

Psychological Causes and Impact of Pedophilia Behaviour on Victims: Nigerian Medical Professionals' Perspectives

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Abstract

Pedophilia, characterized by an adult's sexual attraction to prepubescent children, has emerged as a growing public health concern in Nigeria. This study examines the psychological causes of pedophilia and its impact on victims, using insights from medical professionals in Osun State, Nigeria. Employing a descriptive survey design, 360 participants, including doctors, nurses, laboratory technicians, and health assistants, were sampled. Data were collected using the validated "Psychological Causes and Impact of Pedophilia Behaviour on Victims Questionnaire (PCIPBVQ)." Findings revealed significant psychological causes of pedophilia, including childhood exposure to inappropriate sexual behavior, lack of emotional care during formative years, and excessive sexual urges. Victims of pedophilic behaviour were reported to experience profound psychological consequences, such as depression, personality disorders, and sexual dysfunction. Gender differences were noted in perceptions of the causes, but professionals unanimously recognized the severe impact on victims. Perceptions of the causes and consequences showed no variation across job roles, reflecting a shared understanding among medical professionals. The study recommends creating safe environments for children and implementing early interventions to prevent trauma. Victims should be supported through counseling and rehabilitation. Gender-sensitive training for healthcare professionals is essential, along with the development of standardized guidelines for victim care. Policymakers and organizations should prioritize victim-focused policies and fund initiatives addressing the psychological impact of pedophilia. Enhanced collaboration among healthcare professionals and researchers is vital to advance understanding and intervention efforts.

Keywords: Trauma, Mental Health, Child Abuse, Professional Insights, Victimization

Introduction

Pedophilia, derived from the Greek words “pais” (child) and “philia” (love or attraction), is defined as a psychiatric disorder characterized by recurrent and intense sexual urges, fantasies, or behaviours involving prepubescent children (American Psychiatric Association, 2013). As outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), pedophilia is categorized as a paraphilic disorder, which denotes a deviant sexual interest causing significant distress or functional impairment. Not all individuals with pedophilic tendencies act on their urges, distinguishing pedophilia from child molestation. However, the potential for psychological and social harm is significant when such tendencies translate into abusive behaviours (Seto, 2010). Globally, pedophilia has emerged as a critical public health and societal challenge due to its profound implications for victims, families, and communities. The disorder's prevalence is difficult to ascertain, as cultural stigmatization and legal barriers often prevent accurate reporting. Studies conducted in Europe and North America estimate that approximately 1% to 5% of men exhibit pedophilic tendencies (Blanchard, Cantor & Robichaud, 2009). Although global data exist, limited research is available in African contexts, particularly in Nigeria, where the phenomenon is alarmingly prevalent. The 2018 Nigeria Demographic and Health Survey revealed that 14% of women aged 15–49 reported experiencing sexual violence in the 12 months preceding the survey, with a significant proportion of these cases involving minors (Durojaiye, 2020).

In Nigeria, socio-cultural factors exacerbate the problem. Patriarchal norms, weak enforcement of child protection laws, and societal stigmatization contribute to the underreporting and persistence of pedophilia. The country's cultural diversity also complicates efforts to standardize preventive measures, as traditional practices in some regions tacitly permit early marriages or child exploitation (Aina-Pelemo, 2021). The psychological causes of pedophilia are multifaceted and often rooted in developmental, neurological, and environmental factors. Among the

most widely cited theories is Freud's psychosexual development model, which posits that unresolved conflicts during early developmental stages may lead to fixation, a psychological state in which individuals remain emotionally or sexually attached to earlier stages of development (Seto, 2010). A child subjected to trauma or neglect may fail to progress through normal stages of emotional growth, resulting in an inability to form age-appropriate sexual relationships in adulthood (Blanchard et al., 2009).

Empirical research identifies childhood abuse, parental neglect, and insecure attachment as key factors predisposing individuals to pedophilic tendencies (Tenbergen et al., 2015). Empathy deficits, common in such individuals, impair recognition of harm, facilitating exploitative behaviors (Jahnke, 2018). These traits often align with antisocial personality disorders, prioritizing personal desires over societal norms (Lasher & Stinson, 2017). Neurodevelopmental studies reveal structural and functional brain abnormalities, notably in the amygdala, linked to inappropriate sexual arousal (Seto, 2010; Tenbergen et al., 2015). Environmental factors, including early exposure to sexual trauma or pornography, significantly contribute to deviant sexual preferences (Perrotta, 2020). Repeated exposure to explicit materials can normalize inappropriate behaviors, distorting perceptions of acceptability (Ryan et al., 2007). These findings underscore the complex interplay of psychological, neurological, and environmental factors driving pedophilia, necessitating targeted interventions.

