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### **Preventing Child Sexual Abuse Through Improved Understanding and Treatment of People with Pedophilic Disorder**

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# **Preventing Child Sexual Abuse Through Improved Understanding and Treatment of People with Pedophilic Disorder**

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## **Abstract**

Pedophilic disorder is a psychiatric diagnosis given to individuals who exhibit a sexual attraction toward prepubescent children; however, this disorder is often very misunderstood, and many times results in the erroneous labeling of individuals living with this condition as child sexual abusers. This article discusses the diagnostic criteria as well as the understanding, research, and treatment of pedophilic disorder. It also challenges professional counselors to examine the stigma that surrounds this condition and to confront their own implicit biases.

**Keywords:** pedophilic disorder, pedophile, paraphilic disorder

## **Preventing Child Sexual Abuse Through Improved Understanding and Treatment of People with Pedophilic Disorder**

The public's strong perception of pedophilic disorder often leads to extreme controversy (Steel et al., 2022). Due to the sensitive nature of this topic, there are many factors that may inhibit individuals from seeking help (Christophersen & Brotto, 2024). Additionally, the sensitivity of this topic, stigma, and implicit bias of many counselors may prevent individuals seeking help from receiving successful treatment (Christophersen & Brotto, 2024). While there is currently no cure for this condition, there are still many treatments available (Berlin, 2014). With a

better understanding of pedophilic disorder, counselors, researchers, and public health officials can more ethically, competently, and successfully treat or refer individuals seeking help which would ultimately prevent future occurrences of child sexual abuse.

## **Paraphilic Disorders**

In the DSM-5-TR (2022), paraphilias are characterized by sexual arousal pertaining to an atypical object, body part, situation, or being. "The term paraphilia denotes any intense and persistent sexual interest other than sexual interest in...physically mature, consenting human partners" (DSM-5-TR, 2022, p. 779).

Paraphilia is further defined in the DSM-5 TR (2022) “as any sexual interest greater than or equal to non-paraphilic sexual interests” (p. 779). It should be noted that simply having a paraphilia does not “justify or require a clinical intervention” (DSM-5-TR, 2022, p. 780). A clinical intervention would be justified when the paraphilia causes “distress or impairment to the individual or...has entailed personal harm, or risk of harm, to others” (DSM-5-TR, 2022, p. 780). Furthermore, paraphilias are delineated into the following eight types: exhibitionism, voyeurism, sexual sadism, sexual masochism, frotteurism, fetishism, transvestic fetishism, and pedophilia, (DSM-5-TR, 2022). Anything that does not meet the diagnostic criteria for any of these eight types of paraphilias but still requires clinical attention can be diagnosed as either specified or unspecified paraphilic disorder (DSM-5-TR, 2022). For the purposes of this paper, the understanding, treatment, and research of pedophilic disorder will be further discussed.

### **Pedophilic Disorder**

Pedophilic disorder is a psychiatric diagnosis given to individuals who exhibit sexual attraction toward prepubescent children. According to the DSM-5-TR (2022), an individual meets the diagnostic criteria for pedophilic disorder when that individual has “recurrent, intense sexual arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 or younger)...over period of at least 6 months” (p. 792). Additionally, to meet the diagnostic criteria outlined in the DSM-5-TR (2022), an individual must be at least 16 years old, be at least 5 years older than the child to which the attraction occurs, and “the sexual urges or fantasies cause marked distress or interpersonal difficulty” (p. 795). If the diagnostic criteria are not met, the individual would not be considered to have pedophilic disorder but would rather be considered to have a

pedophilic sexual orientation (DSM-5-TR, 2022). The main difference between pedophilic disorder and pedophilic sexual orientation would be the presence of significant interpersonal difficulties or distress due to sexual urges.

