Treating Pedophilia: Preventative Care to Limit Sexual Abuse

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Abstract

Beginning in the 1900s, Aversion therapy was the leading treatment for sexual deviance. However, after discovering that Aversion therapy lacks long-term success, a new treatment was needed. By the late 1900s, relapse prevention therapy became the dominant treatment for substance abuse and sexual offenders. States such as Massachusetts and California began to further develop this treatment for sex offenders with the goal of a near 0% recidivism rate. From this development, researchers have begun to experiment with using this relapse prevention treatment on minor-attracted persons before offending with the goal of preventing offending behavior from occurring in the first place. Researchers in Germany 2005 began studying the effectiveness of preventative treatment with Project Dunkelfeld. Using the promising results from Project Dunkelfeld, a proposal was created for the city of Worcester. By combining various forms of advertisements, such as buses and billboards, the public will be made aware of a new type of therapy. This therapy will focus on sex offender treatment for individuals who have not offended but have a fear that they might in the future.

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Chapter 1: Introduction

Among reported sexual assaults in Massachusetts, over a third of all sexual assault in Massachusetts victims are children under the age of eighteen (Beyond 20/20, 2022). In Massachusetts, if someone is convicted of a sexual crime, they must register with the sex offender database, where they will be given a level of classification representing their chances of committing a new sexual offense (Sex offender registration and notification, 2022). While this system successfully informs the community of individuals who have already caused harm, there are limited resources that aim to prevent this harm from occurring in the first place.

With sexual assaults against children making up a third of all sexual assaults in Massachusetts, it is urgent that a new approach be taken to lower the rates of harm against children (Beyond 20/20, 2022). A new approach is a preventive therapy for individuals who sexually prefer children. This distinction between individuals who sexually harm children and individuals who sexually prefer children is essential for this new approach. While some individuals sexually harm children without having a sexual preference for them, these individuals make up the minority of childhood sexual assault cases (Kuhle, n.d.). The majority of individuals (71%) who sexually assault children can be identified as having a sexual preference for children (Kuhle, n.d.). This high volume of offending individuals who experience sexual attraction to children creates an opportunity where preventive therapy can be implemented. The goal of the therapy would be to stop individuals who self-identify as having a sexual attraction to children from engaging in sexual crimes (Kuhle, n.d.). This preventative therapy would be best accomplished through a state-sponsored therapy program specifically directed at individuals who self-identify as having a sexual attraction to children.

Statement of the Problem

Currently, if an individual wants to receive treatment for their sexual preference for children, there are two options. Attempt to locate a therapist trained in working with sex offenders using relapse prevention therapy. Or be entered into the criminal justice system by committing a sex crime. While locating a therapist to help is the more idealistic option, many barriers make it difficult for minor-attracted persons to find help. Individuals who are sexually attracted to children are heavily stigmatized by society and by therapists, many of whom refuse to work with minor-attracted persons (Wilson, 2021). These stigmas create a situation where minor-attracted persons are afraid to talk about their urges for fear of ridicule. This fear is in addition to not being able to reliably find a therapist willing to help them work through these problematic sexual urges they experience. A lack of public knowledge of the nature of Pedophilia and sexual attraction to children compounds this stigma (Wilson, 2021). Many individuals do not understand that sexual attraction to children is not a choice (Tozdan, & Briken, 2019 & Fedoroff, 2020).

Adequately trained and implemented preventive therapy can greatly help minor-attracted persons lower their risk factors for sexually abusing a child. Preventative therapy helps teach minor-attracted persons how to properly cope with the distressing thoughts surrounding their sexual preference (Kuhle, n.d.; Marshall & Laws, 2009; Jones et al., 2021; Marques, 1988; Hallet, 2006).

Background and Need

The History of Preventative Therapy

In 2005, a study began called Project Dunkelfeld. The study aimed to show the efficacy of preventive treatment for Pedophiles and Hebephiles. The study used a marketing campaign to encourage individuals who had a sexual preference for children to seek help (Beier, 2015). The goal of the marketing campaign was to convey the following four messages:

1. Empathy for the particular situation of the participants;
2. No discrimination because of sexual preference;
3. Confidentiality and anonymity regarding all collected data; and
4. No augmentation of feelings of guilt and shame (Beirer, 2015).

