered together across analyses.

Deviance. Perceived deviance was measured using four items developed by the researchers, and two items modified from the Attitudes to Sex Offenders Scale (ATS-21; (Hogue & Harper, 2015). These items measured perceptions of deviance, for instance "People with a sexual interest in children are deserving of happiness like everyone else." Reliability analysis showed one item lowered the overall alpha and was therefore removed, resulting in a final scale of five items and an alpha of Cronbach's $\alpha = .92$.

Video Interventions. Two videos were developed specifically for this study in an effort to appeal to, and connect with, a New Zealand audience. Both videos were created to challenge attitudes by addressing factors of stigma, which corresponded with the items in the questionnaire. For instance, one does not choose to have the sexual interest, people can control acting on their interests (intentionality), people with the interest are not destined to offend (dangerousness), they have similar lives and experiences to everyone else (deviance), and that more services are required to help those who do not want to sexually abuse children (supportive attitudes). Both interventions were embedded into the online survey using code gathered from YouTube, where the videos were hosted. The humanizing narrative manipulation (12.17 minutes in length) featured a New Zealand European male actor reading the lived experience of a male New Zealander with a sexual interest in children, on his behalf. The narrative was provided specifically for the study. The video featured chronological accounts of the development of his attraction, his struggles with self and public stigma, his experiences of professional and personal disclosure, and his commitment to living a non-offending lifestyle. The video also emphasized the need for a well-being service to assist people with these interests. The informative manipulation (8.46 minutes in length) featured the same actor for consistency between interventions. This video provided empirically accurate information, addressed stereotypes, discussed the negative impacts of stigma, and

explored societal benefits of a preventative service. Both videos can be provided by the researcher upon request.

Absorption and Behavioral Intentions. Participants' engagement with the intervention material (as a form of an attention check) was examined using ten items, including six items adapted from a scale utilized in Harper et al. (2018) (originally developed by Green and Brock (2000)) and four items generated by the researchers. Item adaptations from the absorption scale consisted of rewording; for instance, "I was mentally involved in the piece while [reading/watching] it" was altered to read "I was engaged in the video while watching it." New items included indications of future behavioral intent (see Table 5), for example, "I will share this information/story with family/friends/colleagues." Response options were Yes, Somewhat/Maybe, and No.

Table 5

Engagement with intervention material assessing attitudes surrounding people with sexual interest in children

	Humanizing *n* = 354			Informative *n* = 338		
	Yes	Somewhat/Maybe	No	Yes	Somewhat/Maybe	No
Absorption Items						
The video challenged my views on people with a sexual interest in children	16.4%	33.1%	50.6%	20.7%	34.3%	45.0%
I found myself wanting to know more about the subject matter of the video	22.9%	25.4%	51.7%	16.5%	30.4%	53.1%
I could picture myself in the shoes of the person in the video	12.5%	27.5%	60.1%	9.8%	21.6%	68.6%
I was engaged in the video while watching it	57.2%	29.7%	13.0%	43.2%	42.6%	14.3%
I found my mind wandering whilst watching the video	12.7%	26.1%	61.2%	19.5%	35.3%	45.0%
Once this survey is over, I will not think about the subject matter again	8.2%	34.2%	57.6%	10.9%	36.6%	52.5%
The video changed my views of people with a sexual interest in children	7.6%	33.9%	58.5%	9.8%	39.3%	50.9%
The video affected me emotionally	57.8%	N/A	42.2%	44.3%	N/A	55.7%
I will share this information/story with family/friends/colleagues	33.9%	38.7%	27.4%	25.7%	44.4%	29.9%
I would like to have more conversations with family/friends/colleagues about this topic	25.5%	42.2%	32.3%	18.9%	42.3%	38.8%

Study One: Understanding Attitudes Towards People with a Sexual Interest in Children: An Online Survey

Aims

Study One explores the impacts of presenting two forms of counter-attitudinal information (humanizing narrative and informative) concerning people with sexual interest in children on members of the New Zealand public. The study gauged affective reactions, perceptions of intentionality (i.e., choice, control, and responsibility), behavioral intentions with respect to social support and social distancing, and perceptions of dangerousness and deviance. Several gaps within the extant research were addressed, including recruiting a large general public sample, and modifying scales and terminology (in line with labelling and valence framing effects) to mitigate further conflation between the interest and the behavior. It was hypothesized that both interventions would lead to reductions in negative evaluations related to intentionality, dangerousness, discriminatory behavioral intentions, and ascriptions of deviance. Additionally, it was hypothesized that both interventions would increase supportive attitudes and decrease negative affective responses towards people with sexual interest in children. In line with previous research findings from Jahnke, Phillip, et al. (2015), it was expected the humanization narrative would produce greater reductions in negative affective responses than the informative intervention.

Planned Analyses

Demographic characteristics were compared between groups to check that the randomization of interventions functioned as intended, and that demographic characteristics between groups were comparable. Missing values were coded as -99 by Qualtrics and were omitted from further analyses. Intervention videos were categorized as independent variables and within subject differences were tested against repeated measured scales and items. Two 2

(Intervention: Narrative vs. Informative; between participants) × 2 (Time: Baseline vs. Immediate Change; within-participants) mixed multivariate analysis of variance (MANOVA) tests were performed to examine changes across affective reactions and the five attitudinal measures (supportive attitudes, social distance, dangerousness, deviance, and intentionality). Effect sizes were computed using Cohen's *dz,* commonly used for combined between and within subject designs (Lakens, 2013), the indices of which are: *dz* = 0.2, *dz* = 0.5, and *dz* = 0.8+ as "small"," medium", and" large" effects, respectively (Lakens, 2013). Finally, for each absorption item, a chi square test was performed to compare responses between the two interventions. Cramér's *V* was used as a measure of effect size across most between-group comparisons (*df* = 2, .06 = small effect, .17 = medium effect, .29 = large effect; Cohen, 1988). Phi coefficient was used to measure one item, using Cohen's (1988) criteria of .10 for small effect, .30 for medium effect and .50 for large effect. All analyses were conducted in SPSS (version 27).

Results

Randomization Check

Testing against an alpha of 0.05, the two experimental groups (Informative $n = 340$ and Humanizing $n = 354$) did not differ with respect to participant sex χ^2 (3, $N = 694$) = 2.17, $p = .537$, age $t(635.13) = -1.35$, $p = .178$, the likelihood of being New Zealand European χ^2 (1, $n = 545$) = .141, $p = .708$, or holding a Bachelor's degree χ^2 (5, $n = 282$) = 3.616, $p = .606$. That is, participant demographic characteristics for each intervention were comparable with those of the overall sample, as reported in Table 4.

Descriptive Statistics and Relationships Between Dependent Variables

Descriptive statistics including means and standard error of the means across all measures for each intervention are presented in Tables 6 and 7. Across both interventions, the

pre- and post- intervention mean scores of disgust, anger, and fear indicated neutral to high levels of these emotions. The preintervention mean score of pity indicated low levels of this emotion, which shifted to neutral levels postintervention. Both pre- and post- intervention mean scores across the intentionality items of perceived choice and control were also indicative of neutral perceptions of intentionality. Both pre- and post- intervention mean scores across attitudinal scales were indicative of high levels of stigma surrounding social distance, whereas dangerousness and deviance scores reflected more neutral responses. Finally, mean scores pre- and post-intervention reflected high levels of supportive attitudes.

Most pairs of items were moderately correlated suggesting MANOVA was appropriate (Tabachnick & Fidell, 2007) (see Appendix N for correlation matrices). However, pity and fear, choice and controllability, and distance and controllability were not, but were included in the MANOVA as the items are conceptually related (Stevens, 2002). Additionally, to avoid running multiple additional ANOVAs they were included in the MANOVA as they were correlated with other variables.

Table 6

Affective item estimated marginal mean scores across the two time-points of data collection, by intervention

	Humanizing		Informative	
Affective Items	T1	T2	T1	T2
Pity	3.34 (.076)	2.77 (.073)	3.38 (.077)	2.72 (.074)
Disgust	1.57 (.048)	2.22 (.065)	1.54 (.049)	2.21 (.066)
Anger	1.83 (.056)	2.51 (.069)	1.77 (.057)	2.43 (.070)
Fear	2.58 (.070)	2.85 (.072)	2.64 (.072)	2.94 (.073)

Note. T1 = Pre-intervention; T2 = Post-intervention. Data represents estimated marginal means with ± 1 SEM in parentheses.

Table 7
Attitudinal estimated marginal mean scores across two time-points of data collection, by intervention

	Humanizing		Informative	
Attitudinal Measures	T1	T2	T1	T2
People do not choose to have a sexual interest in children	2.95 (.07)	2.41 (.07)	2.99 (.07)	2.22 (.07)
People with a sexual interest in children can control acting on their sexual interests	2.20 (.07)	2.19 (.06)	2.17 (.07)	2.02 (.06)
People are not responsible for their sexual preferences, but they are responsible for their behavior.	1.61 (.06)	1.57 (.05)	1.59 (.06)	1.46 (.06)
Supportive Attitudes	6.15 (.16)	5.91 (.18)	6.15 (.17)	5.97 (.18)
Social Distance	14.14 (.25)	12.50 (.28)	14.16 (.26)	12.48 (.28)
Dangerousness	5.64 (.11)	4.86 (.12)	5.66 (.11)	4.48 (.12)
Deviance	11.68 (.30)	10.35 (.29)	11.40 (.30)	9.99 (.30)

Note. T1 = Pre-intervention; T2 = Post-intervention. Data represents estimated marginal means with ± 1 SEM in parentheses.

Affective Reactions MANOVA

A 2 (Intervention) x 2 (Time) MANOVA found a significant main effect of Time across affective responses (Wilk's $\lambda = .57$, $F(4, 686) = 130.7$, $p < .001$). Univariate analyses found significant differences on each affective response indicating both interventions were associated with increased levels of pity and decreased levels of disgust, anger and fear; (Pity $F(1, 689) = 206.8$, $p < .001$ [mean difference = .61, ($t(1) = 14.26$, SE = .043, $p < .001$) , $d_z = .54$]; disgust $F(1, 689) = 310.11$ $p < .001$ [mean difference = -.67 ($t(1) = -17.55$, SE = .038, $p < .001$), $d_z = -.67$]; anger $F(1, 689) = 350.21$, $p < .001$ [mean difference = -.67($t(1) = -18.81$, SE = .036, $p < .001$), $d_z = -.72$]; fear $F(1, 689) = 58.0$, $p < .001$ [mean difference = -.25 ($t(1) =$

-6.89, SE = .037, $p < .001$), d_z = -.26]). However, there was no significant effect for Intervention x Time interaction; (Wilk's λ = .997, $F(4, 686) = .495$, $p = .739$). Time effects were therefore consistent across both experimental interventions. There was also no between-participants main effect of Intervention, (Wilk's λ = 0.996, $F(4, 686) = .734$, p =.569).

Attitudinal Measures MANOVA

There was a significant multivariate main effect of Time (Wilk's λ = 0.53, $F(7, 664) = 85.95$, p <.001) and a significant Intervention × Time interaction (Wilk's λ = 0.97, $F(7, 664) = 3.1$, $p = .003$). However, there was no multivariate between-participants main effect of Intervention (Wilk's λ = 0.99, $F(7, 664) = .676$, $p = .693$).

Intentionality. Participants' ratings of the item "people do not choose to have a sexual interest in children" showed a significant effect of Time, $F(1, 670) = 246.91$, $p < .001$ (mean difference = .65, ($t(1) = 15.60$, SE = .042, $p < .001$), $d_z = .60$). An Intervention x Time interaction was also observed $F(1, 670) = 7.92$, $p = .005$, signifying time effects differed across experimental interventions. Specifically, the informative intervention (mean difference = .752 [$t(1) = 12.23$, SE = .061, $p < .001$], $d_z = .68$) had a greater impact on increasing understanding that sexual interest in children is not a choice than the humanizing intervention (mean difference = .54 [$t(1) = 10.05$, SE = .054, $p < .001$], $d_z = .55$). No significant effect of Time was found for the item pertaining to controllability: ("People with a sexual interest in children can control acting on their sexual interests" $F(1,670) = 2.54$, $p = .112$, mean difference = .08, ($t(1) = 1.61$, SE = .051, $p = .112$), $dz = .06$, and there was no significant Intervention x Time interaction, $F(1,670) = 2.02$, $p = .155$. A significant effect of time was found for the item pertaining to responsibility: "People are not responsible for their sexual preferences, but they are responsible for their behavior" $F(1,670) = 5.72$, $p = .017$, mean

difference = .08, ($t(1) = 2.39$, SE = .036, $p = .017$), $d_z = .09$. Finally, there was no significant Intervention x Time interaction for the responsibility item $F(1,670) = 1.56$, $p = .212$.

Supportive Attitudes. Considering supportive attitudes toward people with sexual interest in children, there was a significant effect of Time, $F(1, 670) = 8.410$, $p = .004$, whereby supportive attitudes increased following presentations of both the humanizing and the informative intervention videos, albeit a small effect (mean difference = .21, ($t(1) = 2.89$, SE = .072, $p = .004$), $d_z = .11$. There was no significant Intervention x Time interaction $F(1, 670) = .200$, $p = .655$, indicating the Time effects were consistent in both experimental interventions.

Social Distance. There was a significant effect of Time across social distance indicators $F(1, 670) = 293.76$ $p < .001$, whereby respondents were less inclined to want to distance themselves from people with sexual interest in children after viewing the intervention material (mean difference = 1.65, ($t(1) = 17.21$, SE = .096, $p < .001$), $d_z = .66$. There was no interaction effect between Intervention x Time $F(1, 670) = .046$, $p = .831$, suggesting that the Time effects were consistent across the experimental interventions.

Dangerousness. In relation to perceptions of dangerousness, there was a significant effect of Time, $F(1, 670) = 286.34$, $p < .001$, by which impressions of dangerousness were reduced as a result of both interventions (mean difference = .98, ($t(1) = 16.97$, SE = .058, $p < .001$), $d_z = .65$. Also observed was a significant Intervention x Time interaction, $F(1, 670) = 12.25$, $p < .001$, suggesting different trends in the effects of each experimental video. Specifically, levels of dangerousness appeared to be reduced more effectively by the informative intervention (mean difference = 1.2 ($t(1) = 14.34$, SE = .084, $p < .001$), $d_z = .79$), than the humanizing intervention (mean difference = .79 ($t(1) = 9.94$, SE = .079, $p < .001$), $d_z = .54$).

Deviance. Considering perceived deviance of people with sexual interest in children, there was a significant effect of Time, $F(1, 670) = 205.47$, $p <. 001$, reflecting a decrease in perceptions of deviance as a result of both humanizing and informative video material (mean difference = 1.37, [$t(1) = 14.28$, SE = .096, $p < .001$], $d_z = .55$). The Intervention x Time interaction effect was not significant, $F(1, 670) = .210$, $p = .647$, suggesting no evidence that effects differed between videos. There was also no between-participants effect of Intervention, $F(1, 34.2) = .601$, $p = .439$.

Absorption and Behavioral Intentions. When assessing categorical variables of absorption and engagement with intervention material, and future behavioral intentions, there were some significant differences between interventions. More participants reported engagement and emotional responses following the presentation of the humanizing intervention ($n = 202$; 57.2%) and ($n = 204$; 57.8%) relative to the informative intervention ($n = 145$; 43.2%) and ($n = 149$; 44.3%). $\chi^2 (2, N = 689) = 14.82$, $p <.001$ Cramér's $V = 0.14$ and $\chi^2 (1, N = 689) = 12.45$, $p <.001$ $\phi = .0.13$ respectively. There were no significant differences between interventions regarding future behavioral intentions. See Table 5 for percentages pertaining to each item, per intervention.

Discussion

The present study sought to test the effects of two video interventions on New Zealand public attitudes surrounding people with sexual interest in children. Results revealed that both humanizing and informative interventions appeared effective in shifting public attitudes, which was consistent with our hypotheses, although overall, effect sizes were small. Contrary to our hypotheses, both interventions were also associated with similar reductions in negative affective responses. Such findings are somewhat inconsistent with previous research, which suggested emotional stimuli are more effective in reducing punitive affective responses. While both interventions similarly impacted affective reactions, participants self-

reported greater emotional impact and levels of engagement following the humanizing intervention compared to the informative intervention. Whilst both interventions reduced perceptions of dangerousness and choice, the informative intervention had a greater effect. There was no change in participants' perceptions of a person's ability to refrain from acting on their interest to children in either intervention, suggesting that both interventions failed to challenge this stereotype. Both interventions were associated with greater awareness that sexual interest in children is not a choice; although, effect sizes were larger for the informative intervention compared to the humanizing intervention.

This study builds upon existing research that public samples harbor punitive attitudes, and that both educational and humanizing anti-stigma interventions may be effective in challenging these attitudes. Previous research indicates that first-person narratives are more effective than informative interventions in reducing stigmatizing attitudes, by way of potentially reversing the process of dehumanization (Harper et al., 2018; Harper et al., 2021; Harper & Hogue, 2015; Jahnke, Phillip, et al., 2015). However, the humanizing narrative intervention in this study was equally effective in increasing pity and reducing negative affective responses, as well as decreasing social distance, deviance, and increasing supportive attitudes as the informative intervention. Further, the informative intervention was more effective in influencing perceptions of dangerousness than the humanizing intervention. A possible explanation for this is that it was too confronting for the New Zealand public to consider the validity of the narrative of a true account. Given that the monster narrative perpetuated by the media exists as a primary frame of reference (McCartan, 2010), it is likely the humanizing intervention provided many participants with their first introduction to a counternarrative; that is, the concept of someone with pedophilia who had not sexually offended. Indeed, the majority of the sample reported that they received their information about people with sexual interest in children from mainstream media sources and that they

themselves had not come into contact with someone with sexual interest in children. The introduction of the sexual interest as separate to the behavior was also accompanied by traditional New Zealand public narratives (i.e., interest in rugby and growing up in a rural landscape) which may have evoked confusion. This confusion may have generated disconnection and thus untrustworthiness pertaining to the individual within the humanization narrative, which could explain the lower reduction in dangerousness levels than the informative intervention. Furthermore, perhaps for some, it is difficult to accept that there are people who hold these interests without acting which could account for no significant change across both interventions regarding perceptions of ability to refrain from abusing. As there are limited alternative narratives in modern society to draw from as a frame of reference, the idea of an individual not acting on their sexual interest may appear inconceivable. Thus, findings highlight the need for both the further development of, and wider public exposure to narratives that counter such perceptions. Additionally, findings are consistent with public understanding of sexual interest in children being strongly embedded within criminal and/or moral frameworks. An alternative explanation could be that the informative intervention was constructed in an easily digestible manner, which had a stronger impact than the humanizing narrative. It provided a combination of facts and statistics, as well as some personalized and social effects of stigma. Additionally, it discussed preventative efforts (and the potential benefits of interventions) within New Zealand and was delivered by an engaging and softly spoken NZ European actor, who may have been relatable to many participants.

This study also revealed high levels of supportive (pro-treatment) attitudes at both baseline and post-intervention levels. The framing of the supportive attitudes scale provided insight into the positive reception of a social support narrative. Further, the results also indicated that supportive attitudes were only present on a macro or abstract level which is illustrated by the high levels of social distance. A potential explanation of the inconsistency

between supportive attitudes and social distance may be that, when it becomes personalized, it is difficult for people to show support, and they are less willing to do so. This may indicate that a significant component of the dehumanization process of "othering" remained unchallenged by both anti-stigma interventions. High levels of personalized social distance and deviance scores could be explained by the NIMBY phenomenon, and that the desire to protect children continues to be people's priority. This provides further support for the (current) inconceivable conceptualization of the sexual interest as separate to the behavior and the perceived inevitability of individuals engaging in harmful sexual behavior.

The contrast between similarities in perceptions of dangerousness pre- and post-intervention and differences in stigmatized affective states (e.g., disgust) may indicate the difficulty people have processing counterintuitive information, meaning people are able to acknowledge their own affective change, but are less able to rationalize it. Results from Harper et al. (2021) showed negative affective responses continued and even increased despite cognitive changes in understanding empirically accurate information regarding sexual interest in children. Similarly, a recent study by Jara & Jelic (2021) found a psychoeducational intervention increased punitive attitudes within a public sample. Thus, as attitudes regarding people who have these sexual interests have developed over an extended period, it is recommended that future research employ repeated interventions in attempts to promote sustained attitudinal changes. Qualitative data (collected and presented in Studies Two and Three) will be important in informing why there were no significant differences between interventions, particularly regarding affective responses.

Limitations

Study One has five key limitations. Firstly, the study lacked a control group making it more difficult to be certain that the outcomes of this study were caused by the experimental

interventions and not by other variables. The decision to have two sole experimental groups was primarily due to wanting to test the interventions on as many participants as possible, and given the emotive nature of the topic, we were unsure how many participants would engage in the survey. Further, the study was more concerned with which of the two interventions would be more effective, and participants responses to them, making a control group largely redundant for this focus. Secondly, despite the data being collected from a large and heterogeneous sample, it was comprised of predominantly females, those of New Zealand European descent, and higher levels of education, limiting generalizability of findings to people with those characteristics. Thirdly, there was no follow-up survey to test whether any changes were maintained within the research design. The fourth limitation was that 30.95% of surveys were incomplete, and those data were therefore excluded from analyses. Granted, most surveys have a natural attrition rate due to boredom, disengagement, and interruption. Indeed, Brown and Russell (2020) employed a comparable repeated measure design testing anti-gambling stigma interventions (of a similar length) with a public sample and lost almost 50% of their sample due to incomplete surveys. Attrition in the current study may have resulted from overwhelming affective responses, which may mean that people harboring more punitive attitudes were excluded from the final analyses. Once again, the qualitative data may provide further insights into interpreting participant attrition. The fifth and final limitation is that the interventions differed in length by 4 minutes, which may have had an impact on participant engagement levels. In addition, there may have been an impact on engagement and believability due to featuring an actor reading the humanizing scripts, as opposed to having the real individual share his own story. Despite these limitations, findings provide insight into the effectiveness of narrative and educational anti-stigma interventions and nuanced differences between the two.

Implications for Future Research

Future research should attempt to address the first limitation by using a gender, ethnically and educationally balanced sample. In addition, succeeding studies could implement longitudinal designs, or a follow-up investigation of the stability of post-intervention attitudinal change. Longer term approaches may be able to produce results that are more indicative of genuine attitudinal change at a societal level than one-time interventions which measure immediate attitudinal changes. Interventions over multiple time points and various platforms are required to change attitudes, as wider social exposure may have the effect of people becoming more familiar with and trusting in alternative narratives.

As both the informative and humanizing interventions had similar effects on the reduction of stigmatizing attitudes, it is recommended that future research and anti-stigma interventions consider using a combined approach, as uniting successful elements from each intervention style may be optimal in combating public stigma. Indeed, Heath and Heath (2008) propose six principles to making an idea "stick" which are: simplicity, unexpectedness, concreteness (clarity), credibility, emotions, and stories. Aligning these principles with the findings of this study, indicates that using a combination of informative and humanizing techniques may indeed be the most effective.

Future research may also benefit from specific considerations of their target sample (e.g., culture, education, etc.) The development of these strategies would benefit from exploring the variables and predictors of stigmatizing attitudes amongst the population being targeted, for instance, considerations of social values and political alignments. Indeed, Jahnke, Imhoff, et al. (2015) found right-wing attitudes to be the biggest predictor of social distance amongst their sample, whereby they additionally explored the values associated with this political alignment (security, social control, stability etc.). As such, aligning these values with messages presented in anti-stigma interventions could be effective in challenging attitudes of groups harboring these political views. Understanding specific precursors may

provide insight into the type of interventions likely to generate the most effective change. Additionally, tailored anti-stigma interventions may deepen the humanizing process, and further reduce perceptions of dangerousness and processes related to othering.

Conclusion

This study contributes to accumulating evidence that both informative and humanizing interventions can provide platforms from which to challenge attitudes towards people living with sexual interest in children. These platforms promote alternate narratives which, with repeated exposure, offer potential to reverse dehumanization processes. The process of reversing the effects of stigma has the bifold benefits of enhancing the psychological wellbeing of people with sexual interest in children and reducing the help seeking barriers they face. Ultimately, anti-stigma interventions are therefore an important component of public health approaches to the prevention of child sexual abuse, as well as an important strategy for reducing adverse outcomes among non-offending individuals living with a sexual interest in children.

The quantitative findings of this research can only tell us so much. As such, the broader implications of this study are considered together with implications generated from qualitative data collected and presented in Study Two.

Study Two: Cognitive and Affective Impacts of Psychoeducational and Narrative Antistigma Interventions

Aims

Study Two draws on responses to two open questions from the anonymous online survey featured in Study One, which explored the impact of the two antistigma interventions. The current study focused on participant responses to the two open-ended absorption items, specifically:

1. "The video challenged my views on people with a sexual interest in children" (response options: yes, somewhat, no). Participants responding "yes" or "somewhat" were invited to elaborate on their responses ("If yes or somewhat, how?").

2. "This video affected me emotionally" (response options: yes, no). Participants responding "yes" were invited to elaborate on their emotional responses ("if yes, what emotions did you feel experience?").

Study Two aimed to develop a further understanding of the cognitive and emotional effects of antistigma interventions. Given the exploratory nature of the research no hypotheses were generated.

Methodology

Participants

The sample for the current study included all participants who responded to the specific open-ended questions (N = 460). Participants were 18 to 90 years old (M = 40.85, SD = 14.76, predominantly female (72.6%), and of NZ European decent (79.3%). Education levels were skewed towards high levels of educational attainment with many (n = 191; 41.5%) having a Bachelor's degree or higher (n = 75, 16.3% had a Master's or Doctoral degree).

Planned Analyses

An initial content analysis was used to generate a quantitative description of the data and provide an overarching framework for a more detailed analysis (Elo & Kyngäs, 2008). Three pre-determined categories were used to code each participant's response to both questions as a whole: 'positive', 'negative' and 'mixed' as well as a separate 'other' category for those who did not answer the question as it was intended. The coding was performed by the researcher. The entire data set was then blind coded by a secondary coder to check for consistency and areas of ambiguity or difference. There was a high level of agreement and minor discrepancies were resolved through consensus in the final coding.

Positive views were coded when participants described that the intervention challenged their views in a way which generated more understanding, awareness, clarification, or a more positive outlook towards people with sexual interest in children. This also included comments on previously held beliefs which were challenged. Positive emotions were coded when participants described a pleasant or desirable situational response, which evoked a positive emotional reaction towards people with sexual interest in children (i.e., compassion, empathy, sympathy etc.). Emotions like sadness and pity were decidedly synonymous with sympathy and were categorized as a supportive (and therefore positive) emotional response. Negative views were coded when ideas remained unchallenged and/or viewpoints became more punitive as a result of the intervention, or the response only described a negative viewpoint. Negative emotions were coded as unpleasant and contributed to expressing a negative affect towards people with sexual interest in children. Mixed views were coded when there was some description of how views were challenged positively- but some skepticism or negativity remained. Mixed emotions were coded when both a positive and negative emotion were expressed simultaneously (i.e., anger and pity). Additionally, confusion, or conflicted etc. were identified as a mixed emotional response. Mixed emotions

were counted as a single response, even if two or more emotions were expressed (e.g., pity and anger = one mixed response). Finally, the "other" category were comments which had no relevance of or reference to viewpoints or emotional change (e.g., elaboration of abusive experiences).

If participants did not provide an explanation as to why an emotion was felt, or it was not accompanied by emotions in the same category, a decision was made between coders that a certain amount of face value assumption was required for the categorical placement (e.g., anger = negative). Further, if participants described what they thought or felt without labelling an emotion, inferences were made if that statement was clear enough (e.g., "I felt the struggle and frustration of people trying to access support" = empathy). Due to similarities in responses across both interventions, a decision was made between authors that they should be reported on together. However, any differences are distinguished and discussed. Responses from both questions were considered together for the analysis. Data were copied and pasted into separate MS Word documents for each category and were coded line by line. Thematic analytic methods were used to identify themes within each of the three content categories. Responses from both questions were considered together for the analysis. Braun and Clarke's (2013) method provided the framework for this analysis, which involved initially identifying and coding key ideas. Codes were then linked together into themes that reflected a shared meaning.

Findings

The majority of participants from Study One (n = 692; 99.7 %) responded to the closed question enquiring as to whether the intervention material challenged their viewpoints on people with a sexual interest in children. Similarly, the majority of participants (n = 689; 99.3%) responded to the closed question asking whether the intervention video affected their emotions. Most participants across both interventions expressed that their views remained

unchallenged by the video. Over half of the humanizing sample reported that they were emotionally impacted by the intervention, whereas over half of the informative sample reported that they were not (see Table 8 for closed question response details).