It is possible that pedophilic sexual orientation may be biologically predetermined (Cantor et al., 2016; Levenson et al., 2020; Seto, 2017) and may emerge during adolescence (Bailey et al., 2016; Buckman et al., 2016). According to the DSM-5-TR (2022), an awareness of preferential sexual interest in children is likely to occur around the same timeframe as when an awareness of a sexual interest in sexually mature males or females occurs.

### **Prevalence**

The actual prevalence of pedophilic disorder is challenging to determine given the fact that people with this condition may not feel comfortable disclosing their attraction. This lack of disclosure could potentially result in many undiagnosed and undocumented cases (Christophersen & Brotto, 2024). Although the prevalence cannot be accurately measured, it is estimated that less than 3% of the male population could meet the diagnostic criteria for pedophilic disorder (DSM-5-TR, 2022; Levenson et al., 2020; Papalia, 2020). Furthermore, while it is considered more difficult to determine the population of females with pedophilic disorder, it is believed that this condition would be present in significantly less females than males (DSM-5-TR, 2022).

For childhood sexual abuse, the prevalence is estimated at 10.14%, of which girls represented 75.2% while boys represented 24.8% of that data (Perez-Fuentes et al., 2013). This indicates that girls have a higher likelihood than boys to experience childhood sexual abuse. Although the rate of child sexual abuse has been gradually

decreasing over the last few decades (Lucier-Greer et al., 2024; Perez-Fuentes et al., 2013) the driving force behind this decline includes many different factors such as prevention. While there is no evidence that pedophilic disorder can be prevented or cured, sexual abuse is preventable (Berlin, 2019).

### **Understanding and Misunderstanding Pedophilic Disorder**

Individuals living with pedophilic disorder are marked by an overwhelming and widespread level of stigmatization not only in society (Christophersen & Brotto, 2024; Jahnke, 2018; Jimenez-Arista & Caldera, 2023) but also among counselors (Christophersen & Brotto, 2024; Jahnke, 2018). Irrespective of the presence or absence of a sexual offense against a child, many individuals living with pedophilic disorder are labeled as child sexual abusers (Christophersen & Brotto, 2024; Levenson, et al., 2020; Marono & Bartels, 2020; Marono et al., 2023). The word “pedophile” is one of the many diagnostic terms that is often used by the media and public; however, it is typically used incorrectly. The reason for the misuse of the term pedophile may be due to the simple misunderstanding surrounding the topic (Berlin, 2019; Jahnke, 2018). Common misunderstandings about individuals with pedophilic disorder contribute to the overall stigma associated with this population and can become extremely dangerous for the wellbeing of both those with and without this condition (Bayram et al., 2021; Levenson et al., 2020). To begin dismantling this stigma, it is important for researchers and counselors to truly understand pedophilic disorder.

The perceptions that exist in society about individuals who are attracted to prepubescent children are overwhelming negative and these individuals are many times considered perverted and immoral even though a sexual assault of a

child has never even occurred (Levenson et al., 2020). Although empirical evidence indicates that roughly 75% of individuals who commit sexual offenses against children do not possess pedophilic tendencies (Seto, 2018), the terms “pedophile” and “child molester” or “child sexual offender” are commonly used synonymously, further contributing to the stigma that all individuals with pedophilic disorder are child sex offenders and vice versa (Christophersen & Brotto, 2024; Jahnke et al., 2022; Stelzmann et al., 2022). There seems to be a lack of understanding that the overwhelming majority of individuals with pedophilic disorder will never sexually abuse children and many individuals with this condition can live their lives free of committing any type of sexual offense (Berlin, 2014).

Although an individual may have sexual attraction to prepubescent children, there is no guarantee that an individual will commit sexual abuse. Some emerging research suggests a positive correlation between child sexual abuse and pedophilic disorder (Christophersen & Brotto, 2024; Ischebeck et al., 2021; Janke, 2018; Levenson et al., 2020); however, the majority of these individuals will never meet the diagnostic criteria for pedophilic disorder because sexually abusing a child does not mean one has pedophilic disorder (Berlin, 2011; Levenson et al., 2020). Another way to think about this is to consider an adult being sexually attracted to another adult. Just because one adult is attracted to another adult does not mean a sexual assault is more likely to occur. This same concept of attraction versus behavior can be applied to people with pedophilic disorder.