The outcome of this media campaign was that many individuals, mainly pedophiles and hebephiles, sent in applications seeking treatment. As of March 2014, the project had received nearly two thousand applications (Beier, 2015). Approximately five hundred applicants received treatment (due to limited locations of treatment providers), and the preventive treatment consisted of: education regarding their sexual preference, evaluating the extent of the preference, group and or individual therapy, medication if needed, and aftercare (Kuhle, n.d.). Out of the approximately five hundred participants who received this treatment, seventy-five individuals were continuously reevaluated to test the program's long-term effectiveness. After following the seventy-five participants, it was learned that the preventive treatment approach caused a significant reduction in dynamic risk factors for child sexual abuse, such as the consumption of child abuse imagery (Beier, 2015).

What Does Preventive Therapy Look Like

Traditionally therapy for Pedophiles is aversion therapy. This therapeutic technique involves retaining an individual to associate a stimulus with a negative occurrence (Marshall & Laws, 2009). While this traditional treatment style prevents offending in the short term, once the threat of the negative stimuli is removed, behavior typically returns to pretreatment patterns (Marshall & Laws, 2009). Instead, the current technique for treating sex offenders is Cognitive Behavioral Therapy, specifically relapse prevention (Marshall & Laws, 2009). This treatment technique focuses on helping participants to create coping strategies that they can use to combat their deviant sexual urges (Marshall & Laws, 2009). Part of the treatment involves educating individuals about their condition and implementing a series of group and individual therapy sessions (Marshall & Laws, 2009). Currently, this style of treatment is employed by states such as California and Massachusetts for the treatment and sex offenders, and this is the treatment style used in the German Project Dunkelfeld (Marshall & Laws 2009, & Kuhle, n.d., Hallet, 2006, & Marques, 1988).

Purpose of the Research

This research aims to create a proposed preventive treatment plan for Massachusetts to reduce the rate of sex crimes against children. This is imperative, as previously mentioned, a third of all sex crimes are against children, and there are few preventive steps in place to reduce this. By creating a detailed proposal outlining the steps that must be taken to create a preventive treatment program, there would be expected to be a marked decrease in first-time sexual offenses against children.

Research Questions

1. Is it possible to treat individuals who have a sexual preference for children?
2. What is the effectiveness of a CBT treatment model in preventing sexual assaults against children?
3. What is the most effective outreach for Pedophiles to enter treatment?
4. Can Massachusetts implement a preventive therapy program effectively?

Definitions

Sexual Preference for Children / Minor-attracted Person: An individual with a sexual preference for children does not meet the diagnostic criteria for a Pedophilic or Hebophilic disorder. However, the individual still has a sexual preference for children.

Pedophilia: An individual who experiences recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child (generally under the age of 13). The individual is at least 16 years old and is at least 5 years older than the child. If the sexual urges are acted upon, the individual suffers from Pedophilic Disorder (DSM-5-TR).

Hebophilia: An individual who experiences recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a pubescent child (generally aged 13-16). The individual is at least 16 years old and is at least 5 years older than the child (This term has not yet seen wide adoption in the Psychological community and is not included in the DSM-5-TR).

Cognitive Behavioral Therapy (CBT): CBT is a technique that focuses on changing and unraveling problematic patterns of thinking, typically called cognitive distortions. Several techniques can be used during CBT. The technique used is determined by the provider.

Limitations

There are two significant limitations to this study. The first is that the concept of preventive treatment for individuals with a sexual preference for children is just beginning to gain traction, and there is limited information regarding the efficacy of these programs. Second, by creating a proposal, the proper outcomes of the proposed program can only be known once a municipal body fully implements the program for some time.

Chapter 2: Literature Review

Treating pedophilia with preventive therapy is a theory first implemented by Germany, to lower rates of sexual assaults against children. This theory is supported by current literature surrounding the best ways to treat pedophilia.

