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# Held back by limited experience, training, and therapeutic confidence: self-perceptions of Czech mental health professionals about addressing paraphilic-related concerns

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## ABSTRACT

A body of literature shows that a considerable proportion of mental health and social work professionals who are approached by help-seeking people with paraphilic interests find themselves unprepared to respond to these individuals adequately. In the Czech Republic, the professionals' self-perceptions about addressing various paraphilic-related themes and concerns remain largely unexplored. The objective of the present study was to fill this knowledge gap by conducting an anonymous online survey among mental health and social work practitioners expected to have professional experience with help-seeking people presenting with paraphilic interests and related themes. The focus of the study was on two broad areas of paraphilic interest: attraction to minors and sexual non-consent and violence against adults. The survey results in 61 practitioners suggested limited *self-perceived* capacity to address paraphilic-related interests and concerns, which involved navigating relationships with significant others, mitigating anxiety and depression, and enhancing intimate functioning, rather than handling paraphilic interests per se. Insufficient paraphilic-related professional experience and training were named among the major *self-perceived* obstacles to efficient help provision. Through identification of current gaps in professionals' engagement with this stigmatized, hard-to-reach, at-risk population we hope to foster the development of competent, client-oriented, and compassionate counselling and treatment services in the Czech Republic.

## LAY SUMMARY

We surveyed mental health and social work practitioners about their engagement with help-seeking individuals who approach them about concerns related to sexual interest in minors and non-consent or violence against adults. We found that the practitioners' *self-reported* capacity for efficient help provision was limited and that the major *self-perceived* obstacles were insufficient professional experience and training.


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## Introduction

Recently, a growing body of literature has highlighted the specific psychosocial needs and mental health problems of people with paraphilic interests, and particularly of those who are attracted to minors (Blagden et al., 2018; Dombert et al., 2016; Elchuk et al., 2022; Konrad et al., 2017; Levenson & Grady, 2019b). Paraphilic interests may contribute to the risk of sexual offending (Seto, 2019) and have been established as a major risk factor for sexual recidivism (Mann et al., 2010; Stephens et al., 2017). The sheer magnitude of sexual offending against minors and adults is viewed as a public health emergency, and over the past decade there has been an increase in public awareness that it needs to be actively prevented rather than just responded to (e.g. Letourneau et al., 2014). In recognition of this need, various initiatives have been launched in a number of European countries to help prevent sexual offending against children and adults (Adebahr et al., 2021; Beier et al., 2009; Gibbels et al., 2019; Hallberg et al., 2019; Van Horn et al., 2015). In the Czech Republic, an early intervention system has been recently established to provide access to counselling and treatment to individuals who are concerned about their sexual interests and at-risk behaviors (Paraphile Project; Krejčová et al., 2021). However, there is a continuing need to examine factors that may impede professional help provision to people with paraphilic-related concerns (see Levenson et al., 2020 for a brief overview) in the Czech Republic.

Data from other countries show that mental health practitioners may struggle to provide adequate counselling and treatment to this clientele. Previous studies suggest that they often admit to uncertainty about how to work with these people or are even reluctant to counsel and treat them (Bayram et al., 2021; Jahnke, 2018; Jahnke et al., 2015; Lasher & Stinson, 2017; Schmidt & Niehaus, 2022). In the extreme case scenario, professionals may refuse to engage with minor-attracted people (MAPs), as evidenced by the results of the study conducted by Stiels-Glenn (2010), in which about 95% of the psychotherapists surveyed expressed their unwillingness to treat people with pedophilia. A recent study reported lower percentages (Schmidt & Niehaus, 2022), but still a full 45% of therapists were not willing to treat MAPs who had not committed sexual offence, and 63% would not accept a client with sexual interest in minors who had sexually offended against them. One possible reason for such reluctance is stigmatization, although it is less frequent in mental health professionals than in the general public (Schmidt & Niehaus, 2022). Other reasons may include *self-perceived* lack of specific knowledge and skills, but also concerns about liability, uncertainty about what the aim of such interaction should be, and misgivings about the effectiveness of their interventions (Bayram et al., 2021; Jahnke et al., 2015; Jahnke & Hoyer, 2013; Schmidt & Niehaus, 2022). Nearly half of the therapists surveyed by Schmidt and Niehaus (2022) who did have previous treatment experience with MAPs reported that they did not feel fully competent to provide therapy to these individuals. The percentage rose to 88% in those who had never treated a person with sexual interest in minors (Schmidt & Niehaus, 2022). Therapists' sense of competence can nevertheless be boosted by familiarizing them with MAPs' treatment needs (Levenson & Grady, 2019a).

Worldwide, there have been repeated calls to improve the training of professionals who may be approached by people with paraphilic interests for help but who find themselves less than fully competent to address their concerns (Goodier & Liesley, 2018; Liesley & Harper, 2022; McPhail et al., 2018; Parr & Pearson, 2019). In the

Czech Republic, the professionals' self-perceptions about addressing various paraphilic-related themes and concerns remain largely unexplored. The objective of the present study was to fill this knowledge gap by conducting an anonymous online survey among mental health and social work practitioners expected to have professional experience with help-seeking people presenting with paraphilic interests. We focused on constructs relevant to professional practice, namely the practitioners' *self-reported* sense of competence to engage with individuals with paraphilic interests, perceived obstacles to addressing their needs, and stigmatizing attitudes towards them. Variable selection was motivated by existing research on help-seeking in MAPs (Grady et al., 2019; Levenson et al., 2017; Levenson & Grady, 2019b). Another inspiration came from studies capturing professionals' perspectives on treatment provision to people with sexuality-related concerns (Alarcao et al., 2012; Goodier & Lievesley, 2018; Jahnke et al., 2015; Levenson & Grady, 2019a; Parr & Pearson, 2019). The early intervention efforts in the Czech Republic (i.e. the Paraphile Project) currently focus on MAPs for whom it is their primary sexual interest and a heterogeneous group of people sexually interested in non-consent and violence against adults (PIN). To learn about professionals' specific views of these two groups, we phrased some items separately for MAPs and PIN. First, to get a sense of the professionals' recent practical experience with the various paraphilic themes, we asked them to estimate the number of first-time appointments that were made over the past year for particular paraphilic interests. Specifically, we asked them to give the counts separately for selected themes, categorized using the ICD-10 classification codes, which was in effect at that time (October 2019–November 2020) in the Czech Republic. We were interested in the following codes: F65.0 (fetishism), F65.1 (fetishistic transvestism, transvestic fetishism), F65.2 (exhibitionism), F65.3 (voyeurism), F65.4 (pedophilia), F65.5 (sodomasochism, masochism, sadism), F65.8 (other disorders of sexual preference; in particular: biastophilia, which, in the Czech sexological tradition, is referred to as “pathological sexual aggression”, and ephebophilia/hebephilia. These codes/categories were not used to phrase any other items of the survey. For the purposes of the survey, we did not differentiate between diagnosed and undiagnosed individuals, as we were generally interested in the professionals' views of individuals with the given paraphilic interests in the broadest sense (i.e. sexual attraction to minors and/or sexual non-consent and violence against adults), regardless of the exact diagnosis. In self-referred individuals, erroneous self-referrals were not considered an issue since we were interested in the diversity of help-seeking acts and concerns professionals may be asked to address, which may involve ill-specified requests and false assumptions on the part of the help-seekers.

## Materials and methods

### Respondents

To invite mental health professionals to take part in the survey, secretariats of the following professional societies were contacted with a request to distribute the link to the survey among their members: Sexological Society and Psychiatric Society of the Czech Medical Association of J. E. Purkyně, Czech Society for Sexual Medicine, Czech-Moravian Psychological Society, and Czech Society of Psychotherapy.