In Nigeria, pedophilia persists as a pervasive issue, shrouded by cultural norms, inadequate legal frameworks, and pervasive stigma (Oluwatosin & Akinbo, 2017). This hidden epidemic disproportionately harms children, who are often defenseless against abuse. UNICEF (2015) reports that one in four Nigerian girls faces sexual violence before age 18, highlighting systemic failures in protecting minors. Cultural taboos around discussing sexuality, coupled with families prioritizing reputation over justice, often lead to out-of-court settlements, perpetuating abuse cycles (Aina-Pelemo, 2021). High-profile cases, such as a 2020 trial of a traditional ruler in Osun State, underscore judicial inadequacies (Faturoti, 2020). The Violence Against Persons Prohibition Act, though comprehensive, is inconsistently implemented across Nigeria's 36 states

(Durojaiye, 2020). Additionally, child marriage, prevalent in northern Nigeria, normalizes exploitative relationships, with over 43% of girls married before 18, defying human rights standards (National Bureau of Statistics, 2017).

Socioeconomic disparities significantly exacerbate pedophilia in Nigeria, with children from impoverished families facing heightened vulnerability. Financial dependence often compels families to accept monetary settlements from perpetrators, fostering impunity (Agbo, 2019). Limited awareness and education further aggravate the issue, as many communities lack sex education programs to teach children about boundaries and reporting abuse (Aina-Pelemo, 2021). Cultural taboos around sexuality discussions silence victims, who fear shame or retaliation. Technological advancements introduce new risks, with social media enabling online grooming due to inadequate cybersecurity measures (Perrotta, 2020). Legal and institutional shortcomings, including weak enforcement, corrupt or untrained police, and costly, delayed judicial processes, deter justice-seeking (Durojaiye, 2020). The impact on victims is profound, causing lasting psychological, emotional, social, and physical harm, underscoring the urgent need for robust support systems and systemic reforms to address this pervasive issue.

Psychological Consequences

One of the most significant impacts of pedophilia is the psychological toll it takes on victims. Survivors often experience severe mental health issues, including post-traumatic stress disorder (PTSD), depression, and anxiety. PTSD is characterized by intrusive thoughts, flashbacks, nightmares, and hypervigilance, which can persist for years or even decades after the abuse (Shalini & Seema, 2020). Many victims struggle to establish a sense of safety and trust, as the trauma disrupts their ability to form healthy relationships and function in daily life. Depression and suicidal ideation are also common among victims of pedophilia. According to Jahnke (2018), survivors often internalize feelings of guilt, shame, and self-blame, believing that they were somehow responsible for

the abuse. This internalized stigma exacerbates their emotional distress, leading to a heightened risk of self-harm and suicide. Agbo (2019) highlights that the lack of accessible mental health services in many Nigerian communities further compounds these challenges, leaving victims without the support they need to heal.

Emotional and Social Consequences

The emotional scars left by pedophilia can be just as debilitating as the psychological ones. Victims often report feelings of worthlessness, low self-esteem, and a diminished sense of identity. These emotional wounds can hinder their ability to pursue education, maintain employment, or engage in social activities, effectively isolating them from the community (Noll et al., 2009). In many cases, survivors become withdrawn and struggle to articulate their pain, further exacerbating their isolation. Socially, victims of pedophilia face significant stigma and ostracization. In conservative societies like Nigeria, where discussions about sexual violence are often taboo, victims are frequently blamed for their abuse. This victim-blaming culture not only silences survivors but also deters them from seeking help or reporting their experiences. Aina-Pelemo (2021) notes that societal attitudes toward victims of sexual violence must be challenged to create an environment where survivors feel supported rather than shamed.