Area One: Treatment of Pedophilia for Harm Reduction

Before assessing the most effective long-term treatment for pedophilia, it is crucial to understand what previous therapies have failed to provide results. Researchers D. R. Laws and W. I. Marshall examined the history of treatments for sex offenders beginning in the mid-1800s and concluding in the early 2000s. This research project aimed to assess the efficacy of previously tried behavioral and cognitive behavioral strategies for treating Pedophilia. As well as to educate on the mistakes made by previous providers with the hopes of new providers avoiding these same pitfalls. Initially, deviant sexual behavior was treated using operant conditioning leading up to the 1970s (Laws, & Marshall, 2003). This work was inspired by the boom of behavior modification in the field of treating children with autism or developmental disabilities (Laws, & Marshall, 2003). Initially, this technique was promising; pedophiles would have a noxious stimulus paired with a stimulus associated with their sexual urges (pictures of children, etc.) (Laws, & Marshall, 2003). As early aversion therapy progressed, researchers quickly began to utilize it to treat not only pedophilia but a variety of fetish behavior (Laws, & Marshall, 2003). The primary problem, however, was that no study could conclusively show that aversion therapy could provide long-lasting behavioral changes. Once the threat of pain was removed, patients returned to pre-treatment behavior patterns (Laws, & Marshall, 2003). This failure of aversion therapy saw researchers begin to explore methods of treatment that focused less on

controlling the urges of pedophiles. Instead, researchers focused on adjusting behavior (Laws, & Marshall, 2003). The primary goal was shifted from removing urges to "if they can abstain from their deviant behavior for a sufficient period, normal outlets for the control of sexual arousal will develop" (Laws, & Marshall, 2003 p.86). By the time the 1980s arrived, treatment providers were looking for a treatment plan that effectively reduced the long-term risk of reoffending, and this treatment came in the form of relapse prevention (Laws, & Marshall, 2003). The relapse prevention model is a Cognitive Behavioral Therapy focused on educating and assisting individuals in identifying their triggers associated with a substance they are trying to stay sober. While this model is traditionally used for individuals with substance addictions, treatment providers for sex offenders quickly found success using the same technique (Laws, & Marshall, 2003). This likely has to do with the overlapping principles associated with combating addiction and combating strong sexual urges. The relapse prevention model still dominates sex offender treatment. However, advancements in therapy directed at assisting individuals in reassigning their urges and rebuilding their self-identity are beginning to be used in tandem (Laws, & Marshall, 2003). Overall the research complied by D. R. Laws and W. I. Marshall is in-depth and expansive and provides insight into what treatments have seen success and which have seen failure. Currently, there is much success seen with the relapse prevention model for sex offenders, particularly when mandated by states as a condition for release from prison.

The success of the relapse prevention model was thoroughly documented in a project conducted by the California State Department of Mental Health in the 1980s. This project is described by researcher Janice L. Marques in a 1988 paper recounting the project. This project aimed to examine the long-term effectiveness of relapse prevention when treating sex offenders. The project was designed to have three groups of participants, the treatment group, the volunteer

control group, and the nonvolunteer control group (Marques 1988. p. 236). Only the volunteer group will receive the relapse prevention treatment, while both control groups will receive no treatment (Marques 1988. p. 236). It should be noted that the difference between the volunteer and nonvolunteer populations is that the volunteer population wanted to participate in the treatment but was randomly selected not to. The eligible subjects for this study were male inmates in the California Department of Corrections who were convicted of child rape or child molestation (Marques 1988. p. 236). Eleven institutions were used to sample subjects, selecting subjects based on age, type of offense, and criminal history (Marques 1988. p. 237). The selected subjects were then treated for between eighteen and thirty months using the relapse prevention method (Marques 1988. p. 237). The relapse prevention method consisted of analyzing and identifying high-risk situations concerning relapse, assessing the subject's current coping skills for dealing with urges and preventing relapse, and determining the subject's specific sexual arousal profile (Marques 1988. p. 238). After assessing each subject, providers used the methodology of the relapse prevention method to educate subjects on their weaknesses regarding relapse. Then, new strategies were created for the subjects, with the goal being to strengthen their skills at resisting their urges (Marques 1988. p. 238). Additionally, subjects were educated on various aspects of human sexuality. The goal is that subjects understand that their urges are not their choice and that they are not inherently wrong people (Marques 1988. p. 238). Instead, they simply need to control their urges better and try to redirect them to a more appropriate release. Upon completing treatment, offenders could be released from prison with conditional parole. One condition of this parole was to attend at least two sex offender aftercare program sessions a week (Marques 1988. p. 240). These sessions must be attended for at least a year following release (Marques 1988. p. 240). The purpose of these sessions was to boost the relapse

prevention therapy results by strengthening skills learned during treatment (Marques 1988. p. 240). Sessions could be conducted either individually or in groups, whichever the provider felt made the most sense (Marques 1988. p. 240). Finally, after the one-year probation, subjects were interviewed to determine if the treatment was effective in the short term (Marques 1988. p. 240). After the closing interview, subjects were followed for five years to assess if any reoffending behavior occurred (Marques 1988. p. 240). However, results showed no statistically significant difference in recidivism rates among the three groups (Marques et al. 2005). Researchers noted ways that they felt the study could be improved concerning the intensity of the relapse prevention treatment (Marques et al. 2005). This study, while inconclusive, shows the potential for the effectiveness of relapse prevention as a tool for treating sex offenders.