A total of *n* = 287 participants (40.17% of participants answering the closed question) across both interventions responded to the open-ended question regarding whether their viewpoints were challenged. The content analysis showed that of the *n* = 138 open-ended viewpoint question responses from participants who viewed the humanizing narrative intervention, 68.84% (*n* = 95) were positive/supportive, 7.97% (*n* = 11) were negative, 21.74% (*n* = 30) were mixed, and 7.97% (*n* = 11) were categorized as other. Of the *n* = 140 informative intervention responses, 78.57% (*n* = 110) were positive/supportive, 7.86% (*n* = 11) were negative, 6.43% (*n* = 9) were mixed, and 7.14% (*n* = 10) were other.

A total of *n* = 346 participants (50.22% of participants answering the closed question) across both interventions responded to the open-ended question regarding whether they were emotionally impacted. Of the *n* = 192 open-ended emotional responses expressed from participants who viewed the humanizing narrative intervention, 48.44% (*n* = 93) were positive/supportive, 44.80% (*n* = 86) were negative, 16.66% (*n* = 32) were mixed, and 14.58% (*n* = 28) were other. Of the *n* = 132 open-ended emotional responses expressed from participants who viewed the informative intervention 32.58% (*n* = 45) were positive/supportive, 56.06% (*n* = 74) were negative, 12.88% (*n* = 17) were mixed, 14.39% (*n* = 19) were other.[1] See Tables 9 and 10 for a full list of emotions expressed across both interventions.

Participants' responses to open ended questions ranged from one-word answers through to about 200 words, to each question. A total of nine themes were identified from the

[1] Percentages exceed 100 as participants often identified more than one emotion.

data. Four themes pertaining to positive/supportive views and emotional responses, three from negative views and emotional responses, and two from mixed views and emotional responses. Themes are explored in-depth in the following section.

Table 8

Numerical and percentage responses as to whether interventions challenged viewpoints and evoked emotions

The video challenged my views on people with a sexual interest in children		Humanizing Intervention *n* = 354	Informative Intervention *n* = 338
	Yes	16.4% (*n* = 58)	20.7% (*n* = 70)
	Somewhat	33.1% (*n* = 117)	34.3% (*n* = 116)
	No	50.6% (*n* = 179)	45.0% (*n* = 152)
The video affected me emotionally		*n* = 353	*n* = 336
	Yes	57.8% (*n* = 204)	44.3% (*n* = 149)
	No	42.2% (*n* = 149)	55.7% (*n* = 187)

Table 9

Frequency of emotional responses to the humanizing intervention (n = 192)

Positive emotional responses 48.44% (*n* = 93)	*n*	Negative emotional responses 44.80% (*n* = 86)	*n*	Mixed emotional responses 16.66% (*n* = 32)	*n*
Sadness/Sorrow	34	Anger	31	Conflicted	5
Pity	18	Disgust	19	Confused	4
Empathy	17	Fearful	10	Pity and worry	1
Compassion/Understanding	15	Worried	9	Anger and pity	1
Sympathy	10	Discomfort	6	Empathy and anger	1
Happiness/Gladness	5	Frustrated	5	Disgust and uncertainty	1
Curious	4	Repulsion	5	Sympathy, sadness, mistrust	1
Guilt	3	Rage/angst	3	Fear and understanding	1
Respect	3	Scared	3	Empathy, concern, curiosity, admiration, worry	1
Excitement	2	Sick	3	Sympathy, pity, frustration	1
Admiration	2	Hatred	3	Disgust and compassion	1
Shame	2	Anxiety	2	Sadness, angry and scared	1
Anger	1	Concerned	2	Sadness. Shame, fear,	1
Challenged	1	Upset	1	Empathy, fear, shame, guilt, pity, anger, sadness	1
Hope	1	Protective	1	Pity, sadness, worry, self-reflection	1
Titillated	1	Horrified	1	Disgust. Pity.	1
Surprised	1	Wary	1	Sad , angry	1
Desire for acceptance/help	1	Grief	1	Perplexed	1
		Helpless	1	Compassion and anxiety	1
		Terrified	1	Compassion and suspicion	1
		Disturbed	1		
		Surprised	1		
		Distressed	1		

Note. Number of emotional responses exceed total response count as participants could identify more than one emotion. Other responses 14.58% (*n* = 28)

Table 10

Frequency of emotional responses to the informative intervention (n = 132)

Positive emotional responses 32.58% (*n* = 45)	*n*	Negative emotional responses 56.06% (*n* = 74)	*n*	Mixed emotional responses 12.88% (*n* = 17)	*n*
Sadness	21	Anger	27	Conflicted	4
Pity	13	Disgust	11	Confused	3
Sympathy	7	Fearful	9	Anger, despair, frustration, and compassion	1
Empathy	6	Sick	5	Sadness and fear	1
Compassion	6	Uncomfortable	4	Pity and fear	1
Frustrated	4	Frustrated	3	Guilt, pity and hope	1
Anger	3	Pain	3	Sad and scared	1
Surprise	3	Horrified	3	Violent feelings, pity, and sympathy	1
Desire to help	3	Repulsion	3	Bitter resentment and curiosity	1
Guilt	2	Rage	3	Understanding and resentment	1
Curious	2	Worried	2	Worried and hopeful	1
Hopeful	2	Disturbed	2	Hate and pity	1
Despair	1	Disbelief	2	Sadness and disgust	1
Relief	1	Upset	2	Disgust and sadness	1
Grateful	1	Protective	2	Sympathy and anger	1
Shame	1	Scared	2	Compassion and fear	1
Calmer	1	Annoyed	1	Compassion and anger/disgust	1
Anguish	1	Nervous	1	Protective and empathy	1
		Anxious	1		
		Hatred	1		
		Manipulated	1		
		Disappointment	1		
		Resentment	1		
		Outraged	1		

Note. Number of emotional responses exceed total response count as participants could identify more than one emotion. Other responses 14.39% (*n* = 19)

Positive/supportive views and emotional responses

Theme one: Challenging stereotypes

Many participants described that both interventions impacted their viewpoints positively through challenging common stereotypes associated with people with a sexual interest in children. It appeared that both narrative and informative platforms improved understanding and clarity resulting in beliefs being questioned, which often induced a positive or supportive emotional response. The most common refuted stereotype expressed by participants was the conflation between the sexual interest itself and engaging in acts of

sexual abuse. As one participant who viewed the informative intervention summarized: “It’s difficult to separate the people who experience these feelings from crimes against children and this video made me do that.” Many expressed feelings of surprise and that obtaining this information increased feelings of sympathy. One participant shared: “It allowed me to have more sympathy for people struggling with unsafe feelings who do not act upon them.” Other participants discussed that challenging this stereotype meant they developed consideration of how people living with the interest are currently viewed and treated by society. As one participant stated: “People with a sexual interest in children, who don't act on their desires, are not monsters and are worthy of love and support.” For other participants, learning about the interest not being a choice that people make, was what challenged their viewpoints most. Participants described a positive new understanding that this was “not something people wanted” or that the interest was “not their fault,” which often evoked feelings of sympathy, pity, compassion, empathy, and sadness. One participant expressed: “I assumed it was a choice. I assumed they were predators. To hear that it’s not a choice, gave me compassion.” Many participants shared feelings of shock and surprise at the estimated prevalence rates, and how many individuals who engage in sexually abusive behavior, do not necessarily have a sexual interest in children. Other clarifying information discussed within the interventions which resulted in viewpoints being challenged were, people with sexual interest in children being able to have relationships with (and having an attraction to) adults, the developmental age of attraction to children, and terminology clarity (e.g., pedophilia, hebephilia etc.).

Theme two: Gaining perspective

A second theme within the positive responses category reflected a sense of gaining perspective. Many participants described obtaining a new viewpoint as a result of hearing a different narrative and new information. For participants who viewed the informative intervention, some described shock and surprise at the information presented and reflected

that the only knowledge they had about this topic was “through news stories.” Others said the intervention enabled stimulation for “thinking about the topic overall,” and that considering a new perspective on the topic made them feel hopeful that people living with the interests could “live normal lives.” Responses reflecting a change in perspective were often accompanied by emotions of compassion, pity, empathy, and sympathy. This was particularly evident for humanizing narrative participants, who provided more emotive responses regarding their perspective shift surrounding the individual whose story was featured in the intervention. There appeared to be a process of humanization through participants acknowledgement of his emotions and experiences. One participant stated: “the background and the struggles that the man went through increased my ability to empathize with him and helped change my perspective on people with a sexual interest in children.” Another participant acknowledged: “it widened my perspective on the fact that someone can really feel shame around their attraction.” There appeared to be appreciation of hearing the perspective from the “individual themselves” and having a “real person” was recognized as assisting with empathy development. Some participants made comments regarding his “courage” and “bravery,” an increase of “respect,” and “admiration,” and that the narrative seemed “normal.” One participant expressed: “the man in the video felt relatable, I haven’t heard anyone describe their situation like that before.” Another shared that the intervention assisted with their process of humanization: “reminded me that the people who have a sexual interest in children are human, which isn't something I generally agree with.”

Theme three: Personalized reflections

Many participants expressed feelings of sadness or sorrow which were often accompanied by reflections on “preconceived ideas,” “emotional biases,” “not understanding the issue,” and “judgments” they had previously held. As such, the third theme saw participants describe more personalized reflections. Often participants would wonder about

their own personal biases and whether their "prior emotional responses were warranted." Many expressed a reduction of negative emotional responses such as anger and disgust as a result of both interventions, due to considering "the bigger picture" and "understanding the spectrum of interest." Interestingly, some participants expressed emotions such as guilt and shame towards themselves for previously held judgments and untrue beliefs surrounding people with a sexual interest in children. As one participant said: "I felt sad that I had judged people with sexual interest in children. I feel like I was unreasonably angry at them without understanding the issue." Other participants shared considerations on their possible responses surrounding disclosure: "It made me consider what I would do if a close friend told me they had sexual interest in children and how I would manage their inclusion in my children's lives." Some participants shared how reflecting on their own personal experiences helped challenge their attitudes. One participant shared: "as a gay man, I was able to relate to the feeling of wanting certain desires to go away. This made me sympathetic." Others discussed how their own experiences with sexual abuse had shaped their views and affected their emotional responses surrounding this topic. One participant described that by being presented with an alternative narrative helped alter their viewpoint:

> As someone who has experienced sexual abuse as a child, I thought I would be triggered and upset. I thought I would be reminded of my own experiences. But I wasn't. The man in the video was not what I was expecting. I was surprised. In a good way.

Other participants across both interventions made comparisons between individuals living with the interest to their own friends and family who struggle with "obsessions" and "addictions" and the support they need. One participant shared: "it really made me think about what my brother must experience, fighting with his drug addiction. It made me feel sad for them." Another expressed: "These men are our brothers, uncles, friends and fathers. They

deserve support." Finally, some participants shared that the interventions positively reinforced their previously held thoughts, beliefs, and knowledge.

Theme four: Recognizing the impacts of stigma

A fourth theme saw an increase in the recognition of the impacts of stigma and the need for more professional and public support. Participants commonly discussed feelings of shock, surprise, sadness, anger, pity, and disgust at the lack of support available for people living with a sexual interest in children. Some reflected on the moral implications stemming from a lack of available resources and treatment. One participant expressed: "I can't believe the people get turned away when they try and get help. It's like society is letting people down." Participants often placed emphasis on the importance of prevention and support, and that a public health approach would be more effective than the current criminal justice approach. One participant said: "it's made me think that if we keep treating people like criminals even if they haven't done anything, then that's what they will keep being." There was much acknowledgement of risks posed without support, and there were many responses across both interventions regarding the impact of stigma. Participants reflected that learning about the effects of stigma enabled further consideration of the wider social impacts. One participant shared: "I now know how important it is to not just think about this on an individual scale." Others expressed how addressing stigma may assist in empathy development, even for those personally impacted by experiences of abuse:

> I felt empathy for these people. Though it would still take a while for me to warm up to the idea of knowing someone who has sexual interest in children (due to personal experiences), but perhaps more awareness and less stigma would allow for this.

Many participants shared that learning about self-stigma experienced by people living with a sexual interest in children such as isolation, suicidal ideation, shame, and disclosure

impacts, contributed to positive attitudinal change. As one participant put it: "to hear the self-disgust and horror that is often experienced left me feeling very compassionate and wishing them support. It's left me realizing how difficult it would be to get safe and effective help." Many participants also expressed the value of being accepted by others and communicated that this was an important component of sexual abuse prevention. One participant expressed: "I always perceived that sexual interest in children leads to action against a child, now I think with the right help this might not happen."

Negative views and emotional responses

Theme five: Minimization and normalization

Across both interventions there were few examples of interventions negatively impacting viewpoints. However, over half of the emotional responses for the informative intervention, and almost half for the humanizing intervention, were negative. Of those whose viewpoints were negatively impacted, there was concern regarding perceptions of minimization and normalization. Specifically, some participants expressed that the "risk posed" by people living with the interest was being minimized by both interventions. Certain participants who viewed the humanizing narrative believed he was "excusing and accepting" his desires and wanted "undeserved pity." Minimization was also connected to a misunderstanding of the intentions of the research. Some participants expressed the research was "excusing the behavior" and "protecting child rapists." Common negative emotional responses like anger, disgust, concern or worry, and fear and were often associated with statements referring to the content of the interventions attempting to "promote an agenda" to minimize or "normalize the sexualization of children," and the use of the words "sexual interest in children." For other participants, feelings of fear were connected to concerns of what normalizing the interest might look like. Some made comparisons with other progressive social movements. As one participant expressed: "[I am] scared that this could

eventually turn into the next gay/lesbian movement." Finally, a few participants vehemently expressed their negative viewpoints surrounding their perceptions of the research promoting normalization:

> Anger at professionals trying to normalize society toward pedophilia. ITS NOT OK. NEVER OK. WILL NEVER BE OK. People that think about children sexually are not well they are sick and have a mental or spiritual defect that can never be trusted to be around children in case they act upon their sickness. University PC BULLSHIT.

Theme six: Personal experiences

Another theme amongst the negative attitudinal responses related to personal experiences. Participants would share that the interventions brought up negative thoughts or feelings surrounding either their own personal experiences of abuse, or abuse experienced by someone close to them. Anxiety, anger, discomfort, and disgust were emotional responses commonly mentioned alongside expressions of personal experiences. One participant shared: "[It] made me feel uncomfortable about my own views and brought up my own issues of abuse." Often participants would express difficulty in perspective taking or feeling empathy due to their own or others' experiences: "Considering I was on the receiving end of this sort of thing (physical sexual behavior by an adult in the 1960s when I was 11-12), it's pretty hard to feel compassion for them."

Theme seven: Disbelief and mistrust

Another prevalent theme which appeared only in responses from participants who viewed the humanizing narrative intervention was a sense of disbelief and mistrust and was often accompanied by anger. A few participants expressed that they felt "lied to," whilst others found themselves "wanting to believe" the narrative, but felt unable to, indicating a sense of incomprehension. It appeared that for some participants, their views and feelings of

disbelief were connected to the stereotype that everyone with the interest acts on it, and that the narrative was somewhat falsified:

> I don't believe his friends would accept him, or that he never acted on any impulse. As he was old, and life is long, there would of [*sic*] been times he was left alone with children. And children are playful. I believe he said he never had sexual contact with a kid because it was socially acceptable to say that.

For others, their feelings of mistrust were too strong to consider providing any form of support of acceptance, which also appeared to be connected to a sense of inevitability of action. As one participant put it: "I still don't trust them, the irreparable damage they can cause outweighs their right to be accepted." Finally, a small number of participants shared that the informative intervention "made their views worse" but did not provide an explanation as to why this was the case.

Disbelief/mistrust emotions were more commonly mentioned from participants who viewed the narrative intervention (13 counts vs 3 counts related to the informative). Further, the explanations regarding feelings of mistrust within the informative focused on the intention of the research as opposed to the content presented within the intervention.

Mixed views and emotional responses

Theme eight: Difficulty reconciling emotional and cognitive responses

Many participants discussed feelings of confusion and conflict as a result of viewing the intervention material. This confusion appeared to be a difficulty in participants reconciling their emotional and rational responses. Often participants expressed being able to logically understand and accept the disproved stereotypes (e.g., all people act on their sexual interests and the interest is a choice), but found this new information conflicted with their emotional responses. As one participant put it: "I understand, academically that this is not a

choice, but still harbored fears." For others, conflicting responses appeared to be present due to the continuation of stereotypes, like the inevitability of action. One participant shared: "I feel for him but at the same time there is always that doubt of maybe one day it might change." Some participants expressed difficulty in coming to terms with stereotypes which were refuted in the interventions, as one expressed: "I feel pity, but I don't like the thought that someone with a normal upbringing could have these feelings." Other responses indicated continued conflation between the interest and the behavior: "I feel maybe a tiny bit of pity - but I don't accept that they can't control their behavior." Some participants who viewed the humanizing narrative expressed feelings of sympathy, compassion, and empathy until hearing "minimizing comments" made about feeling entitled to be trusted to be around children, and the way the narrative was constructed. As one participant expressed: "[I] felt slight empathy for his situation but also found myself feeling annoyed as I felt like he was justifying and feeling like the victim."

Other participants were able to provide insight into the difficulties of their emotional and rational responses through sharing personal experiences. Some expressed that their own incidents of abuse caused feelings of "wariness" "mistrust" and these emotions were at odds with the rational understanding that not everyone with the interest would act on it. Others shared how their emotional and cognitive conflict would play out within their lives. It appeared that for some, a social desirability bias may have been the cause of conflict between emotional and rational responses: "[I felt] pity, something like I as a person can understand and want to support but as a part of group might not be able to." For others, despite feeling or developing a positive emotion as a result of the intervention, they expressed discomfort around the thought of knowing someone with a sexual interest in children. As one participant put it: "I still wouldn't feel comfortable with someone like this in my life but do feel more pity for someone in this situation." Finally, participants commonly expressed that feelings of

sympathy, compassion, and empathy were in conflict with wanting to be protective as a parent: “I feel sorry for them, I still feel wary though as a mother.” Others acknowledged that people living with the interest were entitled to support, but it was difficult to manage feelings of disgust when considering their own children could be viewed sexually:

> I was thinking if how this person's thoughts towards kids could affect other families’ lives. I have a kid and even the thought of someone thinking of them in a fantasy makes me.feel.sick [*sic*] to the stomach. But they do need to get help to manage their feelings and thoughts which would hopefully reduce the potential to act or think about kids.

Theme nine: Apprehension and risk

A second theme of apprehension and risk also saw responses revolve around the concerns of parental participants. This theme also appeared to feature more prominently from participants who viewed the narrative intervention. Some described that the “potential threat to children” meant that they would want to socially distance themselves from people with a sexual interest in children, despite the belief and acceptance that not all individuals act on their interest:

> I believe although these people may genuinely not want to harm children and can resist the temptation, but the risk would make me still want to keep children in my life far from them.

For others, risk was about witnessing the impacts of abuse:

> I felt very conflicted. I totally get what this guy is saying and yes, he sounds fabulous, but having known a few people who have not managed their desires and have created lifetimes of misery for their victims, all I see is risk.

Some participants described concerns of people living with the interest being put in a position of trust and that the inevitably of some acting on their interests, outweighed the need for support or acceptance. One participant described that this concern was connected to feelings of fear due to the perceived risks of normalization:

> Going as far as letting him be a teacher and his friends trusting him with their kids even after acknowledging his possible dangerous desires, just fearing the possible precedent that might set if we treated all of them with that level of trust as a normalized standard.

Discussion

The current study aimed to explore broad affective and cognitive impacts of the psychoeducational and narrative antistigma interventions, utilizing a mixed-methods approach. This research provides preliminary insight into the immediate cognitive and emotive responses participants were left with after viewing narrative and informative antistigma interventions. Although Study One found that most participants across both interventions reported that their views were unchallenged, the qualitative data indicated that both interventions impacted participants' viewpoints positively, which were commonly expressed through the challenging of various stereotypes. The qualitative data revealed that the open-ended responses surrounding positive and negative emotional impact were relatively even across the humanizing narrative, but the informative intervention saw higher negative emotional responses. The ambivalent responses were far fewer than the purely negative responses which may indicate the strength of conviction people experience when considering this topic. Interestingly, the mixed responses to both questions saw a much higher response rates from the humanizing participants. The themes surrounding the negative and mixed responses supports the results from Study One; in that, the interventions were unable to shift perceptions of controllability. This lack of shift may be due to responses reflecting an

inconceivability of the interest as separate from the behavior and the inevitability of action conceptualized as risk, highlighted within these results. Further, as the humanizing intervention was less able to shift perceptions of dangerousness, the hypothesized doubt surrounding the validity of true account within Study One, appears evident due to the lack of trust and disbelief exemplified within the negative and mixed responses.

More positive viewpoints were recorded as a result of the informative intervention, yet 60 more emotional responses were documented as a result of the humanizing intervention, representing a considerably higher emotive response rate than the informative intervention. Further, the humanizing intervention evoked more positive emotions than the informative. A possible explanation of this finding is that perhaps negative or difficult emotional responses are evoked when punitive viewpoints are challenged. In that, people can cognitively acknowledge their viewpoints have been challenged positively, but some continue harbor emotional responses, regardless. On the flip side, the humanizing intervention in particularly generated feelings of pity, and sadness, which were accompanied by reflections of relatability through hearing about a real person with real stories. These accounts provide evidence for empathy development and reversing the effects of 'othering', especially due to empathy and compassion being experienced at higher rates as a result of the humanizing narrative intervention. Further evidence of the humanization process was witnessed through participants making personalized connections by reflecting on family and friends who struggle with addiction, following with comments on the lack of choice surrounding addiction, their addictions not defining them, and that they are still worthy of love and support. In a climate pushing for increasingly punitive and restrictive policies surrounding child sexual offending (Cochran et al, 2021; Harper & Harris, 2017) it is important this narrative of public understanding and support is expressed, in order to drive more preventative initiatives, and progressive policy reform.

Finally, there were multiple instances of participants using the open-ended space of both questions to share their own or family member's experiences of abuse whether this was related to the question or not. Participants use of an anonymized space to share these experiences may infer a cultural inability to have open, honest and direct conversations regarding people living with and acting on the interest, and the impacts of abuse Further, it is an indication that more platforms are required to have an open dialogue and hear from people who have direct experience.

Limitations

Key limitations of the study were outlined in Study One. In addition to those limitations, this study saw two others. Firstly, participants were not explicitly asked why their views remained unchallenged as a result of the interventions. As such, this data may be skewed to reflect more positive responses, providing less data on why the interventions left certain viewpoints unchallenged. Future research may consider exploring the function and depth underpinning why attitudes may not have been challenged. Secondly, context for participants emotional responses were not explicitly sought (which might be further explored through inviting reflection on their emotional responses). However, as some participants voluntarily provided rationales as to why they experienced particular emotions, a more in-depth analysis was able to take place. Future research may consider exploring the perspectives as to why future participants experience certain emotions as a result of antistigma interventions.

Conclusion

The analysis of the qualitative data collected indicated that both interventions evoked mostly positive challenges to participants preexisting viewpoints but overall, both interventions evoked high levels of negative emotional responses. Enhancing our

understanding as to what makes the interventions effective is vital to future antistigmatization research. In particular, understanding how and why people experience and process interventions. Accordingly, Study Three delivers a more detailed analysis, providing further insight into the impacts and implications of the intervention material. Utilizing qualitative methods with a smaller sample, Study Three offers a richer and more robust exploration of the effectiveness of the antistigma interventions.

PART THREE: Delving Deeper

Methodology

Establishing Rigor

Reflexivity is an important element of qualitative research as it enables researchers to consider the inevitable impact they have on data collection and analysis (Shaw, 2010). To be reflexive, it is useful to consider personal interest in the topic. My ontological position is social constructionism in which social phenomena are created by individuals in groups, is changed through social interactions, and is subjective over places, spaces, and time (Braun and Clarke, 2013). My approach is informed by my vested interest in understanding attitudinal responses in a wider social context. My Master's thesis in criminology examined gendered representations of people who commit child sexual offending in popular culture, focusing on the unwritten social scripts informing people how to respond to fear created by sexual dissonance. As such, my criminological research background provides the foundation of my social discourse lens. Further, my own personal experiences sensitised me to particularly noticing accounts in the dataset of personal experiences of childhood sexual abuse, and the support for preventative interventions, as this is the foundation of my research interest. However, accounts of experiencing abuse and developing more punitive attitudes as a result also stood out to me. In addition, I recognize that as a liberal atheist, conflicting ideologies and beliefs were difficult to analyse without judgment or becoming fixated on understanding the origins of participants' belief systems and how these may or may not shape their attitudes. I conducted and transcribed all interviews; notes were kept of all 30 interviews to aid self-reflection during analysis. As the primary researcher, I acknowledge my own research position and influence in the interpretation of the data. Therefore, to establish rigor, discussion of developing themes and self-reflection was used with the research and

supervisory teams to challenge analytic assumptions (Hollway & Jefferson, 2013; Morrow, 2005).

Participants

Participants were recruited via Study One and Two's online questionnaire. On completion of the online study, participants were asked if they would like to participate in a follow-up interview regarding their attitudinal responses to the survey content. Once sufficient interest was reached (128 responses), 50 potential participants were selected using a random number generator. The initial response rate was low and accordingly an invitation to participate in the interview was sent to all 128 email addresses, see Appendix O. From the *n* = 38 responses, six were waitlisted and two people withdrew their interest to participate. Thirty participants between the ages of 21 and 61 *(M* = 37, *SD* = 8.65) took part in the study, including 22 females, seven males, and one participant who identified as nonbinary/gender diverse. The majority described themselves as NZ European (*n* = 21, 70%), five as NZ Māori (16%), one as Pacifica (3%), four as being of Asian descent (13%), one of Middle Eastern descent (3%), three European migrants (10%), one Australian (3%) and one Canadian (3%)[2]. The sample were generally well educated with more than half (*n* = 10, 33.33%) holding a bachelor's degree, or postgraduate degree (*n* = 7, 23.33%), a further seven participants (23.33%) held a diploma/certificate (*n* = 7, 23.33%), and the remaining six participants (20%) had some form of high school qualification.

Procedure and Research Design

Participants were provided with an information sheet and consent form for the research via email (see Appendices P and Q) and gave verbal consent to participate at the start of their interview. All interviews were conducted via Zoom, by the researcher. The

[2] Percentages exceed 100% as participants could identify with more than one ethnic group.

decision to conduct audio-only interviews was made on the basis that participants may feel more comfortable expressing their genuine opinions around a difficult and controversial topic with more anonymity by excluding the face-to-face component. All interviews were audio-recorded and took place throughout the month of June 2021, which was two to three months following exposure to an antistigma intervention through the earlier online study. They could withdraw any information they provided up to two weeks following the interview. There were not offered an opportunity to review their transcripts, however, they were offered an opportunity to be emailed a summary of findings. Interviews ranged from 26 minutes to one hour and 46 minutes and averaged 43 minutes (*SD* = 15.11). Participants were offered a $20 grocery voucher in exchange for their participation. General sociodemographic information was obtained at the beginning of the interview.

Semi-Structured Interview

The interviews were led by the researcher based on prompts and questions in the schedule. However, participants were often asked exploratory questions expanding on their responses to provide richer data. A semi-structured interview schedule was used consisting of six topics, encompassing 28 open-ended questions, see Appendix R for the interview protocol. The open-ended questions were included to provide the opportunity to "speak in their own voice, rather than conforming to categories and terms imposed on them by others" (Sofaer, 1999, p. 1105). These questions allowed the opportunity to have their say and identify new issues and/or elaborate on existing issues, which they deemed relevant and appropriate. Further, a semi-structured interview format was chosen to bring focus to the interviews whilst not compromising rapport and flow (Rubin & Rubin, 2011). The interview schedule contained several guiding questions, however, to ensure the natural flow of the interview it was not rigidly adhered to. Open questions were used to maximize the richness of responses by allowing for creative answers and self-expression (Morrow, 2005; Rubin &

Rubin, 2011). Topics included questions related to: Study One (e.g., what stands out to you most or what do you remember most about the survey?), the intervention material (e.g., what did you find engaging about the video?), behavioral responses (e.g., did you discuss the survey or video with family/friends/colleagues?), wider societal issues (e.g., do you think this is a subject which the public need to know more about?), people with sexual interest in children (e.g., what do you think it would be like to live with these interests?), and personal reflections (e.g., why do you think you hold the views that you do?). At the end of the interview, participants were invited to raise anything that had not been discussed that they felt was relevant. Participants were also assigned pseudonyms by the researcher.