Physical Health Implications

The physical consequences of pedophilia are equally devastating. Victims often suffer from sexually transmitted infections (STIs), chronic pain, and, in severe cases, injuries resulting from the abuse. Teenage pregnancy is another common outcome, placing an additional burden on victims who are already grappling with emotional and psychological trauma. Pregnant victims face a higher risk of complications during childbirth and are often forced to abandon their education, limiting their future opportunities (Agbo, 2019). In some cases, the physical consequences of pedophilia can lead to long-term health problems,

including reproductive issues and chronic illnesses. Victims who lack access to medical care are particularly vulnerable, as untreated conditions can worsen over time. The absence of adequate healthcare infrastructure in many Nigerian communities further exacerbates these challenges, leaving survivors without the resources they need to recover (Oluwatosin & Akinbo, 2017).

Long-term Impacts

The long-term effects of pedophilia extend beyond the immediate physical and emotional consequences. Many survivors struggle with interpersonal relationships, finding it difficult to trust others or establish healthy boundaries. This can lead to patterns of re-victimization, where survivors become more susceptible to further abuse in adulthood (Lasher & Stinson, 2017). Additionally, the trauma of pedophilia often affects survivors' ability to parent, perpetuating cycles of dysfunction and abuse within families. Economically, survivors of pedophilia face significant barriers to success. Many are unable to complete their education or secure stable employment due to the lingering effects of trauma. This economic disadvantage can trap survivors in cycles of poverty, making them more vulnerable to exploitation and further abuse (Afolabi, 2020).

Pedophilia, a condition marked by an adult's sexual attraction to prepubescent children, is a form of child sexual abuse that presents serious psychological, emotional, and physical consequences for the victims. The prevalence and impact of pedophilia remain a critical issue in Nigeria, with studies indicating that the consequences for victims can include long-term psychological trauma, behavioural disorders, and significant disruption in social development (Adeoye, 2017). Additionally, the psychological effects on victims are played down, the focus tends to be on general child abuse without distinguishing the unique consequences of pedophilic abuse.

Olusanya (2015) worked on the relationship between cultural beliefs and child sexual abuse in Nigeria, suggesting that societal norms and a lack of legal safeguards contribute to the perpetuation of abuse.

Oduwole and Adebayo (2018) also examined the role of family dynamics and socio-cultural attitudes in the prevalence of child sexual abuse in Southwest Nigeria, highlighting how factors such as poverty and lack of education exacerbate the vulnerability of children to sexual exploitation. While these studies contribute to understanding child sexual abuse in general, they have not sufficiently addressed the unique manifestations of pedophilia or provided insights into its causes as perceived by medical professionals. Also, to the best knowledge of the researcher, there are limited studies in Nigeria, particularly in Osun State, that critically examined the causes of pedophilia and how medical professionals perceive it. As such, the present study seeks to bridge the gap by examining the perceptions of medical professionals regarding the causes and impact of pedophilia in the region.

The following research questions were raised to guide the study:

1. What are the psychological causes of pedophilia as perceived by medical professionals in Osun State?
2. What is the impact of pedophilia behaviour on victims as perceived by medical professionals in Osun State?

Materials and Methods

This study adopted a descriptive survey design to systematically collect data on the psychological causes and consequences of pedophilic behavior, as perceived by medical professionals in Osun State, Nigeria. This design was selected for its ability to capture comprehensive insights from a diverse sample, ensuring a robust representation of practitioners' perspectives. A structured questionnaire served as the primary data collection tool, targeting doctors, nurses, laboratory technicians, and health worker assistants. The survey focused on psychological causes (e.g., childhood trauma, emotional neglect, exposure to inappropriate sexual content) and victim impacts (e.g., depression, personality disorders, sexual dysfunction), providing a nuanced understanding of professional viewpoints. Data analysis employed t-tests to examine group

differences, such as gender-based perceptions, and Analysis of Variance (ANOVA) to assess the influence of multiple factors, including professional role and years of experience, on perceptions of pedophilic behavior. These statistical methods elucidated the impact of demographic variables, offering a comprehensive overview of medical professionals' perspectives in Osun State and highlighting the role of contextual factors in shaping their views.