Currently, the relapse prevention model sees great success in preventing recidivism in Massachusetts. According to Allison Hallet, who wrote a journal article detailing the sex offender management program in Massachusetts. Hallet explains that Massachusetts currently employs a three-part system for sex offender treatment. Pretreatment, core treatment, and maintenance (Hallet, 2006). Pretreatment begins six years before the earliest possible release date for a sex offender and focuses on educating and preparing individuals to combat their deviance (Hallet, 2006). Upon completing pretreatment, which involves written assignments and classroom discussions, participants move on to core treatment (Hallet, 2006). According to Hallet, “Core treatment involves primary therapy groups, psycho-educational classes, behavioral treatment, and community unit meetings” (Hallet, 2006). It should be noted that the exact nature of core treatment is tailored to each participant to best suit their need (Hallet, 2006). After completing core treatment, participants begin maintenance which helps prepare participants for release back into society (Hallet, 2006). Finally, upon release, “ sex offenders are supervised in

the community using two models: (1) the parole department's Intensive Parole for Sex Offenders; and (2) the probation department's Sex Offender Containment Program" (Hallet, 2006). Massachusetts boasts that the above program can maintain a 0% recidivism rate for sex offenders coming out of prison (Hallet, 2006). This study critically shows that relapse prevention therapy can effectively prevent long-term recidivism. While the study performed in California showed no statistical difference between treated and untreated offenders, this does not mean that will always be the case. By practicing the same treatment model, the only exception being the intensity, Massachusetts can effectively use relapse prevention therapy to prevent recidivism.

Finally, Laura F. Kuhle details the German Project Dunkelfeld, which attempted to take the above principles of relapse prevention CBT and apply them to minor-attracted persons before offending. Project Dunkelfeld sought to identify minor-attracted persons in the community who are unknown to law enforcement as they have not committed a crime (Kuhle, n.d.). Specifically, the target group was minor-attracted persons at the most significant risk of offending in the future and trying to prevent that offending behavior (Kuhle, n.d.). Initially, researchers created an ad campaign promoting the study. The advertisements contained slogans such as "You are not guilty because of your sexual desire, but you are responsible for your sexual behavior!" (Kuhle, n.d. p. 12) and "Do not offend. Not even online!" (Kuhle, n.d. p. 12). Based on the advertising campaign, researchers received over 2000 applications for the experimental therapy (Kuhle, n.d.). Of those applicants, 477 were eligible for treatment (Kuhle, n.d.). The course of treatment involved: a clinical interview, a risk assessment, psychoeducation, an evaluation, group and or single therapy, and aftercare (Kuhle, n.d. p. 14). The rationale for this treatment plan is based on the idea that sexual preference is a lifelong condition that cannot be reversed (Kuhle, n.d. p. 15). Instead, participants are taught to control their urges, with the goal being learning more

appropriate outlets for their deviant urges (Kuhle, n.d.). Throughout treatment, researchers noted a decrease in risk factors such as loneliness, emotion-oriented coping, the frequency of masturbation fantasies related to children, and offense-supporting attitudes (Kuhle, n.d. p. 17). Researchers also noticed increased sexual coping efficacy and emotional and cognitive victim empathy (Kuhle, n.d. p. 17). As a result of the preventive therapy, ⅓ of participants completely stopped using child sexual abuse imagery, and the remaining ⅔ of participants continued using child sexual abuse imagery but at lower rates (Kuhle, n.d. p. 19). None of the participants who continued to use abuse imagery returned to pre-treatment levels of use indicated by post-treatment follow-ups (Kuhle, n.d.). Additionally, as of the time of post-treatment follow-up, no participants had gone on the criminally offend (Kuhle, n.d.). The research conducted by the Dunkelfeld Project showcases the potential for preventive applications of relapse prevention therapy. While the results of Project Dunkelfeld are not as compelling as those seen with Massachusett's approach to preceding recidivism, there are treatment limitations with a preventative approach. Unlike when working with participants who are prior offenders, preventive therapy cannot use threats of legal action for compliance and full participation in therapy. Instead, participants are responsible for the intensity they wish to set on themselves for treatment.

