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Authors: *Agatha Chronos, UiB; Sara Jahnke, UiB*

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List of Acronyms

Acronym	Definition
UiB	University of Bergen
CSA	Child Sexual Abuse
CSAM	Child Sexual Abuse Materials

2PS Project Overview

2PS, which stands for Prevent & Protect Through Support is a highly innovative project offering a paradigm shift in the approach to tackling child sexual abuse and exploitation (CSAE) across Europe. The highly qualified and diverse consortium – together with leading global actors – are committed to laying the foundations for new coherent modus operandi that complement the reactive approaches currently favored. This is achieved by addressing the support needs of people with a sexual interest in children and people who feel they might offend. 2PS will share the best practices for guidance, therapy and treatment methods – combined with new training and awareness for frontline support workers and LEAs. This project aims to move preventive actions to the forefront, offering alternative courses of action to existing offenders and people who fear they might offend– including people with a sexual interest in children.

The main goals of the project are:

- Increasing prevention actions and provide support and services to individuals at risk of engaging in illegal or risky behavior to help prevent them from harming children or engaging with materials that are a source of concern and could lead to illegal content consumption.
- Establishing a central repository of services and support actions that can help to divert anyone who recognises they are having indecent thoughts towards children.
- Providing support to those who have not yet offended and who are willing to engage to prevent offending and victimisation and, where offending has occurred, provide support to prevent future offending and victimisation.

These will be achieved through:

- Understanding the prevention ecosystem and widening activities for knowledge exchange.
- Testing and validating directly with offending and non-offending people with a sexual interest in children as well as understanding key differentiators between them.
- Creation of new platforms and improvement of existing tools that encourage people who fear they might offend, including people with a sexual interest in children and CSAM users to seek support.
- Development of trainings to provide target stakeholders (frontline-support, specialists and LEAs), with greater knowledge of people who fear they might offend against children.
- Creation of campaigns to stimulate a change of perception on the role of prevention for combating CSAE.

1 POLICY BRIEF: ENHANCING MENTAL HEALTH SERVICES FOR PEOPLE WITH A SEXUAL INTEREST IN CHILDREN

1.1 HIGHLIGHTS:

- The prior literature shows that a considerable rate of people with a sexual interest in children are interested in treatment, and many have previously experiences with treatment
- The most common motives for entering treatment were improving mental health, distress due to their sexual interest, depression, anxiety, suicidality, and coping with their sexual interest. There were differences between community and forensic samples in their motives, with the latter more motivated by gaining a sense of mastery, abstaining from reoffending, recovering their freedom, or pressure from others.
- Positive treatment experiences of people with a sexual interest in children include lessened feelings of loneliness, abstaining from offending, improved wellbeing, and decreased suicidal ideation.
- Negative experiences included hostile therapists, having been reported to police, abandonment or rejection by a therapist, and services focused on prevention instead of improving mental health.
- Barriers preventing people with a sexual interest in children from accessing therapy include the fear of exposure and rejection, perceived lack of options, and being prescribed a prevention-oriented therapy.
- Facilitating factors include empathic and compassionate therapists who do not treat them as future offenders.

1.2 BACKGROUND:

Child sexual abuse remains a significant public health concern, with an estimated 1 in 5 girls and 1 in 10 boys experiencing some form of sexual abuse before the age of 18 (Russell et al., 2020; Walsh et al., 2015). Effective prevention must include interventions targeting individuals with a sexual interest in children.

Traditionally, treatment for individuals with sexual interest in children has taken place in forensic settings following sexual offenses. However, there has been a recent shift towards providing treatment in community settings aimed primarily at preventing sexual offenses (Beier et al., 2009, 2021). The success of such programs relies on the target group actively seeking participation and the program providing adequate and relevant support tailored to their needs. Recent studies (Cacciatori, 2017; Lievesley et al., 2022) have begun exploring these aspects from the perspectives of people with a sexual interest in children, aiming to identify and address various barriers to receiving and benefiting from treatment.

The current review, conducted by the University of Bergen as part of the EU HORIZON project 2PS – Prevent and Protect Through Support, is the first to integrate the evidence regarding the treatment needs and experiences of people with a sexual interest in children as part of a comprehensive systematic review. This policy brief outlines the findings of the review and makes recommendations for policy to address the needs of the target population to effectively prevent child sexual abuse and improve the mental health of people with a sexual interest in children.

