Affiliate Stigma Experiences in Close Affiliates of Minor-Attracted Persons – A Scale Development and Validation Study

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Master's Thesis in Psychology
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Abstract:
Affiliate stigma reduces well-being, self-esteem, and relationship quality as well as increases anxiety, stress, depression, and social isolation. Affiliate stigma in close affiliates of minor-attracted persons (MAPs) have not previously been studied. We developed and initially evaluated the Minor-Attracted Person Affiliate Stigma Measure. We expected the measure to consist of four subscales: *public discrimination affiliate stigma*, *vicarious stigma*, *public shame affiliate stigma*, and *perceived offending risk*, with the first three subscales constituting a three-factor model of affiliate stigma, and the fourth subscale to constitute a separate but linked one-factor model. A sample of (N = 50) MAP affiliates were recruited. Our results did not support the hypothesized three-factor model with an additional one-factor model. Instead, the confirmatory factor analysis (CFA) indicated better fit for a two-factor model (consisting of *public discrimination affiliate stigma* and *vicarious affiliate stigma*) and two separate one-factor models (consisting of *public shame affiliate stigma* and *perceived offending risk*). Results from the CFA indicated that the two-factor model and the two one-factor models had acceptable model fit, and all factor loadings were moderate to high. Our analysis of the association between the factors and measures of social avoidance, self-esteem, mental well-being, shame, and guilt did not establish convergent and divergent validity of the scale. Nonetheless, our study provides a first insight into affiliate stigma experiences of MAP affiliates, as well as an initial evaluation of a measure that warrants further research.

Keywords: scale validation, affiliate stigma, minor-attracted people, confirmatory factor analysis

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Abstrakt:

Närståendestigma minskar välbefinnande, självkänsla och relationskvalitet samt ökar nivåerna av ångest, stress, depression och social isolering. Närståendestigmaupplevelser hos pedofilers närstående har inte studerats tidigare. Vi utvecklade och initialt validerade ett mått på närståendestigma hos pedofilers närstående (*eng*. Minor-Attracted Person Affiliate Stigma Measure, MAP ASM). Vi förväntade att MAP ASM skulle bestå av fyra underskalor: offentligt diskriminerande närståendestigma, ställföreträdande stigma, offentlig skam-närståendestigma och upplevd risk för sexualbrott mot barn. Vi förväntade oss att de tre första underskalorna skulle utgöra en trefaktormodell och den fjärde underskalan skulle utgöra en separat enfaktorsmodell. Sampelstorleken var ($N = 50$). Våra resultat stödde inte den förväntade trefaktormodellen och en separat enfaktorsmodell. I stället indikerade resultaten från den konfirmatoriska faktoranalysen bättre modellanpassning för en tvåfaktormodell (bestående av offentligt diskriminerande närståendestigma och ställföreträdande stigma) och två enfaktorsmodeller (bestående av offentlig skam-närståendestigma och upplevd risk för sexualbrott mot barn). Resultaten från den konfirmatoriska faktoranalysen indikerade att tvåfaktorsmodellen och de två enfaktorsmodellerna hade god modellpassning, och alla faktorladdningarna var måttliga till höga. Vi undersökte även sambandet mellan de fyra faktorerna och socialt undvikande, självkänsla, psykiskt välbefinnande samt skam och skuld. Emellertid, vår data stödde inte den konvergerande och diskriminativa validiteten av MAP ASM. Trots detta så är den här studien den första som utforskar upplevelserna av närståendestigma hos pedofilers närstående. Vår studie är en initial evaluering av ett mått, som med ytterligare validering, kan användas för att öka kunskap om närståendestigma hos pedofilers närstående.

Nyckelord: valideringsstudie, närståendestigma, pedofiler, konfirmatorisk faktoranalys	
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Affiliate Stigma Experiences of Close Affiliates of Minor-Attracted Persons – A Scale Development and Validation Study

Stigma can be defined as an attribute that is "deeply discrediting" and that disqualifies the bearer from full social acceptance (Goffman, 1963). It affects not only the stigmatized individual, but the people who associate with them as well (Phelan et al., 1998; Pryor et al., 2012). The latter has been called affiliate stigma (Robinson & Brewster, 2016; Shi et al., 2019), courtesy stigma, or family stigma (Goffman, 1963; Phelan et al., 1998), as well as stigma by association (Pryor et al., 2012). Affiliate stigma is associated with reduced well-being, self-esteem, and relationship quality as well as increased levels of anxiety, stress, depression, and social isolation (Russell, 2020). Research on affiliate stigma experiences has focused on many kinds of affiliate stigmas, such as being a family caregiver of a person with dementia or Alzheimer's disease (MacRae, 1999; Werner & AboJabel, 2020), being related to a person with a mental illness (Phelan et al., 1998; Corrigan & Miller, 2004; Shi et al., 2019), having a partner who committed a sexual offense (Russell, 2020), and being a family member or close friend of LGB people (Sigelman, et al., 1991; Robinson & Brewster, 2016). Nevertheless, very little is known about affiliate stigma experiences of close affiliates of minor-attracted people (MAPs). Here, we aimed to develop and initially validate a measure of affiliate stigma of MAPs close affiliates to give a first insight into their experiences.

We use the term minor-attracted people (MAP) in this thesis – the term that people with a sexual interest in children use to refer to themselves (Jahnke et al., 2022) – to describe individuals with pedophilic, hebephilic, and ephebophilic interests. *Pedophilia* refers to sexual interest in prepubescent children (3-10 years of age), *hebephilia* refers to sexual interest in pubescent children (11-14 years of age), and *ephebophilia* refers to sexual interest in adolescents (15-17 years of age; Seto, 2017).

Previous stigma research on MAPs has relied on the premise that the stigmatization experiences of MAPs could be similar to those of other people with a stigmatized attribute that is not immediately visible, such as lesbian, gay, or bisexual orientations (Jahnke & Hoyer, 2013). Moreover, there is a growing literature indicating that MAPs, similar to LGB people, experience self-stigma, that is, the internalization of negative societal attitudes (Cacciatori, 2017; Grady et al., 2019). Of course, this is not to say that sexual attraction to children is to be equated with other sexual attractions, at least regarding the morality and legality of engaging in the desired sexual acts. However, given that previous stigma research on MAPs has relied on the aforementioned premises, we propose that the affiliate stigma

experiences of close affiliates of MAPs can be informed by the literature on affiliate stigma experiences of close affiliates of LGB people.

Stigmatization of MAPs

MAPs are highly stigmatized, even when they have good behavioral self-control and do not commit child sexual offenses (Furnham & Haraldsen, 1998; Jahnke, 2018a; Jahnke et al., 2015a; Jahnke et al., 2015b; McCartan, 2004, 2010). The public opinion about MAPs, in other words the public stigma, includes cognitive, affective, and behavioral components (Jahnke et al., 2015a). The different components are expressed through stereotyping, strong negative emotions, and different discriminatory behaviors, such as social distancing (Jahnke et al., 2015a; Harper et al., 2019). According to studies conducted by McCartan (2004, 2010), people describe "pedophiles" primarily using negative traits like "abuser", "sick", and "disgusting", overlooking positive traits. Furthermore, MAPs are commonly perceived as dangerous and abnormal, and their sexual attraction to children is perceived to be a choice (Jahnke, 2018b). Even though sexual attraction to children is not synonymous with committing child sexual offenses (Jahnke & Hoyer, 2013), the prevalent belief that MAPs are dangerous is strongly associated with a desire to punish or socially avoid them (Jahnke, 2018b). Moreover, there is a stronger tendency to social avoidance of MAPs than of people who abuse alcohol, are sexual sadists, or people who have antisocial tendencies (Jahnke et al., 2015a).

Disclosure Experiences of MAPs and the Perceived Offending Risk

To investigate factors that are included in disclosure of sexual attraction to children, and what effects others' reactions have on disclosing, Jimenes-Arista and Reid (2022) conducted a qualitative content analysis of online posts from self-identified MAPs. Disclosing a sexual attraction to children can be considered as help-seeking behavior and it can, for example, be motivated by a desire to reduce distress, to learn how to control sexual urges, or to address other psychological issues (Jimenes-Arista & Reid, 2022). Moreover, Sadeler (1994) discovered that disclosure of sexual attraction to children provided some individuals with relief, as well as a sense that they could cope with the sexual attraction. Disclosing a sexual attraction to children is often based on trust (Jimenes-Arista & Reid, 2022). However, feelings of despair can also contribute to a decision to disclose the sexual attraction, for example if an individual is considering suicide and wants to provide their close affiliates with an explanation for their (possible) action (Jimenes-Arista & Reid, 2022).

Jimenes-Arista and Reid (2022) discovered that family members' and close friends' reactions to disclosure varied from understanding to abandonment. In the answers given by

MAPs in the study, the rejective reactions from others encompassed behaviors such as stereotyping (e.g., considering the MAP to automatically be a danger to children), and avoidance (e.g., refusing to meet the MAP again). Furthermore, the authors had divided supportive reactions into instrumental and emotional support. Instrumental support encompassed the active helping of the MAP, for example by providing information about therapists or watching over the MAPs' behavior when they are around children. On the other hand, by showing emotional support, a family member or close friend had, according to Jimenes-Arista and Reid (2022), an understanding of the distinction between action and attraction. Additionally, the fear of possible negative reactions as well as the possibility of being reported discouraged disclosure for many, even though the level of distress was high (Jimenes-Arista & Reid, 2022). Moreover, others' reactions to someone disclosing that they had committed a sexual offense against a child were generally negative, which indicated to the offender that denying the offense was preferable to disclosing it (Sadeler, 1994).

It has also been argued that disclosure and the following support from others can encourage a non-offending commitment and can serve as an initiation to seeking professional help (Jimenes-Arista & Reid, 2022). Since previous literature indicates that perceived offending risk has an impact on the reactions on disclosure (Jimenes-Arista & Reid, 2022; Sadeler, 1994), we believe that perceived offending risk is a factor that affects the affiliate stigma experiences of close affiliates of MAPs.

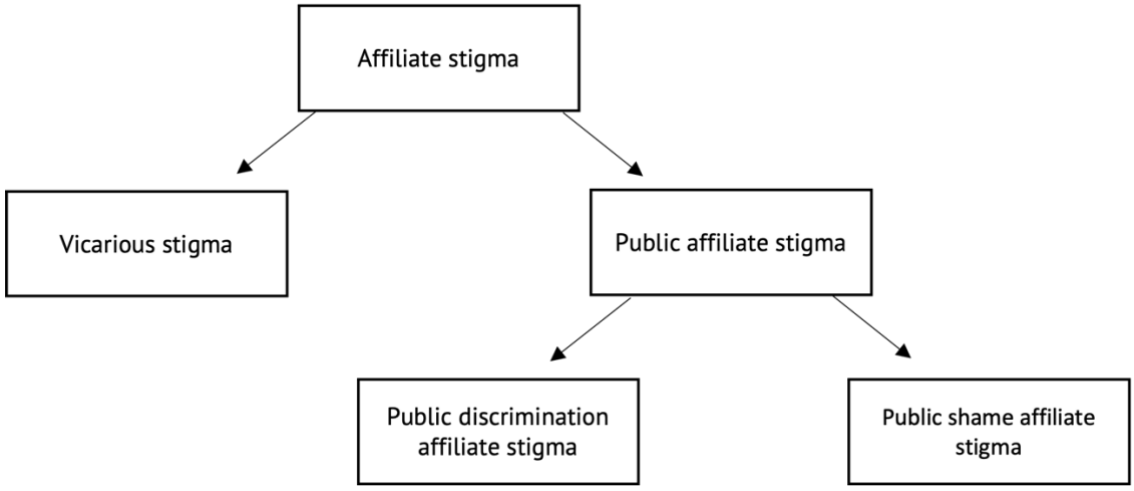
Affiliate Stigma and Associated Affective Reactions

Shame and guilt are common themes that have emerged in studies of affiliate stigma (Conley, 2011; Corrigan & Miller, 2004; Russell, 2020), and they are assumed to be factors that affect the internalization of affiliate stigma (Russell, 2020). Melendez et al. (2016) proposed that shame is an emotion that is a source of stigma, since the affiliates of stigmatized individuals are perceived to be to some degree accountable for their affiliates' stigmatized characteristic. In a similar way, Robinson and Brewster (2016) argued that affiliates of stigmatized individuals might experience feelings of shame because they are aware of the societal attitudes towards the stigmatized characteristic. Guilt encompasses the level to which one feels responsible or deserving of blame for the stigmatized affiliates' stigmatized characteristic (Tagney, 1991). Furthermore, it has been proposed that shame and guilt are distinct affective reactions that have different consequences for the empathic responsiveness in distressing situations. Shame is likely to be accompanied by a desire to hide or escape from the distress and encompasses a tendency to externalize blame, whereas guilt is usually accompanied by a tendency to internalize blame or cause (Tagney, 1991).