Planned Analyses

Participants' audio interviews were transcribed by the first author and read in depth prior to coding, enabling the researcher to familiarize themselves with the data (Guest et al., 2011). Inductive thematic analysis, as per Braun and Clarke's (2013) guidelines, was used to carry out qualitative analysis of the interview transcripts, in order to identify, analyze and report themes and patterns within the data. Thematic analysis was considered suitable, as this research aimed to explore the similarities and differences of the views, perceptions, and experiences of individuals (Caulfield & Hill, 2014). Commonly transcription is considered the first stage of data analysis due to the necessary interpretive decisions about how to represent conversations between the interviewer and participants (Braun & Clarke, 2006). Not only does transcription by the researcher allow for greater familiarity with the literature but also enhances early thematic coding as this familiarity grows. Transcription for the present study was completed as soon as possible subsequent to each interview. Transcripts included verbatim interactions between the interviewer and participants, inclusive of laughs, tears, wavering, pauses and false starts. Minimal encouragers by the interviewer such as 'mm', 'OK' and 'right' were removed so as to limit the disruption of the flow of participant's

responses. Transcripts were finalized and reviewed multiple times to increase familiarization, and initial concepts were formulated.

Given that the data were part of two studies, initial coding involved extracting data relevant to each study; that is, all the transcripts were coded according to a priori categories (1) antistigma intervention impacts, and (2) what factors facilitate understanding and what factors act as barriers to understanding people with a sexual interest in children. The initial codes of interest were generated based on commonality and saliency of responses across the data set.

The next phase of analysis involved analyzing each category for themes; that is, the researcher systematically went through each category to identify themes. All the codes for an overarching theme were read and reviewed to consider whether a coherent pattern had been formed. Finally, the themes were defined and named with a written analysis completed to accompany each theme identified. Quotes that supported or illustrated a theme were extracted from the data throughout the review process. Data analysis was an iterative process of identifying themes and rereading transcripts to ensure accuracy of themes or quotes identified. Further, the researcher was conscious of discrepant findings or disconfirming evidence to avoid confirmatory bias and simplistic interpretations. Contact was maintained with a research team throughout the analysis process to discuss themes identified and to facilitate a reflexive approach, minimize biases, and ensure consistency of analysis.

Study Three: Personalized and Broader Impacts of Psychoeducational and Narrative Antistigma Interventions

Aims

Study Three aimed to examine the impacts of psychoeducational and humanizing narrative interventions. The research contributes to extant research by exploring the effects of the intervention material (including a behavioral follow-up component) two to three months following exposure. A qualitative approach was adopted to explore the long-term impact of the intervention material, and to gauge responses of the participants in an in-depth manner. Given the exploratory nature of the research, no hypotheses were generated.

Findings

Participants identified various cognitions, emotions, and behaviors that were impacted as a result of participating in the survey and watching the intervention material. A total of eight themes were identified within the data. Themes one to three pertained to cognitive responses and were based on the questions asked of the participants surrounding their general reflections of the survey questions and intervention material. Participants were asked about how the survey and intervention material enabled different ways of thinking about the topic, including consideration of different treatment approaches, what was engaging about the material, and what could have been more engaging, or memorable. Themes four to six were based on the emotions participants experienced as a result of the intervention material, or considering the topic as a whole. All participants were able to recall how the video and/or survey made them feel despite difficulties in recalling specific facts within the informative intervention or details of the humanizing narrative. Themes seven to eight reflected behavioral reactions identified through response to a question about discussing the topic, or sharing the survey material with others; were identified as behavioral reactions through the

evaluation of the responses to the interview question which asked participants whether they had discussions, shared the survey or intervention material with people in their lives.

Theme one. Stereotypes and beliefs challenged: "I wasn't expecting to think about this topic on a wider scale like I did"

The most common stereotype, challenged across both interventions, was the conflation of having a sexual interest in children and engaging in sexually abusive behavior. Many participants shared that this conflation was not something they had considered prior to watching the intervention material:

> Alexandra: I just never really put a lot of thought into it, and it made me put more thought into things. I mean I guess I probably did know in hindsight that they are two different things. You may think of murdering someone, but you don't go out there and do it, but it's something I'd never put that deep of thought into to be honest. It's just not something I've ever really come across as such.

For others, like Lula, considering the interest as separate from the behavior meant having to actively think about the difference when responding to the survey questions: "I found myself while I was answering the questions thinking about it from an offending perspective and then having to stop and think again to actually answer the question which was actually being asked." Participants often expressed that a result of having this stereotype challenged enabled consideration of the topic more broadly, which included considering the impacts on those who live with the interest, and considering the distinction of the interest and behavior to people they knew personally. The inevitability that all people with the interest will eventually engage in the behavior was another stereotype that was commonly touted as being disproven by the interventions:

> Brad: Because of my previous perceptions being influenced by society and the media that these people always follow through on it and that being wrong so it challenged my thoughts on it and that people sought help for it as well.

The concept of individuals choosing to have these interests was also mentioned frequently as being challenged as a result of the intervention content:

> Anna: I guess that people don't choose it, or that they themselves think it's a negative thing. Like when answering the questions after the video, I felt like I had a little more room to understand that it isn't chosen or acted upon and to me it's always been presented as completely negative... it just opened my eyes up to it a little bit more.

Some participants who recieved the humanizing intervention, expressed that their beliefs surrounding the "type" of people who had these interests were challenged as a result of hearing an alternative lived experience. For Dawn, this was primarily due to learning about the development of his interest:

> It challenged my own experiences. I started the survey I was ready for this guy [in the video], yeah bring it on, I know your type, but actually, I don't know your type. The people I recall were what I would call those impulsive people, and this wasn't it. Previously I had an impression that these people are just predators, but his story was like he became aware of it reasonably young, and he had never really acted on the interests.

Both interventions appeared to evoke an alternate way of thinking about people living with the interest. The facts presented in the informative intervention allowed participants, like Dale, to consider the possibility of preventative pathways: "I always thought you're removed from society, you're chemically castrated, you know, dealing with those kinds of desires, and

listening to it, it was like oh maybe there is another way around it." Mac was able to consider alternative treatment avenues which focused on harm minimization and support: "The thing that stayed with me the most is that we can actually have different treatment approaches which cause less harm, there are actually options for us to take that will eventuate in less people being harmed."

Other stereotypes challenged were: people who have these sexual interests are exclusively attracted to children, people with these interests are unable to live happy/productive lives, individuals living with the interest do not want help, or they enjoy having the interest, and childhood trauma as the only etilogical explanation for an individual to develop these interests. The frequency of which participants mentioned that these stereotypes were often things they had not considered previously indicates the lack of accessible counter-narratives. Indeed, participants, including Mallory, often expressed frustration and distrust around the way in which information about these individuals is presented amongst mainstream media outlets: "The media just need to stop vilifying and using labels...They play into the stereotypes, and they remove that human factor, I mean everyone loves to hate a paedophile."

Theme two. Stereotypes and beliefs remaining unchanged: "It's only a matter of time before people act. That's my fear"

Some participants continued to harbor stereotypes and punitive beliefs. The most common stereotype which continued for participants following both interventions was the inevitability of acting on the interest. Some, like Dawn, believed that the inevitability of action was due to the fact that all people are innately sexual beings: "How long can people go against a natural basically born with desire? How can they do that?" Others, like Hannah, expressed that inevitability of action was due to constant "temptation" of being around children, or simply by living within the community: "It's a bit like leaving a two-year-old in a

lolly shop, they might not do anything, but they might still want to, and in weaker moments, they might act on it." Linked with the inevitability of action, percieved dangerousness appeared to remain only with participants who viewed the humanizing intervention. For these participants, dangerousness seemed to be connected to a sense of mistrust, as some expressed disbelief that he had not acted on his interests, and that he was "lying" for self and public acceptance. Dawn believed that her perception of percieved dangerousness was due to the perpetuation of current narratives:

> Everybody is hearing messages continuously that these people are just dangerous, which is still partly what I think, that they [society] need to lock them up and keep them off the streets. So that media image is constantly oh, if they're attracted to children, they're going to commit a crime, it feeds it, and the fears people have.

Some participants often voiced that some of their beliefs about having a sexual interest in children would not change, because they believed that having the interest itself was "abnormal," "immoral," and "wrong." For Donna, although the intervention material provided an alternative narrative, it was still unable to shift her beliefs: "I think I still felt, it doesn't matter what you say it's just wrong, but I had a different perspective on where he was coming from. Like I still think it's wrong, and they know it's wrong." Others, including Hannah, believed that the interest was borne out of something inherently wrong with the person: "Someone who is attracted to someone underage, it's just not normal, that a regular person with no issues would be feeling." Additionally, there appeared to be mixed opinions on what acting on the interest consisted of, and for some, even engaging in thoughts or fantasies were "wrong" and were a "gateway" to the inevitability of action:

> Janet: I find it hard to believe that there are people who would not act on those interests because to me, even if a guy who was attracted to children was to read a

> story or watch a film which entertained that kind of fantasy, to me, although no-one may be physically hurt, that is acting on those desires and it is not healthy because it will inevitably lead to someone getting hurt.

The stereotype of choice was also something which participants, like Anna, who recieved the informative intervention, continued to harbor. This often appeared to be due to a lack of understanding, resulting from not having recieved enough information: "I feel very confused because I don't understand the scientific side, so there is still a part of me that sees it as a choice." Finally, the other stereotype which remained for some participants was the disbelief that childhood sexual abuse is not always a factor in the development of these interests.

Theme three. Engagement: "It was gentle, understandable even"

Participants who viewed the humanizing narrative intervention often expressed that their engagement with the video was due to feeling a sense of understanding and connectedness. Participants, like Jessa, often expressed surprise at feeling a sense of relatability, which often came from shared experiences: "I connected to the family farming background, he was like people I knew who were in my world." Gillian went on to share that his story illuminated a sense of normalcy, and how this may impact the breakdown of stereotypes:

> People relate more if it's someone they know, and that it's just a normal person, they don't have horns on their head, and in this case had a normal, average, rural, traditional kiwi upbringing, nothing out of the ordinary, and most people if they do act on probably also have a normal upbringing… it highlighted to me that someone with that story, could be anyone, and you're not necessarily going to know…I'm not sure that people really consider that.

Almost all participants who viewed the narrative intervention expressed that hearing a first-hand account was "powerful." Often participants, like Susanna, described the sharing of this narrative as "brave" and "honest": "It wasn't just fiction, or what people speculate about what people are thinking, it was, this person just being really honest." For others, like Walt, neutrality was a noted factor contributing to the engagement of the intervention: "It didn't use emotive language it just reflected and talked about what his experience was, I guess it felt non-threatening." Many discussed that hearing and viewing this alternative representation, despite it being portrayed by an actor, assisted with the humanization process:

> Hooper: I think straight up that there was a face behind the voice, like even if that face wasn't the actual person, I did think it was really nice to have that humanized, because we actually don't have any visual representation in pop culture around people who are attracted to children unless they're like a villain in a movie, right? So, I found that quite refreshing, like great! Here's a literal face, and like a voice and you just have more empathy with a human being that you see versus words on a page.

Participants who viewed the informative intervention often expressed that they found themselves wanting to know more information. Often participants, like Brodie, described the video as "non-judgmental" and many felt that the "clinical" "fact-based" approach was an important factor for challenging preconceived notions and ideas, feeling "legitimate" or "correct," as well as a mitigation of an emotional response: "It was quite objective I thought, and quite clinical, and I found that to be really good because it removed the emotional aspect and any trigger that could come up from it. I found that easy to watch." A few participants (across both interventions) who expressed feeling triggered, explained that they expected to feel this way. However, due to the way it was explicitly discussed in the participant information sheet before the survey, they were able to make an informed decision about viewing the material. Consistent with the narrative intervention, for some participants, like

Larry, neutrality was also a noted engagement factor in the informative intervention: "What I found engaging was there was someone presenting things in a neutral tone about things, there was no jargon, and it was very understandable…he mentioned some stereotypes…then kind of debunked them with the research and evidence." Others also noted that the neutral tone of the video meant it felt less directive in the sense that they were not being "told what to believe."

Overall, participants expressed high levels of engagement with both interventions, and shared they often thought about the video days to weeks after viewing it. Interestingly, all participants who had viewed the informative intervention expressed difficulty recalling specific facts. This appeared less so for the humanizing participants who were able to recall more details about the individual's life. Participants' suggestions on how the intervention material could have been more engaging or memorable included: visual on-screen aids (subtitles, graphs, or key points written on screen), combined approach of facts and lived experience, hearing the perspectives of people who support individuals living with these interests, acted re-enactments of the narrative, multiple lived accounts, hearing from the person themselves (as opposed to an actor), sit-down interviews, longer videos, conversational interviews with an expert, having a celebrity/well-known figure present factual information, and having multiple people from diverse backgrounds present factual information. Three participants did follow-up research which consisted of researching etiologies and exploring tertiary study options as a result of taking the survey.

Theme four. Positive/Supportive emotional responses: "I couldn't help but empathize, which made it less triggering, and I was surprised at that"

Many participants described feeling positive emotional responses during and after viewing the intervention material. It appeared that both the first-person perspective and informative approach evoked several, sympathetic, empathetic, and compassionate responses.

Some attributed the development of their compassion to giving the topic and the people impacted by the stigma surrounding it more consideration, and by reflecting on the "regret" felt at their own prior "judgments". The informative intervention was able to abridge concepts and breakdown stereotypes for Lula, which she reflected, assisted in her empathy development: "The abstract concepts kind of hit me that these are people. People with feelings; frightened people often, rather than people who were going to offend eventually." Similarly for Brad, having stereotypes challenged in the informative intervention strengthened his compassion, which he believe could have a real life impact: "I felt compassion because I had always just assumed that the majority of people acted on it, and I think I would feel that if I ever met someone who had these interests in real life."

Often participants who expressed compassion and empathy had the additional emotional response of surprise. A few participants who viewed the humanizing narrative, like Aroha, reflected that surprise was the result of not having the negative emotional response they were expecting: "When I first started watching it I expected to feel quite disgusted and unimpressed, but after watching it, being able to hear it from their point of view, I did expect to feel upset, so that was surprising." Others discussed their surprise at the efficacy and possibility of disclosing the interest to friends and family. For Madeline, it was the developmental process of the interest that enabled a surprising amount of understanding:

> I could almost understand after watching that, how he developed his attraction. It didn't seem like it came from dark thoughts or a dark place, it was just innocent, and it solidified at a young age for him, and so I was surprised at my ability to understand how it happened.

For Penny (who viewed the informative narrative) it was an absence of negative responses which stood out as important: “I remember not feeling offended or worried, or I think it’s what was absent, so there was an absence of shame.”

Curiousity was also a commonly reported emotion from participants who viewed both interventions. Many described that their curiosity as a result of wanting to “know more information” or “hear more stories” from other individuals living with the interest. Another notable positive/supportive emotional response was admiration as a result of the humanizing narrative due to the “bravery” of both the actor and the individual behind the story. Finally, sadness, anger, frustration and pity were felt by participants due to the mere existence of the interest, that “people’s brains are wired that way,” a lack of support available, and considering the effects of child sexual abuse. These were considered positive emotional responses as they were decidedly similar to sympathy.

Theme five. Negative emotional responses: “I still genuinely felt repulsion towards that person, even though I knew it wasn’t their words. It was like a response that I couldn’t contain”

Participants expressed several negative emotional responses were felt as a result of watching the intervention material. Most commonly expressed were fear, apprehension, worry, concern and discomfort. Interestingly, fear was only mentioned from participants who viewed the humanizing intervention; however, the other aforementioned emotions were acknowledged by informative participants, and were considered synonymous with one another. Some participants, like Susanna, expressed discomfort at the exisitence of the interest, and the uncertainy they felt surrounding it: “It is scary and uncomfortable to think about the idea that people have these thoughts and desires.” Others, like Larry, expressed feelings of mistrust which also seemed to be explained by the inevitability of action stereotype: “I think it would be difficult personally, to know this person feels like this, like I

don't think I would have complete trust in that situation." In contrast to positive accounts, exposure to etiological information was concerning for some participants:

> Dawn: I felt quite nervous, knowing that they're aware of this for very long periods of their life, from reasonably earlier ages. I've thought about it quite a few times because rather than an impulsive or compulsive issue, this is actually a very real sexual interest. It worries me that someone is developing skills over their life to get close to children, to possibly engage in sexual activities.

There was a high prevalence of fear and concern from parental participants thinking about people constantly resisting temptation, which was expressed as individuals having to "continually manage their feelings." Being protective of children was often touted as a rationale for these emotions:

> Alexandra: People tend to personalise it; how would you feel if you had children, and somebody did that to them? That could have been my child that they did that to. It's the whole mamma bear type thing, and as a society we're all protective of our young, so there is a lot of fear of things that can happen to children whilst they're still growing and can be influenced too.

Often the accounts behind why participants felt fear reflected the stereotypes that the interest will inevitably be acted upon or those with the interest are inherently deviant. Anger was also an emotion felt by some participants who believed there was too much compassion given to people with the interest. Some participants, like Kate, who viewed the humanizing intervention, experienced anger as they felt the individual sharing his story was normalizing his interest:

> It made me angry. He talked about the attraction towards the younger person in his life, and he was just like rationalizing it. I think that's what it was: if you recognised

> that those feelings towards a younger person were not right that's how we view them in our society, and you genuinely wanted help for that condition, then rationalizing that feeling is probably not a good thing, It just felt like he was excusing that he felt that way.

Other participants also linked their anger, concern, and frustration to the the words "sexual interest" or "attraction" and the idea that the intervention material and research was attempting to normalize the interest.

Theme six. Difficulty reconciling cognitive and emotional responses: "It feels black and white but there is actually a lot of grey, and I struggle with the grey when I think about those sorts of people"

This theme was generated by participants recognizing, acknowledging, and discussing their own cognitive dissonance between their cognitive and emotional responses to the intervention material. Participants, like Lula, often described this process as a kind of battle which was often found difficult to make sense of: "I was having to bring myself into line using my rational brain instead of my emotional brain. I remember really having an internal tussle about some of the questions and having to have quite a degree of self-discipline." Participants, including Mickey, often acknowledged the strength of their emotional responses, and despite recognizing cognitive challenges, their emotional responses influenced their overall attitudes: "I do feel disgust about the prospect of it, but at the same time I work with people who have done terrible things. I remember feeling challenged. I can understand it cognitively just not emotionally." Mickey also shared how his personal and professional beliefs and values were called into question as a result of viewing the informative intervention: "It's made me explore myself, and my values, and what my levels of comfort are in exploring these difficult conversations, how does my personal world view color my professional desires for the world, or are they the same?"

Some participants discussed their emotional and cognitive processes when trying to make sense of the interest existing without the behavior. A few expressed difficulties when considering the correct response to thoughts and fantasies. For Dale, this was viewed through a moral lens:

> One part is trying to apply my moral code and ethics and the way I feel, like, how do we respond to people who are thinking something wrong but haven't done anything wrong? It feels like we have some kind of thought police when it comes to that, like I run in a spiral with it.

Concepts like trust were also discussed by some in connection to their conflicting attitudes. For Hooper (who viewed the humanizing intervention) the importance of disclosure was able to be rationalized and acknowledged; however, having feelings of mistrust meant it was difficult to consider the realities of disclosure:

> I will admit there was a part of me that kicked back when he talked about having friends who had kids and they were fine about him being around them…that seemed bold, so in the same breath as me going, isn't this great that people can trust that people have things under control etc. etc., there was also a little part of me that went really? Are you sure?

For many, there was adamant recognition of the necessity of support for individuals living with sexual interest in children. Participants identified the positive impacts of disclosure and the need for people to discuss their interests openly, and for personal and professional support to be easily accessible. However, the same participants, also expressed vehement reservations at the thought of providing support themselves. These participants, including Anna, stated that if they became aware that they knew someone living with these interests, they would directly exclude them from their lives, even if they were family or close

friends: “I honestly would reject the relationships and move my immediate family further away from the person, cut off contact. I would move to the avoidance route.” A few participants were able to acknowledge their own inconsistencies surrounding support:

> Mallory: It’s all well and good for me to have these kinds of liberal views, like we need to embrace these people and help them, and accept them as a whole person, and not just this thing that they have, but actually, do I want them in my house with my children? No, I don’t, and that’s quite hard to reconcile.

Indeed, being a parent was frequently touted as a reason behind the difficulty of being aware that support is important, but the “risk” factor in what support meant as a parent took precedence. Priorities were also often mentioned from participants, like Donna, when considering avenues of support:

> I guess from my perspective as a mother of two children, keeping them safe above all else is my priority, and when I listened to the video it really tested my position as to what I would do if I knew someone like that.

As with other themes, some responses reflected the stereotype of inevitability of action. Carolyn expressed willingness to engage in a friendship with someone with the interest but would not be comfortable allowing them near her children:

> I think there was a specific question about how you feel about being friends with them, and we agreed that we would be friends, but we still wouldn’t let our kids near them or live close to them.

Further, participants, like Kate, often acknowledged that they would have more personalized levels of compassion if it was their own child who harbored these sexual interests:

> I think I would respond differently to someone else that I loved. I think I would probably have more compassion if it was one of my children, I probably would have more capacity to try and help them than if it was another adult in my life, even if it was someone who I really cared about.

In addition to many participants' desires to protect their children, Kate shared further understanding regarding distance levels and emotive responses, which provided insight into conflicting attitudes with concepts of trust and support: "When I think of them as a whole, like as a group, it's easier to feel the sympathy, but on the individual level it's easier to feel the repulsion I think." Kate's reflections were also similar to Dale's, when he appeared to suggest that it was easier to be compassionate on an abstract level, as opposed to a personalized, direct one:

> I wouldn't be comfortable around any of these people, but then there's like this second thing of like talking about someone you don't know and you're not going to interact with. So, I guess the way I feel and the way I know I would act or respond doesn't align with I guess the moral thinking process. Which is very confusing.

Many participants acknowledged that conflicting attitudes surrounding this topic is something which needs to be addressed in order to move to more preventative and supportive frameworks:

> Gillian: As opposed to that gut reaction, get your pitch forks out, lock them all up, we can't think like that, we've got to think rationally about how we can manage these situations. That's more how I think after watching that video, is what can we do to help, to understand things more.

Theme seven. Facilitated conversations: "This needs to be addressed. This needs to be talked about to help keep people safe"

Six participants from the humanizing intervention, and nine from the informative intervention said that they had discussed or shared the content of the survey/intervention material with family, friends or colleagues. Participants were asked what they discussed, and what the outcomes of the discussions were. Some, like Larry, described that the intervention material enabled conversations about wider issues of child sexual abuse, exploring supportive avenues and how addressing stigma has important implications for prevention:

> I explained that people have feelings and thoughts and if we can prevent people acting on them and we can prevent a lot of harm, and if we approached things from a care model that, I mean there's no way we can prevent it entirely, but even if it prevented a couple of kids a year, the flow on effects of that down the track would be pretty significant…I think after viewing it that way their perspective changed a little.

As well as assisting in conversations surrounding the wider implications of attitudinal changes, participants, like Sukie, also engaged in discussions which centered around reflection on their own biases and belief systems: "We had a discussion around our values and attitudes reacting to the safety of children and the nature of the subject and we both felt quite cautious but also seeking understanding and knowledge around it." Some participants, like Donna, shared that, despite the reactions from her family, it facilitated difficult conversations with them about her own experiences of abuse: "They were just disgusted. The whole conversation was not one that they wanted to engage in, but it actually gave me the opportunity to talk to them about my experiences, so from that perspective it's quite a blessing." Further, it assisted participants like Jessa in addressing concerns she had for someone close to her: "This was a way I could have a conversation with him about the topic, but not directly in a way to tell him to get counselling, it just started the conversation."

A few participants shared discouraging or negative outcomes from having conversations. Some shared that the conversation was "shut down" entirely when they raised the topic. Some, like Lula, felt hopeful about having conversations about the material with like-minded people; however, some of the responses were "awkward" and disagreeable: "It was more along the lines of what I would expect society to respond with, lumping people together, and they're all the same, that kind of stuff. Even from quite educated, deep-thinking people…I felt disappointed." Some participants, like Dale, felt that despite being on the same page with others throughout the discussion, there was a degree of uncertainty around how to have the conversation:

> My wife looked at it quite objectively as well; we've had a few conversations about it, trying to work out what the deal with someone who doesn't act, lots of unknowns eh, so it feels like we're having these conversations very uninformed.

A few participants shared that the conversations they had (and continued to have) were a form of empathy development. Mickey expressed that the interview itself was assisting him with this process: "The more I talk to you today, the more empathy I have for someone in that situation." For participants, like Brad, the impact of the intervention content meant they would respond differently if the topic arose in future social settings:

> I thought if this came up in a social setting or with family then I would be a bit more inclined to ask questions if someone was against people with these feelings, and get more understanding as to why, so coming from more of a compassionate and observational perspective rather than a judgmental perspective.

Other descriptions of what enabled or motivated conversations included: people being with them at the time of participating in the survey, willingness to have difficult

conversations, anticipating others' positive/open responses, the video leaving a lasting impression, and wanting to hear others' perspectives.

Theme eight. Hindering conversations: "I can see a lot of people saying why do you care, and I don't want to think about this, because it's hard"

Mirroring other participants' responses in the previous theme around the difficulties they faced when actually engaging in discussions (due to a lack of language and education), some shared that they felt unable to have discussions at all due to the difficulty of starting the conversation. Many expressed, that it was just "something you don't discuss," and often people, like Sukie, were anticipating negative responses from others: "I felt unable to have conversations with other people because of such strong ideas, judgments, and misunderstandings." For some, like Penny, an inability to have conversations was due to a lack of conceptualizing the interest as separate from the behavior: "As a society we don't have the wording, sentencing or the framing to have these conversations with ease." Somewhat ironically participants often emphasized the importance of reducing stigma, and people needing to be provided with more education and information similar to what was presented in the interventions; however, did not personally want to have conversations about the topic. Many described that engaging in conversations about the topic were a form of "emotional labor" and that they wanted to "avoid conflict":

> Jane: It felt kind of personal. Bringing up the topic can be hard, like how do you even bring that up? People have their opinions, and I have mine, and I'm not really a confrontational person so I don't really know how to engage in having that conversation with somebody else.

Participants often referred to concerns around the sensitivity of the topic. This was often described as: avoiding "bad memories" for others or themselves, not wanting to "offend" or "retraumatize" people, and that the topic has a heavy "emotive" component:

> Anna: There are people who are genuinely affected by this in both senses and people with children, like we have young children, and I think it's something people have strong views on, like politics, and I think when presented with facts, like if I was to provide some of the education that came through the video, I think it would be met quite heavily with an emotional response as opposed to an intellectual response.

Many participants discussed that their hesitancy to engage in conversations was primarily due to their social circles including parents and children. Some, like Gillian, expressed that having any discussion surrounding the topic involved considering the realities of abuse, which was not worth the discomfort: "It's a conversation that's just so uncomfortable that you don't want to even consider or think about it happening to your own children, that sometimes it's better just not to have that conversation." The other descriptor of what prevented participants having conversations was not having time to engage in discussions around a topic they did not feel very passionate about.

Discussion

This study was the first to qualitatively explore the impacts of antistigma intervention material on a general sample of the New Zealand public. Although many participants were largely unable to remember specific facts of the informative intervention, and details of the narrative intervention, they were able to recall the stereotypes which were challenged, the implications of perceiving the topic more critically as a result of viewing the intervention, as well as how the video made them feel. Common ideas surrounding the people who live with these interests (including existing narratives) were discussed by participants across both

interventions. Many expressed feeling uninformed and wanted to know more facts or hear similar stories, whilst others found a sense of normalcy within the narrative and the perception of the 'type' of person living with the interest had been disproven. There was a notable process of humanization within the theme of engagement, as many participants across both interventions, discussed empathy development through connection and understanding, which were commonly linked to unexpected positive emotive responses.

There was frequent conflation from participants between the interest and the behavior throughout the interviews. As such, despite participants reporting that the conflation was challenged, they continued to voluntarily conflate the interest and behavior throughout interviews; as such, the magnitude of the conflation narrative was apparent. Further, stereotypes which remained unchallenged appeared to be connected to a sense of participants inability to comprehend an alternate narrative, and the interest being inherently 'wrong'. The incomprehension of the interest existing without the behavior was also commonly connected to participants difficulty reconciling their emotional and cognitive responses. Additionally, participants (primarily parental) who expressed concerns of untrustworthiness and perceived dangerousness appeared to connect these worries to restraint and self-battle (i.e., that people are constantly fighting against acting on their interest). These concerns were often coupled with feelings of fear.

