Improving the provision of services in the community for people with a sexual attraction to minors, people at risk of and/or who have perpetrated sexual abuse against children

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A thesis submitted in partial fulfilment of the requirements of Birmingham City University (Faculty of Law, Business and Social Sciences) for the degree of Doctor of Philosophy

August 2022

To be a scientist is to be naive. We are so focused on our search for the truth we fail to consider how few actually want us to find it. But it is always there whether we see it or not, whether we choose to or not. The truth doesn't care about our needs or wants, it doesn't care about our governments, our ideologies, our religions. It will lie in wait for all time. Where I once would fear the cost of truth, now I only ask: What is the cost of lies?

– Valery Legasov (*in* Mazin and Renck, 2019)

ACKNOWLEDGEMENTS

A heartfelt thank you to my fiancé for always believing in me and encouraging me to follow my dreams. For supporting me in more ways that I can count and standing by my side throughout this entire journey. You are one of a kind and I look forward to tackle all those things we placed on standby to make this thesis possible. Many thanks to my mom, dad and brother without whom I would not have had the courage to embark in this life changing journey in the UK. I would also like to thank other family members who along the way helped me in different ways.

My deep appreciation goes out to the 318 survey respondents and the 20 interviewees who took their time to share with me their views, personal and professional experiences in this research. This thesis would simply not exist without you. Most of you have helped me far beyond what I could have imagined and touched my heart in doing so. I hope you get to see what you hoped for.

With no doubts, I will be eternally grateful for everything Dr Stephanie Kewley taught me since I met her in 2016. The only one who stood by my side all these years. Her advice was fundamental to make this PhD possible. Her inspiration will stay with me forever, along with Prof. Fernanda, Prof. Abel Roboredo, Prof. Amadeu Recassens and Prof. David Wilson, who inspired me and offered me unique opportunities throughout my academic journey so far.

A massive thank you to Dr Sarah Pemberton. She reminded me that everyone is unique and should not be judged on hearsay. Something I should have never forgotten. Although she joined halfway through this journey, she has witnessed every decision and word in this final research. Her invaluable input and little miracles were fundamental to complete this PhD thesis.

I would like to thank the last person joining this journey, Prof. Michael Brookes, whose questions and advice in later stages of this journey always made me reflect on my choices. I am also grateful to Dr Isla Masson for her invaluable informal support over the last few months, Dr Silvia Fraga Domínguez and Dr Nkansah Anakwah for reviewing my statistical analysis, and Dr Jane Donoghue for kindly offering to proofread this PhD thesis. And finally, a very special thank you to everyone else who directly or indirectly helped me in this expedition. You have not been forgotten!

ABSTRACT

The aim of this mixed methods research was to understand how the current provision of community-based services in the UK for people who have a sexual attraction to minors, people at risk of committing and/or who have committed sexual abuse against children can be improved. This is essential to enhance the wellbeing of this population and safeguard children. This study's quantitative phase included an online survey of 318 members of the general public, while the qualitative phase consisted in interviewing 20 people who work or have worked with people who are sexually attracted to minors and/or have committed or are at risk of committing sexual offences against children. According to the survey results, the general public supports a programme like the German Dunkelfeld (free, confidential and widely advertised service for people sexually attracted to minors), despite an undecided/slightly negative attitude towards people who commit sexual offences against children. Although, there is some variance in their opinions. In turn, the thematic analysis of the interviews revealed six themes: the level of acceptability of the programme is influenced by the level of knowledge on the topic; various large-scale strategies need to be implemented to ease the public attitudes; Dunkelfeld's confidentiality approach provides unique benefits; all-round responsivity is required; employees must possess a unique set of aptitudes; funding is essential, but this should not fall onto the service users. This research showed that a policy and practise model for programmes in the UK must consider current best practises while also addressing current shortcomings. First, programmes must be widely accepted and advertised in the community, so that people are aware of them and may use/recommend them. Second, they must secure adequate funding to ensure that supply meets demand. Third, Dunkelfeld's approach to confidentiality is a delicate subject that needs to be clarified but can be beneficial. Finally, a sex-positive approach may aid an all-round responsive programme's ability to become normalised and welcoming to diverse clients.

CONTENTS PAGE

List of Figures ………………………………………………………………………………. 12

List of Tables ……………………………………………………………………………... 13

Glossary ……………………………………………………………………………………...14

INTRODUCTION ……..…………………….…………………………………………….. 16

Research aims ………………………..………………………………………….... 17

Overview of the thesis ………………….……………………………………………… 18

CHAPTER 1: LITERATURE REVIEW ………..…………………………………………….. 20

1.1. The heterogeneousness of individuals sexually attracted to minors and those who commit CSA ……………………………………………………………… 20

1.1.1. People who committed sexual abuse against minors ……………. 20

1.1.1.1. Male typologies and theories of sexual offending ………. 23

1.1.1.2. Female typologies and theories of sexual offending …… 27

1.1.2. Individuals sexually attracted to minors …………………………. 32

1.2. Attitudes towards people with a sexual attraction to minors ………………... 35

1.2.1. Public attitudes ……………………………………………….…... 35

1.2.2. Professionals' attitudes …………………………………………... 38

1.3. Consequences of the discrepancy between perceptions and reality of those sexually attracted to minors, people who are at risk of committing sexual offences against children and people who already committed sexual offences against children ……………………………………………………….... 40

1.3.1. Barriers to accessing information and support independent from the CJS …………………………………………………………………. 40

1.3.2. Organisations based in the UK independent from the CJS providing information and services for people sexually attracted to minors which may or may not have committed sexual offences against children …………………………………………….………….. 46

1.3.2.1. Specific services and information related to sexual attractions to minors and the perpetration of sexual abuse against children ………………………………………… 46

1.3.2.2. Services with a wider focus on sexual health which also cover sexual attraction to minors ………………….......... 50

1.3.3. Sexual rights ..…………………………………………………….. 53

1.3.3.1. Wellbeing among people who are sexually attracted to minors, who are at risk or have committed sexual offences against minors ……………………..………………… 55

1.3.3.1.1. Defining sexual wellbeing and sexual health……………………………………..56

1.3.3.1.2. What is a healthy and meaningful sexual life?.57

1.4. Could Prevention Project Dunkelfeld be an Inspiration for the UK? ………. 59

1.4.1. What and why free? ………………………………………….…… 59

1.4.2. Who qualifies? ……………………………………..…………….... 60

1.4.3. Mandatory confidentiality …………………………..………… 61

1.4.4. The treatment and theory ………………………………………… 62

1.4.5. Evaluation of Dunkelfeld ……………………………………..….. 63

1.4.5.1. Promotion and recruitment ……………………………….. 63

1.4.5.2.Effectiveness of the programme ………………………….. 64

1.5. Chapter summary …………………………………………………………… 68

CHAPTER 2: METHODOLOGY …………………………………………….……..71

2.1. Introduction ………………………………………………………………… 71

2.2. Ontology and epistemology ………………………………………………… 72

2.3. Mixed methodology ………………………………………………………… 73

2.4. Ethical considerations ……………………………………………………….. 74

2.5. Phase 1: Quantitative ………………………………………………………... 75

2.5.1. Participants ………………………………………………………….. 75

2.5.2. Data collection ………………………………………………………… 77

2.5.2.1. Instrument …………………………………………………… 77

2.5.2.2. Administration ……………………………………………….. 82

2.5.2.3. Pilot ………………………………………………………….. 83

2.5.2.4. Recruitment ………………………………………………….. 84

2.5.3. Data analysis ………………………………………………………... 85

2.5.3.1. Procedure ……………………………………………………. 85

2.5.3.2. Reliability ……………………………………………...….. 86

2.5.3.3. Validity and Quality ……………………………………….. 88

2.5.4. Ethical considerations ……………………………………………… 88

2.5.4.1 Informed consent ……………………………………………... 88

2.5.4.2. Avoiding harm ……………………………………………….. 89

2.5.4.3. Anonymity and confidentiality …………………………… 90

2.5.4.4. Data protection …………………………………………… 90

2.6. Phase 2: Qualitative ……………………………………………………… 90

2.6.1. Participants ……………………………………………………….. 90

2.6.2. Data collection …………………………………………………… 92

2.6.2.1. Instrument ………………………………………………….. 92

2.6.2.2. Recruitment ………………………………………………… 93

2.6.2.3. Environment ……………………………………………….. 94

2.6.3. Data analysis ……………………………………………………... 94

2.6.3.1. Procedure: transcription and coding ………………………... 95

2.6.3.2. Validity and Quality ………………………………………... 99

2.6.3.2.1. Sensitivity to context ……………………………... 99

2.6.3.2.2. Commitment and rigour ……………………….... 100

2.6.3.2.3. Transparency and coherence ………………….... 100

2.6.3.2.4. Impact and importance ………………………….. 100

2.6.4. Ethical considerations ……………………………………………... 101

2.6.4.1 Informed consent ……………………………………….…... 101

2.6.4.2. Avoiding harm …………………………………………… 102

2.6.4.3. Anonymity ……………………………………………….. 103

2.6.4.4. Confidentiality …………………………………………… 103

2.6.4.5. Data protection ……………………………………….…... 103

2.7. Reflexivity ………………………………………………………………….. 104

2.8. Chapter summary ………………………………………………………... 111

RESULTS……………………………………………………………………….. 112

CHAPTER 3 – QUANTITATIVE RESULTS …………………………………….. 113

3.1. ATS-21 …………………………………………………………………... 113

3.1.1. Overall scale analysis ……………………………………………….. 113

3.1.2. Trust (factor 1) ……………………………………………………… 117

3.1.3. Intent (factor 2) ……………………………………………………… 117

3.1.4. Social distance (factor 3) …………………………………………… 118

3.2. Level of (dis)agreement with various key aspects of the Dunkelfeld programme…………………………………………………………………… 120

3.2.1. Statements ………………………………………………………... 120

3.2.2. Programme scale …………………………………………………… 121

3.3. Correlation between ATS-21 and programme scale …………………... 123

3.3.1. Participants' assumptions …………………………………………… 125

3.4. Chapter summary ………………………………………………………... 127

CHAPTER 4 – QUALITATIVE RESULTS ……………………………………… 128

4.1. The level of acceptability of the programme is influenced by the level of knowledge on the topic, which can positively change through informal conversations ………... 129

4.1.1. Practitioners support the programme ……………………………… 130

4.1.2. Participants' circle of family and other acquaintances change their views after an evidence-based informal conversation ……………………. 131

4.1.3. The public is perceived to react with outrage ……………………… 132

4.2. Interviewees believed there are various large-scale strategies that need to be implemented to ease public attitudes through spreading knowledge and countering negative narratives …………………………………………….. 135

4.2.1. Movement towards an open-minded government that acts upon evidence-based knowledge ……………………………………... 135

4.2.2. Consultation with various stakeholders to adjust the narrative and reassure local/ national community ……………………………... 137

4.2.3. Widespread awareness campaigns with adjusted media discourses... 139

4.2.4. More informative sex education in schools and discussions between parents and their children ……………………………………….. 140

4.3. Dunkelfeld's confidentiality approach provides unique benefits in Germany but, in the UK, this approach would also bring several challenges ……………….. 142

4.3.1. Participants endorsing Dunkelfeld's approach to confidentiality in the UK focused on the benefits for service users ………………………. 142

4.3.2. There is a conflict between the benefits of Dunkelfeld's approach to confidentiality and its implications for practice in the UK …………. 143

4.3.3. Partial confidentiality as a compromise to solve the conflict ………. 147

4.4. All-round responsivity is essential to ensure the programme is suitable to all clients ……………………………………………………………………... 150

4.4.1. The content of the programme must be flexible and varied to address the various needs of each client ……………………………………... 150

4.4.2. Programme delivery needs to be flexible depending on what is more appropriate to each client …………………………………………... 152

4.5. The employees are an essential part of the service and need to have a unique set of aptitudes for services focused on people sexually attracted to minors, at risk or that have committed sexual offences against children ……………………….. 155

4.5.1. Practitioners must have a unique set of personal characteristics to work with these clients ……………………………………………………... 155

4.5.2. Adequate training and support are essential to complement personal characteristics ………………………………………………………… 156

4.5.3. Teamwork and partnership working complements the service delivered by core practitioners ……………………………………………….. 157

4.6. Funding is essential, but this should not fall onto the service users due to difficulties in securing other funding streams for a programme like Dunkelfeld in the UK ………………………………………………………………….. 160

4.6.1. Service users should not bear the full cost of the programme ……… 160

4.6.2. The government and other organisations need to provide sufficient funding …………………………………………………………….. 161

4.6.3. Evaluation is key to gather funding and understand where to spend it, but it is also another financial cost ………………………………… 164

4.6.4. Insufficient funding is a strain that may prevent a service from exist or at least narrow down its scope ……………………………………... 165

4.7. Chapter summary ……………………………………………………………. 166

CHAPTER 5 – DISCUSSION …………………………………………………………….. 169

5.1. The current provision of programmes in the UK …………………………… 169

5.2. How can we develop a model of policy and practice suitable for the heterogeneity of the population sexually attracted to minors, at risk of committing CSA and who have committed CSA? ………………………… 171

5.2.1. Public and practitioner's views and attitudes towards a programme in the UK ……………………………………………… 171

5.2.2. Securing Funding …………………………………………… 173

5.2.3. Approach to Confidentiality and the Employees 175

5.2.4. All-round responsivity 176

5.2.5. Sex-positive criminology may have the answer to a better programme discourse 177

5.2.5.1. Consent and bodily autonomy 179

5.2.5.2. Medical access 180

5.2.5.3. Education 181

5.2.5.4. Harm reduction and increasing agency 183

5.3. An improved programme in the UK 184

CONCLUSION 188

Summary of recommendations 189

Limitations of this study 190

Future research 191

REFERENCES 192

APPENDICES 232

Appendix 1 – Invitation letter, information sheet and consent forms 240

Appendix 2 – Survey 247

Appendix 3 – Interview guide 250

Appendix 4 – Example of theme development using Framework 253

Appendix 5 – Publications related to sex-positive criminology mentioning an attraction to minors 254

LIST OF FIGURES

Figure 1 – Mixed methods research design adopted 74

Figure 2 – Emerging themes 100

Figure 3 – Frequency of ATS-21 scores with a normal curve 113

Figure 4 – Trust (results) 115

Figure 5 – Intent (results) 116

Figure 6 – Social distance (results) 117

Figure 7 – Views on the programme 120

LIST OF TABLES

Table 1 – Sample demographics ………………………………………………………….. 77

Table 2 – Changes applied to the last duplicated set of statements …………………….… 84

Table 3 – Correlations between ATS-21 factors …………………………………………….. 88

Table 4 – Description of the sample ………………………………………………………… 92

Table 5 – Summary of ATS-21 descriptive statistics ………………………………………. 114

Table 6 – Programme scale descriptive statistics …………………………………………... 119

Table 7 – Programme scale mean according to the age of the participants' children ……… 123

Table 8 – Correlation between ATS-21 factors and programme scale ……………………... 124

Table 9 – Regression coefficients ………………………………………………………….. 124

Table 10 – ATS gender *vs* ATS-21 stereotype ……………………………………………... 126

Table 11 – Overview of themes ……………………………………………………………. 128

Table 12 – Congruency between conceptual framework in sex-positive criminology and the framework for developing sexual health programmes ……………………………………... 180

GLOSSARY

Age of consent – the age at which a person is considered legally competent to consent to sexual activity. It varies between countries and across time (Graham, 2018). For example, the legal age of consent in the UK is 16 while in Germany is 14 or 18 if taking advantage of an exploitative/ dependants' situation (Age of Consent, 2023; Sexual Offences Act 2003).

Child – anyone who is under the age of 18 (Children Act 1989).

CJS – stands for Criminal Justice System.

CSA – stands for Child Sexual Abuse.

Hebephilia – a sexual preference for adolescent children, typically those aged 12-15 (Giles and Alison, 2021).

Minor – 'child' as defined above (this thesis will be following the UK legal standing on this matter).

Minor attracted people – people sexually attracted to a minor, that it someone under the age of 18 (Jahnke, et al., 2022).

Paraphilia – intense and persistent sexual interests that are atypical or unusual which cause distress or impairment to the individual or involve personal harm or risk of harm to others (APA, 2013).

Paedophilia – a paraphilia; a sexual preference for prepubescent children, typically those under the age of 13 (Giles and Alison, 2021; APA, 2013).

People-centred approach to sexuality – involves providing care that is respectful of and responsive to people's preferences. It acknowledges sexuality as a lifelong endeavour for all people and recognises the importance of understanding sexual pleasure. It emphasises values such as respect, inclusion, non-discrimination, equality, empathy, and focuses on the person as a whole (Irwin and Pullen, 2022; Afulani, et al., 2023).

Positive criminology – approach to crime prevention that focuses on developing intervention programmes to reduce criminal behaviour and reoffending by minimising the

impact of negative characteristics/ risks and promoting/ enhancing people's strengths (Kewley, et al., 2020; Ronel and Segev, 2015).

Post-pubescent people – individuals who has gone through puberty, typically over the age of 14-16 but the timing can vary widely (Brix, 2019).

Prevention Project Dunkelfeld – voluntary programme providing clinical and support services to individuals who are sexually attracted to children or early adolescents to prevent them from initiating offending or cease it regardless whether they had or not yet engaged with the Criminal Justice System, though the clients cannot be under an active investigation while participating. This programme is free and fully confidential to help them to achieve their desired and legal level of sexual and partnership contentedness, meaning, even if they confess a crime not known to the Criminal Justice System (except if related to murder, kidnapping or terrorism), the practitioner cannot report (Beier, et al., 2015).

Sex-positive criminology – a relatively new approach to criminology that focuses on the positive aspects of human sexuality and aims to reduce criminal behaviour in society by promoting positive life influences and personal growth in people. It draws from the 'thick desire' organising principle, which is a rights-based approach to human sexuality. This approach emphasises positive social elements, such as exposure to goodness, social acceptance, and positive personal traits, such as resilience and coherence with oneself (Wodda and Panfil, 2021).

Teleiophilia – a sexual preference for adults (Alanko, et al., 2013).

INTRODUCTION

Individuals sexually attracted to minors, those at risk of and those who commit sexual abuse against children are heterogeneous groups (Cortoni, 2018; Muir, 2018; Ward and Beech, 2016). A sexual attraction to minors may be linked with the sexual abuse of children but not always, for instance, only half of all cases of sexual offences against children were committed by someone with a sexual attraction to minors (Gerwinn, et al., 2018). People who are sexually attracted to minors may not feel they are at risk of acting upon their sexual desires (Muir, 2018) and yet still experience the need to further understand the nature and management of their sexual attraction (Levenson and Grady, 2019; Lievesly, et al., 2017; Lievesley and Harper, 2021; Knack et al., 2019). Similarly, attitudes towards these groups are also diverse (Richards and McCartan, 2018). However, negative attitudes tend to be louder and arise from a deeper societal difficulty to approach the variety of sexual interests in an open, rational, and honest manner (Holmes and Holmes, 2002) alongside a concern for the safeguarding of children. Child sexual abuse (CSA) is harmful and in no way this thesis endorses CSA.

The stigma and secrecy surrounding CSA (and/or sexual attraction to minors) are concerning as attitudes have a profound impact on clinical and social decision-making (Harper, et al., 2017). The stigma manifests in different ways (Lawrence and Willis, 2021): stereotyping (e.g., general public belief that all people sexually attracted to minors will invariably abuse a child instead of considering that the sexual abuse of children does not solely depend on being sexually attracted to minors); emotional responses (e.g., disgust and anger); and, discriminatory behaviours (e.g., supporting imprisonment as prevention). The consequences of this outlook contribute to a climate of secrecy (due to fear of the consequences of disclosure), internalisation of labels and stereotypes (e.g., self-belief that they are 'deviant monsters') and difficulties in accessing help (e.g., mental health counselling; discrimination in treatment options) (Houtepen, et al., 2016; Lawrence and Willis, 2021; Mann, et al., 2010).

In turn, criminological research on sexuality often focusses on its destructive manifestations, for example, sexual offences and Criminal Justice System responses, which is a sex-negative narrative, instead of in the promotion of people's wellbeing and acceptance in the community as fellow human beings, which would be a sex-positive narrative (Ronel and Segev, 2015; Muir, 2018; Wodda and Panfil, 2021). This is alongside a discussion on risk, needs and

responsivity (RNR) *versus* Good Lives Models (GLM) and strengths-based approaches (Heffernan and Ward, 2019). Even with the latter, research and treatment options for people who are sexually attracted to minors in the community tends to be mainly, if not solely, associated with the prevention of sexual abuse against children (Muir, 2018; Wodda and Panfil, 2018; 2021; and see for example: LFF, 2021). But this is insufficient as it does not fully acknowledge the diverse clients' characteristics and needs. They are people deserving of the full range of their human rights, including sexual rights (WHO, 2022). This is not the same as encouraging the sexual abuse of children, instead, it refers solely to people's access to health services, information and a stigma-free life. Various services in the UK, such as StopSO and Lucy Faithful Foundation, demonstrate a growing interest in providing support to people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA. Yet, they often present numerous limitations, e.g., expensive services, imbalance between supply and demand and/ or not widely advertised.

The accessibility of services that put this heterogenous population first as humans with the right to access information and therapy that addresses their diverse needs and circumstances to enhance their wellbeing in the community has received less academic attention (Ronel and Segev, 2015; Muir, 2018). There is a need to explore the current provision of programmes and, from there, investigate how to heighten their strengths while offsetting their limitations (e.g., narrow focus on prevention and awareness strategy). To this end, there is also a need to look beyond the UK for innovative approaches to the service provision for these groups. This thesis uses the Dunkelfed programme based in Germany as a potential innovative example to address the cost-of-service provision, public awareness of the programme and staff-client confidentiality. Consequently, the next section will outline the research aims of this thesis.

Research aims

The aim of this research is to understand how the current provision of programmes for people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA can be improved. Specifically, this research will look at services in the community and independent from the Criminal Justice System. To that end, current services, legislation, public perceptions and professionals' experiences will be analysed and the subsequent sub-aims investigated:

1. To what extent are the publics' and practitioners' views and attitudes reported in the literature still in place today?
2. What do practitioners consider important features for primary and secondary prevention programmes?
3. What do practitioners and the public think of the key features of the Dunkelfeld project?
4. To what extent public attitudes may or may not influence the provision of programmes?
5. How can the provision of programmes follow a model of policy and practice suitable for the heterogeneity of the population sexually attracted to minors, at risk of committing CSA and who have committed CSA?

Overview of the thesis

This PhD thesis is split into five chapters in addition to a conclusion at the end. The first chapter explores the literature on sexual attraction to minors, the perpetration and prevention of sexual offences against children. It starts with an overview of the diversity of individuals who commit sexual abuse against children and people who are sexually attracted to minors. It looks at the characteristics, typologies and theories as well as the current understanding of paedophilia and hebephilia. Subsequently, this chapter explores public and practitioners' attitudes towards the above individuals and the consequences of the discrepancy between perceptions and reality of those sexually attracted to minors, people who are at risk of committing sexual offences against children and people who already committed sexual offences against children. It then looks at organisations based in the UK independent from the CJS providing information and services for people sexually attracted to minors which may or may not have committed sexual offences against children as well as sexual rights and wellbeing. Finally, this this chapter finishes by looking at the Prevention Project Dunkelfeld in Germany and to what extent it could serve as an inspiration for the UK.

The second chapter examines the methods and principles that underpin this research. It starts by explaining the nature of this mixed-methods study and pragmatism as the philosophical perspective of choice. Following this, the steps and decisions made during phase one of this research are explained. This included survey design, data collection strategy, sampling, and analysis. After that, an overview of phase two, which focused on the design and implementation of semi-structured interviews, sampling, and data analysis strategy, was provided.

Chapter three reveals the quantitative results from the surveys. First, it explored the results of the Attitudes Towards Sex Offenders [ATS-21] scale, followed by the level of (dis)agreement with key aspects of programmes like Dunkelfeld. Finally, this chapter looked at potential correlations between the participants opinion on these programmes and their attitude towards sexual offenders.

Chapter four looks at the qualitative results from 20 semi-structured interviews. Thematic analysis revealed six superordinate themes: the level of acceptability of the programme is influenced by the level of knowledge on the topic; there are various large-scale strategies that need to be implemented to ease the public attitudes; Dunkelfeld's confidentiality approach provides unique benefits; all-round responsibility is required; employees must possess a unique set of aptitudes; funding is essential, but this should not fall onto the service users.

Lastly, chapter five brings together the findings from this research and discusses them considering the literature previously reviewed. Highlighting that the current provision of programme in the UK already includes some of the features of the German Dunkelfeld programme (such as some free services), while others would be (mostly) new (e.g., wide advertisement). This research showed that a model of policy and practice for programmes in the UK needs to consider current best practice and tackle current shortcomings to suit the heterogeneity of people who are sexually attracted to minors, people at risk of committing CSA, and people who have committed CSA. But, for now, the next chapter will explore the current state of the literature.

CHAPTER 1: LITERATURE REVIEW

This chapter aims to provide a review of the literature on the provision of services for people with a sexual attraction to minors, people at risk of committing child sexual abuse and people who have committed sexual abuse against minors. It will first explore the diversity within these groups and the current state of knowledge to understand these service users. Then it will explore societal attitudes towards these groups, often considered as homogeneous, to understand the perspectives which impact upon the categorisation of these users and the services therefore associated with them. Subsequently, this chapter will explore the consequences of societal attitudes for the provision of services, and it will henceforth analyse to what extent these services take account of the wide range of needs and wellbeing of people with a sexual attraction to minors, people at risk of committing child sexual abuse and people who have committed sexual abuse against minors. Finally, this chapter will look at the German Dunkelfeld-model and examine to what extent it is different from UK services as well as identifying key characteristics that may have the potential to improve the current societal perspectives on the topic, people's wellbeing, and the prevention of sexual abuse against minors in the UK.

1.1. The heterogeneousness of individuals sexually attracted to minors and those who commit CSA

This section explores first the literature on individuals who commit sexual abuse against minors and then the literature on people sexually attracted to minors. It aims to show how these groups are heterogeneous and to what extent they overlap.

1.1.1. People who committed sexual abuse against minors

In the year ending December 2021, the Office for National Statistics (ONS, 2016; 2021; 2022) recorded 183,587 sexual offences, the highest since the introduction in 2002 of the National Crime Recording Standard. This standard was created due to a lack of consistency in recording crimes across different police forces and aimed to offer a victim-focused approach. That is, if

a victim reports a crime, it will be recorded as a crime for statistical purposes (GOV, 2016). Therefore, it is not clear if there is a real rise in the number of crimes being committed or just a continued rise in the number of crimes being reported or recorded as such (ONS, 2022).

The police recorded 89,200 identifiable child sexual abuse offences between March 2020 and 2021 (Centre for Expertise on Child Sexual Abuse [CSA Centre], 2021, 2022). In terms of unlawful sexual activity with minors, 24,387 contact offences were recorded while the remainder related to viewing illegal imagery of children and other offences. After a steep rise since 2008, the number of offences has been stable since 2017 (ONS, 2021). In addition to the reasons outlined in the previous paragraph, this change may have taken place due to the Sexual Offences Act 2003 (introduced in May 2004), which altered the definition and coverage of sexual offences. But, until 2010, a small number of offences continued to be recorded using old offence categories which may have translated into a statistical anomaly – slow rise and late stability (ONS, 2021).

However, the actual prevalence of CSA may be much higher. Meta-analyses have shown between 12-20% of all girls and 5-8% of all boys may have been sexually abused before the age of 18 (CSA Centre, 2021; Barth, et al., 2013; Pereda, et al., 2009; Stoltenborgh, et al., 2011). Similarly, the 2020 Crime Survey for England and Wales (CSEW), which provides the latest figure since questions related to CSA were removed at the beginning of the COVID-19 pandemic due to concerns over the confidentiality of the respondents (ONS, 2022), estimates that 7,5% (3.1 million) of adults in England and Wales had experienced some form of CSA before the age of 16. This means that CSA is just as prevalent as physical abuse, which is estimated to be around 7.1% (CSA Centre, 2021; ONS, 2020; NSPCC, 2021). In addition, it is even more challenging to determine the prevalence of engagement with indecent imagery of children due to the potential for anonymisation in the cyberworld (Seto, et al., 2015; Ly, et al., 2018). This means that only a small proportion of people who commit sexual offences against minors have entered the Criminal Justice System.

Research focusing on people who committed sexual abuse against minors has demonstrated that this is a diverse group (Osbourne and Christensen, 2020), including men and women (according to sex as defined in official records), adults and children. Young people as perpetrators comprise approximately 30–50% of all crimes and relate to, for example, sibling abuse (Campbell, et al., 2020). This thesis will not be focusing on these groups due to them comprising a minority and involving other factors not applicable to most adults, such as

parental approval/ support to engage in therapy. Various levels of socio-economic status, relationship status, sexual preferences and geographical location have also been observed. In terms of offences, these range from hands-on offences to online offences with (e.g., chatrooms) or without direct contact (e.g., viewing indecent imagery) with minors and, sometimes, a mix of these to various degrees (Augarde and Rydon-Grange, 2022; Ly, et al., 2018; Gannon, et al., 2010; Williams and Bierie, 2015; Williams, et al., 2019; Yates, 2017; McCoy, et al., 2021; Cale, et al., 2021; Godet and Niveau, 2021; CSA Centre, 2022).

Still, those entering the Criminal Justice System tend to be mainly adult men. Estimates based on official statistics suggest that only approximately 5% of all sexual crimes committed are by women (Cortoni, 2018; Bunting, 2005; Cortoni, Hanson and Coache, 2010; Grayston and De Luca, 1999; Ministry of Justice, 2018). In 2020, only 2% of all defendants in cases of sexual abuse against children were women (113 women) while the remainder were men (all ages: 6,803 men) (CSA Centre, 2022). Conviction rates are lower, with only 34% of all women found guilty compared to 68% of men. This may be due to the nature of offences whereby most men were convicted for grooming and indecent imagery of children which is less common among female defendants (8.6%) but more likely to result in a conviction because these offences are easier to prove (CSA Centre, 2022). Similarly, the CSEW (ONS, 2020) revealed 91.7% of perpetrators of sexual offences were male, 3.8% were female and 4.5% respondents were abused by both sexes. Male respondents reported a higher percentage of female perpetrators (11.4%), compared to female respondents (1.5%). In an NSPCC study (Mariathasan, 2009) examining the disclosures made to ChildLine, 17% of all calls made were in relation to women as perpetrators of sexual abuse. Where the child caller was a boy, they reported male to female perpetrators of abuse at similar rates (34% female perpetrator and 36% male) (Mariathasan, 2009). In 2020, sentencing varied according to the age and type of offence. Most young people (87% under-18 years old, n=120) received a community sentence while 37% (n=1615) of adults received an immediate custodial sentence (ranging from 18 months to 11 years), 33% (n=1434) received a suspended sentence and 25% (n=1070) a community sentence. The differences in age are linked with indecent imagery of children and grooming, which are typically among the most common type of offence, and which lead to a non-custodial sentence (4 in 5 cases) (CSA Centre, 2022).

Men and women who committed sexual abuse against children have been found to have various similar characteristics (e.g., similar incidence of childhood abuse, substance abuse and

psychological diagnoses) (Cortoni and Stefanov, 2020; Williams and Bierie, 2015). However, major differences have also been found that have led some researchers to argue that typologies and theories should be sex specific (Cortoni and Stefanov, 2020; Williams and Bierie, 2015). For instance, Cortoni (2018) suggests that for women, the focus is on the emotional connection between the woman as offender and her victim or the co-perpetrator, rather than a physical/sexual attraction per se which has been found to be more common among men. As with regular relationships, women tend to form a stronger and foremost emotional connection than their male counterparts (Cortoni, 2018). Therefore, the next two sub-sections will, first, explore typologies and theories for men, followed by those created for women.

1.1.1.1.Male typologies and theories of sexual offending

The classification of men who commit sexual offences has evolved through four generations since the 1960s (Cale, 2018; Hanson and Thornton, 2000). The first-generation classification focused only on the victim type (i.e., children vs adults) and individual motivations for offending (Cale, 2018; Hanson and Thornton, 2000). In the 80s-90s, this was developed further to account also for the characteristics of the sex crimes committed (Cale, 2018; Hanson and Thornton, 2000). A third generation saw a shift to a focus on recidivism risk (high, medium, low) and a focus on between-individual quantitative differences that would influence this risk (Cale, 2018; Hanson and Thornton, 2000). This is still the dominant classification nowadays. However, a fourth generation is an emerging trend with a root in developmental and life-course criminology (Cale, 2018; Hanson and Thornton, 2000). This takes inspiration from Moffit's taxonomy (1993; Lalumiere, et al., 2005; Seto and Barbaree, 1997) and identifies three types of perpetrators of child victims: life-course persistent; adolescent limited; and psychopathy type (sexual aggression as an alternative strategy to acquire a sexual partner, instead of an inability to form a prosocial sexual relationship).

Various theories have been developed over the years to explain how and why men commit sexual offences against children. Ward and Hudson (1998) formulated a three-level approach to classify them. A comprehensive level I theoretical approach refers to a multi-factorial theory which explains the aetiology of sexually offending behaviour from onset, development, and maintenance (e.g., Ward and Beech, 2016). Level II theories form partial explanations of male sexual offending and highlight factors that would be essential for any theory or even an

etiological one (e.g., Finkelhor's Pre-condition Model, 1984). Finally, level III, also called micro-theories or models are built inductively from detailed offence narratives and describe variables associated with the commission of sexual abuse. These tend to exist during the early stages of research development of a specific phenomenon (Ward and Hudson, 1998).

According to Craven, et al. (2007), three level II theories dominated for several years: Finkelhor's Pre-condition Model (1984), which suggests four pre-conditions to sexual offending (motivation, overcoming internal and external inhibitors as well as the child's resistance); Marshall and Barbaree's Integrated Theory (1990) which suggests adverse early developmental experiences result in vulnerability in being able to adequately deal with a surge of hormones, leading to offending; and Hall and Hirschman's Quadripartite Model (1992) which highlighted that child sexual abuse takes place due to the combination of opportunity and four vulnerability factors (distorted cognitions, physiological sexual arousal, personality problems and affective decontrol). In 2002, Ward and Siegert proposed a more comprehensive explanation, the Pathways Model, by combining those three theories. This was an attempt to address the weaknesses of the previous theories and unify the explanation for this type of offending. They proposed that there are five pathways to sexual offending against children: intimacy deficits; deviant sexual scripts; emotional dysregulation; antisocial cognitions; and multiple dysfunctional mechanisms. Each etiological pathway has a unique profile focused on a primary causal mechanism. A man would commit a sexual offence against a child due to the presence of that primary mechanism in interaction with secondary mechanisms. All the psychological mechanisms mentioned are involved to some degree in each pathway.

The intimacy deficits pathway (Ward and Siegert, 2002) implies the person possesses normal sexual scripts and prefers to have a sexual relationship with an adult. Due to an inability to sustain a healthy relationship with an adult, he regards a child as a 'pseudo-adult' and turns to one as a surrogate partner. His intimacy deficits and loneliness, largely due to poor attachment, encourage him to seek intimacy in the form of the sexual abuse of children. This is facilitated by cognitive distortions related to the sexual rights of children and a sense entitlement over the child (Ward and Siegert, 2002).

A person on a deviant sexual scripts (sexual arousal) pathway (Ward and Siegert, 2002) has subtle distorted sexual scripts often linked to some degree with dysfunctional relationship schemas (attachment). They equate sex with intimacy/interpersonal closeness and develop a sexual interest in children. A child's vulnerability is misinterpreted as representing sexual need.

Following failure to sustain relationships with other adults, and feeling unhappy and frustrated, children are perceived as more accepting and trustworthy. A person in this pathway may have also experienced sexual abuse as a child themselves. Cognitive distortions justify or excuse their episodic sexual offending behaviour. Such episodes take place depending on opportunity and sexual/emotional need (Ward and Siegert, 2002).

The emotional dysregulation pathway (Ward and Siegert, 2002), like the first one, implies normal sexual scripts. These men, however, have a dysfunctional emotional regulation system. This means they will have problems controlling their affective states or will use ineffective coping strategies to achieve their goals. These goals may also be dysfunctional, such as avoiding feelings or using sex as a soothing strategy. This path may lead to them sexually abusing children to punish their partner or to a loss of control over their sexual desire, which may lead to child abuse. Nonetheless, they are more likely to prefer sex with age-appropriate partners, but they will turn to children if an adult is unavailable or is an emotionally insufficient experience (Ward and Siegert, 2002). However, Osbourne and Christensen (2020) identified three sub-groups within the emotional dysregulation pathway (sexualized coping, impulsivity, and mental health) while testing the validity of Ward and Siegert' theory (2002). Further research is required to replicate these findings and investigate whether they may be independent pathways or subgroups within the emotional dysregulation pathway (Osbourne and Christensen, 2020).

Antisocial cognitions pathway (Ward and Siegert, 2002) involves general pro-criminal attitudes and beliefs. Sexual script distortions (child-adult as acceptable) are not required but may exist. They may have also committed crimes other than sexual offences. The pro-criminal cognition, combined with sexual desire and opportunity, leads to child sexual abuse. They would be experiencing pleasure and thus believe that this is an acceptable form of behaviour (Ward and Siegert, 2002).

The fifth pathway, multiple dysfunctional mechanisms (Ward and Siegert, 2002), includes individuals who have a predisposition to sexually abuse a child. They are likely to experience all the psychological dysfunctions outlined in previous pathways (intimacy deficits, deviant sexual scripts, emotional dysregulation and antisocial cognitions) plus distorted sexual scripts (paedophilic fantasies). Even those who have not sexually offended, would always be at risk of doing so if an opportunity to offend arises. Sexual grooming is a way to create that opportunity (Ward and Siegert, 2002).

This theory brought together current evidence and the key strengths from previous theories. Despite this attempt at a comprehensive theory, the pathways model only considers aetiology. A fully comprehensive theory requires consideration of the whole journey, from initial onset to the offence and beyond. That is the precontemplation, contemplation, preparation and maintenance stages (Craven, et al., 2007; Ward and Siegert, 2002). Therefore, in 2016, Ward and Beech revised the Integrated Theory of Sexual Offending (ITSO-Revised) to make it a multifield perspective and so enhance its explanatory authority. It combines brain development, ecological factors, core neuropsychological systems and personal agency to create an aetiological framework from which other theories of specific types of sexual offending may be generated (Ward and Beech, 2016).

According to Ward and Beech (2016), brain development has the potential to be a source of offence-related vulnerabilities. Sexual selection has been an essential part of human evolution. It relates to the process of someone to selecting a sexual partner based on physical and behavioural characteristics of other organisms (such as gender and age) to ensure the continuity of their genes (mediated by personal agency). Successful mating will prolong the existence of certain genes. Thus, sexual aggression has a genetic basis too. Brain activity generates physical processes which together form the neurobiological functioning of the organism. This process may be disrupted by brain-based abnormalities and/ or the calibration of neurobiological functioning (e.g., high levels of cortisol associated with impulsivity; high levels of sex hormones associated with sexual preoccupation) which will, in turn, affect human agency that may contribute to sexual aggression (e.g., intense sexual feelings overriding someone's ability to control their sexual behaviour) (Ward and Beech, 2016).

Ecological factors (proximal and distal) related to the social, physical and cultural environment each person is involved in, alongside their personal circumstances, will influence their social learning. In turn, the interaction between biological functioning and social learning will form the interlocking neuropsychological functions. These relate to motivations, emotions action-selection and control as well as perception and memory of their experiences (Ward and Beech, 2016). Therefore, negative environments and circumstances may influence their social maladaptive learning experience which in parallel with biological malfunctions compromise neuropsychological functions that underpin human agency. Any maladaptive function contributes to at least one of the four potential state factors or clinical symptoms often observed in people who committed sexual offences against children: emotional/ behavioural regulation

problems (e.g., impulsivity), social difficulties (e.g., emotional loneliness, low self-esteem), cognitive distortion (offence-supportive cognitions) and deviant arousal (e.g., sexual interest in children). Sexual offending is increasingly more likely as the extent to which these state factors are present in someone's life. Maintenance of that type of action will also influence and feed into their ecological environment impacting further upon their neuropsychological functions, therefore leading to further maintenance and escalation of symptoms and behaviours (Ward and Beech, 2016).