It has been theorized that there are different manifestations of affiliate stigma. Corrigan and Miller (2004) proposed that affiliate stigma manifests in two ways: vicarious stigma and public affiliate stigma. The experience of vicarious stigma includes the concern about the mental, physical, and social well-being of a stigmatized individual due to their stigmatized characteristic. Furthermore, vicarious stigma describes the suffering experienced by family members and close friends when they see their stigmatized loved one being affected by prejudice and discrimination (Corrigan & Miller, 2004). In order to experience vicarious stigma, the affiliates must be aware of the stigma faced by the stigmatized individual (Robinson & Brewster, 2016). Public affiliate stigma encompasses the anticipated or experienced discrimination and social exclusion due to associating with a stigmatized individual (Robinson & Brewster, 2016). Public affiliate stigma is experienced in consequence of others attributing fault for the individuals stigmatized characteristics to family members and close friends (Corrigan & Miller, 2004). Furthermore, Robinson and Brewster (2016) argued that public affiliate stigma can be divided into two distinct but related dimensions: public *discrimination* affiliate stigma and public *shame* affiliate stigma. Hence, targets of affiliate stigma can be discriminated/rejected by the society and feel shame and guilt. The theoretical structure of affiliate stigma based on the previous literature is presented in Figure 1.

Figure 1.

The theoretical structure of affiliate stigma.



Note. Affiliate stigma = stigma that affects the affiliates of a stigmatized individual. Vicarious stigma = the concern about the mental, physical, and social well-being of a stigmatized individual due to their stigmatized characteristic (e.g., "I worry that my family member or close friend will receive negative attention for being a MAP"). Public affiliate stigma = the anticipated or experienced discrimination and social exclusion due to associating with a stigmatized individual. Public discrimination affiliate stigma = the experiences of discrimination due to being affiliated to a stigmatized individual (e.g., "I fear that I would be an outcast if I told people from my community that my family member or close friend is a MAP"). Public shame affiliate stigma = experiences of shame and guilt due to being affiliated to a stigmatized individual (eg., "I feel worse about myself because my family member or close friend is a MAP).

The Present Study

Given that MAPs are a very highly stigmatized group, we expect MAPs' close affiliates to experience strong affiliate stigma. Since there have not been any studies on the affiliate stigma experiences of MAPs' affiliates and given that the underlying processes of affiliate stigma are assumed to be similar for close affiliates of MAPs and close affiliates of other sexual minorities, the construction of the scale was inspired by the Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM; Robinson and Brewster, 2016) with its three subscales public discrimination affiliate stigma, public shame affiliate stigma, and vicarious stigma. The aim of the study was to construct and psychometrically validate a measure to assess the affiliate stigma experienced by MAP affiliates (Minor-Attracted People Affiliate Stigma Measure, MAP-ASM). We tested the following hypotheses:

1. We conducted two confirmatory factor analyses (CFA) to test the hypothesized three-factor model including experiences of affiliate stigma that reflect vicarious stigma, public discrimination affiliate stigma, and public shame affiliate stigma. We

anticipated these factors to have strong to moderate relations with one another, meaning that they measure distinct but related aspects of affiliate stigma. Furthermore, we expected an additional factor, perceived offending risk, to constitute a separate but linked factor to the three-factor model.

2. The pattern of expected convergent and divergent correlations was based on previous stigma research on MAPs as well as affiliate stigma research. The MAP ASM subscales were expected to be related to shame (Robinson & Brewster, 2016), social avoidance (Jahnke et al., 2015a), mental well-being (Robinson & Brewster, 2016), and self-esteem (Russell, 2020). To test divergent validity, the MAP ASM subscales were expected to not be significantly related to age (McPhail & Stephens, 2020).

Method

Ethical Statement

The current study was granted ethical permission by the Board for Research Ethics at Åbo Akademi University before the data collection began.

Participants

We developed two surveys to ensure that the sample size would be adequate to conduct a CFA (a sample size between 100 and 195 was needed; Bryant & Yarnold, 1995). Survey 1 was developed for real family members and close friends of MAPs. To reach as many participants as possible for survey 1, I contacted several national and global online communities, organizations, and projects, who work with MAPs. See table 1 for the comprehensive list. Additionally, we developed survey 2 with a vignette and asked participants to imagine being a close affiliate of a MAP. I recruited participants for survey 2 through advertisements on Facebook, and surveycircle.com. Additionally, I contacted Finnish psychology student unions and asked them to spread the link to survey 2 via their email lists. However, despite extensive recruitment efforts, I did not meet a sample size of 100 in either of the surveys.

Table 1

List of online communities, organizations, and projects that I contacted for recruitment for survey 1

Name	Description
Anova (PrevenTell)	A Swedish national helpline for sex addiction and unwanted sexuality
Virped (Virtuous Pedophiles)	An online support group for MAPs who are committed to avoiding having sexual contact with children
B4U-ACT	A non-profit organization that promotes professional services and resources for individuals who are sexually attracted to children and adolescents
Visions of Alice	An online forum for pedophiles
Sexpo foundation	A Finnish non-profit organization that works in the field of sexuality and relationships
Moore Center for the Prevention of Child Sexual Abuse	A research center that creates a public health approach to preventing child sexual abuse
PartnerSPEAK	An organization that provides information and support for affiliates who are affected by a person's involvement in child sexual abuse and child exploitation material
The Global Prevention Project	A project aimed at providing compassionate and informed support to adults with risky sexual thoughts and non-contact sexual behaviors

The original sample size for survey 1 was $N = 64$. After discarding the data of all participants who failed the seriousness and honesty checks, (see Table A1 for a description), the final sample consisted of 50 participants. The mean age of our participants was 39.62 (*SD* 15.61) and ranged from 18 to 72 years of age. Demographic information is presented in Table 2.

Table 2

Demographic Information

Variable	*n*	%
Birth sex		
Female	30	60.0
Male	20	40.0
Gender identity		
Female	23	46.0
Male	19	38.0
Other	8	16.0
English proficiency		
Well	5	10.0
Very well	45	90.0
Continent		
North America	39	78.0
Europe	10	20.0
Australia	1	2.0
(Own) Sexual attraction to children		
Yes	14	28.0
No	36	72.0
Number of (own) biological children		
None	33	66.0
1	4	8.0
2	8	16.0
3	2	4.0
4	3	6.0
Sexual offenses (MAP)		
Yes	26	40.6
No	28	43.8
I don’t know	7	10.9

Note. Sexual offenses (MAP) indicates whether the participants close affiliate who is a MAP has sexually offended against a child (such as child pornography offenses or child sexual abuse). Three values were missing in the sexual offenses (MAP) item.

Procedure

Data were collected with the software soscisurvey (Leiner, 2019), a secure online survey platform. The data collection began in early October 2021 (13.10.2021) and ended at the beginning of January 2022 (10.1.2022). We asked participants to give their informed consent and informed them that participation was voluntary and that they could terminate

their participation at any point during the survey. We asked participants to provide some demographic information as well as to answer a set of questionnaires. The questionnaires addressed topics such as experiences of affiliate stigma, shame, guilt, social avoidance, and self-esteem. The questionnaires are presented in Appendix. We also included two open questions in the survey: "If you did not agree that the questionnaire captured your experience well, what would have to be changed?" and "If you noticed anything either negative or positive about this survey that caught your attention, please feel free to drop a note in this field (but please do not include information that could make you personally identifiable like your name or address)". The open questions allowed us to gather qualitative information from the participants, and they were voluntary to answer.

Development of the MAP-ASM Items

As mentioned above, the construction of the scale was inspired by the Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM; Robinson and Brewster, 2016). We modified the scale to better reflect all social environments (e.g., items referring to religious/spiritual communities were modified or deleted, because we wanted to include the social environment as a whole, and not only limit to religious/spiritual communities) and our specific topic (for instance, item "I worry that my family member or close friend might receive negative attention for being LGB" was changed to "I worry that my family member or close friend will receive negative attention for being a MAP"). Considering that previous literature has indicated that MAPs are still highly stigmatized, even when they have good behavioral self-control or never committed any sexual offenses against children (Furnham & Haraldsen, 1998; Jahnke, 2018a; Jahnke et al., 2015a; Jahnke et al., 2015b; McCartan, 2004, 2010), we hypothesized that the close affiliates' presumptions of the MAPs' behavioral control would be a factor of affiliate stigma for MAP affiliates. For this reason, we developed another scale to assess perceived offending risk.

After we had modified and developed the initial scale, we sent it to four experts, three of whom work in the organization B4U-act, and one of whom is a professor of Psychology at Åbo Akademi University. Thereafter, we made modifications to the scale according to their comments. Additionally, we formulated 23 new items, so that each of the subscales had at least 7 items, as we expected to eliminate items from the initial item pool to increase the fit of the factor model.

The final item pool consisted of 39 items divided on four factors (see Table A2). The four factors were: public discrimination affiliate stigma, vicarious affiliate stigma, public shame affiliate stigma, and perceived offending risk. The 39 items were nearly equally

distributed between the four factors: public discrimination affiliate stigma consisted of 11 items, vicarious stigma consisted of 10 items, public shame affiliate stigma consisted of 11 items, and perceived offending risk consisted of 7 items. Items were answered on a 6-point Likert scale (1 = *strongly disagree* to 6 = *strongly agree*).

Measures

The Fear of Negative Evaluation

The Brief Fear of Negative Evaluation (Brief-FNE) scale (Leary, 1983) measures the degree to which people feel worried of being negatively evaluated by others. The Brief-FNE was developed from the Fear of Negative Evaluation scale (FNE). The FNE includes 30 items, while the Brief-FNE includes 12 items that are answered on 5-point Likert scales (1 = *not at all* to 5 = *extremely*; see Table A3 for all items). The Brief-FNE has a scoring range of 12 to 60, where a higher score indicates a higher level of fear of negative evaluation (Leary, 1983). The reliability of the Brief-FNE is excellent (α = .90; Leary, 1983). In the current study, the Cronbach's alpha was .92.

Self-Esteem

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) is a 10-item scale that measures global self-worth (see Table A4 for all items). Items are answered on a 4-point Likert scale (1 = *strongly disagree* to 4 = *strongly agree*). The scoring of the Rosenberg Self-Esteem Scale ranges from 10 to 40, where a higher score indicates higher self-esteem. The reliability of the Rosenberg Self-Esteem Scale is good (α = .81; Schmitt & Allik, 2005). In the current study, the Cronbach's alpha was .87.

Mental Well-being

The Brief Symptom Inventory (BSI-18; Derogatis, 2001) assesses somatization, depression, and anxiety with three six-item scales (see Table A5 for all items). The scale also includes a Global Severity Index (GSI). The scale is based on the Symptom Checklist 90 (SCL-90) which is a self-report instrument that measures a wide range of psychological problems and psychopathology. Items are answered on a 5-point Likert scale (1 = *not at all* to 5 = *extremely*). The scores of the BSI-18 are calculated by sum scores, where the scores on GSI ranges between 0-71 and on the other scales between 0-24. Higher scores indicate higher levels of psychological distress. The reliability of the somatization, depression and anxiety scales are good: somatization α = .82, depression α = .87, anxiety α = .84 (Franke et al., 2017). The reliability of the GSI is excellent (α = .93; Franke et al., 2017). In the current study, the Cronbach's alpha of the GSI was .98.

Guilt and Shame

The Guilt and Shame Experience Scale (GSES; Malinkova et al., 2019) is a brief instrument that assesses the experiences of guilt and shame. The scale includes eight items that are answered on a 4-point Likert scale (1 = *not at all* to 4 = *significantly*; see Table A6 for all items). The scale is scored by summing the responses to all items and thus leads to a scoring range of 8 to 32. A higher score on the GSES implies higher experience of feelings of shame and guilt. The reliability of the GSES is good (α = .89). In the current study, the Cronbach's alpha was .88.