Area Two: What is the most effective outreach for Pedophiles to enter treatment?

Before attempting to reach minor-attracted persons and pedophiles with advertising, it must be concluded that minor-attracted persons and pedophiles are indeed aware of their preferences. This study was conducted by taking two groups, one from an outpatient facility and one online group that researchers recruited in various ways (Tozdan, & Briken, 2019). Tozdan

and Briken aimed to identify the average age at which individuals realized they were sexually attracted to children (age of onset). The participants were then asked to self-report the age at which they first experienced sexual attraction to children. The ranges of results included 20 years +/- 10.7 years for the outpatient group and 17 years +/- 8.7 years (Tozdan, & Briken, 2019). This study indicates the importance of preventive treatment as the age of onset is much earlier than many individuals realize. However, it should be noted that information about whether the researchers indicated to participants to mark the earliest age they experienced age-inappropriate sexual interest was absent. If researchers did not do this, individuals could have wrongly self-reported that they were sexually attracted to children as children and denoted this as their first instance of pedophilic thoughts. This study should not be discredited but instead taken lightly as, without the above information, results can not be 100% guaranteed as valid.

In addition to confirming that minor-attracted persons are aware of their deviant attraction, information regarding barriers to accessing and treating pedophiles should be explored. A thesis by Kelly A. Wilson out of California State University Northbridge explores these barriers. Wilson's thesis details ways to prevent pedophilia through treatment while acknowledging many obstacles currently in place that may hinder this treatment. Wilson utilized a meta-analysis approach to this research by combing current psychological literature to uncover treatment options and barriers to treatment. Wilson identified the following primary barriers to treatment: "social stigmas, a reliance on self-reporting in cases where a crime has not been committed, pressures on mental health providers, and organizational unwillingness to confront the issue when it is present" (Wilson, 2021, p. 18). Wilson continues to note that many individuals avoid therapy as there is a shockingly low number of counselors willing to work with pedophiles (Wilson, 2021). The primary treatment method noted is relapse prevention therapy

adapted for a preventative approach (Wilson, 2021). Wilson, however, does comment that just because many individuals were successfully treated using the relapse prevention method, it cannot be concluded that all pedophiles can be treated. The identified barriers must be considered when creating the proposal. Advertisements and a push for mass training for licensed therapists must be regarded to circumvent the above barriers and assist the most people possible.

Project Dunkelfeld navigated these barriers by using a public ad campaign focusing on not blaming minor-attracted persons but instead letting them know support is out there. As referenced above, Project Dunkelfeld achieved this by Initially researchers created an ad campaign promoting the study. The advertisements contained slogans such as "You are not guilty because of your sexual desire, but you are responsible for your sexual behavior!" (Kuhle, n.d. p. 12) and "Do not offend. Not even online!" (Kuhle, n.d. p. 12). Based on the advertising campaign, researchers received over 2000 applications for the experimental therapy (Kuhle, n.d.). This ad campaign saw great success in informing minor-attracted persons that support was available even when accounting for barriers. I will use the Worcester Regional Transport Authority to emulate the results in Massachusetts.

I obtained information on advertising using the WRTA from the WRTA Media Kit. This kit details the cost of running various advertising campaigns utilizing the busses of the WRTA. The WRTA offers five levels of advertisement, the full bus wrap, which covers the entire bus, the king, which is on the street side of the bus, the queen, which is on the curbside of the bus, the tail which is on the back of the bus, and interior panels which line the upper perimeter of the cab (WRTA 2022). For the advertising campaign, the king side will be selected as well as the interior. The king advertisement will go on a maximum of fifty-two buses costing $13,000 a month (WRTA 2022). The interior advertisement will be placed on a maximum of two hundred eight

buses, costing $6,240 a month (WRTA 2022). Using the WRTA, many people in the community will see the advertisements. When coupled with billboards, minor-attracted persons and pedophiles will likely encounter the advertising.

By using Billboards in my City.com, the average price for a billboard in and around Worcester, Massachusetts, was determined to be $5,475 a month (Billboards in my City, n.d.). Matching this was the WRTA ad campaign length of three months for ten billboards; we get $164,250 to use billboards for advertising. This information helps determine if Massachusetts can afford to create this program.