The ITSO-Revised is a successful example of abstract integrative pluralism which is useful in generating understanding(s), and forming the basis of, the assessment of people who have committed sexual offences (Ward and Beech, 2016). However, its explanatory power has not been specifically tested in women nor has it been substantially created from research conducted with female samples which leads to some researchers advocating for a women-only theory, for example, Cortoni (2018).

1.1.1.2.Female typologies and theories of sexual offending

There is no universally accepted typology for women who have committed sexual offences. For example, Vandiver and Kercher (2004) created a typology with six categories by analysing 471 female sexual offenders: heterosexual nurturer, noncriminal homosexual offenders, homosexual criminals, aggressive homosexual offenders, female sexual predators, young adult child exploiters. Alternatively, Matthews, et al. (1989; 1991) identified five categories: teacher/lover; predisposed; male-coerced; exploration/exploitation; and, severely psychologically disturbed. The teacher/lover category comprises women who sexually abuse adolescents (with the most common gender being male). They do not see such acts as abuse and instead believe it to be to be a mutually consenting relationship in which both parties are in love and wish to be in that relationship. The behaviour would be perceived by her as positive rather than criminal or harmful. She would also have a position of power over the victim (e.g.: age difference, role – teacher) but she sees him as equal. The victim is usually someone they know but not a family member. Routinely, she comes from a dysfunctional family, she has been emotionally/verbally abused as a child (but not sexually) and has a history of unsuccessful/abusive relationships (including sexual abuse). These women generally act alone and would have initially felt attracted to adult men, only after such abusive experiences turned

her attention to teenagers, who are perceived as less threatening. Alternatively, the predisposed type of women has been extensively abused throughout their lives, which could include a mixture of sexual, physical, verbal and emotional abuse (starting under the age of 5 years old). They believe they were responsible for their own victimisation. To assist with coping with their past abuse, they often have issues with substance abuse, adding to unstable lifestyles, unemployment, low self-esteem and distrust. These women usually act alone but start (sexually and physically) abusing others (usually family members) while they are still young (for example, their siblings) and this abuse continues into adulthood (for example, their children). They also may depend on men and be or have been in unhealthy and abusive intimate relationships. Their victims vary with regard to gender as the selection of victims is often contingent on opportunity and availability.

The male-coerced type refers to women who are passive and persuaded into perpetrating abuse. They usually hold traditional views of gender roles in which the man is dominant, and the woman is powerless. They often have a history of negative relationships with men (all types of abuse) and they are afraid of men, yet also feel in need of their protection. Therefore, they offend due to emotional dependence and/or fear of abandonment/ punishment. They tend to have a history of child sexual victimisation, and, as an adult, they are submissive, angry, possess low self-esteem, substance abuse issues and antisocial features. The victims tend to be underage girls. Some eventually initiate the sexual abuse by themselves and may continue even when not coerced but it is unclear how this transition happens. The exploration/exploitation category comprises young women who are first time offenders and carry out their abuse, usually, during babysitting. They tend to not have suffered any prior abuse nor have they had any previous sexual experiences. Lastly, the severely psychologically disturbed type of women would have extensive psychological issues and impairments. Nathan and Ward (2002) created an additional category for this typology: ‘male-accompanied rejected/revengeful’. These women not only have a male co-perpetrator but they are also motived by feelings of revenge, anger and jealously - rather than being simply coerced. Notably, the women described above share a number of similar characteristics and only differ on how many categories they split “reality” into. Nevertheless, Matthews, et al.’s typology seems to remain the most common adopted by researchers and clinicians. As research progresses, researchers have tried to develop these typologies into theories (Harris, 2010).

Current knowledge on women who commit sexual offences against children is nearly two decades behind compared to homologous men (Cortoni, 2018). Despite a recent increase in research, the low number of women who actually commit sexual offences combined with the existence of low levels of recidivism, makes it difficult to identify statistically significant patterns. Therefore, most theories are descriptive in nature and focus on proximal elements that lead to the commissioning of a sexual offence (level III), for example, the 'Descriptive Model of the offense process for Female Sexual Offenders' (DMFSO from Gannon, et al., 2008). There is no level I theory, and a level II theory is yet to be fully formulated. Still Cortoni (2018) has brought together current knowledge to select factors related to female sexual offending that would be essential for any theory or even an etiological one. For now, they offer partial explanations for this phenomenon. All of the factors identified are difficulties that men who commit sexual offences may have. However, these manifest in gender-specific ways (Cortoni 2018). This means, for example, both genders may see children as sexual beings, but women may not see all victims as such and moreover, the women who did view their victims as sexual beings, may in fact see them as adult-like. According to Cortoni (2018) the four key factors are: offence supportive cognitions, intimacy and relationship issues, unhealthy sexual dynamics and victimisation history.

Offence supportive cognitions are an established factor for the development and maintenance of a variety of criminal and antisocial behaviours, including CSA, although their role in the risk of sexual reoffending is not yet fully understood (Bonta and Andrews, 2017; Gannon, et al., 2012). These are deep unconscious beliefs developed in early childhood through to adulthood (Mann and Beech, 2003; Ó Ciardha and Gannon, 2011). In women who commit sexual offences against children, offence supportive cognitions involve seven schemas or 'implicit theories' (ITs) (Ward, 2000). The first one is 'victims as sexual beings'. Cortoni (2018) found consistently in the literature that women who abuse children construe children's compliance as sexual desire and adolescents as equals or instigators of the sexual activities. However, not all children or adolescents are perceived as sexual beings, this depends upon a combination of other ITs and background factors. 'Dangerousness of men', another IT, is a common view among these women, which may have arisen due to their own negative experiences and relationships with men (such as threats and feeling powerlessness). This links with another IT, 'entitlement' which reflects the woman's belief that there are people (namely their co-offender) who are superior and can therefore do anything they want, including abusing children or them. The fourth is 'uncontrollability' which refers to their perceived lack of control

over their own sexual offending behaviour due to a lack of personal agency (seeing themselves as too weak), substance abuse or being controlled by the co-offender or victim. This ties in with 'subjugation' to, usually, the co-offender to avoid potential or perceived negative consequences, such as abandonment or anger. The sixth, 'nature of harm', relates to the belief that sexual abuse is not harmful and could instead be beneficial. The last implicit theory, 'self-sacrifice', refers to the wish to meet someone else's needs over their own (Cortoni, 2018). However, the exact psychological mechanisms involved in the development of these ITs are unclear, as are the reasons for the selection of these seven ITs - instead of, for example, alternative, less or more ITs (Thakker, et al., 2007).

The inclusion of the intimacy and relationship issues factor is to be expected given the problematic background of these women. Trauma, dysfunctional relationships (including abuse), various victimisation, excessive dependency on men, lack of positive support from family and friends as well as mental health problems are well established across the literature on this topic creating attachment issues (Cortoni, 2018). These leads solo offenders to seek closeness and affiliation with a nonthreatening partner, that is children and adolescents, based on an emotional need perceived to be filled through sexual acts rather than a sexual desire which may not even be present at all (Cortoni, 2018). A sexual interest in adolescents may be present but is more often due to the reasons described above and women perpetrators perceiving victims as equals and adult-like. Those co-offending, do so due to their involvement with an unhealthy partner who contributes to offending coupled sometimes with a fear of isolation. Those co-offending, tend to not have any sexual interest in children prior to the initiation of their offending, only after (Cortoni, 2018).

In addition, unhealthy sexual dynamics do not refer specifically to paedophilia as this is rare (Cortoni 2018). Men's physiological sexual arousal is linked with a sexual preference, but women's arousal patterns do not reflect this and are more fluid (Cortoni 2018). Physiological vaginal reaction (lubrification and increased blood flow) is an automatic response to sexual contact to help prevent injuries during sexual intercourse whether such sexual contact is wanted or unwanted (Chivers, 2005; Laan and Both 2008). Hence, studies into female's physiological sexual arousal reveal this to be non-category specific and cannot assert whether there is an actual interest or not. Therefore, sexual preferences can only be measured based on women's self-report which can affect reliability (Cortoni, 2018). In addition, nonsexual 'rewards' (such as love and a sense of closeness) are more relevant for women's sexual arousal than biological

urges. Women may engage in sexual activities even in the absence of initial sexual arousal (which may appear within the process) to achieve the desired rewards, often based on a desire for interpersonal (emotional) connection. In view of this learnt process, sexual arousal may appear due to the expectancy of such rewards rather than an actual sexual attraction to the sexual partner (Basson, 2000). Alternatively, women may also experience sexual compliance, that is consent to sexual activity with a lack of desire/ reward, instead due to an overestimation of threats and sensitivity to rejection (Brewer and Forrest-Redfern, 2022).

The offending behaviour would arise from their traumatic response to their victimisation experiences (Verona, et al., 2016). Nevertheless, not all victims become offenders. Therefore, Cortoni (2018) highlights five potential mechanisms mediating this association of victimisation and later offending in women. The first one refers to poor boundaries in relationships. The woman's involvement in romantic relationships is often associated with the beginning or increase of offending as their partners tend to be men with antisocial lifestyles hence offending together. Due to their earlier negative experiences and difficulties, they are more vulnerable to exploitation and contact with antisocial men (risk factor) rather than prosocial ones (protective factor). Negative feelings arisen from unhealthy adult relationships may instead contribute to them turning to children to fulfil the role of an adult they desire but never had. The second one refers to maladaptive use of sex as a coping strategy to their own sexual victimisation. They may either avoid sex altogether or turn to it as a copying strategy and the same woman may use both strategies at different times: whereupon these women turn to sex, they do so to achieve non-sexual goals, such as reducing distress and seeking emotional closeness, rather than a sexual preoccupation factor. This also links with other self-destructive coping strategies like substance abuse. However, it is hypothesized that a preference for general avoidance coping strategies, rather than relying on sex, may be linked with opting for later general offending as opposed to sexual offending. The third mediator is the generalised maltreatment of children in which sexual abuse is just one of other abuses taking place. As women who perpetrated sexual abuse against children experienced extensive childhood victimisation, such behaviours became normalised and once they evolved into an adult looking after children, they repeated this pattern. The last mediator refers to the quality of the relationship with caregivers, particularly mothers. An emotional closeness between them during their childhood and their mother figure is believed to buffer the impact of negative experiences and early victimisation preventing negative coping strategies. If the mother fulfils their relational needs, it contributes to the development of emotional and psychological resilience. Although this has not been researched

sufficiently among women who perpetrated sexual abuse against children (Cortoni, 2018), it is part of other more established theories for general offending, such as Bowlby's attachment theory (1969) and Bandura's social learning theory (1977).

1.1.2. Individuals sexually attracted to minors

Sexual attraction to minors is often linked with another three concepts in the literature (see, for example, Bayram, et al., 2021; Gerwinn, et al., 2018; Lievesley and Harper, 2021; Blanchard 2010): paedophilia, hebephilia and minor attracted persons (MAPs). Paedophilia refers to people who experience recurrent, intense sexually arousing fantasies, urges, or behaviours involving prepubescent children persisting for at least six months. Such fantasies or behaviours would cause either significant distress, interpersonal difficulties, or functional impairment (American Psychiatric Association [APA], 2013; Bourke and Hernandez 2008; Beier, et al. 2015). It can be considered a psychiatric disorder (founded on a mental pattern) under the umbrella term of paraphilia (atypical sexual arousal or sexual deviation). Depending on its intensity it can be difficult to maintain full and consistent self-control which may lead to a criminal act (Berlin 2014). However, not all researchers would agree that paedophilia is a psychiatric or mental disorder (Cantor, 2018; Jahnke, 2018; Bayram, et al., 2021; Walker and Panfil, 2017; Lievesley and Harper, 2021). This is a matter of great debate with some strongly advocating it to be a sexual orientation (e.g., Walker and Panfil, 2017; Lievesley and Harper, 2021). This perspective asserts that sexual attraction to minors is believed to have an early age of onset (around the age of puberty), which demonstrates a consistency between the targets of sexual and romantic attractions. It is also unaffected by attempts to change it (Lievesley and Harper, 2021; Martijn, et al., 2018). A clear universal agreement is yet to be achieved (Green, 2002; Tromovitch, 2009; Seto, 2011; Lievesley and Harper, 2021). This thesis does not aim to take a position in this debate. Instead, its focus is on accepting that a sexual attraction to minors exists and that it should be acknowledged just like any other type of sexual attraction. This is because understanding(s) of sexual attraction, orientations and preferences is still developing and there is correspondingly a lack of agreement among researchers.

Hebephilia varies from paedophilia in that it concerns those with a sexual interest in pubescent children instead of prepubescent (Blanchard et al. 2003). The most common age for puberty is believed to be 13 years old, which means paedophilia would refer to a sexual interest in children

under that age and hebephilia from 13 until 18 years of age (Blanchard 2010). However, puberty varies between children making it more complex to distinguish hebephilia from paedophilia (Feelgood and Hoyer 2008). In addition, the DSM-V does not recognise hebephilia on the basis that it would pathologize lawful sexual behaviour based on contemporary social and legal standards in some countries (Franklin, 2010; Green, 2010). Instead, it uses the term 'paedophilic disorder' for people over the age of 16 who have a sexual desire for prepubescent children. The adult must be at least five years older than the child and have acted out these sexual desires or is experiencing significant distress or difficulty because of these desires (APA, 2013). Still, criticisms continue to be directed at the DSM-V due to a lack of clarity in defining 'prepubescent'; the status of adulthood at the age of 16; and for the way that it describes its manifestation (e.g., a lack of a universal and clear definition of 'significant distress'), amongst others (Blanchard, 2010; Joyal, 2018; Harper and Lievesley, 2021). These issues often interfere with diagnosis, treatment and variations on the legal age of consent between countries (Blanchard, 2010; Joyal, 2018; Harper and Lievesley, 2021).

The aforementioned variations in terminology augment the difficulties associated with the comparability of studies and the generalizability of research (Feelgood and Hoyer 2008). Due to such weaknesses within this classification, the preferred term by some researchers is 'minor attracted persons' (MAPs). This is considered by them as a more accurate concept because it refers to people with a sexual preference for children under the legal age of consent, which does not always correspond with the upper age of children as mentioned above and it does not require a determination to be made about when puberty takes place (Freimond 2013; Walker and Panfil, 2019). Nonetheless, the legal age of consent varies between countries and has changed over time. For instance, in Germany the legal age of consent is 14 years old, while in the UK it is 16 and in Ireland 17 (European Union Agency for Fundamental Rights, 2019; Sexual Offences Act 2003; Sexual Offences [Northern Ireland] Order 2008; Protection of Children and Prevention of Sexual Offences [Scotland] Act 2005; Criminal Law [Sexual Offences] Act 2017). Variations are even wider when looking beyond Europe, for example, the legal age of consent in Bahrain is 21 (Parrott, 2021), while in Nigeria it is 11 (World Population Review, 2022; Akintayo-Usman, and Usman, 2021). In India, the age is set at 18 without exceptions, which means two individuals under such age engaging in sexual relations may both be prosecuted for the rape of each other (Pitre and Lingam, 2022; Varghese, 2021; Mathew, 2019; Iguh and Oti-Onyema, 2020; Age of Consent, 2022a). Other countries, such as Maldives, Qatar and Oman have no legal age of consent and instead have banned all sexual relations

outside of marriage. This means that children as young as nine may be married and consequently considered to be consenting to sexual relations with their partner who may be older (Age of Consent, 2022b).

It is unknown exactly how many people in the general population are sexually attracted to minors (Lievesley and Harper, 2021) as well as exactly how any sexual attraction is developed and its cause (including teleiophilia, a sexual interest in adults) (Alanko, et al., 2013). Experiencing a particular type of emotional and sexual attraction is not a simple choice (Lievesley and Harper, 2021). Many theories focusing on different aspects (e.g., negative socialisation, genetics, hormones, brain function) have been proposed but not scientifically proven (Alanko, et al., 2013; Tenbergen et al., 2015; Blanchard et al., 2003; B4U-ACT 2019b). The only consistent findings are that no one chooses a sexual preference structure, it is 'fate and not choice' (Beier and Loewir, 2013; Beier and Amelung, 2017: 1).

Savoie, et al. (2021) found that the prevalence of paedophilia may be between 2% and 24% in the general population. This large variation of estimates may be due to methodological biases as most studies tend to use male-only samples, focus on students and/or people who have committed sexual abuse against children. Other evidence suggests many, perhaps most, adults may have a limited level of such attraction to children/adolescents, but it becomes subordinated to their feelings for adults (Seto, 2016). Therefore, with different levels of sexual attraction and a multitude of combination of preferences, some may go on to live a regular life without self-identifying as sexually attracted to minors (Seto, 2016).

This thesis will use the term 'sexual attraction to minors' in referring to the presence of a sexual attraction, interest or thoughts including minors regardless of whether this is their sexual preference. This choice is an attempt to opt for a less-stigmatizing umbrella term. It also acknowledges Seto, et al.'s (2015) argument that self-reported people with a sexual attraction for minors should not necessarily be linked with paedophilia as the sexual interest could also be the result of other factors, such as curiosity or sensation seeking but which remains unacted upon. Nevertheless, this thesis does not censor the use of other commonly invoked terms as all of them remain in use by various groups, including B4U-ACT and Virtuous Paedophiles. For instance, B4U-ACT (2022) opts for 'Minor Attracted Persons' (MAPs) like other organizations that work with this population. However, other organisations, such as 'Virtuous Paedophiles' (2022) use the term 'paedophile'. None of these terms has a universal negative meaning,

instead it is the stigma added to it often by those who do not understand the term (Gerwinn et al., 2018; Jahnke, 2018; Walker and Panfil, 2017).

This section explored the complexity and heterogeneity of people who are sexually attracted to minors and/or who have committed sexual offences against children. However, the current state of knowledge is largely dependent on the existing research, which is still in progress and yet to uncover all there is to know on this topic. The next section will explore societal attitudes towards these groups and to what extent their views and actions match the same level of complexity and heterogeneity of these groups.

1.2.Attitudes towards people with a sexual attraction to minors

Attitudes refers to the psychological evaluation of an entity, group or phenomenon which is, to some extent, favourable or unfavourable (Harper, et al., 2017). Attitudes have a profound impact upon clinical and social decision-making, for instance, negative social attitudes have been found to create difficulties in accessing stable housing arrangements for people convicted of sexual offences (Harper, et al., 2017; Clark, 2007). Attitudes comprise three interlinked dimensions: affective (emotional reaction, e.g., fear), behavioural (the manifestation of responses in the physical world, e.g., supporting chemical castration), and cognitive (perceptions of knowledge, e.g., belief in a high risk of offending). This is known as the ABC conceptual framework which guides contemporary research towards a holistic understanding of people’s attitudes (Harper, 2019; Socia and Harris, 2016; Bastian, et al., 2013; Douglas, et al., 2013). The following two sub-sections will analyse the public’s and practitioners’ attitudes towards people with a sexual attraction to minors.

1.2.1. Public attitudes

Individuals tend to perceive their sexual practices to be normal (Holmes and Holmes, 2002). However, this perception is socially constructed (Cossins, 2017; Holmes and Holmes, 2002). This means that the same sexual practices may be considered deviant or even illegal depending on the standard used for comparison (e.g., cultural, statistical and religious) (Cossins, 2017). Sex is currently highly debated among the public and within academia (see for example,

Schrijvers and Wiering, 2018; Santos, et al., 2018; Evans and Riley, 2015). However, the honesty and openness in these debates is questionable. For instance, some people may be able to use humour around this topic yet are simultaneously unable to openly discuss their desires with their own intimate partner (Holmes and Holmes, 2002). In turn, discussions around a sexual attraction to minors may be impacted by society's difficulty in discussing sex openly, rationally, and honestly (Holmes and Holmes, 2002) as well as concerns over the safeguarding of children.

Adults who are sexually attracted to minors are often vilified by certain sections of their society who fail to see them as a whole person and reduce them to a specific label focused on their attraction to minors (Muir, 2018). This stigma manifests in different ways (Lawrence and Willis, 2021): stereotyping (e.g., general public belief that minor attracted people will invariably abuse a child); emotional responses (e.g., disgust and anger); and, discriminatory behaviours (e.g., supporting imprisonment as prevention). Experiencing a particular type of sexual attraction is not a choice (Lievesley and Harper, 2021), hence stigma around sexual attractions is harmful. Instead, an equal acceptance of the various types of sexual attractions as well as encouraging people to access health services has the potential to positively impact clinical and social interactions (Harper, et al., 2017).

High profile criminal cases involving children tend to heighten vigilantes' movements against people who are believed to be sexually attracted to minors because their view is that being attracted to minors will cause them to then engage in sexual abuse against children. For example, around the time of the high-profile case of Sarah Payne (a 9-year-old who was abducted and murdered in West Sussex), a group of people believed a London man was 'a child abuser' and so organised a small riot which threatened his life and destroyed some of his and his neighbours' property. He was not linked to the case, nor was he found to have sexually abused minors. Some of these displays of hate also hindered active investigations, e.g., by encouraging secretiveness (BBC News, 2000). They also fuel the self-publication of books and blogs negatively associating the terms 'paedophilia' and 'sexual abuse of children' (see, for example, Hagopian 2020).

Public opinion or even what is reported to be public opinion appears simpler than it is. The social response and its management are complex and span across a broad spectrum (Brown, et al., 2008; Richards and McCartan, 2018). The vilification of people who feel sexually attracted to minors and the vilification of those who have sexually abused a child (Muir, 2018) is not

congruent. For instance, the idea of an attractive female teacher ‘falling in love’ with a pupil tends to be glamourised, suggesting variations in gender, physical appearance, and other characteristics. Similarly, those who reveal they feel sexually attracted to minors to their friends and family find mixed reactions, meaning that sometimes it can bring relief to no longer withhold such a secret, but at other times it can result in negative consequences, such as stigma (Artless, 2018; B4U-ACT, 2019b). Vilification may in fact be fuelled predominantly by the media and a small number of people who express negative attitudes - instead of the existence of a wider societal vilification (Jahnke et al., 2015; Lawrence and Willis, 2021). Research has also found that readers of tabloid newspapers (which comprise negative portrayals of people convicted of sexual offences) express significantly more negative attitudes than readers of broadsheets (which produce more balanced portrayals) (Harper, et al., 2017; Harris and Socia, 2016; Harper and Hogue, 2017; Harper and Hogue 2015). Hence, the term ‘multiple publics’ has been put forward by Richards and McCartan (2018) as a more accurate alternative to ‘public opinion’. This would highlight the existence of a wide spectrum of attitudes and prevent skewed generalisation.

The skewed vilified outlook, that is believing all public(s) vilify people associated with a sexual attraction to minors and/or CSA, contributes to the secrecy surrounding a sexual attraction to minors (due to fear of the consequences of disclosure), internalisation of these labels and stereotypes (e.g., self-belief that they are ‘deviant monsters’) and difficulties in accessing help (e.g., mental health counselling; discrimination in treatment options) (Houtepen, et al., 2016; Grady, et al., 2019; Lievesley, et al., 2020; Lawrence and Willis, 2021) which encourages them to join online communities made up of others, often strangers, going through similar experiences and feelings (Jahnke, et al., 2014).

The accessibility and awareness of services is negatively impacted by the current climate of public/media hostility, which acts as a barrier for those seeking help. In some instances, this is believed to make offending more likely – the opposite to the desired impact of condemnation (Harper and Harries, 2017; Rede, 2019; Artless, 2018). People who are opposed to services for those who are sexually attracted to minors tend to believe those services would hinder the ‘protection of children’ (Rentschler, 2015; Richards and McCartan, 2018; Lievesley and Harper, 2021; Zgoba, 2016; Rede, 2019). The sexual wellbeing of this group (see section 1.3.3.1. ‘wellbeing among people who are sexually attracted to minors, who are at risk or have committed sexual offences against minors’ for further information) is not regarded as a ‘right’

due to the lack of a distinction between a sexual attraction to minors and concerns over the safeguarding of minors and the sexual abuse of children (Rentschler, 2015; Richards and McCartan, 2018; Lievesley and Harper, 2021; Zgoba, 2016; Rede, 2019).

Narrative humanisation (sharing personal stories of self-identified non-offending people) and awareness interventions have shown positive results in changing public attitudes towards people with a sexual attraction to minors (Lievesley and Harper, 2021; Jahnke, et al., 2014; Harper, et al., 2021). Online awareness interventions focus on minimising stigma through addressing common misconceptions and stereotypes (Jahnke, et al., 2014; Harper, et al., 2021). These have been found successful both in the short and long term among a variety of groups: students, therapists and the general public (Harper et al., 2018; Harper, et al., 2019; Jahnke, et al. 2015). Nonetheless, the provision of this type of service is scarce despite its potential to positively impact the wellbeing of this group towards an inclusive society, namely the acceptance that some people are sexually attracted to minors and a recognition of their right to access health/ therapeutic services. Even those advocating for the rights of people with a sexual interest in minors or researching that population in a positive manner (that is, focusing on strengths and protective factors) can themselves become targets of abuse and stigma from the public. For example, Allyn Walker's research highlighting how a sexual attraction to minors is distinct from sexual abuse (see e.g., Walker, 2017; 2019) received widespread abuse on Twitter ultimately affecting their career, which suggests that some find the idea of some people being sexually attracted to minors difficult to comprehend in the context of their research findings (Cole, 2021; Vallejo, 2021).

1.2.2. Professionals' attitudes

Professionals' attitudes are an underdeveloped area of research compared to the substantial amount of evidence on public attitudes. There is evidence that some people sexually attracted to minors are discriminated by some professionals (including specialist therapists and non-specialist primary health professionals), particularly (but not always) due to the lack of specialised training related to this client group (Lievesley, et al., 2022; Levenson and Grady, 2019; Jahnke, et al., 2014). People with extensive training and who work or volunteer regularly with people sexually attracted to minors and/or who have sexually abused children have been found to have more positive attitudes towards these groups than the public (Kerr, et al., 2018;

Harper, et al., 2017; King and Roberts, 2017). The client-therapist relationship must be the same with therapists treating them as everyone else (Houtepen, et al., 2016; Levenson, et al., 2017). However, some practitioners focus solely on the prevention of offending rather than addressing also, for example, their sexual wellbeing which is part of the RNR *vs* GLM discussion (Houtepen, et al., 2016; Levenson, et al., 2017). In turn, people with a sexual attraction to minors feel they are treated differently, dehumanised, discriminated and 'controlled' rather than treated like everyone else in the context of therapy (Houtepen, et al., 2016; Levenson, et al., 2017). This can act as one of the barriers for engaging with professionals or is at least one of the barriers preventing them from completing programmes (Houtepen, et al., 2016; Levenson, et al., 2017).

People with a sexual attraction to minors are also often aware of harmful and unsuccessful treatment programmes historically delivered and endorsed by professionals to sexual minorities (including homosexuals), such as arousal reconditioning or aversion therapy (Cohen and Galynker, 2009; Seto, 2009). These are occasionally still used and even coercively to 'cure' non-heterosexual attractions, in particular, sexual attraction to minors (B4U-ACT, 2019b). All of these contribute towards a lack of willingness of people to seek help and therapy (B4U-ACT, 2019b; Cohen and Galynker, 2009).

In the UK, research has found that National Health Service [NHS] nurses also display prejudice to non-heterosexual people (Allen, 2019; Meads, et al., 2019; Carr and Pezzella, 2017). They have been found to compare the experiences of LGBT people to those of people sexually attracted to minors, in which both are stigmatised and subject to otherness (Allen, 2019). Yet each gender and type of sexual attraction depicts a different set of needs and requirement for individual recognition (Allen, 2019). Non-specialist medical staff have been found to perceive differences in sexuality as a choice, therefore mirroring similar aspects of public attitudes to sexual attraction (Lievesley, et al., 2022). However, medical staff have been found to hold lower perceptions of dangerousness than the public. Comparatively, mental health professionals hold lower perceptions of dangerousness and lower level of choice on one's type of sexual attraction (Lievesley, et al., 2022). Psychotherapist's rate of willingness to accept individuals with a sexual attraction to minors is often the same as the acceptance of people who have committed sexual offences against children (Lievesley and Harper, 2021). Even academics conflate sexual attraction to minors with the sexual abuse of children given vast

research stems from samples of individuals convicted of sexual offences instead of focusing more (or at least to an equivalent level) on non-offending people (Lievesley and Harper, 2021).

The public holds mainly negative attitudes towards people with a sexual attraction to minors (Jahnke et al., 2015; Lawrence and Willis, 2021; Levenson, et al., 2007). This is linked with the stereotype that all people with a sexual attraction to minors are (or want to) sexually abuse children instead of acknowledging the diversity of this population (Rentschler, 2015; Richards and McCartan, 2018; Lievesley and Harper, 2021; Zgoba, 2016; Rede, 2019), as explored in the previous section. Even those sexually attracted to minors may find this attraction difficult to understand and would not want to offend, knowing the harm this would cause. Equally, the public as a group is not homogeneous. Not everyone holds the same attitudes, instead there are a multitude of 'publics', public opinions, academics, and practitioners whose attitudes vary on a spectrum from inclusion to vilification (Richards and McCartan, 2018). Professionals' opinions tend to be more positive than those of the public. These attitudes vary depending on their level of contact and knowledge of the heterogeneity of this population, where stigma still exists among some professionals (Lievesley, et al., 2022; Levenson and Grady, 2019; Jahnke, et al., 2014; Kerr, et al., 2018; Harper, et al., 2017; King and Roberts, 2017). A skewed consideration of public opinion is just as harmful as a skewed vision of people with a sexual attraction to minors leading to, for example, inadequate provision of services and community rifts. Therefore, the next section will explore the consequences of the discrepancy between what is and what is believed to be.

1.3. Consequences of the discrepancy between perceptions and reality of those sexually attracted to minors, people who are at risk of committing sexual offences against children and people who have already committed sexual offences against children

This section will explore the current provision of services in the community (independent from the CJS) for people who are sexually attracted to minors, people who are at risk of committing sexual offences against children and people who have already committed sexual offences against children. It will start by exploring the general barriers to accessing information and services, some of which are a consequence of the discrepancy between the societal perceptions explored earlier and the true heterogeneity of this group of clients. Subsequently, current services and their specific strengths and shortcomings will be explored in detail. Finally, this

section will analyse how the existing barriers and shortcomings may impact the wellbeing of these client groups and violate their health-related rights.

1.3.1. Barriers to accessing information and support independent from the CJS

This sub-section explores barriers encountered by people who are sexually attracted to minors, people who are at risk of committing sexual offences against children and people who have already committed sexual offences against children to accessing information and therapy in the community and independent from the CJS.

Services tend to be classified according to Brantimgham and Faust's conceptual model of crime prevention (1976). Preventing recidivism refers to the tertiary level of prevention, such as the management and treatment given to people after entering the CJS. Conversely, primary prevention refers to actions or programmes directed at the general population and secondary prevention services refer to those targeting people at risk of committing sexual offences against children (Brantimgham and Faust, 1976). Primary services in the UK, at societal level, are dominated by victim awareness campaigns (Lievesley and Harper, 2021; Kewley, et al., 2021). Tertiary interventions directed at people who have committed sexual offences against children and aimed at preventing reoffending are the most studied (Kewley, et al., 2021) and usually linked with the Criminal Justice System (Lievesley and Harper, 2021). However, marginal attention has been given to the promotion of services for people who are sexually attracted to minors at this level as well as for people who are at risk of committing sexual offences against children (Lievesley and Harper, 2021; Kewley, et al., 2021).

Previous research has found that people from the above groups tend to seek or wish to access information and support (Levenson and Grady, 2019; Lievesly, et al., 2017; Lievesley and Harper, 2021; Knack et al., 2019). This is usually motivated by a desire to address a range of mental health issues, self-identity struggles and reduce the potential risk of sexual offending against children (Levenson & Grady, 2019; Shields et al., 2020). This means they are seeking services in the community (primary and secondary), independent from the CJS (tertiary). However, this help-seeking behaviour tends to encounter a number of barriers.

Levenson, et al. (2017) investigated why men who were convicted of sexual offences against children did/did not seek help using a sample of 372 men in America. The method of choice

was quantitative with questions based on the 'General Help-Seeking Questionnaire' (Levenson, et al., 2017). Levenson, et al. (2017) found participants were unlikely to seek and receive psychological services before committing an offence. Some of the barriers identified by the participants included "concerns about confidentiality, fears of social and legal consequences, personal shame or confusion about the problem, affordability, and challenges finding competent therapists who were adequately equipped to help them" (p. 99). In the UK, StopSO, which will be discussed in more detail in the next sub-section, has tried to address some of these issues by clarifying legal misconceptions and facilitating the identification of suitable therapists. However, their work is yet to address wider social consequences, personal shame or confusion and affordability.

Confidentiality laws vary between countries. Mandatory reporting is politically appealing and sometimes perceived as necessary for the safeguarding of children. But this has only shown to increase the number of reports of sexual abuse against children (often unsubstantiated) and a decline in clients' transparency, which can hinder safeguarding intentions (Farrer & Co, 2016; Hillier and Murphy, 2015). There is currently no general legal duty to report 'harm to self or other' in the UK (Grayson, 2018). However, this is not widely known, and misunderstandings are common (Grayson, 2018). There are also variations within the UK. In Northern Ireland, under Section 5(1) of the Criminal Law Act (1967) and Section s.14(1) of the Children First Act (2015), it is a criminal offence applicable to all citizens if they fail to disclose sexual abuse against children to the police. While the various legal documents, individually or combined, in England, Wales and Scotland are limited and very difficult to apply on this matter. The Sexual Offences Act 2003 does not refer to reporting and Section 1 of the Children and Young Persons Act 1933 only refers to a duty to report sexual abuse against children for those with a responsibility for the child. Given that usually the perpetrator is someone known to the child, often the caregiver, it is very difficult to apply the provisions of the Act due to cover-up or concealment. Even paired with the Fraud Act 2016 (for cover-up or concealment), it would require the perpetrator to acquire personal financial gain or where there is a financial loss to the victim. The latter would hardly apply to a child and the former would only apply to less common cases, such as selling sexual acts involving a child (though this is a different offence). At Common Law, perverting the course of justice, alongside statutory provisions, such as 'concealing an arrestable offence' (s.5 Criminal Law Act 1967), are difficult to apply because they require an active investigation on a completed act because sole attempts or intentions do not qualify (NSPCC, n.d.; The Crown Prosecution Service [CPS], 2019).

The source of misunderstanding is situated within the guidance that sets out what certain employees must do. The NHS, certain agencies, and all health and care professionals working in regulated occupations (for instance, social workers) are under a duty to have a child protection policy to protect and promote the welfare of children (Child Law Advice, 2019; Department for Education, 2019; Health & Care Professions Council [HCPC], 2018; HM Government, 2018; section 11 of the Children Act 2004). It is still not an absolute legal requirement to report child sexual abuse for these employees but if they do not report to the local authorities, they must have a clear reason not to (Department for Education, 2019; section 175 of the Education Act 2002; section 74 of the Education and Skills Act 2008). Even if they fail to report what is found later that should have been, it is still not a criminal offence, but it could potentially lead to disciplinary action or dismissal depending on their contract of employment. This means everyone else does not have a legal requirement nor duty to report or act, including childminders, psychotherapists and counsellors in private practices or self-employment. However, if they register with certain professional bodies, such as the UK Council for Psychotherapy or the British Association for Counselling and Psychotherapy, these may adopt the above guidance as part of their membership. It is optional and voluntary to join these organisations, therefore, if they opt not to join, they may only choose to report based on an ethical decision (Independent Inquiry Child Sexual Abuse, 2018; Grayson, 2018).

Nevertheless, public bodies and their relevant partners operating in Wales have a mandatory duty to report child sexual abuse to a local authority under Section 130 of the Social Services and Well-being (Wales) Act 2014 since 2016. This means those in private practices may still not be under a legal duty nor statutory guidance. In terms of female genital mutilation (FGM), however, both in England and Wales public bodies, relevant partners and those in regulated professions have operated under a mandatory reporting law since 2015 (Department for Education and Home Office, 2016).

In 2016, the UK government proposed to establish a mandatory statutory duty to report across the UK and act on abuse or neglect, including child sexual abuse. The 12 weeks consultation that followed received 786 responses from various professionals, members of the public, victim and survivor groups and voluntary organisations (Home Office and Department for Education, 2016; Khan, 2018), including Stop So and NSPCC. The goal was to enhance the safeguarding of children and several risks were acknowledged, such as the increase of reports, a decrease on the quality of these, substantially higher costs to the government. The NSPCC (n.d.) would

support the introduction of a criminal offence to cover-up, conceal or ignore known child abuse applicable to all professionals. This report would have to be done to an external body and never responded to 'in-house'. Their aim was the paramount protection of children through a restricted version of mandatory reporting. On the other hand, Stop So (Grayson, 2018) has an opposite position and it supports the proposition of absolute confidentiality, similar to that contained in German law regarding the sexual abuse of children. Nevertheless, their aim is exactly the same: prevent child sexual abuse and protect children. Therefore, the government opted to leave the legislation as it is when faced with opposed positions towards a common goal and the existence of continued wide support for the current system (Home Office and Department for Education, 2016).

Such different approaches could arise from focusing on different aspects of prevention. The NSPCC's (n.d.) focus may be on children being abused and aiming to terminate it, while StopSo (2022a) focuses on people with a sexual attraction to minors and/or perpetrators to prevent child sexual abuse from happening in the first place. However, if abuse is taking place, confidentiality may assist with terminating the abuse that may never be reported (with or without mandatory laws) given that it would include cases from the dark figures of crime. It comes to a fundamental position on whether confidentiality is possible, and if it is more beneficial (Grayson, 2016, 2018). It is difficult to assess this because even looking at international examples, the lack of research on pre and post-legal changes and multiple variations of such laws do not serve to provide clarity on the effectiveness of either approach. This means it is not possible to say that Germany's confidentially is better than New Jersey's (USA), Canada's or Australia's mandatory reporting as it may only mean that it enables programmes rather than a more effective approach to tackling sexual abuse (Grayson, 2016). Nevertheless, some studies, such as Mathews, et al. (2016), which examined the Australian approach, found that despite a higher number of reports leading to investigations, these were mainly of a low level of seriousness or were unsubstantiated and only increased the burden on services which then struggled to allocate enough resources and time to investigate more serious cases. In addition, countries establishing mandatory reporting have seen a significant decrease in self-referring individuals (both as perpetrators and victims) as opposed to those that introduced assurance of confidentiality which saw a significant increase (Farrer & Co, 2016; Grayson, 2016).

Identifying competent therapists who were adequately equipped to help this population is another difficulty (B4U-ACT 2011e/f). An internet search is unlikely to be helpful, often leading to general therapists - and social referrals are unlikely due to public stigma and fears over potential consequences. In addition, potential clients may be aware that some controversial aversion methods have been used coercively in recent years, which has resulted in severe mental health issues (B4U-ACT 2011e/f). Therefore, it comes as no surprise that in addition to public stigma, they also fear being made the subject of such methods (B4U-ACT 2011e/f).

In 2011, B4U-ACT (2019a) analysed the responses of 193 people with a sexual attraction to children from a variety of countries (including the UK and Germany) to an online survey aiming to obtain further information on the awareness of their sexuality, mental health and help-seeking behaviour. The age range from the total sample was 15-70 years and 98% identified themselves as male. This organisation found that over 66% of those who had experienced attractions to much younger children had been aware of such feelings before they were 18 years old. In addition, 26% of the sample had considered committing suicide at some point as a result of their feelings, and 41% of those had attempted to do so before the age of 18. Respondents highlighted the stress of dealing with their sexual attraction and 40% expressed an interest in receiving mental health assistance (B4U-ACT, 2019a). The stress related to both their sexual self-awareness but also to their fear of those close to them (friends and family) finding out. The fear of judgment, misunderstanding, persecution and harassment are the key reasons to not seek help, rather than not wanting it. They are often aware of their sexual preferences, do not wish to act on them but, for some, the lack of help may contribute towards increasing the risk of turning to indecent imagery of children to assist with dealing with their desires (Berlin, 2014). Knack et al. (2019) found similar results as well as that some people may experience the largest barrier of all: the lack of knowledge about available services despite their desire and motivation to engage in treatment to address their shame, guilt and stigma associated with their sexual attraction and/or offending actions.

Shifren, et al. (2009) examined help-seeking behaviour from women related to their sexual problems of desire, arousal, and/or orgasm (not always related to a sexual attraction to minors) and found that over a third of the sample (*n*= 3,239) had sought formal care usually from a gynaecologist or GP. Around 80% of the time, it was the woman who initiated the conversation during regular interactions with the healthcare system (rather than an appointment specifically

booked to address that). With such a high rate of help-seeking behaviour for general sexual problems, there is an opportunity for such conversations to be extended towards attraction to minors if only women were able to feel as comfortable revealing them (Shifren, et al., 2009). Nevertheless, it is worth noting that 20% of the sample still did not initiate the conversation and therefore these findings suggest some level of difficulty in approaching the topic of sex (Shifren, et al., 2009).