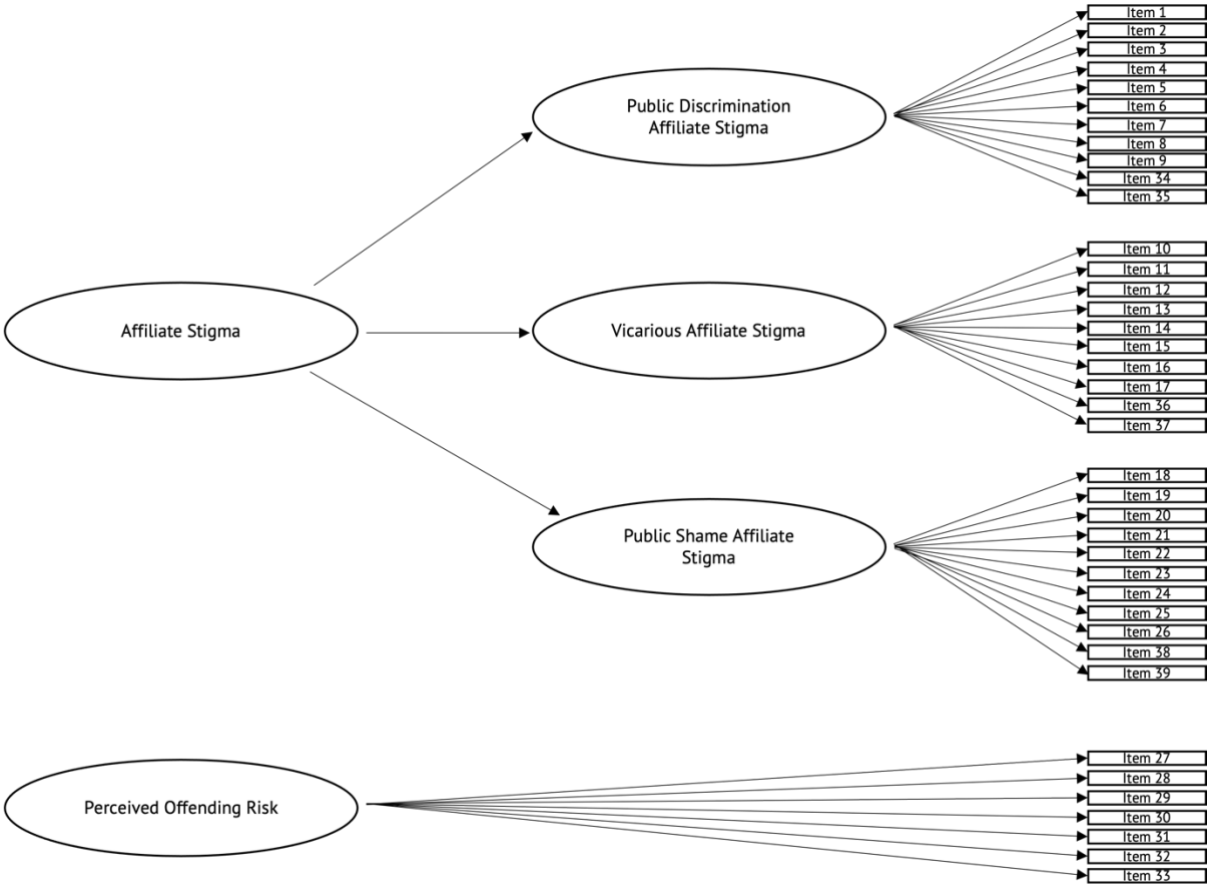
Statistical Analyses

Statistical analyses were conducted using *R* (version 4.1.2; R Development Core Team, 2021) as well as IBM SPSS 28.0 for Macintosh (IBM Corp., 2021). In R we used the *corrplot* package (Wei, 2016) for visualizing the correlations, and the *lavaan* package (Rosseel, 2012) for the CFA. The CFA were conducted to test the fit between the data and the excepted three-factor model as well as the separate one-factor model. As the estimator we used Maximum Likelihood (ML). Since some of the items were skewed or had high kurtosis, we used the Satorra-Bentler correction.

Given that previous literature has raised questions about solely relying on the chi-square tests (Weston & Gore, 2006), we assessed the model fit of the three-factor model using the chi-square test as well as the comparative fit index (CFI), Trucker-Lewis index (TLI), root mean square error of approximation (RMSEA) and standardized root-mean-square residual (SRMR). We followed Weston and Gore's (2006) as well as Bentler and Bonett's (1980) recommendations with regard to evaluating the model fit: adequate fit was assumed when CFI and TLI values were greater than .90, and RMSEA and SRMR values were less than .10. Additionally, we used Howard's (2016) recommendation for satisfactory factor loadings: items were expected to have a factor loading above .40. Final decisions regarding the model were based on these statistical criteria as well as on the theoretical background. Figure 2 visualizes the two expected CFA models.

Figure 2.

The two expected CFA models



Note. The expected two CFA models. We expected affiliate stigma to consist of three factors: public discrimination affiliate stigma, vicarious affiliate stigma, and public shame affiliate stigma. Further, we assessed the model fit of factor perceived offending risk. We assumed it to be a separate but linked factor to the three-factor model.

Results

Confirmatory Factor Analysis of the Hypothesized Three-factor Model

Table A2 presents all 39 MAP-ASM item names and item contents by factors. The first results of the CFA suggested that the three-factor model including 32 items did not have adequate fit, χ^2 (461) = 717.55, $p < .001$, CFI = .637, TLI = .610, RMSEA = .107 [.093, .120], SRMR = .168. In the succeeding steps, we deleted the following items based on modification indices (mi): “lose_face” that crossloaded on factor public discrimination affiliate stigma (mi = 36.52), “feel_worse” that had high residual correlation with item “feel_embarrassed” (mi = 19.11), and “community_careful_telling” that crossloaded on factor vicarious stigma (mi = 15.77). However, the resulting model with 63 model parameters

did not show acceptable fit, χ^2 (402) = 567.76, $p < .001$, CFI = .718, TLI = .694, RMSEA = .092 [.076, .107], SRMR = .143. We examined the standardized factor loadings and removed the following items with low factor loadings: "community_hesitate_telling" (.021), "MAP_accepted" (.012), "MAP_positive_attention" (.208), "feel_responsible" (.083), "notfeel_judged" (.274), "blame_myself" (.248), "MAP_not_hardlife" (.398), "community_notworry_rejection" (.504), and "MAP_not_harderinlife" (.233). This improved the model fit, which, however, was still not acceptable (χ^2 (206) = 256.54, $p = .010$, CFI = .881, TLI = .866, RMSEA = .071 [.043, .094], SRMR = .114). Consequently, we made a semPlot of the model and noticed that factor public shame affiliate stigma had a high negative correlation with factor vicarious stigma ($r = -.53$) and no correlation with factor public discrimination affiliate stigma ($r = .05$) Thus, public shame affiliate stigma was deleted from the model. Compared to the previously tested three-factor model the two-factor model with 29 model parameters showed acceptable fit (χ^2 (76) = 78.68, $p = .394$, CFI = .990, TLI = .988, RMSEA = .027 [.000, .780], SRMR = .080). The factor loadings were moderate to high (Table 3).

Table 3

Factor loadings and variances of the two-factor model

		Factor loadings				
		Unstandardized		Standardized		
Factor	Item	Estimate	*SE*	Estimate	*SE*	R^2
Public discrimination	community_attitudes	1.00		.59	.18	.35
	community_lookdown	.83	.14	.80	.13	.64
	community_outcast	.84	.13	.74	.13	.54
	community_discriminate	.91	.12	.88	.07	.78
	community_avoid	.99	.11	.92	.06	.86
	community_not_negativeviews	.69	.16	.66	.12	.43
	community_respect	.55	.15	.57	.14	.33
	community_would_invite	.66	.22	.57	.19	.33
Vicarious stigma	MAP_negative_attention	1.00		.73	.10	.53
	MAP_social_exclusion	1.65	.28	.83	.12	.69
	MAP_physical_harm	1.46	.25	.77	.10	.59
	MAP_verbally_harassed	1.54	.24	.81	.13	.66
	MAP_rejected	1.17	.21	.77	.12	.59
	MAP_physical_health	1.18	.27	.68	.15	.46
Factor variances						
Public discrimination		1.95	.40	1.00		
Vicarious stigma		.60	.21	1.00		

Note. Factor loadings and variances of factors public discriminate affiliate stigma and vicarious stigma. These factors constitute the two-factor model of affiliate stigma.

Public Shame Affiliate Stigma

After deleting factor public shame affiliate stigma from the three-factor model, we assessed the model fit of the factor separately. The results of the CFA of the one-factor model public shame affiliate stigma with 22 model parameters did not have adequate fit (χ^2 (44) = 87.04, $p < .001$, CFI = .735, TLI = .669, RMSEA = .141 [.106, .176], SRMR = .130). We examined the standardized factor loadings and removed the following items with low loadings: “notfeel_judged” (.272), “feel_responsible” (.187), “blame_myself” (.335), and “lose_face” (.223). However, the resulting model with 14 model parameters did not show adequate fit (χ^2 (14) = 35.05, $p = .001$, CFI = .836, TLI = .753, RMSEA = .175 [.119, .233],

SRMR = .095). In the subsequent steps, we deleted the following item based on modification indices: “feel_worse” that had high residual correlation with item “feel_embarrassed” (mi = 20.71). Nevertheless, the resulting model with 12 model parameters did not show adequate fit (χ^2 (9) = 27.27, p = .001, CFI = .862, TLI = .770, RMSEA = .204 [.125, .286], SRMR = .086). We examined the modification indices and specified a covariance term between items “feel_shame” and “feel_embarassed” since they had high residual correlation (mi = 14.48). Additionally, we removed item “proud_MAP_told” that had high residual correlation with item “emotionally_at_ease” (mi = 9.10). The resulting one-factor model with 11 model parameters included 5 items and one specified covariate. The one-factor model showed acceptable fit (χ^2 (4) = 2.07, p = .723, CFI = 1.000, TLI = 1.041, RMSEA = .000 [.000, .162], SRMR = .022). The factor loadings were moderate to high (table 4).

Table 4

Factor loadings and variances of the one-factor model public shame

		Factor loadings				
		Unstandardized		Standardized		
Factor	Item	Estimate	*SE*	Estimate	*SE*	R^2
Public shame	feel_shame	1.00		.78	.12	.61
	feel_embarassed	.76	.13	.61	.15	.38
	glad_MAP_told	.58	.16	.70	.13	.49
	high_regard_myself	.75	.12	.73	.10	.53
	emotionally_at_ease	.96	.15	.80	.14	.64
Factor variances						
Public shame		2.10	.61	1.00		

Perceived Offending Risk

The results of the CFA of the one-factor model perceived offending risk with 14 model parameters did not have adequate fit (χ^2 (14) = 40.04, p < .000, CFI = .871, TLI = .806, RMSEA = .193 [.137, .251], SRMR = .081). In the succeeding steps we deleted the following item based on modification indices: “not_hesitate_asking_takecare_children” that had high residual correlation with item “trust_takecare_children” (mi = 17.00), “not_hesitate_inviting” that had high residual correlation with item “trust_takecare_children” (mi = 12.45), and “not_afraid_offend” that had high residual correlation with item

"not_worried_csa_material" (mi = 10.47). The resulting one-factor model with 8 model parameters included 4 items and showed acceptable fit (χ^2 (2) = .95, p = .624, CFI = 1.000, TLI = 1.024, RMSEA = .000 [.000, .207], SRMR = .011). The factor loadings were moderate to high (table 5).