Many participants described a form of cognitive dissonance and acknowledged that their emotional responses surrounding this topic dictated their overall attitude, despite it being at odds with their rational responses. The emotional override often appeared to be associated with a form of personal application. For instance, participants often discussed support for the consideration of alternate, less punitive, treatment approaches. However, they also expressed dissent around offering any form of personal support, including actively rejecting relationships, which provides further evidence for the NIMBY phenomenon

(Esaiasson, 2014). Further, for parental participants, the concept of risk due to perceived inevitability of action, appeared to evoke too much fear, and concern, which overruled providing personal support. Finally, it appeared for half of the sample, that both antistigma intervention videos assisted in facilitating conversations about the topic which enabled reflections about beliefs, implications of wider attitudinal change, and empathy development. However, for the other half, there appeared to be difficulty in engaging in conversations due to an inability to begin them, primarily to avoid personal discomfort, emotional labor, or fearing causing offence.

Findings provide support for the potential efficacy of reversing stigmatizing attitudes through the accessibility, representation, and repetition of counter narratives. There appears to be a strong need for the public to be made more aware of the realities surrounding the interest, and the harmful effects of stereotypes and stigmatization (McCartan, 2011; Cantor & McPhail, 2016). For instance, a primary concern from this sample was the issue surrounding the perception of constant restraint from acting on the interest; however, this idea does not reflect the accounts provided by people living with the interest, who express that managing self and public stigma is their foremost conflict (Walker, 2017; Muir, 2018; Moss, 2019). Further, it would be helpful to explore the underpinnings behind this assumption, as the idea of restraint does not extend to other sexual orientations (i.e., most people attracted to adult men and or women do not struggle controlling their desires).

The development of future antistigma interventions might include exploring how to bridge the gap between emotional and cognitive responses. Current research challenging stigmatizing attitudes surrounding people with sexual interest in children has produced promising results using both informative and humanization narrative interventions targeting both affective and cognitive factors (Boardman & Bartels, 2018; Harper et al., 2018; Harper et al., 2021; Jahnke et al., 2015; Heron et al., 2021). Both informative and narrative

interventions provide platforms in which labels and associated othering are challenged, enabling public consideration of these individuals as people who do not want, or choose to have, these sexual interests (Harper et al., 2018). Indeed, a recent study by Heron et al. (2021) found promising attitudinal changes amongst Dutch psychology students following a psychoeducational lecture and a presentation from an individual with sexual interest in children. The study found that significant change had occurred on all attitudinal scales, but particularly on those measuring perceptions of dangerousness and deviance. The results also indicated that most students (77.8%) deemed the combination of the lecture and the meeting with a person with these interests as effective in changing their attitudes.

An initial consideration of future interventions might be the language and wording featured within future interventions, as research has shown the importance of language influencing perceptions and attitudes surrounding this population (Imhoff & Jahnke, 2018; Imhoff, 2015). Utilizing different words such as ‘attraction’ instead of ‘sexual interest’ may assist in breaking down stereotypes, as the word ‘interest’ may imply more actionable intent than the word ‘attraction’. Indeed, despite participants featured within this study advocating for social support, there was consistent reference points of rehabilitation, reintegration and punishment throughout the interviews, indicative of the engrained association of the interest with criminal behavior.

A study conducted by Richards (2018) indicated that shifting public narrative about the etiology of sexual interest in children is unlikely to result in a change of public opinion, given attitudes are firmly adhered to by the public and essentially pre-rational, (i.e., people *feel* a response prior to consciously considering the issue [Harper and Harris 2016]). However, participants in this study discussed that the developmental process of the interest (i.e., development during adolescence) evoked a supportive emotional response, which lessened fear, judgment and created a sense of connection. Yet, this was only voiced by

participants who viewed the humanizing narrative intervention, despite this information also being present in the informative intervention. As such, featuring stories of the developmental processes from different people living with the interest may be an important component in reversing perceptions of dangerousness and othering.

In addition to including the lived experiences of people living with a sexual interest in children within future interventions, the findings of this research allude to the power of including other narratives. For instance, hearing the perspectives of survivors of childhood sexual abuse and/or collectives which represent such individuals who harbor positive and preventative attitudes, may support others in expanding their ability to have conversations about the topic, particularly for individuals concerned with causing offence or triggering people. Indeed, some participants shared being able to discuss their experiences of abuse with people close to them, as a result of watching the intervention video. Further, hearing the experiences of supportive parents who have had their own child disclose a sexual interest in children, may play an important role in shifting both cognitive and emotionally punitive responses. These narratives may evoke the kind of emotive response (akin to positive emotional responses to the developmental process) which could assist in the processes of humanization; in that, this kind of counter narrative may provide a new lens to view this population. Further, this narrative could enable the consideration of providing more personalized support, reversing the effects of the NIMBY phenomenon.

Limitations

Participants in this study were predominately NZ European, female, and parents. Due to the voluntary nature of the study, the sample was likely skewed towards people particularly interested or invested in the study topic who were motivated to share their views. Accordingly, the sample likely comprised of people with more accepting attitudes than what

might be found in a more representative public sample. However, the engagement of participants harboring a spectrum of attitudes was indeed representational in Studies One and Two, and thus, people with more punitive attitudes had equal opportunity to participate in this study. Additionally, interviews were conducted two to three months following exposure to the antistigma intervention material. The time delay may have affected recollection of the content, resulting in differing emotional and cognitive impacts than what would have immediately followed the intervention. Finally, the sample size of thirty participants places further limits on generalizing findings to the New Zealand public. However, the sample size was appropriate for a qualitative approach, allowing participants to express themselves in-depth and collect nuanced descriptions of their attitudes and experiences (Dworkin, 2012).

Conclusion

The findings of this research suggest both antistigma interventions had a lasting impact two to three months following the viewing of the video-based material. Participants were able to recall the stereotypes which were challenged, the discussions they had, and the emotions they experienced as a result of the interventions, despite difficulties in recalling specific details. Participants also discussed the challenges they faced reconciling their thoughts and feelings (particularly around trust and risk), and the apprehension felt when providing personalized support or engaging in conversations about the topic. The cognitive and emotive disconnect discussed throughout the analysis alludes to the nature of the emotive power surrounding this topic, and how this could be wielded to create effective and long-lasting future antistigma interventions.

Study Four seeks to expand on Study Three by exploring the barriers and facilitators this sample attribute to their understanding and acceptance of people with a sexual interest in

children. This study aims to understand how professional and personal experiences shape attitudinal responses.

Study Four: Facilitators and Barriers to Understanding and Acceptance

Aims

Study Four seeks to explore in depth the barriers and facilitators to understanding and accepting people with sexual interest in children. Participants were asked about their attitudinal responses to the online study, and how personal and professional experiences contributed to shaping their attitudes surrounding people living with a sexual interest in children. Thematic analysis was used to address the central research questions of what factors promote understanding and what factors act as barriers to understanding people with sexual interest in children. Given the exploratory nature of the research no hypotheses were generated.

Findings

During the interviews, participants identified various experiences, beliefs, and personal characteristics which they acknowledged as contributors towards their attitudes surrounding people with sexual interest in children. Five themes emerged which reflected facilitators of understanding and acceptance of people who have a sexual interest in children. Additionally, four themes emerged which reflected barriers to understanding and were supportive of current stereotypes.

What were the facilitators which promoted understanding?

Theme one. Working with stigmatized groups: "He suddenly stopped being a monster and became a wounded person"

Forty percent of the sample described how their professional experiences of working with stigmatized groups either directly or indirectly facilitated an understanding of people living with sexual interest in children. As a result of their consistent work with stigmatized groups, participants stated how this exposure enabled a recognition of the realities the people

they work with are faced with. This understanding is something many expressed that much of the public do not have a comprehension of:

> Penny: I work in sexual and family violence prevention and a lot of what we do is raise awareness, so I guess I'm more aware of gaps in conversations and spaces than most people are. I see and hear kōrero [conversation] from whānau [family] of both parties, and from professionals where they get stuck in talking about challenges that family may be facing.

Many acknowledged being privy to the difficulties people who experience stigma face when trying to seek professional help and social acceptance, prior to engaging in antisocial behaviors. Some participants also discussed the wider systemic issues which perpetuate stigma and operate as reactionary strategies:

> Mac: I'm really interested in things that act as preventative measures, as opposed to the ambulance at the bottom of the cliff, many years down the line in terms of social and personal harm and even taxpayer money. I think we're better off having preventative measures for things.

Amongst professional encounters with individuals experiencing mental health issues, participants described having an understanding of neurodevelopmental differences and witnessing how thoughts and feelings can become overwhelming for people:

> Larry: No one can really control the feelings that come to them, and those feelings can be very distressing, and the way people process thoughts and the way people's brains are wired is just so different. So, it's about being accepting of that difference.

Accounts like Larry's were often accompanied by reflections that addictions or mental health issues are not things people choose to have, and that common societal responses to these issues perpetuates them:

> Sukie: I know that many people in the community I've worked with, have issues that relate to their behavior and it's not always a choice. If people have a compulsion, or something they struggle with, it's not something they choose and pretending that it's not there or punishing them for that doesn't support them to live a good life and be great members of the community.

Many participants reflected that their attitudes were predominantly shaped through learned experiences separating people from their behavior, and having many stigmatizing stereotypes about people with mental health issues disproven:

> Mac: I don't like the idea that there is something inherently wrong with someone, like there is some evil inside of someone. I don't buy into that. I see the person and the actions as separate somewhat. That's how we get taught, you get that judgment stuff trained out of you. I want to see things be progressive and reducing harm.

Often participants discussed how trauma histories of their stigmatized clients shed light on the cyclical nature of abuse. This also assisted their cognizance of the need for new and preventative approaches to child sexual abuse in both research and treatment pathways, which included supporting individuals who have a sexual interest in children. Some participants who worked directly with people who had committed either a sexual offence against a child, or other acts of violence, expressed wanting to share their experiences of attitudinal change. Specifically, that by working with people who have committed abhorrent behavior, the individual became humanized as a result of their professional connection:

> Jessa: Before I started working with them, I was very typical in my attitudes towards child sexual offenders (CSOs). I've noticed my changing attitudes and I wanted to participate in research which might contribute to mainstream changing of attitudes

> towards CSOs because the more that I've gotten to know them, the more I realize that many of them can fit into society. I've gotten to know them as people.

All participants who worked with stigmatized or vulnerable groups shared how their professional experiences significantly increased their levels of empathy and compassion, which extended to other misunderstood groups struggling to manage issues and compulsions they do not choose to have. Most participants emphasized the importance of sharing how their professional experiences shaped their attitudes and described this as a primary motivation for participating in the interview.

Theme two. Personal experiences of sexual abuse: "My experiences fuel me to seek a better understanding of people"

Over seventy five percent of the sample bravely disclosed their own experiences of sexual abuse as a child or having someone close to them experience child sexual abuse. This theme was characterized by participants explaining how these experiences helped shape their ability to understand or want to understand people who engage in sexually abusive behavior. For some, the desire to seek further understanding also included wanting to explore preventative approaches:

> Dawn: I am still always seeking information because this did happen to me as a child. I think it's just made me want to know what we can do to avoid it from happening, I'm not the person that goes this happened to me, therefore, everyone is a mongrel, let's just hang them all.

Participants often discussed the prevalence of child sexual abuse within NZ, and how this shaped their views on the need for preventative methods. Discussion around prevention avenues often included the need to develop public awareness about the realities of the genesis of perpetration, and the stereotypes which surround it. Like the first theme, this theme also

saw participants express that through personal experiences of sexual abuse they were able to separate the person from the behavior, which for participants like Brodie, enabled a humanization effect: “I lived with my abuser for many years, I still see him as family, so he’s human to me. He wasn’t demonized at all. I know he’s still a good person.” Additionally, some participants shared that stereotypes surrounding people with sexual interest in children or people who have perpetrated child sexual abuse had been disproven as a result of their own experiences, assisting in an understanding they would not have otherwise had:

> Susanna: I’ve been through some experiences where I’ve been hurt by somebodies’ actions in quite a traumatic way, but their actions weren’t intended to traumatize me, so I can understand the difference between someone’s intent and the impact. It’s quite interesting really, that part of the reason that I understand the perspective of people who have or have not perpetrated crimes against young people, is because I’ve been assaulted as a young child, like, it’s interesting that that is the catalyst for me understanding where they’re coming from.

It appeared that for many participants their personal experiences contributed to both their desire to understand, and the development of their compassion for people who have the sexual interest and people who engage in abusive behaviors. Additionally, their experiences enabled an extension of thinking beyond themselves to consider and acknowledge the importance of preventative approaches. Many participants adamantly acknowledged a firm distinction between understanding a person (and/or their actions) and condoning their behavior.

Theme three. Knowing someone acknowledging the interest or someone who has engaged in sexually abusive behavior: "It brought us closer, exposing vulnerability like that is not easy"

Thirty percent of participants described knowing someone prior to the disclosure of their sexual interests, or to engaging in sexually abusive behaviors, had enabled common stereotypes to be challenged and disproven. For participants who had people close to them disclose a sexual interest in children, they described various internal processes of understanding, trusting, accepting, and providing support for the person:

> Carolyn: My husband told me that he used to have these interests, but he no longer has that, and I believed him. I just kind of took it in and accepted it. I knew he was telling me the truth and being completely honest and open. I could tell he is very attracted to me, so I knew he had interests in adults for sure, I think that was what made me trust him.

Brodie described the disclosure conversation they had with their friend. They shared how their response to his initial approach to disclosure facilitated their process of trust and acceptance throughout the conversation:

> He was really afraid of my response, but I think there was relief after we started talking about it, when he realized it wasn't an issue, and I wasn't going to go to the police or anything, he relaxed, and we started talking a lot more. Because the first thing he said was, no, no, I haven't done anything. I had to trust that that was the truth.

Lydia also shared her trusting process through her initial concerns and uncertainties of whether the interest had been acted on, and whether to believe her friend:

> I did a bit of research into it, so I was trying to ascertain risk. This person had just told me something and I wasn't sure if it would be something that would cause harm to someone else, I wasn't sure if he would go out and hurt others or if it was just something they were thinking.

She described that the discomfort and uncertainty around risk at the time caused her to distance herself from the person and disengage in further conversations. However, she reflected that time passing increased her comfort and empathy levels, possibly a result of the interest and behavior conflation stereotype being disproven:

> Now I feel like I would have more empathy because I feel I can have a bit more of a conversation about it, because I wouldn't feel as uncomfortable about it, or as shocked, I guess. It was just something I had never really thought about before, and the other thing is that that person hasn't really had any issues moving forward, and we're still friends, so that reinforces the belief that most people are actually all good for the most part.

For Brodie, providing support and acceptance appeared to be very important:

> I was glad that they were honest. They were speaking about it from a fear perspective, and they were afraid of their own thoughts. The next day I left some business cards of therapists for them and told that I didn't care, they were still my friend.

For participants who disclosed knowing someone who had committed sexually abusive behavior against a child or minor, many described wanting to understand the motivation behind their offending and to participate in research which may assist in further understanding. For some, like Janet, the drive to understand why people act on their sexual interests or engage in sexually abusive behavior was linked to the impact that it had on their

own lives: “It is something very personal to me, and it’s about trying to understand why it happened. It’s made me mature a lot, having to deal with that.” In line with the previous theme, others, like Susanna, described having compassion due to knowing the individual prior to the offending behavior: “There is so much grey area, and honestly if anybody else met him, they would think he was the loveliest person, and he is a lovely person, he’s a lovely person who fucked up, basically.” Others, like Walt, described that the relationship they had with the person was at odds with what they knew about the people who commit those types of offences: “I would never have thought that he would have acted in that way, and honestly, I didn’t believe it at first.”

The accounts of Carolyn, Brodie, and Lydia indicate the presence of both emotional and cognitive processes enabling the person and the interest to be separated, and stereotypes to be challenged and disproven. Disclosure also appeared to facilitate understanding, acceptance, and overall strengthening of their personal relationships. Based on the experiences of other participants, it appeared that overall, their ability to separate either the interest or actions from the person they knew also facilitated a process of understanding. Further, because of their personal relationships, participants were able to witness the effects and direct impacts of stigmatization and reflect on their own perceptions. Similarly, to theme two, all participants emphasized the importance of not accepting the behavior committed by the individual, but understanding, or wanting to understand because of their relationship, and caring for them as people.

Theme four. Divergent and accepting mindsets: “I just think about difficult things differently than most people”

Many participants accredited their attitudes surrounding people living with sexual interest in children to their mindsets, which were often described as different to most people. For Madeline, Walt, Gillian, and Helen, they perceived this as a form of openness, flexibility

to receive new facts and information, and accepting if this conflicted with previously held beliefs:

> Madeline: My views have changed. They've changed since I was a child having experienced abuse, they've changed since I started study, because I understand a little bit more about human behavior now, and they've also changed since taking the survey, so my perspectives change when I get new information.

Whereas Walt aligned his open mindset with broader sociological attitudinal shifts: "Society changes over time, so historical attitudes or beliefs that I may have held with regards to pedophilia, I am willing to look at them and see if they can be changed through getting more information and knowledge." For Gillian, her process of openness and acceptance involved meeting new people: "I kind of expected to get to my mid 40s and think this is my view and it's not changing, but it still changes because you meet people who reshape your view and you've just got to be open." Helen described being open and tolerant as a conscious choice: "I've chosen to be more open as a person about lots of things, so even if I feel intolerant, I don't allow it to grow in me." Others described their attitudes had been shaped by their ability to empathetically perspective take. Almost all participants described how they imagined what it would be like to live with a sexual interest in children, and experience stigma. Interestingly, these often matched the true accounts and experiences expressed by people living with the interest:

> Mallory: The shame would be horrific and consuming; you couldn't talk to anyone about it. If I've got a crush on someone who I think is really hot I can tell my best friend all about it, you can't tell your best friend that you're attracted to little Johnny up the road, like it would be so isolating, and frightening. You're doing everything else in the world right, but you've got this thing that makes you a monster.

Hooper expressed her understanding by imagining additional impacts of self-stigmatization:

> My perhaps more compassionate attitude around a sexual attraction to children is informed by the importance of my own sexuality and sexual activity to me. So, imagining what it would be like to have that part of me criminalized and stigmatized by others AND a cause for my own self-hatred/ something that transgresses my own moral and ethical framework is unthinkable.

Susanna and Frank described living with different conditions (attention deficit hyperactivity disorder [ADHD] and autism spectrum disorder) which affect their cognitions, and that these were primary reasons behind having more tolerant attitudes. Susanna connected her understanding to how many people live with the interest and don't act on it:

> I know how brains can be weird, so I guess that's why it doesn't really challenge me too much, because I already had a sense of how people work, and brains are different. I think having ADHD and having been familiar with intrusive thoughts I can relate to having unwanted thoughts.

Frank shared how his autism spectrum disorder enabled an ability to step back from the emotional component this topic evokes and allowed a sense of empathy as a result of not being able to change how you think: "I think a lot more logically, other people think with their emotions…so, I can kind of relate to the social problems they're going through; you can't change what you're like." Janet, Heather, and Carolyn touted their religious beliefs as the foundations of their understanding attitudinal mindsets. All three participants referred to a process of humanization and acceptance as fundamental contributors:

> Heather: As a Christian I have to see everybody as worthy of value and dignity because they're made in God's image, and I'm not better than them. My faith shapes so much about how I see other people… and hope for change.

The humanizing process often appeared synonymous with providing help and support, as these participants believed that "all people have issues." Janet emphasized: "They're human beings and I believe they have souls and need help". Carolyn attributed her understanding through a process of falling short:

> God tells us that we've all fallen short, and we're all sinful, and we all struggle with sinful desires. It makes this context with people who struggle with sexual interest in children, it makes sense, that we all struggle with something, because God has told us that already.

Overall, participants' ability to perspective take in light of their education, experiences, beliefs, and ability to separate cognitive and emotional processes, appeared to evoke more compassion and understanding towards individuals with sexual interest in children.

Theme five. Awareness of the ramifications of punitive attitudes: "Instead of it being a health issue, it becomes a moral issue"

All thirty participants acknowledged their dissent from the mainstream punitive attitudinal responses, and that their views were reflective of the need for society to provide therapeutic support. Throughout the interviews there was consistent acknowledgement that the current public narratives involving shame, punishment, and avoidance surrounding child sexual offending act as a barrier to help seeking behavior. Many participants discussed the need for a different societal approach to encourage preventative initiatives, including providing support for people living with sexual interest in children. Space and ability to

disclose sexual interests were discussed as some key issues because of the ramifications of negative public perceptions. Jessa wondered: “If there was a safe space for people to admit they had these feelings would there be less offending?” Safety was also something others, like Hooper, discussed: “because we can’t talk about it as being not a taboo, it means that people who are dealing with that inside themselves, don’t feel safe to disclose it to people.” Some, like Sukie, shared similar notions around society’s inability to have honest conversations about the topic: “It’s a huge elephant in the room that people don’t want to acknowledge, but it’s important to acknowledge because it’s only with understanding and support that people can get help if they need it.” In addition, participants spoke about the need for rational conversations about the realities and implications of abuse, and how these conversations would impact prevention.

> Penny: We need to figure out how to have these conversations…without shame or fear. Having an interest in children is not going to end just by us saying its bad and wrong…and that can’t happen without these parts of the conversation being brought to light in a rational way. Especially for those people who haven’t moved into contact offending, it will give them an avenue of identity…and I think that’s super important from the prevention space.

Other participants explored how existing conversations, including the way in which society currently describes and labels people, perpetuate unhelpful responses. Gillian’s viewpoint surrounding punitive attitudes reflected a process of the public othering:

> If it is more common than we think then what are we doing to help those people to make sure that they don’t act on their feelings? and if we look at people like that and say you’re awful, you’re terrible, you can’t live in my neighborhood and legally

> they've done nothing wrong, then they're never going to get help and we continue to push people into the shadows.

Some participants explored the potential of more accepting conversations removing public fear currently attached to the stigma surrounding both the interest and the behavior:

> Anna: Understanding would make people feel more at ease, removing some of the stigma around it and some of the fear that people live with, knowing that people with these interests are out there but that the feelings aren't always acted upon and there are programs in place and counselling and therapy and different avenues for people to get the help that they need, might ease some minds.

Some participants, like Lula, actively differentiated between the interest and behavior and recognized the importance of this distinction in both reframing societal attitudes and enhancing preventative initiatives: "I'm really keen to explore how society deals with those people who don't act on it, it really interests me, like, at what point you can intervene and head someone in a different direction." Mallory and Hooper discussed ways in which society could reframe conversations. They shared hearing about the lived experiences of people who had never acted on their sexual interests. They both described this as fundamental in their attitudinal shift. Hooper linked the general incapacity to have conversations about the interest itself with a lack of wider social support networks:

> The turning point for me when thinking about pedophilia was a Dan Savage podcast, where someone wrote in saying I don't know what to do, I have this attraction, and the way that he conducted the conversation or the way he framed his response to others, people knowing that it's not something they can follow through on, they need to put networks in place for that right? Like we've got all of these networks and systems and structures set up for people who are dealing with their sexuality in

> terms of queerness, but we still have this giant black hole or blind spot, when it comes to this kind of sexual desire.

What was important for Mallory was the power of hearing the narrative of a true account. She explained that because this was essential to her attitudinal shift, it may be the same for others:

> I feel like they [the public] need to hear the story of that 18-year-old guy who just felt so lonely and afraid, they need to hear that story, they need to hear that there are people working so hard to live with this, it separated this kind of societal idea on what a pedophile is.

What were the barriers to understanding people with a sexual interest in children?

Theme six. Being a parent: "Keeping my kids safe will always be my priority"

Perhaps the most salient barrier for the majority of participants (22) was their role as a parent. Many described that being a parent meant their priority was protecting their children and keeping them safe, which took precedent over wanting to explore realistic and community-based avenues of acceptance and support for people with a sexual interest in children:

> Hannah: Being a parent, as much as I want to give empathy, I am also worried about the safety of my children, and a lot of parents would feel that way. As much as you want to empathize with these people, you're worried about your own safety, rather than feeling concerned about them.

Participants often described emotions like worry and concern surrounding the safety of their children which made it difficult for some to be empathetic or view the people who have the interest in a detached manner: "I have a two-year-old who I need to look after and

keep safe, so it's hard to remain objective about it. I have to be more careful and aware because I have my own child." Susanna and Donna also shared other emotions which were evoked by the idea that someone would even think about their child sexually. These included mistrust, anger, and discomfort: "For them to be objectified sexually, even if it's just a thought, makes me very angry as a mother; it's the whole lioness thing coming out."

At odds with other participants who believed that having more conversations may reduce public concern, a few described a risk of perpetuating the fear already held by parents through having wider public conversations about people living with the interest:

> Hannah: For the public to be made more aware of someone who has those feelings, just creates worry, especially from parents, because then you're thinking there are people near me with these issues and they will naturally feel unsafe. I have two boys, and if one of the teachers at their school had those thoughts, even though they've never acted on it, it'll still create worry because you'll be thinking, oh my goodness! What if? You know? It's the what ifs.

For some, being around children for much of their day meant they were hesitant to discuss the topic whatsoever. However, for others, it was important to inform their children of the dangers involved with people who have these interests, and act on them (which often reflected the stranger danger stereotype). Some participants also expressed worry and concern about the general existence of people with the interest. They articulated wanting to be more informed, including being provided information of their home addresses and places of employment, even if they had not engaged in offending behavior. This was described as being in the interest of protecting their children:

> Janet: You never know who is looking at your child, and people need to be more aware of people who should be in jail but aren't or people who have an attraction but

> haven't acted on it yet, and it seems almost like some people are setting up their children to be hurt without meaning to, that's why I talk to my kids about it.

Overall, the perception of parenthood requiring protection and concerns of safety within this context, appeared to support the stereotype that action is inevitable, and people living with the interest are destined to offend. The perpetuation of this and other stereotypes appeared to be commonly connected to a sense of fear upon realizing that the realities of supporting these people would require some form of personal contact, i.e., living within their community. Further, this theme is incongruent with all 30 participants expressing their disagreement with the general societal punitive approach. Parental roles seemed to construct a significant component of many attitudinal responses. For many, it appeared difficult to disengage from these roles when considering supporting people with a sexual interest in children, despite the absence of offending related behavior.

Theme seven. Concerns of normalization: "We need to make sure that we don't tread along that line and make it something that is acceptable. Ever"

A few participants voiced concerns about the potential ramifications of understanding and accepting the sexual interest. Some explained that advocating for the acceptance of the interest promotes the acceptance of child sexual abuse, a process often referred to as normalization. However, for some, even having thoughts and fantasies were considered to be "wrong", and as such, simply having the interest was considered to be harmful, despite the absence of contact or noncontact (e.g., "viewing child pornography") behavior. Intriguingly, the idea that the interest is inherently wrong, was supported by participants who also acknowledged that the interest is not something people choose. As such, even if the interest is not acted upon, for many it was still considered something people needed to get help for:

> Janet: I understand there are people who are attracted to children who don't necessarily act on it, but I wonder if there are also people who think it's okay to be attracted to children, as long as no-one is actually being hurt. I don't agree with that because I think there's something not right if you're attracted to children. It's something you need to get help for.

Lydia expressed a tension between not wanting to risk normalizing the interest itself, and not wanting to judge individuals for having the interest:

> It's a hard one because you don't want to shame the people with those thoughts, but you also wouldn't want to encourage them to think that those thoughts are appropriate to then act on, my only worry would be saying 'hey man, everyone who gets thoughts like this is all goods' [*sic*], and it's not.

For others, accepting the interest was described as a "slippery slope" to normalizing the behavior. A few participants, including Carolyn, voiced they were worried the current study was contributing to that narrative: "I have a concern that this [research] will kind of make the interest acceptable and snowball into making the behavior acceptable and that is not okay." Heather discussed her views in the context of what is valued within current social and political landscapes, and how these landscapes act as predictors of normalizing the interest:

> There is this push in society to liberalize and accept all forms of sexualities and I think while we can do those things, it's not always beneficial, we can't normalize this. It's a very fine line to tread, because I think it's such a difficult position when you have those feelings to not act on them, and it's like a fight and a struggle, self-restraint is not a value our culture holds, it's more about acting on your feelings…I think it's quite a slippery slope when people do have these feelings, to say well

> look, I can't change these feelings, you're suppressing me by not letting me have them, don't be cruel and then that naturally leads to a normalization of the behavior.