Area 3: Can Massachusetts implement a preventive therapy program effectively?

A few different points must be assessed to determine if Massachusetts can implement preventive therapy effectively. First, cities like Worcester have the money needed to train therapists to treat sex offenders and create an aggressive ad campaign, as described above. Second, this plan will be sustainable because it does not cost excessive state money. Finally, this plan will save the state money long-term, and children will be spared from the horrors of sexual assault. By analyzing the fiscal budget for Worcester, MA, for 2023, it can be determined that the budget for Worcester is increasing by $44,300,000 (Augustus, 2022). The cost of advertising and training therapists is $594,000 (WRTA, 2022 & Billboards in my City, n.d. & TCT, n.d. & Zippia the Career Expert, n.d.). This shows that it would cost the city of Worcester only 0.003% of the budget increase to implement the proposed program. Not only will this plan cost little money it will also save the state money. Currently, in Massachusetts, if someone is convicted of a sex crime against a child under the age of twelve, there is a mandatory prison sentence of ten years (Nate Amendola Defense, n.d.). During these ten years, the state will spend on average $55,170

per year housing that inmate (Vera The Price of Prisons, 2015). Over ten years, housing one inmate for the sexual abuse of a child under twelve will cost the state of Massachusetts $551,700. Compared to the cost of the proposed therapy program, which can positively impact and prevent multiple individuals from becoming offenders, the financial benefits are obvious. These economic benefits are in addition to the moral and ethical benefits of lowering the rates of child sexual abuse in Massachusetts.

Summary

The research literature shows that many individuals who are pedophiles have not harmed a child and would benefit from preventive therapy. This therapy is effective when utilized correctly; however, there are currently several barriers preventing this therapy from being readily available that will be addressed in the proposal.

Chapter 3: Proposal

To create a proposal, a few key points need to be identified. First, it is difficult for minor-attracted persons to access cognitive behavior therapy before assaulting a child. Second, while preventive treatment is shown to be effective in limiting the rates of first-time offending, there is little discussion surrounding its benefits. Third, while CBT is not the only theoretically effective treatment for minor-attracted persons, it is the most readily available and efficient long-term solution. Fourth, minor-attracted persons are often self-isolated, so advertisers must utilize creative means of reaching them. Finally, is the implementation of preventive therapy feasible from a financial perspective? These key points make up the mission of the proposal, with the ultimate goal being to address all of the critical issues in a realistic and executable manner.

Proposal

1. Provide free training on treating sex offenders to all full-time therapists in Massachusetts.
2. Create an ad campaign targeting minor-attracted persons. The ads should be placed on the exterior and interior of WRTA buses. Additionally, utilize billboards in and around Worcester to post advertisements. Advertisements should focus on informing individuals that therapy for minor-attracted persons is available. For example, language such as, “You are not responsible for your urges, but you are responsible for your actions” should be used. Run this campaign for at least three months so most of the public can be made aware of the new access to therapy.
3. During therapy, assessments should be made to establish the risk of offending before treatment. This will allow providers to track patients' progress throughout their treatment.

4. Education should be provided following the risk assessment but before treatment. This education will assist the patient in understanding their condition and hopefully increase their chances of following through with treatment.
5. Evaluating the specific urgers a patient is experiencing will assist in determining the method and course of treatment.
6. Provide individual or group therapy to patients focusing on assisting them with managing their urges and ideally helping them experience attraction to an age-appropriate partner.
7. Maintain contact post-treatment and follow up with patients one month after treatment, three months after treatment, six months after treatment, and a year after treatment. These follow-up appointments are for risk assessments to gauge how well the therapy has helped the patient.