Furthermore, prior to the COVID-19 pandemic-related restrictions, the survey was advertised at professional meetings, where respondents were recruited in person. A total of 83 mental health care and social work practitioners (18 male, 36 female, 3 other, 27 undisclosed; mean age  $45 \pm 1.9$  years, range 23–84 years) responded to the invitation, of which 61 completed the survey. Forty-two responses were collected prior to the COVID-19 pandemic (i.e. by mid-March 2020). Descriptive statistics for respondents who had provided at least partial demographic data and responded to at least some other survey items ( $N=65$ ) are shown in [Table 1](#). Affirmative consent was collected before the respondents provided demographic and occupational information. The study protocol was approved by the Institutional Review Board of the National Institute of Mental Health, Approval No. 209/20.

## **Survey topics**

### ***Demography***

Respondents provided information on their gender, age, profession and specialty, region of the Czech Republic where they were based, type of medical/non-medical facility where their office was located, their list size, how many appointments on average they had per month, and how many years of professional expertise they had in the given area of specialty. Details on the response options for each of the items are given in [Table 1](#).

### ***First-time appointments for paraphilic-related themes and concerns over the past year***

To get a sense of the practitioners' recent practical experience with the various paraphilic themes, we first asked them to estimate how many first-time appointments they had had over the past year that could be categorized according to the selected ICD-10 (WHO, 2004) diagnostic codes (see [Figure 1](#) for details). The professionals were further asked how many self-referred vs. court-ordered men and women approached them over the past year. This was to explore the extent to which they engaged with individuals with different motivations. Details on court-ordered treatment of individuals with paraphilia in the Czech Republic have been provided e.g. by Klapilová et al. (2019). The practitioners were then asked how many individuals presented with concerns that were specifically related to paraphilic interests, and how many had initially approached them for other reasons but at a later point were found to have a paraphilic interest or to engage in at-risk behaviors. The aim was to get a sense of the extent of the professionals' recent hands-on experience with the various paraphilic themes and different motivations for help-seeking rather than the exact make-up of their clientele. Finally, the practitioners indicated whether they had ever interacted with their clients' or patients' significant others about something related to paraphilic interest.

### ***Help-seeking individuals' self-identified concerns and intervention targets***

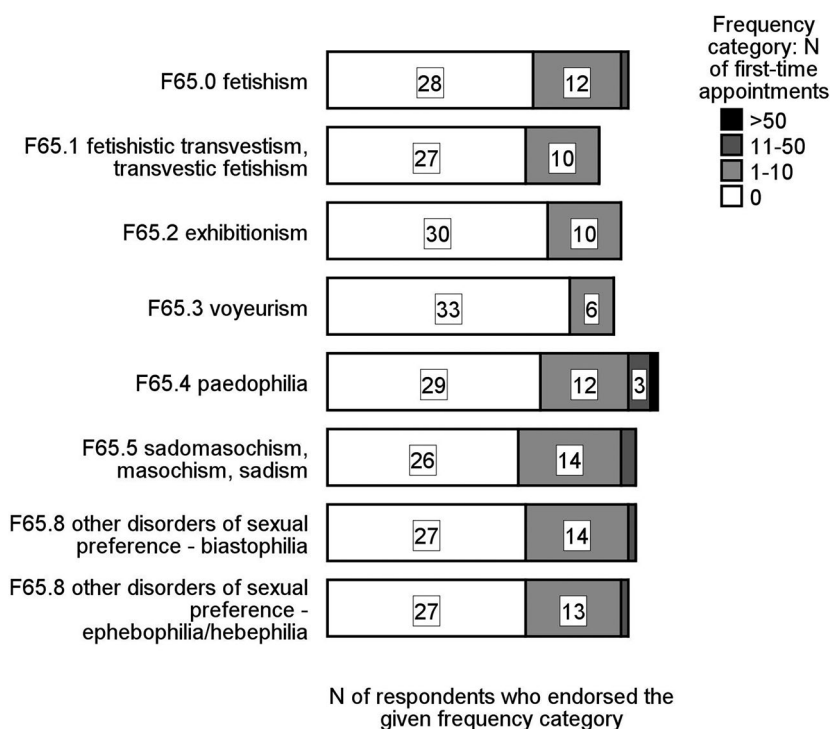
Next, to learn what concerns the professionals were mostly asked to address, we presented them with a list of potential intervention targets and asked them to check all items that applied. The list is shown in [Figure 2](#). In addition, they were encouraged to list up to three other concerns they tended to be approached about.

**Table 1.** Age, gender, years of professional experience, profession and specialty, region of office, type of facility, list size, and number of appointments per month in a sample of respondents with at least partial completion of the survey ( $N=65$ ).

Variable and its categories	N or mean $\pm$ SD
Age ( $N=51$ )	45.5 $\pm$ 13.3
Gender ( $N=65$ )	
Male	18
Female	33
Other	2
Prefer not to say	12
Years of professional experience ( $N=50$ )	16.6 $\pm$ 13.2
Profession ( $N=65$ , may overlap)	
Psychologist	31
MD	24
Couples/marital/family counsellor	5
Social worker	5
Therapist	2
Specialty – Psychologists only	
Psychotherapist	13
Clinical	9
Personal/Family/Social	9
Health care	4
School	4
Correctional	2
Specialty – MDs only	
Psychiatrist	13
Sexologist	10
Obstetrician-gynaecologist	4
Andrologist	3
Urologist	3
General practitioner	1
Region ( $N=62$ , may overlap)	
Prague	27
South Moravian	9
Central Bohemian	8
Vysočina	5
Moravian-Silesian	5
Olomouc	4
Zlín	3
Other	5
Facility ( $N=47$ )	
Hospital	20
Psychologist's private office	17
MD's private office	11
Outpatient clinic	7
Other	4
List size ( $N=49$ )	
Less than 50	23
50–200	8
200–500	4
500–1000	5
More than 1000	9
Appointments per month ( $N=49$ )	101.1 $\pm$ 132.4

### ***Self-perceived professional competence to address paraphilic-related themes and concerns***

The practitioners were asked to assess their *self-perceived* sense of competence to (i) counsel and (ii) treat male and female MAPs and PIN (separately for each of the four subgroups). Possible response categories are given in [Figure 3](#). Those who had indicated less than full competence were invited to suggest any specific courses or training programs they would have liked to attend to improve their skills.



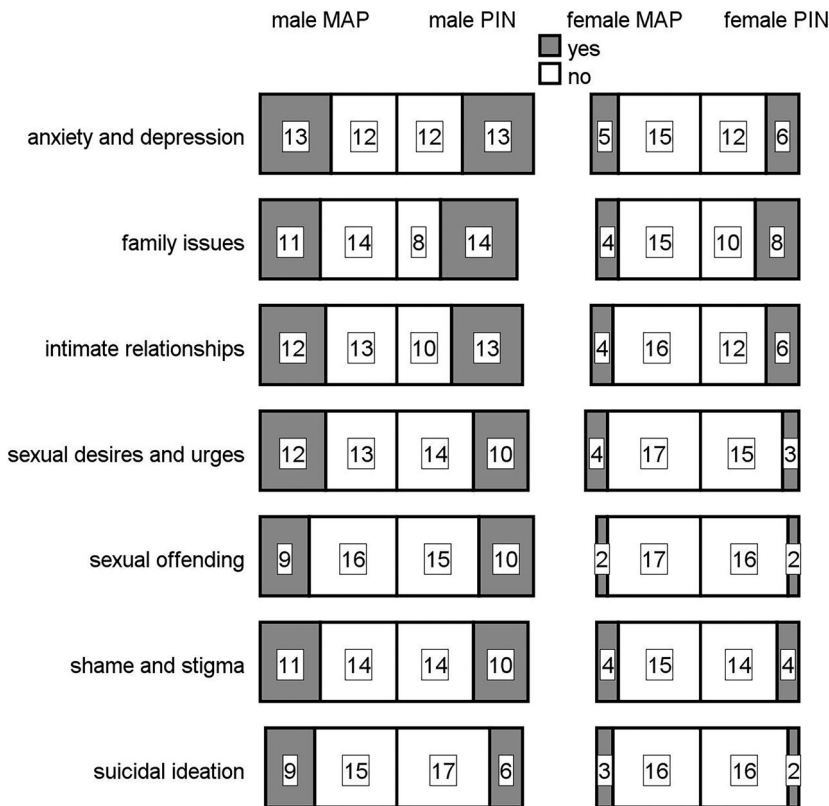
**Figure 1.** First-time appointments regarding paraphilic-related concerns split up by ICD-10 codes. The stacked bar chart shows the numbers of professionals who indicated that they had zero, 1–10, 11–50 or >50 first-time appointments over the past year, respectively. Biastophilia is in the Czech sexological tradition referred to as “pathological sexual aggression”.