The population comprised medical professionals, including doctors, nurses, laboratory technicians, and health assistants in Osun State. A multi-stage sampling procedure ensured a representative sample of 360 medical professionals in Osun State, Nigeria. Purposive sampling selected two major teaching hospitals for their diverse staff, followed by proportional sampling to allocate respondents based on hospital staff size. Simple random sampling then identified participants, including 48 (13.3%) medical doctors, 122 (34%) nurses, 124 (34.4%) laboratory technicians, and 66 (18.3%) health worker assistants. Of these, 275 (76.4%) were female and 85 (23.6%) male, providing diverse perspectives on pedophilia's psychological causes and victim impacts. Data were collected using the Psychological Causes of Pedophilia and Impact on Victims Questionnaire (PCPIVQ), a structured instrument with a four-point Likert scale (4 = strongly agree, 1 = strongly disagree). It comprised three sections: Section A gathered demographic data (gender, age, job role, experience); Section B (10 items) explored psychological causes, such as childhood trauma and emotional neglect; Section C (10 items) assessed victim impacts, including psychological trauma and depression. This rigorous methodology ensured robust, generalizable findings.

Ethical approval was obtained from hospital administrations in Osun State, Nigeria, and informed consent was secured from respondents, with participation limited to willing individuals. The Psychological Causes of Pedophilia and Impact on Victims Questionnaire (PCPIVQ) was validated by experts in psychology and research methodology for content accuracy. Reliability was assessed via a test-retest method over four weeks, yielding a Pearson Product Moment Correlation coefficient of 0.76, indicating satisfactory consistency. Data were analyzed using

descriptive statistics (means, rank orders) for research questions and inferential statistics (t-tests, ANOVA) at a 0.05 significance level via SPSS 22.0, ensuring robust insights into medical professionals' perceptions.

Results and Discussion

The findings indicate that medical professionals in Osun State primarily attribute pedophilia to exposure to inappropriate sexual behavior during childhood, lack of emotional care, and excessive sexual drive, with mean scores of 3.86, 3.71, and 3.65, respectively. These results align with Lyimo (2023), who found that early exposure to sexual content and emotional neglect significantly contribute to deviant sexual behaviors in Tanzania. Similarly, Olshan (2014) emphasized childhood exposure to explicit material and emotional deprivation as key precursors to pedophilia, reinforcing the role of adverse early experiences. Notably, childhood trauma ranked lowest (mean = 2.48), suggesting medical professionals in this context perceive it as a less dominant factor compared to environmental influences.

Table 1. Mean, Standard Deviation, and Rank Order Analysis on the Psychological Causes of Pedophilia as Perceived by Medical Professionals in Osun State

Item No.	Some psychological causes of pedophilia include:	Mean Score	Rank
5	being exposed to bad sexual behaviours in childhood	3.86	1 st
1	lack of emotional care in childhood	3.71	2 nd
7	excessive urge for sex	3.65	2 nd
9	having a wrong understanding of sexual maturity	3.50	4 th
4	not having close relationships with adults in childhood	3.48	5 th
10	low self-esteem in childhood.	3.44	6 th
2	feeling rejected as a child	3.43	7 th
6	having negative experiences in childhood	3.31	8 th
8	lack of care and attention in childhood	2.62	9 th
3	experiencing trauma in childhood	2.48	10 th

The first research question sought to determine the psychological causes of pedophilia as perceived by medical professionals in Osun State. Table 1 outlines the responses of medical practitioners regarding the psychological factors contributing to pedophilia. The findings indicate that Items 5, 1, and 7 ranked 1st, 2nd, and 3rd, with mean scores of 3.86, 3.71, and 3.65, respectively. These items identify psychological causes of pedophilia as exposure to inappropriate sexual behaviour during childhood, lack of emotional care during formative years, and excessive sexual drive. Item 3 ranked last, with a mean score of 2.48, stating that childhood trauma is a potential psychological cause of pedophilia. Importantly, nine of the ten items scored above the cut-off point of 2.50, indicating that the majority of respondents affirmed these items as psychological contributors to pedophilia.

The findings also reveal that medical professionals in Osun State perceive depression, personality disorders, and sexual dysfunction as primary impacts of pedophilic behavior on victims, with mean scores of 3.73, 3.65, and 3.64, respectively. All ten items scored above the 2.50 cut-off, indicating a strong consensus on the significant psychological toll on victims. These results align with Carranza-Leon et al. (2023), who identified impaired social functioning and emotional distress as key consequences of child sexual abuse in Namibia. Similarly, Shalini and Seema (2020) highlighted depression, guilt, and sexual behavior problems as prevalent among victims, consistent with this study's outcomes. Lasher and Stinson (2017) and Jahnke (2018) further corroborate these findings, emphasizing shame and stigmatization as enduring victim challenges. This consensus underscores the urgent need for comprehensive support systems to address the multifaceted psychological impacts on victims in Nigeria.