Other common misunderstandings that contribute to the overall stigma surrounding individuals with pedophilic disorder is that there is a link between homosexuality and pedophilic disorder and that the population of individuals

with pedophilic disorder are made up exclusively by males. Researchers have failed to show a positive correlation between homosexuality and pedophilic disorder; their findings have instead shown that individuals with pedophilic disorder are no more likely than individuals without pedophilic disorder to identify as homosexual (Kiper, 2021). Another common misconception is that only males have the disorder. Males make up the vast majority of individuals with pedophilic disorder; however, there is still a small percentage of females who have the diagnosis or exhibit sexually abusive behavior toward children (DMS-5-TR, 2022; Berlin, 2014). Although there has been some work to dispel these myths surrounding pedophilic disorder, the research is still relatively limited compared to other well-studied conditions. However, despite many challenges in evolving the study of pedophilic disorder, it is essential to continue developing a better understanding of treatment that can be carried out in the most humanistic way possible.

### **Evolution of Pedophilic Disorder Research**

The study of pedophilic disorder became prominent in the late 1940s. The first major scientist to study pedophilic disorder was biologist and zoologist Dr. Alfred Kinsey, who is often considered the founder of sexology, or the study of sexual behavior (Bullough, 1998). Early in his career, Dr. Kinsey's research was focused on animal sexual behavior. Later in his career, Dr. Kinsey shifted his research focus to humans. During the 40s and 50s, Kinsey et al. published, "Sexual Behavior in the Human Male" and "Sexual Behavior in the Human Female," also known as the infamous Kinsey Reports. In both publications, Dr. Kinsey covered many different aspects of human sexuality that he explored through data analysis and interviews. One aspect of this research included the sexual behavior and

thoughts of those who sexually abused children (Bullough, 1998). His reports were met with extreme pushback from society because sexuality was not an openly discussed topic at the time (Griffith, 2008). Although Dr. Kinsey's research had some limitations like any research has, it laid the foundation for future research on human sexuality and paraphilic disorders.

Another prominent psychologist and sexologist was New Zealand-born Dr. John Money who was best known for his work on human sexual behavior and gender. Money is best known for advancing the field of sex and gender research and facilitating the first successful gender affirming surgeries (Bullough, 2003). He was also the first person to propose pharmacological treatments for paraphilic disorders with the goal of preventing sex offenses. Dr. Money is considered the one responsible for popularizing the term paraphilia, which ultimately replaced the word "perversions" in the DSM-III (Bullough, 2003; Tosh, 2015).

Finally, Dr. Fred Berlin, who is currently a psychiatrist and sexologist at Johns Hopkins University, has continued this pioneering research on pharmacological treatments for paraphilic disorders (Smith, 2018). Dr. Berlin has demonstrated pharmacological efficacy and helped to make it a standard treatment for not only sex offenders, but also those who have never committed an offense but may be at risk for offending. Likewise, his research has shown that those who have a paraphilic disorder can successfully live an offense-free life through the appropriate treatments. Dr. Berlin currently argues that a person who struggles with a paraphilic disorder deserves the same level of treatment and concern as with any other disorder (Berlin, 2014; Smith, 2018).