### *Self-perceived obstacles to addressing paraphilic-related themes and concerns*

Practitioners answered a set of items regarding *self-perceived* obstacles to effectively engaging with male and female MAPs and PIN (separately for each subgroup). They were presented with a list of potential obstacles, inspired by Alarcao et al. (2012), and asked to check all items that applied to them (see Figure 4 for details).

### *Stigmatizing attitudes towards people with paraphilic interests*

The respondents were presented with the most commonly held stigmatizing attitudes towards MAPs, as identified by Jahnke et al. (2015) and Jahnke et al. (2015), and towards PIN, and asked to check all that applied to them. The Stigma Inventory (Jahnke et al., 2015) was originally developed to assess stereotyped attitudes regarding the controllability and dangerousness of sexual interests of people with pedophilia. It was translated into Czech by LMN and a back-translation was produced by KK. The phrasing of the statements (see Figures 5 and 6 for details) was identical for MAPs and PIN, except that for the latter, the phrases “minor-attracted persons” and “attraction to minors” were replaced with “(persons with) interest in sexual violence”.



**Figure 2.** Self-identified concerns (intervention targets) of male and female MAPs and PIN, respectively, as seen by the professionals over the past year.

Next they were asked whether they themselves had a relative or friend with a paraphilic interest and if so, whether the personal experience had positively or negatively affected the way they viewed MAPs and PIN.

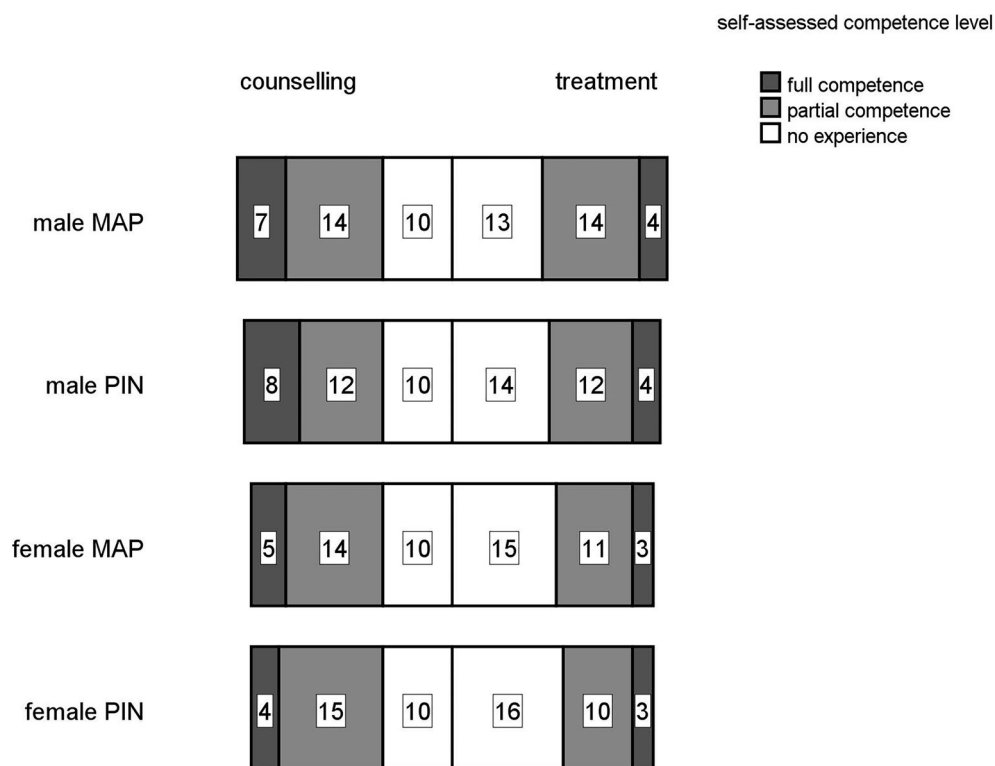
### **Procedure**

The survey content was consulted with mental health professionals involved in the Paraphile project, pre-tested twice, and appropriately modified. It was administered online through the Qualtrics platform (Qualtrics, Provo, UT, USA) and the survey link was distributed *via* e-mail to the secretariats of the above-specified professional associations and societies.

### **Statistical analysis**

Analyses were run and plots were produced with IBM SPSS 24.0, except for the Chernoff faces, which were generated with Stata/SE 14.1. Associations between dichotomous variables were assessed with Chi square tests of independence and, to determine the effect size, the statistics were converted to  $r$  after Rosenberg (2010). For related





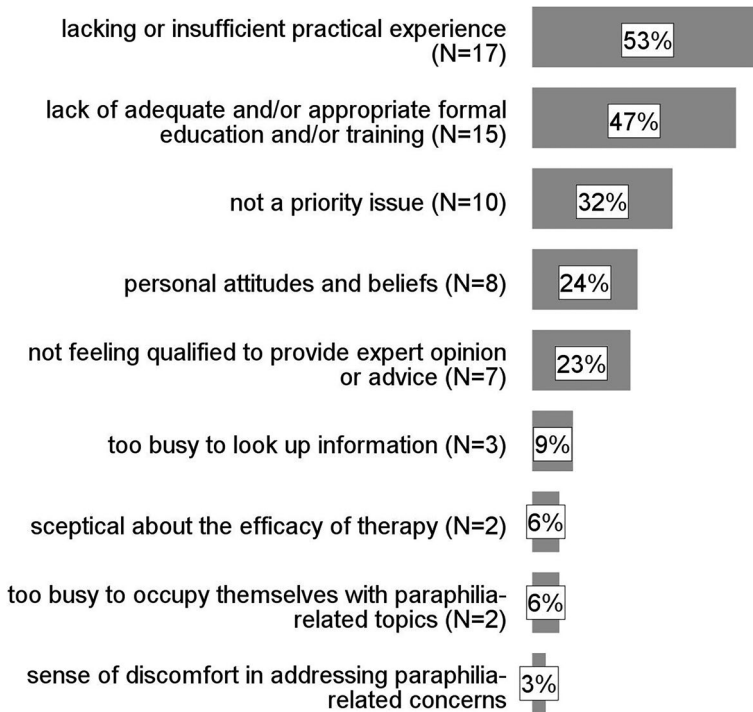
**Figure 3.** Professionals' *self-perceived* sense of competence to counsel and treat male and female MAPs and PIN, respectively.

samples, these associations were computed with McNemar's tests, and for ordinal variables with Spearman's rho. Continuous variables were checked for outliers and distribution and transformed to normal where needed, and their associations with dichotomous and ordinal variables were tested with point-biserial correlations and Spearman's rho, respectively. We nonetheless caution that this paper was intended to be descriptive, and hence that any analyses presented below are exploratory in nature, not tied to any a priori or pre-registered hypotheses, and that they should be viewed as such.