1.3 FINDINGS

1.3.1 CHARACTERISTICS OF THE LITERATURE

The majority of studies (70%) stemmed from community settings with self-identified people with a sexual interest in children. The remaining studies were conducted with a few forensic, clinical, and mixed samples of people with a sexual interest in children. The most common method for

assessing sexual interest in children was self-report (72.5%), followed by clinical diagnosis (25%). There was only one population-based study, the rest used ad-hoc samples, which are not representative for the study population. The offense status of the participants was often either mixed (37.5%) or unknown (37.5%). Five (12.5%) studies were conducted exclusively on people with a sexual interest in children who have not perpetrated sexual offenses and five (12.5%) exclusively on people with a sexual interest in children who have perpetrated sexual offenses. The majority of samples were comprised almost entirely of participants of male gender identity. Eighteen (45%) of the studies were conducted via interviews, 18 (45%) were surveys, three (7.5%) were document analyses, and one (2.5%) was a focus group discussion. Based on the data extracted, we categorized the findings into four overarching categories.

1.3.2 Treatment Interest

Seventeen studies evaluated the interest or participation in treatment. Interest in treatment was typically moderate (35–70%) to high (over 70%) across the 7 studies that assessed it. Many study participants reported current or prior engagement with mental health services, with only three out of 13 studies reporting participation rates under 35%. However, when comparing studies that reported both interest and participation in treatment, the number of interested participants consistently exceeded those who had actually participated. These findings suggest that there may be barriers preventing this community from seeking help.

1.3.3 Treatment Motives

Seventeen studies explored the motivations for seeking treatment among participants with a sexual interest in children. It was common for participants to express a need for treatment or support to address mental health issues, distress related to their sexual interest, depression, anxiety, suicidality, addiction, coping mechanisms for their attraction, and the impact of social stigma. Notably, there were significant differences across sample types. Participants from

community settings typically reported mental health-related needs, whereas those from clinical and forensic settings often sought treatment under pressure from family, friends, or partners. Their reasons for engaging in treatment frequently related to legal consequences, such as mandated treatment, involvement in criminal cases, or challenges in refraining from using Child Sexual Abuse Material (CSAM). Moreover, individuals from forensic and clinical (or mixed) samples more frequently needed support in preventing offenses and in gaining control over their behaviors compared to those in community settings.

1.3.4 TREATMENT EXPERIENCE

Twenty studies examined the treatment experiences of people with a sexual interest in children. While the overall incidence of positive or negative experiences did not vary significantly between different samples, the nature of these experiences did. For example, some participants reported their therapy as compulsory, which led to a negative perception of the experience. Other encountered negative experiences during group therapy sessions and felt that their risk of reoffending was not being mitigated despite ongoing therapy. Additionally, some recounted previous negative encounters with aversion therapy — a psychological approach aimed at decreasing sexual arousal to children by associating it with unpleasant stimuli (McPhail & Olver, 2020).

In clinical, forensic, or mixed settings, participants described their experiences with pharmacological interventions to supress sexual appetite. Reports of positive outcomes from these treatments often highlighted the calming effects of the medications, cessation of offending behaviors, and enhancements in mental health and well-being. However, the negative impacts cited included physical side effects, depression, and feelings of guilt. Interestingly, the inability to experience sexual arousal was viewed by some as a beneficial effect of the treatment, while others regarded it as detrimental.

Community-based studies showed that positive treatment experiences were often linked to interactions with non-judgmental therapists who provided attentive care. These positive interactions reportedly led to self-reported improvements in mental health, cognitive functions, and self-control. On the other hand, common negative experiences involved feelings of rejection and hostility, perceived incompetence of therapists in dealing with sexual interest in children, and discrepancies between the treatment goals of the therapist and the needs of the client. For instance, while clients might have sought to develop coping mechanisms, therapists often focused on prevention (Dymond & Duff, 2020; Ingram et al., 2024).

1.3.5 Barriers and Facilitators to Treatment

Facilitators to therapy identified by people with a sexual interest in children included having a therapist who is experienced in dealing with the topic and who can provide a safe, empathetic setting. Additionally, some participants highlighted broader societal factors that could encourage seeking help, such as counteracting negative portrayals in the media with more hopeful messages and supportive campaigns targeting pedohebephiles (Stelzmann et al., 2022). The influence of reading positive testimonials from former clients of support and prevention organizations was also mentioned as a motivator for seeking assistance.