Finally, some practitioners treat these clients differently from other people by focusing on preventing their clients from offending and ignoring their psychological needs (B4U-ACT, 2019a/e; Houtepen, et al., 2016; Levenson, Willis and Vicencio 2017). This differentiated treatment is perceived by the clients and can also convey the message that their needs are not as relevant as those of other people considered 'normal' (Levenson, et al., 2017). It is a controlling approach that will lead them to feel dehumanised and produce adversarial effects (Levenson, Willis and Vicencio 2017). It is also discriminatory since other people are treated differently. All this only intensifies and alienates people sexually attracted to minors from accessing primary and secondary prevention programmes as well as the general mental health system (B4U-ACT, 2019a/e; Houtepen, et al., 2015; Levenson, et al., 2017).

1.3.2. Organisations based in the UK independent from the CJS providing information and services for people sexually attracted to minors which may or may not have committed sexual offences against children

A rudimentary search using the key terms 'sexually attracted to children' and 'help' on the search engine 'Ecosia' provide extensive results[1] (https://www.ecosia.org/search?q=sexually%20attracted%20to%20children%20help). Many are information-based websites highlighting 'prevention' of child sexual abuse and personal accounts of being a 'paedophile'. A smaller number of results include organisations providing information and services for people with a sexual attraction to minors independent from the Criminal Justice System (although, some also provide services in prison settings). For the purpose of facilitating the structure of this section, these organisations were categorised into two groups: those providing specific services and information related to sexual attractions to

[1] This is the search engine I commonly use because of its environmental impact. In addition, it has shown to provide less tailored results (based on previous searching behaviour) which may limit the bias of the findings (which is often the case with Google's tailored results).

minors; and those with a wider focus on sexual health, including those with sexual attractions to minors.

1.3.2.1.Specific services and information related to sexual attractions to minors and the perpetration of sexual abuse against children

Various organisations, such as the Lucy Faithfull Foundation and the Safer Living Foundation provide a range of specific services and information related to sexual attractions to minors. These are sometimes interchangeably aimed at those experiencing such attraction, those who may be at risk or have committed sexual abuse against children, those who may know someone who fits into one of the previous categories or even the general population. The discourse (and/or core aims and principles) used by these organisations varies but it is often related to harm reduction, increasing agency and/or the prevention of sexual abuse of children. This section will look at the following organisations operating in the UK: the Lucy Faithful Foundation, the Safer Living Foundation and the Specialist Treatment Organisation for the Perpetrators and Survivors of Sexual Offences (StopSO).

The Lucy Faithfull Foundation [LFF] is a UK-wide charity founded over 29 years ago by Baroness Lucy Faithfull, a British social worker and children's campaigner (Bailey, et al., 2018; LFF, 2022). The LFF (2021) states that its mission is to prevent sexual abuse against children (CSA). It provides a wide range of information on CSA on their website and programmes aimed at people looking for further information on this topic and/ or who are involved in sexual abuse in some way, for instance, social workers, and parents of children who may have been abused. The LFF (2021) does not use the term ‘people with a sexual attraction to minors’. Instead, it states ‘preventing offending’ (p. 11) and ‘adults concerned about their own behaviour’ (p.21), ‘prevent reoffending’ (p.46) and ‘we work with adults and young people who have offended or who are at risk of doing so. We also work with the people around them and the public so that everyone knows what they can do to keep children safe’ (p. 41). There is an emphasis on behaviour, prevention and risk of/actual offending. So, it is a harm reduction, risk and prevention perspective, instead of a levelled positive perspective towards sexual wellbeing besides or alongside other aims, such as prevention. Sexual wellbeing appears partially as an outcome of their programmes, but it is not advertised as their aim. This offers

the impression that they are working on the basis that those with a sexual attraction to children are in need of prevention strategies.

The LFF (2021) currently runs three projects for people with a sexual attraction to minors and/or those who are at risk or have sexually abused children: Stop it Now!, Inform Plus, and Engage Plus. Stop It Now!, established in 2002, provides free advice through a website, online self-directed intervention (with the possibility for scheduled calls to complement the online modules), an anonymous helpline and live chat. The number of people being supported has increased exponentially over the years but the number of people unable to speak to staff has also increased. For instance, in the year ending March 2020-2021, Stop It Now! provided support for 7,300 people through calls, emails and chats while 5,133 callers were missed the first time they tried. Of these, 41% (2,090 people) never succeeded in getting through to the helpline even through subsequent attempts (LFF, 2021). This demonstrates that even with a reduced focus on the prevention of sexual abuse of children, that is also an emphasis on sexual wellbeing, many people who sought help are still unable to receive it. NatCen (2014) has found that most service users in the UK found this service through web surfing and/ or police recommendation, unlike in the Netherlands where most users found it due to TV, radio or print media. The reasons advanced for this difference lay with limited resources for media promotion in the UK as well as differences in the social, legal and policy contexts, whereby the mainstream UK is less willing to openly discuss child sexual abuse prevention. Some of the benefits identified by people who used the helpline include recognition of behaviours as risky or problematic, a better understanding of the dynamics involved in such behaviours and the implementation of techniques and advice on challenging and changing behaviours towards minimizing the risk of abuse (NatCen, 2014). These findings are consistent with evaluations carried out by other researchers, such as Van Horn, et al. (2015) and Boeck, et al. (2022).

The Inform Plus, developed in 2014, is a self-funded ‘psycho-educational programme for men who are under investigation for, or have been arrested, cautioned or convicted of accessing sexual images of children online’ (LFF, 2021: 26). This programme was used by 78 men, while Engage Plus programme was used by 28 men who ‘have had sexual conversations with children online, solicited sexual images from young people online or attempted to meet with a young person after communicating online, with the intention of committing a sexual offence’ (p. 28). Furthermore, the need for these services may be even higher as the National Crime Agency (2021) has estimated that between 550,000 and 850,000 people in the UK pose varying forms

of sexual risk to children. Dervley, et al., (2017) evaluated the Inform Plus programme through interviews with people completing the programme. They found that the service produced beneficial outcomes in affective and interpersonal functioning. Service users felt better able to manage their thoughts, feelings and behaviours related to internet offending. It also initiated a desire for self-fuelled change and an offending-free future. These findings are consistent with further evaluations of the programme, including those using other methods (see, for example, Gillespie, et al., 2018 who used surveys).

The Safer Living Foundation [SLF] (2022a; Knack, et al., 2019), located in Nottingham city centre, states that its objective is to 'promote the protection of people from, and the prevention of, sexual crime; and, to promote the rehabilitation of persons who have committed or who are likely to commit sexual offences against others'. This is a similar harm reduction and preventive discourse to that of the LFF. Moreover, its Aurora project established in 2018, provides free group and one-to-one therapy (Acceptance and Commitment Therapy, Compassion Focussed Therapy and Functional Analytic Psychotherapy) and signposting to other organisations depending on the needs of the clients (Hocken, 2018). The Aurora project aims to provide support to people 'who want to understand and manage the sexual thoughts they are having'. This is because their 'sexual behaviours may be causing them distress and they may be concerned they will act upon them or currently under investigation with the Police' (SLF, 2022b). This is a much more positive discourse as it highlights 'sexual thoughts', regardless of (concerns for) behaviours. Aurora's therapeutic approaches include Acceptance and Commitment Therapy (ACT), Compassion Focused Therapy (CFT) and Functional Analytic Psychotherapy (FAP) (Hocken, 2018). Despite the project's broader approach, in 2020, the Aurora project was only supporting around 20 people, while another 90 were still on the waiting list due to a lack of resources (Summers, 2020). Evaluation of this service is ongoing and it is still in its infancy due to the novelty of the service (Knack, et al., 2019). Results have not been found to be readily available to the public yet.

The Specialist Treatment Organisation for the Perpetrators and Survivors of Sexual Offences [StopSO UK] (2022a) is a network agency matching 'non-offending paedophiles', 'potential sex offenders, sex offenders and their families' with a trained therapist in the community to tackle sexual abuse. Although they are inclusive for people who have not committed offences, the discourse is again negative in that it is focused on harm reduction and prevention of negative outcomes (sexual abuse against children). The majority of people getting in touch (89%) are

people asking for help to stop offending or who are on their path to it, and while the nature of the other 11% is not specified, it is likely that these may be people who believe themselves to be sexually attracted to children but would not consider sexually abusing a child. In 2017 (the most updated data publicly available), they helped match over 500 people with therapists (StopSO UK, 2017) but expect to grow exponentially over the following years with over 1,936 people 'struggling with sexually inappropriate behaviour' getting in touch per year. However, it estimated that 387 people of those people would not be able to self-fund and, therefore, would be unable to access support (StopSO UK, 2018). These numbers are much higher than the LFF and the SLF for one-to-one therapy. This may be because they benefit from a network of independent practitioners across the UK (StopSO, 2022b).

These organisations (LFF, SLF and StopSo) are providing services for their clients. They focus on the prevention of child sexual abuse first, instead of a positive approach focusing first on promoting the sexual wellbeing of people sexually attracted to children or who have committed sexual abuse against children. This means they assist individuals in determining how they move forward with their sexual experiences to achieve pleasure (pleasant sexual life), and how this may be done in a legal manner (engaged sexual life). Yet, their context on preventing offending behaviours (negative) is different from a positive environment affirming and promoting sexual health (meaningful sexual life).

1.3.2.2.Services with a wider focus on sexual health which also cover sexual attraction to minors

A few organisations provide services and information related to wider sexual health, including the NHS (Robertson, et al., 2017). These take various approaches, including self-help, one-to-one and group therapy. The discourse used by these organisations varies but it is often not related to the prevention of sexual offences (as they take a public health approach) and it is difficult to ascertain if they provide help for people with a sexual attraction to minors. This section will look at the following organisations operating in the UK: Recovery Nation, as an example of a self-help website, and the NHS, the largest healthcare service in the UK.

Recovery Nation (2022) is a website providing free self-help resources for people with any type of sexually compulsive behaviour or difficulties with their sexual behaviour. It highlights that these resources aim towards health-based recovery, instead of disease-based recovery, to

keep their discourse positive. It also has a community forum where people support each other through their self-help journeys (Recovery Nation 2022). No public information on the number of users or efficiency has been found.

The NHS provides three types of sexual health services: Genito-urinary medicine (GUM) services (including Sexually transmitted infections, STIs); contraception; and sexual health advice, sexual health promotion and prevention of sexual-related issues (Robertson, et al., 2017). There is a legal requirement, since 1926, for local authorities to provide open access to confidential STI testing and treatment services (Robertson, et al., 2017). Yet, the same does not appear to be applicable to counselling and therapy related to a sexual attraction to minors, as of the year of 2022. The Sexual Health section of the NHS website (under the Live Well category) states 'everything you need to know about sexual health, including contraception, STIs and good sex' (NHS 2022a, b). Yet, searching through the website, there is no mention of information for adults sexually attracted to minors, although this does not mean that such service is not available unless otherwise stated, given not all variations of sexual attractions are listed (NHS 2022b). 'Sex facts' relate to problems, such as inability to reach orgasms and premature ejaculation. 'Sex therapy' is suggested on pages directed at 'female sexual problems', but not on the 'male sexual problems'. There is no clear indication of a reason for this difference as therapy is not specified anywhere as being for women-only. Alternatively, the general 'Where can I get sexual health advice, now?' section provides a link to search for a nearby sexual health clinic (NHS 2022b), but the examples of advice provided do not suggest they would provide advice related to a sexual attraction to minors which makes it more difficult for help-seeking people to ascertain if they found the service they seek. Instead, they refer to STIs, pregnancy and experiencing rape (NHS 2022b).

The webpages of each NHS clinic vary. For instance, the Integrated Sexual Health Services [ISHS] (NHS 2022c) in Coventry specifies: 'Advice, testing and treatment for all sexual health problems. Testing and treatment for STIs and HIV. Free condoms. Pregnancy testing. Provision of the full range of contraceptive methods. This information was supplied by Serco Global Services on 26 January 2022'. The first sentence would suggest it may include advice for a sexual attraction to minors. However, the examples are very different from this, and the link included for Serco Global Services takes individuals to a page not related to sexual health. The webpage of each clinic indicates that the services provided vary widely. For instance, the services in Coventry (ISHS, 2022) advertises 'psychosexual counselling and general sexual

health advice' but further information on sexuality only specifies variations in gender, not age. Another example, NHS Solent (2022) provides psychosexual counselling and therapy for a range of 'common problems' and specify that they do not cover 'sex addiction'. Here, they direct people to StopSO, Sex Addicts Anonymous and the Association for the Treatment of Sexual Addiction and Compulsivity. They suggest that a sexual attraction to minors is a sex addiction, despite no evidence for that being evident in the literature (please refer to section 1.1.2. 'Individuals sexually attracted to minors'). Alternatively, the Tavistock and Portman (2022) clinic offers 'specialised long-term psychoanalytic psychotherapeutic help to people who suffer from' (…) 'legal and illegal problematic paraphilias and sexual disorders'. This indicates that sexual attraction to minors is covered, unlike the previous two examples. However, it is included under 'sexual problems' and the concept of 'illegal' appears inaccurate since no paraphilias are criminalised (only acting upon some of them is considered illegal).

Instead of seeking sexual health advice, individuals may opt to self-refer to the NHS (2022d) mental health services for one-to-one therapy and join the NHS waiting list. There are no exclusions or specifications detailing all the variations of services provided under this type of service. Moreover, the NHS has experienced rising demand, budget cuts and workforce challenges for several years which have impacted upon the availability and provision of services (Robertson, et al., 2017). COVID-19 may have impacted this further. Nevertheless, Dymon and Duff (2020) found that people with a sexual attraction to minors possess a distrust of professionals from NHS mental health services due to staff lack of knowledge on sexual attraction to minors and the perceived personal prejudice and intolerance towards such types of sexual attraction. However, it should be noted that this research was based only on three participants sexually attracted to minors (without offending behaviours), which means that it may not be representative of the wider population seeking this type of help from the NHS. Nonetheless, these findings align with primary health professionals' belief that there is a gap in service provision (Lievesley, et al., 2022).

The NHS is the major provider of health services in the UK. Yet, relevant information on positive sexual wellbeing or information specifically directed to people sexually attracted to minors is not widely advertised - unlike information on STIs, contraception and various other sexual problems. The explanation for this is not at all clear in the literature, it may be that, for instance, knowledge on STIs has been developing since earlier than Ancient Greek times (see for example, Tsoucalas, et al., 2021; Shih, et al., 2022); and it may be related to the social

construction of the nature of these topics, or the known percentage of the population affected by them. Nonetheless, this is problematic as people sexually attracted to minors have been found to approach their family doctor or a private psychotherapist before accessing services that are specifically targeted at them (Levenson et al., 2020). Other independent websites, such as Recovery Nation (2022), provide a more positive and inclusive approach to a wide variety of sexual attractions, including towards minors. However, the services are self or community-directed, not professionally based.

People with a sexual attraction to minors are more than just people at risk of committing offences, and in need of programmes that 'prevent' the sexual abuse of children. They are, first and foremost, people that want help, advice and information on their sexual wellbeing (Muir, 2018). Yet, they are vilified by the public, media (Houtepen, et al., 2016; Lawrence and Willis, 2021) and, to some extent, negatively associated with the term 'sexual abuse of children' by organisations dedicated to providing them with advice as explored above. Sexual health provision that focusses on the unwanted consequences of sexual behaviours and "normalised" heterosexual sexual practices contribute further to stigmatisation of all the other variations of sexual attractions and practices (Gruskin, et al., 2019). Therefore, the next section will explore how sexual rights and wellbeing are required for all human beings.

1.3.3. Sexual rights

Sexual health is closely associated with the respect, protection and fulfilment of sexual rights (Miller, et al., 2017; Miller, et al., 2015). Sexual rights refer to the application of human rights to sexual health and sexuality. These include: 'the rights to equality and non-discrimination; the right to be free from torture or to cruel, inhumane or degrading treatment or punishment; the right to privacy; the rights to the highest attainable standard of health (including sexual health) and social security; the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage; the rights to information, as well as education; the rights to freedom of opinion and expression; and the right to an effective remedy for violations of fundamental rights' (WHO, 2022).

United Nations countries which accepted the WHO Constitution, such as the UK, ought to uphold it (WHO, 2022b). Legal frameworks intended to protect sexual rights aim to reduce

sexual violence, while providing comprehensive access to sexual education, information and interventions promoting sexual health, as well as influencing the perception of how people can relate to their own bodies, establish relationships, and live in the world. However, at times, laws may limit sexual health and pleasure. For instance, those that criminalise certain behaviours and identities (e.g., same-sex sexual acts). In addition, policy level advancements to address sexual rights often receive resistance and opposition due to the moral panic (disproportional fear/ anxiety/ concern due to a perceived threat to moral standards) that accompanies conversations about sexuality largely based on social and cultural taboos, shame and stigma surrounding sexuality (Gruskin, et al., 2019; Klein and Cooper, 2019). The violation or lack of protection of sexual rights has a significant (often negative) impact on the accessibility of relevant services and information (for example, abortion; services for people with a sexual attraction to minors). Laws and policies should respect human rights and acknowledge sexual desire and pleasure as a basic human need (Kismodi, et al., 2017). This is not to say that they ought to promote sexual violence or sexual offending against children, quite the opposite.

Sexual violence is defined as ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work’ (WHO, 2010: 13) which includes sexual offences against children. These, as defined by the Sexual Offences Act 2003 (Pt. 1: 1-2, 4), include any of the following activities undertaken (or attempted) with any child under 13 years old, or a child under 16 years old in which the offender “does not reasonably believe that the victim is 16 or over: sexual activity; causing or inciting to engage in sexual activity; engaging in sexual activity in the presence of a child; causing a child to watch a sexual act; arranging or facilitating the commission of a child sex offence; meeting a child following sexual grooming, etc.; abuse of position of trust to achieve any of the previously described activities; and, sexual relationships which pre-date the position of trust”. Ensuring sexual rights are respected always is, in itself, a protection against sexual violence. Humans, as relational beings, interact and, as the common saying goes: ‘my freedom ends where yours begins’ (Cataldi, 2016; Arborea, 2019). The corollary of this observation being that sexual rights/freedoms can only be achieved by providing comprehensive access to sexual education, information and interventions promoting the sexual health of all beings. No exceptions can be made because limiting this strengths-based approach will also mean violating sexual rights and limiting the capacity for

one to fight sexual violence. People may feel any type of sexual attraction (or none), such as a sexual attraction to minors, but it is also a violation of sexual rights to act on it as it violates children's freedom and constitutes sexual violence.

It is a violation of sexual rights and an act of sexual violence to stigmatise people who are sexually attracted to minors. And, in so doing, it thereby prevents those individuals from achieving sexual wellbeing (see further information on the section 'defining sexual wellbeing and sexual health'). This is because they are people deserving of the full range of their human rights, including sexual rights (WHO, 2022). This is not the same as encouraging the sexual abuse of children, instead, it refers solely to people's access to health services, information and a stigma-free life. Haas (2022) also argues that the stigmatisation of people sexually attracted to minors could be considered a hate crime. This is because they are a group requiring protection due to their high likelihood of being harmed as a result of discrimination and moreover that such harmful attitudes are motivated by hatred and prejudice towards this population a whole, not just one individual or case. Official reports estimate that only half of sexual offences against children are motivated by a sexual attraction to minors (Gerwinn, et al., 2018). Other reasons include, for example, previous sexual victimisation and cognitive distortions. Not all people with a sexual attraction to minors will or have committed an offence nor violated the rights of children (Gerwinn, et al. 2018; Seto, 2019). Walker and Panfil (2019) argue that most people sexually attracted to minors will not sexually abuse children. Therefore, the next section will explore wellbeing and what this may look like for people with a sexual attraction to children, people at risk or who have committed sexual abuse against children.

1.3.3.1. Wellbeing among people who are sexually attracted to minors, who are at risk or have committed sexual offences against minors

The Good Lives Model (GLM) is a strengths-based approach to enhancing an individual's repertoire of personal functioning (protective factors) in addition to managing risks and/ or restricting their activities (Purvis and Ward, 2019; Serie, et al., 2021; Zeccola, et al., 2021; Heffernan and Ward, 2019). It is often linked to desistance and crime prevention. However, its core ideas lie deeper than that, they focus on enhancing someone's wellbeing through a holistic approach. This focus on wellbeing is relevant to all people who are sexually attracted to minors,

who are at risk or have committed sexual offences against minors (Purvis and Ward, 2019; Serie, et al., 2021; Zeccola, et al., 2021; Heffernan and Ward, 2019).

Maslow (1962) was one of the first authors to define ‘well-being’ through self-actualization in a hierarchy of needs. Since then, many researchers have developed various theories and multidimensional definitions (Linton, et al., 2016). Seligman (2002; 2012; 2014), a positive psychologist, reshaped this model into a theory of wellbeing. This theory outlines five indicators to achieve an optimal level of wellbeing [PERMA]: positive emotion (hedonic element of what each person feels, e.g., pleasure and warmth), engagement (the experience of immersing oneself into an absorbing activity), relationships (the connection between individuals, community and society), meaning (an individual’s subjective perspective of what is bigger than themselves and contributes to a sense of purpose in life) and achievement (personal accomplishment of goals). Therefore, according to Seligman (2002) authentic happiness can be achieved when experiencing pleasantness regularly (the pleasant life), experiencing a high level of engagement in satisfying activities (the engaged life), and experiencing a sense of connectedness to a greater whole (the meaningful life). There are different wellbeing categories, for instance, sexual, physical, psychological (see for example, Mitchell, et al., 2021; Keech, et al., 2020).

1.3.3.1.1. Defining sexual wellbeing and sexual health

Sexual wellbeing is a dominant concept across various studies with most medical and psychological research structured around risk-taking, dysfunctions, sex work and sexually transmitted infections (Ecker, et al., 2018; McClure, 2012; Gruskin, et al., 2019; Becasen, et al., 2015). Yet, there is still little agreement on defining and assessing sexual wellbeing due to its culture and context-specific nature and research focusing on negative manifestations such as diseases (Lorimer, et al., 2019). The World Health Organization (WHO, 2010: 4) stated that sexual wellbeing “could probably be measured only as ‘self-perceived sexual health’”. However, Lorimer, et al. (2019) criticised this outline for focusing solely on the self-perception of functioning or satisfaction (health status – the outcome) without considering the opportunities and liberties. Nonetheless, sexual health is considered an essential feature of sexual well-being (Ecker, et al., 2018). Sexual health can be defined as a ‘state of physical, emotional, mental and social wellbeing in relation to sexuality’ (WHO, 2015: 1). It is more

than just the absence of disease, dysfunction or infirmity. Instead, 'a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled' (WHO, 2006: 10). Sexuality is a broader concept that 'encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships (WHO, 2006). Sexuality is believed to be a vital aspect of life and can be a facilitator of wellbeing, self-esteem, and general resilience (Graugaard, 2017). The concept of sexual health arose as a substitute to healthy sexuality. The latter is a value-laden concept that has been misused to discriminate against 'unacceptable' sexual attractions or behaviour (e.g., homosexuality) by some segments of society (WHO, 2010).

Sexual health is considered a holistic concept with a focus on public health (WHO, 2010). The WHO (2010: 5) identified three indicators of sexual health: 'the ability to make informed sexual choices; action in relation to sexuality on the basis of intention, substantial understanding and the absence of coercion, discrimination or violence; and satisfaction with one's sexuality and sexual identity'. Lorimer, et al. (2019) suggested not simply looking at the self-satisfaction with what an individual does, but also the individual's sexual opportunities and liberties (what the person actually does, and what they are able to do – their sexual capabilities). This may be the solution to get closer to fully understanding sexual wellbeing, looking at both sexual functioning/achievement and capabilities. However, there is still a need to develop a multi-dimensional measure of sexual wellbeing that includes the individual cognitive-affect, inter-personal, socio-cultural and freedom domains. Anything short of this, is likely to not adequately capture the full extent of the concept. For example, someone may feel sexually satisfied because they have learned to adapt to their sexual opportunities (Lorimer, et al., 2019). This is in line with contemporary research (Lievesley et al., 2020; Martijn et al., 2020; McPhail et al., 2018; Gannon, 2021) suggesting the chronophilic non-exclusivity of sexual attractions to minors, that is someone may be sexual attracted to minors alongside (at least to some extent) people of another age range.

1.3.3.1.2. What is a healthy and meaningful sexual life?

Based on the above information, the present thesis argues that a healthy and meaningful sexual life will lead to an authentic sexual happiness. In addition, this thesis recognises that CSA is harmful and in no way is endorsing CSA. This is an adaptation of Seligman's (2002) authentic happiness as stated earlier. An individual must experience a pleasant sexual life, an engaged sexual life and a meaningful sexual life to achieve sexual wellbeing. The first two experiences link with the definition of healthy sexual life, that is, an individual's sexual experiences provide them with pleasure (pleasant sexual life), and they have the capability to engage in legal behaviours that allow them to achieve that pleasure (engaged sexual life). These two aspects also link with Lievesley and Harper's (2021) ideas of managing mood and preferences in a prosocial manner. People must work to accept their attractions and learn to express them in legal ways. To this end, they may need access to information and other services that allow them to understand their feelings, rights (as well as those of other people) and their broader self-identity (beyond just being a person who is sexually attracted to minors and/or is at risk/has committed sexual abuse). This learning experience is fundamental to identifying the individual's optimal way to express themselves sexually and in a legal way, whereby the conciliation between their sexual attraction and its expression will no longer feel simply a compromise but is also their own preferred way of living (without sexual violence). Lastly, a meaningful sexual life can be interpreted as experiencing a sense of connectedness to a positive ecological context that affirms and promotes sexual health. This environment encompasses the legal and cultural society the individual belongs to. It refers to the ability to live socially connected lives among family, friends and the wider society free from stigma and secrecy.

Negative attitudes towards people with a sexual attraction to minors, people at risk or who have committed sexual abuse against children creates barriers to access services and information they may need related to their wellbeing and integration within society (Levenson, et al., 2017; B4U-ACT, 2019a; Knack et al., 2019). This, in turn, violates their human and sexual rights. The current provision of services also shows some limitations, for instance, a focus on the prevention of sexual abuse against children instead of a positive pathway towards providing services and information that addresses the diversity of this population, free from preconceptions. For instance, the LFF, the SLF and Stop So provide services for this population but their focus on prevention of sexual abuse against children makes them not as welcoming as they could be for those people who do not perceive themselves to be at risk of doing so. Their context on preventing offending behaviours (negative) is different from a positive environment affirming and promoting sexual health (meaningful sexual life). There is a need

for a wider offer and operationalisation of positive work, education and health across the UK. As highlighted by Lievesley and Harper (2021), one that assists people trying to accept their sexual attraction to minors, expressing their attractions in legal ways, and being able to live socially connected lives (family, friends, and relationships). These are all related to the desire to integrate their sexual attraction to minors (an aspect of the self) into a broader self-identity, managing social stigma, and feeling part of the wider community. A change in discourse can encompass their acceptance, address their various needs and, in some cases, may also contribute towards the prevention of sexual abuse.

Alternatively, the NHS deals more broadly with sexuality without highlighting the prevention of sexual abuse as much. However, it is unclear to what extent this population would be welcome to use their services as some research has demonstrated not all practitioners are prepared to keep emotionally neutral as part of their professional service, an approach which takes into account the client as a fellow human being. Lastly, self-help/ community forums provide information but are not always structured, regulated and may not be sufficient. Marketing and awareness campaigns are also usually marked by advertising their prevention of sexual abuse features and services. There is a need for a programme that provides information and services to people with a sexual attraction to minors, people at risk or who have committed sexual abuse against children that focuses on the heterogeneity of this population and contributes towards societal knowledge of these services and population: a programme that is bolder and brings together the strengths of each of these current services, while addressing their shortfalls. To this end, the Prevention Project Dunkelfeld will be explored in the next section as a potential inspiration for the UK.

1.4.Could Prevention Project Dunkelfeld be an inspiration for the UK?

Internationally, Prevention Project Dunkelfeld, a government-funded German initiative launched in 2005, was the first methodical attempt to reduce child sexual abuse by intervening before an offence has taken place (Dymond and Duff, 2020). This section provides an analysis of the Dunkelfeld programme. It will first explore the project’s key features. Followed by an overview of its media campaigns, ending with an analysis of the project evaluations.

1.4.1. What and why free?

Dunkelfeld was created in 2005 initially as a pilot project to provide confidential treatment mainly for people with a sexual attraction to minors who were part of the 'dark figure' of crime. This is because most cases of child sexual abuse (CSA) are undetected and unprosecuted and yet national efforts tended to be on preventing relapse of those who entered the Criminal Justice System (CJS) (Beier, et al. 2015). The initial aim was to prevent (further) offences. Nevertheless, it was available for anyone who would identify as being sexually attracted to minors, even if the person would not consider themselves at risk of offending. This is because a sexual interest towards prepubescents and pubescents (paedophilia and hebephilia) was also considered a risk factor towards offending behaviour (Beier, et al. 2015).

Both clinical and support services were free for clients due to funding from the Volkswagen Foundation, which is the largest German private non-profit organization for the promotion of research. Additionally, in 2008, the German government also started contributing financially. Since then, other organisations have also joined in supporting Dunkelfeld (Beier 2016; Beier, et al. 2015; Beier and Loewir 2013).

This programme was initially based in the Institute for Sexology and Sexual Medicine at the University Clinic Charité in Berlin, but it has now expanded to another eleven locations across the country: Kiel, Stralsund, Hamburg, Hannover, Düsseldorf, Gießen, Mainz, Bamberg, Leipzig, Ulm and Regensburg. This was due to demand, funding, and perceived effectiveness (Beier and Loewit 2013; Don't Offend 2019).

1.4.2. Who qualifies?

Dunkelfeld is a primary and secondary prevention programme which means it aims to reach those who are not currently involved in the Criminal Justice System, either because they have not committed a sexual offence against children, they have committed an offence but are not officially known to the CJS (including the visualisation of sexualised child imagery) or have already been prosecuted by the CJS. Therefore, those under investigation and/or in the process of being prosecuted do not qualify for this programme (Beier, et al. 2009; Connolly 2015). Although a reason for this exclusion was not found, it may be related to the unclarity on whether

this person may end up convicted and imprisoned, therefore, forced to interrupt their participation in the service.

Dunkelfeld recognises that sexual health is key in life. Therefore, health professionals intend to help clients achieve their desired and legal level of sexual and partnership contentedness (Beier and Loewir 2013). This is their focus and so they do not provide other types of treatment that in some cases may also be linked with, for example, substance abuse. When the key risk of offending is not of a paedophilic or hebephiliac preference, clients are deemed unsuitable for this programme. In sum, this programme is only open to people with a sexual attraction to minors (Don't Offend 2019e).

Dunkelfeld's launch in 2005 was based on a media campaign encouraging self-identified and judicially unknown people with a sexual attraction to minors to seek their professional assistance to avoid offending (Bier, et al. 2015; Bier, et al. 2009). Sexual preferences, sexual orientation and paraphilic arousal patterns start manifesting during puberty and remain stable throughout life (Beier and Loewit 2013). This means that these individuals would be self-aware (or in denial) of their preferences once reaching adulthood, making the campaign approach suitable. The fear of judgment, misunderstanding, persecution and harassment are the key reasons not to seek help, rather than not wanting it. They are often aware of their sexual preferences, and do not wish to act on them but due to a lack of help some may opt to turn to indecent imagery of children to assist with dealing with their desires (Berlin, 2014). Dunkelfeld offers, therefore, this needed help. Nevertheless, a change in society's reaction to support this population in addition to preventing CSA is important.

Beier, et al. (2009a) analysed the motivations of those approaching Dunkelfeld and found some feared (another) prosecution by the legal system, others wanted to prevent CSA due to empathy towards the harm they would cause, and/or were referred by their GP, friends or family. Others hoped to be cured of their attraction to minors, which is unrealistic: no cure has been found for sexual attraction to minors (Reaves, 2016). Finally, a small number of non-MAPs got in touch with Dunkelfeld because they thought they were MAPs due to feeling insecure towards adult partners or by the particular nature of their sexual preference, such as exhibitionism (Beier, et al., 2009a).

1.4.3. Mandatory confidentiality

Dunkelfeld offers confidentiality for all clients (Don't Offend, 2019b) as there is no mandatory reporting law in Germany. Professionals have a legal duty of confidentiality even if they are made aware sexual abuse against children or viewing indecent imagery of children is taking place (Farrer & Co, 2016). Section 203 of the German Criminal Code (1998) qualifies such revelations as private secrets and a violation of them can lead to a fine or imprisonment up to one year. The only exception lies with those whose conduct is under supervision after a conviction or when such crimes are linked with serious trafficking of human beings, murder or manslaughter. The therapist can also report if an assessment of risk would reveal the clients' impulse could not be controlled, though the client could simply deny this and given that no crime had yet been committed, no prosecution would take place. This is, therefore, a protective legal framework (Beier, 2016). Some people may question whether this legal standing is ethical or not. However, the situation is more complex than that simplistic question. Dunkelfeld is focused on providing a service for people who are seeking help. Declining help and reporting confessions could also be seen as unethical practice, plus people could simply not confess if they knew it would be reported. This would invalidate the claim for 'ethical' action of reporting, since nothing would be reported. Fundamentally, questioning the ethical standing of mandatory confidentiality is short-sighted and missing the key point with the very existence of the service and what is aiming to achieve: provide help to those who seek it. This help may prevent a child from being abused, but mandatory reporting may just prevent this by encouraging people to not confess or seek help.

The aim of Dunkelfeld is for people with a sexual attraction to minors to feel safe enough to come forward for help. Clients can speak openly knowing that there will be no legal repercussions which have been found to be one of the reasons preventing self-seeking behaviour (Beier, et al., 2009b; Stop So, 2017a). Confidentiality can be uncomfortable for policymakers and the public, due to a culture of associating disclosures with child protection (Hillier and Murphy, 2015; Kemshall, et al., 2010). But it has been shown to be fundamental to the effectiveness and popularity of the programme (Hillier and Murphy, 2015).

1.4.4. The treatment and theory

Dunkelfeld provides a treatment programme called 'Berlin Dissexuality Therapy' (BEDIT). This is underpinned by the integrated theory of sexual offending which highlights the

importance of a holistic approach including psychological, cognitive-behavioural, pharmacological and sexological-based strategies (Beir, et al., 2015; Ward and Beech, 2006). These include aspects related to self-regulation, prevention of relapse and the Good Lives Model which focus on strengths-based rehabilitation work (Wilson and Yates, 2009). The therapy offered has three main components: encouraging clients to accept their sexual preferences, integrating them into their self-concept and involving friends and family in the therapeutic process (Beier and Loewit, 2013). The goal is to increase personal awareness and enable people with a sexual attraction to minors to control and transform their sexual desires into more positive thoughts and actions. The theoretical standpoint is that they are not at fault for their sexual feelings, but instead responsible for how they act upon them (MacLeod, 2015). This is consistent with Sapolski's contention (2018) that human behaviour is shaped by a complex interplay of genes, environment, and culture, rather than by a simple "rational decision." He also emphasises the significance of people understanding stressors and how they may influence their behaviour. This argument is related to McCulloch and Wilson's work (2016), which emphasises the need for a nuanced approach to crime prevention that takes into account the social and economic factors that contribute to criminal behaviour, focusing on preventing crime before it occurs.

Treatment targets aim to enhance the client's ability to achieve and independently maintain the treatment goals by analysing their motivation to change, develop self-monitoring techniques, personal strategies to prevent relapse, self-efficacy, adequate coping strategies, 'emotional and sexual self-regulation, social functioning, attachment and sexuality, offense-supportive attitudes, developing empathy for children involved in sexual abuse or indecent imagery (Beir, et al. 2015: 6; Ward and Gannon 2006; Ward and Hudson 2000).

Cognitive behaviour therapy (CBT) is used to improve coping skills, stress management, and sexual attitudes (Beier and Loewit, 2013). Pharmacological therapy may also be provided to assist with reducing the general sex drive, such as serotonin reuptake inhibitors (SSRIs) and anti-androgens (Beier and Loewit, 2013). Other sexological and medical approaches are also available, such as androgen deprivation therapy (Amelung, et al., 2012). The exact nature of the structured treatment is determined after a thorough assessment of each client accounting for individual needs and in consultation with the participant (Don't Offend, 2019c). Treatment can be provided weekly in an anonymous group setting and/or one-to-one sessions (particularly if the client brings a member of their social support network) (Don't Offend, 2019c). Treatment

runs over one year with 50 sessions, between application and completion, but can last two years if need is determined (MacLeod, 2015).

Therapists are required to hold psychotherapy and specialised sexological qualifications offered by sexological societies (Don't Offend, 2019c). These include knowledge and skills in the assessment and therapy of sexual preference disorders (Don't Offend, 2019c).

1.4.5. Evaluation of Dunkelfeld

The evaluation of Dunkelfeld has been undertaken in two parts. One relates to the promotion of the programme (with the aim of it being known more widely among the public) and recruitment of potential participants (an increase in uptake) while the other relates to the effectiveness of the programme they provide (Beier, et al., 2009a; Beier, et al., 2009b; Beier and Loewit, 2013).

1.4.5.1.Promotion and recruitment

The official media campaign was launched after a pilot study that involved asking people with a sexual attraction to minors already known to the research team to identify features of a media campaign to which they most likely would have responded (Feelgood, et al., 2002). This led to an extensive campaign aiming to show empathy and understanding to reduce feelings of guilt and shame, avoid discrimination and reduce the fear of penalty by the Criminal Justice System through confidentiality and anonymity (Beier, et al., 2009b). The key message advertised was, "you are not guilty because of your sexual desire, but you are responsible for your sexual behaviour. There is help! Don't become an offender!" (Beier, et al., 2009b: 2). Nevertheless, other headlines were also used throughout regional, national and international print media, billboards, internet, cinema, radio and TV (Beier, et al., 2009b). Where media pieces included images, these were of a man. Such a characteristic has been hypothesised as being a contributor to the lack of women getting in touch, though this is not proven (Beier, et al., 2015).

Within the first three years, a total of 808 people contacted the Dunkelfeld to request further information and demonstrated an interest in participating (Beier, 2009b). They were then assigned a personal identification number (PIN) to ensure an effective retrieval of information

but also to maintain anonymity (Beier, 2009b). Approximately, 45% of them travelled to the centre for a full assessment in Germany (Beier, 2009b). Of these, some travelled over 200km which is partially explained by some of them being from other European countries, including the UK (Beier, 2009b).

The marketing strategy was successful given the significant amount of people reaching out at the beginning while Dunkelfeld was still only present in one location. This is still the case compared to the American Stop it Now! a campaign which, between 1995 and 1999, had only received enquiries from 99 people (Beier, 2009b). However, major cultural and technological changes have taken place between the late 1990s and after 2005, which may partially explain such a significant difference. Compared to a more recent British media campaign Stop it Now! advertising a confidential helpline, Dunkelfeld has received only about half of the number of calls in a similar amount of time (Beier, 2009b; Stop it Now!, 2019). The British campaign started in 2015 and again, cultural, and technological changes may have contributed to an increase of calls. Technological evolution and spread assists with ever-increasing accessibility of information and thus marketing reach. Culturally, sex offences and sexuality, in general, has been progressively more discussed and researched bringing to the surface issues and needs previously unknown or kept in secrecy (Beier, 2009b; Horn, et al., 2015; Mirkin, 1999; Stop it Now!, 2019). Besides, given the uniqueness of Dunkelfeld and an ongoing increase in popularity both from clients and other countries interested in replicating, it seems marketing has been successful in spreading their message and encouraging people to access support.

1.4.5.2.Effectiveness of the programme

Until 2010, 1,134 people had approached Dunkelfeld and 255 had been offered a place in therapy. This shortfall is due to a significant amount of people abandoning the project (for unknown reasons) while others were deemed not eligible after assessment (for example, their attraction for minors was surpassed by their teleiophilia) (Beier, et al., 2009a; Beier and Loewit, 2013). Nevertheless, 48% of those who qualified had travelled more than 100km to take part and 9% more than 600km (Beier, et al., 2009a; Beier and Loewit, 2013).