## Results

### *First-time appointments for paraphilic-related themes and concerns over the past year*

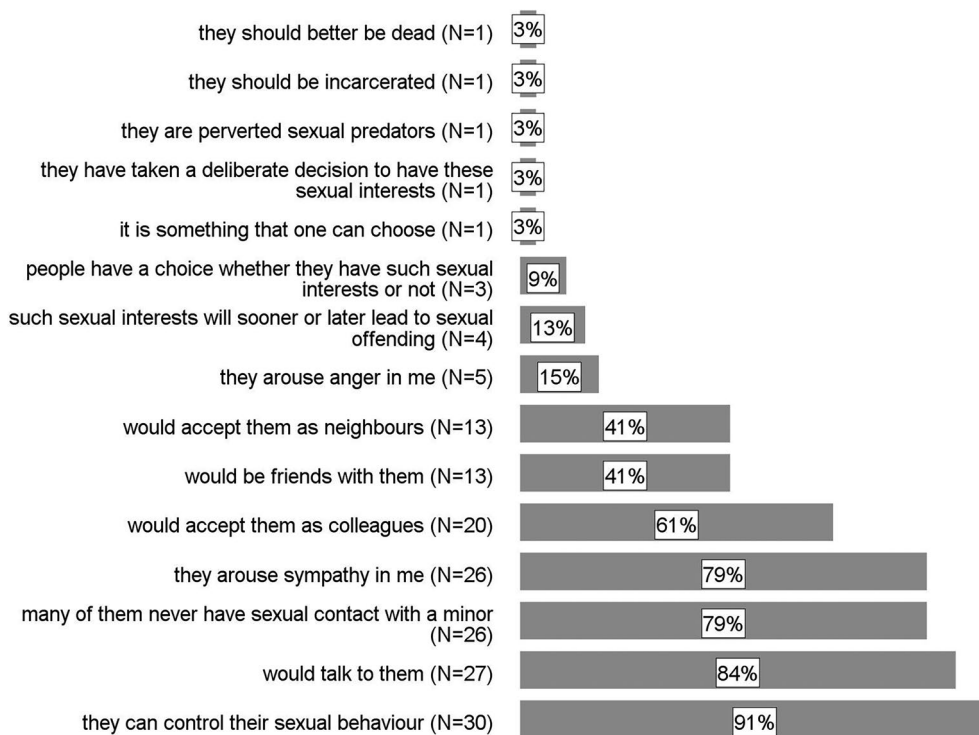
Professionals' reports regarding the counts of first-time appointments they had had over the past year for paraphilic-related themes and concerns suggested that their recent practical experience with addressing these issues was rather limited. Even though we attempted to survey the practitioners who, to the best of our knowledge, were the most likely to have had such clientele, still over a third of them reported they had had no such appointment over the past year. Even among those surveyed pre-pandemic, about  $\frac{1}{4}$  responded they had had no first-time appointments concerning paraphilic



**Figure 4.** Professionals' endorsement of *self-perceived* obstacles to providing counselling and treatment to male MAPs. The remaining percentage to 100% represents negative responses to each item. The options were as follows (multiple items could be selected): personal attitudes and beliefs, being too busy to look up information about people with paraphilic interests and/or behaviors that is relevant to their professional practice and expertise, being too busy to occupy themselves with topics related to paraphilic interests, not viewing paraphilic themes as a priority issue, feeling too uncomfortable to address concerns related to paraphilic interests, not feeling qualified to provide expert opinion or advice to these individuals, lacking the formal training needed for provision of competent services to these individuals, not being experienced enough to address the various concerns related to paraphilic interests, being skeptical about the efficacy of therapeutic influence other than pharmacological treatment on cognitions and behaviors of individuals with paraphilic interests, being of different gender than the help-seeking individual.

interests in 2018–2019. [Figure 1](#) reflects the low incidence of first-time appointments. The stacked bar chart shows, per each diagnostic code, how many times the given frequency category was selected by the professionals in the final sample who did respond to the item. For each ICD-10 code that was of interest in the present study, around 2/3 of the respondents indicated they had not had any first-time appointments, and for exhibitionism and voyeurism, this proportion rose to  $\frac{3}{4}$  and over, respectively.

The proportions of respondents who selected the next higher frequency category (i.e. “up to 10 first-time appointments”) differed by their profession for some ICD-10 codes. Overall, as [Table 1](#) shows, most respondents (85%) were either psychologists ( $N=31$ , 48%) or MDs ( $N=24$ , 37%), and over 80% of responses concerning annual counts of first-time appointments for paraphilic interest-related issues were provided by them. A significantly greater proportion of MDs

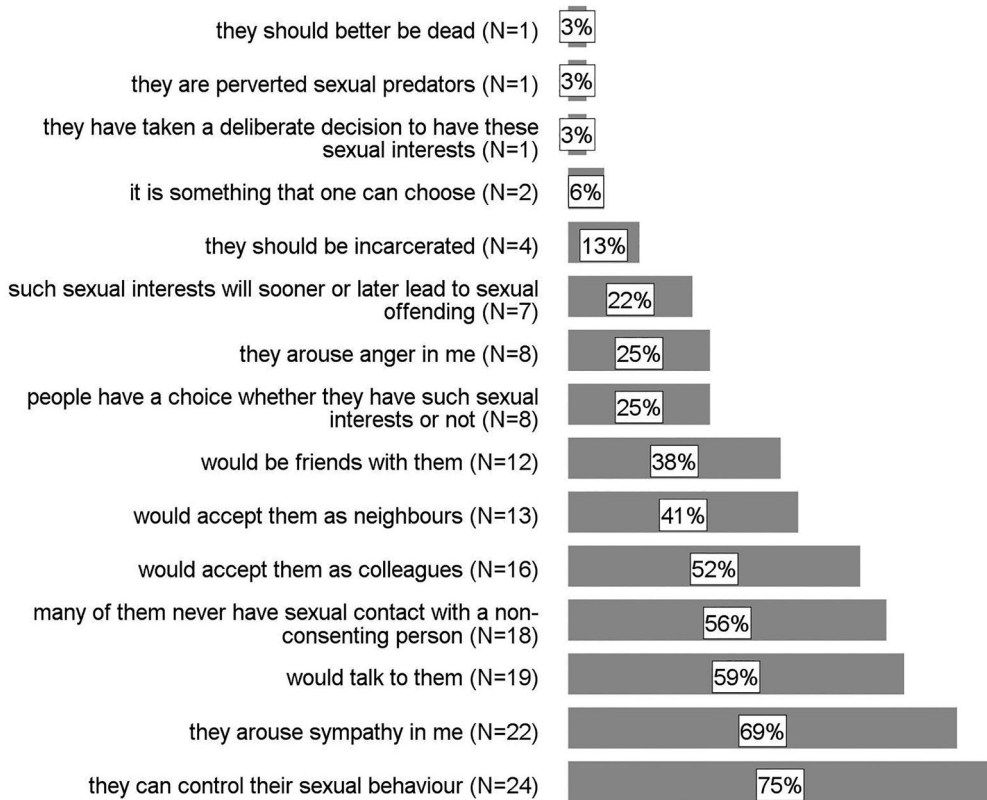


**Figure 5.** Professionals' endorsement of statements regarding MAPs that comprise the Dangerousness, Controllability, negative Affective Reactions, and social Distance scales. The remaining percentage to 100% represents negative responses to each item.

compared to psychologists selected the “up to 10 first-time appointments” category (as opposed to “none”) for exhibitionism (50% vs. 10%), hebephilia/ephebophilia (67% vs. 23%), and biastophilia (67% vs. 19%), respectively, all  $ps \leq .01$ . For the other two categories (i.e. “11–50” and “over 50”), comparisons were not performed due to low counts. There were no distinct patterns of responding as a function of client/patient list size, years of experience, or the practitioners' age or gender.

