What should be the main goals when treating people who are sexually attracted to children?

People with sexual attractions to children can face significant challenges in accessing effective treatment and support. Despite the huge social stigma and significant mental-health difficulties experienced by this population, there has been limited research exploring what they themselves want to achieve through treatment or how these priorities align with those of healthcare professionals. A recent study[†] conducted by researchers at NTU and Bishop Grosseteste University offers new – and perhaps unexpected – empirical insights into these questions. Its findings could have important implications for the training of those working with people with sexual attractions to children, and they should help to inform the design of more compassionate, effective treatment frameworks that better meet the needs of this underserved group.

Background

Research on sexual attraction to children has mostly focused on risk assessment and management, and much less attention has been paid to the needs and treatment priorities of non-offending individuals within this population. Negative public attitudes to this group are fuelled by the mistaken belief that all of those who have sexual attractions to children will offend, and that all of those who offend against children have sexual attractions to them. In reality, many live crime-free lives, and interestingly, less than half of those convicted of child sex offences can be classified as having sexual attractions to children.

> "A substantial number ... are open to seeking support in the community but face numerous barriers to service access and engagement."

The narrow focus of past research leaves a gap in understanding how people with sexual attractions to children experience sexuality, cope with stigma, and seek support. Current treatment approaches may therefore miss unique features of their experiences. Healthcare professionals also report low levels of comfort, knowledge, and confidence in this area, limiting the potential for treatment to be successful.

> "There is a growing awareness that many [of these people] live crime-free lives."

The study

The study involved 150 people recruited from online peer-support forums for those experiencing sexual attraction to children. These were mostly male, with an average age of 32.8 years. Along with the collection of demographic information, participants completed surveys exploring their treatment priorities, attraction patterns, mental wellbeing, and coping strategies, each using established psychological measures. The treatment priorities of those with attractions to children were then compared with the priorities of 320 professionals working in primary healthcare.

Results

It was found that people with sexual attractions to children prioritised support for their mental health above all other treatment goals. This was followed by managing social stigma and sexual frustration. They generally saw changing or controlling their attractions to children as their lowest priority. In contrast, there was no meaningful variation in how highly healthcare professionals prioritised these targets, and they were each prioritised at a similar level.

> **"[There is] a fundamental confusion about the best ways to work with [this group], and therefore everything is rated as potentially important."**

In exploring which personal and psychological factors predicted how people with sexual attractions to children prioritised different treatment goals, it was found that those with lower self-compassion were more likely to prioritise mental-health support. Interestingly, a desire to change or control sexual attractions was less common among those exclusively attracted to children. Stigma-related concerns were prioritised more by those using socially-focused coping strategies, but stigma was less of a concern for those with better mental health and greater self-compassion. No significant links were found between various demographic factors and people's treatment priorities.

Implications

Clear differences were found between how treatment goals were prioritised by people with sexual attractions to children and healthcare professionals. Furthermore, the minimal interest people had in changing or controlling their sexual attractions was in line with the results of previous research indicating that such attractions are likely to remain fixed, particularly for those who are *exclusively* attracted to children. This is an important point that has significant implications for practice.

Service providers should approach treatment with an open mind, considering individual priorities and life goals rather than assuming a uniform needs profile for this group. While some with non-exclusive attractions might seek to increase their attractions to adults, others will be more interested in finding ways to achieve sexual satisfaction without causing harm.

The mental health of people with sexual attractions to children should be given due weight in treatment settings, and seeking to develop a sense of self-compassion seems to be a potentially beneficial approach when working with this group. This may help individuals come to terms with their unchosen sexual attractions, reducing emotion-related issues that can often increase offending risks.

> **"For most service users, their primary treatment target will be related to improving their sense of self and their mental health."**

In practical terms, treatment should seek to develop coping strategies based on an individual's preferred coping styles. The data show that professionals need better training and referral guidelines to work competently with people with sexual attractions to children. This will help to ensure that treatment plans are realistic, person centred, and evidence based.

Summary

- Healthcare professionals can be uncertain about which treatment targets are important.
- People prioritise mental health and coping with stigma over changing sexual attractions.
- This is the first time that low self-compassion has been linked to specific treatment needs.
- Person-centred, acceptance-based care may indirectly reduce risk factors for offending.

[†]Lievesley, R., Harper, C. A., Swaby, H., & Woodward, E. (2023). Identifying and working with appropriate treatment targets with people who are sexually attracted to children. *Journal of Sex & Marital Therapy*, *49*(5), 497–516. **https://doi.org/10.1080/0092623X.2022.2149437**

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