More than half of Dunkelfeld clients had previously tried therapy elsewhere without success (Beier and Loewit, 2013). But the unusual approach of Dunkelfeld offered a different result. The confidential treatment looked at enhancing behavioural control and reducing associated

dynamic risk factors through weekly individual or group meetings (depending on the specificities and needs of each case) for two years (Beier, et al., 2009a). While not advertised, Dunkelfeld also looks at enhancing the clients' strengths by encouraging them to accept their sexual inclinations, integrate it into their self-concept and involve those close to them in the therapeutic process (Beier, et al., 2009a).

Dunkelfeld has operated for over 10 years, however, this is a short period of time to assess the long-term treatment success, due to the ongoing changes to the project (e.g., expansion) and statistical analysis for trends usually requiring over 20/30 years of data (Beier, et al., 2015; Rani and Rajasree, 2014). Nevertheless, Beier, et al. (2015) conducted the first study looking at the effectiveness of this pilot programme. It relied on self-report data (n= 319) which means findings may not be entirely reliable as it depends on the respondent's honesty and willingness to share this information, potential recall error and participant bias. However, the non-judgemental environment as well as the assurance of anonymity and confidentiality, it is reasonable to believe results may be trustworthy to some extent. Therapy was found to reduce dynamic risk factors: participants reported 'less loneliness, reduced emotion-oriented coping, fewer emotional victim empathy deficits, fewer CSA supportive attitudes, fewer coping self-efficacy deficits and less sexual preoccupation' (Beier, et al., 2015: 16). It was also found to have reduced offending behaviours by the time treatment was completed, particularly in relation to contact (80%) comparing to non-contact sexual offences against children (9%). However, clients also revealed a loss of self-esteem which is often linked with treatment adherence and a successful client-therapist relationship while treating people with a sexual attraction to minors who have also been convicted of sexual offences against children. In fact, 29.6% of those being offered treatment, did not complete it. Nevertheless, as the sample was those not under the umbrella of the criminal justice system, self-esteem may instead be linked with their confrontation and realisation of various aspects of their personality and personal life throughout treatment that they were unaware of or in denial about before (Beier, et al., 2015). Schaefer, et al. (2010) also found that Dunkelfeld clients who had already committed an offence (even without criminal justice system knowledge) were more likely to perceive themselves as being at risk of offending, compared to potential offenders. This alone is a relevant finding as being aware of the risk is relevant to identify and action measures to prevent behaviours. The results suggest that targeting potential and Dunkelfeld offenders could prove a worthwhile approach to the prevention of child sexual abuse.

In 2019, Mokros and Banse conducted a reassessment of the treatment effectiveness and while some changes between the control group (those on the wait list) and treatment were detected, these were not statistically significant. Given the disparity in results Beier, et al. (2015) found between clients leaning towards CSA compared to those engaging with indecent imagery of children, it is worth considering if separating these groups would allow for a better understanding of the effectiveness of treatment. Mokros and Banse (2019) also emphasised the need to analyse further the effectiveness of treatment based on time interaction. Other variables could also be considered, such as social support, travel length, age and mode of treatment (as some engage in group treatment while others engage individually or through a combination of both) (Beier, et al., 2015; Mokros and Banse, 2019). In sum, further ongoing research is required to assert the extent and accuracy of the findings above.

A 'cure' or solution for an attraction to minors was never presented as a goal, instead it was about managing and accepting their sexual attraction (Don't Offend, 2019c). Additionally, other programmes are (if not more) of disputed efficacy with occasional results revealing an actual increase in risk, such as SOTP delivered by the British Criminal Justice System (Hillier and Murphy, 2015; Mews, et al., 2017). These are also taking place after people have been prosecuted for a child sexual offence rather than looking at trying to prevent it in the first place. There is a clear need for a service that addresses the heterogeneity of this population, including people with a sexual attraction to minors, people at risk of committing a sexual offence against children and those that have committed a crime but remain undetected or have been released and are looking for services independent from the CJS (Hillier and Murphy, 2015). Dunkelfeld has shown that at least a substantial number of people with a sexual attraction to minors might indeed desire to seek help and can be motivated to make use of therapy. The German approach has sought to address this (Beier, et al., 2015). A 'cure' for an attraction to minors is simply not possible as per the current state of scientific knowledge (Reaves, 2016). Therefore, Dunkelfeld can be considered successful to the extent that their objective is in increasing the degree of the clients' perceived responsibility in critical situations, increasing their ability to empathise and understand the perspective of minors leading to an increase of self-efficacy and sexual control. People sexually attracted to minors can then benefit from an improved quality of life through psychological stabilization and are able to deal with their sexual preference effectively (Don't Offend, 2019d).

It is also worth considering community receptivity of this project because social support for those seeking treatment is considered a protective factor that assists with successful prevention/rehabilitation (Blanchette and Brown, 2006; Cortoni, 2018; Rumgray, 2004). Acceptance from the community concerning the existence of Dunkelfeld can also assist with promoting it and reduce the stigma around what Dunkelfeld aims to achieve, in turn, reducing potential clients' fear and reluctance to contact and engage with therapy offered. Beier, et al. (2009a) found a general acceptance of the Dunkelfeld approach with many industry colleagues (such as GPs and other therapists) referring their patients who felt inadequately trained to treat people sexually attracted to minors, which shows a perceived institutionalisation of the programme (rather than just a temporary/pilot project). Some of the Dunkelfeld clients were also urged to participate by friends and family (Beier, et al., 2015; Phippen, 2015) demonstrating a wider acceptance by the general public who are in touch with MAPs.

German national and international news coverage has also been generally positive describing Dunkelfeld as successfully rehabilitating, and 'reforming' people sexually attracted to minors (Phippen, 2015). Though some ambiguous headlines (e.g., 'In Germany, they treat paedophiles as victims…, not offenders') and the use of the 'paedophile' and 'child sex offender' concepts (e.g., the belief they are the same) are sometimes misunderstood leading to negative and unsupportive comments from some readers (Buchanan, 2015; Connolly, 2015). However, there are also readers who point out in comments made in online news media, that headlines could more clearly reflect the content of the articles (e.g., 'In Germany they support people with paedophilic urges to help them control the urges and protect children') and clarifying the use of concepts and the nature of prevention (Buchanan, 2015; Connolly, 2015).

Dunkelfeld is as a potential example to follow due to its core characteristics: a free service to all users (no financial barrier for locals); so widely advertised that even people outside Germany are aware of it and/or have used their services; accepted by the community and funded by the government among other agencies (including private and voluntary); and, benefits from mandatory confidentiality that covers any disclosures related to sexual offences, except when related to kidnapping, murder and terrorism (Bier, et al. 2015; Bier, et al. 2009; Beier and Loewit 2013; Beier, 2016; Connolly 2015; Don't Offend, 2019).

Academics and practitioners from various countries, such as the UK, have expressed an interest in importing the Dunkelfeld approach (Hillier and Murphy, 2015; Pereira, 2019). However, in 2019, only Portugal was in the process of developing a plan to initiate treatments in 2020

(Pereira, 2019). Although, plans were affected by the COVID-19 pandemic, this first franchise may facilitate replication in other countries as it can provide more information on unexpected barriers and difficulties encountered. Nonetheless, efforts in other countries have been apparent even if not to the same extent (Mandeiro, 2022). Besides Portugal, the UK, for example, has shown some modest efforts with the work of Lucy Faithful Foudation, Safer Living Foundation and StopSO. However, the achievements of these small organisations are limited due to various reasons outlined earlier, such as little public funding (Phippen, 2015). Dunkelfeld has shown the importance of discussing sexual attraction for minors, access to indecent imagery of children and public awareness of what to do should they be sexually attracted to minors, know someone who is, or even what to do in the event of incidentally accessing indecent imagery of children. In Maryland, B4U-ACT (2019d) was established in 2003 and conducts similar work to StopSO in addition to promoting public awareness of sexual attraction to minors and other projects in partnership with universities and various organisations. Other projects throughout the world exist but none that fully mirrors the extent of Dunkelfeld.

1.5.Chapter summary

Negative attitudes towards people with a sexual attraction to minors and people who have committed CSA have been shown to arise from the skewed knowledge of this population, for instance, not differentiating between offending and non-offending people with sexual attraction to minors (Houtepen, et al., 2016; Grady, et al., 2019; Lievesley, et al., 2020; Lawrence and Willis, 2021). However, not everyone holds negative attitudes, there are a multitude of public 'opinions' which are not as often acknowledged by people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA (Richards and McCartan, 2018; Harper, et al., 2017; Harris and Socia, 2016; Harper and Hogue, 2017; Harper and Hogue 2015; Jahnke et al., 2015; Lawrence and Willis, 2021). Therefore, there is both a heterogeneity in this population as well as a heterogeneity of opinions about them (Richards and McCartan, 2018; Jahnke et al., 2015; Lawrence and Willis, 2021; Muir, 2018).

The lack of acknowledgement of this heterogeneity and, in particular, the existence of negative attitudes, has made access to services more difficult (Lawrence and Willis, 2021; Harper and Harries, 2017; Rede, 2019; Artless, 2018; Rentschler, 2015; Richards and McCartan, 2018;

Lievesley and Harper, 2021; Zgoba, 2016; Rede, 2019). Over the years, most investment and research has been directed towards the CJS (Lievesley and Harper, 2021; Kewley, et al., 2021). Recently, prevention in the community has received more attention, research and development. Nevertheless, each of these services embody several shortcomings, for example, an overt focus on the prevention of sexual abuse against children (which is not perceived as appropriate for someone who does not consider themselves to be at risk), costly participation, lack of access due to limited scalability or lack of awareness of such services/ whether they would be appropriate for them.

The current provision of services and the existence of negative attitudes impacts the wellbeing of this population. Encouraging their wellbeing is not the same as encouraging the sexual abuse of children, instead, it refers solely to people's access to health services, information and a stigma-free life. When risk of sexual abuse of children is present, this may also act as a risk factor, for example, promoting secrecy and a lack of pro-social links (Harper and Harries, 2017; Rede, 2019; Artless, 2018; Lievesley and Harper, 2021; Kewley, et al., 2021). The Prevention Project Dunkelfeld, a German initiative, was the first methodical attempt to reduce child sexual abuse by intervening before an offence has taken place (Dymond and Duff, 2020). Since then, they removed the 'prevention' aspect and changed the name to 'Don't offend' and, later on, to 'Troubled Desire'. They provide confidential clinical and support services across various cities (also online since 2020 with the beginning of the COVID-19 pandemic). These are free for anyone with a sexual attraction to minors as they benefit from private and governmental funding. Their launch in 2005 was based on a media campaign encouraging self-identified and judicially unknown people to seek their services (Bier, et al. 2015). From the onset, this project attempts to be inclusive through a change of wordings and their free, confidential and widely available service alongside wide advertisement. This is very different from the advertisement approaches in the UK by promoting their sexual wellbeing (see section 'Defining sexual wellbeing and sexual health' for further details). Nonetheless, their website briefly mentions 'to ultimately prevent child sexual abuse and the use of child abuse images' even if it advertises sexual wellbeing as their primary aim (Troubled Desire, 2020). Specific treatment effectiveness has been analysed from self-report studies on the risk of (re)offending (Bier, et al. 2015; Mokros and Banse, 2019) rather than a focus on analysing the sexual wellbeing of their clients. This suggests that the initial intention of 'prevention' may remain at the heart of the programme. However, Dunkelfeld still appears as a potential inspiration to tackle some of the shortcomings of services in the UK.

To this end, the aim of this research is to understand how the current provision of programmes for people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA can be improved. The next chapter will outline how this will be investigated.

CHAPTER 2: METHODOLOGY

2.1. Introduction

This chapter explains the rationale of this research and how the literature review, ontology and epistemology informed methodological choices. To explore how the current provision of programmes for people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA can be improved, this research focused on the perspectives of two key populations using the following mixed methods approach:

a) A survey to gather the views of the general public;

b) Semi-structured interviews to gather the views of practitioners from the third sector and CJS who are or have worked with people who are sexually attracted to minors, people at risk of committing CSA and people who have committed CSA.

To conduct this mixed-methods research in a sensitive topic area, an ethical and methodological strategy was carefully developed. This chapter starts by highlighting the ontological and epistemological stances that influenced the way in which this research was conducted followed by a reflection of the ethical concerns. Although ethical considerations are fundamental within all research, when researching sensitive topics, such as this one, these were intensified. This section explains the safeguarding measures taken into consideration to ensure the safety and ethical conduct of the participants and the researcher which included navigating ethical processes at the university. From this point onwards, the chapter is split into two sections. The first focuses on the quantitative research conducted and the second on the qualitative phase of data collection. The reason for this order related to how phase one influenced and guided phase two. Nevertheless, both sections include details concerning the sample gathered, data collection instruments and strategy adopted as well as the individual data analysis approach and phase-specific ethical considerations (e.g., informed consent). Finally, reflections, obstacles and resolutions of my experience conducting this research on a sensitive topic will be explained to emphasise the importance of clear planning, resilience and ongoing care for the research process and the subject area.

2.2. Ontology and epistemology

The paradigm adopted is pragmatism. The word pragmatism is of Greek origin meaning '*deed to do*'. The American School of Philosophy established this paradigm due to the need for a paradigm that reflected actual living and a product of practical experiences of life which are often not linear nor simple but, instead, ever-changing (Morgan, 2014; Shawal, 2017).

Ontology is an ongoing negotiation between objectivism, which shows social phenomenon as a fact, and constructionism, which sees participants creating their own subjective truth (Bachman, at al., 2017). Research that follows solely objectivism or constructivism tends to have a strong ontological reflection that guides every other decision. Instead of a deep philosophical reflection, recognising pragmatism means the focus is on the problem and the practicalities of answering the research question (Kaushik and Walsh, 2019). This philosophical thought influenced the choice of a mixed methods approach. The public's opinions and perceptions were explored through statistical analysis to be objective regarding the subjective nature of the information. However, human nature still suggests a mix of free will with determinism (Burrel and Morgan, 1979). This was then complemented by an idiographic approach in which 'first-hand knowledge of the subject is essential and places considerable stress' upon getting close to the interviewees' professional opinion (Burrel and Morgan, 1979: 6; Gill and Johnson, 1997).

Epistemologically, this paradigm manifests as real-world practice orientated (Creswell 2014) where quantitative data is a form of positivist knowledge (which means factual and objective) and qualitative data as knowledge that can be interpreted and carry different meanings. Together, they form a pluralistic approach allowing for it to remain problem-centred, that is, investigating how the current provision of programmes for people with a sexual attraction to minors, people at risk of committing CSA, and people who have committed CSA can be improved in the UK. This meant that reality was constantly negotiated and understood using the most appropriate tool depending on the angle being explored at the time. That meant moving from viewing one reality that can be measured, during phase one, to multiple realities that needed to be interpreted during phase two (Creswell 2014).

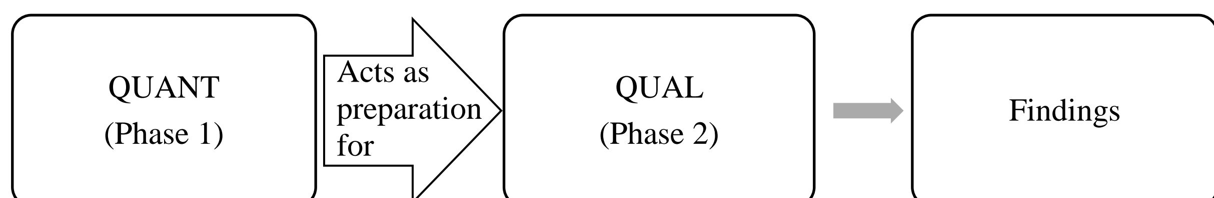
This paradigm offered great flexibility, accepted change as inherent to research and saw the world as a work in progress. Mutability was key to achieving research goals, for instance an objectivist approach during phase one enabled the researcher to gather a generalizable idea of

the level of acceptability by the general public for programmes, whereas a subjectivist approach during phase two, provided greater depth into practitioners' views on why the public may be undecided. Similarly, the researcher's position as a positive criminologist at the beginning of this research also changed to sex-positive criminology as the research developed and through the analysis of the results (see the Reflection section at the end of this chapter for further details). This paradigm allowed the researcher to achieve the aims of this research (Godfrey-Smith, 2015; Talisse and Aikin, 2008). However, this also meant no absolute perspective process had been set for the entire research. Pragmatism risks allowing research to fall into extreme utilitarianism due to the lack of a specific process. Allowing change without limits can create conflict and disharmony. Hence, this research had a prescribed set of aims and means to achieve these (Feilzer, 2010; Italia, 2017; Lawler and Mahoney, 1998; Morgan, 2007).

2.3. Mixed methodology

A mixed methodological explanatory sequential design (Bryman, 2016; Creswell and Clark, 2011) was deemed appropriate for the nature of the research aims and pragmatism as the chosen paradigm. As figure 1 demonstrates, both phases have equal priority in this research, therefore, they are represented in capitals and the arrows indicate the sequence. This type of methodology allowed the researcher to capitalise on the strengths of each method and offset their individual weaknesses. The quantitative approach allowed the researcher to achieve a statistical generalisation and objective findings on the views of the public. The qualitative approach allowed the gathering of in-depth information from which meaning was derived (Caulfield and Hill, 2018) and so, the focus was analytical (Chamberlain, 2013). This qualitative phase allowed the researcher to explore the practitioners' opinions and views (Wincup, 2017).

Figure 1 – Mixed methods research design adopted (Bryman, 2016)



The survey exploring the public's opinions elaborated and influenced the semi-structured interviewing of practitioners who are also a specialised part of this public, as seen in the interview guide (appendix 3). This allowed an in-depth analysis of the practitioners' interpretation of the publics' views. Solely analysing the receptiveness of the public would not be sufficient to fully address the research aims. Similarly, solely analysing the suitability of a programme from the practitioners' point of view would be dismissing the opportunity to analyse the viability of implementing it in the first place as this type of programme would be dependent on funding from the public, organisations, or the government, similarly to Dunkelfeld (Beier 2016; Beier, et al. 2015; Beier and Loewir 2013).

Nevertheless, the use of this approach has been previously considered to have a greater risk of lack of integration of its parts. They need to be fully linked to extract the maximum yield from the study (Tashakkori and Teddlie, 2010) in respect of the participants and wider research community, that is, to ensure their time was not wasted by requesting information that would not be used to its full extent (BSC, 2006). Therefore, besides setting these two phases to focus on the same phenomenon (key characteristics of the Dunkelfeld programme) and ensuring one phase informed the other, the discussion chapter was key to bring the two sets of data together.

2.4. Ethical considerations

This research followed the British Society of Criminology code of ethics (BSC, 2006), the ethical principles and practice policy statement outlined by Birmingham City University and the Academies Trust guidelines and procedures for good research practice (2013). Ethical approval of this study was granted by the Business, Law and Social Sciences Faculty Academic Ethics Committee (reference: Viana Cardoso /6267 /R(A) /2020 /May /BLSS FAEC).

The aim of these codes is to promote and support good practice and should always be observed (Bryman, 2016). Even though sometimes it may not be possible, absolute relativism should be avoided. Universalism and absolute relativism are at the opposite ends of the continuum and what is in the middle can be called consequentialism, which is where this study was positioned (Bryman, 2016; Caulfield and Hill, 2018). This means that this research used the codes as 'wise guidelines', however, any departure from the ethical principles would be the 'result of

deliberation not ignorance' (Caulfield and Hill, 2018: 75). For example, the researcher had to attempt to remain unbiased and avoid influencing the participants' views, yet some participants enquired about the researcher's views on specific points (such as whether I like the Dunkelfeld programme) at the end of the interview (after switching off the Dictaphone). Answering these questions meant that the participant brought the researcher bias to the surface. However, as these took place after collecting the data and were shared in a generic manner, it is believed that they did not influence the data and remained part of building rapport.

These codes outlined several general responsibilities (such as appropriate experience, training, and honesty), responsibilities towards the discipline (such as diffusion of information), and to colleagues (such as no mistreatment). There were further guidelines relating to the participants that were addressed (Bryman, 2016; BSC, 2006) and these will be discussed separately for each phase of this research at the end of the following two sections. Those ethical considerations are informed consent, avoiding harm, anonymity, confidentiality, and data protection.

2.5. Phase 1: Quantitative

This quantitative phase focused on identifying the public attitudes towards people who commit sexual offences against children as well as their receptiveness to key aspects of a prevention programme. It was also a cross-sectional/transverse part as data was collected just once from each participant. Specifically, it was descriptive and exploratory research as it intended, first, to describe – quantitative descriptive – and secondly, to establish a basis for the subsequent phase two of this research (Fortin, 2006).

3.5.1. Participants

The population targeted was any individual over 18 years old who can read and write in English, who lives in the UK (or had an associated UK address) and who had access to a device connected to the internet. The final sample consisted of 318 people. Of these, 206 (64.8%) identified themselves as female, 109 (34.3%) as male, one (0.3%) transgender, one (0.3%) gender critical and one (0.3%) non-binary. Age range was between 18 and 73 ($\bar{x}$ = 34; Median=30; Mode=22; *SD*=12.88). A summary of sample descriptive characteristics is shown

in Table 1. In terms of gender, there is a mismatch comparing to the population in the UK (50.6% female and 49.4% male) (ONS, 2021a) and age (29% was aged 18 to 39 years) (Gov.UK, 2020a). However, the age distribution is representative of that in the West Midlands (a higher number of people under the age of 39) which is where 30.8% of the sample belonged to and which may explain the deviation encountered when comparing to the demographics of the UK population.

According to the 2011 Census (Gov.UK, 2020b), 86.0% of the UK population was White, 7.5% were Asian, followed by Black ethnic groups at 3.3%, Mixed at 2.2% and other ethnic groups at 1.0%. While this is slightly different from the sample, looking at the West Midlands ethnicity distribution shows that the sample is more representative of this area with a slightly lower percentage of those identifying themselves as white (82%) and a higher percentage of those identifying themselves as Black (10.8%) (Gov.UK, 2020c). Concerning household annual income, 44% of the sample stated £29,999 or less. This group appears to be slightly wealthier (6% difference) than the UK median household income at £29,900, in the financial year April 2019 to March 2020 (ONS, 2021b).

Table 1 – Sample demographics

	Characteristics	N	%	Mode
Gender	Female	206	64.8	Female
	Male	109	34.3	
	Other	3	0.9	
Ethnicity	White	240	75.5	White
	Asian	42	13.2	
	Black	10	3.1	
	Mixed	22	6.9	
	Other	4	1.2	
Highest level of education	Less than a high school diploma	2	0.6	Master's Degree
	High school graduate equivalent (e.g., diploma GED)	18	5.7	
	Some college but no degree	23	7.2	
	Associate degree (e.g., AA, AS)	13	4.1	
	Bachelor's degree (e.g., BA, BS)	100	31.4	
	Master's degree (e.g., MA, MSc, MEd)	111	34.9	
		49	15.4	

	Professional degree (e.g., MD, DDS, DVM)	2	0.6	
	Doctorate (e.g., PhD, EdD)			
Region	East Midlands	34	10.7	West Midlands
	East of England	11	3.5	
	London	40	12.6	
	North East	14	4.4	
	North West	24	7.5	
	South East	25	7.9	
	South West	20	6.3	
	Wales	9	2.8	
	West Midlands	98	30.8	
	Yorkshire and The Humber	26	8.2	
	Northern Ireland	2	0.6	
	Scotland	15	4.7	
Income level	Less than £12,500	41	12.9	£20,000 to £29,999
	£12,501 to £19,999	38	11.9	
	£20,000 to £29,999	61	19.2	
	£30,000 to £39,999	48	15.1	
	£40,000 to £49,999	49	15.4	
	£50,000 to £59,999	22	6.9	
	£60,000 to £149,999	56	17.6	
	£150,000 or more	3	0.9	
Children	No children	211	66.4	No children
	Under the age of 16	52	16.4	
	Aged 16-21 years old	12	3.8	
	Over the age of 21	30	9.4	
	Aged under 16 as well as 16-21	6	1.9	
	Aged under 16 as well as 21+	2	0.6	
	Aged 16-21 as well as 21+	2	0.6	
	Under 16, 16-21 as well as 21+	3	0.9	

2.5.2. Data collection

This subsection explores the data collection strategy used in phase one. It starts by outlining the instrument, followed by the administration approach, results of the pilot and the recruitment method.

2.5.2.1. *Instrument*

For this phase of the research, data collection was carried out in the form of a questionnaire. Questionnaires were first used in the 1920s by psychologists to test the capabilities of students, staff, and recruits in the military (Bachman and Schutt, 2001). Since then, they have become increasingly popular and refined. The three main advantages are versatility, efficiency, and the possibility of measuring a plurality of data and making numerous analyses, which increase the likelihood to generalize (Bachman and Schutt, 2001; Quivy and Campenhoudt, 1992).

The survey on this research opted for closed-type questions because they facilitate the application of statistical analysis. This has three main advantages: accuracy and precision, which allows completion of the criterion of inter-subjectivity; use of computer tools, which allows for quick manipulation of many variables; and clarity of the results and research reports, with the usage of graphical presentation (Quivy and Campenhoudt, 1992). The only exception was one open question between the two parts of the survey (ATS and vignette based) which was still treated and coded statistically afterwards. However, it is worth considering that the information collected could be limited which would lead to simplistic conclusions. Therefore, a literature analysis and pilot test were conducted to explore if the questions were inclusive, clear, and relevant to the aims of the research (Bachman and Schutt, 2001; Gideon, 2012; Hill and Hill, 2000; Krosnick and Presser, 2010; Leon et al., 2003; Rea and Parker, 2005; Tourangeau and Bradburn, 2010). Based on guidelines from Gideon (2012), Krosnick, Presser (2010), Lumsden (2007), Rea and Parker (2005) this questionnaire also took into consideration other relevant aspects including, making the initial questions easier and neutral to answer (demographics), directing the respondent to the central (and sensitive) theme of the questionnaire. A copy of the questionnaire can be found in appendix 2.

Demographic questions were included to check the representativeness of data and differences between groups. These included age, gender, ethnicity, highest level of education attained, region lived in (a list based on ethnicity by region stats from ONS reports) and income level (based on tax bands with extra categories between £12-50,000). An additional question was

included enquiring if the respondent has any children under the age of 16, 16-21 and over the age of 21. Respondents were not asked how many children they had as the focus was only to ascertain whether they were parents/carers and their age bracket. This question was relevant to verify whether being a parent of a child/children of a certain age could influence their attitudes and opinions. This is a similar approach to that of Hogue and Harper's study (2018) in which they enquired whether people had children or not and found that people with children had slightly more negative attitudes than those who did not. Therefore, this research attempted to take that approach further by looking at whether the age of the children may contribute towards such difference. This approach ensured only generic demographic information was collected to reinforce confidence in the confidentiality and anonymisation of responses and thus to keep response rates higher, given the sensitivity of the topic. No personal identifiable questions were included.

There are different questionnaires (national, European, or international) that seek to measure public perceptions of people who committed sexual offences and attitudes towards them, predominantly with male perpetrators. However, the same level of measurement tools did not exist at the time of data collection in this research for people who may be sexually attracted to children and phrased according to a positive framework. Therefore, Harper, et al. (2019) opted to use a measure focusing on people who committed sexual offences as the public has been found to often confuse both groups. This research followed the same rationale. Community Attitudes toward Sex Offenders (CATSO) scale (Harper and Hogue, 2015; Klein, 2015) and the Attitudes Towards Sexual Offenders (ATS) scale (Hogue and Harper, 2019) are the two instruments more commonly used. While both have advantages and disadvantages, the CATSO is not appropriate for practitioners or those who have a level of knowledge of sexual offenders beyond common knowledge (Klein, 2015; Connor, 2012; Tewksbury and Mustaine, 2012, 2013). Therefore, public samples have been found to score higher (positively) on the CATSO than professional populations along with a variety of reliability issues (Harper and Hogue, 2015). Therefore, CATSO was considered inadequate for this research due to the likelihood that participants on this research phase would be from a variety of backgrounds and levels of knowledge and contact with people who committed sexual offences.

Another scale considered was the ATTSO, a 15-item psychometric instrument that assesses Attitudes Toward the Treatment of Sex Offenders (Wnuk, et al., 2006). It includes incapacitation, treatment ineffectiveness and mandated treatment. Findings suggest

participants tend to support both mandatory and non-mandatory treatment but also tend not to believe that either is effective (Church, et al., 2011). However, this scale was considered inadequate for this research given the scale's focus on generic beliefs and support of treatment. This is problematic as phase one of this research is aimed at looking more specifically at the receptiveness of the key features of programmes like Dunkelfeld, in particular.

In contrast, the ATS scale looks at patterns of attitudes related to the experience and knowledge of people who commit sexual offences and has been found to be more reliable on a broader variety of samples of both public and professionals (Hogue, 2015; Hogue and Harper, 2019). The original ATS 36-point scale (Hogue, 1993) has been widely used as both paper and online based (Hogue, 2015; Craig, 2005; Ferguson and Ireland, 2006; Gakhal and Brown, 2011; Higgins and Ireland, 2009; Johnson, et al., 2007; Kjelsberg and Loos, 2008; Nelson, et al., 2002). Nonetheless, it has been found to be quite long to answer, hence its creator generated a shorter 21-point scale ATS which has been found to be just as reliable with a high-level correlation ($r = 0.98$, $p < .001$) and excellent levels of internal consistency ($\alpha = 0.94$) (Hogue and Harper, 2019). Eleven entries are reverse-scored, and all 21 items load equally on to three seven-item factors: 'trust' (affect-based judgments, related to how much a person who committed sexual offences should be trusted and includes questions such as, 'you have to be constantly on your guard with sex offenders'), 'intent' (cognitive evaluations, i.e., stereotype-related such as, 'sex offenders are always trying to get something out of somebody') and 'social distance' (behaviour-related views on how socially distant people who commit sexual offences are seen such as, 'sex offenders have feelings like the rest of us'). This scale scoring ranges from zero to 84, with higher scores indicating positive attitudes towards people who committed sexual offences (Harper, et al., 2017; Hogue and Harper, 2019).

Professor Todd Hogue, the creator of ATS, has given permission to two of the supervisors for its use by their students which extends to this research with the condition of sharing the results with him and citing his relevant articles. However, he advised ATS cannot use ratings (for instance, male/female) to compare between groups as they are compromised by the target prompt (people who committed sexual offences as a whole group). Several studies have gone against its conceptualisation and used it as an outcome measure (for example, 'think of a rapist and then rate based on this…'), such as Ferguson and Ireland (2006). Others, such as Gakhal and Brown (2011) used an alternative version by adding the word 'female' next to 'sex offenders' throughout (change of reference group). These approaches are not in line with how

the ATS was conceptualised which compromised the integrity of its rationale and went against the creators wishes. His suggested solution would be to either administer ATS-21 as conceptualised and add at the end a question 'What type of sexual offenders were you thinking of?'. This allows examining if respondents had a stereotypical idea of people who committed sexual offences while completing the ATS-21 scale. Those who would write that they did not think of any specific offence, or several offences would be considered to not have a stereotypical image of people who commit sexual offences. Then, after gathering the baseline attitudinal data, an experimental stimulus could be offered (for example, offense vignettes) (Hogue 2015; similar design followed by Biteus and Tuiskunen, 2017).

Therefore, this research opted for using a similar approach to Hogue and Peebles (1997) who used the ATS (36 items) followed by a scenario describing a sexual assault with accompanying questions. This meant ATS-21 was included as the first part of the survey, followed by a vignette explaining the key characteristics of the Dunkelfeld programme with two sets of eight gender-based accompanying questions. This option allowed the researcher to use the ATS as the baseline to identify attitudinal responses to people who committed sexual offences followed by identifying the receptiveness of such type of programme by the gender of the target clientele.

In line with the above, ATS-21 allowed to test the following hypothesis:

H_0: Respondents have negative attitudes towards people who commit sexual offences.

H_1: Respondents have positive or undecided attitudes towards people who commit sexual offences

In turn, the questions related to the Dunkelfeld programme were gathered through their level of (dis)agreement with two identical sets of eight statements. The first one referring to a programme for men as the clients of the programme and then the same set of questions was presented again but this time referring to female clients. This allowed to test the hypotheses below:

H_0: Respondents agree with the key aspects of the Dunkelfeld programme for women.

H_1: Respondents disagree or are undecided regarding key aspects of the Dunkelfeld programme for women.

H_0: Respondents agree with the key aspects of the Dunkelfeld programme for men.

H_1: Respondents disagree or are undecided regarding key aspects of the Dunkelfeld programme for men.

Finally, to investigate if the participants' attitudes towards people who committed sexual offences may influence their level of (dis)agreement with the programme, the hypotheses below were formulated:

H_0: Attitudes towards people who committed sexual offences do not influence the respondents' level of (dis)agreement with the programme.

H_1: Attitudes towards people who committed sexual offences influence the respondents' level of (dis)agreement with the programme.

The results chapter reports the outcomes on the above. For now, the next subsection will explore how the instrument was administrated.

2.5.2.2. *Administration*

Online questionnaires have several advantages, such as allowing users to apply rules that prevent the respondent from skipping a question, the person can choose the time that is appropriate to fill it, it allows a massive distribution at low cost and it is possible to import data automatically to SPSS (decreasing the probability of error when it comes to inserting the data manually and the time needed) (Beidernikl and Kerschbaumer, 2007; Poynter, 2010; Singh and Burgess, 2007).

Joinson (2005) analysed the implications of virtual methods and he considered that online and offline behaviour is different, therefore, people answer more truthfully (instead of socially desirable answers) and they tend to disclose more information on an online survey than on a paper-pen method. Similarly, Krohn et al. (2012) found administration through the computer decreased the responses' bias in terms of issues related to feelings and emotional states, although there seemed to be no differences in the behaviour. This might be due to individuals feeling that their confidentiality is better ensured. However, Laupper, et al. (2020) found no significant differences on the quality and comparability of data between these two modes of

survey. Still, online administration cannot control whether the individual is completing the form individually or is filling it with the help of someone else (which was not desirable) and it requires a network of contacts to send the web link (yet this group may not include all the features of the desired sample). Using both online and paper-pen method is a way to avoid the weaknesses of both types of administration, which allows a comparison of the results, however, it was not possible to do it in this research due to time and social distancing rules as a result of the COVID-19 outbreak.

2.5.2.3. *Pilot*

The pilot survey had three phases. The first one involved supervisors' feedback and advice from its conceptualisation throughout the various steps of this research. The second phase involved a selected circle of five pilot respondents (all different ages and backgrounds, two academics/practitioners and three members of the public known to the researcher) were chosen to complete the questionnaire and give feedback regarding clarity, length, and any other thought they would like to share. Pilot respondents from phase one suggested removing the jargon 'Dunkelfeld-style' programmes and replace with just 'prevention programme' to facilitate the understanding and apprehension of the guidance given. Some of the pilot participants from phase one also revealed reservations regarding the wording of some of the ATS statements, for instance, number four mentions 'too far'. This was not applied for the reasons already outlined earlier in this chapter (please see previous subsection on 'the instrument'). One person revealed the last duplicated set of statements gave the impression they were worded to influence the respondents support of the prevention programme. Therefore, two statements were altered as per Table 2.

Table 2 – Changes applied to the last duplicated set of statements

Before	After
Full confidentiality would convince more women to seek help before committing a child sexual offence	I would prefer confidentiality to not include clients' confessions of sexual offences not known to the Criminal Justice System
A free service would convince more women to seek help before committing a child sexual offence	I think this service should be free

Phase three of the pilot with four members of the public known to the researcher (different ages and backgrounds) revealed minor grammatical and spelling errors. Respondents also said the question 'what sex offenders were you thinking of?' after the ATS was very interesting as they thought they were thinking about all people who committed sexual offences when rating the statements, but this question made them realise they were only thinking of a few types, such as people who committed rape against women or sexual offences against children. Due to the minor nature of the recommendations arising from this round, it was ascertained the survey was ready to be distributed. In total, 12 people were involved in providing feedback which is in line with Ruel, et al. (2016) guidance on a survey pilot comprising a minimum of 12 participants.

Initially it was predicted the questionnaire would take ten minutes to complete, but after the final adjustments it was found the last set of pilot participants were only taking between around 7 to 8 minutes, the questions were clearer, grammar and spelling were corrected. Nevertheless, the researcher opted for stating the survey would commonly take 'up to 10 minutes' as it was believed to be a wider range of completion length without significantly impacting the likelihood of someone deciding or not to participate. After this, the supervisors were consulted to agree upon the number of responses needed to have an acceptable validity of the results and it was concluded that it needed approximately a minimum of 150 respondents based on their experience with other researchers and PhD students who conducted surveys of a similar length and layout. Nevertheless, given the statistical basis of this phase and the representability nature of a survey, it was agreed upon to aim closer to 300 participants.

2.5.2.4. *Recruitment*

The platform used to deliver the questionnaire was the university's subscribed Qualtrics online survey software. The link to the survey was valid from 7th July until the 31st July 2020 when the target quantity of participants was achieved and surpassed. The initial contact made by the researcher consisted of providing a short paragraph with the link to the survey. Upon accessing the survey website, participants encountered details concerning the aim of the research, the importance of their participation, ethical assurances (such as anonymity), the maximum predicted length of the survey (10 minutes) and they were invited to get in touch by email if any questions concerning their participation were to arise. The actual average amount of time

taken to complete was 10 minutes 42 seconds, although a few people appeared to open the survey and only later complete it, given their response time was over 1 hour. This may have skewed the median average of 7 minutes and 29 seconds.

The link was shared via email, social media (such as Twitter and Facebook) and messaging apps (such as WhatsApp and Messenger) by the researcher who asked for participation and/or for the link to be reshared by the recipients. This type of snowball distribution was aimed at boosting the number of responses by making it available to a wider network of contacts for self-selection and administration. It also allowed for an increase in the distance between the researcher and the respondent. Nevertheless, it carried the risk of not guaranteeing representativeness of the population (limited to those using technology and social media in particular) as well as the risk of sampling bias due to relying on resharing the link since it depends on who reshares to who and who comes across it on social media, which means that the researcher may only obtain a small subgroup of the population (public). Part of the statistical analysis allowed the researcher to verify, to some extent, potential issues arising from this type of distribution (as explored in the sample section of this chapter). This is a similar approach to a wide range of other research studies (e.g., Bakhtiari, et al., 2021; Innocenti, 2021; Steans and Duff, 2020) which carried also various limitations (Mosleh, et al., 2022): measuring intentions instead of actual behaviour due to the underlying bias related to forecasting or interpreting one's attitudes; limited or not fully known ecological validity (e.g., in terms of literacy or age since not 'everyone' uses these platforms) due to the platform algorithm and social media users' behaviour (e.g., users are more likely to follow other users that they perceive to have something in common, which may influence the algorithm to expose them to more 'similar accounts' based on previous behaviour). A potential solution to tackle the latter limitation would be to create an account with an opposite type of behaviour to that of the researcher (Mosleh, et al., 2022). However, this would carry a level of manipulation and difficulty in even judging what 'opposite' means, hence this option was not pursued.

2.5.3. Data analysis

This subsection explores the data analysis strategy used in phase one. It starts by outlining the procedure, followed by an overview of the reliability, validity and quality of the data.

2.5.3.1. *Procedure*

Statistical analysis of the data took place following the data collection phase using SPSS. Demographics were analysed through standard descriptive statistics while the questionnaire answers were both analysed individually through standard descriptive statistics and correlations were also analysed to understand if any significant influences existed between ATS results and the two sets of data related to features of a prevention programme (one for women as clients and the another for men).

To score the ATS-21, the items were submitted to a reversed scoring followed by a creation of a column with the total the score of all items for each respondent. Hogue[2] advised removing a constant of 36 to make the possible scale score range from 0 to 144 within the ATS-36 so that meant it can be compared across different studies using the absolute level of the score on the same metric. In line with this, for the analysis of ATS-21, a constant of 21 was removed. In factor analysis the scale has been shown to be a single factor with high internal consistency in previous studies (Harper, et al., 2017; Hogue and Harper, 2019) and so this was also analysed here.

2.5.3.2. *Reliability*

Analysing the internal consistency of this scale and correlations between the subscales is fundamental to ascertain the reliability of the ATS-21 scale. This scale (and its ATS-36 version) has been shown to be a single factor with high internal consistency (high Cronbach Alpha value of 0.91) in previous research (Hogue and Harper, 2018). This sample is no different with an equally high internal consistency (α=0.92). This means that while it makes sense to consider the statements together as a (sub)scale, some imperfections may be due to slight differences observed on some statements earlier on (further details on Table 3). However, removing these individual statements would not significantly impact the level of internal consistency which is already high.