As the stem-and-leaf plots in [Supplementary Table 1](#) show, the counts of self-referred individuals with paraphilic-related concerns were somewhat higher than those of court-ordered ones. On average, the respondents had been approached by  $10.3 \pm 16.8$  self-referred men and  $2.0 \pm 4.7$  women with paraphilic-related concerns over the past year, compared to  $7.4 \pm 11.6$  and  $0.4 \pm 1.2$  court-ordered men and women, respectively. Women, whether self-referred or court-ordered, were rarely seen in the professionals' offices. Eleven of the 19 professionals who responded to the item indicated they had not been approached by any over the past year, and 17 out of 20 had not had any appointments over that period with women ordered by the court to seek treatment. The proportion of self-referred vs. court-ordered men was 195 to 162 (55% to 45%) and in women it was 38 vs. 8 (83% vs. 17%).

Older professionals (but not those with more years of professional experience, although these two variables were significantly associated) reported having had more appointments with self-referred women (but not men) over the past year, Spearman's



**Figure 6.** Professionals' endorsement of statements regarding PIN that comprise the Dangerousness, Controllability, negative Affective Reactions, and social Distance scales. The remaining percentage to 100% represents negative responses to each item.

$\rho = .49$ ,  $p = .033$ ,  $R_s^2 = .24$ . There were no significant differences according to the profession of the respondents or their list size.

Finally, the professionals reported that on average  $9.9 \pm 16.3$  men had approached them over the past year directly regarding their paraphilic-related concerns, while  $2.3 \pm 3.3$  originally did so for other reasons and it was only later that they were found to have a paraphilic interest. Of the total number of 246 men, 80% had approached them about their paraphilic-related concerns. In women, it was  $.3 \pm .7$  vs.  $.9 \pm 1.6$ , respectively, and the percentage of those who were primarily worried about a paraphilic-related issue was 23% (but note the considerably lower  $N$  of 22). There were no significant associations with the practitioners' age, years of professional experience, or list size, and no significant differences were found in the absolute frequencies of clients/patients with paraphilic vs. other concerns according to the respondents' profession.

### **Appointments made during the COVID-19 pandemic**

As expected, during the COVID-19 pandemic, the respondents indicated even fewer instances of help-seeking for paraphilic-related concerns, as [Supplementary Figure 1](#) suggests. The time period of data collection (pre-pandemic vs. during the pandemic)

and categories of “0” vs. “up to 10” first-time appointments were significantly associated for fetishistic transvestism/transvestic fetishism ( $r = .37$ ), biastophilia ( $r = .42$ ), pedophilia ( $r = .49$ ), and ephebophilia/hebephilia ( $r = .56$ ), all  $ps < .05$ .

### ***Help-seeking individuals' self-identified concerns and intervention targets***

The bar charts shown in [Figure 2](#) indicate that professionals tended to be approached about the given concerns more frequently by men than by women, reflecting their greater recent experience with help-seeking men than women.

Significance tests of differences in help-seeking individuals' self-identified concerns among the four subgroups were biased by the low frequencies and hence not reported, but the Chernoff faces in [Supplementary Figure 2](#) depict and contrast them in a holistic way, as seen from the perspective of the professionals who were asked to address them. The individual concerns did not seem intercorrelated in MAPs, but in PIN, family problems tended to go hand in hand with suicidal ideation and concerns related to sexual offending. Some of the issues tended to be raised preferentially in the offices of older and more experienced professionals, such as depression and/or suicidal ideation, and problems in the family and romantic partnerships.

### ***Self-perceived professional competence to address paraphilic-related themes and concerns***

No differences between the subgroups were perceived in terms of engagement difficulty, as [Figure 3](#) suggests. In other words, the professionals' pattern of responding to the relevant items did not vary depending on the help-seeking individuals' subgroup. Notably, about one third of practitioners ( $N=10$ ) indicated they lacked confidence that they would be able to counsel male and female MAPs and PIN, and about a half of them ( $N=13-16$ ) did not feel prepared to treat them. Up to a half of the professionals felt partly competent to counsel people with paraphilic interests ( $N=12-15$ ) and a few less expressed this sentiment with regard to treating this clientele ( $N=10-14$ ). Only 3–5 practitioners felt fully confident about counselling and/or treating individuals with paraphilic interests. The count was somewhat higher for counselling (but not treating) male MAPs and PIN ( $N=7$  and 8, respectively). Differences between male and female respondents, and medical doctors and psychologists, respectively, could not be reliably tested due to low counts. However, there was a tendency for men to feel more confident than women about both counselling and treating persons with paraphilic interests. Furthermore, for male (but not female) help-seekers, psychologists tended to respond by selecting the “partially competent” category, whereas MDs indicated either full or no sense of competence. There were no associations with the professionals' age or years of experience.

### ***Self-perceived obstacles to addressing paraphilic-related themes and concerns***

Professionals' reports of perceived obstacles to counselling and/or treatment did not differ for female and male MAPs and PIN. [Figure 4](#) shows the relative frequencies

with which the individual items were endorsed for male MAPs, but visual inspection of [Supplementary Figures 3–5](#) suggests that the main *self-reported* obstacles were similar across the other three subgroups. The two most frequently endorsed items were *self-perceived* insufficiency of professional experience (53–75%) and training (47–62%). Notably, about a third of the respondents did not view themes related to paraphilic interests as something that demands or even deserves professional attention (32–38%). In accordance with this, they also indicated that they held some personal attitudes that might pose a barrier to efficient help provision (24–36%). About the same percentage of professionals (23–39%) felt concerned that they would not be able to provide expert opinion concerning paraphilic-related issues when asked to do so. The rest of the items exhibited low absolute frequencies (one to four endorsements per item per subgroup of help-seeking individuals).

Due to the low counts for female help-seekers, no pairwise associations among the five most frequently endorsed items could be reliably computed. This was also the case with most items pertaining to their male counterparts. The few calculations that could be run were nevertheless statistically and practically significant. Namely, there was a significant positive relationship between *self-perceived* insufficiency of formal education and/or training and limited *self-reported* professional experience with male MAPs ( $\chi^2(1, N=32) = 24.91, p < .001$ ) and PIN ( $\chi^2(1, N=32) = 28.21, p < .001$ ). In the latter subgroup, these two *self-perceived* obstacles were also associated with the indicated presence of attitudes that may impede treatment (training:  $\chi^2(1, N=32) = 7.04, p < .05$ ; experience:  $\chi^2(1, N=32) = 5.72, p < .05$ , respectively). Moreover, having insufficient training was significantly associated with the sentiment that addressing concerns of male PIN was of little importance ( $\chi^2(1, N=32) = 9.61, p < .01$ ).

### ***Differences in self-perceived obstacles between psychologists and medical doctors***

For most items, contingency table associations between profession category and responding (affirmative/negative) could not be calculated due to low frequencies ( $N < 5$  for some cells), not even for psychologists and MDs, who represented the two largest profession categories. There were three exceptions for which the computations could be run, namely self-reports of lacking or insufficient practical experience with male help-seekers (both MAPs and PIN) and self-perceived lack of proper formal education and training to counsel and/or treat the latter. The responses of psychologists and MDs did not differ on any of those items ( $p > .05$ ).