## Treatment

If counselors are going to treat individuals with paraphilic disorder, these professionals must first consider the ethical issues pertaining to treatment of this population by understanding the boundaries of their competence (American Counseling Association, 2014, Section C.2.a.) and knowing whether they are properly trained in such a specialized area of practice (American Counseling Association, 2014, Section C.2.b.). Prior research has indicated that many counselors recognize their lack of knowledge, training, and skill to engage in such a specialized type of treatment and are therefore reluctant to treat individuals with pedophilic disorder (Levenson et al., 2020; Lievesley et al., 2022; Martinec Novakova et al., 2023; Schmidt & Niehaus, 2022). Moreover, counselors must also evaluate their own self-awareness and challenge their implicit and explicit bias. It is imperative that counselors are aware of their own personal values to ensure that those values are not being imposed onto their clients (American Counseling Association, 2014, Section A.4.b.). Studies have shown that counselors can hold negative views about clients with pedophilic disorder and often believe many of the common myths (Christophersen & Brotto, 2024; Jahnke, 2018). Through a careful examination of personal attitudes and beliefs, counselors can be placed in a position to facilitate a healthy and supportive therapeutic environment by showing individuals with pedophilic disorder an unconditional positive regard and empathic understanding (Christophersen & Brotto, 2024; Jahnke, 2018).

While some counselors may find the idea of treating individuals with pedophilic disorder uncomfortable and be reluctant to engage in treatment (Christophersen & Brotto, 2024; Levenson et al., 2020), it is important to understand that without any intervention, the risk of committing child sexual abuse offense remains

present. If necessary, counselors who lack the competence to work in this specialized area of practice (American Counseling Association, 2014, Section A.11.a.) should refer clients with pedophilic disorder to someone with professional expertise in this area to ensure proper treatment. Ensuring proper treatment decreases the likelihood and risk of future child sexual abuse (Levenson & Grady, 2019).

Therefore, treatment remains the best course of action to prevent the victimization of children (Berlin, 2019). Because of the negative stigma universally associated with pedophilic disorder, many individuals who find themselves sexually attracted to prepubescent children avoid seeking any help (Blagden et al., 2017; Grady et al., 2019; Levenson, et al., 2020). Many of these individuals, despite wanting help, are reluctant to seek help for fear that they will be judged, treated disrespectfully, and will be reported under mandated reporting laws (Levenson et al., 2020; Grady et al., 2019). This avoidance of seeking help and the lack of treatment may lead to an increased risk of child sexual abuse (Blagden et al., 2017; Grady et al., 2019) in addition to other significant mental health issues (Christophersen & Brotto, 2024; Elchuk et al., 2022; Lawrence & Willis, 2021; Levenson et al., 2020; Stevens & Wood, 2019) such as increased feelings of isolation or helplessness, and demonstrating a detachment from life with a disregard for consequences (Kaplan, 2015; Jimenez-Arista & Reid, 2023).

Unfortunately, there is currently no cure or treatment that can change one's sexual preference for prepubescent children (Berlin, 2019; Fagan et al., 2005). Therefore, there are no targeted treatments, only treatments that mitigate symptoms and risks. Currently, these mitigating treatments aim to prevent child sexual abuse by reducing libido, increasing self-control and regulation, and decreasing negative cognitions



(Choi et al., 2018; Fagan et al., 2005; Kiper, 2021). Using a multimodal approach for treating pedophilic disorder should include both psychotherapy and pharmacotherapy to increase the chances for the most favorable result (Berlin, 2019; Florexil, 2019).

### **Psychotherapy**

Individual one-on-one counseling with a client is an effective means of treating pedophilic disorder. In individual sessions, counselors can provide clients with unconditional positive regard, empathic understanding, and confidentiality of the client's condition within ethical mandates. The most common type of psychotherapy and counseling used to treat individuals with pedophilic disorder is Cognitive-Behavioral Therapy (CBT; Fagan et al., 2005). CBT aims to help individuals by teaching them to recognize triggers and internal states, and to regulate behavior. Over time individuals with pedophilic disorder should be able to prepare for triggering situations and mitigate the triggers proactively. Thus, the goal of CBT when treating individuals with pedophilic disorder would be to help those individuals develop stronger self-control and reduce impulsivity (Fagan, 2005; Florexil, 2019; Kaplan & Krueger, 2012).