Conversely, barriers to seeking treatment were predominantly centered around the fear of repercussions. Many participants expressed concern over being reported or exposed, potentially leading to the loss of their jobs, independence, and personal relationships. Fear of rejection and stigmatization by therapists was another significant barrier, with some individuals feeling stigmatized by the prevention-focused nature of the interventions they received. Additional obstacles included a lack of information about available resources, financial constraints, and geographical limitations to accessing treatment. Participants also voiced concerns over the scarcity

and perceived inadequacy of professional resources tailored specifically for people with a sexual interest in children.

1.4 Recommendations for Policymakers

To improve mental health services for individuals with a sexual interest in children and support broader CSA prevention efforts, we recommend the following actions:

Expand Accessible Services: Develop confidential, community-based services that provide non-judgmental support and review mandatory reporting guidelines with regards to their effectiveness in reducing offending and potential undersirable effects on treatment seeking.

Enhance Therapist Training: Implement specialized training programs for mental health professionals to build competence in working with this population, reducing stigma and improving service quality.

Promote Primary Prevention: Establish public health campaigns emphasizing the importance of mental health support for individuals at risk of offending and encouraging help-seeking behavior.

Strengthen Collaboration: Engage multidisciplinary teams, including researchers, therapists, legal professionals, and advocacy groups, to develop comprehensive prevention strategies.

Evaluate and Refine Services: Introduce robust monitoring and evaluation processes to assess the effectiveness of mental health interventions and inform evidence-based improvements.

2 POLICY BRIEF: OFFENSE-RELATED FACTORS AMONG PEOPLE WITH A SEXUAL INTEREST IN CHILDREN

2.1 HIGHLIGHTS:

- People with a sexual interest in children do not necessarily commit sexual offenses
- There are important differences between people with a sexual interest in children who do and who do not commit sexual offenses
- Risk factors for sexual offending included offense-supportive beliefs, sexual and nonsexual adverse childhood experiences, male sex, higher age, having own children, self-reporting to have fallen in love with children, lack of control of sexual impulses, and contact with children, among others

2.2 BACKGROUND:

Sexual interest in children has the potential to motivate child sexual abuse (Dombert et al., 2016). Nevertheless, it is possible for people who have a sexual interest in children to manage their interest without committing sexual offenses. Initiatives like Stop It Now! and Prevention Project Dunkelfeld provide treatment and support to community members concerned about their potential risk to commit sexual offenses (Stephens et al., 2022). In order to be effective in reducing the risk of sexual offending, these programs need to be able to identify and, if possible, address risk factors for sexual offenses among people with a sexual interest in children. According to the Motivation-Facilitation Model (Seto, 2008, 2017), understanding both motivational and facilitative factors is critical for developing targeted interventions that can help individuals manage their sexual interest in children without resorting to offending behavior. The present meta-analysis is the first to collect synthesize prior evidence on factors that distinguish between people with a sexual interest in children who have and have not committed sexual offenses against children. In contrast to primary

studies, meta-analyses allow us to evaluate the strength of the evidence across multiple studies in a systematic way, taking into account the quality of each included study.

2.3 Findings

2.3.1 Characteristics of Included Studies

Most of the included studies were international (33%) and took place in community settings (44%), focusing predominantly on males with a sexual interest in children (58.8%), both those detected and undetected by law enforcement (35.3%), involved in child sexual abuse or child sexual abuse materials offenses (64.7%).

2.3.2 Motivating Factors

Some individuals have internal drives or desires prompting them towards engaging in sexual offending. Out of the eight motivating factors identified in previous research, five were examined in more than five studies. This allowed us to use a statistical method that helps make our findings applicable to a broader population (random-effects models). The remaining three factors were less widely studied, so we used a different method that is better suited for smaller or less varied data sets, but that need to be interpreted with more caution (fixed-effects models). We only found evidence that actors were more likely to have more exclusive sexual interests in children and to report a history of falling in love with children, although the latter only consisted of data from two studies. Effect sizes were relatively low for both. The remaining factors: having any paraphilia, an emotional congruence with children, hypersexuality/increased sexual desire, having an intimate partner, loneliness, and a preferentiality for male children were not significant.

