

Ideology and identity: Mapping the beliefs of people who are sexually attracted to children

People who are sexually attracted to children represent a highly stigmatised and often feared group. A common assumption is that they can be neatly divided into either pro- or anti-contact based on their views about sexual interactions with children; however, their actual beliefs and attitudes remain underexplored in research. Gaining a clearer understanding of the ideologies these individuals hold, along with how they see themselves, is crucial for developing effective support strategies. A recent study,[†] led by researchers at NTU, offers a detailed look at the belief systems and identity constructions within this population. The paper introduces the Child-Attraction Ideologies Scale (CAIS),[†] which challenges assumptions and provides important considerations for professionals in the mental health, criminal justice, and social care sectors working with this group.

Background

Most research into sexual attraction to children has focused on risk assessment and offending behaviour. This is perhaps understandable, given the widespread belief that all individuals with such attractions are likely to commit offences. Nonetheless, this narrow approach has left important aspects of their experiences underexplored, including how they understand themselves and the ideologies they may adopt to make sense of their feelings.

“[There is] a conflation within society between sexual attractions to children on the one hand, and the sexual abuse of children on the other.”

In working with this population, professionals may rely on simplifications such as the pro-/anti-contact binary, but this is likely to reinforce stigma and limit the potential success of treatment. Gaining insights into the diversity of beliefs and identity constructions among this population is therefore essential for informing policy and practice and developing more effective and nuanced support programmes.

The study

Participants were recruited for the study from diverse sources, including peer-led forums for individuals sexually attracted to children, professional networks, and self-help websites, with the aim of capturing a broad ideological spectrum. Each participant was asked to complete an anonymous online survey.

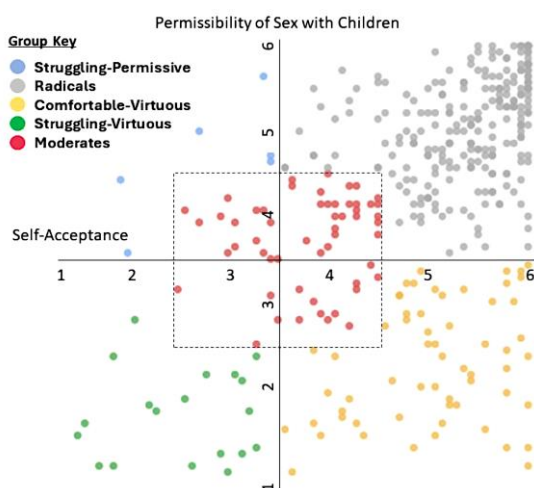
This survey covered sexual attractions, beliefs about sexual contact with children, sexual activity and satisfaction, and self-assessed risk of sexual offending. It also examined mental wellbeing, life satisfaction, internalised stigma, and treatment priorities. The survey combined well-tested questions from earlier studies with new questions developed by the researchers. Importantly, it included a draft version of the CAIS to validate it against the other questions and decide which parts of it should be kept.

“Adopting an explicitly abuse-prevention approach is ... detrimental to ... service uptake.”

The final sample included complete data from 389 participants, making it one of the largest peer-reviewed datasets in this field to date.

Results

The CAIS seeks to examine two things: people's views about sexual contact with children and their levels of self-acceptance of their sexuality. Survey responses were distilled into these two dimensions, and each participant was given a point on scatter plot, which is shown below.



Map of ideologies and levels of self-acceptance.

The findings are detailed and nuanced, but there are some important results worth noting. First, the CAIS was found to have strong internal consistency and meaningful associations with related psychological constructs. Second, four statistically distinct ideological clusters emerged among the participants: Radicals, Moderates, Comfortable-Virtuous, and Struggling-Virtuous. A fifth group, Struggling-Permissive, was rare.

Perhaps unsurprisingly, greater self-acceptance regarding child attraction was correlated with both lower internalised stigma and greater acceptance of adult-child sexual contact, as shown by the clustering of the Radicals on the plot. The "Virtuous" label is used for those who are generally anti-contact. Among these, some were more accepting of their sexuality than others, leading to the Struggling/Comfortable split. There were also a number of Moderates, having mid-range scores on both factors. The ideological inconsistency of the Struggling-Permissive group means that they are outliers.

High-permissibility beliefs were generally associated with increased self-reported risk of sexual offending, which is also not unexpected. Interestingly, while high self-acceptance correlated with the belief that children may desire or initiate sexual activity, it was also

linked to better management of sexual urges. Those with low self-acceptance expressed interest in a wide range of treatment options, including changing their attractions, whereas higher self-acceptance aligned with resistance to change-focused treatment and a preference for mental-health- and stigma-related support.

Implications

These patterns have important implications for people working with this group. Although the researchers identify particular clusters, they also emphasise that rather than treating individuals as members of fixed subgroups, clinicians might instead use someone's CAIS score to help understand how their beliefs about permissibility and self-acceptance interact to shape treatment priorities. For example, those with low self-acceptance may benefit from support promoting agency, identity development, and emotional regulation.

"The developed measure [offers] a starting point for navigating ... treatment-related discussions."

Conversely, those with higher self-acceptance – regardless of their permissibility stance – may resist interventions aiming to change their attractions. Here, addressing mental health and reducing stigma may be more effective. The CAIS thus provides a structured way to open conversations about sensitive beliefs, allowing support to be aligned with client-identified goals while remaining alert to potential areas of risk.

Summary

- Child-attracted people hold diverse beliefs beyond the pro-/anti-contact binary.
- The CAIS can be used to map belief profiles and act as a starting point for discussion.
- Self-acceptance influences stigma, risk perception, and treatment preferences.
- Support should be tailored to reflect individual needs not rigid group labels.

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