Another common and effective type of psychotherapeutic treatment is group counseling, which may be more effective than individual counseling for some individuals (Corey, 2023). Group counseling can be preventative in nature or remedial if necessary and such groups can be designed with specific supportive measures and common understandings in place (Corey, 2023; Corey et al., 2018) necessary for individuals with pedophilic disorder. Group counseling can decrease feelings of isolation and helplessness by exposing clients to others with the same or similar conditions. Group counseling can also help clients hold each other accountable for abstaining

from abusive behaviors (Kiper, 2021). By helping these clients discover their own internal strengths, the group process allows members to learn, understand, and better handle future struggles related to their condition (Corey, 2023). In combination with individual counseling, group counseling can be extremely effective in the treatment of pedophilic disorder and ultimately child abuse prevention.

For counselors trained in marriage and family therapy, this type of counseling can also be used to increase accountability and aid in preventing abuse by including a loved one in the treatment and helping family members better understand the diagnosis. Because families are such powerful forces, there are many advantages to working with a family as a unit as an alternative to only working with just the individual with pedophilic disorder (Gladding, 2018). One advantage is that family counseling involves significant family members as part of the therapeutic process and that all members of the family are receiving the same message (Gladding, 2018). While it may be distressing to disclose one's attraction for prepubescent children to a family member, it could provide individuals with pedophilic disorder with someone to talk to at any time, reduce the feelings of isolation, and have a loved one to support and help with treatment (Florexil, 2019).

Lastly, other psychotherapeutic approaches used to treat pedophilic disorder, prevent abuse, and decrease the risk of victimization include relapse prevention therapy, prolonged exposure therapy, and empathy training (Berlin, 2011). Such treatment approaches can foster open communication and understanding, thus creating a supportive environment conducive to successful treatment outcomes. Note that life-long treatment and maintenance may be necessary as these treatments do not fully cure the condition and the risk of abuse may never be gone

(Berlin, 2019; Fagan, 2005).

### **Pharmacotherapy**

Pharmacotherapy is the use of medicine which is a common treatment modality used in reducing or removing libido (Choi et al., 2018). Under the care of a physician, this biological approach to treatment helps manipulate sex drive while allowing clients to focus on the psychotherapeutic aspects of learning self-regulation skills learned in counseling. Medication can be used with clients who are struggling with sexual-based issues or conditions to reduce testosterone levels which ultimately limit or remove libido (Choi et al., 2018; Houts et al., 2011; Landgren et al., 2020; Landgren et al., 2022). Currently, the standard medical libido suppressant used is androgen deprivation therapy, which commonly includes medications such as leuprolide acetate and medroxyprogesterone (Berlin, 2019; Choi et al., 2018). These medications act by decreasing testosterone and thus reducing or removing libido. These medications are rarely taken without any other interventions. Clients will typically undergo both individual and group-based psychotherapy while undergoing treatment with the medication.

Both Leuprolide acetate and medroxyprogesterone are generally safe for short- and long-term use with some minor side effects (Berlin, 2009; Landgren et al., 2022). When the prescribing physician determines it to be appropriate and safe, the medication dosage can be slowly reduced to allow the client to experience sexual pleasure again (Choi et al., 2018). However, in some situations, reducing the dosage of the medication may not be an option, especially if the client is unable to find pleasure in healthy sexual outlets. For example, if the client has an exclusive attraction to children, the client may become sexually frustrated with their libido. However, if their attraction to children is

accompanied by an attraction to adults as well, those healthy adult attractions can be nourished and used as a sexual outlet while discouraging inappropriate contact with children (Berlin, 2019).

### **Prevention**

Above all else, preventing sexual abuse of children is paramount. Therefore, it is extremely important for mental health professionals to welcome individuals with pedophilic disorder into counseling or refer those individuals to another clinician who has expertise in this area (Berlin, 2019; Fagan, 2005). With careful handling of such a condition, research has shown that treatment can be very effective in preventing child abuse and reducing recidivism rates of offenders (Berlin, 2011). Developing a targeted treatment plan could completely change client outcomes by potentially greatly reducing time spent in treatment, allowing for a healthy sexual life without as much risk, and preventing instances of child sexual abuse from ever occurring.