Finally, a few participants reflected on the idea of normalization within the boundaries of how the topic is currently understood by society. Frank shared that by simply engaging in or starting a conversation, you risk appearing to promote normalization. He reflected that his hesitancy was affiliated with the negative personal and social ramifications this could cause: "You sort of think that if you agree or sympathize with these people then you're just as bad as them, or that other people will think that about you. That's just how the social thing works." For some participants who were concerned with normalization, it appeared important to express their views that the interest itself was wrong, prior to voicing that support should be accessible. The order of these statements seemed to act as a caveat, in that rejection of the interest was a mandatory acknowledgement before any support should be provided. Some discussed the progression of acceptance, and linked this to wider social narratives, whereas others shared their understandings of the processes underlying normalization.

Theme eight. Difficulty conceptualizing the interest: "I find it difficult to put myself in their shoes"

Although many of the participants acknowledged understanding the difference between someone who has a sexual interest in children, and someone who acts on those interests, there were some participants who expressed difficulty understanding the interest as separate from the behavior. For Dawn and Madeline, the basis of this difficulty was due to their own personal experiences of knowing someone who had committed an offence against them. Madeline suggested that these experiences would cause her to be wary of people who had the interest:

> I had made the assumption that anyone with those preferences would generally want to act on them, and so I guess because of my own experiences I have a bit of bias about that. I wouldn't be able to help that caution.

Similarly, Dawn expressed the vigilance surrounding her personal experience of sexual abuse was formed around the "type" of people who committed the offences: "I come from a background of abuse, so I am very aware of it, very alert about it, but the imaging being of the perpetrators I know. I know these people; I know what they're like." Dawn's account reflects a difficulty of visualizing a person who lives with but does not act on the interest. Anna's reflections also indicate difficulty understanding the interest due to not having counter examples or narratives to support the interest existing without the behavior: "I haven't seen enough, or any really, education, scientifically behind it, so it's not something I have been exposed to before." She went on to share that part of the obstacle of understanding the interest is an inability to breakdown stereotypes and identify with the person:

> I don't understand the scientific side so there is still a part of me that sees it as a choice. Because I don't have these tendencies in my brain, or I'm wired like that, I find it hard to empathize or put myself in their shoes.

For Lydia, it was a lack of personal experiences or connections which meant an inability to conceptualize the interest:

> It's honestly really hard to wrap my head around the whole thing, and fully understand it, because I don't really get it, I'm trying to understand something that has not affected me personally.

For these participants, a disconnection from understanding the interest itself was a direct result of both personal experiences and a lack of personal experiences. These accounts

indicate that a barrier to understanding individuals living with a sexual interest in children is in part due to a lack of representation.

Theme nine. Exposure to the effects of child sexual abuse: "I've seen how it shapes people's life paths"

Forty percent of participants shared their observations of the impacts of child sexual abuse experienced by friends and family. For these participants, witnessing the effects of trauma experienced by people close to them resulted in having and holding strong emotional responses. For some, like Mickey, emotional responses meant they struggled to remain objective when trying to understand people who live with the interest: "I know people who have been sexually abused, people I love, had relationships with people I'm friends with. I do have my own affect bias. It's not abstract for me." Anna explained that the concept of the interest was inherently intertwined with the concept of the abuser, due to the gravity of trauma impact.

> I think we have been or know someone who has suffered this and it's just so confronting because we've seen the trauma it causes, so then it's hard to look at people with these interests and realize that fits into the same category.

For Larry, having experiences involving perpetrators and victims within his family appeared to present further challenges in remaining objective:

> It's not really something that you think about, someone who *just* [emphasis added] has the interest, like, the people who I know, my family who have been offended against and family members who have done that to other family members who have all led normal lives, or whatever, but in the back of my mind I don't really want to have much to do with that person because they've acted.

The way in which Larry referenced his thoughts and feelings (being in the back of his mind) imply that they are unspoken. The concept of the unspoken was also acknowledged by other participants who discussed the difficulty in having conversations about the topic, particularly with people who are directly affected by sexual abuse:

> Penny: I come from sexual abuse, all throughout the last four generations, so my family aren't ready for that conversation at all. A lot of them are still enmeshed in denial and others have chronic alcohol and drug use as their coping mechanisms.

Jessa reflected on the difficulties of having conversations due to the negative emotions many people associate with this topic as a whole:

> There are so many people who have been affected by it or know someone affected by it, or someone who has done it, it's just such an emotive topic to talk about because so many people have some link to it in some way shape or form and it's not a positive one. I think this really gets in the way of being able to talk about it properly.

Many participants expressed how their experiences involving the people they care about shaped their attitudes about the topic, with many describing themselves as being "overprotective" as a result. Overall, it appeared that the emotional responses resulting from these experiences impacted participants ability to remain objective. The difficulty with objectivity was particularly evident when attempting to separate a person with a sexual interest, from a person who engages in sexually abusive behavior.

Discussion

This study was the first to qualitatively explore facilitators and barriers to understanding people living with sexual interest in children from a sample of the NZ public. Interviews provided insight into the complexities of comprehending attitudes which would not be possible through quantitative research. The significance of exposure to alternative

narratives emerged across several themes. Alternative narratives were associated with experiences with stigmatized or vulnerable groups, knowing people living with the interest, or being directly or indirectly exposed to sexual abuse. Primarily, exposure to such narratives facilitated accepting attitudes; however, exposure was also identified as a barrier where some participants were unable to conceptualize the interest as separate from the behavior due to their own experiences, and the acknowledgement that the subject was more comfortable left unspoken. Further, a commonly acknowledged facilitating factor was participants ability to separate people from behavior due to their professional and personal exposure. The capacity to separate behavior from the person was strongly connected to knowing and trusting the individual and through professional training and education. However, it appeared that fear impacted rational understanding when it came to parenting. Further, the accounts from participants who had an individual disclose the interest to them exemplified initial difficulties around trust due to the uncertainty that the interest had not been acted upon. These findings support high levels of perceived dangerousness found within study one, as well as other quantitative research findings (Harper et al., 2021 and Jara & Jeglic, 2021). It is possible these high levels are related to the mainstream monstrous narrative which perpetuates dangerousness by insinuating behavioral inevitability. Additionally, the frequent conflation of the interest and behavior throughout the interviews from most participants indicated an inability to comprehend the concept of the interest existing without the behavior. Despite participants voicing their awareness and acknowledgement of the interest existing alone, there was continual reference to “offenders” or experiences of abuse. As such, it appeared that participants often struggled to consciously separate the interest and behavior. This disconnect lends support to the strength and power of existing narratives, and the need for repeated exposure to counter narratives which separate the interest from the behavior in mainstream public discourse. Indeed, all participants received intervention material explicitly

distinguishing the interest and behavior two to three months earlier within the online study. Yet, the conflation continued, further supporting the need for repeated exposure to counter narratives.

Interestingly, participants' accounts of exposure to perpetrators of child sexual abuse presented as both a form of humanization by refuting stereotypes, and as a way of supporting the monstrous narrative due to the lack of alternate representation. Similarly, personal impacts of child sexual abuse were reflected in both facilitation and barrier themes as these experiences appeared to promote a desire for preventative action and punishment, respectively. These findings highlight the complexities of childhood sexual abuse perpetration and victimization, and the importance of expanding public discourse to accommodate such complexities. Further, findings support calls for making preventative treatment for individuals with sexual interest in children more accessible (Christofferson, 2019).

The nuanced depictions within the data offer preliminary understanding into some of the ways antistigmatization techniques could be effectively developed. Many accounts reflecting professional and personal exposure to alternate narratives acted as a facilitating factor. These accounts provide insight into how the dehumanization process may be challenged and overcome, ultimately humanizing people who have (and have acted on) the interest. Participants' personal, professional, educational, and training experiences alluded to the potential efficacy of combined approaches to challenging stigma. Specifically, utilizing education combined with direct contact approaches may assist the development of more accepting attitudes. The educational components may support an understanding of the wider implications punitive attitudes have regarding stigma. Indeed, many participants expressed that their awareness of these impacts facilitated more accepting mindsets. Further, antistigma interventions specifically targeting parents and perceptions of dangerousness offer potential

to address stigma. Targeting these concerns appears important given the vested interest expressed from parents within the sample and the extent to which their fear seemed to impinge on rational thinking (which many were able to exhibit within a professional environment). Additionally, interventions featuring the experiences of individuals (like participants included in this study) who encounter people living with the interest, may effectively target affective responses like fear and reduce levels of perceived dangerousness. It may be particularly helpful if these narratives focused on individual's processes of trust and empathy development, resulting in overall attitudinal shifts.

Addressing the concerns of normalization of the interest appears to be of particular importance as the entire sample expressed opposition of mainstream punitive attitudes; however, many stated their dissent of the interest, sexually abusive behavior, or both. These statements were frequently emphasized at the beginning of the interview, and often repeated throughout, which gave the impression of wanting to reassure the interviewer (and possibly themselves) that they were not over implying support or acceptance. The uncertainty surrounding the recurrence of these statements reflects the extreme difficulty to have conversations about the interest, without inferring one is excusing child sexual abuse.

Findings open the door for future qualitative research with diverse samples to further explore how stigma might be addressed with different groups. Research utilizing focus groups may provide greater opportunities for attitudes to be challenged through hearing others' perspectives, and they may offer stigma reduction interventions in and of themselves. Given the barriers highlighted in the current study, parents and people who have been sexually abused may be important groups to engage. Following the effective humanizing results of the Heron et al. (2021) study – particularly regarding the decrease of perceptions of dangerousness and deviance – hearing directly from people who live with the interest may be a particularly pertinent component of antistigma interventions for presenting a counter

narrative. However, due to the effects of stigma, it is difficult to directly engage with this population. An alternative may be inviting accounts from family and friends supporting someone living with sexual interest in children, which may provide a more understanding and relatable platform for those harboring stereotypes or punitive attitudes. Interventions engaging the aforementioned groups may be effective in the form of public presentations, or long form media, if remaining anonymity is important.

Limitations

The limitations highlighted in Study Three should also be acknowledged here. These include sample demographics, sample size limiting generalizability, the sample being more likely to share their (more supportive) viewpoints, and further, all participants had exposure to an antistigma intervention from the earlier study. As such, greater nuances in attitudes may have been uncovered from a sample without prior exposure to an antistigma intervention. Finally, the time delay of the intervention exposure may have impacted emotional and cognitive recollection.

Conclusion

This study was the first to seek to qualitatively explore the beliefs, characteristics, and experiences which shape attitudes surrounding people with a sexual interest in children, as held by members of the New Zealand public. Personal and professional experiences with abuse and stigmatized groups, as well as the acknowledgement the wider implications of stigma were identified as themes that facilitated understanding and accepting people living with sexual interest in children. For many participants, cognitive dissonance was evident where participants advocated for accessible support for people with sexual interest in children, yet perceived normalization risks and fear - especially by parents - were also commonly expressed. Utilizing experiences offered in this study as narratives may be an

important component in the future development of effective antistigmatization techniques. That is, by emphasizing both the facilitating factors and how barriers have been (or can be) overcome, may provide the public with narratives which reflect their own concerns, including normalization. Overall, a common aim for participants in understanding this population was that it would inherently contribute to the prevention of sexual abuse. As such, many of this sample understood that reversing the effects of stigmatization is indeed crucial for reducing child sexual abuse. Such findings suggest the need for the ongoing development and dissemination of antistigmatization campaigns targeting the general public. It is recommended that future research employ qualitative methods so that interventions targeted at attitudinal change can be more attuned, accommodating, and informed.

GENERAL DISCUSSION

The current research sought to understand and influence public attitudes surrounding people with a sexual interest in children through the development and testing of antistigma interventions. Studies One and Two were conducted using an online survey in which participants were randomly allocated one of two conditions, gauging the effectiveness of humanizing narrative (lived experience of an individual with sexual interest in children) and informative (fact-based information about sexual interest in children) interventions. Studies Three and Four used semi-structured in-depth interviews to examine the ongoing impact of the intervention material and the general attitudinal responses towards people living with a sexual interest in children.

Summary of Findings

Study One examined attitudes towards people with sexual interest in children (including cognitive, affective, and behavioral responses), which were assessed pre- and post-intervention, using scales modified for valence framing effects and researcher developed items. The results from the repeated measures experimental design showed that both interventions were associated with reductions on all measured aspects of stigma, with the exception of perceptions of controllability (perceptions of a person's ability to refrain from acting on their interest to children) which neither intervention influenced. Although effects between interventions were similar, the informative intervention was associated with greater reductions in perceptions of dangerousness and increased understanding that sexual interest in children is not a choice. There was no change in participants' perceptions of controllability in either intervention, suggesting that both interventions failed to challenge this stereotype. In support of the first hypothesis, both interventions increased supportive attitudes. However, contrary to the second hypotheses, both interventions were also associated with similar reductions in negative affective responses. Such findings are somewhat inconsistent with

previous research, which suggested emotional stimuli are more effective in reducing punitive affective responses, and that first-person narratives are more effective than informative interventions in reducing stigmatizing attitudes, by way of potentially reversing the process of dehumanization (Harper et al., 2018; Harper et al., 2021; Harper & Hogue, 2015; Jahnke, Phillip, et al., 2015). However, the humanizing narrative intervention in this study was equally effective in increasing pity and reducing negative affective responses, as well as decreasing social distance, deviance, and increasing supportive attitudes as the informative intervention. This study builds upon existing research that public samples harbor punitive attitudes towards this group, and that both educational and humanizing anti-stigma interventions may be effective in challenging these attitudes. The present research extended extant research by recruiting a large general public sample and modifying scales and terminology (in line with labelling and valence framing effects) to mitigate further conflation between the interest and the behavior.

Study Two drew on responses to two open ended questions from the anonymous online survey featured in Study One, which explored the impact of the two antistigma interventions. The questions asked of participants were: “The video challenged my views of people with a sexual interest in children - yes or somewhat, how?” And “This video affected me emotionally, if yes, what emotions did you experience?” Study Two aimed to develop a further understanding of the cognitive and emotional effects of antistigma interventions. While both interventions similarly impacted affective reactions in Study One, participants self-reported greater emotional impact and levels of engagement following the humanizing intervention compared to the informative intervention. Using the priori categories: ‘positive/supportive views and emotional responses’, ‘negative views and emotional responses’ and ‘mixed views and emotional responses’, a total of nine themes were identified from the data. The four themes pertaining to positive/supportive views and emotional

responses consisted of challenging stereotypes, gaining perspective, personalized reflections, and recognizing the impacts of stigma. The three themes which were identified from negative views and emotional responses, included minimization and normalization, personal experiences, and disbelief and mistrust. Finally, the two themes identified from the mixed views and emotional response were: difficulty reconciling emotional and cognitive responses, and apprehension and risk. Study Two provided initial insight into the immediate cognitive and emotive responses participants were left with after viewing narrative and informative antistigma interventions. Overall, the ambivalent responses were far fewer than the purely negative responses which indicate the struggle people experience when considering this topic. The mixed responses to both questions saw much higher response rates from humanizing participants. The themes surrounding the negative and mixed responses supported the results from Study One; in that, the interventions struggled to shift perceptions of controllability. Study Two extended extant research by exploring what stereotypes were most challenged, and which specific affective responses were triggered by both types of interventions.

Study Three aimed to further examine the impacts of psychoeducational and humanizing narrative interventions by utilizing a qualitative exploration through semi-structured interviews from a subsample of Study One and Two participants. The study sought to expand on quantitative research findings and extend extant research by gaining insight into future behavioral intentions and intervention effectiveness. Thirty participants were interviewed following completion of the survey featured in Studies One and Two. Participants were asked about their attitudinal responses to the study and intervention video. As a result of the thematic analysis eight main themes were identified. Three themes pertained to cognitive responses which were, stereotypes and beliefs challenged, stereotypes which remained unchallenged, and engagement with the material. Three themes were associated with emotional responses: positive/supportive, negative, and difficulty reconciling

cognitive and emotional responses. The final two themes related to behavioral responses which were facilitating and hindering conversations. Findings provided support for the potential efficacy of reversing stigmatizing attitudes through the accessibility, representation, and repetition of counter narratives. Although many participants were largely unable to remember specific facts of the informative intervention and details of the narrative intervention, they were able to recall the stereotypes which were challenged, the implications of perceiving the topic more critically as a result of viewing the intervention, as well as how the video made them feel. Many expressed being uninformed and wanted to know more facts or hear similar stories, whilst others found a sense of normalcy within the narrative and the perception of the 'type' of person living with the interest had been disproven, which appeared to form a process of humanization. The incomprehension of the interest existing without the behavior was commonly connected to participants' difficulty reconciling their emotional and cognitive responses. Often participants described a form of cognitive dissonance and acknowledged that their emotional responses surrounding this topic dictated their overall attitude, despite it being at odds with their rational responses. The emotional override often appeared to be associated with a form of personal application, such as parental concerns of hypothetical situations. Further, concerns of untrustworthiness and perceived dangerousness (also identified in Studies One and Two) were often coupled with feelings of fear and supported by stereotypes. Finally, both antistigma intervention videos saw an even split in participants engaging in and avoiding conversations about the topic. This study built upon extant research by exploring the effects the intervention material had on participants behavior two to three months following exposure.

Study Four primarily explored how personal and professional experiences contributed to shaping participants' attitudes surrounding people living with a sexual interest in children. Thematic analysis was used to address the central research questions of what factors promote

understanding and what factors act as barriers to understanding people with sexual interest in children. Participants identified various experiences, beliefs, and personal characteristics which they acknowledged as contributors towards their attitudes surrounding people with sexual interest in children. Five identified themes reflected facilitators of understanding and acceptance of people who have a sexual interest in children including: working with stigmatized groups, personal experiences of abuse, knowing someone acknowledging the interest or someone who had engaged in sexually abusive behavior, divergent and accepting mindsets, and awareness of the ramifications of punitive attitudes. Four themes emerged which reflected barriers to understanding and were supportive of current stereotypes: being a parent, concerns of normalization, difficulty conceptualizing the interest, and exposure to the effects of child sexual abuse. The significance of exposure to alternative narratives emerged across several themes. Alternative narratives were associated with experiences with stigmatized or vulnerable groups, knowing people living with the interest, or being directly or indirectly exposed to sexual abuse. Primarily, exposure to such narratives facilitated accepting attitudes; however, exposure was also identified as a barrier where some participants were unable to conceptualize the interest as separate from the behavior due to their own experiences, and the acknowledgement that the subject was more comfortable left unspoken. Further, a commonly acknowledged facilitating factor was participants ability to separate people from behavior due to their professional and personal exposure. Findings from this study also support high levels of perceived dangerousness found within the previous studies, as well as other quantitative research findings (Harper et al., 2021 and Jara & Jeglic, 2021). Study Four extended extant research by examining personal and professional experiences which assist in shaping attitudes.

Understanding Attitudinal Roots

Although this research has provided further insight into how dual (cognitive and affective) processing is understood and expressed, we still know little about the origins of negative attitudes surrounding sexual interest in children (Jahnke, 2018). The results of Study One indicated that supportive attitudes towards people with a sexual interest in children were only present on a macro or abstract level. The interpretation of these attitudes was illustrated by the high levels of perceived deviance and social distance, of which the NIMBY phenomenon could provide a potential explanation for. However, uncertainty surrounding the underpinnings of the attitudes remains, and the expansion of future antistigma techniques requires more focus on the political, cultural, and social contexts of the population being targeted by the techniques, to further understand existing attitudes. Indeed, Jahnke, Imhoff, et al. (2015) found right-wing authoritarianism (RWA) was the single most important predictor of social distance and found significant medium-sized correlations between RWA, social distance, dangerousness, pity, and anger. Similarly, research conducted by Rosselli and Jeglic (2017) found that those who have less knowledge and more conservative beliefs are more likely to have negative attitudes towards people who engage in sexual offences.

Research emphasizes that personality traits can be connected to political ideologies, which in turn can predict negative inter-group attitudes (Satherley et al., 2020). Further, the Big Five dimensions of personality (Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience) have been used extensively to predict a wide range of attitudes and behaviors (Goldberg, 1990). For instance, research consistently demonstrates that conservatives tend to be higher in Conscientiousness, but lower in Openness to Experience, than liberals. Furthermore, relationships between Big-Five personality traits and prejudice show that low levels of Openness to Experience and Agreeableness in particular are associated with prejudice toward social groups typically

targeted by the politically conservative (Sibley & Duckitt, 2008). Further research by social psychologist Johnathon Haidt affirms six cornerstones to moral foundations which are as follows: care/harm, fairness/cheating, authority/subversion, loyalty/betrayal, sanctity/degradation, liberty/oppression. He asserts that understanding these foundations can offer an explanation to understanding triggers and attitudes which underpin political polarization (Haidt, 2007; Haidt, 2012).

Findings from this thesis illustrate that many people are in fact open to discussion. But the question is how do we make more or all people open to discussion, or open to experience? Cross disciplinary research on attitudes and values conducted by Hornsey and Fielding (2017) proposed that to effectively convert people who reject scientific evidence (which findings from this research indicates occurs due to strong affective response), it is necessary to identify their attitude roots (worldviews, fears, ideologies, vested interests, identity needs which sustain and motivate attitudes) and then to develop or adapt communication tactics to work with - rather than oppose - these underlying causes (Hornsey & Fielding, 2017).

Recognizing how personality traits, moral foundations, political ideologies, and attitudinal roots are connected to social phenomena may assist in furthering our understanding of attitudinal development and expression. For example, “tall poppy syndrome” (a tendency to discredit high achievers, Mouly & Sankaran, 2000) in Anglosphere nations like the United Kingdom, Australia and New Zealand may be indicative of a culture harboring more conservative personality traits, as this phenomenon connects to a general fear of something different or unknown. Further, exploring relationship variables in large representative samples identified in other research (such as the longitudinal New Zealand Attitudes and Values study [Sibley, 2021]) would likely support developing more effective locally-attuned attitudinal-focused antistigma campaigns.

Implications of the Present Research

Antistigma Strategies

The findings of Study Four suggested that the contributing factors which facilitated understanding and acceptance were personal and professional exposure and experiences, stigma-related awareness and openness. As such, these characteristics may be an important focus for future antistigma interventions. Specifically, utilizing personality, attitudinal development research, and values-based messaging research, in order to understand and connect with shared cultural values.

Understanding attitudes also means connecting to one's values. Values-based messaging research suggests that promoting messages which evoke people's fear means they see only simple solutions to complex but solvable problems, and child sexual abuse continues to be what people fear most (McCartan, 2010). Adopting values-based messaging in future antistigma techniques engages with the idea of re-framing an issue, in that depending on how issues are framed, depends on the response due to the triggering of certain values (Schwarz et al., 2016). The mainstream media consistently frame people with a sexual interest in children as a threat who engage in acts of sexual abuse, evoking fear, and anger whereby people appear to intuitively want to avoid and punish as a form of protection. As such, dependent on how interventions are promoted, they provide the possibility to connect with and promote shared public values of safe communities and family security. Engaging these values in future strategies may give the public a reason to care about providing support to people living with these interests. Indeed, "shared values encourage members of a society to identify with one another, to accept common goals, and to agree on how these goals should be achieved" (Schwartz et al., 2011, p. 313). Ultimately, a more direct focus on understanding attitudinal development may assist in bridging the gap between the emotional and cognitive disconnect found throughout this and extant research.

Findings from Studies One and Two indicated that a significant component of the dehumanization process of "othering" remained largely unchallenged by both antistigma interventions. However, findings from Studies Three and Four suggested that exposure to "othered" groups was a key facilitating factor in understanding and accepting people living with these interests. Together, findings suggested that to humanize and encourage empathy development requires a focus on promoting personalization and relatability. Heath and Heath (2008) suggest that adding a counter narrative is more effective than trying to disprove a current one. As highlighted throughout this research, counter narratives assist with the challenging of stereotypes and increasing levels of exposure. Drawing on effective antistigma techniques in other fields (Corrigan et al., 2012), future interventions would best include more narratives of people who live with a sexual interest in children, their struggles with stigma and their commitment to living a non-offending lifestyle. However, their involvement in the development of antistigma campaigns invokes challenges as it puts them at risk of dealing with direct stigma and compromises their anonymity.

Findings from Studies Two-Four indicate the potential efficacy of engaging other specific groups to share counter narratives. These groups include, survivors of child sexual abuse, direct supporters of people living with a sexual interest in children (especially parents of people with a sexual interest in children), and parents who are in favor of supporting people living with the interest. Based on the reframing component of values-based messaging, there are many ways in which the concepts surrounding the interests could be reframed within counter narratives to combat existing representations. For example, a person living with the interest, committed to living a non-offending lifestyle, could be presented as a "non-offender" within media publications or interventions, whereby the focus is shifted to the absence of a negative attribute. Or they could be framed/promoted as advocates for protecting children from abuse. Future interventions could also apply a dichotomy technique. For

instance, if the development of attraction starting in adolescence was focused upon, the message could be framed as a way of "helping children or young people," by reducing potential victims AND supporting adolescents living with the interest. The public may be more receptive to antistigma campaigns that feature young people coming to grips with their sexual attractions, as they are less likely, given their youth, to have acted on their attractions, which may in turn, provide a hopeful message. Or, if the narratives were from supporters of those living with the interest, the overarching message could be about "helping people we love." These counter narratives may indeed be a way to counteract the concerns of normalization, in that the focus becomes less on the individuals living with the interest, and more on the community supporting them to live an offence free lifestyle. Goffman (1963) proposes that over time, familiarization, and increased frequency of contact, leads to acceptance of the difference present in a stigmatized individual or group. It could therefore be argued that increased visibility has the potential to reduce the effects of stigma by encouraging more individuals to disclose their sexual interests and for others to share their narratives of support and understanding.

Discourse Development and Language

A common theme throughout this research was the difficulty participants had with conceptualizing the sexual interest as separate to the behavior (reflected in consistent conflation), and the perceived inevitability of individuals engaging in harmful sexual behavior. These findings indicate the need for a conceptual expansion of the interest existing without the behavior. When attempting to shift public perceptions on a topic as affectively laden as this one, it is important to begin with the basics. Providing too much of an initial alternate narrative may have the opposite of the intended effect. As such, strategic layering is likely to be required for discourse reformation. Concept creep is the gradual semantic expansion of harm-related concepts (Haslam et al., 2020). Haslam and colleagues (2020)

state that concept creep can refer to the semantic broadening of any harm-related concept in psychology, which can lead to more favorable attitudes. Extant research indicates that conflation between the sexual interest and the sexual behavior indisputably contributes to public and self-stigmatization. As such, the first step in discourse reformation is publicly promoting through campaigns and interventions that the interest and behavior are separate. Challenging this stereotype, as was achieved for many participants featured within this research, promotes more understanding for people living with the interest, who do not want to engage in sexually abusive behavior. Ceasing conflation of the interest and behavior within future research is a crucial component for integrating the concept of the interest without criminality into public consciousness. The next step of discourse reformation may be introducing the concept of romantic attraction and connection which could assist in shifting the sexualized focus. As more research emerges, there is growing awareness of more accurate ways of reflecting nuances of attraction to avoid conflation and represent realities for people living with attraction to children (Martijin, 2020; Lievesley et al., 2021).

However, important messages can be lost due to an overt focus on language, and the emotive reactions that are provoked as a response of conversations surrounding language (Collier, 2012). Indeed, some participants featured in this research appeared to be so outraged by the perception of normalizing child sexual abuse, which was often associated with the wording “sexual interest in children.” In turn, this emotive outrage may have detracted from the actual content of the intervention. It may therefore be valuable for future research to explore public responses to different language used surrounding this topic, as well as the rationales or affect which illicit these responses.

Given the attention generated in recent years regarding labelling and calls for person first language (Willis, et al., 2018), in order to challenge labels and reduce their effects, it is recommended that researchers continue to use person-first language, particularly if it is to

filter through to public discourse. Such a recommendation is consistent with bias-free language guidelines outlined in the Publication Manual of the American Psychological Association (American Psychological Association, 2020). The Seventh Edition of the Publication Manual differentiates person-first and identity-first language, which is of relevance to stigma surrounding sexual interest in children. The term "minor attracted person", self-selected by some people with minor attraction (B4U-ACT, 2019), is an example of the latter. Although the Publication Manual endorses both person-first and identity-first language, the extent to which individuals who experience sexual interest in children embrace the "minor attracted person" label is largely unknown. Accordingly, to prevent stigma that might result from assigning an unwanted label, cautious use of identity-first language is recommended until labelling preferences of people with sexual interest in children are better understood generally, and in a clinical context, preferences of individual clients. Furthermore, until earlier steps of discourse reformation are achieved, labels like "minor attracted person" will likely remain misunderstood.