The strength of the linear relationship between normally distributed (sub)scales was measured using the Pearson and Spearman correlation coefficients. Pearson is the most widely used, however, computing both allowed verification that the coefficients were similar and, therefore,

[2] This was part of personal correspondence by email between Professor Hogue and Professor Brookes (second supervisor).

that it was appropriate to use Pearson[3]. The analysis of the ATS-21 revealed a very strong positive correlation with all three subscales. The coefficients were slightly lower between the subscales, although these were still considered strong correlations. This conclusion is in line with previous research conducted by Hogue and Harper (2018), except the correlation between factor 2 and 3 which stood at 0.59 (instead of 0.72) and so is considered moderately positive, instead of strong. Still, in both sets of data, this confirmatory factor analysis (CFA) shows a desirable three-factor structure of the ATS-21 scale in line with the ABC model of attitudes (Breckler, 1984).

[3] If they were different then it would be fundamental to look at whether or not the data met the assumptions of Pearson's coefficient (constant variance and linearity) and, if these were not met, then only the Spearman coefficient could be used (non-parametric).

Table 3 – Correlations between ATS-21 factors

ATS-21 factors	ATS-21 (Total)		Factor 1 (Trust)		Factor 2 (Intent)		Factor 3 (Social distance)	
	r	r_s	r	r_s	r	r_s	r	r_s
ATS-21 (Total)	-	-						
ATS-21 Factor 1 (Trust)	.904	.908	-	-				
ATS-21 Factor 2 (Intent)	.886	.893	.671	.696	-	-		
ATS-21 Factor 3 (Social distance)	.911	.899	.759	.762	.719	.715	-	-
M	40.46		9.41		16.93		14.12	
SD	13.44		5.26		5.06		4.60	
α	.922		.833		.858		.768	

Note: All correlations are significant at $p < .001$; r – Pearson correlation value; r_s – Spearman correlation value

A reliability analysis was also conducted to verify the level of internal consistency of the statements related to the programme. The one related to confidentiality was reversed scored, so that all statements were considered in a positive way. The internal consistency (reliability) of the scale was tested using the Cronbach Alpha score. This allowed the researcher to ascertain if the individual statements can be used together to form a single scale. The Cronbach Alpha for the set of items related to a programme for women was 0.807 and for men was 0.816. These values reveal a good level of internal consistency; therefore, they can be considered as two subscales. All 16 items led to a Cronbach Alpha of 0.906[4], which meant they may be merged into one factor (excellent internal consistency). Removing the confidentiality item would slightly increase the Cronbach Alpha value (0.865 for women, 0.883 for men, and 0.920 for the 16-item), although this is not necessary given the values are already high and removing it would also mean the scale would not cover all the key aspects of the programme.

[4] For comparison, these are just as good as the ATS-21 level of internal consistency.

2.5.3.3. *Validity and Quality*

Socially desirable responses are likely given to socially sensitive questions (King and Brunner, 2000). This bias affects the validity of a questionnaire (Huang, et al., 1998) because an instrument is only valid if it accurately measures what it aims to measure (Beanland, et al., 1999; Mortel, 2008). Hogue and Peebles (1997) used The Marlowe-Crowne Social Desirability Scale (33-items) together with the ATS (36 items), although this creates a rather long survey to answer which can reduce the number of willing participants or even their attention levels. Therefore, given the ATS has been widely used and its results are comparable and consistent among different samples, this research assumed this bias would not significantly affect the results of it. Nevertheless, two methods were used to prevent or reduce this bias: forced-choice items (elimination of 'no-response' option, but they could opt for 'unsure') and self-administration of the questionnaire, eliminating the presence of an interviewer, and respondents were assured during the briefing that there were no right or wrong answers (Nederhof, 1985; Tourangeau and Yan, 2007). In addition, the demographics of the sample were also compared for representativity of the UK population.

2.5.4. Ethical considerations

The following subsections will explore how informed consent, risk of harm, anonymity, confidentiality and data protection were handled throughout phase 1 of this research.

2.5.4.1. *Informed consent*

All participants were informed in a written format at the beginning of the survey about the aim of the research, how long it would take (approximately), how their data would be used and stored, assurance of anonymity and confidentiality, why their collaboration was desired and the voluntary nature of their participation including the right to withdraw. If survey participants agreed and accepted to participate, they needed to press the option 'I consent to take part in this study' followed by 'next' at the end of the consent form page (which took them to the first set of questions). Respondents were also invited to contact the researcher at any given point in the data collection phase from the research if they wished to discuss any matter or/and to

request further information. Two people who were made familiar with this study through the survey link emailed the researcher to request a copy of the results once those were published.

Participants had the right to withdraw of this research. Any incomplete survey entries were permanently deleted within 48 hours from Qualtrics. It was explained on the landing page after following the survey link that should a respondent wish to cease their participation, they should simply leave the questionnaire unfinished. They were informed that if they were to complete the full questionnaire, at the time of selecting 'submit' at the end, there was no longer a traceable way of removing their answers from the pool. A final message after the last question ('this is the end of the survey, please click the arrow to the next page to submit your answers') informed them of the end of the survey and served as a warning that their answers would be submitted if they were to click the arrow[5].

2.5.4.2. *Avoiding harm*

This research did not involve participants under 18 years old (as these are considered vulnerable due to age) and no physical harm to the participants was perceived to arise from this research. However, the subject is sensitive and, therefore, it is possible that some participants may have felt psychologically affected by the nature of the questions which may have triggered potential sensitive events in their lives, for instance, if they had experience of sexual abuse against children, as victims or perpetrators. Therefore, a list of relevant contacts, such as the Big White Wall and the Samaritans was provided at the beginning and end of the survey (information and debriefing sheets). The participants were also made aware at the beginning of their participation in the survey that they could withdraw at any point without any negative consequences. No physical, psychological, or emotional harm to the researcher was expected. Nevertheless, the supervisory team and the counselling team were available for advice if any situation was to arise (e.g., feeling unsettled).

[5] 105 incomplete survey entries were deleted. Although, most of these were people who only opened the survey through the link and no answers were ever recorded.

2.5.4.3. *Anonymity and confidentiality*

No identifiable personal details were requested from any survey participants. Therefore, all data was presented in non-identifiable form (Bell, 2010; Caulfield and Hill, 2018).

2.5.4.4. *Data protection*

The information collected was used for the creation of this PhD dissertation. However, results and analysis will be used for a variety of other outputs (such as journal articles, conference presentations, monograph, and others) to achieve all the potential benefits. This will be used fairly and lawfully according to the Data Protection Act 1998 and General Data Protection Regulation 2016/679. All digital data (e.g., survey results) was handled and stored in BCU OneDrive for the duration of the study and will remain there for the next five years (as per standard university procedure). No paper trail was originated from phase one.

2.6. Phase 2: Qualitative

This qualitative phase focused on exploring the experiences and beliefs of practitioners from the third sector and Criminal Justice System whose clients were, currently or in the past, people who committed, were at risk of committing sexual offences against children, or were simply sexually attracted to minors.

2.6.1. Participants

The population targeted was practitioners over the age of 18 who speak English and who had delivered services (either one-to-one or in a group setting) at least once to someone who had committed a sexual offense against a child, was at risk of doing so, or were simply sexually attracted to children. There were no specific restrictions on their specific line of work (e.g., delivering programmes in a prison setting or as part of a third sector programme) as gathering the views of people from different settings could offer a richer answer to the research question. In addition, some people change their line of work throughout their careers. The final sample

consisted of 20[6] people and it was made up of 13 women and 7 men between ages groups of 20 and 70. A summary of sample descriptive qualities is on Table 4.

Table 4 – Description of the sample

Participant pseudonym	Age	Gender	Professional body?	Line of work (previous or current)	Approx. number of clients worked with (gender)	Approx. length of experience working with this population
1 - Jodie	30s	F	N	Third sector, CJS	Hundreds (men only)	7 years
2 - Carlie	40s	F	Y	CJS, community, independent	Hundreds (mostly men, a few women)	16/17 years
3 - Aiden	50s	M	N	CJS, community	Hundreds (mostly men, at least one woman)	30 years
4 - Sally	20s	F	Y	CJS	Hundreds (men only)	6 years
5 - Faye	40s	F	Y	CJS, community	Hundreds (men only)	16 years
6 - Cameron	50s	M	Y	Third sector, independent	Hundreds (men only)	10 years
7 - Jayden	50s	M	N	CJS	Hundreds (men only)	2 years
8 - Rosie	60s	F	Y	CJS	30-40 (men only)	25 years
9 - Nikki	40s	F	Y	Community, CJS, Third sector	50 men and 1 woman	10 years
10 - Alfie	60s	M	Y	Independent	20+	27 years
11 - Candice	50s	F	Y	Independent	Up to 10 (men only)	2 years
12 - Tara	70s	F	Y	Third sector	12 (men only)	12 years
13 - Liam	60s	M	Y	Independent	Various men	5 years
14 – Will	60s	M	N	Community, CJS	5 men	50 years
15 - Isaac	60s	M	N	Community, CJS	Hundreds (mostly men but also women)	35+ years
16 – Evie	40s	F	Y	Community, CJS	Hundreds (mostly men but also women)	17 years

[6] Smith, et al. (2012) advises 4-10 interviews, however, on this occasion 20 was more appropriate to reach saturation point due to the length and nature of the interview guide.

17 - Wendy	50s	F	N (previously Y)	Third sector, independent	Various men and women	20 years
18 - Isabelle	50s	F	Y	CJS, independent	Hundreds (mostly men but also women)	16 years
19 - Tanya	50s	F	Y	Independent	10 men and 1 woman	2 years
20 - Sophie	50s	F	Y	Third sector, CJS	Hundreds (men only)	23 years

2.6.2. Data collection

This subsection explores the data collection strategy used in phase two. It starts by outlining the instrument, followed by the administration approach, results of the pilot and the recruitment method.

2.6.2.1. *Instrument*

The chosen method for this phase was semi-structured interviews. This research lens was useful to gather the participants' perspective not only as someone who is part of the community but also someone who has worked with this population of people who committed, were at risk of committing sexual offences against children, or were simply sexually attracted to children. This type of interview provided guidance to gather data but still allowed flexibility and wide personal input from the interviewees (Bryman, 2016). It included a series of topics to cover but there was no requirement to ask each question or cover each topic in the same order with each participant which encouraged them to share their thoughts and experiences on issues the interviewer did not at first expect and so led to different inputs (Wincup, 2017). It is often described as 'a conversation with a purpose' (Smith, et al., 2012: 57).

The interview guide (appendix 3) was based on the literature findings on the current state of the provision of services for people sexually attracted to minors, at risk and those who committed CSA and how these may be enhanced based on key characteristics from the Dunkelfeld programme. The interview guide was also influenced by phase one results and qualitative research guidelines, such as those from Bryman (2016), Gideon (2012), Hammersley, Atkinson (2007), Krosnick, Presser (2010), Mason (2002), Rea, Parker (2005), Smith, et al. (2012) and Wincup, (2017), in which, among other suggestions, the initial questions were easier to answer and used to build rapport, directing the respondent to the central

theme of the research. Starting with descriptive/narrative questions to help the participant feel more comfortable talking then moving on to more analytical/evaluative accounts. Questions were organized from the most general to the most specific. The interview guide was refined after the first interview which served as a pilot. The interviewee was informed that it was the first interview and so, there was a higher chance of a follow-up interview. After the interview took place, it was transcribed and reviewed by one of the supervisors who provided guidance on how to gather further depth through follow-up questions. Then the follow-up interview took place, and the interview guide was slightly amended to reflect these suggestions from the second interview onwards.

Questions were mainly open and expansive (except the demographic ones which were closed, e.g., may I please know your approximate age?). Input from the interviewer was minimal as the objective was to enable the participant to talk at length (McGrath, et al., 2019). Nine types of questions were included: descriptive (e.g.: please could you tell me what your job involves?); narrative (e.g.: can you tell me how you would feel being part of a programme like Dunkelfeld?); structural (e.g.: what key aspects do you believe would enhance the primary prevention of sexual abuse against children?); contrast (e.g.: what were the main differences?); evaluative (e.g.: how did you feel about that?); circular (e.g.: what do you think your family and friends would think of you working on a programme like Dunkelfeld?); comparative (e.g.: how would you feel being part of that project compared with what you currently do?); prompt (e.g.: can you tell me a bit more about that?); and, probes (e.g.: what do you mean by that?) (Smith, et al., 2012).

2.6.2.2. *Recruitment*

A word-of-mouth approach was taken with several charities: three informed the researcher that they were sharing the study advert internally and/or their social media channels. This type of snowball sampling was necessary because of the sensitive nature of the topic and specificity of the sample requirements (those who had clients that committed, were at risk of committing sexual offences against children, or were simply sexually attracted to children). An advert was also shared on the researcher's social media accounts (such as Twitter, LinkedIn, Facebook, and others) and a word-of-mouth approach was also taken with a variety of academic and professional networks among other acquaintances to request help to share the study advert.

2.6.2.3. *Environment*

The exact location of interviews is very important to create a suitable environment to promote a dialogue. These spaces need to be private (to be considered ethical given the sensitive nature of the topic) and free from background noises and interruptions (Wincup, 2017). Due to Covid-19, all interviews took place through a phone call and were recorded with a Dictaphone[7]. This meant the interviewees had the opportunity to choose their preferred time, day, and location. Nevertheless, on occasions, background noise and interruptions took place.

The duration of the interviews varied from 30 minutes to one hour and 15 minutes for single interviews ($\bar{x}$=45-60 minutes). Although most participants were interviewed only once, two interviewees made themselves available for a follow-up. These had an overall length of approximately two hours. Variations depended on the availability and willingness of the interviewees. The exact number of questions being asked in each interview varied based upon the level of openness from the respondent. However, all the areas outlined on the interview guide were covered and it is believed a saturation point was achieved given the overlap of information that started to appear. The style of the interviews, especially the first part, was also informal to build rapport, to put the participant at ease and create a suitable environment to, in subsequent moments, capture experiences, opinions, feelings, emotions and produce knowledge and reflection. Some of the key skills used to conduct semi-structured interviews included communication skills, knowledge of the topic, a non-judgemental approach, being open-minded, experience with interviewing (which facilitated confidence, active listening, and flexibility) and sensitivity (Wincup, 2017). These helped to ensure data collection ran smoothly and the accuracy and relevance of the information gathered was preserved.

2.6.3. Data analysis

Data analysis started as soon as the first interview was transcribed, because it is advised to carry out both tasks hand in hand as initial analysis offered further guidance for collection, e.g., follow-up questions (Caulfield and Hill, 2018; Wincup, 2017).

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[7] Two interviews were conducted over Zoom at the request of the interviewee due to signal problems at their location/preference for this method. They took the initiative to set up the meeting request and created a specific password to secure the meeting from unwanted guests.

The method chosen was thematic analysis (Braun and Clarke, 2006). It followed an idiographic and inductive approach focusing on an in-depth analysis looking at meanings, subjectivity, and individuality while nomothetic approaches would focus on generalizability and patterns across a population (Conner, et al., 2009; Jupp, 2006). It allowed identifying, analysing, organising, describing, and narrating themes found within the transcripts from interviews (Braun and Clarke, 2013; Clarke, et al., 2015). Thematic analysis was a flexible approach that allowed theoretical freedom, that is, no detailed theoretical and technological knowledge was required unlike other qualitative approaches (Braun and Clarke, 2006; 2013; Clarke, et al., 2015; King, 2004; Nowell, et al., 2017). This offered an accessible form of analysis, easily grasped and quick to learn, due to few prescriptions and procedures, that still enabled the researcher to examine the perspectives of the interviewees to highlight similarities and differences as well as generating unanticipated insights (Braun and Clarke, 2006; 2021; King, 2004; Nowell, et al., 2017). Nevertheless, as a result of the lack of guidance within the literature and a clear structured approach, compared to other strategies, such as phenomenology, its trustworthiness and rigor could still be questionable even though it is widely used (Braun and Clarke, 2006; Holloway and Todres, 2003). To prevent this, an explanation of the choices and steps taken have been provided in this chapter and a digital trail created (Nowell, et al., 2017).

2.6.3.1. *Procedure: transcription and coding*

Commonly with qualitative methods, like interviews, data was coded after collection (Wincup, 2017). Therefore, once the first interview was recorded and stored in OneDrive, the transcription process started. Transcription is one of the best ways to familiarise the researcher with the data and vital for successful data analysis. It consisted of transferring audio data to a written form (Microsoft Word/WordPad document) through the naturalist method which entails transcribing verbatim every word, pause and even grammatical errors exactly as heard with the assistance of Otter[8]. This website was chosen as it provides a free service with an overall error rate of 17%. Although this rate varies depending on background noise and the speakers' accent, it is considered the best automated service when tested against others in the market (Moore, 2018). First, the recording was uploaded onto this website, then it automatically generated a transcription within approximately 20 minutes. After each

[8] Except the first two interviews which were transcribed in a traditional manner. However, time constraints guided the decision to opt for specialist software.

transcription was completed, data was again read closely while listening to the recording to identify the speakers, amend errors and double check nothing was missed. Only after all interviews were transcribed, another reading was done along with the start of the formal coding process (Caulfield and Hill, 2018; Macedo, et al. 2021[9]).

The first coding step was the familiarisation with the scripts. This active engagement with the data allowed for the re-familiarization with the participant and their narrative (to enter a state of mind as if 'I was there' again). The beginning of the coding process was overwhelming in terms of ideas and possible connections, therefore, initial thoughts and the most striking observations of the transcript and recollections from the interview experience were documented to the right-hand side of the text during the third reading and/or square brackets within the text if relevant for a small portion of the text or in a separate word document 'notes' for general/wider ideas (Smith et al., 2012; Macedo, et al. 2021).

After this, a close line by line analysis to attribute codes was required using NVivo, which was the researcher's preferred interface for this stage. The use of computer-assisted qualitative data analysis software (CAQDAS) is controversial with some researchers liking it and others disliking it (Lu and Shulman, 2008). This is based on three key areas: cost, tech-savviness, and level of immersion in the data and method. Concerning the level of immersion in the data and method, NVivo carries some strengths and limitations. It increases: the organisation of data and coding through operating as an online filing system, which is particularly useful for large data sets; efficiency, making the process quicker; it increases transparency of the process as there are clear audit trails (the NVivo file can be digitally shared with various people); and it allows the researcher to quickly search for codes, data, and the generation of visual connections, which may facilitate visualisation of the findings and thus theoretical/analytic development. However, this same quick access and early visualisation can risk less immersion and more distancing from the data after coding just a few interviews. This is because the visuals can risk producing a focus on quantity with frequency being mistaken for meaningfulness. This is also a risk of moving from an inductive to a deductive approach when these codes are populated and grouped. To minimise these risks, regular meetings and discussions were conducted with the supervisors who questioned and verified the progress of the analysis (Braun and Clarke, 2013). The use of technology can increase procrastination (Bong, 2002) and

[9] Disclosure: I was responsible for writing the methodology section of this article and as both studies used thematic analysis, some similarity in the writing may be present. Although, the research article used traditional means of analysis instead of the NVivo software.

encourage the use of features of the programme not necessarily relevant (Braun and Clarke, 2013). This was minimised due to time constraints and 'mini'-deadlines set for each step of this research.

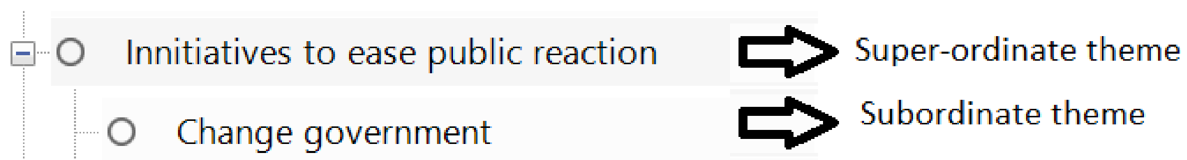
Even though discussion around the use of NVivo and other CAQDAS have been happening for over three decades (Braun and Clarke, 2013; Fielding and Lee, 1991), guidance on how to use them are usually focused on the technical side of the software (QSR International, 2021) or focused on the strengths and weaknesses of using a traditional analysis method (such as thematic analysis) on the software (Braun and Clarke, 2013). It appears literature lacks an integration of both, that is to explain how to use NVivo thematic analysis from the start to finish. This integrative explanation is needed because the lingo and exact procedure is fundamentally different between traditional means and the software. However, part of this could potentially be due to the rapid changes the software experiences.

This second stage of thematic analysis was one of the most detailed and time-consuming tasks in phase two. Codes were brief verbal descriptions of a section in the transcript (Caulfield and Hill, 2018). These included a commentary on conceptual observations (focused on engaging on a more abstract/theoretical level linking with observations gathered from the previous literature review), the linguistic style of the participant (specific use of language by the participant, for example, pauses, repetition, tone, and laughter) and insightful descriptions provided by the participants (describing the content/subject of what has been said). This step was repeated once for each interview to ensure all text and narrative was analysed (Bryman, 2016; Smith et al., 2012; Macedo, et al. 2021).

Once all data was 'coded' and each code had a close fit to the data, the next step consisted of identifying the emerging themes and their relationship within the context they arise (Caulfield and Hill, 2018). This step allowed the researcher to reduce the volume of detail while maintaining the same level of complexity. It focused on working with the initial codes created rather than directly with the whole transcripts (Bryman, 2016; Morris, 2015; Macedo, et al. 2021). Traditional literature distinguishes the initial codes from subordinate-themes ('recurrent and distinctive features of participants' accounts, characterising perceptions and/or experiences') and super-ordinate themes (logical grouping of subordinate-themes) (King and Horrocks, 2010: 150). However, NVivo lingo only has the word 'codes' (which would include

codes, subordinate, and super-ordinate themes) and 'links between codes'[10], which are codes organised in a tree/diagram shape that allow the researcher to identify the 'types of themes' described in the literature based on their position (see diagram 2). Identifying emergent themes required a local focus on the codes list while keeping in mind the overall picture gained during the previous steps. Selecting one of these codes allows the researcher to open a tab with all the transcript fragments on the right-hand side of the screen. This NVivo feature ensured these fragments were always accessible while reorganising the data. It also allowed the researcher to easily 'move' (that is, to recode) any fragment into a different code when needed (e.g., accidentally misplaced fragments).

Figure 2 – Emerging themes



Drawing together commentary and interpretations allowed mapping these initial codes into meaningful clusters by dragging, merging, and renaming them (Bryman, 2016; Morris, 2015; Macedo, et al. 2021). When searching for themes, the following criteria was used to help identify them (Ryan and Bernard, 2003): repetitions (topics that recurred), metaphors and analogies (how the interviewees represented their thoughts); transitions (the way in which topics shifted); similarities and differences (how a topic was discussed between interviewees); linguistic connectors (the use of words such as 'because' which pointed to a causal connection). The Framework approach developed by the National Centre for Social Research in the UK was adopted as a matrix-based method (a sample of this can be found on appendix 4) to manage the emergence of these themes and associated data (Ritchie, et al., 2003). When themes were complete, a title for each theme was developed. This process was iterative and so required continued re-visitation of original transcripts or fragments at times to ensure the accuracy of groupings (Bryman, 2016; Morris, 2015).

[10] 'Relationships' and other organisation styles are also viable options; this is only the one the researcher opted for due to personal preference.

Once the themes were fully identified, they were mapped to show how they fitted together. Drawing together the themes and producing a structure allowed the researcher to point out the most relevant aspects. Themes that represented similar or parallel understandings were placed together at this stage (becoming subordinate themes) and a label was given to each group becoming a super-ordinate theme (Caulfield and Hill, 2018; Kewley, et al., 2016; Macedo, et al. 2021; Osborn and Smith, 1998). After data analysis, the results were written up (see Findings chapter of this thesis) and this information was then compared, interpreted, and discussed also in relation to the literature to achieve the answers to the research questions (see Discussion chapter of this thesis).

2.6.3.2. *Validity and Quality*

Validity of the instrument and the data (measuring what is intended) is important for the credibility of the data and to trust the results (reliability). This qualitative phase was mostly analytical rather than statistical generalisation for representativeness, although they are not mutually exclusive. By analysing a phenomenon, results (understanding) are representative of that kind of phenomenon (Bryman, 2016).

There are several guidelines to assess the quality of qualitative analysis although similarities can be found among them, and some are more sophisticated and pluralistic than others. According to Smith, et al. (2012), Yardley's criteria (2000) is accessible and broad, that means it can be applied to any kind of theoretical orientation and offers a variety of ways to establish a conclusion. The four principles as outlined by Yardley's criteria (2000) are: sensitivity to context; commitment and rigour; transparency and coherence; impact and importance. These also have a certain level of overlapping nature as some would not fully exist without the others.

3.6.3.2.1. Sensitivity to context

The first criteria can be observed in this research from the literature review and choice of methodology to the data collection and analysis. The literature review offered an awareness of the current knowledge on the topic and the context this research fits into. This study requires sensitivity to context due to its idiographic nature. The snowball sampling implied all

participants shared common environments and work history at some point in their lives, but this sampling method was also used due to the sensitivity of the subject and the difficulty in recruiting participants. The type of interviewing required a close awareness of the process and a set of skills (such as empathy and active listening) to be able to conduct them successfully. Additionally, several verbatim extracts from the transcripts provided in this thesis serve to support arguments being made in the results section and at the same time they offer the reader a sample of the participants' voice and an understanding of the interpretations being made (Smith, et al., 2012; Yardley, 2000/2008).

2.6.3.2.2. Commitment and rigour

The second criteria can be observed on the attentiveness and care throughout this study, especially during data collection and analysis. This research was complex and so required several skills and time that without commitment would not exist. Rigour can also be verified, for example, on the appropriateness of the sample, the good quality of the interviews carried out and the completeness of the analysis (Smith, et al., 2012; Yardley, 2000/2008). Additionally, multiple interviewees were carried out (cross-checking information), the researcher looked for themes across the transcripts and used common sense along with professional knowledge to judge the plausibility and coherency of the data generated (Chamberlain, 2013; Denscombe, 2014; Wincup, 2017).

2.6.3.2.3. Transparency and coherence

Transparency and coherence are closely linked to the previous criteria. Transparency was ensured by detailing the methodology, such as describing how the sample was gathered and the analysis process step-by-step. The arguments made are coherent, the themes were created and grouped in a logical manner and no contradictions were presented (Smith, et al., 2012; Yardley, 2000/2008).

2.6.3.2.4. Impact and importance

Finally, this research aimed to create impact in the body of knowledge of this topic as explained in the previous chapter and at the beginning of this chapter. In addition, the discussion chapter clearly described how and why this study was interesting, important, and useful (Smith, et al., 2012).

Even though this research meets Yardley's criteria (2000) to be considered valid, reliable and of quality, an additional layer of insurance was conducted: a virtual and independent audit. The virtual audit consisted of documenting and keeping all notes/information every step of the way, hence providing a clear 'paper trail' to allow anyone external to the project to meticulously analyse the entire process to check whether the final report is plausible and credible. The independent audit consisted of the supervisors' guidance and approval throughout every step of this research. The independent audit is part of the supervision process as it offered a reassurance that it was undertaken correctly and that continuous guidance was provided on how it could be improved, as and when needed (Smith, et al., 2012).

2.6.4. Ethical considerations

The following subsections will explore how informed consent, risk of harm, anonymity, confidentiality and data protection were handled throughout phase two of this research.

2.6.4.1. *Informed consent*

All participants were informed in a written format through the advertisement posts about the aim of the research and how long it would take (approximately). Upon contacting the researcher via email or social media (e.g., LinkedIn private messaging platform), the researcher sent them the information sheet and consent form (see appendix 1) which also outlined how their data would be used and stored, assurance of anonymity and confidentiality, why their collaboration was desired and the voluntary nature of their participation including the right to withdraw. If they agreed to participate, a time/day was agreed upon and the researcher requested the consent form to be sent back signed in advance. Although, at times, a recorded version was suggested to them just before the interview started[11]. Respondents were also invited to contact the

[11] This was due to some people experiencing issues when attempting to add information on the word document.

researcher at any given point in the data collection phase from the research if they wished to discuss any matter or/and to request further information. Eight of the 20 interviewees requested a copy of the results once those were published as well as one organisation. The interviews were recorded with a Dictaphone and all participants consented to this.

Participants had the right to withdraw of this research and were informed they could withdraw their participation up until the transcribing process started. If a participant changed their mind, they had the right to do so and would not be forced in any way to change their mind (Birmingham City University, 2013; BSC, 2006). However, this scenario did not take place.

2.6.4.2. *Avoiding harm*

This research did not involve participants under 18 years old (as these are considered vulnerable due to age) and no physical harm to the participants was perceived to arise from this research. However, the subject is sensitive and, therefore, it is possible that some participants may have felt psychologically affected by the nature of the questions which may have triggered potential sensitive events in their lives, for instance, if they had experience of sexual abuse against children, as victims or perpetrators. Therefore, a list of relevant contacts, such as the Big White Wall and the Samaritans was provided at the beginning and end of the interviews (information and debriefing sheets). Even though the sample of practitioners were familiar with the topic due to the nature of their work, this risk was still present. Still, no psychological harm was perceived to arise during the interviews (for example, participants did not sound unsettled or directly revealed to be feeling affected negatively by their participation). Still, the debriefing sheet included a list of relevant contacts, such as the Big White Wall and the Samaritans as a suggestion to seek help if they wished to do so. The participants were also made aware at the beginning of their participation that they could withdraw at any point without any negative consequences. No physical, psychological, or emotional harm to the researcher was expected. Nevertheless, the supervisory team and the counselling team were available for advice if any situation was to arise (e.g., feeling unsettled).

2.6.4.3. *Anonymity*

The interviews involved the collection of identifiable personal information, such as their experience working with people who committed or simply had a sexual attraction towards children. Therefore, the recordings from the interviews were coded with numbers (1, 2, 3 and so on) and then transcribed. However, as a personal preference, during the write up of the data these numbers were replaced with a pseudonym using a website that generates names randomly to avoid tendencies by the researcher and maintain the humanity of the voice behind each quote. The website used was http://namefake.com/ where the country chosen was United Kingdom and gender was female or male, as identified by the participant. Only the first name was used from the information generated by the website. Real names were not recorded on any of the research material except in consent forms. All names and places that were mentioned throughout the interview that could reveal the identity of the interviewee were removed and replaced with a generic term, e.g. [city]. Consent forms were kept in a separate folder within BCU OneDrive, and password protected to minimise association with the data collected.

2.6.4.4. *Confidentiality*

Phase two was presented in non-identifiable form, via the anonymisation process (Bell, 2010). Additionally, as interviewees belonged to various organisations, the sample was treated without identifying which organisation they came from (especially important as only one participant was interviewed from certain locations/workplaces). The volunteers were also made aware before their participation started that if an unreported crime would be mentioned or there was a concern for their safety or someone else's, the researcher would be obligated to report it. This related to the dual role dichotomy in which the anonymity of a participant can be overridden by the moral duty to protect potential harm (Caulfield and Hill, 2018).

2.6.4.5. Data protection

The information collected was used for the creation of this PhD dissertation. However, results and analysis will be used for a variety of other outputs (such as journal articles, conference presentations, monograph, and others) to achieve all the potential benefits. This will be used

fairly and lawfully according to the Data Protection Act 1998 and General Data Protection Regulation 2016/679. All digital data (e.g., interview recordings) was handled and stored in BCU OneDrive for the duration of the study and will remain there for the next five years (as per standard university procedure). The paper trail from phase two (for instance, notes from the interviews) was created in the form of pencil and paper without any identifiable data. This allows for easy removal of all information with a traditional eraser and shredding of paper at the end of each interview instead of arranging for physical storage.

2.7. Reflexivity

This section aims to reflect upon my own beliefs, judgements and practice as these helped shape the research process. That said, I must start with the topic itself. As a criminological researcher, at the beginning, I supported positive criminology, in particular a focus on positive influences and opportunities to change outcomes and choices. This aligned with my own personal humanism stance. I believe in humans, human rights, and human equality, regardless of gender, ethnicity, and other characteristics. I am unsure how I developed this position. Reflecting upon my support network, culture and life from a younger age to adulthood, for the most part, I observed racism and criticism of human behaviour but also endless forgiveness and a desire to know more about the unknown. Therefore, researching primary and secondary prevention of sexual abuse against children was a passionate journey. This was in spite of hearing the ‘eek’ factor from fellow academics or even feeling (at times) that my research was less important because it was about ‘helping sexual offenders’, as opposed to ‘they should all be hung’. Although it may sadden me or encourage me to feel as if I must ‘fight’ back, I believe it is important to be surrounded by people with different ideas, people who will challenge my thoughts and beliefs. They allow me to reflect deeper on the nature and rationale for my position. I still felt and found a few fellow academics and practitioners who believed ‘helping’ those with a sexual attraction to children, at risk of, or who have committed sexual offences against children, was also helping children and the wider community. It was about trying to understand how to better help everyone because such actions or attractions are not the sole defining aspects of anyone’s lives but can impact many people. In this setting, positive criminology appeared adequate and sufficient to achieve this end but I was also unaware of sex positive criminology. My experiences, beliefs and reading led me to understand that gathering

a representative opinion of the public would provide me with a better idea of what the public is willing to support beyond my own beliefs and those of my network.

From September 2016 until 2020, my supervisory team changed radically several times. My research started by focusing only on women who committed sexual offences against children and investigating what protective factors would be relevant for them. However, progress was very slow due to work commitments, among other issues. Throughout this time, I received some useful advice, some bad advice and everything in between. For the most part, I learnt a lot about what not to do throughout my first three years on this programme. It was only in 2018 that, with the help of one supervisor, I enhanced my work-life balance, got a new supervisory team, transferred to a part-time programme, reshaped the focus of my research, and started prioritising it. I redrafted the literature review and methodology chapters in 2019 and started collecting data in 2020. My learning and research journey was tough on those first couple of years. Nonetheless, I still do not believe a PhD programme has to be in any way painful even after my own experiences as well as after hearing the pains of those who have completed their own PhD. I still love research and every step of it. I feel that it is the people involved in the programme and academic life that can make it positive or negative and that is beyond research. I hope one day 'kindness', instead of 'pain', can be widely associated with a PhD programme by everyone.

Phase one of the data collection journey, in particular the pilot, highlighted a complex decision: either to follow Professor Hogue's wish to use the scale unchanged (without indication of the type of 'sex offender'); or follow the pilot participants feedback on changing it to only those who committed sexual offences against children. The pilot revealed there was a danger of people rating the statements more leniently if the focus was on the general term 'sexual offenders' besides making it more difficult to decide on certain statements that they felt their opinion would be very different depending on the type of target people. Nevertheless, a change of target would have interfered with the rationale of the scale. I acknowledged such danger, but no changes were made to the ATS to reduce this. The ATS was not created to look specifically at adults who committed sexual offences against children but instead it is a generic attitudes measure. I also acknowledged an additional danger of inconsistency by having the ATS focusing on those who committed sexual offences, while the second set of questions referred to a programme that includes this group as well as those at risk of committing sexual offences (in addition to narrowing down to sexual offences against children). However, the ATS was

not designed nor validated to assess the attitudes towards those 'at risk'. Given the public commonly confuses people with a sexual attraction to minors, those at risk, and those who committed sexual offences against children, it is likely that in the eventuality of a programme taking place, the public would not know exactly which clients are which and may consider them all as 'sex offenders'. This is, however, just my hypothesis without the support of literature. The second set of questions were devised to be more specific than the ATS – it is why I developed these - to 'drill down further' in this specific area – and I was then able to pick up where participants may have answered the ATS differently without impacting on the reliability and validity of the ATS. I felt it was appropriate to follow Professor Hogue's advice as he has been researching this area for many years and would only suggest what is best.

During this phase, I also received the wider support for my research from people I had never a chance to know, and others that approached me for the first time with the sole purpose of sharing kind words of support for my research and the topic itself. I set the final question in the survey (and the only one optional to answer), 'do you have anything else you would like to say?' and this was used much more than I had expected. I thought participants would only be willing to answer quick and 'necessary' questions, yet respondents took this opportunity to share explanations for their previous choices, making suggestions for other preventive measures to be added (such as awareness campaigns for the public), share their personal experiences or simply to say that they found it interesting and worth. A minor number of respondents took the opportunity to shame and insult me. I understand that this was motivated by their own beliefs, but the tone would have made me feel hurt if it was not mediated by the cheerfulness of other comments. However, these 'bonus' pieces of information offered me an invaluable insight into the rationale for their choices, which statistics can sometimes fail to provide as they focus on representability rather than a deeper understanding.

Concerning phase two, I was worried not enough people would be willing to participate due to the significant predicted length of the interview (up to 60 minutes) and a lack of a reward for their time. Consequently, I was touched by the high number of people approaching me to participate after sharing the advert over just a couple of days. Covid-19 forced me to change both the approach to recruitment as well as conducting all interviews virtually. Staying in my 'safe space' at home helped me to be feel comfortable and less worried about what my facial expression could give away. However, it also made me put an extra effort into ensuring my speech remained neutral but encouraging. It was, at times, challenging to hear the person on

the other side of the phone or even interpreting a pause due to the lack of visual cues. Practice and regular discussions with my supervisory team were invaluable to guide me through this step. Otter, also recommended by my supervisors, was invaluable for the transcription step, allowing me to save an enormous amount of time compared to traditional means, while still enabling great familiarisation with the data. Throughout the coding and writing up, I felt it was difficult to let go of data and whether my themes were true to the words of the people. To some extent, this delayed the process of my own interpretation during the writing up stage. However, the continuous support from my supervisors through side/in-text comments and verbal discussions, allowed me to overcome this.

Until the end of 2021, my supervisors provided me with encouraging feedback. I believed my research and write up was going in the right direction because their suggestions felt as amendments towards a way forward. However, in 2021, I was told to do something that felt as if I was putting everything I had done so far in the bin: write it all up again, from scratch. That is how it felt. On a more objective point, the methodology and quantitative chapter only needed minor amendments. But 'everything else' felt as just 'everything' because I felt as if I was right back in 2018, the last time that my research journey radically changed. As a consequence, I experienced my first writer's block because I had slowly attached my passion for research with the need to prove that I can complete this PhD programme. My supervisors helped me overcome this by forcing me to reflect on myself, my research journey and my 'fragmented' thesis.

I started as a positive criminologist, but it was at this point that I recognised that did not feel suitable anymore for me. It did not feel enough. As a humanist, after reading more, especially Wodda and Panfil's work (2018, 2021), I felt sex-positive criminology was closer to the kinder world I now believe in. One that does not see people split into various boxes fighting for 'specific' aspects (e.g., feminism). Instead, a world that values and supports all people, all humans regardless of, for example, their skin colour, preferred gender or type of sexual attraction. A world that looks at people as a combination thousands of characteristics and labels making each human being unique. That said, this may be seen as a utopic goal or a simplistic approach, rather than a realistic approach that takes in consideration power dynamics in today's society, such as control balance theory (Tittle, 2018). This is what made challenging to write up this thesis, because for me this was now all about kindness and understanding. The feedback I received from my supervisors was key to overcome my writer's block and strengthened my

writing skills towards the final submission. Yet, I felt writing up was not enough, it just reminded me that I do not yet live in that world. This thesis changed me in in ways that cannot be expressed in the write up and now I know what I want to do after I finish this PhD: I want to help people, drive change and be kinder.

2.8. Chapter summary

This chapter explained the rationale and procedure taken to conduct this mixed methods research. Phase one, the quantitative aspect, fed into phase two, the qualitative aspect, allowing me not just to gather generalisable data from the public on their attitudes and level of acceptance of key features of a programme like Dunkelfeld, but also put into context whether it could be delivered by professionals by analysing their views. In turn, the next chapter reveals the results of following this methodology.

RESULTS

There is no standard approach to writing up the results from mixed methods research. It depends fundamentally on the specific nature of the research (Bryman, 2016; Caulfield and Hill, 2018). Creswell and Clark (2011) suggest the quantitative and qualitative phases can be presented sequentially and then merged in the discussion or presented in tandem from the beginning, that is, hand in hand throughout the chapter. Even when either approach may be appropriate, the key aspect is to ensure both components are well-developed and linked, connected or integrated in some way, rather than reporting two distinctive strands (Creswell and Tashakkori, 2007).