An Argument for the Proposal

Currently, minor-attracted persons have limited access to treatment that could lower their chances of causing harm to the community. This limited access is due to several factors, including a lack of therapists trained in working with minor-attracted persons, a lack of therapists willing to work with minor-attracted persons, and a lack of awareness that these resources exist. My proposed solution to this problem is to create an advertising campaign to inform minor-attracted persons of available therapeutic resources. To illustrate the logistical and financial cost of an advertising campaign, the city of Worcester, Massachusetts, will be used as an example. Many people will view the advertisements utilizing a combination of ten billboards and interior and exterior advertising on fifty-two city buses. Running this campaign for three months would only cost the city $72,585. In addition, the training aimed explicitly at assisting minor-attracted persons should be offered for free to all roughly three thousand full-time

therapists in Massachusetts. Therapy training programs typically cost a few hundred dollars, with one program, the Sex Offender Treatment Program (SOTP), costing $200. For the sake of simplicity, it will be assumed that the city of Worcester is covering the cost of this program and that all three thousand therapists participate. Training all full-time therapists in Massachusetts would cost approximately $594,000; combining this cost with the overhead cost of advertising, we can see that the total cost to execute the proposal will be $666,585.

Given that the city of Worcester received a budget increase of $44,300,000 for 2023, implementing the above proposal would cost 0.003% of the budget increase. This fact, coupled with CBT's effectiveness in preventing recidivism and first-time offending, creates a strong argument for the proposal's implementation. While other ways of advertising may be more cost-effective, I chose to utilize buses and billboards to allow isolated individuals to view the advertisements. Additionally, this proposal should be seriously considered as the mandated minimum sentence for a child under the age of twelve is ten years in prison. Currently, Massachusetts spends approximately $55,170 a year to house an inmate. Combined with the ten-year minimum, these yearly costs mean that if even two individuals are prevented from offending, the proposal is financially successful in addition to the success gained from preventing two children from being harmed.

Once a minor-attracted person has initiated treatment, the first step in the treatment process should be to perform a risk assessment. The purpose of the risk assessment is the determine the current chances of an individual committing a crime involving the sexual abuse of a child. Specifically, sexual assault or rape, but providers should not ignore the possession, distribution, or creation of child sexual exploitation material. Upon the risk assessment completion, patients should receive education about their current condition. This education aims

to allow the patient to understand why they are experiencing the urges they do. However, it is critical that this education only explains to the patient their condition and does not lead to them accepting it. Acceptance of pedophilia has been shown to correlate positively with increased offending rates (Lampalzer et al., 2021, p. 8).In contrast, a rejection of pedophilia shows a positive correlation with lower rates of offending (Lampalzer et al., 2021, p. 8). Providers should focus on educating while also motivating patients to change their ways.

Following education, providers should evaluate patients to determine what specific urgers a patient is experiencing. This evaluation is essential as it will dictate the course of treatment for a patient. For example, suppose an individual is not currently using child sexual exploitation material and is only experiencing attraction to children aged 13-16. In that case, a provider can focus on correcting the patient's attraction. However, if a patient is using child sexual exploitation material and is attracted to a broader range of children, the provider should adjust the treatment plan accordingly. Upon completing the evaluation, a provider should begin utilizing group and individual therapy sessions. Group therapy can prove to be beneficial as it will bolster the idea that it is not the patient's fault they are attracted to minors while at the same time allowing them to be confident that they will not give in to their urges. By utilizing individual therapy, providers can assist patients with overcoming their specific desires.

Finally, maintaining contact with patients post-therapy will help to determine how effective the treatment was. Providers should complete risk assessments at one month, three months, six months, and one-year post-treatment. These follow-up risk assessments will help see if the patient can continue functioning in society without giving in to their urges or if the individual will need to return to treatment.

Based on the above information, there is no moral, ethical, logistical, or financial reason that this proposal should not be explored as a way to decrease the number of sexual assaults against children.

Recommendations for Future Research

Currently, research on treating minor-attracted persons or pedophiles focuses mainly on using CBT as a one size fits all remedy. While this treatment method is effective, it ignores a crucial aspect of individuals who are attracted to minors. The factor in question is uniqueness. Each individual will vary dramatically in what causes them to experience sexual urges. These specific urges should be the subject of future research concerning treatment. Future researchers should explore whether different therapy techniques are better suited to particular urges. Or is CBT the best choice, regardless of urges? Research in this area will positively impact the treatment movement, allowing providers to make a more informed decision concerning treatment strategies. Future research should also be conducted in the form of a longitudinal study focusing on how effective treatment is long-term in preventing offender behavior. An analysis of this nature would allow providers to more accurately determine how many follow-ups, if needed, will be required to help a patient maintain control over their urges. A substantial amount of work needs to be done in the field of psychology on how to treat minor-attracted persons best. While the subject is uncomfortable, we owe it to the victims of childhood sexual assault to try and find a way to possibly prevent assaults from occurring in the future.

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