Table 5

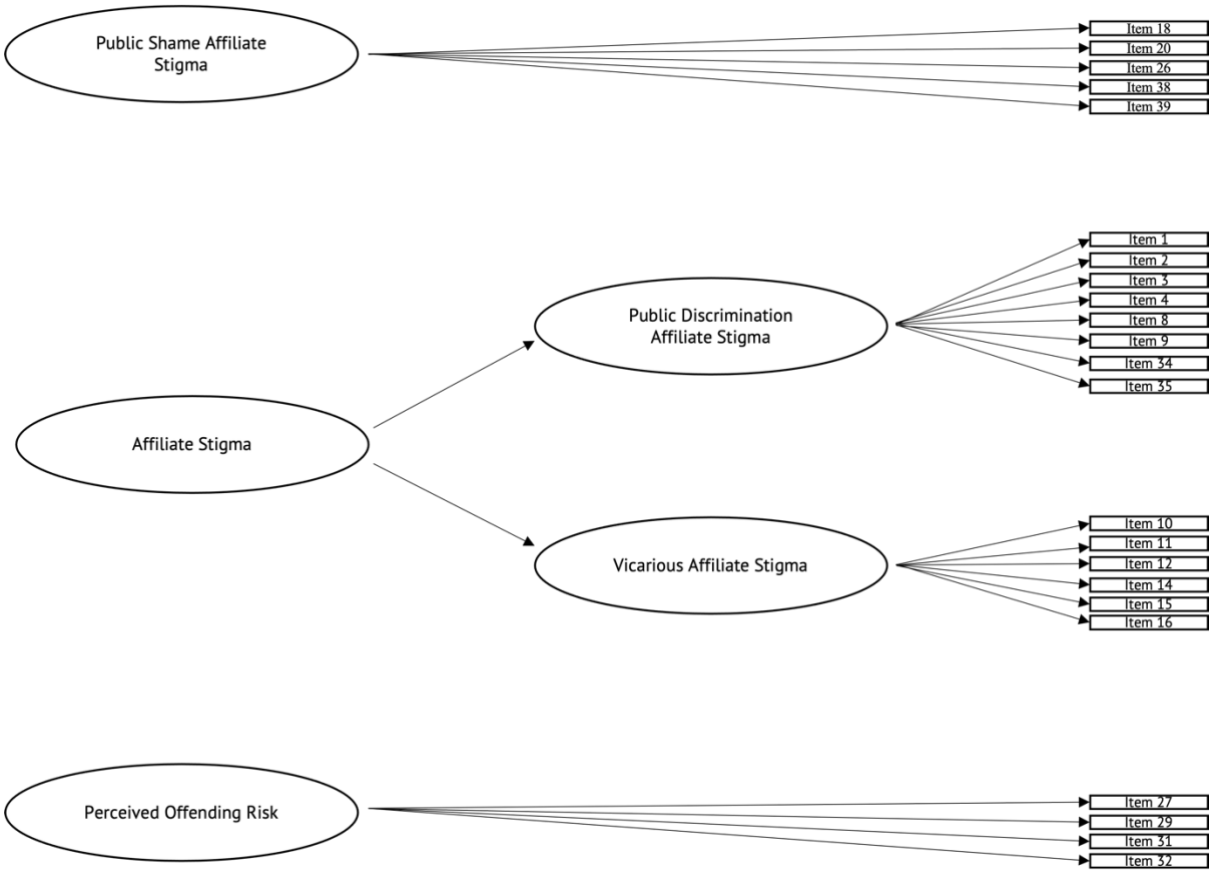
Factor loadings and variances of the one-factor model Perceived Offending Risk

		Factor loadings				
		Unstandardized		Standardized		
Factor	Item	Estimate	*SE*	Estimate	*SE*	R^2
Perceived	trust_MAP_control	1.00		.97	.04	.93
offending	trust_would_not_harm	.93	.07	.93	.06	.87
risk	not_worried_csa_material	.77	.10	.66	.15	.44
	trust_takecare_children	.90	.10	.83	.10	.69
Factor variances						
Perceived		2.40	.58	1.00		
offending						
risk						

The final model for the MAP ASM consisted of 23 items distributed on one two-factor model that measured affiliate stigma and two one-factor models that measured public shame affiliate stigma and perceived offending risk (see Table A7 for item names and item contents by factors). Factor public discrimination affiliate stigma consisted of eight items, factor vicarious stigma consisted of six items, factor public shame affiliate stigma consisted of five items, and factor perceived offending risk consisted of four items. The resulting model of the MAP ASM is presented in Figure 3.

Figure 3

The resulting model for the MAP ASM



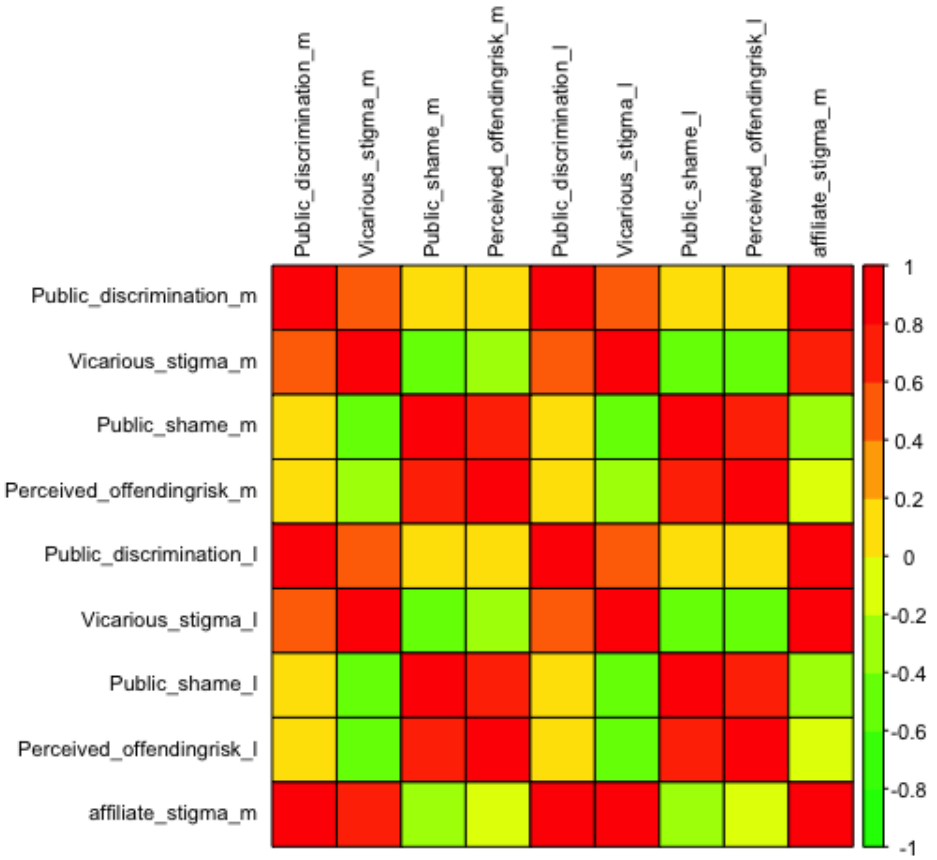
Note. The resulting CFA models of the MAP ASM. Affiliate stigma consists of factors public discrimination affiliate stigma and vicarious stigma. Factors public shame affiliate stigma and perceived offending risk are separate factors from affiliate stigma.

Correlations Between the MAP ASM Subscales

Bivariate correlations between the MAP ASM subscales are presented in Figure 4. The bivariate correlations were computed from mean scale scores as well as from factor scores. The correlation between factors public discrimination and vicarious stigma were strong and positive. The correlation between factors public shame affiliate stigma and perceived offending risk was strong and positive. The latent factor affiliate stigma was computed by summing factors public discrimination affiliate stigma and vicarious stigma together. The latent factor affiliate stigma had a strong and positive correlation with factors public discrimination affiliate stigma and vicarious stigma. The correlation between latent factor affiliate stigma and factor public shame affiliate stigma, as well as factor perceived offending risk, was weak and negative.

Figure 4

Bivariate correlations between the MAP ASM subscales



Note. Correlation matrix of the correlations between the MAP ASM subscales; public discrimination affiliate stigma, vicarious stigma, public shame affiliate stigma, perceived offending risk, as well as affiliate stigma that consists of factors public discrimination affiliate stigma and vicarious stigma. The lowercase letter m indicates mean scale scores. The lowercase letter l indicates factor scores. Strong positive correlations are shown in red, whereas strong negative correlations are shown in green. Correlations close to zero are shown in yellow.

Convergent and Divergent Validity

We evaluated convergent and divergent validity by computing bivariate correlations from scale scores (see Table 6). Against our expectations, we found no link between the MAP-ASM subscale scores and shame, social avoidance, mental well-being, or self-esteem. In terms of divergent validity, the MAP-ASM subscales public discrimination affiliate stigma and vicarious stigma were weakly linked to age, while public shame affiliate stigma and perceived offending risk were not linked to age.

Table 6

Bivariate correlations

Measure	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Affiliate Stigma	1.00									
2. Public Discrimination	.91***	1.00								
3. Vicarious Stigma	.80***	.47***	1.00							
4. Public Shame	-.22	.05	-.53***	1.00						
5. Perceived Offending Risk	-.10	.13	-.41**	.77***	1.00					
6. Fear of Negative Evaluation	-.03	.06	-.14	.02	-.08	1.00				
7. Self-Esteem	.01	-.01	.10	.03	.22	-.53***	1.00			
8. Mental Well-being	.10	-.01	.22	-.24	-.33*	.07	-.28*	1.00		
9.Guilt and Shame	.07	.08	.04	-.09	-.21	.45*	-.80***	.28	1.00	
10. Age	-.38**	-.30	-.40**	.25	.21	-.03	.27*	-.32*	-.30*	1.00

Note. Bivariate correlations computed from scale scores. Affiliate stigma = consists of factors public discrimination affiliate stigma and vicarious stigma. Fear of Negative Evaluation= scores from the Brief Fear of Negative Evaluation scale. Self-esteem = scores from the Rosenberg Self-Esteem Scale. Mental well-being = scores from the Brief Symptom Inventory. Guilt and shame = scores from the Guilt and Shame Experience Scale. Age = Participant age.

*$p < .05$. **$p < .01$. ***$p < .001$.

Descriptive Statistic of the MAP ASM Items

Table 7 presents the mean, standard deviation, skew, and kurtosis for the 23 final items of the MAP ASM. Figure 5 presents the correlations between the final 23 items. The mean, standard deviation, skew, and kurtosis of the original 39 items of the MAP ASM are presented in Table A8. Correlations between the original 39 items of the MAP ASM are presented in Figure A1.

Table 7

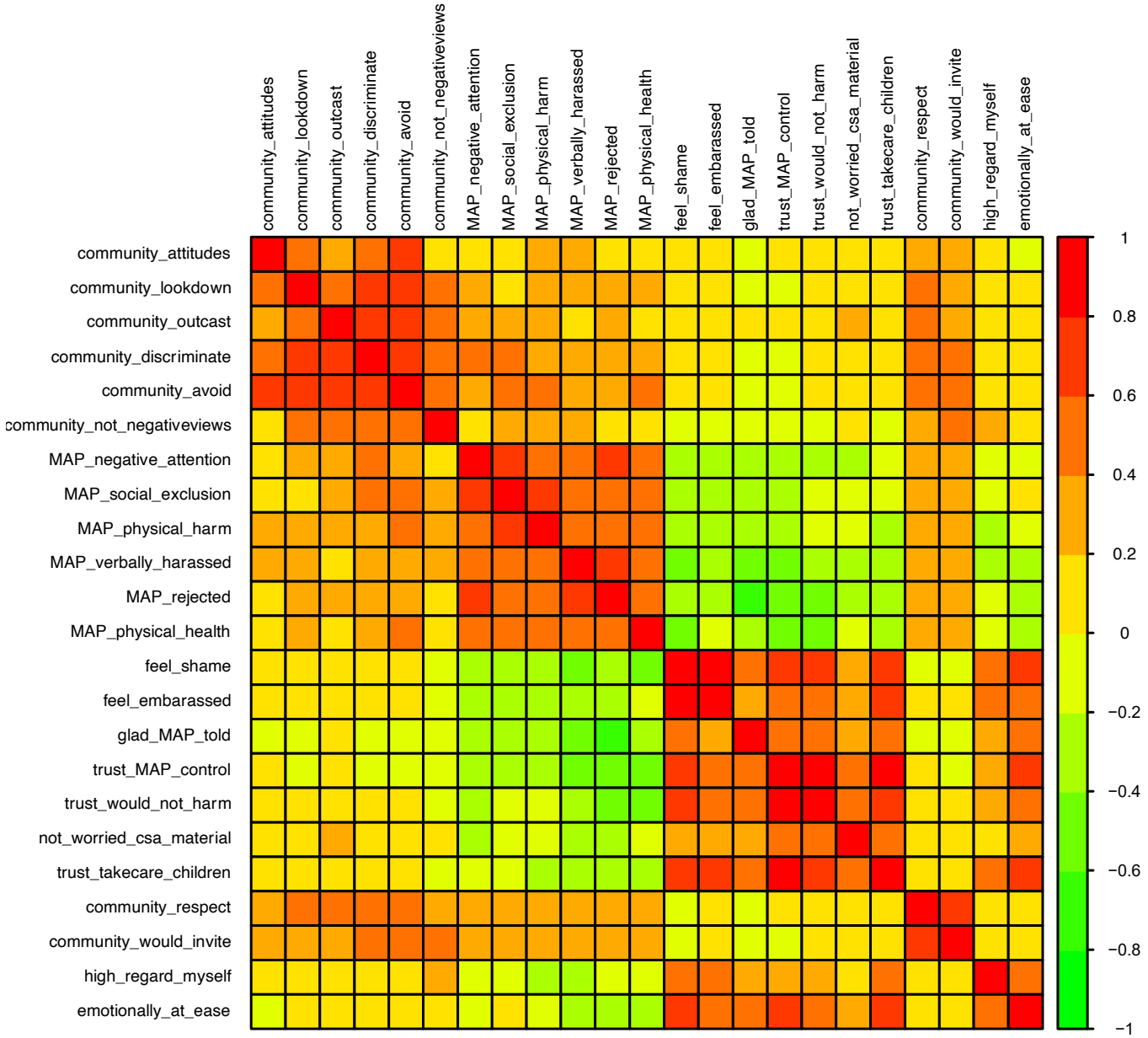
Descriptive statistics of the final 23 items

Item name	Mean	SD	Skew	Kurtosis
community_attitudes	3.88	2.40	-3.08	14.03
community_lookdown	4.34	1.47	-.74	-.38
community_outcast	3.92	1.60	-.31	-.98
community_discriminate	4.02	1.45	-.55	-.49
community_avoid	4.00	1.51	-.56	-.46
community_not_negativeviews	4.35	1.48	-.69	-.45
MAP_negative_attention	5.10	1.07	-.87	-.24
MAP_social_exclusion	4.76	1.55	-1.26	.49
MAP_physical_harm	4.46	1.47	-.65	-.54
MAP_verbally_harassed	4.88	1.48	-1.24	.36
MAP_rejected	5.06	1.19	-1.70	3.14
MAP_physical_health	4.76	1.36	-.85	-.25
feel_shame	2.68	1.86	.61	-1.13
feel_embarassed	2.52	1.81	.72	-1.04
glad_MAP_told	1.72	1.20	2.15	4.46
trust_MAP_control	2.24	1.62	1.25	.32
trust_would_not_harm	2.16	1.57	1.26	.42
not_worried_csa_material	2.72	1.82	.65	-1.03
trust_takecare_children	2.82	1.70	.62	-.90
community_respect	4.56	1.34	-.67	-.37
community_would_invite	3.60	1.62	.16	-1.36
high_regard_myself	3.92	1.51	-.29	-.87
emotionally_at_ease	2.78	1.74	.58	-.98

Note. Item name indicates how the items were named in the dataset. Items were answered on a 6-point Likert scale (1 = *strongly disagree* to 6 = *strongly agree*).