### ***Gender differences in self-perceived obstacles***

Due to low cell counts, gender differences could not be reliably tested. However, visual inspection of [Supplementary Table 2](#) suggests that a higher percentage of women, compared to men, endorsed any given item. Overall, per subgroup of help-seeking individuals, each item was only selected by one to three of the 10 male professionals, except for *self-perceived* insufficient practical experience with help-seeking women (both MAPs and PIN), which was perceived as an obstacle by five of them. Nevertheless, this finding was not specific to male practitioners, because female respondents expressed this view as well, and at an even higher rate than their male

counterparts (88% and 94% for female MAPs and PIN, respectively). In fact, female practitioners felt they had insufficient professional experience with individuals presenting with paraphilic-related issues in general. They also felt hindered by a lack of adequate professional training, with percentages ranging from 60% for male MAPs to 82% for female MAPs.

### ***Associations with professionals' age and years of experience***

Younger respondents were more likely to report they lacked adequate training to address concerns of female PIN,  $r = .41$ ,  $p = .036$ ,  $R^2 = .17$ ,  $N=26$ . There were no other statistically or practically significant findings.

### ***Stigmatizing attitudes towards people with paraphilic interests***

As [Figure 5](#) suggests, the frequencies of items representing stigmatizing attitudes towards MAPs exhibited low frequencies ( $N < 5$ ). These included all three Controllability items, two items of the Dangerousness scale regarding the “sexual predator” label and the unavoidability of sexual offending in MAPs, and negative affective reactions towards them, as well as sentiments that they should be incarcerated or dead (Social distance). On the other hand, items representing views that MAPs can control their sexual behavior and that many of them never have sexual contact with a minor were endorsed by 91% ( $N=30$ ) and 79% ( $N=26$ ) of the respondents, respectively. The same number of them felt sympathetic towards MAPs, and 84% ( $N=27$ ) could see themselves communicating with such a person. About 2/3 of the practitioners ( $N=20$ ) would be willing to share a workplace with a MAP, and nearly a half of them were open to the idea of having them as a friend or living next door to them (41%,  $N=13$ ). The ordering of items based on endorsement frequencies was similar for PIN, as [Figure 6](#) suggests. However, compared to MAPs and their sexual relations to minors, significantly fewer practitioners (56%,  $N=18$ ) shared the view that many PIN never have any sexual contact with a non-consenting person,  $p < .05$ . Also, significantly fewer respondents felt comfortable about communicating with these people (59%,  $N=19$ ),  $p < .05$ .

Stigmatizing attitudes generally did not show any links with the practitioners' age or years of experience, except for the notion that it's up to MAPs to decide whether they will be attracted to minors or not, and appreciation of the idea that many never have any sexual contact with a minor. Older respondents, who also had more years of professional experience, were less likely to believe that MAPs do have a choice about their attraction to minors, but also tended to be more skeptical about MAP desistance from sexual contacts with minors ( $.33 < r < .37$ ,  $ps < .05$ ).

## **Discussion**

The present study sought to explore mental health and social work professionals' perspectives on engaging with help-seeking individuals with paraphilic interests. Below we discuss the findings within the four main areas that were of interest in the present study. The areas include statistics of first-time appointments with individuals

presenting with paraphilic interests, *self-perceived* sense of professional competence to counsel and treat them, *self-perceived* potential obstacles to effective service provision to these people, with a particular focus on stigmatizing attitudes.

### ***First-time appointments for paraphilic-related themes and concerns over the past year***

With our survey, we aimed to reach specialists who had had some professional experience with engaging with MAPs and/or PIN. This purpose was attained since nearly 66% overall ( $N=31$ ) and 75% ( $N=22$ ) of those surveyed pre-pandemic indicated that over the past year, they had had at least one first-time appointment concerning paraphilic-related issues. This is also evident in comparison with other recent surveys. For example, in the study carried out by Schmidt & Niehaus (2022) in 427 Swiss outpatient therapists, about 42% had *ever* treated at least one MAP. In the present study, 54% and 61% respondents had had at least one first-time appointment for pedophilic- and ephhebophilic/hebephilic-related themes and concerns, respectively, *in 2018–2019*. These relative frequencies are also considerably higher than in primary healthcare providers surveyed by Lievesley et al. (2022), of whom 35% ( $N=77$ ) had *ever* had a minor-attracted patient over the course of their professional practice.

The relatively low counts of first-time appointments with individuals who sought help concerning issues related to paraphilic interests might have been due to two key factors. Firstly, shortly after we had launched the survey, COVID-19-related restrictions came into effect, affecting access to mental health services in general (Humer et al., 2020; Rojnic Kuzman et al., 2021; Zangani et al., 2022). Our data suggest that for some ICD-10 categories, professionals surveyed during the pandemic reported fewer first-time appointments compared to those whose responses were collected before the pandemic outbreak. However, it is not possible to determine whether this finding was due to the pandemic restrictions per se or whether the practitioners surveyed during that time generally tended to be approached by fewer individuals regardless of the period of data collection. Secondly, the launch of the survey coincided with the commencement of the project Paraphile, meaning that some of the potential clients or patients may have instead opted to take advantage of its anonymous services. Indeed, having to disclose one's identity to a mental health professional and concerns about breaches of confidentiality are among the most frequently cited obstacles to formal help-seeking concerning paraphilic-related issues (Levenson et al., 2017; Levenson & Grady, 2019b; Parr & Pearson, 2019). Previous studies also show that services that preserve the anonymity of their users represent a highly sought-after alternative to more common forms of mental health provision (Jackson et al., 2022; Levenson & Grady, 2019b). Moreover, the Paraphile Project offers free counselling and delivers active prevention intervention through dissemination of information in accessible formats to communities whose members might be at risk of sexual offending as well as the general public (Krejčová et al., 2021). Hence, there is an expectation that the numbers of first-time appointments of self-referred people with paraphilic interests may increase over the long term, particularly with practitioners involved in the project, as the services it offers become well-established and woven into everyday life of the community.



As expected, the professionals reported a higher number of appointments with men than women. The lower number of first-time appointments with women was generally in line with another recent study (Schmidt & Niehaus, 2022), which showed that the practitioners' experience with treating women with paraphilic interests, particularly MAPs, tended to be rather limited. Our respondents also reported more appointments made primarily about paraphilic interests. This finding could not be attributed to list composition, i.e. having predominantly court-ordered patients. The percentage of help-seeking men who had presented with a paraphilic-related concern as their primary concern was a staggering 80% and the ratio of self-referred to court-ordered men was 55% to 45%. In the current study, it was not possible to infer exactly how many men who had seen the practitioners of their own accord were self-referred (as opposed to referred by a significant other). However, even over the short period covered by our survey there were tens of those who had recognized they had paraphilic-related concerns and that they were causing them some distress. These numbers could nevertheless be very different had our sample comprised more primary healthcare providers and not predominantly psychologists, psychiatrists, and sexologists, as intended. This is an important knowledge gap. A synthesis of recent literature on help-seeking in people with paraphilic interests suggests that they may first attempt to approach a primary healthcare provider about a paraphilic-related medical concern. The general practitioner may refer them to a specialist, such as a mental health professional, to whom they may disclose the underlying cause (i.e. the sexual interest itself) at a later point (Grady et al., 2019; Lievesley et al., 2022). Indeed, Lievesley et al. (2022) reported that patient disclosures were statistically under-represented among professionals working in primary medical contexts, and over-represented in those who worked in primary mental health settings.