Therapy Services, Policy, and Media

Given the current landscape of marginalization and stigma towards this group, gaps in service delivery represent significant risk. While many individuals are committed to an offence-free lifestyle, their ability to lead fulfilling lives is often severely compromised without opportunities to understand and address their sexual interests. Furthermore, the current lack of appropriate services represents a significant risk for the occurrence of child sexual abuse. Efforts in NZ to date to reduce the incidence of child sexual abuse have targeted the prevention of repeat offences, through rehabilitation of those already convicted of harmful sexual behavior. While such interventions at the tertiary level may be effective, their implementation requires a child to have been harmed. It is evident that establishing prevention programs is a cost-effective way of significantly reducing the risk of child sexual

offending (Letourneau et al., 2017; Levine & Dandamudi, 2016). As such, it is of moral duty for society to implement such programs. However, if the public consensus remains punitive, therapeutic preventative schemes are unlikely to be accessible to those who need help, through fear of social and judicial reprisals, and self-stigmatization (Harper & Harris, 2017; Jahnke & Hoyer, 2013).

While services like Prevention Project Dunkelfeld have shown preliminary success internationally (Beier, 2015), the sustainability of such a service beyond Germany is still relatively unknown. Legal and fiscal barriers (as well as public support) are challenges associated with implementation (Christofferson, 2019). Findings from this research can assist in informing the development of campaigns associated with the promotion of treatment programs. Further, as this research aligns with the launch of Stand Strong Walk Tall, a NZ first therapy program (https://www.sswt.org.nz), there is a pressing need to understand and appeal to the NZ public and policy makers alike. Letourneau and colleagues (2022) provided a comprehensive report on the substantial funding dedicated to the incarceration of child sex offenders in the U.S. They suggested that both national and international policymakers should consider these results and instead focus on allocating resources to the development, evaluation, and dissemination of effective prevention strategies. This focus of their research may be a valuable approach to challenging current tertiary policy and would likely appeal to the values and culture of the NZ public, due to the direct fiscal impact the current tertiary approach has on the taxpayer.

Finally, promoting therapeutic services also requires a shift in the production and dissemination of antistigma interventions. Research conducted by McCartan (2018) found support for experts to proactively use media opportunities as a way of influencing and shifting public discourse. As such, it is important for future research to explore effective and far-reaching outlets to publicize interventions, as well as collaborating with the media, and

proactively addressing misleading headlines and content. Moreover, it is important the media is aware of the differentiation between pedophilia and child sexual abuse, and how the perpetuation of stigma negatively impacts prevention efforts.

Reflections of the Research Journey: Dealing with Stigma

Researching complex issues like minor attraction and pedophilia presents various challenges on personal, ethical, and methodological levels. As researchers, introducing any narrative that diverts from the mainstream puts us at risk of experiencing alienation, and in this context, accusations of attempting to normalize abuse. Indeed, whilst conducting this research, North American University Professor, Dr Allyn Walker received substantial public criticism following an interview (about their research) where they discussed the terminology minor attracted persons. Despite going to great lengths to address the distinction between the interest and the behavior, and the impacts of conflation and stigma throughout their research and the interview, it seemed to go unheard. The media appeared to focus on the use of that terminology, evoking a strong negative public response centering around an attempt to "normalize" abuse. The backlash of the public hostility ultimately resulted in Dr Walker being placed on administrative leave. This example is illustrative of a reactionary public not yet able to comprehend the term, given earlier steps in the reformation process are yet to be achieved. Further, this sad and unfortunate example also illustrates the power and reach of stigma, and the personal risk involved with engaging in this kind of research.

As well as managing the public vitriol (complete with death threats) which followed advertising the online survey, I also experienced stigma in a professional capacity when my research abstract was declined from a New Zealand conference. Despite providing direct clarity on the distinction between the sexual interest and the sexual behavior, I was informed that there were concerns with the ethical implications of my research. Further – and more

impactfully – I suffered personal stigma and alienation when explaining my research to family, friends, and acquaintances at social gatherings. Specifically, I had people cut me off mid-sentence or redirect the conversation, vehemently express their distaste for what I was researching and what kind of person I must be because of it, and even had "friends" remove me from their social circles. I faced an ethical dilemma as a result of these personal experiences. Because my research aim was to understand and influence public attitudes, I felt a strong sense of obligation to live and embody those aims. Although I did not want to be judged or socially ostracized, if I shied away from opportunities to engage with the people (the public), then I was doing my research, and the people I was trying to promote a voice for, a disservice. Another ethical dilemma I faced, was when I did decide to embrace the conversation, I found myself underexplaining the aims of my research, or focusing solely on the importance of prevention (as opposed to promoting the well-being of people with these interests) to avoid provoking an emotional response, and the additional emotional labor that would mean for me. As such, I was fostering the notion that promoting the wellbeing of people living with the interest comes secondary to abuse prevention, which ultimately, I do not believe, and did not sit well.

Dr Walker's and my own experiences provide firsthand evidence of the difficulty people have reconciling their emotive and rational responses. Indeed, participants featured in this research shared struggles in discussing this topic due to a lack of language, conceptualization, fear of offence, and stigma related avoidance. It is vital that future researchers understand that these types of experiences are likely to be a part of any kind of public inquiry into this subject and prepare for the emotional toll this can cause. As such, having a strong support network is essential. Despite these negative experiences, overall, what remains most important, is that the inherent nature of strong public opposition indicates how important and meaningful this work truly is.

Limitations

As with all research, the current thesis has limitations that should be kept in mind when interpreting findings. Specific limitations in relation to each study are provided in the respective chapters and are not repeated here, instead this section focuses on broader limitations across the thesis as a whole. As is common to qualitative research in general, the analysis and interpretation of the transcripts was undoubtedly influenced by the researchers' personal experience and perspectives. Further, people's experiences are understood as the product of a broader context and in an interview context, the experiences conveyed are the product of both the interviewer's and participant's experiences as well as their interactions during the interview (Stephens, 2011). Steps were taken to avoid biases and to ensure consistency; first, the first author conducted and transcribed all interviews. Secondly, the analysis included immersion of the data by transcribing, proof-reading, and re-reading the transcripts, further ongoing discussion with research teams and reflection of codes and themes were used to challenge analytic assumptions and ensure consistency.

Studies One and Two addressed several issues within the existing research to challenge language issues, and combat labelling (assisting in conflation), including the alteration of items within attitudinal scales and the addition of items created in line with valence framing techniques promoting supportive attitudes. However, although there was much consideration of the language utilized throughout the research, since collecting data I have further considered the subtleties in language and how my choice of language (i.e., people with a sexual interest in children) may have made it harder for some people to distinguish the attraction and behavior. If "attraction" was used instead of "sexual interest," the sexual focus may have been minimized, giving room for participants to consider the wider concept of attraction (including romantic and emotional components), which in turn may have produced different findings. Further, people might be better able to understand

"attraction" existing without intent to act on it, as "interest" may infer behavioral intent. Future research is encouraged to continue to consider the use and impact of language and might aim to explore how different words may convey different ideas.

The level of education of Studies Three and Four sample was quite high. As such, the sample of these studies was not representative of the general public, and it is not expected that findings will generalize. In related fields, higher levels of educational attainment are associated with less negative attitudes (Willis et al., 2013). Individuals with higher levels of education may rely less on stereotype attribution, therefore, should the sample have been more representative, perhaps the stereotypes would have been more difficult to challenge. Ethnic breakdown of the sample saw Māori participants closely approached that of the general population (15% of survey participants and 16% of percent of interview participants, vs. 16.5% of the national population [stats.govt.nz]). Within NZ there is a critical need for researchers to partner with Māori, to strive for equity given disadvantages faced by indigenous groups. As such, both local and international future research should endeavor to include, represent, and elevate indigenous voices.

Finally, there was no involvement of people living with the interest in the design process of this research. If possible, it is important to involve people with lived experience in future research projects as developers, not simply as research participants, as their involvement may assist in the prioritization of their wellbeing and the development of more effective and insightful antistigma interventions.

Conclusion

The present research brings together a novel exploration of public attitudinal responses to antistigma intervention material. The greatest misunderstanding appears to be the general failure to distinguish between the sexual interest and engaging in sexually abusive

behavior. Although people with a sexual interest in children are a vastly diverse population, many of the general public assume that virtually none are capable or willing to cope with their sexual desires in ways that do not cause harm to children and are inherently dangerous as a result. As the studies showed, these kinds of stigmatizing assumptions can be alleviated by developing and implementing psychoeducational and narrative antistigma interventions. Whilst these promising results provide hope, a deeper understanding of attitudinal development is required to create more effective antistigma techniques. In addition to further understanding attitudes, generating multiple counter narratives from various public groups may be key in successfully challenging stereotypes and bridging the affective and cognitive gap.

A move away from the criminal and moral frameworks which are currently used to comprehend this population, toward a public health approach is required to obtain similar successful effects of antistigma campaigns in other fields (Corrigan et al., 2012). It is hoped the findings from this thesis will inspire future research to continue to navigate the moral matrix, by employing similar strategies enabling further understanding and challenging of public attitudes. A societal shift from one of secrecy and shame to understanding and acceptance would inevitably result in a positive impact upon the lives and wellbeing of people living with these interests, as well as a reducing in the risk of child sexual abuse.

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APPENDICES

Appendix A: Systematic Review - Characteristics of Included Studies

Table 11. *Characteristics of empirical studies that fulfilled inclusion criteria*

Publication and Date	Country	Age and Sex of Participants (mean)	Methodology Data Measurement	Theoretical or Conceptual Frameworks	Samples and Strategy	Scale(s) Used
Jahnke, Imhoff, & Hoyer 2015(a)	Germany	18–86 years (39.78) M= 48.1% F= 51.9%	7-point Likert scale survey Quantitative	Stigmatization model	Members of the public approached on the streets of Dresden Germany, n= 449) and Stuttgart Germany, n=405)	Social distance, controllability dangerousness (for children and adolescents) and affective reactions. Right-wing authoritarianism
Jahnke, Imhoff, & Hoyer 2015(b)	Germany & United States of America	18-68 years (33.38) M= 56.7% F= 43.3%	Online 5-point Likert scale survey Quantitative	Stigmatization model	201 members of the public recruited through the crowdsourcing service Amazon Mechanical Turk	Social distance, controllability dangerousness (for children, adolescents and adults) and affective reactions
Imhoff 2015(a)	Germany	17-72 years (27.6) M= 36 F= 93	Online 7-point Likert scale survey Quantitative	Labelling theory	129 members of the public were recruited via an e-mail list of previous (unrelated) studies and a public website for online studies	Intentionality, dangerousness, deviance and punitive attitudes
Imhoff 2015(b)	Germany & United States of America	18 - 63 years (29.6) M= 126 F= 69 Other= 1 Missing= 7	Online 6 and 7-point Likert scale surveys Quantitative	Labelling theory	203 members of the public were recruited through the crowd-sourcing service amazon Mechanical Turk	Intentionality, dangerousness, deviance, punitive attitudes and social desirability
Imhoff & Jahnke 2018	Germany & United States of America	18-75 years (32.5) M= 255 F= 125 Neither= 16	Online 5-point Likert scale surveys and brief vignettes Quantitative	Labelling theory	432 members of the public were recruited through the crowd-sourcing service amazon Mechanical Turk	Stigma scales: intentionality, dangerousness, deviance and punitive attitudes. Political orientation and social desirability
Harper, Bartels & Hogue 2018	United Kingdom	(22.53) M= 19 F= 81	Online 5, 6, 7- point Likert scale surveys and 4 experimental stimuli (narrative video, narrative written, informative video, informative written) Quantitative	Moral disengagement theory	100 students of University of Lincoln recruited directly on campus and Internet-mediated advertisements	ATS-21 Moral disengagement (MDS-SO), stigma and punitive attitudes, GNAT, absorption scale, mouse tracking, PSO
Jahnke 2018	Germany & United States of America	20-60 years (33) M= 58% F= 42%	Online 7-point Likert scale surveys, true or false questionnaire, photographic and linguistic stimuli, and 4 experimental vignettes Quantitative	Nil	205 members of the public were recruited through the crowd-sourcing service amazon Mechanical Turk	Cognitive Antecedents- amorality, Emotional response (fear, anger and disgust), social distance, punitive attitudes, social desirability
Levenson & Grady 2019	United States of America	(52) M= 30% F= 70%	4-point Likert scale survey pre and post training workshop featuring video and audio stimuli Quantitative	Minority stress theory	94 mental health professionals recruited at four U.S based conference workshops	Knowledge and attitude items developed by lead author

Publication and Date	Country	Age and Sex of Participants (mean)	Methodology Data Measurement	Theoretical or Conceptual Frameworks	Samples and Strategy	Scale(s) Used
Campbell 2013	United States of America	18 -65 years (38.5) M= 12 F= 36	Online 5-point Likert scale survey and experimental 2 x 2 factorial simple mixed design vignettes Quantitative	Nil	28 licensed psychologists recruited from the membership directory of American Psychological Association (APA) and 23 trainee psychologists recruited from APA-accredited professional psychology academic institutions	ATS
Boardman & Bartels 2018	United Kingdom	18-62 years (27.76) M= 29 F= 60	Video stimuli, 5 & 7-point Likert scale surveys Quantitative	Nil	89 members of the public and students were recruited via a university participation scheme and by directly approach	Stigma and punitiveness, ATS-21, Judgement questionnaire
Richards 2018	Australia	Unknown	Thematic analysis of Social media comments Qualitative	Attributions theory	768 international comments made by members of the general public across four online forums in response to the announcement in March 2015 of the first Australian trial of the Circles of Support and Accountability (COSA) program	N/A
Montes 2018	United States of America	30-49 years M= 40% F= 60%	Exploratory audio-recorded interviews analyzed through thematic analysis. Qualitative	Sociopsychological perspective Modified labelling theory	10 social workers participated in the study. Recruitment methods unspecified	N/A
Hanson 2018	United States of America	25-53 years M = 19 F = 89	7-point Likert scale online survey Quantitative	Stigma related stress	108 psychology interns were recruited utilizing the Association of Psychology Postdoctoral and Internship Centers (APPIC) directory.	Controllability, dangerousness, affective responses, social distance, motivation to work
Serigstad 2016	Norway	29-71 years M = 4 F= 5	Semi-structured interviews Systematic text condensation Qualitative	Nil	9 health care providers with a treatment responsibility in the primary health care or mental health care systems were recruited via email or direct contact	N/A
Moss 2019(a)	Canada	18-71 years (31.64) M= 71.7% F= 6.8%	Online 4, 5,7,100-point Likert scale surveys Quantitative	Minority stress theory	207 self-identified MAPS were recruited via professional social networks and online communities geared towards MAPs	Therapy motivation, self-efficacy, past treatment experiences, internalized stigma, maladaptive coping strategies
Moss 2019(b)	Canada	23-79 years (39.30) 41.0% did not provide age M= 73 F= 217 (Approx.)	Online 7-point Likert scale surveys Quantitative	Nil	290 registered mental health clinicians residing and practicing in Canada were recruited via direct email, social media, professional websites and mental health agencies	Competency and assessment/treatment provision, experience therapy motivation, stigma inventory
Wurtele 2018	United States of America	(22.8) M= 21% F= 79%	5 & 7-point Likert scale paper and binary surveys educational intervention class Mixed methods	Nil	141 psychology undergraduates of the University of Colorado were recruited via direct approach	PSO, ATS, CATSO, CSOM myths and facts
Gunnarsdottir 2018	Norway	18-25 years M= 37% F= 63%	7-point Likert scale Online survey, vignettes Mixed methods	Nil	122 psychology students and 96 police trainees from Norway recruited via email, social and student networks	The Stigma Inventory, therapy motivation

Publication and Date	Country	Age and Sex of Participants (mean)	Methodology Data Measurement	Theoretical or Conceptual Frameworks	Samples and Strategy	Scale(s) Used
Lievesley, Harper & Elliott 2020	United Kingdom	(33.17) M= 90%	Online 4, & 5-point Likert scale surveys Quantitative	Minority stress theory	183 participants who self-identified as having a sexual attraction to minors were recruited through social media and online forums / support organizations.	White Bear suppression inventory, personal feelings, mental wellbeing, Herth hope index, active avoidance of children, coping strategies, help seeking behavior
Jahnke, Schmidt, Geradt, and Hoyer 2015	Germany	18–79 years (37.30) M= 100%	Online 4, 5, 7-point Likert scale and binary surveys Quantitative	Stigma related stress (developed by authors)	104 participants who self-identified as having a sexual attraction to minors were recruited via advertisements in forums directed at people with pedophilia	Perceived social distance, brief symptom inventory, University of California Los Angeles (UCLA) loneliness emotion subscale of the coping inventory for stressful situations, social desirability, fear of negative evaluation, self-esteem
Cohen, Wilman-Depena, Barzilay, Hawes, Yasheen & Galynker 2019	United States of America & Israel	15-66+ years (36.74) M= 313 F= 12 Transgender =5	Online 7-point Likert scale and binary surveys Quantitative	Minority stress theory	333 participants (mixed international sample) who self-identified as having a sexual attraction to minors were recruited via survey on the B4U-ACT website.	MCMI-II (personality disorder), MAPQ (nature, history and experiences of MAPS), SHQ, childhood trauma, self-esteem INTREX, MMPI-2 Lie scale
Friedmond 2013	Canada	20-70 years M= 100%	Semi-structured interviews in person and via audio calls Qualitative	Symbolic interactionism Moral panic theory	9 participants who self-identified as having a sexual attraction to minors were recruited via various B4U-Act networks	N/A
Cacciatori 2017	United States of America	Unknown M= 100%	Semi-structured interviews via Skype. Interpretive phenomenological analysis Qualitative	Stigmatization model	7 participants who self-identified as having a sexual attraction to minors were recruited through the B4U-ACT online forum	Questions were developed from current research concerning men attracted to minors, stigma, and help-seeking behaviors
Cohen, Ndukwe, Yaseen & Galynker 2018	United States of America & Israel	18–83 years (36.63) M= 95.4% F= 32.5% Transgender= 1.4%	Online 7-point Likert scale survey and various questionnaires Quantitative	Nil	565 participants (mixed international sample) who self-identified as having a sexual attraction to minors were recruited via various B4U-Act networks	MAPQ, CTQ, BIS-11, self-concept INTREX, SHQ, MCM -11, MMPI-2 Lie scale
Muir 2018	New Zealand	20-30 years M= 100%	Semi-structured open-ended interviews via skype. Binary, multiple choice and 4-point Likert scale survey Mixed methods	Stress and coping theory	85 participants (mixed international sample) who self-identified as having a sexual attraction to minors were recruited for both surveys and interviews concurrently through a Massey University project webpage	(IPA) ATSPPH-SF
Cash 2016	United States of America	18-68 years (34.25) M= 95%	Online 4 and 7-point Likert scale surveys and open-ended questions Mixed methods	Stigma related stress	160 participants who self-identified as having a sexual attraction to minors were recruited through the organizations Virtuous Pedophiles and B4U-ACT and their networks	UCLA loneliness scale, Rosenberg self-esteem scale, Bumby MOLEST scale, open-ended questions about sexual history/identity

Publication and Date	Country	Age and Sex of Participants (mean)	Methodology Data Measurement	Theoretical or Conceptual Frameworks	Samples and Strategy	Scale(s) Used
Grady, Levenson, Mesias, Kavanagh & Charles 2019	United States of America	18-80 years (36) M= 91% F= 5% Transgender or non-conforming= 4%	Online survey of 10 open-ended questions Grounded theory Qualitative	Stigmatization model	293 participants (mixed international sample) who self-identified as having a sexual attraction to minors were recruited via three organizations (Stop it now! Lucy Faithful and Virtuous Pedophiles)	General help-seeking questionnaire (modified by authors)
Levenson & Grady 2019	United States of America	18-80 years (36) M= 91% F= 5% Transgender or non-conforming= 4%	Online multiple choice and Likert-scale survey Quantitative	Stigma reduction intervention model	293 participants (mixed international sample) who self-identified as having a sexual attraction to minors were recruited via three organizations (Stop it now! Lucy Faithful and Virtuous Pedophiles)	General help-seeking questionnaire (modified by authors)
Walker 2017	United States of America	18-50+ years M= 90% F= 7% Transgender = 5% Other = 2%	Semi-structured interviews Qualitative	Labelling theory resilience theory self-control theory Trauma theory Minority stress theory	41 participants (mixed international sample) who self-identified as having a sexual attraction to minors were recruited via two online organizations (B4U-ACT and Virtuous Pedophiles)	N/A
Houtepen Sijtsema, & Bogaerts 2016	The Netherlands	Age unspecified M =100%	Semi-structured interviews Thematic analysis Qualitative	Social control theory	15 participants who self-identified as having a sexual attraction to children were recruited via three online Dutch organizations	N/A
Stevens & Wood 2019	United Kingdom	Unknown	Thematic analysis Qualitative	Nil	5, 210 posts on the online forum 'Virtuous Pedophiles'	N/A
Parr & Pearson 2019	United Kingdom	25-65+ years M= 7 F= 13	Open-ended questionnaire and case vignette Thematic analysis Qualitative	Public health prevention model	20 professionals associated with the Stop it now! campaign and registered therapists with StopSO network were recruited via email	11 open-ended question survey developed by authors
Harper, Lievesley, Carpenter, Blagden & Hocken 2019	United Kingdom	(39.83) M= 49% F= 51%	Video stimuli, 5 & 7-point Likert scale surveys Quantitative	Heuristic processing model	539 members of the public were recruited using the crowd sourcing platform Prolific	ATS-21, SPS, ST-IAT,
Jahnke, Phillip & Hoyer 2015	Germany	24-53 years (30.34) M= 17.5% F= 82.5% (Approx.)	Online 7-point Likert scale surveys video and narrative stimuli Quantitative	Stigma reduction intervention model	137 psychotherapists in training were approached at eight German Cognitive Behavioral Therapy institutes	Stigma inventory, therapy motivation, anti-stigma texts and satisfaction
Theaker 2015	United States	Unknown	Content analysis Qualitative	Social construction theory	643 social media comments (mixed international sample) on 'This American Life' Facebook page	N/A

Note. ATS (21) = Attitudes Towards Sexual Offenders. MDS-SO = Moral Disengagement Towards Sex Offenders. GNAT = Go/No go Association Task. PSO = Perceptions of Sex Offenders. MAP = Minor Attracted Person(s). CATSO = Community Attitudes Towards Sex Offenders. CSOM = Centre for Sex Offender Management. MCM-II = Millon Clinical Multiaxial Inventory. MAPQ = Minor Attracted Persons Questionnaire. SHQ = Sexual History Questionnaire. MMPI-2 = Minnesota Multiphasic Personality Inventory. BIS-11 = Barratt Impulsivity Scale 11th edition. CTQ = Childhood Trauma Questionnaire. INTREX = Information Transfer Experiment. ATSPPH-SF = Attitudes Towards Seeking Professional Psychological Help- short form. IPA = Interpretative Phenomenological Analysis. STOPSO = Specialist Treatment Organization for the Prevention of Sexual Offending. ST-IAT = Single Target Implicit Association Test. SPS = Stigma and Punitive Attitudes Scale.

Appendix B: Systematic Review - Overview of the Reviewed Studies

The following paragraphs contain a brief summary of the included studies' aims and methodologies. The wording throughout this section reflects the differing terminologies used by the authors.

Jahnke, Imhoff, & Hoyer (2015) conducted a study to empirically examine the extent of stigmatization of people with pedophilia (PWP) and the predictors of discrimination intent. Two studies explored levels of public stigma and predictors of social distance through comparison of identical items referring to either people who abuse alcohol (Study 1) and "sexual sadists" or people with antisocial tendencies (Study 2).

Imhoff (2015a&b) used two online studies to investigate whether people harbored punitive beliefs against individuals with a sexual interest in children, despite the absence of mentioning a sexual offence. Additionally, the studies assessed whether this affect is augmented by the clinical label of "pedophilia". Participants were randomly assigned to one of two conditions in which either the ''pedophilia'' label or the descriptive term ''sexual interest in (prepubescent) children'' was included in all items.

Imhoff & Jahnke (2018) explored the effects of intentionality, labels and punitive attitudes towards PWP. Participants were provided with one of four brief vignettes which featured distinct manipulation of the label ("pedophiles" vs. people with sexual interest in prepubescent children) and degree of intentionality (pedophilia or sexual desire as malleable vs. not malleable).

Harper, Bartels & Hogue, (2018) compared two attitudinal interventions in the forms of first-person narrative vs. expert opinion. The studies conjecture was that both would lead to reductions in stigmatization and punitive attitudes about "pedophiles" on an explicit (self-report) level but that only the narrative intervention would lead to reductions of these constructs at the implicit level.

Jahnke (2018) examined the effects of non-offending motivation (internal vs. external) and pedophilic vs. teleiophilic sexual preferences on cognitive appraisals (amorality, dangerousness, abnormality), emotions (fear, anger, disgust), punitive attitudes, and social distance toward a man experiencing a sexually transgressive impulse.

Levenson & Grady (2019) created, implemented and evaluated a short training workshop to assist clinical therapists to respond ethically and effectively to individuals seeking counselling for pedophilic interests. The researchers measured pretraining and post-training knowledge and attitude levels through a survey.

Campbell (2013) assessed and compared attitudes and perceptions of psychology graduate student-trainees' and psychologists toward persons with pedophilic interests. The aim was to assess whether occupation and pedophilic behavior were related to attitudes towards sex offenders.

Boardman & Bartels (2018) conduced an experimental study, in which participants were allocated to an "offending pedophile" (OP), "nonoffending pedophile" (NOP), or control video condition. They then watched two short help-seeking video clips of an older and younger male. The first aim was to test whether a short video clip would elicit more stigmatizing judgments about an "OP" compared to a "NOP". A control condition involving a male who had failed a job interview was also included. The second aim was to determine whether an "OP" would be judged more harshly than an adolescent pedophile. Finally, the study investigated whether these attitudes were greater following the offending clip, compared to the "NOP" and control clips.

Richards (2018) examined the causes that members of the public ascribe to pedophilia and/or child sexual abuse using data from four online forums, all of which emerged in response to the announcement in March 2015 of the first Australian trial of Circles of Support and Accountability (COSA).

Montes (2018) explored social worker bias towards PWP through an exploratory thematic analysis of interview data. The study aimed to explore the origins and navigation of biases from a sample of student social workers in training compared to social workers with experience working with PWP.

Hanson (2018) evaluated and compared clinicians' attitudes toward PWP, people with depression and the fetish interest of Adult Baby/Diaper Lovers (ABDL). The aim of this study was to assess if stigmatization of pedophilia found in the general population could be replicated in a clinician population.

Serigstad (2016) aimed to explore health providers' experience with and attitudes towards PWP through exploratory semi-structured interviews.

Moss (2019b) examined willingness to provide psychotherapy and explicit stigma towards "minor attracted persons' ("MAPS") through an anonymous online survey. Willingness to provide psychotherapy was assessed by survey and stigma was assessed by self-report measures.

Wurtele (2018) assessed university students' perceptions of "child sex offenders" to determine whether students' knowledge and attitudes can be influenced through classroom-based instruction. The educational intervention was aimed at correcting stereotyped assumptions, particularly the differences between the general category of "child sex offenders" and PWP.

Gunnarsdottir (2018) examined differences in attitudes toward PWP held by psychology students and police trainees using a mixed method approach. The study also assessed whether the level of familiarity with PWP would be linked to more positive attitudes, and if the level of familiarity among the psychology student sample would be associated with higher motivation to provide mental health services to PWP.

Moss (2019a) aimed at gaining a better understanding of people with sexual interest in children living in the community. The first study examined treatment motivation, self-efficacy, past treatment experiences, internalized stigma, and maladaptive coping strategies in "MAPs".

Lievesley, Harper & Elliott (2020) analyzed the extent to which internalized stigmatization among people with sexual interests in minors impacts help-seeking behaviors, and perceptions of their own risk of becoming sexual abusers.

Jahnke, Schmidt, Geradt, & Hoyer (2015) conducted an online survey of PWP to determine how stigma-related stress might negatively affect emotional and social areas of functioning, cognitive distortions, and motivation to pursue therapy. Findings were discussed in relation to results from past research including: patients with pedophilia from Berlin Prevention Project Dunkelfeld, members of the general German population, young Swiss professionals and men with pedophilia incarcerated for child sexual abuse.

Cohen, Wilman-Depena, Barzilay, Hawes, Yasheen & Galynker (2019) measured the risk factors for chronic suicidal ideation of community-based minor attracted persons They categorized "non-offending MAPS" (non-actors) and "offending MAPS (actors)" into two separate groups.

Friedmond (2013) used semi-structured qualitative interviews to determine how minor-attracted individuals navigate their stigmatized identities.

Cacciatori (2017) used semi-structured interviews, which were analyzed through the lens of interpretative phenomenological analysis, in order to provide an understanding of the self-reported "non-offending MAPS" lived experiences, particularly in relation to help-seeking behaviors.