The present study aimed to understand how the current provision of programmes for people with a sexual attraction to minors, people at risk of committing CSA, and people who have committed CSA can be improved since those who seek help should be able to access it. In line with this, phase one (quantitative results) explored the public views on key features of the Dunkelfeld programme and phase two (qualitative), informed by phase one, to explore the practitioner's view on the nature and delivery of programmes like Dunkelfeld as well as exploring the duality of their position: their own views as members of the public themselves - and practitioners who will deal with the wider public. To some extent, there is an overlap, but the phases do not overlap in full. Therefore, this dissertation will first present the results from the quantitative phase, followed by the results from the qualitative phase. The discussion chapter will then bring these results together emphasising the significance of the mixed methods approach as well as what was gained from the presence of both phases. This is a similar structure to the one taken by Vanhooren, et al. (2017), although they used the same sample of participants in both phases, and Scheffels, et al. (2016), who used different samples. While none of the articles has a particular focus on the primary prevention of sexual abuse against children, the methodological similarities are sufficient on this occasion.

CHAPTER 3 – QUANTITATIVE RESULTS

This chapter explores the quantitative results from 318 survey respondents from the public. Of these, 206 (64.8%) identified themselves as female, 109 (34.3%) as male, one (0.3%) transgender, one (0.3%) gender critical and one (0.3%) non-binary. No commentary will be drawn regarding variations among the last three types of gender due to the low recruitment of participants. They only reflect the answers of three participants and, therefore, are not statistically significative of their chosen gender. Age varied between 18 and 73 and there were no missing values/data. This quantitative phase addressed the following research sub-questions:

1. What are the publics' Attitudes Towards Sexual Offenders (ATS-21)?
2. What do the public think of the key features of the Dunkelfeld project?
3. To what extent public attitudes may or may not influence the provision of programmes?

This chapter is split into four sections. The first explores the ATS-21 results, followed by an analysis of the results from the respondents' opinions on key aspects of the Dunkelfeld programme. The third section considers potential correlations between the two, and the last section explores the results from the qualitative questions.

3.1. ATS-21

This section reports on the outcomes of the following hypothesis:

H_0: Respondents have negative attitudes towards people who commit sexual offences.

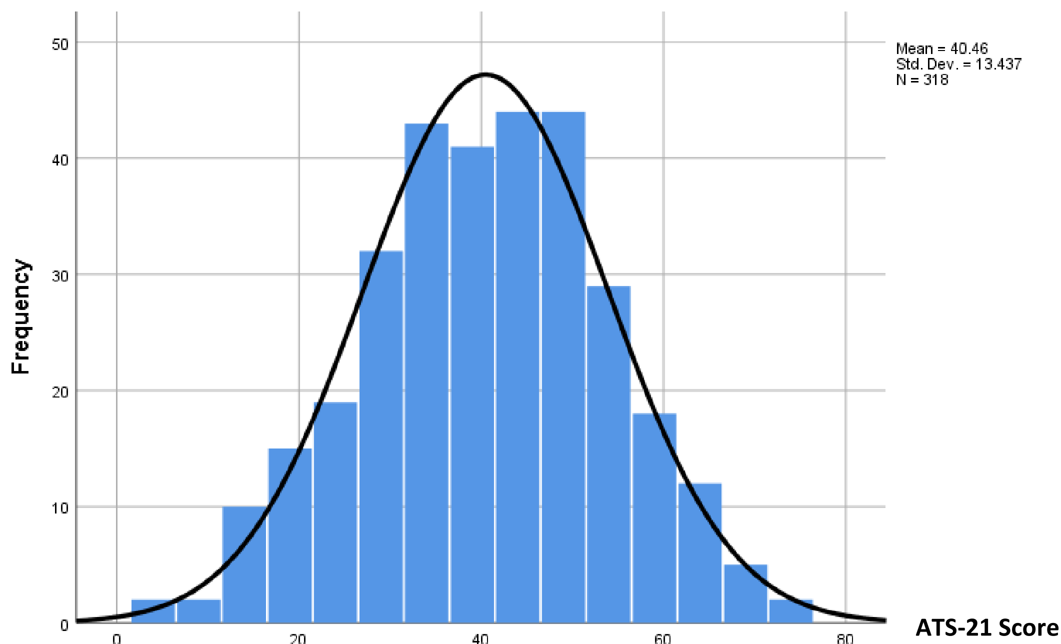
H_1: Respondents have positive or undecided attitudes towards people who commit sexual offences

3.1.1. <u>Overall scale analysis</u>

Table 5 presents a summary of the descriptive statistics for the ATS-21 and its 7-item subscales: trust, intent and social distance. Each subscale contributes 1/3 of the overall attitude a

respondent may have towards people who commit sexual offences (Hogue and Harper, 2019). The ATS-21 scale ranges from zero to 84 (constant of 21 removed) and high scores indicate positive attitudes towards people who have committed sexual offences. The actual respondents' range was from 4 to 74 with a mean of 40.46 and a standard deviation of 13.44. In addition, the scores are distributed in a near-perfect normal curve (see histogram in figure 3). The Shapiro-Wilk test confirmed the normality of the distribution (W = .995; *df* = 318; *p* = .426) because $p > 0.01$ (hence accepting the sample is normally distributed). This means that parametric statistical tests can be used for subsequent analysis of the data. On average, the sample tended to be undecided attitude towards people who have committed sexual offences (median = 40; mode = 39). The one sample t-test using the test value of 42 revealed t (317) = -2.045, *p*=0.042. Since $p < 0.05$, H_0 is rejected, which means the sample demonstrates that overall respondents do not have negative attitudes.

Figure 3 – Frequency of ATS-21 scores with a normal curve



No significant differences to the mean have been observed between male ($\bar{x}$=39.66, *n*=109, *SD*=13.11) and female ($\bar{x}$=40.72, *n*=206, *SD*=13.61)[12] since *t* (313[13]) = -0.668, *p*=0.505. Participants who had no children scored a slightly more negative attitude ($\bar{x}$=39.41, *n*=211), than those who had at least one child ($\bar{x}$=42.53, *n*=107). This is marginally significant since *t*

[12] Levene's Test= 0.643 (H_0= equal variances allow parametric t-tests), *p*= 0.423, meaning H_0 accepted (because *p> 0.001*). The outcome for the Levene's test is the same for all relevant tests throughout this chapter.
[13] This refers to the degrees of freedom value.

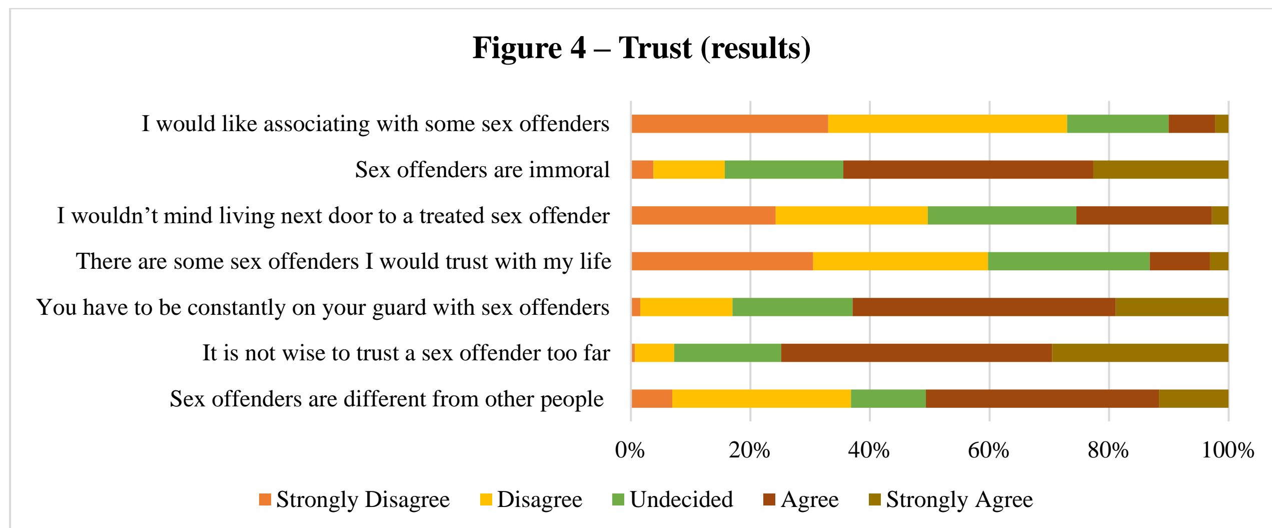
(316) = -1.969, p=0.05. This edge was significantly more pronounced on people aged 35 or under, with a 38.00 score level (n=203), comparing to those over the age of 35 ($\bar{x}$=44.81, n=115), since t (316) = -4.473, p<0.001. It appears, through analysis of the descriptive statistics, that those with no children and/or aged 35 or under have a slightly more negative attitude than those with children and/or over the age of 35. However, an interaction between (not) having children and the two age groups could not be demonstrated through inferential statistics (Two-way ANOVA analysis), $F(1, 314)$=0.017, p=0.897.

Table 5 – Summary of ATS-21 descriptive statistics

	Total Sample n=318		Male n=109		Female n=206		Transgender n=1		Gender Critical n=1		Non-binary n=1		No Children n=211		Children n=107		Age <=35 n=203		Age 35+ n=115	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Scale 1 Trust	9.41	5.26	9.03	5.31	9.54	5.23	18		16		9		8.99	5.00	10.24	5.68	8.40	4.65	11.19	5.81
Scale 2 Intent	16.93	5.06	16.83	4.81	16.95	5.22	23		20		15		16.67	4.99	17.44	5.18	16.23	4.96	18.17	5.02
Scale 3 Distance	14.12	4.60	13.80	4.62	14.24	4.60	21		17		15		13.75	4.40	14.85	4.92	13.37	4.30	15.44	4.84
ATS21 Total	40.46	13.44	39.66	13.11	40.72	13.61	62		53		39		39.41	12.87	42.53	14.33	38.00	12.32	44.81	14.26
ATS 36 Total	69.36	23.03	67.99	22.47	69.81	23.33	106.29		90.86		66.86		67.56	22.06	72.91	24.56	65.13	21.11	76.81	24.45

3.1.2. Trust (factor 1)

The factor 'trust' referred to affect-based judgments, related to how much a person who commits sexual offences should be trusted and includes statements such as 'you have to be constantly on your guard with sex offenders'. After reverse scoring the values of the negative statements and removing a constant value of 7[14] (meaning answers could vary from 0 to 28), the overall trust subscale answers varied from 0 to 25.



The average trust level was 9.41 which shows a relatively low level of trust (the lower the average value, the lower the level of trust experienced by respondents towards those who commit sexual offences). A standard deviation of 5.26 also shows a low variability between respondents. That is, the average trust level of each participant tends to be close to the mean instead of spreading out over a wider range. Response trends according to gender, age and children were similar to those of the overall scale as explored above (see further information in Table 5).

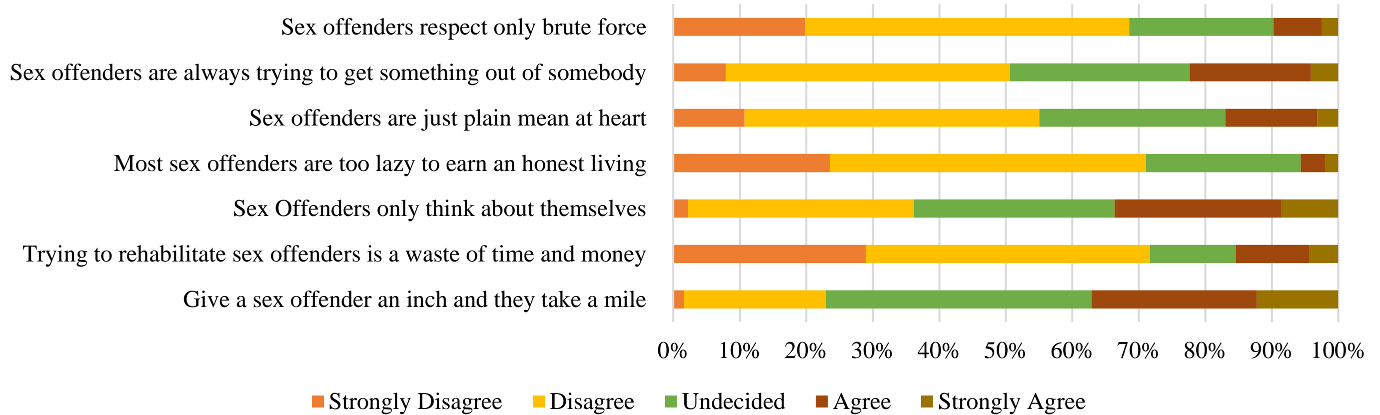
3.1.3. Intent (factor 2)

The factor 'intent' referred to cognitive evaluations, i.e., stereotype-related such as, 'sex offenders are always trying to get something out of somebody'. After reverse scoring all values and removing a constant value of 7 (meaning answers could vary from 0 to 28), the overall intent subscale answers varied from 3 to 27. The average intent score was 16.93 which shows

[14] This constant was removed for all participants as per Professor Todd Hogue's advice (similarly in factor 2 and 3). The rationale is aesthetic, so that the overall scale values would start from 0 instead of 7. It has also been commonly done in previous research using this scale.

a relatively low level of stereotype-related cognitive evaluations (the lower the average value, the fewer stereotype-related cognitions are held by the respondents about those who committed sexual offences). A standard deviation of 5.06 also shows a low variability between respondents. This means that despite a low-level trust of people who committed sexual offences previously observed, high levels of stereotype-related cognitive evaluations were not observed.

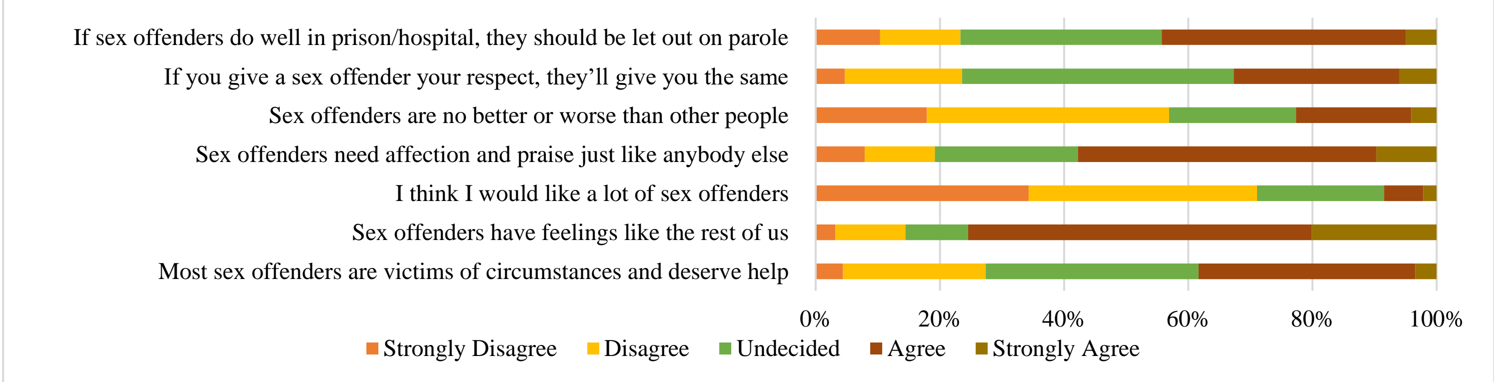
Figure 5 – Intent (results)



This subscale showed most respondents (strongly) disagree with the stereotypical scenarios (50.7%-71.7%) and the number of undecided responses were marginally higher than on the previous subscale (figure 5). Although, two statements, 'sex offenders only think about themselves' and 'give them an inch and they will take a mile', contradicted this trend with 30.2-39.9% of the participants undecided and 23-36.2% disagreed or strongly disagreed, which means closer to 30-40% of the respondents (strongly) agreeing (comparing to 22.3% or lower on the other statements). In other words, these two items may have been responsible for a slight increase on the overall intent level. Response trends according to gender, age and children were like those of the overall scale and factor one as explored above (see further information in Table 5).

3.1.4. Social distance (factor 3)

The factor 'social distance' refers to behaviour-related views on how socially distant people who committed sexual offences are seen such as, 'sex offenders have feelings like the rest of us'.



After removing a constant value of 7 (reverse scoring is not required for this subscale), the overall social distance subscale answers varied from 0 to 28 (also matching the range of possible results). The average social distance level was 14.12 which shows a medium level of social distance (the lower the average value, the more distance the respondents are placing between themselves and those who commit sexual offences). A standard deviation of 4.60 also shows a low variability between respondents. Attitudes reflecting a desire for social distance (factor three) are a behavioural manifestation of viewpoints about this group correlated with the first two factors (explored in more detail in Table 5). Therefore, this almost 'neutral' position in factor three may be a reflection of the conflict between the participants' low level of trust on someone who committed a sexual offence (factor one) and their low judgment of those people's intent, that is the ascriptions of their cognitive states of mind (factor two reported low levels of stereotype-related cognitive evaluations). Response trends according to gender, age and children were like those of the overall scale, factor one and two as explored above (see further information in Table 5).

Only up to 27.4% disagreed or strongly disagreed with five of the seven statements (see figure 6), showing most respondents were undecided or revealed low distance, although most people disagreed or strongly disagreed with 'sex offenders are no better or worse than other people' (56.9%) and 'I think I would like a lot of sex offenders' (71.1%). There is no clear explanation for this difference although it may be linked with the wording of the items. The latter statement refers to a personal likeness to them instead of a simpler evaluation of people's specific characteristics. To explain this, one respondent commented later in the survey (qualitative data) that the word 'like' on this statement could be read as 'want' or 'enjoy', instead of 'get on with', 'tolerate' or 'befriend', besides being odd sounding to a native British speaker. Hence, someone may believe all people have feelings, but still not 'enjoy' sex offenders, a term that

focuses on someone's explicit act instead of the person as a whole (people are more than one act/label). This is in line with the results on the previous two subscales that showed a low level of trust, despite low levels of stereotypical views. Nevertheless, overall, the levels of indecision are increasingly higher which may indicate that people may not feel strongly enough on a particular statement to make a decision. This may be due to a wish for further reflection and/or being potentially open to gathering more information to guide such a decision.

3.2. Level of (dis)agreement with key features of the Dunkelfeld programme

Respondents' views on the key features of the Dunkelfeld programme were gathered through their level of (dis)agreement with two identical sets of eight statements. The first one referring to a programme for men as the clients of the programme and then the same set of questions was presented again but this time referring to female clients. This allowed to test the hypotheses below:

H_0: Respondents disagree with the key aspects of the Dunkelfeld programme for women.

H_1: Respondents agree or are undecided regarding key aspects of the Dunkelfeld programme for women.

H_0: Respondents disagree with the key aspects of the Dunkelfeld programme for men.

H_1: Respondents agree or are undecided regarding key aspects of the Dunkelfeld programme for men.

3.2.1. Statements

Figure 7 shows the answers to both sets of statements. Results show similar responses for both sets, although the set referring to men as clients tended to have a very slightly higher number of people (strongly) disagreeing with the statements. Nonetheless, this difference is visually small and so should be considered with caution. A minimum of 73.3% (*n*=233) of participants agreed or strongly agreed with all statements, which demonstrates an overall approval of the

programme (for men[15] and women[16]). The only exception to this was the following statement: 'I would prefer confidentiality to not include clients' confessions of sexual offences against children not known to the CJS'. On this occasion, only 51.89% (*n*=165) of the respondents (strongly) agreed when referring to men, and 49.69% (*n*=158) when referring to women. This reduction on the agreement level was accompanied by an increase of indecision (27.04%, *n*=86 for men and 29.56%, *n*=94 for women) and disagreement (21.07%, *n*=67 for men and 20.75%, *n*=66 for women). This statement was worded in a negative manner, therefore, only 20-21% of the participants agreed to this programme feature, which is a significantly lower rate of agreement than the one on the other programme features (potential for prevention, fee-free, availability and referral).

[15] Men: the one sample t-test using the test value of 32 revealed t (317) = -30.606, $p<0.001$. Therefore, H0 is rejected, which means the sample demonstrates that overall respondents do not disagree with the key aspects of the programme.
[16] Women: the one sample t-test using the test value of 32 revealed t (317) = -32.861, $p<0.001$. Therefore, H0 is rejected, which means the sample demonstrates that overall respondents do not disagree with the key aspects of the programme.

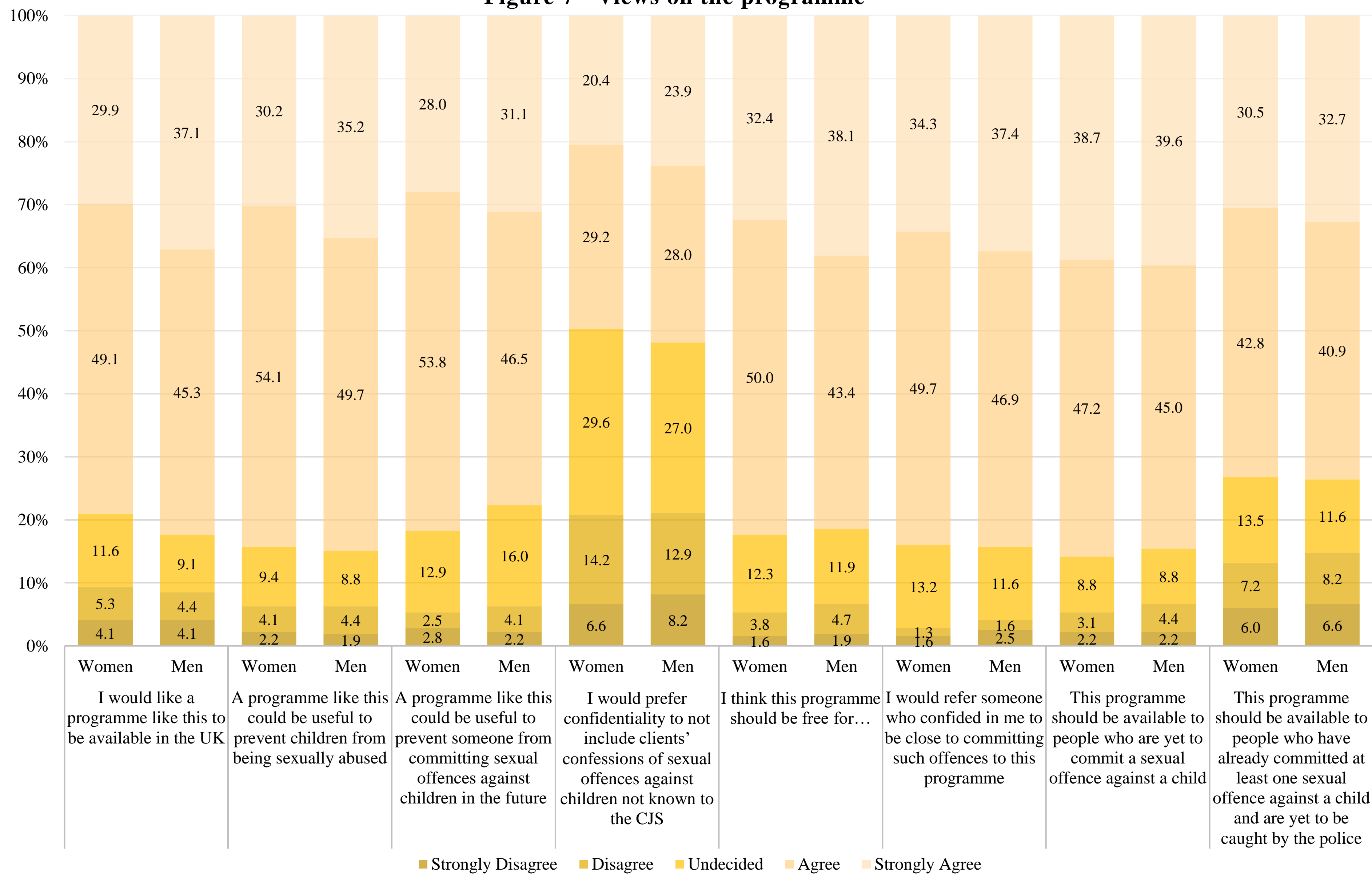


Figure 7 - Views on the programme
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Women
Men
I would like a programme like this to be available in the UK
A programme like this could be useful to prevent children from being sexually abused
A programme like this could be useful to prevent someone from committing sexual offences against children in the future
I would prefer confidentiality to not include clients' confessions of sexual offences against children not known to the CJS
I think this programme should be free for…
I would refer someone who confided in me to be close to committing such offences to this programme
This programme should be available to people who are yet to commit a sexual offence against a child
This programme should be available to people who have already committed at least one sexual offence against a child and are yet to be caught by the police
Strongly Disagree
Disagree
Undecided
Agree
Strongly Agree

At the end of the survey, 7.23% (*n*=23) respondents opted to include extra information to clarify some of their answers. Of these, one suggested further awareness through 'effective parenting from childhood level' in addition to this programme. Another explained that their answers differed between men and women as clients as they believed that the level of successfulness would be different depending on the reason for their sexual thoughts involving children or to offend, which are gender specific, although, they did not specify which gender they believed would lead to greater success. One participant was undecided on the effectiveness of such programmes due to the lack of personal knowledge on the literature around this topic. Four participants stated they do not believe prevention could work, hence would not agree with a programme like Dunkelfeld. The reasons advanced were a belief in chemical castration, monitoring as a preferred approach to prevention/counselling and/or that instead of 'wasting time and money' on prevention programmes, this should instead be directed to victims. Lastly, 15 participants took this opportunity to explain further their opinion on confidentiality. The majority (*n*=12) believed any sexual crime against children that clients reveal to have committed should be reported to the police for three reasons: accountability for the perpetrator, mitigating the risk for children and/or to provide counselling to both parties. Alternatively, three respondents felt the level of confidentiality is a dilemma. They highlighted similar reasons to those who believed sexual crimes against children should always be reported but also recognised that full confidentiality would perhaps attract more clients. One of the participants, suggested a case-by-case analysis to solve this dilemma by making a decision dependant on whether someone may be at risk of further harm. Overall, concerns related to the programme seem to be focused on its effectiveness and risk of harm, highlighting the need for research and evaluation-informed procedures as well as general awareness on this topic.

3.2.2. Programme scale

Each 8-item subscale may vary from 0 to 32, although the lowest score obtained was 2. The mean for the subscale related to women was 22.83 (mode=22; median=23), with a standard deviation of 4.97. Similarly, the mean for the men subscale was 22.99 (mode=22; median=23) and the standard deviation 5.25. Participants appear to have a similar opinion of the programme for both female and male clients, which means that their gender may not influence the level of acceptability of the programme. This was verified through a one sample t-test whereby the subscale related to women was tested against the mean 22.99 (related to the men subscale), t

(317) = -0.562, p=0.575 (H_0: participants have similar opinions on both subscales; H_0 not rejected).

The 16-item scale, representing the overall programme, may vary from 0 to 64. The mean value was 45.82 (mode=44; median=46), with a standard deviation of 10.01. This is similar to the above analysis of the individual statements, in which most participants agree with the programme.

Table 6 – Programme scale descriptive statistics

	Total Sample n=318		Male n=109		Female n=206		Transgender n=1		Gender Critical n=1		Non-binary n=1		No Children n=211		Children n=107		Age <=35 n=203		Age 35+ n=115	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Programme – Women	22.83	4.97	22.61	4.98	22.92	4.97	28		17		29		22.72	4.73	23.07	5.44	22.42	4.64	23.56	5.47
Programme – Men	22.99	5.25	22.69	5.28	23.11	5.24	28		20		29		22.60	5.12	23.77	5.43	22.47	5.14	23.90	5.34
Programme – Total	45.82	10.01	45.30	9.98	46.03	10.04	56		37		58		45.31	9.62	46.83	10.72	44.90	9.56	47.46	10.61

Table 7 – Programme scale mean according to the age of the participants' children

	Total Sample n=318		No Children n=211		Under 16 n=52		16-21 n=12		21+ n=30		U16 & 16-21 n=6		U16 & 21+ n=2		16-21 & 21+ n=2		U16 & 16-21& 21+ n=3	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Programme – Women	22.83	4.97	22.72	4.73	23.15	4.84	23.92	4.76	22.30	7.38	22.83	3.43	26.00	1.41	23.50	2.12	24.00	1.73
Programme – Men	22.99	5.25	22.60	5.12	23.92	5.12	24.00	4.65	23.13	6.96	24.17	4.17	26.50	2.12	24.00	2.83	23.67	3.22
Programme – Total	45.82	10.01	45.31	9.62	47.08	9.78	47.92	9.27	45.43	14.21	47	7.37	52.50	3.54	47.50	4.95	47.67	4.93

No significant differences to the mean have been observed between male and female respondents concerning the 16-item programme scale (please see Table 6 for descriptive statistics), since t (313) = -0.616, p=0.538. Participants who had no children agreed slightly less with the programme, than those who had at least one child. However, this difference is not significative, since t (316) = -1.279, p=0.202. Although, this variation is too small and similar to variations according to the age of the children (please see Table 7 for descriptive statistics). These small variations may be due to the low number of participants in each category - or that having children or not (as weak as their age) may not influence the participants' level of

(dis)agreement with the programme. Further research could explore these variations by recruiting a higher number of participants. Despite this, the edge was significantly more pronounced and significant (considering $p<0.05$) on people aged 35 or under (agreeing slightly less), compared to those over the age of 35, since t (316) = -2.207, $p=0.028$.

3.3. Correlation between ATS-21 and programme scale

This research also aimed to investigate if the participants' attitudes towards people who committed sexual offences may influence their level of (dis)agreement with the programme. To that end, the hypotheses below were formulated:

H_0: Attitudes towards people who committed sexual offences do not influence the respondents' level of (dis)agreement with the programme.

H_1: Attitudes towards people who committed sexual offences influence the respondents' level of (dis)agreement with the programme.

The relationship between the ATS-21 and the sets of questions related to the programme were analysed using the Pearson and Spearman values, similarly to the analysis on the ATS-21 subscales explained in the methodology chapter. Table 8 shows a very high positive correlation between the programme scale and subscales which is consistent with an earlier analysis of the Cronbach Alpha (explained further in the methodology chapter). This means participants scoring higher in the programme overall scale also scored higher in each of the programme subscales. There is also a positive correlation between the ATS-21 and the programme (sub)scale, although this is very weak (0.378-0.480). Attitudes towards people who committed sexual offences may not be the only factor (or even the most important factor) to influence the level of acceptability of the programme.

Table 8 - Correlation between ATS-21 factors and programme scale

Variables	ATS-21 (Total)		Programme (Total)		Programme by Gender of the Client: Female		Programme by Gender of the Client: Male	
	r	r_s	r	r_s	R	r_s	R	r_s
Programme (Total)	.471	.405	-	-				
Programme – Female	.480	.426	.978	.968	-	-		
Programme – Male	.444	.378	.981	.978	.919	.898	-	-
Trust (subscale 1)	-	-	.321	.279	.340	.311	.291	.252
Intent (subscale 2)	-	-	.465	.429	.461	.440	.450	.406
Social Distance (subscale 3)	-	-	.495	.432	.504	.444	.468	.409
M	40.46		45.82		22.83		22.99	
SD	13.44		10.01		4.97		5.25	
Α	.922		.906		.807		.816	

Note: All correlations are significant at $p < .001$.
r – Pearson correlation value
r_s – Spearman correlation value

It appears this is more pronounced when looking at the correlation between the programme scale and the ATS-21 subscales. The coefficients for trust (subscale) seems to be consistently lower (and very little to no correlation on the male 8-item), compared to the other two subscales. While a modest result, it may still indicate that stereotype-related cognitive evaluations and social distance are a stronger influencer on the level of acceptability of the programme. Earlier in this chapter, the results showed that respondents held a low level of trust despite a low level of stereotype-related cognitions. Therefore, respondents may be more prone to (dis)agree with the programme based on their cognitions and knowledge of the programme, instead of their general level of trust in those who committed sexual offences.

Table 9 – Regression coefficients

Variable	B	95% CI	Β	T	*p*
(constant)	26.274	[22.654, 29.894]		14.281	<0.001
Trust (subscale 1)	-0.402	[-0.687, -0.117]	-0.211	-2.774	0.006
Intent (subscale 2)	0.553	[0.276, 0.831]	0.280	3.920	<0.001
Social Distance (subscale 3)	0.989	[0.641, 1.337]	0.455	5.596	<0.001

Note: $R^2 = 0.287$; $R^2_{adj} = 0.281$ (N=318 , $p < 0.001$). CI= confidence interval for B.

The above observations were partially tested through a multiple linear regression[17]. The b-coefficients dictating this regression model are as follows:

Programme (Total) = 26.274 - 0.404 Trust + 0.553 Intent + 0.989 Social Distance

In turn, the standardised b-coefficients (standardizing all regression variables into z-scores, that is these scores always have $\bar{x}$=0 and *SD*=1) dictating this regression model are as follows:

Programme (Total) = -0.211 Trust + 0.280 Intent + 0.455 Social Distance

Table 9 reveals the above models predict 28.7%[18] of the variance in the dependent variable (standard error of the estimate is 8.494), which is statistically significant because $p < 0.01$. Percentages below 30% are usually associated with weak models[19]. However, this model allows to verify the social distance subscale is the most significant predictor of the level of acceptability of the programme.

3.3.1. Participants' assumptions[20]

At the end of the ATS scale, participants were asked what 'type of sexual offenders' they were thinking of while answering the ATS-21 (please see Table 9, bottom row). This was an open-end question and 27.4% (*n*=87) of them said they were not thinking about people with any specific characteristics (e.g., gender, age and so on) or just 'everyone' who commits sexual offences. Of those, 3.14% (*n*=10) participants provided extra information to clarify their 'undecided' answers in the ATS-21 scale. They explained they were trying to consider all people, however, on some statements they would have a different opinion depending on the type of offence or motivation. That is, they would rate differently if considering a person who sexually abused a young child compared to the rape of a woman. In addition, two (0.62%) people stated that despite trying to consider all people who committed sexual offences, they found it difficult to rate statements as they do not personally know any.

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[17] All assumptions were met, please check tables 3 and 8 (correlations lower than 0.8 indicate unlikely to exist multicollinearity).
[18] Removing subscale 1 (trust), reduces the prediction value to 27%; removing subscale 2 (intent), reduces the prediction value to 25.2%; and, removing subscale 3, reduces the prediction value to 21.6%. All these models were also statistically significant because $p < 0.01$
[19] Social sciences models tend to be lower than 50% due to the complexity of the human behaviour.
[20] Thank you to those who took extra time to share your personal experiences and opinion with me. These did not go unnoticed, and I am wholehearted grateful.

Table 10 – ATS gender *vs* ATS-21 stereotype

		ATS Stereotype		Total
		No	Yes	
ATS Gender	Male	12.89% (*n*=41)	52.51% (*n*=167)	65.4% (*n*=208)
	Female	1.25% (*n*=4)	1.25% (*n*=4)	2.5% (*n*=8)
	All genders	13.26% (*n*=42)	18.84% (*n*=60)	32.1% (*n*=102)
Total		27.4% (*n*=87)	72.6% (*n*=231)	100% (*n*=318)

However, 72.6% (*n*=231) indicated that they had been focusing on people with at least one other specific feature. The three more common features were adults who commit sexual offences against other adults (126 occurrences, usually using the concept 'rapist'), followed by adults who commit sexual offences against children (92 occurrences) and 'paedophiles' (57 occurrences). 'Contact sexual offenders' and 'men' were mentioned nine times, while other characteristics had under three occurrences (e.g., voyeurs, young offenders, inhumane, middle-aged, women, online).

In addition, respondents were asked specifically which gender they were focusing on while answering the ATS-21 (Table 10, refers to last column). This revealed that the large majority were considering only men (65.4%, *n*=208), followed by 'all genders' (32.1%, *n*=102) and only a minority were focusing on women only (2.5%, *n*=8). There was also an option for 'another gender' to account for any other gender variation, although this option was not chosen. This question revealed that despite respondents stating they were thinking about 'all sex offenders', just over half of them were still focusing on one gender (mainly male) and, therefore, contradicting the previous question (table 10). Two (0.62%) respondents provided extra information at the end of the survey explaining that they only realised they were gender-stereotyping when answering this question that specifically forced them to consider the gender of people who committed sexual offences.

Three (0.94%) participants also added they had 'an issue' with the term 'sex offender' and/or that some statements appeared to be leading and too simplistic. This is similar to some of the feedback gathered during the pilot study. The pilot participants revealed reservations regarding the wording of some of the ATS statements, for instance, statement number four mentions 'too far' which is an abstract concept open to various interpretations. It may be that the choice of wording could be adjusted in the future.

3.4. Chapter summary

The aim of this chapter was to ascertain the public receptiveness to key aspects of the Dunkelfeld programme and to what extent their attitudes towards people who committed sexual offences may or may not influence their opinion of the programme. The results indicate that the public tends to overall support the Dunkelfeld programme despite an undecided (ATS-21 $\bar{x}$=40.46) attitude towards people who committed sexual offences. However, the normal distribution of the sample and the standard deviation of 13.44, would indicate they are just as undecided as holding a slightly positive or negative attitude towards sexual offenders. The correlation between these two variables is, therefore, very low (r=0.471). Attitudes towards people who committed sexual offences may not be the only factor (or even the most important factor) to influence the level of acceptability of the programme, although this may be due to the nature of the ATS-21 scale. Its trust subscale seems to have little to no correlation with the level of acceptability of the programme. Yet, the other two subscales indicate that stereotype-related cognitive evaluations and social distance are more correlated to the level of acceptability of the programme than the level of trust.

CHAPTER 4 – QUALITATIVE RESULTS

This chapter explores the qualitative results from 20 semi-structured interviews conducted with practitioners who are or have worked with people who have committed (or are at risk of) sexual offences against children and/or are sexually attracted to minors. They addressed the following research sub-questions:

- What do practitioners consider important features for primary and secondary prevention programmes?
- What do practitioners think of the key features of the Dunkelfeld project?
- How can the provision of programmes follow a model of policy and practice suitable for the heterogeneity of the population sexually attracted to minors, at risk of committing CSA and who have committed CSA?

The results are organised into six main sections, each representing one theme (see the methodology chapter for an overview of the data analysis strategy) as per Table 11.

Table 11 – Overview of themes

Superordinate themes	Subordinate themes
The level of acceptability of the programme is influenced by the level of knowledge on the topic, which can positively change through informal conversations	Practitioners support the programme
	Participants' circle of family and other acquaintances change their views after an evidence-based informal conversation
	The public is perceived to react with outrage
Interviewees believed there are various large-scale strategies that need to be implemented to ease public attitudes through spreading knowledge and countering negative narratives	Move towards an open-minded government that acts upon evidence-based knowledge
	Consultation with various stakeholders to adjust the narrative and reassure local/ national community
	Widespread awareness campaigns with adjusted media discourses
	More informative sex education in schools and discussions between parents and their children
Dunkelfeld's confidentiality approach provides unique benefits in Germany but, in the UK, this approach would also bring several challenges	Participants endorsing Dunkelfeld's approach to confidentiality in the UK focused on the benefits for service users
	There is a conflict between the benefits of Dunkelfeld's approach to confidentiality and its implications for practice in the UK
	Partial confidentiality as a compromise to solve the conflict

All-round responsivity is essential to ensure the programme is suitable to all clients	The content of the programme must be flexible and varied to address the various needs of each client
	Programme delivery needs to be flexible depending on what is more appropriate to each client
The employees are an essential part of the service and need to have a unique set of aptitudes for services focused on people sexually attracted to minors, at risk or that have committed sexual offences against children	Practitioners must have a unique set of personal characteristics to work with these clients
	Adequate training and support are essential to complement personal characteristics
	Teamwork and partnership working complements the service delivered by core practitioners
Funding is essential, but this should not fall onto the service users due to difficulties in securing other funding streams for a programme like Dunkelfeld in the UK	Service users should not bear the full cost of the programme
	The government and other organisations need to provide sufficient funding
	Evaluation is key to gather funding and understand where to spend it, but it is also another financial cost
	Insufficient funding is a strain that may prevent a service from exist or at least narrow down its scope

4.1. The level of acceptability of the programme is influenced by the level of knowledge on the topic, which can positively change through informal conversations

Participants shared their views on how a programme like Dunkelfeld in the UK would be received by themselves, their family/other acquaintances and the general public. The level of acceptability of the programme appeared to vary between these three audiences and the key reason was their level of knowledge about this type of programmes and clients. Participants, as practitioners with practical knowledge of prevention programmes, child sexual abuse and people sexually attracted to children, welcomed the idea of a Dunkelfeld programme in the UK. Their informal conversations appeared to positively change or address negative attitudes from those without practical knowledge, but interviewees did not directly suggest this as a potential strategy to be scaled up and to address issues arising from public opinion. This theme is split into three sections. The first explores to what extent and why practitioners support Dunkelfeld. The second section explores participants' interactions with their family and other acquaintances and the third section explores the participants' opinions of the general public reaction.