Figure 5

Correlation matrix of the final 23 items in the MAP ASM



Note. Correlation matrix of the correlations between the 23 final items. Strong positive correlations are shown in red, whereas strong negative correlations are shown in green. Correlations close to zero are shown in yellow.

Discussion

The aim of the current study was to develop and initially validate the Minor-Attracted People Affiliate Stigma Measure (MAP ASM). As mentioned before, the construction of the MAP ASM was inspired by the LGB-ASM (Robinson & Brewster, 2016), since previous stigma research on MAPs has relied on the premise that the stigmatization experiences of

MAPs could be similar to those of other sexual minorities (Jahnke & Hoyer, 2013; Cacciatori, 2017; Grady et al., 2019). Contrary to our expectations, the final version of the MAP ASM consisted of one two-factor scale measuring affiliate stigma and two separate one-factor scales, instead of one three-factor scale and one one-factor scale. The one two-factor scale measuring affiliate stigma consisted of factors public discrimination affiliate stigma and vicarious stigma, while the two separate one-factor scales consisted of factors public shame affiliate stigma, and perceived offending risk. Results from the confirmatory factor analysis indicated that the two-factor model and the two one-factor models had acceptable model fit. However, convergent, and divergent validity of the MAP ASM were not supported.

Main Findings and Interpretations

First, we found that public shame affiliate stigma had a high negative correlation with vicarious stigma and was not significantly correlated with public discrimination affiliate stigma. These results were not in line with either the factor structure of the LGB-ASM (Robinson & Brewster, 2016) nor our hypothesis of the factor structure of the MAP ASM. The high negative correlation between public shame affiliate stigma and vicarious stigma indicates that close affiliates of MAPs who feel more shame about being affiliated to a MAP express less concern over the MAP's mental or physical well-being, and vice versa. These results can be interpreted by Tagney's (1991) theory of shame, which implies that shame is usually accompanied by a desire to hide or escape from the distress and encompasses a tendency to externalize blame. It is, therefore, possible that feeling shame over the affiliation to a MAP contributes to a desire to hide or escape from the affiliation, which then reduce the concern over the MAPs mental or physical well-being. However, another possible interpretation of the negative correlation between public shame affiliate stigma and vicarious stigma is that the close affiliates' attitudes towards MAPs in general, prior to knowing about the attraction, has an effect on their affiliate stigma experience. Previous research has found that rejective reactions to disclosure encompassed behaviors such as stereotyping and avoidance (Jimenes-Arista & Reid, 2022). These rejective reactions reflect the public stigma towards MAPs (Jahnke et al., 2015a). Thus, a close affiliate who agrees with the public stigma towards MAPs, might be less concerned about the MAPs physical or mental well-being and at the same experience strong feelings of shame due to being affiliated with someone who belongs to a group they have strong public stigma towards.

Additionally, the negative correlation between vicarious stigma and public shame affiliate stigma could be affected by whether a MAP had sexually offended against a child or

not. Previous research has indicated that the reactions of others to disclosure are more negative if someone has committed a sexual offense against a child (Sadeler, 1994). This was also supported by some of the answers that our participants wrote to our open questions. Presented below are three answers from different participants:

> The MAP I am referring to was my husband for 21 years and abused my daughter. I thought I knew him, but evidentially I did not. I do feel extreme shame and blame. I wish I had spotted the signs and left years ago so my daughter would be safe
>
> My ex-husband abused my children – he only told me he was a MAP because he was guilty of long-term abuse. Because he abused, I don't know if he could ever be safe around children aging – I certainly would not risk it
>
> I should mention that I found out 9 years ago that my husband had abused our daughter and was a MAP. I felt tremendous guilt and shame. I wish I had recognized the signs and left.

We expected that MAP affiliates who experienced discrimination due to being affiliated with a MAP to also endorse more feelings of shame. However, this was not supported by the data. We could not detect a correlation between public discrimination affiliate stigma and public shame affiliate stigma. This finding is not in line with previous literature about LGB affiliate stigma (Robinson & Brewster, 2016). Answers from participants to the open questions indicate that disclosing that they are affiliated with a MAP is something they would avoid. It is, perhaps, possible that questions about how others would perceive them if they knew about the affiliation are not relevant to their affiliate stigma experience, since they have not, and do not consider, telling others about their affiliation to a MAP. Indeed, the answers point to that MAP affiliates demonstrate more distress relating to secret-keeping as well as feelings of shame, than to how others would perceive them if others knew about their affiliation. Some answers also demonstrated a concern over negative legal consequences for themselves, such as losing custody of their children, if others knew about their affiliate's sexual attraction. Presented below are two answers that highlight the themes mentioned above:

> My husband is considered a "pedophile", although this is not his primary sexual attraction. Because he acted out, it limits both our social life and where we can reside. As an older adult, you need a stronger social circle, but this is limited because of the legal and social ramifications of people knowing about what he did. I NEVER tell people unless I absolutely have to.

> Well, it's not that I don't trust them with my child, it's that I don't think society at large would and they would be harassed or physically harmed if it was known they were around children. And I fear that I would lose custody of my child.

The convergent and divergent validity results were not in line with our hypotheses. We assumed that the MAP ASM factors would be correlated with measures of social avoidance, self-esteem, mental well-being, and shame and guilt. However, our data did not support this. These results are neither in line with previous literature which implies that increased affiliate stigma reduces well-being, self-esteem, and relationship quality as well as increases anxiety levels, stress, depression, and social isolation (Russell, 2020). However, our results regarding the correlation between mental well-being and affiliate stigma are in line with Robinson and Brewster's (2016) findings, that also indicated that higher levels of distress did not correlate with higher levels of affiliate stigma. It is important to notice that this finding could be a consequence of our small sample size, which likely affected the results.

Strengths and Limitations of the Study

This study is, as far as we know, the first to explore the affiliate stigma experiences of MAPs' close affiliates. Although future research is needed to further validate the MAP-ASM, this study is the first attempt to give insight into the affiliate stigma experiences of close affiliates of MAPs.

The study had several limitations that need to be considered when interpreting the results. A main limitation of the study is the aforementioned sample size ($N = 50$) that was well below the recommendation for conducting a CFA ($N = 100$-195; Bryant & Yarnold, 1995). We learned through our data collection that close affiliates of MAPs are a difficult group to reach. There are few direct support groups for close affiliates of MAPs, so we carried out the recruitment by contacting several support groups, helplines, organizations, and projects directed at MAPs. The sample was likely affected by this, since we were unable to target specifically close affiliates of MAPs in the recruitment process. In addition, the reliability and validity of the results were likely to be affected by the small sample size. A bigger sample size will be necessary in future research to adequately assess the validity and reliability of the MAP-ASM.

Second, nearly half of the participants (40.6%) indicated that their family member or close friend who is a MAP had offended. It is important to consider how including these participants in the analyzes might have affected the results. It can be speculated that experiences of affiliate stigma are likely to be different between close affiliates of non-

offending and offending MAPs. This was also supported by the answers on our open-ended questions, where participants indicated that there should have been a clearer distinction between whether the MAP had offended or not.

> The survey is directed primarily at MAPs that have not offended. In my case, my husband was convicted of child sexual abuse and spent 10 yrs in prison. There really is a big difference in experiences for these MAPs and their families
>
> There is a great difference between someone who has admitted being an MAP to themselves, to others, and those who have committed an a offense against a child. Some more questions should reflect that difference.

Taking this into consideration in future research could give better insight into whether or how affiliate stigma experiences of close affiliates of non-offending and offending MAPs differ.

Moreover, almost a third of the participants (28.0%) indicated that they themselves were sexually attracted to children. Since being a MAP, per se, is highly stigmatizing, it is important to consider how a persons' own sexual attraction to children, while at the same time being a close affiliate of a MAP, affects their affiliate stigma experience. It is, perhaps, possible that a persons' own sexual attraction to children, while at the same time being a close affiliate of a MAP, influence how they perceive MAPs in general. This, consequently, might affect their affiliate stigma experience by both reducing feelings of shame and increasing the concern over the physical and mental well-being of the MAP. Future research should take a closer look at these possible effects.

Conclusions

The current study was the first attempt to develop and initially validate an affiliate stigma measure for close affiliates of MAPs. The resulting two-factor model and two separate one-factor models showed adequate fit, but convergent and divergent validity were not supported by our data. Future research should further validate the MAP ASM with a bigger sample size. Increasing knowledge about the affiliate stigma experiences of MAP affiliates and finding ways to reduce their affiliate stigma, will hopefully in itself make it easier to reach a larger sample size.

Summary in Swedish – Svensk sammanfattning

Erfarenheter av närståendestigma hos pedofilers närstående – Utveckling och validering av ett mätinstrument för närståendestigma

Stigma kan definieras som en egenskap som är "djupt misskrediterande" och som diskvalificerar den stigmatiserade individen från fullständig social acceptans (Goffman, 1963). Stigma påverkar inte bara de stigmatiserade individerna, utan också de människor som umgås med dem (Phelan et.al., 1998; Pryor et.al., 2012). Detta har kallats närståendestigma (*eng*. affiliate stigma; Robinson & Brewster, 2016; Shi et.al., 2019), artighetsstigma eller familjestigma (*eng*. courtesy stigma, family stigma; Goffman, 1963; Phelan et.al., 1998), såväl som stigma genom förknippning (*eng*. stigma by association; Pryor et.al., 2012). Närståendestigma har visat sig vara kopplat till försämrat välbefinnande, självkänsla och relationskvalitet samt till ökade nivåer av ångest, stress, depression och social isolering (Russell, 2020). Ändå finns det lite kunskap om erfarenheter av närståendestigma hos pedofilers närstående. Syftet med att utveckla och initialt validera ett mått på närståendestigma hos pedofilers närstående är att ge en första inblick i deras erfarenheter. Den engelska termen som jag använder i min pro gradu-avhandling för pedofiler är Minor-Attracted People (MAP), men eftersom den vanligaste termen på svenska för personer som är sexuellt attraherade av barn och unga är pedofil, kommer jag att använda termen pedofil i den här svenska sammanfattningen. På engelska använder man ofta termen pedofil då man syftar på en person som har en sexuell attraktion till förpubertala barn (Seto, 2017), men på svenska används termen ofta som ett paraplybegrepp som innefattar sexuell attraktion till förpubertala, pubertala och postpubertala barn (Greip, 2019).

Stigmatisering av pedofiler

Tidigare forskning om stigmatisering av pedofiler har förlitat sig på antagandet att pedofilers stigmatiseringsupplevelser kan liknas vid stigmatiseringsupplevelserna hos andra människor med ett stigmatiserat attribut som inte är omedelbart synligt, såsom lesbisk, homosexuell eller bisexuell läggning (Jahnke & Hoyer, 2013). Dessutom finns det en växande litteratur som indikerar att pedofiler, likt HGB-personer, upplever självstigma, det vill säga internalisering av negativa samhälleliga attityder (Cacciatori, 2017; Grady et.al., 2018). Det här innebär naturligtvis inte att sexuell attraktion av barn kan likställas med andra sexuella attraktioner, åtminstone inte när det kommer till moralen och lagligheten i att ägna sig åt de önskade sexuella handlingarna. Men med tanke på att tidigare forskning om stigmatisering av pedofiler har förlitat sig på de ovan nämnda premisserna, antar vi att vid undersökningen av närståendestigmaupplevelser hos pedofilers närstående kan vi använda

litteraturen om närståendestigmaupplevelser hos HGB-personers nära anhöriga som informationskälla.