Cohen, Ndukwe, Yaseen & Galynker (2018) used an online survey in order to compare the attitudes, traits, histories and experiences of "non-offending MAPS" and "offending MAPS" in the community, in order to distinguish between the correlates of pedophilic attraction versus actions.

Muir (2018) adopted a qualitative-dominant mixed method design to explore experiences of living with an attraction to children for those who are non-offending, how such individuals manage their attraction, and what support needs they have.

Cash (2016) explored how "MAPS" label themselves, and how that process may take place once they have discovered their minor attraction. The study also investigated how "MAPS" manage their identities in a world that highly stigmatizes them and their desires using mixed methods analysis.

Grady, Levenson, Mesias & Kavanagh (2018) directed a survey asking minor-attracted persons 10 open-ended questions that were designed to capture in their experiences of seeking treatment. A qualitative analysis of their responses using grounded theory, was designed to allow themes to emerge from their responses without preconceived notions or expectations.

Levenson & Grady (2019) using the same sample from Grady et al., (2018), this study explored "MAPs" perspectives regarding (a) experiences with help seeking for minor attraction, (b) perceived barriers to seeking help, and (c) treatment priorities as identified by consumers of these services. Questions were designed to elicit information and are analyzed primarily using descriptive analyses.

Walker (2017) used semi-structured interviews to learn about the experiences of "MAPS", committed to living an offence free lifestyle. Topics of discussion included identity formation, managing stigma, coping emotionally with attractions, and motivations and strategies for refraining from offending.

Houtepen, Sijtsema, & Bogaerts (2016) explored risk and protective factors for offending in self-identified "pedophiles". Topic of discussion were sexuality, coping, and sexual self-regulation through semi-structured interviews.

Stevens & Wood (2019) used thematic analysis to explore coping mechanisms utilized and mental illness experienced by "MAPS" using 5,210 posts on the 'Virtuous Pedophiles' forum.

Parr & Pearson (2019) explored professionals' perspectives of the barriers "non-offending MAPs" face in seeking and receiving help and how these barriers can be reduced. The sample of professionals had specific training/experience working with "non-offending MAPs."

Harper, Lievesley, Carpenter, Blagden & Hocken (2019) conducted a longitudinal experimental design to determine whether humanized narratives reduce stigma toward people with "pedophilic interests" more effectively than an informative alternative (scientific information about pedophilia).

Jahnke, Phillip & Hoyer (2015) developed and tested a 10 minute online interventional video (consisting of educational material and human narrative about a PWP) aimed to reduce stigma and increase motivation to work with PWP for trainee psychotherapists. Questionnaires were implemented prior to and following the interventional video to determine agreement with stereotypes, controllability, dangerousness, anger, reduced pity and social distance. A control group received information about violence-free parenting.

Theaker (2015) examined the existing discourse and inspected the potential in reframing primary prevention to include the "non-offending pedophile." A content analysis of 643 public comments was conducted to classify terminology, themes and overall sentiments made by the public in response to Luke Malone's, This American life segment entitled "Help wanted".

Appendix C: Study One - Humanizing Narrative Recruitment Post

Looking for New Zealanders who identify as minor attracted

My name is Amy Lawrence, and I am a PhD psychology student conducting research as part of my Doctoral degree, under the supervision of Dr. Gwenda Willis and Dr. Kerry Gibson at the University of Auckland.

My research focuses on gauging and influencing stigmatizing attitudes and behavioral intentions towards people with minor attraction. Ultimately what I am hoping to achieve by examining public attitudes is to open a public dialogue about people living with minor attraction who do not wish to offend and enhance the wellbeing of individuals with minor attraction who are seeking support. One of the interventions I intend to use within the study is a video-based humanization narrative. Other studies have found this technique produces higher rates of reducing negative attitudes than providing empirically accurate information.

To make this research as successful as possible it is important to be responsive to the specific NZ population and thus, I believe that featuring an individual from NZ sharing their story would have the greatest impact on influencing attitudes.

If you are a New Zealander (either born, grew up or living in NZ) and are interested in sharing your story for this research, please contact me on the email below. Anonymity and confidentiality are of the utmost importance, and the study has gone through a full ethical review process and has been Approved by the University of Auckland Human Participants Ethics Committee on 10/11/2020 for three years, Reference Number UAHPEC2560. Additionally, if you choose to contact me, I will provide you with a participant information sheet providing more details about the study, and what your participation will involve. I will happily answer any further questions you have.

Very much looking forward to hearing from you,

Amy Lawrence

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Appendix D: Study One – Humanizing Narrative Participant Information Sheet

Project title: Understanding attitudes towards people with sexual interest in children

Kia ora and Thank you for your interest in this research.

Researcher: Amy Lawrence is from Auckland and has lived in New Zealand, Aotearoa for most of her life. She is a PhD psychology student conducting this research as part of her Doctoral degree, under the supervision of Dr. Gwenda Willis and Dr. Kerry Gibson at the University of Auckland.

What is this research about: This study is investigating people's views and attitudes surrounding people with a sexual interest in children and levels of support for a prevention service in New Zealand. It is hoped this research can inform the researcher about the kind of attitudes which exist in New Zealand and how attitudes can be influenced to enhance the well-being of people with sexual interest in children and target future prevention efforts. The research involves an online questionnaire featuring video-based content and follow-up interviews.

What will participation involve? Included within the study is a video-based narrative. Your participation will involve conducting a written script about your life, what it is like living with a sexual interest in children and your commitment to living a non-offending life. The researcher will send you an email with some guidelines about what you may like to include to help narrow the focus of your life experiences. However, what you choose to provide is up to you. The story will need to be between 5-10 minutes when read aloud. Your story will be read by a paid actor on your behalf to preserve your anonymity. If several individuals are interested in contributing to a narrative, we may integrate material together to form one script. If we were to do this, we would notify you.

Confidentiality: You have the right to withdraw from this research without providing a reason why, up until two weeks following the final submission of the script. Participation in this study is on your terms and what you choose to disclose is voluntary. Any identifying information collected from you will remain confidential to the researchers. The only limit to confidentiality is if you disclose information that you or another person is at risk of harm currently, in which case confidentiality may need to be broken to ensure everyone's safety. However, we will try to talk with you about any concerns first and make a plan together to keep you and others safe.

All information collected during this research will be stored in password-protected electronic files on a University of Auckland computer. It will only be accessible to the researcher and supervisors.

Published research will be de-identified. Research findings will be published in academic journals and presented at international conferences; however, your identity will never be made public.

Risks and benefits: We hope that taking part in the research will be a positive experience for you and we do not think it will be harmful. The only difficult part might be talking about negative events in your life. Should you find participation in this research negatively impacts you, please contact the researcher's and they can provide you with information of a new service being developed in New Zealand for people with sexual interest in children.

Koha: You will be offered a $50 countdown voucher in exchange for your participation in this research.

Research findings: The findings from this research will be published as a Doctoral thesis and may be published in academic journals and presented at national and international conferences. A summary of results may be posted on the Advancing Sexual Abuse Prevention (ASAP) Research Group website (www.asap.auckland.ac.nz). These findings will remain anonymous.

Data Collection: Data will be securely stored in an electronic format indefinitely in accordance with University recommendations and American Psychiatric Association guidelines. Data will be stored on a secure university computer and backed up on the university server.

If you have any questions about participating in this study, please email the researcher at alaw068@aucklanduni.ac.nz. If you agree to participate, we will review the attached consent form with you and ask for your verbal consent to participate.

Thank you for taking the time to consider participating in this research!

Nga mihi nui ki a koe,

Contact details:

Researcher:

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For any queries regarding ethical concerns you may contact:

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Approved by the University of Auckland Human Participants Ethics Committee on 10/11/2020 for three years, Reference Number UAHPEC2560

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Appendix E: Study One – Humanizing Narrative Participant Consent Form

Project title: Understanding attitudes towards people with sexual interest in children

Name of Principal Investigator/Supervisor (PI): Dr Gwenda Willis
Name of Co-investigator(s): Dr Kerry Gibson
Name of Student Researcher(s): Amy Lawrence

The researcher will check that you understand the contents of this form and ask for your verbal/emailed consent to participate before providing any information included in the research. A recording of your consent to participate will be held indefinitely.

I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction.

• I agree to take part in this research.

• I understand that participation is voluntary.

• I agree to the researcher providing guidelines regarding information which requires inclusion in the script, and I understand I have the final say regarding any edits made to the script I provide.

• I understand that I am free to withdraw participation at any time without giving a reason, and to withdraw any information I have provided up until two weeks following final submission of the script.

• I understand that narrative material may be integrated from several individuals, and I understand I have the final say regarding any edits made to the script I provide.

• I understand that any identifiable information will remain confidential.

• I understand that if I disclose that myself or another person is at risk of harm currently, then confidentiality may need to be breached.

• I consent to the information provided being filmed and read by a paid actor on my behalf.

• I understand that the recordings will be featured as part of an online survey.

• I understand that I have a right to request a copy of the recording.

• I understand that all research data will be stored in password-protected electronic files on a University of Auckland computer.

• I understand that the researchers and University of Auckland have the copyright to the video recordings.

•I wish/do not wish to receive a summary of findings, which can be emailed to me at this email address:

Approved by the University of Auckland Human Participants Ethics Committee on 10/11/2020 for three years. Reference Number UAHPEC2560

Appendix F: Study One - Humanizing Narrative Guidelines

These are a few ideas of what would be good to include. Ultimately, it is YOUR life/experiences/story, so you can decide what the narrative looks like. However, we need to keep in mind that the survey is tailored around asking questions regarding common stereotypes, as will the informative intervention, so it is important that the stereotypes are challenged through your story, otherwise we may end up with inconclusive data. Additionally, it will need to be about 5-10 minutes when read aloud, so between 4-8 pages.

I've also included a video link of Todd Nickerson below which might be helpful for constructing your narrative.

- It would be great to start with some of your background/history (obviously not anything identifiable) maybe think about some things you think other kiwis might relate to, things you did as a kid that were fun, kiwi childhood experiences etc. This would be a good way to start the humanizing process.
- At what age did you realise your attraction? How did you come to this realisation? (this is to challenge the stereotype that people with sexual interest in children are always older men) Here it would be good to include what it was like for you as well. (E.g., what emotions you felt, whether you felt you could tell people or not etc). This is to emphasise your experience with stigma from a young age. It is also important to state that it was never something you 'chose' to have.
- There needs to be something around not acting on your attraction (this really challenges the 'dangerousness' stereotype). Also, your ability to 'control' your attraction. You could state something like, you are able to control your attraction, just like everyone else who doesn't jump on everyone they find attractive. Or something like that. Just to challenge the point of the controllability stereotype is.
- Then it would be good to discuss how stigma has affected your whole life. Your relationships, your mental well-being, how you view yourself etc.
- Also, important to include (perhaps in some detail) any positive experiences of 'coming out' to friends and family, and any intimate relationships with adults.

- It would be really great to end with some points around the need for professional support in NZ (if you agree) so that more people (especially young people realizing their attraction) can feel comfortable to come forward to seek support

Very happy to discuss any of the above. Looking forward to hearing your thoughts on this (and eventually, reading your story).

https://www.youtube.com/watch?v=k-Fx6P7d21o

Appendix G: Study One - Humanizing Narrative Intervention Script

I grew up on my parent's farm, a remote and spectacular New Zealand landscape where my family had lived for four generations. Compared with an urban childhood, mine was free and practical. I learned to ride horses and trail bikes, and to drive off road. I also had quiet times, when I read, drew pictures or tinkered in our farm workshop.

It was a nurturing home where my parents took an interest in my siblings and I, teaching us skills they thought we could use. We had all the necessities on our doorstep and life was comfortable, but not extravagant or privileged.

I acquired definite and distinct qualities from each of my parents.

From my father I absorbed a deep respect for all conscious beings he was always kind and gentle with animals. He despised deliberate or careless cruelty.

From my mother, I learned to think critically and creatively, and to value my own opinions. She wasn't a rebel, but she was intelligent and artistic, with a finely tuned bullshit detector.

I was good at class work throughout my schooling I also represented my school in rugby. So, I was capable but, by the time I left school, I was a heavy drinker and getting in a lot of fights.

Aged ten, I started life at a boy's boarding school, a rite of passage for many rural kids. It really wasn't the best place for me, but I got by. I wasn't at all effeminate, but I'd always enjoyed the company of girls. I'd made friends with girls at my primary school and I got on well with them. I didn't think "yuk! girls!" as many little boys do, and I sometimes longed to join them in their games and conversation.

During the school holidays, when I was eleven, I developed a crush on my little sister's friend, Elsa, who was six. Back at school, I wrote her letters and she wrote back in big, clumsy printing. There was nothing inappropriate or exploitative about our friendship and our parents looked on with amused tolerance. I honestly think I loved her but, even while I bragged to my friends about my new girlfriend, I knew I had to keep her age a secret. I had no concept of paedophilia, but this is my first memory of such an attraction.

Puberty started when I was fourteen, along with the usual preoccupations. While I'd had another holiday romance, with a girl much closer to my own age, most of my fantasies

involved little girls. I wasn't particularly self-conscious about it, because it felt perfectly natural. I didn't know what other people fantasized about, so why fret? I remember that my female peers seemed buxom and matronly, more like big sisters. I had barely any sexual interest in them and it never occurred to me to fantasize about them.

For whatever reason, my sexual interests were directed to children rather than adults, and girls rather than boys. I didn't make a choice to be attracted to little girls, I just was.

Over the next couple of years, I followed my classmates in their trash talk, rating the girls we knew according to proportions or amenability. I contributed scores of my own, as camouflage, but I knew my interest lay elsewhere.

Although fit and strong, I was often teased for being sexually immature, since I was very late going into puberty. Physically, at sixteen, most of my classmates were young men, while I had no sign of a beard and barely any body hair. In their eyes, I looked and acted like a little boy. My dreams of little girls just seemed to confirm their jibes, and I was feeling increasingly sensitive about them. I knew I couldn't be blamed for developing late, but I was beginning to think maybe I shouldn't be liking little girls the way I did. I realise now that I had no more choice in this than I did in the late appearance of body hair, but my attraction to children grew into a guilty and shameful secret and has remained so for much of my life.

When I was seventeen, I met a fourteen-year-old girl at a school dance. She was a high-country kid, also at boarding school. She loved to read and talk, and we had something else in common —she was a late developer too. We fell into an affectionate romance, it was harmless puppy love and we were perfect for each other, but she looked very young, maybe ten or eleven, and I was mocked and heavily criticised for 'cradle snatching'. Since I was already carrying some private shame around this issue, I decided I had to give up on her, which I did. I feel very sad and angry about it now and I wonder how it affected her.

When I reached my 20's, women my own age suddenly became desirable, even irresistible. I was a helpless romantic and I fell in love over and again, but I had no clues about women. Surprisingly perhaps, romances with women did nothing to dull my feelings for little girls. It was little girls, not women, who turned my head in the street. If I met a little girl somewhere, I always imagined how nice it would be to have her as a friend. It was a pipe dream, but one I hoped might come true one day. One or two close friends picked up on this, and ribbed me for it, but I mostly kept very quiet about my attraction.

But I wasn't immune to the charms of *anonymous* little girls. I found myself in thrall to something I hadn't experienced before: a sexual obsession. I was in deep water and I grew sick with worry. I'd long known I had sexual feelings for kids and, although I knew I'd never act on these feelings, I didn't want an *appetite* to act on them either. Up til now, it had all been Jacky Daydream, but now I was terribly frustrated and desperate for some kind of outlet. I felt trapped with these urges I could barely control, and couldn't bear to own, let alone satisfy.

I couldn't imagine asking anyone for help. I took my pleasure in anxious, secretive bursts and spiralled into overwhelming shame and guilt. I was in turmoil.

After a few months of this, I didn't care if I lived or died. One night, I went for a drive in the hills and, coincidentally, crashed my car off a cliff. It plunged forty metres, into

a tangle of trees, and I climbed out of the wreckage with a black eye. Wow, I thought. That was close. I decided to see a psychotherapist. For the first time in my life I talked openly about my sexual attraction to children. After that session, when I left the therapist's rooms, my legs turned to jelly, and I had to sit on a wall. It was the beginning of a twenty-year journey toward self-acceptance, of which this narrative is another step. A couple of years into my therapy, my younger brother was killed in a car accident, which devastated me all over again. It made my suicide attempt seem even more selfish and stupid.

If I hadn't been so walled in by stigma, I would've sought help much sooner. The fees are high and it isn't easy to find a therapist who won't judge and who can offer advice in this area, but I was fortunate to find caring, supportive people to talk to.

It isn't always so easy, and there's an urgent need for a service that allows others in my situation to get confidential help, quickly and without the threat of prosecution. Without such a service, the prejudice that brands minor attracted people as offenders, by default, will just become a self-fulfilling prophecy.

What people struggling with sexual attraction to children need to know is that they're not alone, that they're not monsters and that they can meet all of their needs, sexual and emotional, without resorting to abusive sexual practices. Some tolerance for paedophilic feelings, within clear boundaries, is surely the best way to limit any impulse to act out harmfully.

My most important goal in therapy has been to shed the shame I've built up around my paedophilia, and to accept it as a part of who I am. For some time, I've tried to be open about it, at least with the parents of children I have any significant relationship with. I've been surprised and gratified to find that I can make this disclosure and still be trusted. In fact, being open with friends about my attraction to children, and being accepted by them, has transformed my life. Their trust and support has given me confidence in my own agency and allowed me to show who I really am.

In contrast, it's difficult to describe the personal impact of *internalised* stigma, because it's not played out anywhere, and the only world it exists in is inside my head. No one can see it and only I can feel it. It feels like a crusty, stinking old blanket, like a streetie would wear, except it won't come off. Or like the creeping, cold edge of a shadow, cast by real things, but outlandishly large and distorted. Or like a phantom that climbs inside me and eats my soul, bite by bite, til I'm all gone, and there's just a snaggle toothed bogeyman, grinning out from where my face used to be.

But I'm not the folk devil people imagine. In time, I hope more people will understand this. By being honest about my feelings, conducting myself with integrity and being transparent in my motives and actions, I feel I've earned some license to enjoy children's company, as a friend or mentor, or even as a teacher. Although it feels obligatory, and I resent having to say it, people need to know, for the record, that I've never engaged in any kind of sexual activity with a child. Nor would I, ever. It isn't my thing.

As well as being honest with my friends, I've been very open and frank with the investigator conducting this study. It hasn't been easy to disclose the intimate details of my life, and I've found it emotionally exhausting and scary. I've been honest about my

experiences because others like me deserve understanding and support. Also, it feels less lonely to share something of my inner life.

It took me a long time to realise that my sexual attraction to children isn't a moral failing, or a response conditioned by an obnoxious habit, it's just a part of who I am.

My parents never made me ashamed of my body, or my feelings. Nor do I believe my childhood sexual experiences were ever abusive or coercive, or even unusual. Despite this, nobody could protect me from the disapproval of others. That disapproval coloured my life and still affects me today. Such thoughtless moralising sows the seeds of alienation, and it's only through genuine connection with others that this damage can be undone.

Appendix H: Study One - Informative Intervention Script

People with sexual interest in children are among the most highly stigmatized group of people in our society. Sexual interest in children is a broad term incorporating paedophilia and hebephilia. Paedophilia refers to an intense and recurrent sexual interest in prepubescent children (often between ages 3-10), whereas hebephilia refers to sexual interest in pubescent children (typically between 11 and 14 years).

These sexual interests are not the same as sexually abusive behavior, which is an important and often overlooked difference.

Forensic psychologist Michael Seto's research finds that sexual interest in children exists on a spectrum, with some people exclusively attracted to children, whilst many others also have sexual interest in adults. Many people with sexual interest in children are able to get married, have healthy sex lives, and live with the reality of their attraction to children into their adult lives.

Recent research has attempted to estimate the prevalence and incidence of sexual interest in children and how many of these individuals have not acted on such interests. Currently, the true occurrence of people living with these sexual interests is unknown. However, research conducted by Michael Seto estimates that 1-5% of the general adult male population may have paedophilic interests.

In a New Zealand context that means that anywhere between 25,000- 135,000 people are living with an attraction to children. As a comparison, schizophrenia affects around 0.3-0.7% of people at some time in their life, which is about one in every 285 people worldwide.

Studies have revealed that most people with sexual interest in children become aware of these interests in early adolescence. This means there are hundreds of thousands of teenagers across the world struggling with making sense of their attraction towards children.

It is important to recognize common stereotypes about these people, which include that they are dangerous, abnormal, and make the choice of being sexually attracted to children.

Contrary to common stereotypes, interviews with people with these interests conducted by US. American and Canadian researchers found that most described the interest as not something they want to have. Many described their attraction as a terrifying curse, or a horrible burden they must live with. Some described feeling disgusted and wish they were only attracted to adults. As such, nobody decides to be attracted to children. However, People do make the choice to abuse children.

To reiterate, paedophilia refers to intense and recurrent sexual attraction to children. It is not always implicated in cases of child sexual abuse. In fact, many people who commit a sexual offence against a child are not paedophilic. Some, for example, are people seeking opportunistic sexual gratification from children who they find accessible. Research conducted by Dombert in 2015 estimated that half of people who commit child sexual abuse are paedophilic.

Most experts agree that while people don't choose their interests, behavioral expression can be controlled. In recent years professional mental health practitioners have found a growing body of evidence to suggest that there is a vastly high number of individuals who have these interests but they have no desire to act upon their urges because of their reservations towards such, self-proclaimed, abhorrent behavior.

Whilst there is no question that adults attracted to the same sex or the opposite sex can control their sexual desires, the same is not afforded to people with sexual interest in children. Research conducted in US. America and Canada found that people with sexual interest in children can and do control their attraction, in the same way others do not act upon every attraction they have.

We currently do not have a platform in society to discuss how the current views we hold about this population make the problem worse. These views make it almost impossible for people to seek the help they need.

Many people with sexual interest in children do not want to cause harm and are committed to living a non-offending lifestyle. Because of the stigma they face from society, these people often feel negatively about themselves. Loneliness, distress, suicidal ideation, and low self-esteem are common themes, particularly for young individuals coming to terms with their attraction for the first time.

Research has found that many people with this attraction avoid therapy out of fear that they will be considered a threat to children, or that their mental health providers will not work with them effectively or ethically. Non-profit organization B4UACT surveyed 209 people with sexual interest in children. They found that about 40% of those who sought services elected not to proceed with counselling after receiving a discouraging reaction from a mental health professional who was unfamiliar with people with sexual interest in children, endorsed inaccurate stereotypes and presumptions of criminal behavior, or told them that they would be reported to authorities.

Many reported that they would never consider sexually abusing a child and that they had other mental health needs that were neglected by therapists who saw their role as preventing victimization rather than understanding the experience of the person. Nearly half who wanted services but did not receive them said that the failure to obtain proper help

resulted in negative ramifications, including an exacerbation of mental health symptoms such as depression, suicidality, withdrawal and isolation, lost productivity, fear and anxiety, hopelessness, and substance abuse. A small group (around 3–4%) said that after being unable to obtain counselling, their attraction continued or escalated and that they were later convicted for abusing a child.

This, and several other studies have shown that stigma-related stress is linked to central risk factors (like isolation, and disconnection from social support) which can lead to the initiation of sexual offending.

There has been an international increase in projects oriented toward this group of at-risk individuals, which offer preventative support to people with attraction to children, before they act on it. Projects have been implemented in the USA, United Kingdom, The Netherlands and Germany.

As a society, we have a collective responsibility to prevent child sexual abuse. To accomplish this, we must initiate and support preventative services as other countries have done.

At present there are few services in NZ that are equipped to offer support to individuals who want help to manage their attraction to children, and no dedicated service which offers support prior to people acting on their attraction. Without help, there is a possibility some of these individuals might end up acting on their attractions, at which point, help may be available through prison-based rehabilitation programmes, but that is too late for the children who have already been harmed. Given the effects of stigma towards this group such gaps in services represent significant risk to the community. Additionally, while many individuals are committed to an offence-free lifestyle, their ability to lead fulfilling lives may be severely compromised without opportunities to understand and address their sexual interests.

The unknown but likely high numbers of people with sexual interest in children in NZ and the well documented effects of stigmatization calls for a dedicated preventative service. Stand strong walk tall is an intervention service pioneering therapy for individuals in NZ who self-refer with these sexual interests. The service is scheduled to be launched this year. The aims of the service are to support people with sexual interest in children to help manage these interests, avoid acting on them, as well as live better life.

As much as there are children who are at risk, it is equally important to help those who want to receive help managing what they feel. We help people victimized, we help people who have perpetrated abuse but if we made it easier for a non-offender to find help, we would have less of both. The best way to protect more people is to start encouraging people with a sexual interest in children to be open about their desires, to get them into professional help and to end the cycle of loneliness which may lead to them creating a devastating amount of harm.

By shifting the way we, the public think about and approach people with sexual interest in children, we can create an environment for them to seek help and get the support they need, which will be mutually beneficial for developing strong safe communities and protecting our families.

Appendix I: Study One – Actor recruitment advertisement

****Looking for 2 NZ males and 1 NZ female to feature in a PAID research project****

I am a psychology Ph.D. candidate conducting research as part of my Doctoral degree, under the supervision of Dr. Gwenda Willis and Dr. Kerry Gibson at the University of Auckland.

I'm developing an online survey and am looking to hire three actors (2 males, one female) to read two different scripts designed to influence attitudes. Each script will be about 10 minutes in length, and you will be reimbursed $50 in countdown vouchers for reading and filming each script. These video clips will be used as part of the survey. We are hoping for 1,000+ participants.

The study is investigating people's views and attitudes surrounding people with a sexual interest in children and levels of support for a prevention service in New Zealand. It is hoped this research can inform us about what kind of attitudes exist in New Zealand and how attitudes can be influenced to target future prevention efforts. The first script consists of empirically accurate information about sexual interest in children, which will address common stereotypes and discuss the need for an intervention support programme in New Zealand. The second script will be a narrative of the lived experience of a New Zealander with sexual interests in children, what it is like living with these interests and their commitment to living a non-offending life.

If you choose to contact me, I will send you an information sheet providing more details about the study, and what your participation will involve. I will happily answer any further questions you have.

Please note that participants taking the online survey will be made aware that the information in the videos are read by actors and are not their own personal views/opinions/story. The clip will also be embedded into the survey so it will not be able to be downloaded or saved and will only be viewed by participants completing the survey, the researcher and supervisors.

The study has gone through a full ethical review process and has been Approved by the University of Auckland Human Participants Ethics Committee on 10/11/2020 for three years, Reference Number UAHPEC2560.

Looking forward to hearing from you,

Amy Lawrence

alaw068@aucklanduni.ac.nz

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Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

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The University of Auckland

Private Bag 92019
Auckland 1142 New Zealand

Appendix J: Study One - Actor Information Sheet

Project title: Understanding attitudes towards people with sexual interest in children

Researcher: Amy Lawrence is from Auckland and has lived in New Zealand, Aotearoa for most of her life. She is a PhD psychology student conducting this research as part of her Doctoral degree, under the supervision of Dr. Gwenda Willis and Dr. Kerry Gibson at the University of Auckland.

What is this research about: This study is investigating people's views and attitudes surrounding people with a sexual interest in children and levels of support for a prevention service in New Zealand. It is hoped this research can inform the researcher about the kind of attitudes which exist in New Zealand and how attitudes can be influenced to target future prevention efforts. The research involves and online questionnaire featuring video-based content and follow-up interviews. We hope to have 1,000+ participants.

What will participation involve? Your participation will involve reading one or two (either full or partial) scripts (10 minutes each approx.) which will be video recorded. The first script consists of empirically accurate information about sexual interest in children, which will address common stereotypes and discuss the need for an intervention support programme in New Zealand. The second script will be a narrative of the lived experience of a New Zealander with sexual interest in children, what it is like living with these interests and their commitment to living a non-offending life. If you agree to participate in this research, the researcher will send an email of the two scripts and it will be up to you to conduct filming using your own equipment. The final videos will be an edited amalgamation of three actors reading the same scripts. As such, for consistency, **please ensure the backdrop is white or cream, there is minimal/no background noise whilst filming, and that you are filmed from the waist up. The videos of the scripts will need to be filmed separately and emailed to the researcher in MP4 formats.** Please let the researcher know if you require any clarification or discussion of the content, as it is important the scripts are presented convincingly.

Confidentiality: Due to the nature of the video-based material you will be identifiable. However, participants completing the survey will be made aware that the videos feature a paid actor and the information discussed are not opinions/views held by the actor. All other personal information will be de-identified. The video clip will also be embedded into the survey so it will not be able to be saved or downloaded. It will only be viewed by participants of the survey, the researcher, and supervisors.