Table 2. Mean, Standard Deviation and Rank Order Analysis on the Impact of Pedophilia Behaviour on Victims as Perceived by Medical Professionals in Osun State.

Item No.	The impact of pedophilia behaviour on victims includes:	Mean	Rank Order
6	feeling of depression	3.73	1 st
9	personality disorder	3.65	2 nd
4	sexual dysfunction	3.64	3 rd
2	Stigmatization	3.62	3 rd
3	uncontrolled anxiety	3.57	4 th
5	social withdrawal	3.42	4 th
8	post-traumatic stress disorder	3.41	7 th
10	virginal infection	3.28	8 th
7	unwanted pregnancy	3.19	8 th
1	guilt and shame	3.13	10 th

The second research question examined the impact of pedophilic behaviour on victims as perceived by medical professionals in Osun State. This table presents the mean scores and rank order for the impact of pedophilic behaviour on victims. The results indicate that Items 6, 9, and 4, with mean scores of 3.73, 3.65, and 3.64 respectively, rank 1st, 2nd, and 3rd. These items highlight that the impacts of pedophilic behaviour on victims include feelings of depression, personality disorders, and sexual dysfunction. All ten items scored above the cut-off point of 2.50, establishing that medical practitioners perceive the impact of pedophilic behaviour on victims as significant.

The study reveals a significant gender-based difference in medical professionals' perceptions of the psychological causes of pedophilia in Osun State ($t = 3.51$, $p = 0.001$, $p < 0.05$), leading to the rejection of the null hypothesis. This suggests that male and female practitioners hold divergent views on factors such as childhood trauma or emotional neglect. This finding aligns with Oladipo et al. (2018), who found that male healthcare professionals in Nigeria often attribute pedophilia to biological factors, while female professionals emphasize environmental influences. Similarly, Yates et al. (2017) noted that personal beliefs, potentially

shaped by gender, influence perceptions of pedophilia’s causes more than professional roles. These gender-based variations may reflect cultural or socialization differences among practitioners in Osun State, warranting further investigation to inform targeted training and awareness programs for medical professionals

Table 3. T-test showing the Psychological Causes of Pedophilia as Perceived by Medical Practitioners in Osun State based on Gender.

Gender	N	Mean	Std. D	df	Cal.t.	p-value	Decision
Female	275	67.94	6.28	358	3.51	.001*	Rejected
Male	85	65.28	5.47				

*Significant; $p<0.05$

The findings of the study revealed a significant difference in the psychological causes of pedophilia as perceived by medical practitioners in Osun State based on gender. This study presents a calculated t-value of 3.51 with a corresponding p-value of 0.001, which is below the 0.05 level of significance. The null hypothesis is rejected because the p-value is less than the threshold.

The study found no significant gender-based difference in medical professionals’ perceptions of the impact of pedophilic behaviour on victims in Osun State ($t = 1.02$, $p = 0.07$, $p > 0.05$), leading to the acceptance of the null hypothesis. This indicates that male and female practitioners share a consistent understanding of victim impacts, such as depression and personality disorders. This finding aligns with Ifayomi et al. (2023), who reported that socio-cultural norms, rather than gender, shape Nigerian healthcare professionals’ views on child sexual abuse impacts. Similarly, Matthews et al. (2016) and Clements et al. (2017) suggest that professional context and cultural factors outweigh gender in shaping perceptions of sexual abuse consequences. These results highlight a unified professional perspective, emphasizing the need for collaborative, gender-neutral interventions to support victims effectively.

Table 4. t-test showing the Impact of Pedophilia Behaviour on Victims as Perceived by Medical Practitioners in Osun State Based on Gender.

Gender	N	Mean	Std. D	df	Cal.t.	p-value	Decision
Female	275	74.81	2.467	358	1.02	0.07	Accepted
Male	85	73.12	2.168				

Table 4 further revealed that there is no significant difference in the perceived impact of pedophilic behaviour on victims based on the gender of medical practitioners in Osun State. Table 5 presents a calculated t-value of 1.02 with a corresponding p-value of 0.07, which exceeds the 0.05 level of significance. Since the p-value is greater than the alpha level of 0.05, the null hypothesis is accepted.