Närståendestigma

Det har föreslagits i tidigare forskning att det finns olika uttryck för närståendestigma (Corrigan & Miller, 2004; Robinson & Brewster, 2016). Corrigan och Miller (2004) föreslog att närståendestigma kan uttryckas på två sätt: som ställföreträdande stigma (*eng*. vicarious stigma) och som offentligt närståendestigma (*eng*. public affiliate stigma). Upplevelsen av ställföreträdande stigma omfattar oron över en stigmatiserad individs mentala, fysiska och sociala välbefinnande samt det lidande som familjemedlemmar och nära vänner upplever när de ser sin stigmatiserade närstående drabbas av fördomar och diskriminering (Corrigan & Miller, 2004). För att uppleva ställföreträdande stigma bör de närstående vara medvetna om stigmatiseringen som den stigmatiserade individen erfar (Robinson & Brewster, 2016). Offentligt närståendestigma omfattar förväntad eller upplevd diskriminering och social uteslutning på grund av att man är en familjemedlem eller nära vän till en stigmatiserad individ (Robinson & Brewster, 2016). Offentligt närståendestigma upplevs som en följd av att andra tillskriver familjemedlemmar och nära vänner skulden för den stigmatiserade individens stigmatiserande egenskaper (Corrigan & Miller, 2004). Vidare hävdar Robinson och Brewster (2016) att offentligt närståendestigma kan delas in i två distinkta men relaterade dimensioner: offentligt diskriminerande närståendestigma (*eng*. public discrimination affiliate stigma) och offentlig skam-närståendestigma (*eng*. public shame affiliate stigma).

Studiens syfte

Närståendestigma hos pedofilers närstående har inte tidigare studerats. Genom att utveckla och initialt validera ett mått på närståendestigma hos pedofilers närstående önskar vi kunna få en första inblick i deras erfarenheter och öka kunskapen om närståendestigma hos den här gruppen. Med tanke på att pedofiler är en mycket starkt stigmatiserad grupp, förväntar vi oss att pedofilers närstående upplever starkt närståendestigma. Syftet med studien var att utveckla och psykometriskt validera ett mått på närståendestigma hos pedofilers familjemedlemmar och nära vänner (Minor-Attracted People Affiliate Stigma Measure, MAP ASM).

Hypoteser

Vi förväntade oss att en konfirmatorisk faktoranalys skulle resultera i en trefaktormodell. De tre förväntade faktorerna i trefaktormodellen var: ställföreträdande stigma, offentligt diskriminerande närståendestigma och offentlig skam-närståendestigma. Vi förväntade oss att dessa faktorer skulle ha starka till måttliga samband med varandra, vilket

innebär att de mäter distinkta men relaterade aspekter av närståendestigma. Vidare förväntade vi oss att ytterligare en faktor, upplevd risk för sexualbrott mot barn, skulle utgöra en separat men kopplad faktor till trefaktormodellen. Vi förväntade oss att dessa fyra faktorer skulle utgöra underskalorna av närståendestigma.

Mönstret för de förväntade konvergerade och diskriminativa korrelationerna grundades på tidigare forskning om stigmatisering av pedofiler såväl som på forskning om närståendestigma. Vi förväntade oss att de fyra underskalorna för närståendestigma skulle ha en koppling till skam (Robinson & Brewster, 2016), socialt undvikande (Jahnke et.al., 2015a), mentalt välbefinnande (Robinson & Brewster, 2016) och självkänsla (Russel, 2020). För att testa diskriminativ validitet antog vi att närståendestigma inte är signifikant relaterat till ålder (McPhail & Stephens, 2020).

Metod

Etiskt tillstånd

Denna studie beviljades etiskt tillstånd av den forskningsetiska nämnden vid Åbo Akademi innan datainsamlingen påbörjades.

Deltagare

Vi utvecklade två enkäter för att säkerställa att storleken på samplet skulle vara tillräcklig för att genomföra en konfirmatorisk faktoranalys (en urvalsstorlek mellan 100–195 behövdes; Bryant & Yarnold, 1995). Enkät 1 var riktad till pedofilers verkliga familjemedlemmar och nära vänner. För att nå så många deltagare som möjligt, kontaktade jag flera nationella och globala nätbaserade grupper, organisationer och projekt som arbetar med att öka kunskap om pedofili. Dessutom utvecklade vi enkät 2 med en vinjett där deltagare ombads att föreställa sig vara en familjemedlem eller nära vän till en pedofil, varefter de ombads att besvara samma frågor som deltagarna i enkät 1. Jag rekryterade deltagare till enkät 2 genom annonser på Facebook och surveycircle.com. Dessutom kontaktade jag finska psykologistudentkårer och bad dem sprida länken till enkät 2 via sina e-postlistor. Jag nådde dock inte 100 deltagare med varken enkät 1 eller 2, trots omfattande rekryteringsinsatser.

Den ursprungliga sampelstorleken för enkät 1 var $N = 64$. Efter att ha exkluderat deltagare som inte klarade seriositet- och ärlighetskontrollerna, var den slutliga sampelsstorleken $N = 50$. Medelåldern för våra deltagare var 39,62 (SD 15,61) och varierade från 18 till 72 års ålder.

Procedur

Datainsamlingen började i början av oktober 2021 (13.10.2021) och avslutades i början av januari 2022 (10.1.2022). Alla deltagare ombads att ge sitt informerade samtycke, och de informerades om att deltagandet var frivilligt och att de kunde avsluta sitt deltagande när som helst under undersökningen. Alla deltagare ombads att ge viss demografisk information samt svara på en uppsättning av frågeformulär. Frågeformulären behandlade ämnen såsom upplevelser av närståendestigma, skam, skuld, socialt undvikande och självkänsla. Vi inkluderade även två öppna frågor i undersökningen, som var frivilliga att besvara.

Utveckling av MAP ASM

Vi utvecklade MAP ASM utifrån mätinstrumentet LGB-ASM (Lesbian, Gay, Bisexual Affiliate Stigma Measure; Robinson och Brewster, 2016). Vi modifierade vår skala för att, för det första, bättre återspegla alla sociala miljöer (t.ex. modifierade vi eller raderade påståenden som hänvisar till religiösa/andliga gemenskaper, eftersom vi ville inkludera den sociala miljön som en helhet och inte begränsa den till religiösa/andliga gemenskaper) och för det andra återspegla vårt specifika ämne (till exempel, påståendet "Jag är orolig för att min familjemedlem eller nära vän kan få negativ uppmärksamhet för att hen är en HGB-person" ändrades till "Jag är orolig för att min familjemedlem eller nära vän kommer att få negativ uppmärksamhet för att hen är en pedofil"). Med tanke på att tidigare litteratur har indikerat att pedofiler är starkt stigmatiserade även när de har god beteendemässig självkontroll eller aldrig begår några sexuella övergrepp mot barn (Furnham & Haraldsen, 1998; Jahnke, 2018a; Jahnke et.al., 2015a; Jahnke et.al., 2015b; McCartan, 2004, 2010), så antog vi att pedofilers närståendes antaganden om pedofilernas beteendekontroll skulle vara en faktor i närståendestigmat för pedofilers närstående. Av den här anledningen utvecklade vi ytterligare en faktor med namnet upplevd risk för sexualbrott mot barn.

Efter att vi hade modifierat och utvecklat den initiala skalan skickade vi den för expertbedömning till fyra experter, varav tre arbetar i organisationen B4U-act och en är professor i psykologi vid Åbo Akademi. Därefter gjorde vi ändringar enligt deras kommentarer. Dessutom formulerade vi 23 nya påståenden, så att var och en av underskalorna bestod av minst 7 påståenden, eftersom vi förväntade oss att vi skulle behöva radera påståenden för att öka anpassningen av faktormodellen. Slutligen bestod modellen av 39 påståenden som var relativt jämnt fördelade på de fyra faktorerna. De fyra faktorerna var: offentligt diskriminerande närståendestigma, ställföreträdande stigma, offentlig skam-

närståendestigma och upplevd risk för sexualbrott mot barn. Punkterna besvarades på en 6-gradig Likertskala (från 1, håller inte med, till 6, håller helt med).

Andra mått

Rädslan för negativ utvärdering

Skalan Brief Fear of Negative Evaluation (Brief-FNE; Leary, 1983) mäter i vilken grad människor känner sig oroliga över att bli negativt utvärderade av andra. Brief-FNE inkluderar 12 påståenden som besvaras på 5-gradiga Likertskalor (från 1, inte alls, till 5, extremt). Högre poäng indikerar en högre nivå av rädsla för negativ utvärdering (Leary, 1983).

Självkänsla

Rosenberg Self-Esteem Scale (1965) är en skala som mäter global självkänsla. Skalan inkluderar 10 påståenden som besvaras på en 4-gradig Likertskala (från 1 håller inte med, till 4, håller helt med). Högre poäng indikerar högre självkänsla.

Mentalt välbefinnande

The Brief Symptom Inventory (BSI-18; Derogatis, 2001) mäter somatisering, depression och ångest med tre skalor som var och en innehåller sex påståenden. Påståendena besvaras på en 5-gradig Likertskala (från 1 inte alls, till 5, extremt). Högre poäng indikerar högre nivåer av psykisk ångest.

Skuld och skam

The Guilt and Shame Experience Scale (GSES; Malinkova, 2019) är ett kort instrument för att mäta skuld och skam. Skalan innehåller åtta påståenden som besvaras på en 4-gradig Likertskala (från 1 inte alls, till 4, signifikant). En högre poäng på GSES innebär högre upplevelse av skam och skuld.

Statistiska analyser

Statistiska analyser utfördes med R (version 4.1.2; R Development Core Team, 2021) samt IBM SPSS 28.0 för Mac (IBM Corp., 2021). I R använde vi corrplot-paketet (Wei, 2016) för att visualisera korrelationerna. Vi använde lavaanpaketet (Rosseel, 2012) för den konfirmatoriska faktoranalysen (*eng*. confirmatory factor analysis, CFA). Den konfirmatoriska faktoranalysen genomfördes för att testa anpassningen mellan data och den förväntade trefaktormodellen. Som estimator använde vi Maximum Likelihood (ML). Vi använde Satorra-Bentler-korrigering, för att åtgärda påståenden som var skeva eller hade hög kurtos.

Eftersom tidigare litteratur rekommenderar att inte enbart förlita sig på chi-kvadrattest (Weston & Gore, 2006), bedömde vi modellanpassningen av trefaktormodellen med hjälp av

såväl chi-kvadrattestet som comparative fit index (CFI), Trucker-Lewis index (TLI), root mean square error of approximation (RMSEA) och standardized root-mean-square residual (SRMR). För att utvärdera modellanpassningen följde vi Weston och Gores (2006) samt Bentler och Bonetts (1980) rekommendationer; adekvat anpassning antogs när CFI- och TLI-värden var större än 0,90 och RMSEA- och SRMR-värden var mindre än 0,10. Dessutom använde vi Howards (2016) rekommendation om tillfredsställande faktorladdningar: påståendena förväntades ha en faktorladdning över 0,40. Mellanfaktorkorrelationerna var begränsade till 1. Slutliga beslut gällande modellen baserades på dessa statistiska kriterier såväl som på den teoretiska bakgrunden. Vi genomförde en konfirmatorisk faktoranalys av trefaktormodellen. Dessutom bedömde vi modellanpassningen för faktorn upplevd risk för sexualbrott mot barn.