Table 1. Motivating Factors

Motivating Factor	Number of Studies	Meta-Analytical Model	Hedges' *g*	*p*
Any Paraphilia	5	Random	0.00	.981
Emotional Congruence with Children	2	Fixed	0.14	.301
History of Falling in Love with Children	**2**	**Fixed**	**0.28**	**<.001**

Hypersexuality/Increased Sexual Desire	6	Random	0.03	.759
Intimate Partner	8	Random	-0.07	.565
Loneliness	3	Fixed	0.16	.232
Preferentiality for Children	**12**	**Random**	**0.23**	**<.001**
Preferentiality for Male Children	5	Random	0.05	.748

Note. Positive effect sizes indicate that a factor is associated with acting, while negative effect sizes indicate that a factor is associated with non-acting. Statistically significant factors are bolded. Note that random effects models provide more robust estimates but require a larger number of studies. Findings based on fixed effects models provide more preliminary results based on the few included studies.

2.3.3 Facilitating Factors

Facilitating factors include individual conditions or aspects that increase the likelihood of individuals with a sexual interest in children to commit sexual offenses. There were nine potential facilitating factors found in the literature, only two of which were found in more than five studies. We found evidence that offense-supportive beliefs (e.g., beliefs that children desire to have sex with adults) and a lack of control of sexual impulses were significantly more common among actors than non-actors, though the latter was only based on four studies. Other factors, like antisocial behavior, empathy, hostility, impulsivity, and substance abuse were not significant distinguishing factors.

Table 2. Facilitating Factors

Facilitating Factor	Number of Studies	Meta-Analytical Model	Hedges' *g*	*p*
Antisocial Behavior	5	Fixed	0.26	.228
Cognitive Distortions	**7**	**Random**	**0.22**	**.003**
Empathy	3	Fixed	0.03	.863
Hostility	3	Fixed	0.21	.155
Impulsivity	2	Fixed	0.13	.204
Lack of Control of Sexual Impulses	**4**	**Fixed**	**0.34**	**<.001**
Paranoid Ideation	3	Fixed	-0.02	.904
Psychoticism	3	Fixed	0.17	.240
Substance Abuse	3	Fixed	0.23	.364

Note. Positive effect sizes indicate that a factor is associated with acting, while negative effect sizes indicate that a factor is associated with non-acting. Statistically significant factors are bolded. Note that random effects models provide more

robust estimates but require a larger number of studies. Findings based on fixed effects models provide more preliminary results based on the few included studies.

2.3.4 Situational Factors

Situational factors refer to external conditions or contexts that can make it easier for individuals with a sexual interest in children to commit sexual offenses. In the meta-analysis, contact with children and having own children emerged as significant distinguishing factors, with actors being more likely to have both. Having own children was assessed in nine studies, while contact with children was assessed in only four.

Table 3. Situational Factors

Situational Factor	Number of Studies	Meta-Analytical Model	Hedges' *g*	*p*
Contact With Children	**4**	**Fixed**	**0.17**	**.010**
Own Children	**9**	**Random**	**0.27**	**<.001**

Note. Positive effect sizes indicate that a factor is associated with acting, while negative effect sizes indicate that a factor is associated with non-acting. Statistically significant factors are bolded. Note that random effects models provide more robust estimates but require a larger number of studies. Findings based on fixed effects models provide more preliminary results based on the few included studies.

2.3.5 Other Factors

The majority of the factors found in the literature did not fall under the category of motivation, facilitation, or situation and were categorized under "Other". Among these, actors were more likely to have experienced both sexual and non-sexual abuse in their own childhood, distress due to their sexual interest, head injuries after age 13, and stigma. They were more likely to be male, older, of shorter stature, and of lesser intelligence than non-actors. They were also more likely to be non-heterosexual, non-right handed, and to have an interest in therapy or to have attended therapy previously.