4.1.1. Practitioners support the programme

Participants set themselves apart from others without practical or evidence-based knowledge on the subject. All participants considered Dunkelfeld and the potential of having a similar programme in the UK to be great or 'brilliant'. Participants also referred to themselves in an interchangeable form of 'I' and 'we'. Sometimes they would start with 'we' as in people living in Britain, e.g., '*I wish we had it here in the, with the kind of scope that they [Germans] have*' (Nikki). But shortly after this they would explain further their views which made it clear 'we' was referring to only those people like the interviewer and other practitioners. That is, people who understand/ research this subject and/or work closely with clients who may be sexually attracted to minors and/or sexually abused children, '*I have a less than popular perspective on it, probably put it that way. And that's simply because I'm immersed in that world'* (Evie).

Participants identified with the principles/ ideas/ mission of Dunkelfeld and eight inferred that they would be happy to work there, although with some reservations as explored in other themes (e.g., Dunkelfeld's confidentiality approach). This is because participants perceived Dunkelfeld as pro-active, rather than reactive, in both helping clients and protecting children. The CJS was perceived as a lengthy process which only acts after at least one victim has been created, whereas programmes like Dunkelfeld aim to provide support to avoid creating a victim in first place or simply assist clients to achieve better understanding and management of their sexual thoughts related to children. They believed there is a business need for the programme as the support offered may prevent a first offence based on their contact with various help seeking (and/or convicted) individuals,

'I can think of at least several men that I worked with that I don't think would have gone on to offend if they had that help, because they were so willing, and so engaged and worked so hard to access that help once they had been found out' (Nikki).

Their reasons to support the programme stem from their knowledge on the topic linked with their professional experience. This is a unique position compared to the other two audiences explored below because those audiences do not have this close relationship with clients. Instead, their position and the reasons supporting it are gathered elsewhere.

4.1.2. Participants' circle of family and other acquaintances changes their views after an evidence-based informal conversation

Interviewees explained their family, friends and other acquaintances reacted with outrage towards people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA, similar to their perception of the general public opinion. However, informal interactions between them promoted knowledge sharing and a positive change of attitude. Most interviewees (16) revealed that when they discussed the subject and provided them with evidence-based knowledge (from scientific research and professional experiences), family, friends and other acquaintances started to understand, accept, respect and support the services provided to this population. Some even became fascinated by the topic, although they revealed they would not do it themselves,

'*well, it's the knowing, you see, there is this view, which is this idea, […] this unknown thing. A lot of these, did you ever see the film Alien? And when you first saw the Alien, and your response to it, and now of course, there's been loads of films, you look at that Alien and think 'oh yea fine'* (Alfie).

Prevention programmes and their clients are the 'unknown'. Participants highlighted that repeated exposure to the 'unknown' or information about the 'unknown', would make it less 'unknown' and eliminate or reduce negative reactions. These conversations allowed desensitisation on the topic and moving away from sensationalised media portrayals and the 'unknown', which in turn, led to the rise of a supportive attitude. Participants felt the difference is they spoke about their work, what it involves and what it means. They focused more on how that type of work protects children, than on how it helps their clients. There was a slight adjustment of discourse when they spoke with their family/ other acquaintances, albeit the meaning remained the same for themselves. Even though these conversations were both related to a potential Dunkelfeld programme in the UK as well as other existing programmes, it appears the informal exposure to someone who has a deep knowledge of the subject and/or works in this environment promoted knowledge sharing and a positive change of attitude.

Two interviewees never spoke with their family, friends and other acquaintances about their own knowledge/experience in the field due to their negative reaction and judgment when the topic arose. They were open to talk about it if directly questioned, but they preferred to avoid it as they considered that their family, friends and other acquaintances do not have 'enough

knowledge' on the topic to fully understand the nature of prevention programmes and their service users. This is because their main source of knowledge on the topic was the media, instead of other sources considered more reliable and/or academic. It appears in both cases, interviewees who discuss their work with family and other acquaintances and those who do not, believe their family, friends and other acquaintances display negative reactions related to their lack of practical knowledge,

'*when I've spoken to my family […] that can be difficult for people to understand because they read the press and they read about this awful person. But I actually, you know, on a one-to-one basis that awful person isn't that bad. If that make sense*' (Aiden).

However, 16 were actively trying to change attitudes through informal conversations by providing evidence-based knowledge to counteract their sensationalised views, whereas the other two interviewees preferred to not challenge views to avoid conflict. The willingness to actively challenge negative attitudes whenever an opportunity arises is invaluable. It will help 'convert' members of the general public 'them' into 'us' (those who understand the population and the relevance of prevention programmes).

4.1.3. The public is perceived to react with outrage

Interviewees distanced themselves ('us') from the general public's reaction and level of knowledge ('them'). They mentioned that their opinions on the public reaction arise from their interactions with other people as well as what they see/ listen to on the various media channels. Most interviewees (16) believed public outcry towards people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA would extend to any programme like Dunkelfeld,

'*that would be absolute uproar! People are stupid. They think these people should all hang, and they wouldn't realise that it would reduce risk. The problem is education, isn't it? It's the way we educate people. […] I think potentially people can be compassionate, empathetic, but I think our go to kind of default is, is heartless and mean and thoughtless. […] There's some things you can't talk about. And that's a problem. This is one thing you can't talk about openly*' (Candice).

Participants believed the public's reaction is linked with a lack of conversations and education related to sexuality in general. They argued there is mostly secrecy around this topic fuelled by a conservative and old-fashioned approach where adults and children appear scared to speak openly about this, '*I think it's a very British thing that we are quite conservative, […] we're getting better, don't get me wrong, but I think just generally, sexuality is not something that we're very open about*' (Faye). When conversations take place, these tend to be mostly young people joking or bragging about sexual achievements instead of a conversation focused on emotions, feelings, consent and relationships, '*sex being seen as comic, sex been seen as something to joke about […]. Things having double meanings all the time, nobody actually expressing exactly what they mean. And therefore, I think children growing up, didn't exactly know'* (Alfie); '*we don't teach people about mature relationships […] the emotions or the consequences […] and all sorts of things that we just go through as young adults*' (Aiden).

Interviewees believed some people also fear the unknown and react discriminatively by acting/looking down or abusing a particular section of the society. Nowadays the focus being on people with a sexual attraction to minors and/ or who committed sexual offences against children, while in the past it was football hooligans, witches, homosexuality, and others.

Unlike most interviewees, two recognised that the concept of the 'public' includes a wide range of people in society with a variety of levels of knowledge, experiences and opinions,

'*they would be as mixed as they are on any subject.* […] *some people who say these people ought to be locked up and the key thrown away or chemically castrated or whatever, and there were some who would say 'well, if it works* […] *then it's a good thing'* (Will).

Therefore, some people would be part of that uproar and accepting only severe punishment, while others would be open to prevention and rehabilitative alternatives based on evidence. The 'us' and 'them' make up the 'public'.

Participants believed the media remains the main source of information to people who do not study, work or have some form of access to evidence-based knowledge. Participants explained that conversations/ information is nowadays more available on social media (for instance, Facebook and Twitter), but participants believed this is not always complete or accurate and can lead to dangerous/ illegal interpretations such as, paedophilia should be endorsed, it is acceptable to abuse a child in certain countries, so it should be allowed everywhere else,

'I think the press has got a lot to do with it. I mean, the press is just awful. The way they write about it, it is just people. People just and the press kind of, they don't see things. So, this isn't a patronizing thing. Because I'm the same with subjects I don't understand' (Candice).

The media outcry and misinformation then enhances public outcry and vice versa. Consequently, the lack of knowledge and outcry could be harmful for potential clients of a programme like Dunkelfeld as well as the programme itself. Participants believe that people, such as vigilantes, protesters or suchlike, may attempt to physically harm (potential) clients approaching the site or, at least, may emotionally/psychologically harm them because of negative labelling and reactions. Participants believed this outrage is largely due to their lack of education or inaccurate knowledge on the subject. Should this be addressed, they believed reactions would not be negative.

This hostility varies depending on the gender of the clients, a view shared by 13 participants. They believed the public would be shocked that women may need such a service which would lead to more hostility towards female clients, compared to male clients,

'*they come from different backgrounds, everything, there's different cultural references. And women are supposed to be nurturing, and loving. And the external belief is it's always the man. Because women don't do this sort of thing, of course. And we know that there were women's, women who ran concentration camps in German*y' (Alfie).

This links with double deviancy whereby women may not only violate the law but also moral and social expectations. Women are believed to be caring, loving, angelic, nurturing and always looking after children but female clients would violate this belief - whereas men are believed to be sexual beings and so this behaviour is not as outrageous. Alternatively, five interviewees believe the hostility would be the same towards all clients regardless of their gender or variations depending on their beliefs about why women would be involved. For instance, some people believe young boys would be 'lucky' to be sexually abused by a good-looking teacher, perceiving such abuse as a manly goal.

Towards the end of each interview and after the interviewees shared the above opinions, the researcher shared with them a brief overview of the survey results explored in the previous chapter. Interviewees were told that a number of survey respondents were undecided on various statements related to key features of a Dunkelfeld programme and the one with a higher level of indecision was the confidentiality aspect. The aim was to gather their input into public

indecision as this was slightly different from their initial views on public opinion. Four interviewees were surprised but pleased with this and believed that undecided respondents may need more time to reflect or more information to decide, instead of simply disagreeing,

‘*I think it's about public protection. […] this idea that […] people should know about it, so, that basically they can keep them away from children. I think that's what it says. And I think that's why they're reassured somewhat by the, the way that the system is managed at the moment in that people are convicted, and then they're monitored, and if they and people around them are made aware of the offending, whereas if it's a confidential organisation […] nobody is going to be told about it. I think that's the bit that worries them*’ (Isabelle).

Participants believed that the public’s indecision would arise from the conflict with ingrained punitive views towards other people (as opposed to oneself and one’s family) and general worry about risk and public protection, particularly if there is awareness of cases of litigation against therapists/ quality of therapy received. Most interviewees (14) believed that undecided survey respondents faced with clear information would understand and accept the benefits of confidentiality (e.g., clients being more likely to seek help) and the service more widely. Indecision is considered a mid-position on a continuum or a process whereby ‘they’ (the public) are becoming more knowledgeable and so closer to ‘us’, those who possess evidence-based knowledge and support this type of programme.

The level of acceptability of the programme and this population appeared to vary between three groups: the interviewees’ (as practitioners), their friends/ family/ other acquaintances and the public. The key reason was their level of knowledge about this type of programme and its clients. The notion of two ‘worlds’ was significant. One represented those who possess practice-based knowledge either through their work or other means, while the other ‘world’ represents those who do not have access to such knowledge or have punitive/ sensationalised viewpoints. Informal conversations demonstrated an effective way of ‘connecting’ these two worlds and counter-acting negative narratives. Yet, interviewees did not directly suggest this as a potential strategy to be scaled up and which could address issues with public opinion. This may have been due to the very informal and natural conversations, not scheduled, planned, nor structured. Each of these conversations also involve a small number of people. If every practitioner actively shares their knowledge in small-scale informal conversations, these could potentially have a major impact on a larger number of people. Nonetheless, interviewees

suggested other large-scale strategies that link with this in the sense of spreading evidence-based knowledge and countering negative narratives.

4.2. Interviewees believed there are various large-scale strategies that need to be implemented to address public attitudes through spreading knowledge and countering negative narratives

In light of the above lack of knowledge and negative reactions, 19 participants suggested four key large-scale strategies to address public opinion based on a programme in the UK with features similar to Dunkelfeld in Germany: movement towards an open-minded government that acts upon evidence-based knowledge; consultation with various stakeholders to adjust the message and reassure local/ national communities; the development of widespread awareness campaigns with adjusted media discourses; and, more informative sex education in schools and discussions between parents and their children.

4.2.1. Movement towards an open-minded government that acts upon evidence-based knowledge

Participants believe an open-minded government that supports and acts upon evidence-based knowledge on primary prevention of sexual abuse against children is essential,

'by getting rid of this government […] It's about government making changes, and you know, left wing governments generally, although it was a conservative government in this country that brought about same sex marriage, it's not always, you know, about being backward. But I think in general, when you, you have good programmes, then it tends to come from political parties that are more open minded' (Cameron).

According to the participants, this requires moving away from a focus on punishment and traditional beliefs of 'name and shame'. A left-wing government created MAPPA in the past which was considered a forward thinking move but one may also argue that the 'controls' of MAPPA may not be progressive. Considering current affairs (such as Brexit), participants believed a right wing/conservative government would not support programmes like Dunkelfeld. However, it may not be so much about whether it is right or left wing as both have

been responsible for positive and negative actions over the years. Therefore, it is important to move towards a more progressive and open-minded government that acts upon evidence-based knowledge, regardless of whether it will be left or right wing.

Participants argued this support could be in terms of policy changes, endorsement of programmes like Dunkelfeld and financial help. Government actions also set the example for the public and other agencies to follow. They act as influencers, particularly for those who may not study, research or work in this subject area. But governments are elected and that means the public needs to vote for such a party or all parties will need to share this ideology. In addition, participants believe a widespread attitude towards integration and acceptance of people that have sexually abused children is needed, for instance, by criminalising companies who terminate employees due to known convictions of sexual crimes/risks/investigation if not related to their job,

'*somebody who was a tube driver and lost their job. There's no reason and I would like to see that it becomes a criminal offence for companies to sack their employees because they have had a criminal conviction because I think that's really unhelpful, […] they would say it's for public, public protection. But quite often, it can mean that it narrows down offenders' lifestyles and protective factors, which makes them in theory more vulnerable to offending, but it just seems to be about, all about punishing to me*' (Isabelle).

Employment is considered a protective factor: reducing offenders' opportunities to reintegrate into the community and lead a pro-social life is therefore counterproductive. Participants suggest the government needs to change policy to support activities that evidence has found to be positive and to encourage the public and employers to act accordingly. Hence, moving away from punishment-focused/ negative attitudes.

4.2.2. Consultation with various stakeholders to adjust the narrative and reassure the local/ national community

Participants believed each actor has a different level of knowledge/ view on the topic. An organisation like Dunkelfeld in the UK will need to adjust their narrative to each type of audience. Participants suggested consulting with key stakeholders and other community groups to explain the purpose and nature of the programme as well as understanding and addressing

their concerns. For instance, this would include consulting with all the agencies that would require a partnership, potential funding bodies, local communities, organisations addressing the needs of other related groups (e.g., related to children/ victims). This would allow them to adjust the organisation's narrative and media campaigns to ensure that they are successful and would minimise backlash. Participants believed that journalists are one of the key stakeholders that need to (with said organisation) share a narrative that is evidence-based and addresses people's concerns at national level. Participants explained that this would enable the building of a stronger and more carefully constructed narrative to prevent misunderstanding, misinformation and sensationalisation.

Besides a country-wide initial consultation with key stakeholders, the ongoing engagement of the local community is important to address their concerns and ensure clients' safety. Participants suggested this may be through keeping local people informed of the organisation and structure of the programme as well as reassuring people that the right systems (still) are in place and the programme does not pose an additional risk for them or their families,

'*one day they [people with and without convictions] were standing at a bus stop and these journalists came along and started asking the females [without convictions] sort of standing in the bus stop 'oh, you know, do you know the people from prison', and they [people with convictions] were standing there but obviously didn't realise there were people from the prison. You know, 'did you know that people from the prison go on this bus?' and 'do you feel safe?' and this sort of questions. And these females [inaudible] were quite protective of the men and were saying 'oh, no, we're not bothered at all, you know, they've got to get on with their lives' and that sort of thing. So, they [people with convictions] felt quite protected by that society*' (Sophie).

Participants argued that if clients feel and are aware that this programme is accepted by the public and, in particular, the local community, they may feel more assured of their safety and encouraged to participate. This is essential to ensure an organisation like Dunkelfeld in the UK opens and proliferates.

4.2.3. <u>Widespread awareness campaigns with adjusted media discourses</u>

Although participants believed the above consultations would allow them to address and understand the content of the narrative, they explained widespread awareness campaigns are fundamental to raising the level of knowledge on the subject widely,

'*I think you have to have an answer for every question. So, you need expertise [...] as to why you need to engage with people rather than throwing tomatoes at them. [...] This does make sense. It actually does. If you can apply, if you can challenge the emotional response with logic*' (Isaac).

According to participants, education would assist with the cultural change from secrecy to open discussions on this topic, similar to drunk driving and domestic abuse. In turn, these would further support the establishment and continuity of programmes like Dunkelfeld. Spreading the 'right message', that is evidence-based knowledge/facts adapted to the audience instead of a sensationalist/ misleading headline, will require persistency and expertise. It is not just about providing information but it is also about addressing all questions that may rise, challenging emotional responses and enticing logic.

Participants suggested campaigns may take the form of leaflets, TV adverts (like drink driving: 'thinking of sexually abusing your daughter? Give this number a ring'), radio talks (e.g., Women's Hour, BBC Radio 4 programme), TED Talks, social media adverts (e.g., YouTube, Facebook, Twitter), confidential helplines to clarify the nature of the programme/provide ad hoc advice/referrals, as well as accurate portrayals of sexual offences against children, people sexually attracted to minors and primary prevention in TV programmes, documentaries, dramas and soaps (for instance, EastEnders, Coronation Street, Hollyoaks),

'*a guy in a train station and the voiceover was saying 'do you enjoy working with children but in an unhealthy way?' and the guy's heartbeat starts to rise and get quicker as these kids get on. And the voiceover says 'well, let's talk this through'. [...] we've had one couple of my guys said that whilst there on these child pornography sites, Stop So would come up as a link. But they were too scared to click on it in case it was a fake, fake thing. Or it was like a police sting. [...] So, we need lots of different messages in lots of different contexts. [...] If, at some point, like in EastEnders, or whatever, there's a character and through the storyline it comes out that: a) he's attracted to children, but, b) he knows he mustn't do anything about it and doesn't want to. That would change people's perceptions. They become less of the other, the unknown, the*

foreigner. Then someone they know, and think 'oh okay, but I know what their thinking is, I know that they're struggling with, I know what's happening'. That's what, that's what's happened to gay men over the last 30 years or so' (Alfie).

Participants argued that, in different ways, these strategies would widen the view of this population and tackle myths (e.g., all people with a sexual attraction to minors will sexually abuse children) in a similar manner to other subjects in the past. They can also promote and cement programmes like Dunkelfeld. Participants believe that general awareness allows for word-of mouth advertising and advice from the community, friends, family to visit/seek support from programmes like Dunkelfeld when faced with a potential client. This would reduce disbelief that a programme like this may exist as well as enhancing the public's knowledge on the subject.

4.2.4. More informative sex education in schools and discussions between parents and their children

Advertising and awareness should extend to young people and schools. Participants explained that all adults were once children, therefore, normalising discussions related to sexuality and abuse need to start at a young age,

'*why children keep this stuff to themselves, and there's a lot of practical reasons, you know, I presume and, but there's the stuff that needs to be done to make it more possible for those children to reach out at a very early age or to stop it or to stop it before it happens. If a child isn't allowed to use the normal words for body parts, how can they tell somebody not to touch their body parts? You know, if you don't know what's happening to you, you can't even verbalise it or stop it'* (Candice).

Participants explained there is a need to help children mature sexually and prevent confusion and misinformation arising from solely online sexual self-discovery. They suggested that the sex education curriculum could be more informative in terms of what is consent, relationships, feelings and communication, what is legal/illegal/ and healthy/unhealthy, human rights related to sexuality, accessing pornography safely, how to manage/identify/recognise difficult thoughts, and where to reach out/available agencies if/when someone is struggling with sexual thoughts and feelings. These would assist with reducing the stigma of open conversation and

seeking help when needed as victims, perpetrators or someone with a sexual attraction to minors.

Participants suggested that schools may be the appropriate location, but a partnership with an outside agency delivering these sessions may be an option to ensure a specialist is in place should a child wish to speak further in private about something that they may be going through. Alternatively, training could be provided to a 'subject champion' in school. This would create a safe, open and non-judgmental space in school where children can ask and seek guidance.

In addition, participants believe that a continuation of schoolwork in the home is important. That is, parents being able to speak with their children about it, in an age-appropriate discourse, and without embarrassment,

'I *think it's, Poppycock ahaha,* […] *I have friends and colleagues who feel that way that this idea that kind of hum..., you know, a line has been crossed into adulthood once you have those conversations, and I don't think a lot of parents are ready to have that happen. And, and this myth, that innocence is lost once you have conversations about sex and sexuality with young people. I think it's a complete myth*' (Nikki).

Participants explained that parents are likely to have different levels of knowledge and comfort with this topic. Hence, parents may benefit from specialised guidance on how to approach this for their own and their children's benefit. The goal is to empower children with knowledge to make informed decisions as a young child and later as an adult. It has a dual goal of assisting them to speak up if becoming a victim as a child as well as knowing help and information is available if they are sexually attracted to minors, at risk or have committed sexual abuse against children later.

The previous theme showed how the participants believed that the level of knowledge would influence the level of acceptability of a programme. They were able to demonstrate how informal talks can produce positive changes. In turn, this theme explored other higher-scale strategies to enhance their level of knowledge and support of the programme. One of Dunkelfeld's key features is their national campaigns which directly links with participants suggestions that the UK needs widespread campaigns. The suggested consultations are an essential part of designing these campaigns as well as the local implementation of the programme: while an open-minded government, and comprehensive sex education, are not at the core of Dunkelfeld, they are an extension of it - contributing towards a positive environment

that facilitates the development and sustainability of these types of programmes. These strategies do not solely aim to enhance public knowledge, they have a significant impact on the programme and the clients, for instance, through being aware that such aa programme exists, securing funding from the government/other organisations and clients' safety in accessing the premises (preventing vigilantilism). An open-minded government that acts upon evidence-based knowledge, a consultation with various stakeholders to adjust the message and reassure local/ national communities, widespread awareness campaigns with adjusted media discourses and, more informative sex education in schools and discussions between parents and their children – together these can make a real difference in how this programme can be implemented and the extent of its reach.

4.3. Dunkelfeld's confidentiality approach provides unique benefits in Germany but, in the UK, this approach would also bring several challenges

All participants commented on how the level of confidentiality provided by Dunkelfed is significantly different from the UK. In Germany, clients are also able to disclose sexual abuse perpetrated against children knowing that their therapist and other staff members will not report it, except if it is linked with other more serious crimes, such as kidnapping, murder and terrorism (Beier, et al., 2009b). There was no consensus amongst participants on whether the same level of confidentiality should exist in the UK. This theme explores first the rationale of those who endorse full confidentiality, followed by the conflict between the benefits of full confidentiality and its implications for practice, and finally how a compromise could address that conflict.

4.3.1. Participants endorsing Dunkelfeld's approach to confidentiality in the UK focused on the benefits for service users

The possibility of having Dunkelfeld's approach to confidentiality in the UK was endorsed by 10 participants. They recognised three main benefits for service users: it reduces fear to self-refer to the services; promotes honesty between the client and practitioner; and, enables uninterrupted participation after a disclosure.

Participants recognised that potential clients are those displaying help-seeking behaviour, '*having that level of confidentiality sounds like it might be a safety net for people who desperately want to engage but terrified probably what might come their way'* (Faye). However, participants believe potential clients do not know where they can receive help and, even if they know, they fear what may happen if they open up. Dunkelfeld's approach to confidentiality lessens that fear as anything they may say will not be disclosed by the staff.

Participants felt this level of confidentiality enhances the therapeutic alliance (i.e., that the client can be more open). The assurance that past or current illegal sexual activities will not be reported to the police benefits both the client (e.g., allowing them to continue working on promoting protective factors and/or reducing the risk of committing a crime) and, in some instances, past victims who may not want or feel ready to come forward,

'*I think* [...] *isn't, to some extent, kind of my responsibility. So, let's imagine he says: I abused my daughter when she was five, and she's now 35. I'm a private practitioner. So, legally, I don't have to inform the authorities. But if I did, I'm also taking a lot of power and control away from it, from a 35-years-old woman who I don't know, and might not want this process to start'* (Candice).

Participants perceived the adversarial court system in the UK as a battle focusing on which side will win, instead of truth, restoration, and justice. Alternatively, having Dunkelfeld's approach to confidentiality across the UK would allow practitioners and service users to openly discuss what had happened, the consequences of the situation, and how to move forward. Participants believe there is no national legal requirement for independent practitioners to report disclosures of illegal sexual activities in the UK and staying in therapy can still help clients to take responsibility and accountability later, although, this is not the main aim of therapy. Nonetheless, participants believe that an independent practitioner providing this level of confidentiality lacks protection against cross-examination in court and the quality of the service provided may be challenged. This is particularly salient when clients are under investigation for crimes committed after starting therapy, '*I can't stop him from acting out but if he does act out while he's in therapy with me. [...] they're going to ask me 'what did you do?'* [to prevent them from committing a crime] (Wendy). It appears participants would feel more protected if this type of confidentiality was endorsed at national level and a more comprehensive assurance was provided to practitioners who adopt it.

In summary, participants believe Dunkelfeld's approach to confidentiality helps to reduce potential clients' fears related to self-referrals to the services. In therapy, it also promotes openness between the client and practitioner while protecting the therapeutic alliance after a disclosure. However, full confidentiality can have other implications for practice, as explored in the next sub-theme.

4.3.2. There is a conflict between the benefits of Dunkelfeld's approach to confidentiality and its implications for practice in the UK

Despite reporting the benefits of Dunkelfeld's approach to confidentiality in the UK, 14 participants believed it would pose a conflict when faced with disclosures of illegal sexual activities not already dealt with by the CJS. This is due to: long-standing culture and training encouraging or even making it compulsory to report; a lack of confidence in their work; the ability to help solve investigations; and the participants' belief that the CJS can sometimes assist the client in positively changing their circumstances.

Participants highlighted that some organisations include in their contracts, policy, or other instructions, a requirement for employees to report all disclosures of illegal sexual activities (e.g., HMPPS, MoJ),

's*o my probation officer side says 'no, you cannot guarantee confidentiality to that extent. […] My other side is saying 'actually, if we can help them […], we can't uncreate a victim, but we can support not to create further victims', then that is a focal point. So, I am completely torn, and I couldn't say one way or the other because all of the training that I've done in the Criminal Justice System is about justice, it's about punishment*' (Evie).

Having a longstanding career and/or training under those guidelines would create a conflict among people moving to work with an organisation in the UK that has an approach to confidentiality like Dunkelfeld. This is because they would acknowledge the benefits but would nonetheless feel as though it goes against what they were used to.

In addition, participants highlighted independent practitioners that belong to a professional body may still be required to report as part of the guidelines for their membership (e.g., British Association for Counselling and Psychotherapy BACP, and Forensic Services Association,

British Psychological Society BPS, amongst others). They believe that providing full confidentiality after a disclosure of illegal sexual activities not already dealt with by the CJS, that is, failure to report, would lead to losing their membership and the benefits that it brings. The benefits of membership relate to a recognition of their experience and qualifications by a professional body as well as protection against lawsuits from clients,

'the point about being under the aegis of one of these supervisory bodies is that it not only protects society, but it also protects the counsellor, as a therapist, and there's so much, so many cases of people's, bringing cases against therapists and counsellors. These days they need to have that protection' (Tara).

Therefore, participants said they personally opt to be upfront with clients and clarify what type of disclosures they would be required to report. They say that they also revisit this explanation multiple times to ensure transparency and to help the client to make an informed decision on what they reveal throughout their working relationship.

According to the participants, the practitioner needs to have confidence in their skills and work to cope with not reporting disclosures of illegal sexual activities. Otherwise, the practitioner's anxiety related to whether what is being done is adequate can be unsettling. For instance, participants believe some clients benefit from this level of openness in therapy, while others may be using it as a sexually motivating moment, that is, taking sexual pleasure in discussing their illegal sexual activities with the therapist. Participants highlighted that with Dunkelfeld's level of confidentiality it is even more fundamental to create a clear boundary between accepting the client but not accepting the behaviour, and so manage therapy accordingly. Participants also reported that being experienced, focusing on the long-term goals of the programme and teamwork can improve this confidence when they are required to work under full confidentiality, '*that wouldn't be a decision* [to not report] *I'd want to make in isolation. I would not want to be solely responsible for that decision. I think that's where peer-to-peer working, multi-agency working comes in'* (Evie).

Participants revealed that this level of confidentiality may also create the feeling of colluding with a crime and guilt for not reporting. This is because they believe reporting links with the responsibility to protect vulnerable children, which varies depending on the practitioner's own perception of how serious a particular crime may be,

'*is it more to do with working on a case-by-case or an individual matter? So, you might get somebody who might admit to touching someone on a bus, would necessarily report that? No. But if somebody then came in and admitted to raping a two-year-old, I would struggle'* (Evie).

The intensity to which they feel guilt and collusion depends on their perception of the seriousness of the actions. Participants feel less guilty, if they feel the crime is less serious.

Participants reported that Dunkelfeld's level of confidentiality can create an internal conflict related to the need to ensure the victimised child receives appropriate intervention to ensure they will not be vulnerable to exploitation by another adult,

'*I would look to the client of, of asking them to, to inform somebody. I think, the thing is the damage has already been done. So, there's a child there with potential damage and that child needs support and help that we should give them the option to see if they won't help. And if you don't report it, what happens to child because that, if they're talking to one man, they might just go to another man*' (Liam).

This relates to their desire to protect children directly. Participants care for not just the person they are working with but also those beyond the therapeutic relationship.

In addition, participants explained that Dunkelfeld's level of confidentiality may mean possessing the information required to solve an investigation, whether the client is still participating or not, which may be both unsettling for the practitioner and the police. This creates an internal conflict in the practitioner between wanting to support confidentiality but also assisting the CJS while the police may be struggling to gather sufficient evidence and may benefit from the information the practitioner has. However, participants highlighted that the police may have other concerns also, such as closing a case and improving confidence in the effectiveness of the CJS, '*there's very much the victim-focused approach. And again, it's about improving confidence in the criminal justice system, at a time, when [...] it's suggested confidence in the criminal justice system at the moment is quite poor'* (Jayden).

Lastly, participants reported that in certain circumstances engaging with the CJS can help change the client's circumstances and promote accountability,

'*helps people understand their behaviour and to help them, to give them tools to prevent them from being at risk in the future. [...] their circumstances will completely change by the time*

they are being processed by the Criminal Justice System. Their all lives will be different. So, sometimes, the… the motivation to offend disappears or adapts/changes. […] People often think that they're not doing anything wrong than actually touching anyone or hurting anyone. So […] being called out on it, going to the police station, going to court... It is about being held accountable' (Jodie).

Participants believe that Dunkelfeld's level of confidentiality would not allow the reporting of clients that they believe would benefit from being reported and engaging with the CJS. This would be a case-by-case basis centred on the client's circumstances. It would be relevant particularly to those clients not engaging in help-seeking behaviour, and not fully engaging with therapy.

In summary, adopting Dunkelfeld's level of confidentiality would create a conflict in practice. This is because practitioners may want to adopt full confidentiality due to its benefits (fewer concerns over engaging in therapy and enhanced therapeutic alliance with more openness), but they have a long-standing culture and training encouraging or even making it compulsory to report. In addition, they may lack confidence in their work with the client or simply feel conflicted about having the knowledge to help solve investigations but still being unable to report clients' disclosures. Lastly, they believe this level of confidentiality may benefit some clients but reporting and engaging with the CJS can assist other clients in positively changing their circumstances.

4.3.3. Partial confidentiality as a compromise to solve the conflict

Considering the above, eight participants offered solutions for this conflict based on their experience working with help-seeking individuals who participated in illegal activities. Participants believed these solutions are particularly relevant when the practitioner does not believe the CJS can assist the client in positively changing their circumstances. Solutions included: covering only (or a combination of) past offences, offences of lower severity, reduced level of detail and, a 'contract' to protect the practitioner.

Participants believe that a level of confidentiality that covers only illegal sexual activities perpetrated by the client (known and unknown to the CJS) before joining a programme would

encourage the practitioner to focus on the positive change of behaviour and motivation of the client to engage in therapy,

‘*if someone is talking about information, that as in the past, and it's finished, then I don't have any problem at all with complete confidentiality. If someone said to me 'I am going out of this room, and I am going to go to the school around this corner [...], then I would break confidentiality and call the police. If someone was involved in an ongoing abusive relationship, say, a, you know, sibling that was having sex with a younger sibling something like that, then I think it's about managing it in a way that protects both people*’ (Cameron).

This is because they are unable to change the past and still consider that the risk of further offences would be under control while in therapy, offering confidence in the work being done.

Alternatively, participants suggested that confidentiality may cover only disclosures not involving direct contact with a child (online or contact), such as viewing indecent imagery of children,

‘*I say 'if you inform me that you intend to harm a child, that's part of it, I have no doubt, I have to inform the relevant authorities'. If they tell me about what's going on regarding downloading illegal material, I listen and I believe 100% confidentiality*’ (Liam).

In these circumstances, participants believe they do not feel the same level of desire to protect a child as with disclosures of illegal sexual activities involving direct contact with a child. This is because non-contact abuse does not involve an identifiable child that they could report and protect, hence reducing a feeling of guilt for not reporting.

Yet, the above suggestions do not completely remove the conflict. Instead, participants said that ensuring the client never reveals sufficient details in their disclosure seems to be the one that satisfies/ solves this conflict. They explained that it is about achieving a balance that allows a practitioner to know everything they need to feel there is honesty and transparency in the working relationship while ensuring they do not hold the level of detail that would be useful to report (to the police) beyond the aim of therapy. For instance, not sharing names, exact dates or locations. Participants believe that without these details the information they receive is not relevant to the CJS and it does not require them to try to protect a child. This is a psychological and technical loophole. They believe all they can do with general information is to work on the needs of the client. The corporate or professional guidelines refer to reporting information that

may be useful, however, the police are also unable to initiate or solve an investigation without specific details and so, there is correspondingly no need to report, '*if the police arrest him, and he doesn't give them a name, they can do nothing. So, there's not a lot of point me reporting it* (Candice). Although, this means full transparency is not taking place and requires ongoing careful wording of the events being shared by the client with the practitioner.

Participants revealed that practitioners working independently with the same level of confidentiality as Dunkelfeld may also wish to create a prevention plan 'contract' with the client agreeing not to engage in illegal sexual activities while in therapy. This is good transparent practice that also protects the practitioner if they are required to evidence their therapeutic role in court. In this case, the emphasis is on the practitioner protecting themselves, instead of a greater good (i.e., stopping someone from offending, protecting children). However, participants highlighted that creating this 'contract' needs to be approached carefully and responsively depending on the client's circumstances and risk,

'*he will not act out and he signs that. Yeah. Now, I can't stop him from acting out but if he does act out while he's in therapy with me, I can show to the court... Because they're going to ask me 'what did you do?' I can show 'well, I have this paper here, I cannot reinforce it, but we discussed it... [...] someone who's very traumatised, [...] if I'm called to the court because he does act out, I can say: 'I wouldn't have found a written contract, I wouldn't have found a relapse prevention because he was too highly traumatized and it would be too triggering for him'* (Wendy).

Participants believe that if someone is traumatised or having sexual thoughts related to a minor but have not considered acting upon them, then having a written prevention plan contract outlining the chain of events and strategies can have an adverse effect. This can traumatise the client further. In these situations, the practitioner may create this 'contract' as part of their notes and only present the 'contract' to the client later in therapy, when and if necessary. Altenatively, clients who have acted out or are at a higher risk may benefit from the written version to solidify their commitment.

Overall, these solutions focus on partial confidentiality in a way that minimises the negative aspects (e.g., guilt felt by practitioners; lack of protection from a professional body/company) of Dunkelfeld's level of confidentiality while still ensuring most of the positive aspects (e.g., honesty) remain. They focus on an adjustment to the discourse of the client - although it

requires practitioners to be clear exactly what is covered and assists clients in not 'accidentally' making a disclosure that is not covered in the confidentiality agreement, so that people can still feel comfortable to self-refer and participate.

4.4. All-round responsivity is essential to ensure the programme is suitable to all clients

Participants revealed that responsivity is an essential quality for any programme, including Dunkelfeld. Various personalities, life stories, needs, risks and protective factors have been considered in the literature review chapter at length, nonetheless every client has a different combination of these. Therefore, according to the participants, adapting the service provided to each client will enhance its receptiveness and potential for success. This is applicable to the content of the programme (e.g., aspects to address in therapy) and the way it is delivered, which will be addressed in more detail below.

4.4.1. The content of the programme must be flexible and varied to address the various needs of each client

Participants (19) highlighted programmes like Dunkelfeld need to cover a wide range of factors linked with the sexual abuse of children. This is so that everyone seeking help can engage in a service tailored to their needs, *'I think that if somebody finds it disturbing, what they've come up in their thoughts, should be offered help whether it, whether it be that there's something that they're born with or whether it be that've ended up there'* (Liam). Furthermore, 16 of these participants specified the need to cover gender specific factors (e.g., high sexual preoccupation; empowerment, understanding one's own sexuality, experiences of sexual victimisation). These factors tend to manifest differently between men and women due to being socialised differently from an early age. For instance, nature and interaction with their support network, ideologies of masculinity, patriarchy and gender roles (having an aspiration to embody a 'macho' image, being in control, being a highly sexual person while expecting women to be submissive, loving, caring, nurturing and selfless). Participants highlighted how that leads clients to give different meanings to sex and sexuality, ultimately contributing to the most common gender of people who commit sexual offences against children being men acting alone or with women coerced/groomed by them. One participant specified how these factors have been less

commonly addressed in current/past programmes in the UK, but they are fundamental to a responsive service,

'*you started off with questions like, 'what are men expected to be? Always number one breadwinners, right?'. […] 'Who were your heroes?'. […] Henry Cooper, boxers, you know, macho guys. […] basically, these people embodied all of this macho, in control, all this fantasy, if you like, of what men are expected to be. Hum... or fabulously rich people […]. So, then we used to ask, 'who did you respect?', Dad, the guy that worked in the corner shop, whatever, whatever, and say 'well, what was it?'. And it was always 'time, they listened to me, they loved me unconditionally'. I'd say 'well, none of these involve breadwinners or macho or...' […] Even in the relationships that, you know, […] when you're looking at causal factors is your gender. And nobody's talking about it. It's almost like a conspiracy. […] When I talk about relationships, I talk about rejection, I talk about insecurity […] your partner can, can do your boiled egg and toast and it probably, you know, take as much effort as having sex with you. And I guess I don't know, but, but you wouldn't regard that as proof of love*' (Isaac).

Participants believed the services currently available are not always sufficiently responsive in addressing the various needs of clients, in particular the role of gender in sexuality.

As part of being a responsive programme, 19 participants also mentioned several gender-neutral factors that may need to be addressed. These are characteristics of a human being beyond their gendered socialisation. Participants offered examples: self-esteem, self-control, obsessive compulsive disorder (OCD), dissociative identity disorder (DID), anxiety, trauma-recovery, adverse childhood experiences, sex addiction, paedo/hebephilia, self-harm, impulsivity, shame, isolation, dehumanization, stigma, lack of victim empathy, lack of social support and capital. Participants believed that people who have maladaptive sexual thoughts tend to be keen to reduce risk and accept responsibility but also seek to understand oneself and their own feelings. Therefore, a programme like Dunkelfeld should focus on enhancing their self-awareness, self-regulation and self-management by addressing any relevant factors for each client. Participants also mentioned that a programme should be underpinned by a Good Lives Model and strengths-based approach looking at a focus on increasing their protective factors.

Besides a tailored service, participants suggested that women and men must not be mixed in a group setting if there is a risk of collusion or manipulation. Although, when this risk is not

present, it could be beneficial to address gender neutral aspects or needs on a case-by-case basis (e.g., substance abuse as an enabler to sexual abuse).

Participants highlighted that responsive programme content also involves adapting the order and length dedicated to addressing each factor, '*in an ideal world, you would have, you know, a collection of interventions, and, and they would be bespoke for each individual. And you would build that intervention to meet the needs of that person […] there isn't a one size fits all'* (Nikki). Participants believed the structure should be flexible enough to allow the practitioner to adapt it to each client, in a reactive manner. For instance, one client may have 10 sessions to address a childhood trauma while another may benefit from 20 sessions.

In summary, participants highlighted those maladaptive sexual thoughts or acts against minors may be motivated or linked with various factors, which may be gender specific (e.g., masculinity) or neutral (such as learning disabilities). Therefore, a Dunkelfeld type of programme in the UK must be responsive and cover a wide range of client needs which may go beyond a sexual preference for minors but may still be linked with maladaptive sexual thoughts and/or a risk of perpetrating sexual abuse against children.