Resultat

De första resultaten av den konfirmatoriska faktoranalysen antydde att trefaktormodellen inklusive alla 39 objekt inte hade god modellanpassning, $\chi 2$ (461) = 717,55, p <0,001, CFI = 0,637, TLI = 0,610, RMSEA = 0,107 [0,093, 0,120], SRMR = 0,168. För att förbättra modellanpassningen raderade vi sammanlagt 13 påståenden från modellen utifrån deras modifikationsindex (*eng*. modification indices) och faktorladdningar. Vi genomförde en semPlot av modellen och upptäckte att faktorn offentlig skam-närståendestigma var starkt negativt korrelerad med faktorn ställföreträdande stigma (r = -0,63). Dessutom upptäckte vi att faktorn offentlig skam-närståendestigma inte var korrelerad med faktorn offentligt diskriminerande närståendestigma (r = 0,06). Således raderade vi faktorn offentlig skam-närståendestigma från modellen. Jämfört med den tidigare testade trefaktormodellen visade tvåfaktormodellen med 29 modellparametrar förbättrad, men inte tillräckligt god, modellanpassning ($\chi 2$ (76) = 78,68, p = 0,394, CFI = 0,990, TLI = 0,988, RMSEA = 0,027 [0,000, 0,78], SRMR = 0,080). Vi modifierade modellpassningen ytterligare genom att undersöka modifikationsindexen såväl som faktorladdningarna. Dessutom specificerade vi en kovariat mellan två påståenden. Den tvåfaktormodell med 30 modellparametrar som modifieringarna resulterade i innehöll 14 påståenden och en specificerad kovariat. Tvåfaktormodellen visade god modellanpassning $\chi 2$ (75) = 71,68, p = 0,587, CFI = 1,000, TLI = 1,015, RMSEA = 0,000 [0,000, 0,065], SRMR = 0,075. Faktorladdningarna var måttliga till höga (från 0,57 till 0,92).

Efter att ha raderat faktorn offentlig skam-närståendestigma från trefaktormodellen, bedömde vi modellanpassningen av faktorn separat. Resultaten från den konfirmatoriska

faktoranalysen för enfaktorsmodellen offentlig skam-närståendestigma med 22 modellparametrar antydde dålig modellanpassning ($\chi 2$ (44) = 87,04, p <0,001, CFI = 0,735, TLI = 0,669, RMSEA = 0,141 [0,106, 0,176], SRMR = 0,130). För att förbättra modellanpassningen raderade vi sammanlagt sex påståenden från enfaktorsmodellen, utifrån påståendenas modifikationsindex (*eng*. modification indices) och faktorladdningar. Dessutom specificerade vi en kovariat mellan två påståenden. Den resulterade enfaktorsmodellen med 11 modellparametrar innehöll fem påståenden och en specificerad kovariat. Enfaktorsmodellen visade god modellanpassning ($\chi 2$ (4) = 2,069, p = 0,723, CFI = 1,000, TLI = 1,041, RMSEA = 0,000 [0,000, 0,162], SRMR = 0,022). Faktorbelastningarna var måttliga till höga (från 0,61 till 0,80).

Resultaten från den konfirmatoriska faktoranalysen för enfaktorsmodellen upplevd risk för sexualbrott mot barn med 14 modellparametrar antydde dålig modellanpassning ($\chi 2$ (14) = 40,04, *p* <0,000, CFI = 0,871, TLI = 0,806, RMSEA = 0,193 [0,137, 0,251], SRMR = 0,081). För att förbättra modellanpassningen raderade vi sammanlagt tre påståenden från enfaktorsmodellen, utifrån påståendenas modifikationsindex (*eng*. modification indices). Den resulterade enfaktorsmodellen med åtta modellparametrar innehöll fyra påståenden. Enfaktorsmodellen visade god modellanpassning ($\chi 2$ (2) = 0,945, *p* = 0,624, CFI = 1,000, TLI = 1,024, RMSEA = 0,000 [0,000, 0,207], SRMR = 0,011). Faktorbelastningarna var måttliga till höga (från 0,66 till 0,97).

Den slutliga modellen innehöll 23 påståenden som var fördelade på en tvåfaktormodel och två enfaktorsmodeller. Faktorn offentligt diskriminerande närståendestigma innehöll åtta påståenden, faktorn ställföreträdande stigma innehöll sex påståenden, faktorn offentlig skam-närståendestigma innehöll fem påståenden och faktorn upplevd risk för sexualbrott mot barn innehöll 4 påståenden.

Konvergent och diskriminativ validitet

Vi utvärderade konvergent och diskriminativ validitet genom att beräkna bivariata korrelationer från underskalpoäng. I motsats till våra förväntningar hittade vi ingen koppling mellan MAP-ASM-underskalpoängen och skam, socialt undvikande, mentalt välbefinnande eller självkänsla. När det gäller den diskriminativa validiteten var MAP-ASM-underskalpoängen för faktorerna offentlig diskriminering närståendestigma och ställföreträdande stigma svagt kopplade till ålder, medan offentliga skam-närståendestigma och upplevd risk för sexualbrott mot barn inte var kopplade till ålder.

Diskussion

Syftet med denna studie var att utveckla och initialt validera skalan Minor-Attracted People Affiliate Stigma Measure (MAP-ASM). Konstruktionen av MAP-ASM påverkades av LGB-ASM (Robinson & Brewster, 2016), eftersom tidigare forskning har förlitat sig på antagandet om att pedofilers stigmatiseringsupplevelser kan liknas med stigmatiseringsupplevelserna hos andra människor med ett stigmatiserat attribut som inte är omedelbart synligt, såsom lesbisk, homosexuell eller bisexuell läggning (Jahnke & Hoyer, 2013). I motsats till våra förväntningar så bestod den slutliga versionen av MAP-ASM av en tvåfaktorsskala och två enfaktorsskalor, i stället för en trefaktorsskala och en enfaktorsskala. Resultaten från den konfirmatoriska faktoranalysen indikerade att tvåfaktormodellen och de två enfaktorsmodellerna hade god modellpassning. Emellertid stödde resultaten inte den konvergenta och diskriminativa validiteten av skalan.

Viktigaste resultaten

Resultaten från den konfirmatoriska faktoranalysen indikerade att faktorn offentlig skam-närståendestigma hade en stark negativ korrelation med faktorn ställföreträdande stigma och hade en icke-signifikant korrelation med faktorn offentligt diskriminerande närståendestigma. Detta resultat var inte i linje med vare sig faktorstrukturen av LGB-ASM (Robinson & Brewster, 2015) eller vår hypotes. Med andra ord indikerar den höga negativa korrelationen mellan faktorerna offentlig skam-närståendestigma och ställföreträdande stigma att pedofilers närstående som känner mer skam och skuld över att ha en relation med en pedofil, uttrycker mindre oro över pedofilens psykiska eller fysiska välbefinnande.

Dessutom kan det negativa sambandet mellan faktorerna ställföreträdande stigma och offentlig skam-närståendestigma påverkas av om en pedofil har begått sexualbrott mot ett barn eller inte. Med andra ord så kan möjliga sexualbrott mot barn påverka hur mycket oro en närstående uttrycker för pedofilens psykiska eller fysiska välbefinnande. Denna tanke stöddes även av några av de svar som våra deltagare gav på de öppna frågorna.

De konvergenta och diskriminativa validitetsresultaten var inte i linje med våra hypoteser. Vi antog att MAP-ASM skulle vara korrelerad med mått på socialt undvikande, självkänsla, mentalt välbefinnande och skam och skuld. Vår data stödde emellertid inte detta.

Styrkor och begränsningar

Den här studien är, så vitt vi vet, den första som utforskar upplevelserna av närståendestigma hos pedofilers närstående. Även om framtida forskning behövs för att ytterligare validera MAP-ASM, är den här studien det första försöket av att öka kunskapen om den här gruppens erfarenheter av närståendestigma.

Studien hade flera begränsningar som måste beaktas vid tolkning av resultaten. En huvudsaklig begränsning är den tidigare nämnda urvalsstorleken (N = 50) som var väl under rekommendationen för att genomföra en konfirmatorisk faktoranalys (N = 100–195; Bryant & Yarnold, 1995). Dessutom angav nästan hälften av deltagarna (40,6%) att deras familjemedlem eller nära vän som är en pedofil hade begått ett sexualbrott mot ett barn. Det är viktigt att överväga hur inkludering av dessa deltagare i analyserna kan ha påverkat resultaten.

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Appendix

Measures

Table A1

Seriousness Check (Aust et al., 2013) and Honesty Check (Sischka et al., 2020)

Question	Response option
Seriousness Check ”It would be very helpful if you could tell us at this point whether you have taken part seriously, so that we can use your answers for our scientific analysis, or whether you were just clicking through to take a look at the survey? ”	I have taken part seriously; I have just clicked through, please throw away my data
Honesty Check ”Within this survey we asked some questions that many people would consider very private and highly personal. A common reaction to this is that people do not answer honestly. Therefore, we would like to know: In how many instances during the questionnaire did you answer dishonestly?”	not any answers at all; one answer; 2-5 answers; 6-10 answers; more than 10 answers

Table A2

All 39 MAP-ASM item names and item contents by factors

MAP-ASM	
Item name	Item content by factor
Factor 1: Public discrimination affiliate stigma	
community_attitudes	1. People from my community's attitudes towards me will turn sour if they find out my family member or close friend is a MAP
community_lookdown	2. People from my community would look down on me if they knew my family member or close friend is a MAP
community_outcast	3. I fear that I would be an outcast if I told people from my community that my family member or close friend is a MAP
community_dicsriminate	4. People from my community will discriminate against me because I have a family member or close friend who is a MAP
community_hesitate_telling	5. I do not hesitate telling people that my family member or close friend is a MAP
community_notworry_rejection	6. I do not worry about being rejected by people from my community if they find out that my family member or close friend is a MAP
community_careful_telling	7. I am very careful who I tell about my family member or close friend being a MAP
community_avoid	8. People would avoid me if they knew my family member is a MAP
community_not_negativeviews	9. I don't think people would hold negative views of me if they knew my family member or close friend is a MAP
community_respect	34. I believe people would respect me if I told them my family member or close friend is a MAP
community_would_invite	35. I believe people would still invite me to gatherings if I told them my family member or close friend is a MAP
Factor 2: Vicarious affiliate stigma	
MAP_negative_attention	10. I worry that my family member or close friend will receive negative attention for being a MAP
MAP_social_exclusion	11. I worry that my family member or close friend who is a MAP will suffer social exclusion
MAP_physical_harm	12. I worry that my family member or close friend will be physically harmed for being a MAP

MAP_not_harderinlife	13. I do not believe that many things will be harder in life for my family member or close friend because they are a MAP
MAP_verbally_harrassed	14. I worry my family member or close friend will be verbally harassed if others learn they are a MAP
MAP_rejected	15. I worry my family member or close friend will be rejected for being a MAP
MAP_physical_health	16. I worry the stigma my family member or close friend who is a MAP faces will affect their physical health
MAP_not_hardlife	17. I don't think that my family member or close friend's life will be a lot harder due to them being a MAP
MAP_accepted	36. I believe that my family member or close friend who is a MAP would be accepted by others if he/she told them he's/she's a MAP
MAP_positive_attention	37. I believe my family member or close friend who is a MAP would receive positive attention from other people if he/she told them he's/she's a MAP
	Factor 3: Public shame affiliate stigma
feel_shame	18. I feel shame for my family member or close friend for being a MAP
feel_worse	19. I feel worse about myself because my family member or close friend is a MAP
feel_embarassed	20. I feel embarrassed that I have a family member or close friend who is a MAP
notfeel_judged	21. I do not feel judged as a failure by society because my family member or close friend is a MAP
feel_responsible	22. I feel responsible for my family member or close friend being a MAP
blame_myself	23. I blame myself that my family member or close friend is a MAP
lose_face	24. I will feel like I will lose face if people in my community found out that my family member or close friend is a MAP
proud_MAP_told	25. I am proud of my family member or close friend for telling me that they are a MAP
glad_MAP_told	26. I am glad that my family member or close friend told me they are a MAP
high_regard_myself	38. I have a high regard of myself because my close friend or a family member is a MAP
emotionally_at_ease	39. I am emotionally at ease with the fact that my family member/close friend is a MAP
	Factor 4: Perceived offending risk
trust_MAP_control	27. I trust that my family member or close friend can control their sexual attraction to children
not_afraid_offend	28. I'm not afraid that my family member or close friend who is a MAP would sexually offend against children

trust_would_not_harm	29. I trust that my family member or close friend who is a MAP would not harm children
not_hesitate_inviting	30. I do not hesitate to invite my family member or close friend who is a MAP to events where children are present
not_worried_csa_material	31. I'm not worried that my family member or close friend who is a MAP would use and spread child sexual abuse material
trust_takecare_children	32. I would trust my family member or close friend who is a MAP to take care of children
not_hesitate_asking_takecare_children	33. I do not hesitate to ask my family member or close friend who is a MAP to take care of my children

Note. The table includes all 39 items that were developed and analyzed. MAP ASM= Minor-Attracted Person Affiliate Stigma Measure. Item name column = indicates how the items were named in the dataset. Item content by factor = indicates which factor each item belongs to. The number in front of each item denote the original item number.