Table 4. Other Factors

Other Factor	Number of Studies	Meta-Analytical Model	Hedges' *g*	*p*
ACEs – Non-Sexual	**4**	**Fixed**	**0.38**	**<.001**
ACEs – Sexual	**9**	**Random**	**0.38**	**<.001**
Affective Disorders	7	Random	0.05	.543
Age	**18**	**Random**	**0.49**	**<.001**
Age of Onset of Sexual Interest	3	Fixed	-0.01	.899
Agreeableness	2	Fixed	-0.24	.338
Anxiety	6	Random	0.02	.775
Any Personality Disorder	2	Fixed	-0.20	.439
Attention Deficit	2	Fixed	0.05	.895
Conscientiousness	2	Fixed	-0.05	.831
Distress – General	6	Random	0.13	.124
Distress - Sexual Interest	**3**	**Fixed**	**0.21**	**<.001**
Education	13	Random	0.02	.674
Extraversion	2	Fixed	-0.12	.619
Head Injuries After Age 13	**2**	**Fixed**	**0.34**	**.015**
Head Injuries Before Age 13	2	Fixed	0.02	.900
Height	**2**	**Fixed**	**-0.35**	**.013**
Intelligence	**2**	**Fixed**	**-0.86**	**<.001**
Living Alone	2	Fixed	-0.12	.414
Male Sex	**8**	**Random**	**0.53**	**0.004**
Neuroticism	2	Fixed	-0.07	.783
Non-Heterosexuality	**7**	**Random**	**0.20**	**.005**
Non-Right Handedness	**3**	**Fixed**	**0.19**	**.018**
Obsessive-Compulsive	3	Fixed	0.08	.605
Openness	2	Fixed	-0.31	.208
Other Mental Health Diagnosis	4	Fixed	0.05	.706
Phobia	3	Fixed	0.13	.401
Self-Esteem	2	Fixed	0.10	.205
Social Desirability	4	Fixed	0.15	.196
Somatization	4	Fixed	0.04	.724
Stigma	**4**	**Fixed**	**0.61**	**<.001**
Suicidality	4	Fixed	0.00	.987
Therapy – Attendance	**8**	**Random**	**0.43**	**.029**
Therapy – Interest	**4**	**Fixed**	**0.43**	**<.001**
Unemployment	6	Random	0.04	.713

Note. Positive effect sizes indicate that a factor is associated with acting, while negative effect sizes indicate that a factor is associated with non-acting. Statistically significant factors are bolded. Note that random effects models provide more robust estimates but require a larger number of studies. Findings based on fixed effects models provide more preliminary results based on the few included studies.

2.4 Current Gaps and Challenges

Despite this growing body of evidence, prevention strategies often focus narrowly on risk assessment in forensic populations rather than addressing prevention opportunities for individuals within the community. Evidence-based interventions that incorporate mental health support, distress management, and strategies to address cognitive distortions are lacking. Moreover, therapists often feel ill-equipped to provide appropriate care for individuals expressing distress related to sexual interests in children, further reducing access to potentially beneficial services.

2.5 Recommendations for Policymakers

To improve prevention efforts and reduce offending risk, policymakers are encouraged to:

Develop Targeted Prevention Services: Establish confidential support services that focus on primary and secondary prevention. These should provide mental health support and coping strategies for individuals at risk of offending.

Implement Risk Reduction Strategies: Introduce early intervention programs that address cognitive distortions, impulse control challenges, and distress management in individuals at risk.

Increase Training for Professionals: Provide specialized training for mental health professionals, educators, and child protection specialists to improve their ability to recognize and respond to individuals experiencing distress related to sexual interests.

Foster Collaboration Across Sectors: Encourage cooperation between law enforcement, mental health services, educational institutions, and community organizations to build comprehensive prevention networks.

Promote Research-Informed Policies: Develop public awareness campaigns that encourage individuals to seek help before harmful behaviors occur. Support further research to improve risk assessment and intervention methods.

2.6 CONCLUSION

By implementing these recommendations, policymakers can help support individuals at risk, enhance public safety, and reduce the prevalence of child sexual abuse. Early intervention, improved mental health care access, and destigmatized prevention strategies are critical steps in achieving these goals.

3 SUBMITTED PUBLICATIONS

3.1 ENHANCING MENTAL HEALTH SERVICES FOR PEOPLE WITH A SEXUAL INTEREST IN CHILDREN

Chronos, A., Jahnke, S. & Blagden, N. (2024). The Treatment Needs and Experiences of Pedohebephiles: A Systematic Review. *Archives of Sexual Behavior,* 53, 3329–3346. https://doi.org/10.1007/s10508-024-02943-0

3.2 OFFENSE-RELATED VARIABLES AMONG PEOPLE WITH A SEXUAL INTEREST IN CHILDREN

Chronos, A. & Jahnke, S. (2025). Distinguishing Pedohebephebophilic Actors and Non-Actors: A Meta-Analysis. *Under review in Sexual Abuse.*

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