### ***Help-seeking individuals' self-identified concerns and intervention targets***

Help-seeking people with paraphilic interests tend to have unique psychosocial needs and self-identified concerns (Blagden et al., 2018; Dombert et al., 2016; Elchuk et al., 2022; Konrad et al., 2017; Levenson & Grady, 2019b). These may or may not be congruent with the practitioners' view of what the intervention targets should be. In the present study, help-seekers' acknowledged, self-identified concerns, as reported by the professionals, were similar in male and female MAPs and PIN. The highest ranks in terms of priority were occupied by relationships with significant others, anxiety and depression, and intimate relationships. In MAPs, a similar pattern was identified by Schmidt & Niehaus (2022). Indeed, people with paraphilic interests rarely seek help for the interest itself (Levenson & Grady, 2019b). Yet, some professionals may put social control and regulation of sexual behaviors above addressing mental health needs (B4UAct, 2011; Houtepen et al., 2016). This disparity in therapeutic goals may discourage people who contemplate seeking (further) help for a paraphilic-related issue from doing so (Levenson & Grady, 2019b). Results of a recent study conducted by Lievesley et al. (2022) with primary healthcare providers are nonetheless optimistic: treatment goals related to mental health concerns tended to be prioritized by the practitioners themselves.

### ***Self-perceived professional competence to address paraphilic-related themes and concerns***

Besides sensitivity and attentiveness to the clients' or patients' needs, another hallmark of a skilled practitioner is the *self-perceived* sense of professional competence (Lievesley et al., 2022). Research shows that this is of prime importance particularly in professionals who work with MAPs, as it affects their willingness to engage with these people (Roche & Stephens, 2022; Schmidt & Niehaus, 2022; Stiels-Glenn, 2010). In the present study, up to a half of the respondents reported that they completely lacked any competence to treat these individuals, and a third did not feel capable of counselling them (see Roche & Stephens, 2022 for similar results in MAPs). Another 35% to 52% found themselves only partly competent to address their concerns. Men, compared to women, tended to feel more competent. This corroborates the findings of Schmidt & Niehaus (2022), who reported that male therapists had more experience with treating MAPs, and that the amount of previous experience was linked to their sense of professional competence. Furthermore, the practitioners generally found themselves to be better prepared for work with men, which likely reflects the greater numbers of men with paraphilic interests compared to women in the professionals' offices (see also Adebahr et al., 2021; Schmidt & Niehaus, 2022). Indeed, in the general population, paraphilic interests are more commonly reported by men than by women (e.g. Bártová et al., 2021; Joyal & Carpentier, 2017), which may translate into the different numbers of self-referred help-seeking men and women with paraphilic interests. Women are also markedly underrepresented among patients ordered by court to receive sex-offender treatment, which may be due to the systematic under-reporting of female sexual offences, which in fact are more frequent than previously thought (Anderson et al., 2020; Cortoni et al., 2017; Stemple et al., 2017; Tozdan et al., 2019). Indeed, female sexual offending is a problem that still goes under-recognized (Brayford, 2012) and hence under-treated. Differential gender beliefs about sexual offending against children are held not only by the general public (Zack et al., 2018) but also mental health practitioners, although they were not found to have a bearing on their *self-reported* counselling practices (Hovey et al., 2013). The psychosocial needs and mental health concerns of non-forensic population of women with paraphilic interests have only recently been gaining increased clinical and research attention (Lievesley & Lapworth, 2022; Tozdan et al., 2022).

Our results suggest that with regard to paraphilic-related themes, gaps may exist in the training of Czech mental health practitioners, and that the professional themselves may perceive these gaps as limiting. This calls for a revision of professional curricula of psychologists, psychotherapists, and sexologists. One of the many aims of the Paraphile Project is to develop and evaluate an educational and training program geared towards enhancing the professional needs and skills of mental health and social work practitioners who work with people with paraphilic interests. Besides providing adequate educational background for effective intervention, we strive to boost the professionals' therapeutic confidence in engaging with these people. Previous research has shown that higher therapeutic confidence is linked to better therapy outcomes (e.g. Heinonen et al., 2012) and increased self-reported comfort of professionals when approached by individuals previously perceived as difficult to treat (e.g.

Ravitz et al., 2013). Therapeutic confidence takes a long time to develop and is affected by a multitude of factors, but the perceived quality of training and ongoing access to satisfying supervision are two major contributors (McMahon & Hevey, 2017). Hence, improvement in therapeutic confidence and sense of competence to work with people with paraphilic interests is considered an index of the quality of the educational and training program provided within the Paraphile Project.

In sum, our findings underscore the need for further professional education, training, and ongoing support, as previously articulated by other authors (Goodier & Lievesley, 2018; Lievesley & Harper, 2022; McPhail et al., 2018; Parr & Pearson, 2019; Stephens et al., 2021). These efforts need to take into account not only men, but also women with paraphilic interests (Lievesley & Lapworth, 2022; Tozdan et al., 2022). Enhancing professional knowledge about paraphilic interests is an essential prerequisite for reducing obstacles to formal help-seeking and making these services more accessible (Levenson et al., 2017; 2020; Levenson & Grady, 2019b; Parr & Pearson, 2019). Indeed, to quote one of the participants in the study conducted by Parr & Pearson (2019), “Unless the therapist has an understanding of the different types of sexual addiction, paraphilia and offending behaviors... they cannot respond appropriately”.

### ***Self-perceived obstacles to addressing paraphilic-related themes and concerns***

Professionals' readiness to attend to the unique psychosocial needs and mental health concerns of people with paraphilic interests is a major factor affecting the willingness to seek but also to provide counselling and therapy (Roche & Stephens, 2022; Schmidt & Niehaus, 2022). Named by about half the practitioners who responded to the given item, a sense of lacking or insufficient practical experience and/or education and training turned out to be the two most significant *self-perceived* obstacles to providing help to male and female MAPs and PIN. This is in line with the observation of Schmidt & Niehaus (2022), who noted a profound lack of knowledge and treatment skills required to address the concerns of MAPs among Swiss outpatient therapists. *Self-perceived* lack of adequate professional training represents an obstacle to provision of efficient counselling and treatment services in two ways. Firstly, as noted above, it tends to have a negative effect on the professional's willingness to accept clients/patients with paraphilic interests into their practice. Secondly, the lack of understanding may lead to a greater discrepancy between their intervention targets and those of the help-seeking individual. Specifically, they may focus on reduction of risk behaviors and libido, with little emphasis on distress relief and the individual's own needs, which tend to fall in the realm of intimate relationships and psychosocial and psychosexual functioning in general (Blagden et al., 2018; Levenson & Grady, 2019b; Schaefer et al., 2023). Desistance from sexual offending is linked to capacities like learning to manage one's emotions via self-acceptance, promoting self-regulation, fostering emotionally close relationships, and expressing one's sexuality in a legal way (Cohen et al., 2018; Lievesley & Harper, 2022; Mitchell & Galupo, 2018). Such skills constitute protective factors and powerful coping strategies identified and endorsed by the help-seeking individuals themselves (Stevens & Wood, 2019). Therefore, initiatives that provide professional training towards working with help-seeking people with

paraphilic interests need to accentuate the client-centered aspect of risk assessment and intervention (Levenson et al., 2020).

Notably, about a third of our respondents explicitly stated that attending to the needs of individuals with paraphilic interests was not of priority to them, possibly reflecting the rather infrequent help-seeking regarding paraphilic-related concerns but likely also the current socio-political milieu. Such a stance is nonetheless short-sighted and at odds with the compelling body of recent evidence. The repercussions of failing to acknowledge the importance of help-provision to this stigmatized group have been well researched (B4UAct, 2011; Blagden et al., 2018; Dombert et al., 2016; Elchuk et al., 2022; Houtepen et al., 2016; Konrad et al., 2017; Levenson & Grady, 2019b). As noted by Houtepen et al. (2016), “many individuals with pedophilic preferences remain standing at the edge of society, waiting for self-regulation to fail.” It is nevertheless encouraging that within the European Union, the strategy for the period of 2020–2025 has a strong focus on prevention programs not only for offenders but also for people who are concerned about their sexual interests (European Commission, 2020). Such active prevention programs must systematically encourage qualified professionals to accept clientele with paraphilic interests into their practices and provide them with ongoing support and supervision in their frontline role (Levenson et al., 2020; Tenbergen et al., 2021).

