

**Clinician Stigma and Willingness to Treat those with Sexual Interest in Children**

Kailey Roche, MSc  
Skye Stephens, PhD, RPsych  
Saint Mary's University

**Background.** Research has shown that mental health clinicians hold stigmatizing attitudes that influence their willingness to treat those with sexual interest in children. This study measures North American clinician attitudes toward those with sexual interest in children and whether these attitudes influence willingness to treat people with sexual interest in children. We hypothesized that clinicians with no background in providing assessment or treatment of atypical sexual interests would have higher stigmatizing attitudes than those with experience. Further, we hypothesized that clinicians with higher stigma scores would be less likely to treat clients with sexual interest in children regardless of their presenting issue.

**Method.** Clinicians ( $n = 101$ ) were recruited through listservs and social media to participate in an anonymous online study. A between subjects design was utilized and clinicians were randomized to one of four vignettes describing a client they have been referred; all clients presented with a sexual interest in children but varied in offense history (no offense vs offense) and therapy goals (management of low mood vs management of sexual interest). Participants were asked whether they would accept the referral and treat the client. Participants also completed the APSIC, a measure of negative attitudes toward those with sexual interest in children.

**Results.** Clinicians with experience in assessing and treating those with sexual interest in children had significantly lower APSIC scores ( $M = 44.05, SD = 12.72$ ) than those with no experience ( $M = 54.53, SD = 16.36$ ),  $p < .001, d = .71$ , indicating lower stigma. Overall, 77% of participants were willing to accept the referral and treat the client. When controlling for the client's presentation, participants' stigma scores significantly predicted their willingness to treat ( $b = -.06, p = .002$ ), such that for each single point decrease in stigma, participants were 0.94 times more likely to treat the client. Further, when controlling for stigma, and relative to the reference condition (i.e. client interest in managing sexual interest with a history of sexual offending against a child), participants were more likely to indicate willingness to treat clients in the other three vignette conditions. In other words, participants were least likely to accept a referral for a client interested in managing sexual interest with a history of child sexual offending.

**Impact.** The present study is the first to examine the association between stigma and willingness to treat those with sexual interest in children in a North American sample. The results of this study serve as a reminder that mental health clinicians are not exempt from the effects of stigma when it comes to treating clients. It is important for clinicians to be aware of their own personal biases toward those with sexual interest in children and recognize that stigma creates barriers for those with sexual interest in children who are interested in mental health treatment. Future directions should be aimed at developing a workshop to decrease stigma in mental health clinicians interested in treating those with sexual interest in children.

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**Kailey Roche** received her MSc. in Applied Psychology from Saint Mary's University and is currently in her first year of the Psychology PhD program at Carleton University. Her MSc. thesis focused on informing the development of a workshop to increase mental health professionals' competency to treat minor attracted persons. Her research interests include developing treatment programs for non-offending men with minor attraction, risk assessment and treatment for sexual offending, atypical sexual interests, and community reintegration.