The study found no significant difference in perceptions of the psychological causes of pedophilia among medical professionals in Osun State across job roles ($F = 2.08$, $p = 0.10$, $p > 0.05$), leading to the acceptance of the null hypothesis. This suggests that doctors, nurses, laboratory technicians, and health worker assistants share a consistent understanding of factors such as childhood exposure to inappropriate sexual behavior and emotional neglect. This finding aligns with Moyo et al. (2020), who reported that professional roles did not significantly influence healthcare professionals' views on pedophilia's causes. Similarly, Müller et al. (2018) noted that societal attitudes, rather than job descriptions, shape medical professionals' perceptions. This uniformity suggests that training and awareness programs can adopt a standardized approach across professional roles to address pedophilia's psychological causes effectively.

Table 5. Analysis of Variance (ANOVA) showing the Psychological Causes of Pedophilia as Perceived by Medical Practitioners in Osun State Based on Job Description.

Sources	SS	Df	MS	F	p-value	Decision
Between Groups	135.958	3	45.319	2.08	0.10	Accepted
Within Groups	7743.573	356	21.751			
Total	7879.531	359				

The study found no significant difference in how medical practitioners in Osun State perceive the psychological causes of pedophilia, regardless of their job descriptions. As shown in Table 5, the F-calculated value is 2.08, with a p-value of 0.10, which is above the 0.05 level of significance.

The study found no significant difference in perceptions of the impact of pedophilic behavior on victims among medical professionals in Osun State across job roles ($F = 2.30, p = 0.061, p > 0.05$), leading to the acceptance of the null hypothesis. This indicates that doctors, nurses, laboratory technicians, and health worker assistants share a uniform understanding of victim impacts, such as depression and sexual dysfunction. This finding aligns with Oyekola (2017), who reported that teachers in Osun State, regardless of job titles, recognized the profound effects of sexual abuse on students. Similarly, Okoji and Adesina (2023) found that media professionals consistently highlighted the emotional and psychological toll of child sexual abuse, irrespective of their roles. This consensus across professional roles underscores the need for unified, role-agnostic support systems to address the severe impacts of pedophilia on victims effectively.

Table 6. Analysis of Variance (ANOVA) showing the Impact of Pedophilia Behaviour on Victims as Perceived by Medical Practitioners in Osun State Based on Job description.

Sources	SS	Df	MS	F	p-value	Decision
Between Groups	153.289	3	51.096	2.30	.061	Accepted
Within Groups	7883.455	356	22.144			
Total	8036.744	359				

The study revealed no significant difference in the perceived impact of pedophilic behaviour on victims among medical practitioners in Osun State based on their job descriptions. As indicated in Table 6, the F-calculated value of 2.30 and the corresponding p-value of 0.061 exceeded the 0.05 threshold for significance, leading to the acceptance of the null hypothesis.

Conclusion and Recommendations

The study on pedophilic behaviours, as perceived by medical professionals in Osun State, highlighted key psychological causes, including childhood exposure to inappropriate sexual behaviour, lack of emotional care during formative years, and excessive sexual urges. These findings emphasize the critical role of early life experiences in shaping pedophilic tendencies. The impact of pedophilic behaviours on victims was reported to be severe, leaving lasting emotional, psychological, and social scars. While gender differences were observed in how medical professionals perceived the causes of pedophilia, both male and female professionals agreed on the significant impact on victims. Additionally, perceptions of the causes and effects showed no variation based on job roles, indicating a shared understanding across different professional responsibilities. These findings stress the importance of addressing the underlying causes of pedophilia and offering comprehensive support to those affected.

Based on the findings of the study, it was recommended that parents, caregivers, educators, government agencies, and NGOs should create safe environments for children and ensure early intervention when harmful behaviours or trauma are identified. Government agencies, non-governmental organizations (NGOs), mental health institutions, and healthcare providers should provide victims with psychological, emotional, and social support through counselling, rehabilitation, and trauma-focused care. Training institutions, medical organizations, and professional bodies overseeing healthcare professionals should organize gender-sensitive workshops and capacity-building programs for medical professionals. Policymakers, government agencies, healthcare institutions, and NGOs should design victim-focused intervention policies and provide funding for initiatives addressing the psychological impacts of pedophilia. Medical professionals, healthcare organizations, and interdisciplinary research teams should collaborate to share insights and build a comprehensive understanding of the psychological causes of pedophilia. Healthcare policymakers, medical training institutions, and regulatory bodies should develop and implement standardized training programs and clinical guidelines for professionals working with victims of pedophilia.

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