Table A3

The Brief Fear of Negative Evaluation Scale (Leary, 1983)

Item
1. I worry about what other people will think of me even when I know it doesn't make any difference
2. I am unconcerned even if I know people are forming an unfavorable impression of me
3. I am frequently afraid of other people noticing my shortcomings
4. I rarely worry about what kind of impression I am making on someone
5. I am afraid that others will not approve of me
6. I am afraid that people will find fault with me
7. Other people's opinions of me do not bother me
8. When I am talking to someone, I worry about what they may be thinking about me
9. I am usually worried about what kind of impression I make
10. If I know someone is judging me, it has little effect on me
11. Sometimes I think I am too concerned with what other people think of me
12. I often worry that I will say or do the wrong things

Note. Instructions asked respondents to "Read each of the following statements carefully and indicate how characteristic it is of you according to the following scale".

Table A4

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Item
1. On the whole, I am satisfied with myself
2. At times I think I am no good at all
3. I feel that I have a number of good qualities
4. I am able to do things as well as most other people
5. I feel I do not have much to be proud of
6. I certainly feel useless at times
7. I feel that I'm a person of worth, at least on an equal plane with others
8. I wish I could have more respect for myself
9. All in all, I am inclined to feel that I am a failure
10. I take a positive attitude toward myself

Note. Instructions given to the participants were as follow: "Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement".

Table A5

Brief Symptom Inventory BSI-18 (Derogatis, 2001)

Symptoms
1. Faintness or dizziness
2. Feeling no interest in things
3. Nervousness or shakiness inside
4. Pains in heart or chest
5. Feeling lonely
6. Feeling tense or keyed up
7. Nausea or upset stomach
8. Feeling blue
9. Suddenly scared for no reason
10. Trouble getting your breath
11. Feelings of worthlessness
12. Spells of terror or panic
13. Numbness or tingling in parts of your body
14. Feeling hopeless about the future
15. Feeling so restless you couldn't sit still
16. Feeling weak in parts of your body
17. Thoughts of ending your life
18. Feeling fearful

Note. Instructions given to the participants were as follow: "Please read each sentence carefully and click the number that best describes how much that problem has distressed or bothered you during the past 7 days including today. How much were you distressed by".

Table A6

The Guilt and Shame Experience Scale (GSES; Malinkova et al., 2019)

Item
1. I feel guilty, even though I do not know exactly where it is coming from
2. If I do anything wrong, I have to think about it all the time
3. There are moments when I would rather sink without trace
4. When I do something wrong, I feel an exaggerated feeling of guilt
5. I am losing hope that I will ever be a good person
6. I blame myself even for things that other people do not think of
7. I experience moments when I cannot even look at myself
8. I feel the need to explain or apologize for the reason of my actions

Note. Instructions given to the participants were as follow: “To what degree do you agree with the following statement?”.

Table A7

Final 23 MAP-ASM item names and item contents by factors

MAP-ASM	
Item name	Item content by factor
	Factor 1: Public discrimination affiliate stigma
community_attitudes	1. People from my community's attitudes towards me will turn sour if they find out my family member or close friend is a MAP
community_lookdown	2. People from my community would look down on me if they knew my family member or close friend is a MAP
community_outcast	3. I fear that I would be an outcast if I told people from my community that my family member or close friend is a MAP
community_dicsriminate	4. People from my community will discriminate against me because I have a family member or close friend who is a MAP
community_avoid	8. People would avoid me if they knew my family member is a MAP
community_not_negativeviews	9. I don't think people would hold negative views of me if they knew my family member or close friend is a MAP
community_respect	34. I believe people would respect me if I told them my family member or close friend is a MAP
community_would_invite	35. I believe people would still invite me to gatherings if I told them my family member or close friend is a MAP
	Factor 2: Vicarious affiliate stigma
MAP_negative_attention	10. I worry that my family member or close friend will receive negative attention for being a MAP
MAP_social_exclusion	11. I worry that my family member or close friend who is a MAP will suffer social exclusion
MAP_physical_harm	12. I worry that my family member or close friend will be physically harmed for being a MAP
MAP_verbally_harrassed	14. I worry my family member or close friend will be verbally harassed if others learn they are a MAP
MAP_rejected	15. I worry my family member or close friend will be rejected for being a MAP
MAP_physical_health	16. I worry the stigma my family member or close friend who is a MAP faces will affect their physical health
	Factor 3: Public shame affiliate stigma
feel_shame	18. I feel shame for my family member or close friend for being a MAP

feel_embarassed	20. I feel embarrassed that I have a family member or close friend who is a MAP
glad_MAP_told	26. I am glad that my family member or close friend told me they are a MAP
high_regard_myself	38. I have a high regard of myself because my close friend or a family member is a MAP
emotionally_at_ease	39. I am emotionally at ease with the fact that my family member/close friend is a MAP
	Factor 4: Perceived offending risk
trust_MAP_control	27. I trust that my family member or close friend can control their sexual attraction to children
trust_would_not_harm	29. I trust that my family member or close friend who is a MAP would not harm children
not_worried_csa_material	31. I'm not worried that my family member or close friend who is a MAP would use and spread child sexual abuse material
trust_takecare_children	32. I would trust my family member or close friend who is a MAP to take care of children

Note. The table includes the final 23 items of the MAP ASM. MAP ASM= Minor-Attracted Person Affiliate Stigma Measure. Item name column = indicates how the items were named in the dataset. Item content by factor = indicates which factor each item belongs to. The number in front of each item denote the original item number.

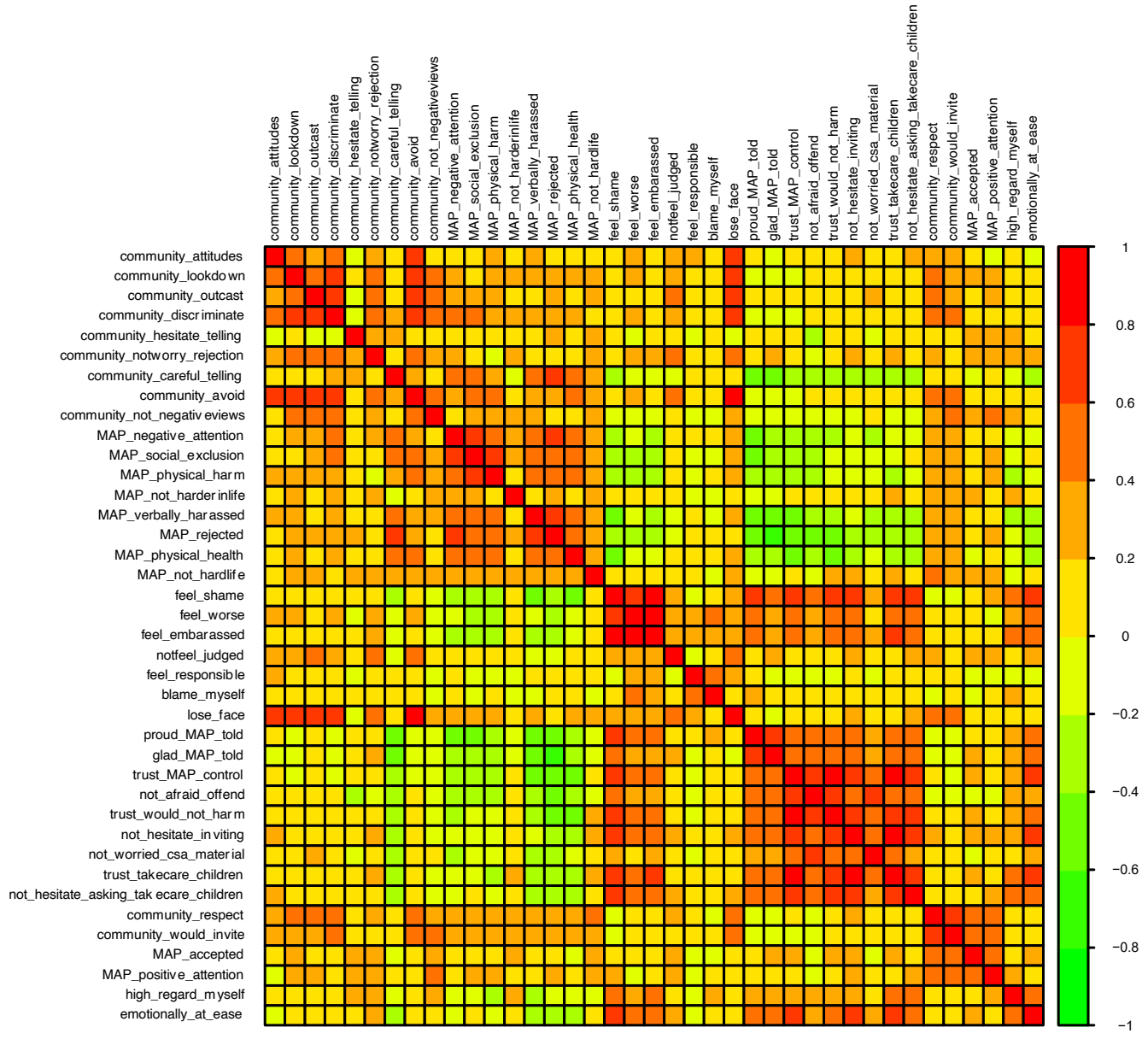
Table A8

Descriptive statistics of all the initial 39 items

Item name	Mean	SD	Skew	Kurtosis
community_attitudes	3.88	2.40	-3.08	14.03
community_lookdown	4.34	1.47	-.74	-.38
community_outcast	3.92	1.60	-.31	-.98
community_discriminate	4.02	1.45	-.55	-.49
community_hesitate_telling	5.38	1.16	-2.14	4.24
community_notworry_rejection	3.78	1.84	-.35	-1.49
community_careful_telling	5.16	2.38	-4.43	22.31
community_avoid	4.00	1.51	-.56	-.46
community_not_negativeviews	4.35	1.48	-.69	-.45
MAP_negative_attention	5.10	1.07	-.87	-.24
MAP_social_exclusion	4.76	1.55	-1.26	.49
MAP_physical_harm	4.46	1.47	-.65	-.54
MAP_not_harderinlife	4.68	1.49	-.98	-.15
MAP_verbally_harassed	4.88	1.48	-1.24	.36
MAP_rejected	5.06	1.19	-1.70	3.14
MAP_physical_health	4.76	1.36	-.85	-.25
MAP_not_hardlife	5.00	1.31	-1.44	1.57
feel_shame	2.68	1.86	.61	-1.13
feel_worse	2.28	1.81	1.05	-.43
feel_embarassed	2.52	1.81	.72	-1.04
notfeel_judged	2.76	1.61	.56	-.92
feel_responsible	1.80	1.41	1.79	1.99
blame_myself	1.36	.88	2.66	6.61
lose_face	4.04	1.59	-.57	-.72
proud_MAP_told	1.90	1.37	1.56	1.58
glad_MAP_told	1.72	1.20	2.15	4.46
trust_MAP_control	2.24	1.62	1.25	.32
not_afraid_offend	2.38	1.70	1.04	-.29
trust_would_not_harm	2.16	1.57	1.26	.42
not_hesitate_inviting	2.56	1.74	.86	-.65
not_worried_csa_material	2.72	1.82	.65	-1.03
trust_takecare_children	2.82	1.70	.62	-.90
not_hesitate_asking_takecare_children	3.14	1.95	.21	-1.55
community_respect	4.56	1.34	-.67	-.37
community_would_invite	3.60	1.62	.16	-1.36
MAP_acceped	4.60	1.39	-.86	-.09
MAP_positive_attention	5.06	1.10	-1.21	1.73
high_regard_myself	3.92	1.51	-.29	-.87
emotionally_at_ease	2.78	1.74	.58	-.98

Figure A1

Correlation matrix of the final 23 items in the MAP ASM



Note. Correlation matrix of the correlations between all 39 items that were developed and analyzed. Strong positive correlations are shown in red, whereas strong negative correlations are shown in green. Correlations close to zero are shown in yellow.

Pressmeddelande

Stigmaupplevelser hos närstående till individer med sexuellt intresse för barn – Utveckling och utvärdering av ett mätinstrument

Pro gradu-avhandling i psykologi

Fakulteten för humaniora, psykologi och teologi, Åbo Akademi

En pro gradu-avhandling i psykologi vid Åbo Akademi rapporterar ett första försök i att utveckla och utvärdera ett mätinstrument för stigmaupplevelser hos närstående till individer med sexuellt intresse för barn. Resultaten presenterar ett initialt granskat mått på stigmaupplevelser hos närstående till individer med sexuellt intresse för barn. Vidare undersöktes sambandet mellan närståendestigma och skam, socialt undvikande, mentalt välbefinnande, självkänsla och ålder. Vid tolkning av resultat bör det tas i beaktande att samplet var väldigt litet, vilket försämrar resultatens tillförlitlighet. Framtida forskning bör vidare utvärdera skalan, för att öka dess användbarhet.

Avhandlingen utfördes av Louise Salminen under handledningen av Sara Jahnke, PsD och Jan Antfolk, PsD.

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