The psychopathology of those who do abuse children is often very complex and may involve other comorbidities (Firth, 2001; Miller, 2009). For example, having pedophilic disorder combined with hypersexuality may cause higher impulsivity and lower self-control, which in turn could contribute to committing a sexual offense. Therefore, individuals who sexually abuse children who may have other conditions that contribute to victimization should be taken into consideration when developing and implementing any treatment plan.

Although it is more likely than not that an individual with pedophilic disorder will never sexually abuse a child (Christophersen & Brotto, 2024), opportunistic or predatory instances of child sexual abuse do sometimes occur. Opportunistic crimes may not have been



premeditated and could be something like an individual living with an intellectual disorder who may not fully understand or even know that the action taking place is the sexual abuse of a child. A combination of natural curiosity and the abuser's mental age being around the physical age of the child may play a role in this type of victimization scenario (Firth, 2001). Predatory crimes are considered more intentional and may be premediated by adults who prey on children or seek out the opportunity to sexually abuse. These individuals who commit child sexual abuse will have more complex conditions such as conduct or personality-based disorders (Ahlmeyer, 2003). For example, consider antisocial personality disorder, which is characteristic of having intent to cause harm to another person and the lack of prosocial emotions such as empathy (DSM-5-TR, 2022). This type of victimization may include the desire to take back a perceived loss of control or power which may arise from the perpetrator's own experiences with childhood maltreatment. It could also simply be a lack of understanding for the pain that they are inflicting, mixed with unmet sexual needs (Ahlmeyer, 2003). All in all, it is still important to note that if sexual abuse of a child occurs but is not driven by attraction, then the offender would not be considered to have pedophilic disorder (Berlin, 2019; Gerwinn et al., 2021; Kiper, 2021) and many individuals who sexually abuse children are not going to meet the criteria for pedophilic disorder.

### **Future Research**

Although research has significantly developed over the past century, there is still more to discover surrounding this topic. In recent years, there has been growing attention to pedophilic disorder from the scientific community, however, research continues to remain very limited (Harvard Medical School, 2010). For researchers who study pedophilic disorder, perhaps one of the greatest challenges they encounter is finding

participants. It can be extremely challenging for researchers to find enough participants to conduct a viable study that is representative of the general population (Bayram et al., 2021). Because finding participants who would meet the requirements for pedophilic disorder and are willing to participate in a study is such a challenge, many researchers rely on convicted and imprisoned sex offenders for their studies (Harvard Medical School, 2010; Željko et al., 2020).

There are also legal and ethical considerations within the bounds of a scientific study, such as mandated reporting laws related to the sexual abuse of minors. Considering confidentiality as it relates to research, the argument could be made that laws requiring researchers to report instances of child sexual abuse would prevent individuals with pedophilic disorder who have sexually abused children from disclosing a crime to a mandated reporter that could later convict them (Harvard Medical School, 2010). In that instance, researchers would be limited to conducting research with convicted and imprisoned sex offenders in many instances if the purpose of the research was to look at individuals who sexually abuse children. In essence, research would most likely be limited to individuals with pedophilic disorder who have not sexually abused children. However, even in the case of an individual living with pedophilic disorder who has never sexually abused a child, these individuals may fear that they will be reported to authorities, despite not committing any crimes.

Despite these many challenges, continued research on pedophilic disorder is essential to develop a better understanding of this condition. Currently, different methods of research have become available, allowing researchers to more deeply investigate the etiology, developmental course, and treatment of this condition. These methods include eye tracking, penile

plethysmography, various brain imaging technologies (e.g., fMRI), and online surveys or observations (e.g., anonymous forum discussions). Studies utilizing these methods and technologies are able to get accurate and valid measurements of sexual arousal, eye tracking, personal feelings and opinions, internal states, and neural activity (Bickle et al., 2021; Jimenez-Arista et al., 2023; Weidacker et al., 2022; Wenzlaff et al., 2015).