### ***Stigmatizing attitudes towards people with paraphilic interests***

Notably, about 25% to 33% ( $N=8-12$ ) of practitioners who responded to the given item admitted to beliefs and attitudes that may prevent them from delivering interventions to people with paraphilic interests. Stigmatizing attitudes of healthcare professionals towards people with paraphilic interests are not uncommon (Koops et al., 2016; Levenson et al., 2020; Levenson & Grady, 2019a; Schmidt & Niehaus, 2022; Stephens et al., 2021; Waldura et al., 2016; Walker et al., 2022). They are often cited among the main reasons for not seeking formal help (Grady et al., 2019; Jahnke, 2018; Lasher & Stinson, 2017; Pattyn et al., 2014). In the present study, only one to five professionals endorsed any given negative or stigmatizing statement about MAPs. The results for PIN were largely similar, except that more respondents believed PIN’s preference *was* a matter of choice and that they would commit sexual offence at some point. They also aroused a greater sense of animosity in the respondents. Similar findings were reported by Jahnke et al. (2015) in the original study at pre-test. In the present study, we found greater support for statements that many MAPs never have any sexual contact with a child (79% vs. 50%) and that they can control their sexual behavior towards children (91% vs. 50%). Also, in our survey, more respondents felt sympathetic (79% vs. 37%) and fewer expressed feelings of anger (15% vs. 40%) towards MAPs. It seems that even though some of the practitioners said they held beliefs that might compromise their interactions with help-seeking people with paraphilic interests, they generally manifested therapy-supportive attitudes, particularly with regard to MAPs. This seems to be in line with the ranking of the Czech Republic in the post-communist era as one of the most sexually tolerant countries in Europe (Bar-Johnson, 2021; Hadler & Symons, 2018).

### **Limitations and future directions**

The purpose of the present study was to explore the current *self-reported* level of professional competence but also *self-perceived* barriers to efficient intervention in Czech mental health care and social work practitioners who were best placed to engage with people with paraphilic interests. We did not aim to test any specific hypotheses but, rather, to look for potential hindrances to seeking and provision of formal help. The present study has brought to attention several issues that should be examined in future studies. Among those, our findings highlight differences in *self-perceived* (and likely also actual) level of preparedness to engage with people with paraphilic interests that exist between psychologists, MDs (who were mostly psychiatrists), and possibly other professionals. Our survey did not involve professionals working in primary healthcare settings (e.g. general practitioners). Yet, they may be the frontline healthcare workers asked to handle disclosures. It is therefore imperative that they respond adequately (Lievesley et al., 2022). The fact that their sole role will mostly consist in referral of the help-seeking individual to a specialist does not diminish their importance in the intervention process. Quite the contrary, it is essential that their reaction is understanding and non-judgmental to encourage rather than discourage further help-seeking (Grady et al., 2019; Jahnke, 2018; Lasher & Stinson, 2017; Pattyn et al., 2014). Researchers should therefore make every effort to also recruit respondents within the primary healthcare settings for their surveys. Furthermore, they should also invite correctional psychologists, marital and family therapists and counsellors, and workers of probation and mediation services to take part in the study. In the Czech Republic, paraphilic interests tend to be viewed as belonging primarily to the domain of mental health care. This is despite the fact that a robust body of evidence from other countries suggests that people with paraphilic interests tend to have a variety of concerns that fall into the realm of *social services* or health and social care. Hence, in the future it is necessary to extend the survey to cover these areas as well, and to offer psycho-education about paraphilic interests to a broader domestic audience.

A related issue is practitioners' willingness to engage in work with people who present with paraphilic interests. Although this issue was not explicitly addressed in the present survey, some of our respondents indicated that responding to these people's concerns was not a priority to them. It is conceivable that the percentage would have likely been even higher had our sample comprised more professionals from other fields than psychology, psychiatry, and sexology. This implied reluctance might be due to their inability to accommodate these people in their current caseloads but also owing to other potential barriers that remained unexplored in the present study. In general, the explication of *self-perceived* barriers to responding to people with paraphilic interests may be subject to various confounds. Besides the above-mentioned vocational makeup, these include differential amounts of professional experience with people with paraphilic interests. There has been a rather large variation in the number of years of professional experience in the present sample ( $SD = 13$  years), with an implicit underlying assumption that the greater the professional experience the higher the likelihood they had ever been approached by an individual who had some paraphilic interest. Given the fact that about a quarter of the practitioners reported five

or fewer years of professional experience, it is likely that a fraction of responses were based on the training these professionals received rather than on actual experience with such people. This is probably reflected in the greater skepticism of older respondents with more years of professional experience that many MAPs never have any sexual contact with a child. It could be speculated that this might be potentially due to their greater experience with court-ordered patients, which nevertheless cannot be inferred from the present data.

Furthermore, responses were likely to have been biased particularly by social desirability. Recent literature has repeatedly highlighted the need to be accepting towards help-seeking individuals with paraphilic interests (e.g. Levenson et al., 2020), which may place additional stress on the practitioners. Stress and associative stigma of professionals working with people with paraphilic interests are issues hitherto largely unaddressed in the literature, but studies carried out in psychiatrists underscore the gravity of the problem (Cathoor et al., 2014; Gaebel et al., 2015; Verhaeghe & Bracke, 2012). An associated issue is the generally low interest among medical students in the Czech Republic to work with people with mental illness at all (Janoušková et al., 2021) and with sexology patients in particular. In the Czech Republic as well as elsewhere in Europe, sexuality education is not well integrated into basic training of health care professionals, and much less so into non-medical curricula (Kontula, 2011; Porto, 2006). Given the pervasive atmosphere of indifference or even associative stigma surrounding the scientific study of human sexuality in this country, it is likely that our results have been biased by an overrepresentation of professionals with greater than average interest in sexuality topics in general and paraphilia in particular. Such respondents might be statistical outliers in their motivation to respond to help-seeking people with paraphilic interests, which requires a great deal of postgraduate professional training. Hence, the current findings may represent the best-case scenario rather than a true reflection of the present state, even among practitioners who do have some experience with clientele with paraphilic interests.

## Conclusion

The present study has provided a snapshot of views held by mental health care and social work professionals about help-seeking individuals with paraphilic interests. Recent literature has highlighted the need to enhance the professionals' knowledge, skills, but also comfort in working with these people. There is also a body of evidence suggesting that it is imperative to address the varied and unique psychosocial needs and mental health concerns of individuals with paraphilic interests in a timely and effective manner. Our findings indicate that the practitioners found their professional capacities to be limited and that the greatest *self-perceived* obstacles to competent intervention were limited professional training and practical experience. The findings of the current survey will inform such professional training efforts among Czech mental health and social work practitioners under the umbrella of the Paraphile Project. Through identification of the current gaps in intervention provision to this stigmatized, hard-to-reach, at-risk population we hope to foster the development of competent, client-oriented, and compassionate counselling and treatment services in the Czech Republic.

## Author contributions

All authors designed the survey. K.K. and L.K. and L.M.N. were responsible for respondent recruitment. L.M.N. analyzed the data, wrote the main manuscript text, and prepared the tables, figures, and [supplementary material](#). All authors reviewed the manuscript.

## Disclosure statement

The authors report there are no competing interests to declare.

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## Data availability Statement

Within the informed consent, due to concerns about potential respondent identification, consent to share the data was not obtained from the respondents. Therefore, the data are not available for dissemination.

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