Risks: Besides being featured in the video (as discussed above) there are no anticipated risks to participating in this research, however contact information for various organisations where

support is available will be provided at the end of this information sheet, should you find participation in this research negatively impacts you.

Reimbursement: You will be paid koha in exchange for your participation in this research. Payment will be a $50 countdown voucher per script.

Research findings: The findings from this research will be published as a Doctoral thesis and may be published in academic journals and presented at national and international conferences. A summary of results may be posted on the Advancing Sexual Abuse Prevention (ASAP) Research Group website (www.asap.auckland.ac.nz).

If you have any questions about participating in this study, please send an email to alaw068@aucklanduni.ac.nz. If you agree to be part of this research, we will review the consent form with you and ask for your written consent.

Thank you for taking the time to consider participating in this research!

Nga mihi nui ki a koe,

Contact details:

Researcher:

Amy Lawrence

alaw068@aucklanduni.ac.nz

School of Psychology

The University of Auckland

Private Bag 92019

Auckland 1142

Supervisor:

Assoc. Prof. Gwenda Willis

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09 373-7599 ext. 84395

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Supervisor:

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School of Psychology

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Auckland 1142

For any queries regarding ethical concerns, you may contact:

The Chair, The University of Auckland Human Participants Ethics Committee

The University of Auckland, Research Office,

ro-ethics@auckland.ac.nz

09 373-7599 ext. 83711

Private Bag 92019

Auckland 1142.

Approved by the University of Auckland Human Participants Ethics Committee on 10/11/2020 for

three years, Reference Number UAHPEC2560

If you are feeling distressed by any of the questions in this interview, these organisations are available at any time to offer free support:

Lifeline (open 24/7) - 0800 543 354

Depression Helpline (open 24/7) - 0800 111 757

Healthline (open 24/7) - 0800 611 116

Samaritans (open 24/7) - 0800 726 666

Raukura Hauora O Tainui - 0800 472 858

Suicide Crisis Helpline (open 24/7) - 0508 828 865 (0508 TAUTOKO). This is a service for people who may be thinking about suicide, or those who are concerned about family or friends. The Mental Health Foundation's free Resource and Information Service can be contacted on 09 623 4812.

Safe to talk Sexual Harm Helpline: Safe to talk is a 24/7 free, confidential, non-judgmental helpline for anyone affected by sexual harm. - 0800 044 334

Help: 24/7 free confidential help line for survivors of recent assault, those dealing with the long-term effects of historical abuse and anyone in the community concerned that someone else might be at risk of sexual abuse. – 0800 623 1700

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Appendix K: Study One - Actor Consent Form

Project title: Understanding attitudes towards people with sexual interest in children

Name of Principal Investigator/Supervisor (PI): Dr Gwenda Willis
Name of Co-investigator(s): Dr Kerry Gibson
Name of Student Researcher(s): Amy Lawrence

The researcher will check that you understand the contents of this form and ask for your written consent to participate prior to filming. A recording of your consent to participate will be held for a period of 6 years following publication of research findings.

I have read the Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction.

• I consent to film reading one or two full or partial scripts for this research project.

• I have read the script(s) and have had the opportunity to ask any questions about the content.

• I consent to the recordings being featured as part of an online survey.

• I understand that the recordings featured in the survey will explicitly state that I am an actor and that the views I am espousing are not my own. However, I also understand that being part of the research means that I am physically identifiable and may be inadvertently associated with these views. I accept this risk and understand that the researcher's and the University of Auckland are not liable for any consequences of the research participant's reactions to the recording.

• I understand that no other identifying information (name, agency association etc.) will be provided to the participants of the survey.

• I understand that I am unable to withdrawal participation from the survey after reimbursement has been made.

• I understand that the researchers and University of Auckland have the copyright to the video recordings.

Name: _____

Signature: _____ Date: _____

Approved by the University of Auckland Human Participants Ethics Committee on 10/11/2020 for three years. Reference Number UAHPEC2560.

Appendix L: Study One- Participant Information Sheet and Online Survey

Understanding attitudes towards people with sexual interest in children

Start of Block: Participant Information

Kia ora and thank you for your interest in this research.

Researcher: Amy Lawrence is from Auckland and has lived in New Zealand, Aotearoa for most of her life. She is a PhD psychology student conducting this research as part of her Doctoral degree, under the supervision of Dr. Gwenda Willis and Dr. Kerry Gibson at the University of Auckland.

What is this research about: This study is investigating people's views and attitudes surrounding people with a sexual interest in children and levels of support for a child sexual abuse prevention service in New Zealand**.** It is hoped this research can inform future prevention efforts.

Participation criteria: Adult New Zealanders (18 years +) currently living in New Zealand.

What will participation involve? Participation involves completion of an online survey. The survey includes questions about different views, emotional and behavioral responses to people with a sexual interest in children, as well as views on professional/personal support and some basic demographic questions. You will also be asked to watch a video clip (10-15 minutes). After the video you will be asked the same series of attitudinal questions. Please complete these with the video content in mind. Please note that the video features a paid actor reading information. The content of the video are not the personal experiences, views or opinions held by the actor. Out of respect for the actor, we ask that you please do not copy or share the video link, as it is intended for survey purposes and participants only. Total participation time will take approximately 25-30 minutes, and we hope to have as many as 1,000 participants.

Anonymity: All information in the survey will be collected anonymously and will remain de-identified. No identifying information, including IP addresses will be collected to ensure complete anonymity. Upon taking part in this survey, you reserve the right to withdraw at any time during the survey by just closing the online survey page. Please be advised that data cannot be withdrawn once you have submitted the survey, because it is not traceable.

Risks: There are no anticipated risks to participating in this research, however contact information for various organisations where support is available will be provided at the end of the survey, should you find participation in this survey negatively impacts you.

Prize draw: As a token of our appreciation for taking part in this survey, you can choose to enter a prize draw to win one of five $100 Countdown vouchers. Please note that if you choose to enter the prize draw your email address will be collected and stored separately from your survey data in order to preserve your anonymity regarding your survey responses.

Research findings: The findings from this research will be published as a Doctoral thesis and may be published in academic journals and presented at national and international conference. A summary of results may be posted on the Advancing Sexual Abuse Prevention (ASAP)Research Group website (www.asap.auckland.ac.nz). Participants will remain anonymous.

Data collection: Data will be securely stored in an electronic format indefinitely in accordance with university recommendations and American Psychiatric Association guidelines. Data will be stored on a secure university computer and backed up on the university server.

Ngā mihi nui ki a koe,

If you have further questions, please do not hesitate to get in contact with the:

Researcher:

Amy Lawrence

alaw068@aucklanduni.ac.nz

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Auckland 1142

Supervisors:

Assoc. Prof. Gwenda Willis

g.willis@auckland.ac.nz

Assoc. Prof. Kerry Gibson

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For any queries regarding ethical concerns, you may contact:

The Chair, The University of Auckland Human Participants Ethics Committee

The University of Auckland,

Research Office, ro-ethics@auckland.ac.nz

09 373-7599 ext. 83711

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Auckland 1142.

Approved by the University of Auckland Human Participants Ethics Committee on 10/11/2020 for three years, Reference Number UAHPEC2560

Thank you again for considering participating in this research. If you would like to proceed, please click the arrow button below. This indicates that you have read and understood the information on this screen and consent to taking part in this research.

End of Block: Participant Information

Start of Block: Demographics

Gender

- ○ Male
- ○ Female
- ○ Non-binary / third gender
- ○ Prefer not to say

Date of Birth

_____

Ethnicity

- ☐ NZ European

- [ ] NZ Māori
- [ ] Samoan
- [ ] Tongan
- [ ] Cook Island
- [ ] Niuean
- [ ] Chinese
- [ ] Indian
- [ ] Other (please specify) _____

Education

- ○ Less than high school
- ○ School Certificate/NCEA level 1
- ○ Sixth form Certificate/NCEA level 2
- ○ Bursary/University Entrance/NCEA level3
- ○ Bachelor's degree
- ○ Master's or Doctorate

Are you currently living in New Zealand?

- ○ Yes
- ○ No

End of Block: Demographics

Start of Block: Exposure

Where have you read or heard about people with a sexual interest in children?

- [ ] News Stories
- [ ] Movies
- [ ] Social media posts
- [ ] Other (please specify) _____
- [ ] None

Have you had personal contact with anyone acknowledging a sexual interest in children? If yes, please indicate if they were....

- ○ Family
- ○ Friend
- ○ Acquaintance
- ○ Prefer not to say
- ○ Other (please specify) _____
- ○ None

Do you have conversations with friends or family about people with a sexual interest in children?

If yes, what do you discuss?

- ○ No

○ Yes _____

End of Block: Exposure

Start of Block: Baseline Attitudes

When I think about a person with a sexual interest in children, I feel pity

○ Strongly agree

○ Somewhat agree

○ Neither agree nor disagree

○ Somewhat disagree

○ Strongly disagree

When I think about a person with a sexual interest in children, I feel disgust

○ Strongly agree

○ Somewhat agree

○ Neither agree nor disagree

○ Somewhat disagree

○ Strongly disagree

When I think about a person with a sexual interest in children, I feel anger

○ Strongly agree

○ Somewhat agree

○ Neither agree nor disagree

- ○ Somewhat disagree
- ○ Strongly disagree

When I think about a person with a sexual interest in children, I feel fear

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People do not choose to have a sexual interest in children

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children can control acting on their sexual interests

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People are not responsible for their sexual preferences but they are responsible for their behavior

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children who do not act on their sexual interest deserve professional support

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children who do not act on their sexual interest deserve support from family and friends

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

People with a sexual interest in children deserve access to mental health care

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

There should be programs in New Zealand to help people manage their sexual interest in children

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

Prevention programs may reduce the risk of people with a sexual interest in children acting upon their interest

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children who do not act on their sexual interest deserve to be accepted in society

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

I would have persons with a sexual interest in children as friends

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I would talk to them

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I would accept these persons as colleagues at work

- ○ Strongly agree
- ○ Somewhat agree

- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I would accept these persons as neighbors

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children are different than people who sexually offend against children

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

Many people with a sexual interest in children never have sexual contact with a child

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree

- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children are deserving of happiness like everyone else

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children need affection and praise just like everyone else

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children have feelings like the rest of us

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children can live a rewarding, meaningful life without causing harm

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children can achieve psychological well-being

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children can have healthy sexual relationships with other adults

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

How do you think society should treat people with a sexual interest in children?

_____

_____

_____

_____

_____

End of Block: Baseline Attitudes

Start of Block: Informative Intervention Video A

You will now be shown a video. Please watch carefully.

End of Block: Informative Intervention Video A

Start of Block: Humanizing Intervention Video B

You will now be shown a video. Please watch carefully.

End of Block: Humanizing Intervention Video B

Start of Block: Post Intervention attitudes

Please complete the following questions with the video content in mind

When I think about a person with a sexual interest in children, I feel pity

- ○ Strongly agree
- ○ Somewhat agree

- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

When I think about a person with a sexual interest in children, I feel disgust

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

When I think about a person with a sexual interest in children, I feel anger

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

When I think about a person with a sexual interest in children, I feel fear

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree

- ○ Strongly disagree

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- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children can control acting on their sexual interests

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People are not responsible for their sexual preferences, but they are responsible for their behavior

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
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- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
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- ○ Strongly disagree

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- ○ Somewhat disagree
- ○ Neither agree nor disagree
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- ○ Strongly agree

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- ○ Strongly agree
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- ○ Strongly disagree

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- ○ Strongly disagree

People with a sexual interest in children who do not act on their sexual interest deserve to be accepted in society

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

I would have persons with a sexual interest in children as friends

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I would talk to them

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I would accept these persons as colleagues at work

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I would accept these persons as neighbors

- ○ Strongly agree
- ○ Somewhat agree

- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children are different than people who sexually offend against children

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

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- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children are deserving of happiness like everyone else

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree

- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children need affection and praise just like everyone else

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children have feelings like the rest of us

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

People with a sexual interest in children can live a rewarding, meaningful life without causing harm

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree

○ Strongly disagree

People with a sexual interest in children can achieve psychological well-being

○ Strongly agree

○ Somewhat agree

○ Neither agree nor disagree

○ Somewhat disagree

○ Strongly disagree

People with a sexual interest in children can have healthy sexual relationships with other adults

○ Strongly disagree

○ Somewhat disagree

○ Neither agree nor disagree

○ Somewhat agree

○ Strongly agree

How do you think society should treat people with a sexual interest in children?

_____

_____

_____

_____

_____

End of Block: Post Intervention attitudes

Start of Block: Absorption and Behavioral

The video challenged my views on people with a sexual interest in children. If yes, or somewhat, how?

- ○ Yes _____
- ○ Somewhat _____
- ○ No

I found myself wanting to know more about the subject matter of the video

- ○ Yes
- ○ Somewhat
- ○ No

I could picture myself in the shoes of the person/people being discussed in the video

- ○ Yes
- ○ Somewhat
- ○ No

I was engaged in the video while watching it

- ○ Yes
- ○ Somewhat
- ○ No

I found my mind wandering whilst watching the video

- ○ Yes

- ○ Somewhat
- ○ No

Once this survey is over, I will not think about the subject matter again

- ○ Yes
- ○ Maybe
- ○ No

The video changed my views of people with a sexual interest in children

- ○ Yes
- ○ Somewhat
- ○ No

The video affected me emotionally. If yes, what emotions did you feel?

- ○ Yes _____
- ○ No

I will discuss this information/story with family/friends/colleagues

- ○ Yes
- ○ Maybe
- ○ No

I would like to have more conversations with family/friends/colleagues about this topic

- ○ Yes

○ Maybe

○ No

End of Block: Absorption and Behavioral

Start of Block: End of Survey Options

Would you like to enter into a prize draw to win one of five $100 countdown vouchers?

Note: Your email will not be collected or stored with your data, so your survey responses remain anonymous.

○ Yes

○ No

End of Block: End of Survey Options

Appendix M: Study One – Survey Participant Recruitment Post

Want to help strengthen NZ communities and help keep kids safe?

Admin Approved

***CW* People with sexual interest in children**

A new research project is looking for New Zealanders to fill out an anonymous 20 – 30-minute survey (including a 10 – 15 minute video) on attitudes towards people with a sexual interest in children. This survey explores attitudes to better understand how the public view people with a sexual interest in children, to then develop ways of preventing abuse and enhancing our community's connections and well-being. This research will specifically help in understanding how to address some of the barriers that people with these interests report when thinking about accessing treatment before offending. This is an opportunity to share your views and contribute to work aiming to prevent child sexual abuse. Participants have a chance to enter the draw to win one of five $100 countdown vouchers. Participants will be invited to take part in an (optional) 20-minute online-based (Zoom, audio only) follow-up interview one – three months following the survey. The interview will ask about your views on the survey content. Interview participants will be offered a $20 countdown voucher for their time.

Participants 18+ are needed, and all responses to the survey will remain anonymous. Click the link to find out more about the project before starting the survey. Approved by the University of Auckland Human Participants Ethics Committee on 10/11/2020 for three years, Reference Number UAHPEC2560

https://auckland.au1.qualtrics.com/jfe/form/SV_9FWiddDmbJCOg7A

IMPORTANT NOTE: Please make sure your browser settings allow all cookies, otherwise the video will not be able to be viewed. Go to the three dots at the top right-hand side of your browser, go to settings, then Privacy and Security, and change to allow all cookies.

Appendix N- Study One – Dependent Variable Correlation Matrices

Table 12. Zero-order correlations between affective variables (humanizing intervention T1/T2 *n* = 352)

	1	2	3	4	5	6	7	8
Pity (T1)	-							
Disgust (T1)	-.372**	-						
Anger (T1)	-.412**	.723**	-					
Fear (T1)	-.0.34	.294**	.304**	-				
Pity (T2)	.678**	-.238**	-.330**	.054	-			
Disgust (T2)	-.401**	.622**	.548**	.224**	-.408**	-		
Anger (T2)	-.470**	.528**	.690**	.250**	-.517**	.804**	-	
Fear (T2)	-.159**	.277**	.292**	.721**	-.061**	.387**	.408**	-

Note. T1 = Pre-intervention; T2 = Post-intervention. * $p < .05$ ** $p < .01$

Table 13. Zero-order correlations between affective variables (informative intervention; T1/T2 *n* = 339)

	1	2	3	4	5	6	7	8
Pity	-							
Disgust (T1)	-.256**	-						
Anger (T1)	-.351**	.632**	-					
Fear (T1)	-.030	.264**	.309**	-				
Pity (T2)	.679**	-.182**	-.265**	0.49	-			
Disgust (T2)	-.320**	.560**	.518**	.186**	-.380**	-		
Anger (T2)	-.375**	.498**	.675**	.202**	-.412**	.724**	-	
Fear (T2)	.328	.285**	.350**	.729**	-.010	.392**	.402**	-

Note. T1 = Pre-intervention; T2 = Post-intervention. * $p < .05$ ** $p < .01$

Table 14. Zero-order correlations between attitudinal variables (humanizing intervention; T1/T2 *n* = 352)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
People do not choose to have a sexual interest in children (T1)	-													
People with a sexual interest in children can control acting on their sexual interests (T1)	-.009	-												
People are not responsible for their sexual preferences, but they are responsible for their behavior (T1)	.296**	.201**	-											
Supportive Attitudes (T1)	.337**	.108*	.336*	-										
Social Distance (T1)	.533**	.072	.261**	.447**	-									
Dangerousness (T1)	.544**	.216**	.339**	.415**	.620**	-								
Deviance (T1)	.551**	.164**	.371**	.565**	.723**	.670**	-							

People do not choose to have a sexual interest in children (T2)	.694*	.159**	.386**	.505**	.548**	.603**		-						
People with a sexual interest in children can control acting on their sexual interests (T2)	.350**	.314**	.296**	.442**	.431**	.469**	.524**	.461**	-					
People are not responsible for their sexual preferences, but they are responsible for their behavior (T2)	.359**	.141**	.592**	.399**	.319**	.391**	.478**	.581**	.477**	-				
Supportive Attitudes (T2)	.321**	.124*	.404**	.816**	.451**	.402**	.574**	.529**	.485**	.525**	-			
Social Distance (T2)	.557**	.078	.271**	.506**	.894**	.696**	.805**	.636**	.496**	.404**	.509**	-		
Dangerousness (T2)	.524**	.221**	.337**	.505**	.612**	.759**	.731**	.695**	.568**	.460**	.557**	.720**	-	
Deviance (T2)	.566**	.196**	.389**	.509**	.701**	.644**	.897**	.731**	.564**	.537**	.633**	.794**	.763**	-

Table 15. Zero-order correlations between attitudinal variables (informative intervention; T1/T2 *n* = 339)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
People do not choose to have a sexual interest in children (T1)	-													
People with a sexual interest in children can control acting on their sexual interests (T1)	-.001	-												
People are not responsible for their sexual preferences, but they are responsible for their behavior (T1)	.352**	.207**	-											
Supportive Attitudes (T1)	.329**	.180**	.340**	-										
Social Distance (T1)	.502**	.066	.305**	.381**	-									
Dangerousness (T1)	.562**	.177**	.409**	.422**	.621**	-								
Deviance (T1)	.534**	.121**	.397**	.547**	.696**	.675**	-							

People do not choose to have a sexual interest in children (T2)	.641*	.092	.398**	.417**	.520**	.604**	.633**	-					
People with a sexual interest in children can control acting on their sexual interests (T2)	.382**	.448**	.420**	.384**	.410**	.499**	.566**	.464**	-				
People are not responsible for their sexual preferences, but they are responsible for their behavior (T2)	.376**	.275**	.618**	.473**	.300**	.479**	.577**	.516**	.493**	-			
Supportive Attitudes (T2)	.344**	.198**	.420**	.847**	.371**	.437**	.594**	.444**	.393**	.539**	-		
Social Distance (T2)	.504**	.133**	.325**	.455**	.854**	.641**	.727**	.586**	.463**	.385**	.475**	-	
Dangerousness (T2)	.555**	.212**	.442**	.510**	.571**	.744**	.783**	.667**	.584**	.592**	.551**	.700**	-
Deviance (T2)	.512**	.176**	.469**	.607**	.606**	.647**	.899**	.630**	.581**	5.96**	.655**	.725**	.843**

Note. T1 = Pre-intervention; T2 = Post-intervention. * $p < .05$ ** $p < .01$

Appendix O: Studies Three and Four – Recruitment Email

Kia ora,

Thank you for participating in understanding attitudes towards people with sexual interest in children. You are receiving this email because you indicated an interest in participating in a follow-up interview after completing the online survey. Please read through the information sheet and consent form attached.

If you remain interested in taking part in the 30-minute Zoom (audio only) interview please respond to this email, along with what video you viewed in the survey.

Video A) An actor reading facts and information about people with sexual interest in children

Video B) An actor reading the story of a New Zealander with sexual interest in children (on his behalf)

We will schedule interviews on a first-come, first-served basis, and run a waitlist in the event additional spaces open. We aim to complete the interviews in June. Interview participants will receive a $20 Countdown voucher for their time.

Please do not hesitate to contact me with any further questions,

Nga mihi,

Amy Lawrence

THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

SCIENCE
SCHOOL OF PSYCHOLOGY

Science Centre, Building 302
2nd Floor, Room 236
23 Symonds Street, Auckland,
New Zealand
E alaw068@aucklanduni.ac.nz
The University of Auckland

Private Bag 92019
Auckland 1142 New Zealand

Appendix P: Studies Three and Four - Interview Participant Information Sheet

Project title: Understanding attitudes towards people with sexual interest in children

Kia ora and Thank you for your interest in this research.

Researcher: Amy Lawrence is from Auckland and has lived in New Zealand, Aotearoa for most of her life. She is a PhD psychology student conducting this research as part of her Doctoral degree, under the supervision of Dr. Gwenda Willis and Dr. Kerry Gibson at the University of Auckland.

What is this research about: This study is investigating people's views and attitudes surrounding people with a sexual interest in children and levels of support for a prevention service in New Zealand**.** It is hoped this research can inform the researcher about what kind of attitudes exist in New Zealand and how attitudes can be influenced to target future prevention efforts.

What will participation involve? Participation will involve one Skype or Zoom-based interview. Interviews will be approximately 20 minutes at a time convenient for you. During the interview you will be asked about your views on the video in the survey you completed and your current views on people with sexual interest in children. As a token of our appreciation you will be offered a $20 countdown voucher for your time. Interviews will be audio recorded so that the researchers can focus on talking to you during the interview but can go back and check information on the recording later on. You are free to ask that the recording be stopped at any time. Recordings will only be available to the researcher. If you wish to have a copy of the recorded interview, one can be sent to you via email. You have the right to withdraw from this study without giving a reason at any time. This includes withdrawal of any information provided up to two weeks following the interview.

Confidentiality: All identifying information collected from you will remain confidential to the researcher and supervisors. All information collected during this research will be de-identified (i.e., your name removed) during this research will be stored in password-protected electronic files on a University of Auckland computer. It will only be accessible to the researchers. Six years after the publication of the research findings, will be destroyed (electronic files will be permanently deleted). Research findings will be published in academic journals and presented at national and international conferences.

Risks: There are no anticipated risks to participating in this research, however contact information for various organisations where support is available will be provided at the end of this information sheet, should you find participation in this interview negatively impacts you.

Research findings: A summary of research findings will be posted on the Advancing Sexual Abuse Prevention (ASAP) Research Group website (www.asap.auckland.ac.nz).

Data Collection: Data will be securely stored in an electronic format indefinitely in accordance with University recommendations and American Psychiatric Association guidelines. Data will be stored on a secure university computer and backed up on the university server.

If you have any questions about participating in this study, please send an email to the researcher at alaw068@aucklanduni.ac.nz. If you agree to participate, we will review the attached consent form with you and ask for your verbal consent to participate.

Thank you for taking the time to consider participating in this research!

Nga mihi nui ki a koe,

Contact details:

Researcher

Amy Lawrence

alaw068@aucklanduni.ac.nz

School of Psychology

The University of Auckland

Private Bag 92019

Auckland 1142

Supervisor:

Assoc. Prof. Gwenda Willis

g.willis@auckland.ac.nz

09 373-7599 ext. 84395

School of Psychology

The University of Auckland

Private Bag 92019

Auckland 1142

Supervisor:

Assoc. Prof. Kerry Gibson

kl.gibson@auckland.ac.nz

+64 9 923 8556

School of Psychology

The University of Auckland

Private Bag 92019

Auckland 1142

For any queries regarding ethical concerns you may contact:

The Chair, The University of Auckland Human Participants Ethics Committee

The University of Auckland, Research Office,

ro-ethics@auckland.ac.nz

09 373-7599 ext. 83711

Private Bag 92019

Auckland 1142.

Approved by the University of Auckland Human Participants Ethics Committee on 10/11/2020 for three years, Reference Number UAHPEC2560.

If you are feeling distressed by any of the questions in this interview, these organisations are available at any time to offer free support:

Lifeline (open 24/7) - 0800 543 354

Depression Helpline (open 24/7) - 0800 111 757

Healthline (open 24/7) - 0800 611 116

Samaritans (open 24/7) - 0800 726 666

Raukura Hauora O Tainui - 0800 472 858

Suicide Crisis Helpline (open 24/7) - 0508 828 865 (0508 TAUTOKO). This is a service for people who may be thinking about suicide, or those who are concerned about family or friends. The Mental Health Foundation's free Resource and Information Service can be contacted on 09 623 4812.

Safe to talk Sexual Harm Helpline: Safe to talk is a 24/7 free, confidential, non-judgmental helpline for anyone affected by sexual harm. - 0800 044 334

Help: 24/7 free confidential help line for survivors of recent assault, those dealing with the long-term effects of historical abuse and anyone in the community concerned that someone else might be at risk of sexual abuse. – 0800 623 1700

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Te Whare Wānanga o Tāmaki Makaurau
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Appendix Q: Studies Three and Four - Interview Participant Consent Form

Project title: Understanding attitudes towards people with sexual interest in children

The researcher will check that you understand the contents of this form and ask for your verbal consent to participate before the interview. A recording of your consent to participate will be held indefinitely.

Principal Investigator/Supervisor (PI): Dr Gwenda Willis
Co-investigator: Dr Kerry Gibson
Student Researcher: Amy Lawrence

I have read the participant information sheet for the above-named project. I understand the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research.
- I understand that participation is voluntary.
- I understand that I am free to withdraw participation at any time without giving a reason, and to withdraw any information I have provided up to two weeks following the interview.
- I understand that any identifiable information will remain confidential.
- I understand that the interview will be audio recorded and I have the right to request a copy of the recording up to two weeks following the interview.
- I understand that all other research data will be stored in password-protected electronic files on a University of Auckland computer.
- I wish/do not wish to receive a summary of findings, which can be emailed to me at an email address I provide.

Approved by The University of Auckland Human Participants Ethics Committee on 10/11/2020 for three years. Reference number UAHPEC2560

Appendix R: Studies Three and Four – Semi-Structured Interview Protocol

Introduction to Interview:

Thank you for agreeing to take part in this interview.

Have you read and understood the contents of the consent form? Do I have your verbal consent to participate in this interview?

Do you have any questions about the information sheet or the consent form?

Before I get started with some demographic questions, do you know what this interview is about?

There are no right or wrong answers, I am interested in hearing your views and perspective.

Interview Questions:

What Gender do you identify as?

What is your age?

What is your ethnicity?

What is your level of education?

What made you want to take part in this follow-up interview?

What were your first thoughts/impressions when seeing the survey posted?

Before taking the survey what did you think it was about?

When thinking about the survey what stands out to you most/what do you remember the most about?

Intervention Material

Video A or B?

What do you remember about the video? Specific facts? Story?

What did you find engaging about the video?

Can you think of anything that would have made it more engaging? Or memorable?

Was there anything you found upsetting?

What emotions did you feel after watching the video?

Did it challenge your views? How?

Behavioral

Did you discuss the information/story/survey of the video with family/friends/colleagues?

If yes, what did you discuss, and what was the response you received?

If no, what stopped you?

Have you thought about the information/story since you watched it?

If yes, what did you think?

Have you done any further reading or research about individuals with a sexual interest in children since doing the survey?

Societal

Do you believe this is a subject which the public need to know more about?

What do you think the public need to know? What would be helpful about that?

How do you think the public should be made more aware of people with sexual interest in children?

Why is it so taboo?

How do you think we can prevent CSA?

What do you think the media need to do differently when reporting on people with a sexual interest in children?

Personalized

What do you think it would be like to live with these sexual interests?

What would you do if you started to have these sexual interests?

Do you know anyone living with these interests?

How do you think you would respond if your child or someone you loved told you they had these interests?

What emotions do you feel now, when thinking about this population?

Why do you think you hold the views you do? Can you link it to any personal or professional experiences?