Continuing and increasing research related to pedophilic disorder could be crucial to reducing childhood sexual abuse, which, in turn, would ultimately make the world a safer place for all children. Future research must look at the etiology and development of the condition as well as uncovering its potential biomarkers (Abé et al., 2021; Jordan et al., 2020; Kruger et al., 2019). Future research also needs to focus on targeting the abnormal attraction directly instead of general self-control and overall libido (Harvard Medical School, 2010). Ultimately, more focus on researching and treating those who are at risk of offending could potentially prevent them from committing first-time or subsequent offenses, thus reducing the overall prevalence of child sexual abuse. This research and advancements in treatment must include both those who meet the diagnosis for pedophilic disorder and those who do not. Although the research surrounding pedophilic disorder is just in its infancy, continuing to study it could significantly help with the development of more novel and effective treatments methods which would ultimately decrease the occurrences of child sexual abuse.

### **Conclusion**

Having an attraction to someone or something atypical does not automatically mean one has a disorder. However, it becomes a diagnosable disorder when that attraction leads to clinical levels of distress or impairment, or

negatively affects another person or animal (Berlin, 2014). Pedophilic disorder remains a misunderstood condition; however, an improved understanding and treatment of it could potentially reduce child sexual abuse. Due to the major lack of scientific understanding and targeted treatments, it still must be considered a significant risk to public health (Harvard Medical School, 2010). However, while there are no cures or targeted treatments available yet, there are still many effective treatments that mitigate the risk of child abuse and increase quality of life (Berlin, 2019). These include both psychotherapy and pharmacological treatments, which are typically given concurrently to clients who exhibit this disorder. Medications act by blocking or reducing libido, while psychotherapy treatments are given to teach self-control and regulation (Houts et al., 2011; Landgren et al., 2020). Treating these individuals could enhance their mental health and help them live an offense free life.

Treatment of those at risk of committing an offense and those who have already committed an offense may be key to continuing the decline of child sexual abuse. Therefore, it is critical for the safety of the community that mental health professionals treat individuals living with pedophilic disorder as they would with any other client coming to them for help (Berlin, 2019; Fagan, 2005). To provide the best treatment possible, it is important for counselors to evaluate their own bias with this population and seek supervision to competently offer treatment. Counselors must consider whether they can competently and properly care for such individuals or if it would be best to refer them to another professional with expertise in this area (Bayram et al., 2021).

As research on this condition continues to evolve, the stigma surrounding pedophilic disorder may be reduced, especially when more

effective treatments are available. Likewise, throughout the years, research on pedophilic disorder has been very limited due to stigma and the challenge of finding willing participants (Bayram et al., 2021; Željko et al., 2020). Also, new technologies have become available, making it easier to study.

However, in recent years, attention has been growing from the scientific community and the public. There has been an increase in public awareness and action through coordinated community responses and government policies aimed at protecting children. This coordinated effort is believed to have helped people better recognize and respond to incidents of sexual misconduct, thus decreasing its prevalence (Lucier-Greer et al., 2024). Other factors contributing to the prevention of child sexual abuse include comprehensive sex education starting at a young age. Research has shown that sex education not only equips children with the tools to protect themselves, but it also identifies offenses early on (Collin-Veznia, 2015). Identifying child sexual abuse early can prevent the victimized child from further abuse and reduce the potential number of future victims (Collin-Veznia, 2015).

While simply understanding pedophilic disorder is important, the development of an effective, targeted treatment is paramount. While there is no clear consensus on the etiology of pedophilic disorder (Levenson et al., 2020), there are still many effective treatments available, ranging from psychotherapy to pharmacotherapy (Berlin, 2019). Studying the etiology and developmental course of the condition could help in the pursuit of said treatment.

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