4.4.2. Programme delivery needs to be flexible depending on what is more appropriate to each client

Most participants (19) believed it is not just the content and length that needs to be responsive but also the delivery format/ mode. Individual, group or a mixture of these settings need to all be available for the staff to choose which one may be more appropriate to each client, '*I think would be dependent on the individual in front of you […] the risk of the treatment programme is that everybody is lumped into a box. That one-size fits all. Well, it doesn't. I think it would have to be tailored'* (Evie). Participants highlighted that the choice of delivery format/mode may vary between clients, or even with the same client to account for different therapy stages and needs. They mentioned that the lack of a tailored approach may put the service at risk of not achieving a positive outcome (e.g., feeling better).

Most clients would benefit from a mixture of group and one-to-one settings because each provide a specific set of benefits, an approach endorsed by 16 participants. They explained that, for instance, those who never participated in therapy would benefit from starting with one-to-

one sessions to get the client more used to and comfortable with disclosing personal feelings and thoughts. Only then would they progress to participate in group sessions which may continue to be complemented with individual ones. Participants believed individual settings allow an increased level of anonymity and confidentiality promoting intimate conversations to understand oneself and address their needs. For this reason, three participants in particular believed it is more appropriate to opt for individual sessions only due to the dangers and common issues that arise with group settings. Although they explained that these tend to arise from the lack of skill from the practitioner delivering them, who may suggest them to the client when he/she is not ready or where it is simply not adequate for their needs. For instance, having only gained a rapport with the practitioner, the client may still feel uncomfortable with disclosing intimate details to a group of strangers. Participants highlighted that the shame and peer challenge after disclosing in a group setting may also be traumatising, particularly in dissociation cases where the client may appear to be lying but genuinely does not recall certain events. Moreover, secondary trauma may arise from listening to someone disclosing a perpetrated/fantasised sexual abuse scenario to another client that was victimised in a similar scenario or listening to someone else's trauma as if it was their own trauma, which was never disclosed before/repressed. Alternatively, participants explained that listening to someone else's story, may encourage arousal or participation in illegal sexual activities,

'they might become aroused by material that they're sharing. They might develop friendships where they then actually, particularly if anyone's vulnerable, you know, might become encouraged to do certain activities that they might, might not otherwise be doing. So, I think it has to be very carefully managed' (Cameron).

However, 15 participants highlighted that careful and skilfully managed group sessions can lead to various positive outcomes: peer-challenge and shame to promote change; peer-support and lower costs,

'*the best challenges come from those other individuals who have experienced the same thing, who have the same thoughts or similar thoughts. You know, it's that whole thing of the best way to help a drug addict is to match them with a recovering drug addict, isn't it? If you've experienced the problem, you are more likely to be able to help'* (Evie).

Participants believed that clients in group settings can understand each other through their own similarities, which is different from the understanding a therapist can provide because it would

arise from empathy and the skills they developed as part of their job rather than solely from personal experience. Participants believe that both types of understanding can be important but will have a different impact on the client. Hence, when a therapist challenges a client's beliefs, it may be different from being challenged by a group of peers in a session. Participants believe clients with ingrained views are hard to challenge in one-to-one settings, and they are often faced with disdain and denial. However, when challenged by peers or hearing alternative ways of thinking in a group setting, this can be more powerful and harder to deny or dismiss. Participants explained this challenge can bring shame to the client and promote their wish to change their thoughts and/or behaviours. From this, hearing other people's stories and strategies can also be supportive and inspiring. Participants compared this to peer support in AA and NA meetings. Although these are non-professional, the rational of peer challenge and support is perceived by participants to be equally fundamental for people who may be struggling with thoughts and/or at risk of sexually offending against a child.

In addition, participants highlighted that group settings incur lower financial cost related to staffing and space compared to one-to-one sessions. This is because group settings include a group of clients, instead of just one at a time, producing better value for money from a short-term financial point of view. However, participants believe this is moderated by the effects of the session, hence what may seem financially less expensive at first may ultimately be more costly in the long term. For instance, if a client is traumatised in a group setting, they may then require even more individual sessions to deal with a new trauma than if he/she had not participated in a group session. Therefore, while financial decisions are important, these need to take into consideration the characteristics of the client and be responsive accordingly.

Overall, all delivery styles have advantages and disadvantages which can be minimised or intensified depending on the skills of the facilitator. Responsivity is the key to ensuring the best delivery style is given to each client. This implies having a skilful therapist choosing from a variety of options available (individual, group or a mixture of settings) and adjusting their recommendations throughout time. Alongside this, responsive content and length of the service will provide the most appropriate way to address the needs of every client. This level of responsivity in the service will need to be complemented by the specific aptitudes of the people working there, as explored in the next theme.

4.5. The employees are an essential part of the service and need to have a unique set of aptitudes for services focused on people sexually attracted to minors, at risk or that have committed sexual offences against children

Participants believe staff are fundamental to the quality of the service provided. They are the ones who deliver the services, and the ones who clients interact with. They highlighted staff working with people sexually attracted to minors, at risk or that have committed sexual offences against children need to have a very specific set of personal characteristics, training, support networks, and they must work in partnership with other teams and organisations. The next three sections will explore these in more detail.

4.5.1. Practitioners must have a unique set of personal characteristics to work with these clients

Practitioners must have several characteristics that makes them suitable for this type of work, as endorsed by 17 interviewees,

'if you don't want to do that, don't do it. Because you'll harm [the client]. *Because the client would pick up on you. You can't just sit behind and say nice things, the client would pick up the energy that you're judgmental, the client would pick up the energy that you feel disgusted. You don't need to say it. We know if our neighbour is an asshole. He doesn't need to say it, we see it'* (Wendy).

These may be qualities they already possess or develop through training. For instance, being non-judgmental. Participants believe this is not related to encouraging fantasies or actions related to the sexual abuse of children but instead it is related to recognising that there is an issue and helping the client express themselves in a legal way without feeling that it is a punitive service. They highlight that it is about judging the behaviour, but not the person. This allows clients to feel that they are being treated like any other human being, and to appeal to their better selves.

Participants believe the above is a start to enable a safe space with clear expectations, report mechanisms and responsibilities. The clients may already feel unwelcome, judged by or fearful

of their network, therefore, a programme like Dunkelfeld in the UK must ensure that this does not happen on the premises,

'*when they can connect on a human level, with people that accept them, don't accept what they're doing, but accept them as human beings, then I think they start to feel very differently about themselves and about other people. And that's where, you know, you can make a change in protecting children'* (Cameron).

Participants believe staff need to be compassionate, patient, and tolerant, with the ability to stay focused, dedicated and committed. If the person enjoys the work they are engaged with, these characteristics are expressed more naturally. These aspects are also applicable to other types of professions. But participants believe this type of work requires a mental robustness to cope with the type of content they will be listening to that is not as common in other professions. Participants argue that it is fundamental that the person recognises if they are (un)able to work with this client group or, at least, a particular subgroup. For instance, some people may feel comfortable working with women and men because they believe that the most important factor is that the client wants help. Others may feel unable to work with women due to a lack of skills/ knowledge but are open to this once these issues are resolved. Others may feel unable to work with women due to, for example, struggling with the idea of women not doing what is best for a child, this type of work simply being outside of their comfort zone or because they find women too manipulative compared to men. Regardless of the underlying reason, participants believe that staff must feel able to recognise what they feel comfortable doing and act accordingly. Only then they will be able to connect with the client at a human level, accept them, and express the other relevant characteristics to deliver a responsive service.

4.5.2. Adequate training and support are essential to complement personal characteristics

The importance of adequate training and support was highlighted by all interviewees, '*a great personal fulfilment from the role, but I think it'd be a really tough, tough job. And you would need to make sure that the training was good but also the support would have to be really strong*' (Aiden). Participants believed that insufficient training makes staff feel unprepared for work and left to pursue the knowledge required in different ways. Therefore, it was noted that staff would benefit from initial training (when joining the programme) that is tailored to the service they will be providing, complete and evidence-based (e.g., Good Lives Model,

strengths-based). Participants shared personal experiences (e.g., trauma) can be useful to understand and connect with the clients. However, these do not replace specific training. Participants believed that while clients may seem like any other people seeking therapy related to sexuality, certain factors set them apart, such as being keener to accept responsibility and reduce risk; and the nature of the content related to (fantasised) sexual abuse of children. Participants argued that this initial training should also encourage people to reflect upon whether they still want and are able/suitable for this job. They believe this is relevant as service users may, for instance, sense the discomfort experienced by staff while hearing their fantasies and so feel judged.

Participants believe that theoretical knowledge and training provides a good start, but practice and experience allow them to develop further what has been learnt. Nonetheless, they believe that continued reflective learning and report writing is useful to ensure the most up to date and effective service is provided by all staff. Participants have also highlighted, based on their previous experience, that mentoring, and teamwork may be beneficial to bridge their transition from training/knowledge to practice.

This type of work was considered by the participants to be tough, difficult, challenging and draining - particularly if little/ no progress is observed in a client. Therefore, it was considered fundamental to have a support network for staff, beyond their own family/friends. Participants believe it needs to be people who understand the specific nature of the job and to whom practitioners can speak openly.

4.5.3. Teamwork and partnership working complements the service delivered by core practitioners

This theme explores participants' belief that staff working in a programme like Dunkelfeld in the UK must work together as a team to meet the variety of clients' needs. This may go beyond the core group of practitioners and extend to volunteers, as well as working in partnership with other organisations, an approach endorsed by 10 interviewees.

Participants believe paid professional expertise is essential for the delivery of the service. However, they suggested including volunteers as part of the wider service will offer a unique type of relationship to the clients,

‘*it's the magic ingredient because everybody hates them. So, actually, people coming forward and saying 'well, look, actually, I don't hate you, I hate what you did, I don't hate you and conditional on you behaving, I get to help you to normalise your life'. […] So, and a lot of the guys say, you know, this is a completely different experience, because these guys are here, because they want to be not because they're paying the mortgage*’ (Isaac).

People sexually attracted to minors and/or who committed sexual offences against children (or at risk) tend to believe others may hate them. Volunteers are individuals from the community that choose to offer their time to assist them, thus participants believe it shows them that not everybody hates them and instead see them as fellow human beings worthy of their time and help.

Participants also suggested, as an additional service, clients who complete the programme outlined by practitioners could be offered the opportunity to join self-help groups/buddy systems for ad hoc ongoing advice and help,

‘*I'd love to, is to have sex offenders working in [charity programme], as volunteers. […] a lot of the guys, because they don't get the opportunity to put something back […] into communities when they've taken so much out. […] making reparation, all those kinds of things, protective factors […] In an ideal world, you'd have sex offenders, facilitating the group […] it's no coincidence that in Alcoholics Anonymous, there's a buddy system, you know, because sometimes you are, you are weak. And so, you need to talk to somebody who will understand very quickly what you're on about. […] quite often say, well, who's in your support group? And they'd say 'well, my GP and you'. […] It is idealistic’* (Isaac).

Participants suggested that these could be similar to AA groups or ‘personal tutors’ system’, offering an opportunity to those ‘senior members’ to assist ‘newer’ ones. Professional expertise has its advantages, but ‘senior members’ have had similar experiences and so offering a unique type of relationship and advice to ‘newer members’ of the group. However, including a practitioner to moderate interactions would be fundamental to oversee this service, prevent the creation of abuse rings and reassure those external to the programme that it is a controlled environment. Senior members, as volunteers, may also benefit from a feeling of ‘giving’ back by offering help while enhancing their social support group and integration.

Lastly, participants believed that partnership working is fundamental to achieve an accessible and responsive programme (as outlined in the theme ‘all-round responsivity’). For instance,

partnerships with the police and GPs who may refer people they believe would benefit from the programme,

‘*someone might go to the doctors and say, I'm feeling depressed, because I'm getting like not good thoughts, and then if the doctor kind of explored that, and it turns out, it's towards children, then they could make that almost like a referral sort of system*’ (Sally).

Participants explained that it would be difficult for each practitioner to be specialised on all aspects that a client may need assistance with, for instance, substance abuse and financial strain. Therefore, having a partnership with other relevant organisations would enable inter-agency referrals or having a someone from those agencies to provide services on an ad hoc basis where a Dunkelfeld type of programme in the UK is located. Participants highlighted that these transparent lines of communication within and between partner agencies would allow them to bring together different pools of expertise for trust and confidence in accountability, collective decisions and multi-agency work. It also aids with sharing intelligence and advertising the services.

Despite the benefits, there are also a barrier to partnership working,

‘*there still remains cultural divides between agencies […] the organisational barriers, and they're also social barriers you know between those organisations. […] So, to give you an example, in social services, in some cases, might be more, more inclined to keep a child at risk placed with the family where their abuse has taken place, under supervision, potentially, whereas other agencies, you know, sometimes a police might, might attend the conference and suggest that actually, it would be safer for that child to be removed*’ (Jayden).

Participants believe the culture/organisational divide of each institution makes it more difficult to work together, for instance, allocation of resources and different approaches/ interpretations of the same goal. In addition, this type of work may also be perceived by potential clients as a risk to confidentiality.

Considering the above, participants believed the reassuring narrative must be adapted to each type of audience. It is also important to ensure that a programme like Duneklfeld in the UK has an appropriate and central location in the country that inspires confidence and easy access routes,

‘*something that was you know GP practice or a clinic attached to a hospital […] probation offices is quite an oppressive environment, because there's CCTV everywhere […] It needs to be accessible, doesn't it? Needs to be somewhere where they don't feel stigmatised, because they're going, because you want people to feel they have some social acceptability’* (Rosie).

Participants suggested that, for instance, being based in the West Midlands and attached to a health setting would encourage the credibility and social acceptability of the treatment while reducing the perception of punishment and oppression.

This theme explored how participants believed the employees are an essential part of the service and that they need to have a unique set of personal characteristics that are not the same as for other professions due to the nature of the job and what they will be listening to. To the same extent, these may be developed further with training and peer support but can also be complemented with working alongside volunteers and agencies as well as creating a ‘peer-support’ network for the clients. These ‘people’ characteristics and dynamics will also enhance the responsivity of the services. However, diversified services like these require substantial and ongoing funding.

4.6. Funding is essential, but this should not fall onto the service users due to difficulties in securing other funding streams for a programme like Dunkelfeld in the UK

Participants believed any services require significant capital to cover the cost of the site, staff wages and other inherent expenses. The theme ‘funding’ appeared on all interviews and refers to how a programme like Dunkelfeld can secure sufficient financial resources in the UK. First, this theme addresses why clients should not bear the full cost of the service, instead the government and other organisations need to finance it. However, it is difficult to win funding bids even if evaluations show prevention is a value for money option. Therefore, the last sub-section will report on the consequences of insufficient funds.

4.6.1. Service users should not bear the full cost of the programme

Clients should not be charged the full cost of the service they receive, an approach endorsed by 19 interviewees,

‘*there's a big belief, which I get, that therapy works better if people make a contribution to it, because then they're investing in something. But then, on the other hand, if people can't afford it, then they might not go for it. […] I would say is have a sliding scale and a bursary. So, if people genuinely can't afford it, they're not working, then they get the therapy for free, and if they are working, then they make a donation based on what they can afford*’ (Tanya).

The full cost of the services may be a significant financial burden excluding people who need it but find themselves unable to pay, either due to insufficient funds or because they may need to discuss such investment with others (such as, their partner), as suggested by 17 participants. Therefore, charging service users the full cost of the service would only serve as another example of the socioeconomic divide in society in which only those more financially privileged would be able to access the service, instead of everyone who may benefit from it. Moreover, participants highlighted there are always other costs associated with participating, such as travelling and taking time off work. Alternatively, participants argued that paying for the service could also enhance their commitment to the programme. In light of that, five participants suggested that a small charge according to their circumstances could still ensure the psychological commitment of ‘buying a service’ while allowing everyone to participate, although this is likely to not be sufficient to financially support the programme on its own.

4.6.2. <u>The government and other organisations need to provide sufficient funding</u>

Like the German model, 10 participants believed a Dunkelfeld type of programme in the UK should be endowed by the government and other public/ private organisations. However, they explained that this might be difficult for three reasons: alignment with the policy of the funding body; a high volume of funding bids; and, the nature of the service.

Participants explained that each enterprise has their own system of principles and organisational objectives that dictate funding streams,

‘…police and probation, they're the people that you would have thought would be interested in this. But actually, […] all of their statistics are about conviction or post-conviction or reconviction. […] That's their priorities, though. In terms of prevention, it's very difficult to know, when someone might... It's a health issue. But you know, I mean, try getting money out health. […] The NHS don't count prevention, they can't cure. […] I've come across it again,

and again, and again, where you're, you're trying to prevent something happening in the first place. And somebody says 'well, how would you know it would happen in the first place?'. [...] With full confidentiality, I think the police would have an absolute fit. [...] they give us money. But that's for intelligence. So, if we said 'well, we're not going to provide you intelligence anymore', that just kind of 'well we are not going to give you any money' (Isaac).

Participants revealed that a programme like Dunkelfeld in the UK must demonstrate how it aligns with a prevention policy, but these are controversial. Prevention is often seen as a long-term goal and not always a priority. Participants believed it is also a problematic concept with each potential funder having their own view on what it means but there is a lack of clarity on what needs to be done to achieve it. Helping someone achieve their desired and legal level of sexual and partnership contentedness, may imply averting a crime from taking place. Participants highlighted that, at first sight, this would align with criminal justice system goals, reducing crime. But 'may' does not mean always nor does it carry certainty. It leaves space to consider that some people would never commit a crime anyway although it may still assist them with their maladaptive sexual thoughts, feeling better or other outcomes. Consequently, a precise alignment between the preventive nature of a programme and the meaning of prevention held by an organisation is very difficult,

Participants revealed the government and other institutions also receive a high volume of funding bids, which leaves them unable to fund all programmes to the requested amount, particularly in times of austerity. Therefore, they become selective by prioritising funding for reactive services instead of preventive ones,

'*what you do when someone is calling 999 on the street, you have to respond to frontline service, so you have difficult decisions. [...] you try and retain the money in frontline resources. Despite the fact that all you're really doing is, you know, you're running around reacting to crime, rather than trying to prevent or deter or reduce offending you know. [...] it's about potentially persuading politicians not to cut so many resources in the first instance*' (Jayden).

Participants explained that reactive services are required to respond to something that had already happened, and they existed for a long time. Whereas preventive programmes, particularly Dunkelfeld, tend to be more recent, but are yet to show their benefits or to prove them in the UK. Participants believe it is a competition between services that may or may not be the best but are settled against new ones. Sustaining the current programmes is perceived to

be a priority, so financial shortages are likely to affect innovative programmes first. Then it is a competition between those new programmes and ideas, the argument put forward must prove a particular project is more worthy than those being declined. Hence, it may be difficult to secure funding for a programme like Dunkelfeld in the UK.

Lastly, participants believe it is challenging securing funding due to the sensitivity of child sexual abuse as a topic,

'*when they first started giving us money, they said: we don't want people to know that we're funding you. About [number] years later, they said: no, actually, could we have our logo on your website, we're really into what you're doing. […] There's a big PR department in the [organization] thinking 'actually, we can'. Because I remember when it broke that a community centre in [city name] or something and The Sun got hold one of these rags, got hold of it, and had a field and the [organization] were like 'sorry' and just took the money back'* (Isaac).

People who commit sexual abuse against children are often perceived as ostracised by the public (as mentioned in the first theme outlined in this chapter). Participants believe that the public and potential funders prefer to support children who have been sexually victimised instead of supporting the type of help provided by programmes like Dunkelfeld. Participants explained that it is not always clear that this type of programme has the potential to prevent a child from being (re)victimised. Although these services are also for people who may just be sexually attracted to a minor, they can also help those at risk of committing (further) sexual abuse against children. This means also helping victims by creating less victims in first place. Thus, the publicity associated with funding projects aiming to assist these groups can be tricky and can be subject to change over time. Two participants mentioned projects like Dunkelfeld will not find funding in ways that other organisations might, such as fundraising activities in the streets, '*I don't think we can go and shake our hands in the street and ask for money, because we get them shoved in places where we don't want them'* (Evie). Therefore, participants believe these programmes are dependent on private organisations, the government, the CJS and NHS.

4.6.3. Evaluation is key to gathering funding and understanding where to spend it, but it is also another financial cost

Participants believe evaluation is key to gathering funding and understanding where to spend it. It is only worth doing if it works (at least to some extent) and it must be value for money. But the success of preventive programmes is difficult to measure, as mentioned by 10 participants,

'*whether it actually works is a matter for rigorous evaluation. And if it doesn't work, then you have to try and pick it apart and find out which aspects of it might be helpful and which aren't, which can be very tricky. […] you've got to look at whether the people who are on the programme offend against children. And you can do that to some extent, with self-reporting as well. […] But I suspect politically, they'll always come back to conviction rates*' (Will).

Participants revealed it is even more difficult to evaluate programmes like Dunkelfeld because the measurement of sexual violence tends to focus on the number of crimes, victims, convictions and reconvictions. They explained that a programme aiming to prevent someone from committing a crime or simply assisting them with managing a sexual attraction to minors is hard to measure with the same level of certainty and clarity as, for instance, rehabilitation. Participants highlighted that, in turn, this strain makes it harder to build a convincing argument in a funding bid. Participants suggested a solution may be to recognise alternative measurements of what works and consider these in the long term. For instance, a programme like Dunkelfeld, successful or not, would not have an immediate impact on the number of recorded sexual crimes committed against children. It is a step towards it on a change of rational and approach to the problem focusing on the root causes. Therefore, participants highlighted that it is important to focus on the effects it has on service users over time. For instance, psychological testing looking at sexuality, emotional wellbeing and, if relevant, the ability to refrain from sexual activity with children. They suggested these measures could take place at the beginning of their participation, the end of their participation and a follow up as well as in comparison to those who may be on a waiting list or who have committed crimes. In addition, participants suggested that expectations of what 'significant' changes mean must be realistic as even the most modest changes may reveal the appropriate course of action or at least which aspects of the programme might be helpful and which ones need to be modified or removed.

Participants believed evaluations also cost money and time, particularly in the community. In contrast, they argued the prison environment provides a unique captive audience and popular statistics which make it easier to attract research funding, 'a*ll [evaluation] have been done in prisons, where you've got a captive audience [...] And actually, you need to be evaluating people in the community, because that's where all the temptations are. [...] A captive audience is less expensive because repertory grids take forever'* (Isaac). Participants highlighted that research examining forensic populations is an important one to understand prevention, but this is the wrong population to target as it is too late, an offence has already occurred. Evidence-based practice is key for programmes like Dunkelfeld in the UK and that requires examining their implementation of help prior to a crime. Evaluations are like a double-edge sword, they may help in terms of gathering funding, but evaluating a service requires even more funding to finance the evaluation in the first place.

Nevertheless, a programme like Dunkelfeld in the UK has the potential to be better value for money,

'*a child abuse cost the state £80,000 or something, if not more, but that's also for the perpetrator on top of the perpetration, of forensic services and mental health. This costs a huge amount.* [...] *So, if you give them therapy in the first place, you pay much, much less*!' (Wendy).

Participants believe child sexual abuse incurs a high financial cost related to report, investigation, prosecution, punishment, and rehabilitation - besides the cost associated with assisting the victims and other wider social and emotional costs. Therefore, preventing this course of action is less costly by providing a service for people at risk of committing a sexual crime against a child or simply sexually attracted to minors.

4.6.4. Insufficient funding is a strain that may prevent a service from exist or at least narrow down its scope

Funding is essential to run any project and a key part of what allows turning an idea into reality. Although, the lack of it can also lead to useful projects being abandoned. Partial funding may still allow for assistance with starting up a narrower version of a programme like Dunkelfeld in the UK, such as focusing on addressing only those with a sexual attraction to minors, as mentioned by seven people. However, this invalidates other key aspects explored in previous

themes (such as the theme 'all-round responsivity'). '*In terms of Dunkelfeld, I mean, I'm going to keep trying. Every time there's a pot of money. I put together an argument*' (Isaac). Those who believe in a prevention project like Dunkelfeld have hope and that is what helps them to keep trying.

4.7. Chapter summary

This chapter explored participants' views on having a programme like Dunkelfeld (free, confidential and widely advertised) in the UK and key features to maintain or improve in primary and secondary services for the heterogeneity of the population sexually attracted to minors, at risk of committing CSA and who have committed CSA. Six themes arose from the analysis of 20 semi-structured interviews.

The first theme explored how the level of acceptability of the programme is influenced by the level of knowledge on the topic. Participants supported the idea of a Dunkelfeld programme in the UK because they have practical knowledge of people sexually attracted to minors, at risk, or that have committed sexual offences against children. 'Us' who understand the phenomenon versus 'them' (the public) who gather their information mostly from the media. Participants believed the public would react with outrage due to the sensationalised and incorrect information they hold on this subject. However, most participants successfully changed those views held by their circle of family and other acquaintances via informal conversations. These were an opportunity to challenge incorrect information and explain therapy, prevention and how these populations really are. Participants explained that their family and other acquaintances' views changed positively, demonstrating that informal and informative counter-narratives may be a potential means to address public outrage. But participants never mentioned the weight this could have if all of 'us' would take this informal opportunity to change 'their' views, as a large-scale strategy.

Instead, the second theme explored four large-scale strategies that participants believed needed to be implemented to address public attitudes: movement towards an open-minded government that acts upon evidence-based knowledge; consultation with various stakeholders to adjust the narrative and reassure local/ national communities; widespread awareness campaigns with adjusted media discourses; and, more informative sex education in schools and discussions between parents and their children. What these strategies have in common is the need to move

away from a punitive, secretive and sensationalised narrative and actions towards an open-minded environment that welcomes change based on scientific research. An environment that is kinder to fellow human beings and promotes conversations around sexuality from early aged children to governmental level. These strategies are not only to address the adults of today but also the next generation, a societal change. An environment where programmes like Dunkelfeld will be normalised and accepted. ‘We’ need a movement and ‘we’ can create a movement.

Nevertheless, Dunkelfeld’s approach to confidentiality is the one feature that divides ‘us’. Some participants believed everything the clients reveals to the practitioners should be kept confidential, except if it involves kidnap, terrorism or murder. They felt it can encourage help-seeking people to engage in services without fear and keep a more open professional relationship. However, some participants exposed a conflict between those benefits and the implications of this approach to practice. Although there is no legal requirement to report in the UK, organisational cultures (such as the NHS) and professional bodies (such as BPS) often regulate that staff must report sexual abuse against children not known to the CJS. This means practitioners adopting this confidentiality approach cannot belong to them, which may leave them feeling ‘unprotected’ particularly as an independent practitioner. In addition, the ‘requirement’ to report may be engrained, making it difficult to work under such a change of approach despite ‘theoretically’ supporting its benefits. It is their desire to, in the short-term, safeguard all children as they hear a disclosure, weighted against the long-term benefits of working with the client, which may also include the safeguarding of children but not immediately. Participants suggested partial confidentiality as a compromise to solve the conflict between short-term safeguarding and addressing the needs of the client. They suggested ensuring the client never reveals sufficient details that would trigger in them this psychological conflict and creating a ‘contract’ to protect themselves from scrutiny, should the client be charged with sexually abusing a child.

Theme five explored how employees are an essential part of the service and need to have a unique set of aptitudes for services focused on people sexually attracted to minors, at risk, or that have committed sexual offences against children. According to participants, employees need a set of personal skills that are similar to other workplaces, such as being non-judgmental. However, not everyone can work with these clients due to the nature of the content they will be exposed to. This is a personal characteristic that staff in a programme like Dunkelfeld in the UK need to have. Adequate training and ongoing peer support are essential to complement

those personal characteristics. But the core group of practitioners need to work as a team and in partnership with other teams (such as volunteers) and organisations to deliver an all-round responsive service that is suitable to all clients.

Responsivity, the core of theme four, is not a new discovery. It exists to some extent in UK services. But none of them are like Dunkelfeld and not even Dunkelfeld follows the comprehensive level of responsivity participants suggested. They believed the UK needs a programme in which the content is flexible and varied to address the various needs of each client, such as the role of gender on sexuality. The programme delivery also needs to be flexible and bespoke to each client. A programme that will be simultaneously responsive to people sexually attracted to minors, at risk, or who have committed sexual offences against children.

The last theme explains how participants believed gathering funding is essential. One participant, in particular, tried to create a programme like Dunkelfeld in the UK and failed due to insufficient funding. This is a strain that may prevent any service from existing. If funding is low, a programme may exist, but it will narrow down its scope. Participants believe evaluation is key to gathering funding and understanding where to spend it, but it is also another financial cost. They explained that the government and other organisations need to provide sufficient funding. Unlike in Germany, they believed it is difficult for UK organisation to fund this type of service due to the sensitivity of the subjects they touch upon: sexuality, sexual attraction to minors and sexual abuse of children. Similar to the German approach, participants advocated that service users should not bear the full cost of the programme in the UK as this may create an access barrier. However, a 'small donation' may be beneficial to enhance clients' commitment.

Overall, participants believed times are changing and support is growing. According to them, a programme in the UK needs to be free for service users (or require only a small donation), it ought to be widely advertised, openly discussed and supported by society, funded by various organisations and confidential like the Dunkelfeld approach. But, in the UK, this programme needs to address the conflict created by confidentiality, be all-round responsive to all clients (people sexually attracted to minors, at risk, or who have committed sexual offences against children), with carefully selected staff who have the right set of personal characteristics, it must provide adequate training and support to employees as well as promoting teamwork and partnership working.

CHAPTER 5 – DISCUSSION

The aim of this research was to understand how the current provision of programmes for people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA can be improved. Specifically, this research looked at services in the community and independent from the Criminal Justice System. This chapter is split into two sections. The first one provides an overview of the current provision of programmes in the UK gathered from the literature review. The second one discusses the quantitative and qualitative results considering the existing literature and, building upon this, suggests a future programme model.

5.1.The current provision of programmes in the UK

The above three groups of people can access help and information from various organisations in the community. Some of these focus on providing services to all these groups (e.g., LFF, SLF, StopSO). However, their first aim (or the one that stands out the most) is the prevention of sexual abuse against children (see for example, LFF 2021). Safeguarding of children is important. Yet, some people may not perceive this as 'positive' language (see further discussion on this topic in section 1.3.2.1. 'Specific services and information related to sexual attractions to minors and the perpetration of sexual abuse against children'), because it may not feel relevant, welcoming, or appropriate for all target groups using their services, such as those that feel they would never commit sexual abuse against children and may be simply looking to understand the nature of their sexual attraction to minors (Muir, 2018; Wodda and Panfil, 2021). In addition, not all these services are free for clients as they do not have sufficient funding to provide help to all people who seek it. This means those who are not able to pay for these services are unable to access them. Although in various levels, most services are not widely advertised in the community, meaning not everyone is aware of them (LFF, 2021; SLF, 2022a; Knack, et al., 2019; StopSO UK, 2022, 2017).

Other organisations provide services to wider society (e.g., NHS, self-help online community forums/ websites), including these groups. The NHS (2022b; Robertson, et al., 2017), for instance, provides a wide range of free services related to sexuality. However, it is not always clear if and where they would provide services specifically tailored for these groups given their

webpages are mostly focused on STDs and pregnancy. It is well documented that not all therapists would be trained or willing to work with these groups (Shifren, et al., 2009; B4U-ACT, 2011e/f, 2019a/e; Houtepen, et al., 2016; Levenson, Willis and Vicencio 2017). This carries a risk of having a client assigned to the incorrect therapist or having to extensively explain their concerns to various people until reaching the correct support. In turn, self-help webpages and community forums (see for example: Recovery Nation, 2022) do not provide a structured and/ or regulated help/ therapy/ information which means there is a risk of someone receiving incorrect information. In addition, social media and the internet in general is known to house stigma, deception, undercover police, vigilantes, amongst others which may create suspicion or a sense of danger (Desai, et al., 2022; Tiidenberg and Nagel, 2020; Walsh, 2020; Hadjimatheou, 2021; Kasra, 2017; Purshouse, 2020).

Alternatively, Dunkelfeld, in Germany, provides free services and information for anyone around the world, removing a financial barrier (nowadays people may receive therapy over the phone, although traditionally, they still incurred travel and accommodation costs) (Beier, et al. 2015). This organisation has been widely advertised in Germany and appeared in the news in various other countries, including the UK. Dunkelfeld is an organisation accepted by the German community and funded by the government and various other private and charitable organisations (Beier 2016; Beier, et al. 2015; Beier and Loewir 2013). Another characteristic that makes this programme unique is their approach to confidentiality. Clients may reveal to the therapist crimes they committed or thought about, but therapists are not allowed to pass this information to the CJS, unless said crime relates to kidnapping, murder or terrorism (Beier, 2016; Farrer & Co LLP, 2016; German Criminal Code 1998). This means help-seeking people may feel more comfortable accessing their services, which may explain why people from the UK have travelled to Germany just to use Dunkelfeld services (Hillier and Murphy, 2015).

This research showed that none of the above programmes are a perfect fit for people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA in the UK. The literature review highlighted how all services have strengths and weaknesses. However, a combination of these services, together with key characteristics from Dunkelfeld may just be what the UK needs.

5.2. How can the provision of programmes follow a model of policy and practice suitable for the heterogeneity of the population sexually attracted to minors, at risk of committing CSA and who have committed CSA?

This research has shown that a model of policy and practice for programmes in the UK needs to consider current best practice and tackle existing shortcomings. First, it must ensure the programme is accepted in the community and be widely advertised so that people are aware of it and may use it/ recommend it. Second, it must secure sufficient funding so that supply meets demand and clients do not experience a financial barrier. Third, Dunkelfeld's approach to confidentiality is a sensitive topic that needs clarity but may work in the UK. This section is split into four sub-sections. The first three explore each of those aspects, and the last one brings the key ideas together and suggests a way forward.

5.2.1. Public and practitioner's views and attitudes towards a programme in the UK

There are 'multiple publics', that is various social responses instead of one homogeneous public response (Kitzinger, 2004; and McCartan, 2014). Both the qualitative and quantitative results of this research reinforced this idea. The ATS-21 results from the quantitative research based on a sample of the public showed, on average, respondents from the public had an undecided (heading towards slightly positive) attitude towards sexual offenders ($\bar{x}$ = 40.46). This is only a slightly more positive result than in Hogue and Harper's (2019) study ($\bar{x}$ = 36.81). The difference is not statistically significant due to its normal distribution, standard deviation (this research=13.44; Hogue and Harper, 2019=13.14) and high internal consistency. However, this showed there were almost as many respondents with more positive attitudes as there were those with more negative attitudes, which reinforces the idea of 'multiple publics'. It is also hypothesized that this research may have demonstrated public attitudes are becoming more positive. Future research may demonstrate whether this is a trend or a 'hiccup'.

The quantitative results showed 79-82.4% would like a programme similar to Dunkelfeld to be available in the UK (with similar percentages on the various key aspects of the programme, except confidentiality). The remainder were undecided or opposed. This also supports that not all respondents shared the same opinion. But the qualitative results showed interviewees (practitioners) believed the public would express outrage towards this programme in line with their perception of an outrage towards their target clientele, which is contrary to the findings

from the quantitative research. Practitioners' perceptions of public reaction were fuelled by media reports and their own family/ other acquaintances' first reaction to their own work and clients. However, as many of them experienced, their counter-narratives through informal conversations changed their attitudes from emotional outrage to acceptance. Not all interviewees acknowledged the 'multiple publics' concept. However, upon deeper analysis, interviewees expressed their support for a programme like Dunkelfeld (who are themselves part of the wider society) as well as their own friends, family and other acquaintances who accepted the work. And so, this reinforces the existence of 'multiple publics', the ability to change negative attitudes and that 'public' attitudes may be more positive nowadays than what they are perceived to be.

The quantitative results also show that people may have a certain attitude towards sex offenders which may be different from their opinion of a programme like Dunkelfeld. Indeed, this research has shown a very low correlation between these two variables. Attitudes towards people who commit sexual offences may not be the only factor (or even the most important factor) to influence the level of acceptability of the programme. Interviewees from the qualitative research revealed the key variable in this correlation may, instead, be the level of knowledge. They shared that their friends and family have previously expressed outrage towards people with troubling thoughts as well as the idea of prevention activities designed for them. However, upon an informative and informal discussion, their opinion had changed and become more supportive. This is similar to Richards and McCartan's results (2018) on public opinion about the Circles of Support and Accountability. Although these are different programmes, supporters seemed to be the ones who recognised the benefits of prevention and the service. They also found that opponents reflected symbolic concerns rooted in a lack of reassurance that something is being done to solidify moral boundaries of right and wrong in the provision of support for offenders. However, in this research, interviewees seemed to be clearer on the level of knowledge instead of specifically moral boundaries. The qualitative results suggested that education and truly understanding a programme could sway negative public opinions. Still, they are not mutually exclusive. The level of knowledge about the client group and the programme, that is to understand the logic, may influence their moral decisions and wider attitudes of support or opposition. Hence the narrative needs to be adjusted to each audience, so that the logic can be explained in a way the listener can understand, as the qualitative results demonstrated.

A similar effect on the survey respondents may have taken place. Before deciding on whether they (dis)agree with various statements related to a programme like Dunkelfeld, they were presented with information that outlined the key aspects of the programme. Indecision could be related to an openness to more information to decide, as clarified by interviewees during the qualitative research. This gives hope and an indication that perhaps they are more open to this type of programmes and group of people than one may think at first. Interviewees from the qualitive research supported the programme and they are the ones with both the theoretical knowledge on the topic and the experience in working a similar client group.

The qualitative research revealed other higher scale strategies to enhance society's level of knowledge and acceptance of primary and secondary prevention programmes. Primary prevention strategies include widespread awareness campaigns with adjusted media discourses as well as more informative sex education in schools and open talk between parents and their children – educating the next generation. These may help educate and support programmes like Dunkelfeld and may more widely prevent sexual abuse against children. Secondary prevention strategies to address public opinion on the programme include moving towards a more open-minded government that acts on evidence-based knowledge and a consultation with various stakeholders to adjust the message and reassure local/ national communities. It is clear that a combination of these strategies is the best way to reach wider society and tackle negative attitudes. Similar to McCartan's (2021) analysis of the role of Probation, a programme like Dunkelfeld in the UK has the opportunity to work across all levels of the socio-ecological model. Their work with clients focusses on the individual level and how they interact with others (interrelationships). Creating partnerships and developing the above awareness strategies will allow programmes to enhance their impact at the community level. The interaction between the work at these levels and time could have a real impact at the societal level. That is, how society perceives and deals with the sexual abuse of children as well as people who are sexually attracted to minors and/or at risk/ have committed those crimes.

5.2.2. Securing funding

One interviewee revealed that funding was the main reason they failed to create a programme like Dunkelfeld in the UK so far. Several organisations and private practitioners (e.g., Stop So, Lucy Faithful Foundation, Safer Living Foundation) currently deliver services that partially

match this type of programme over the last few years. For instance, Stop So explains full confidentiality is possible between practitioners and clients, but they are an organisation that only helps referring people and treatment is usually self-funded by the client (Stop So, 2017). However, securing funding is still a major issue, yet fundamental. The original Dunkelfeld programme secured their initial funding from the Volkswagen Foundation, and only from other private/state agencies later on (Beier 2016; Beier, et al. 2015; Beier and Loewir 2013). This may be the way forward in the UK. The Volkswagen Foundation has provided funding to other projects in the UK (The Oxford Institute of Population Ageing, 2010), and focuses on funding projects in path-breaking areas and forward-looking topics (Volkswagen Stiftung, 2021). Adopting the Good Lives Model and being a primary/secondary prevention programme fits the forward-looking aspect. Becoming the first Dunkelfeld-like programme in the UK, would fit the path-breaking aspect. Hence it could be a start to approach organisations that are already familiar with this type of programme. In addition, the strategies mentioned earlier to enhance societal attitudes could help with other organisations being more receptive, knowing that the public and government were too. Once established, initial evaluations may facilitate securing further funding from other organisations, as suggested by the qualitative results.

The qualitative research revealed the government and other organisations need to provide sufficient funding as service users should not bear the full cost of the programme. They suggested it should be free or pay as you feel. In turn, the quantitative research revealed around 80% of the respondents (strongly) agree a programme in the UK should be free for service users. This is supported by the literature review that showed potential clients belong to a low to medium socioeconomic background and commonly experience unstable employment or a lack of financial independency (Allen, 1991; Mathews et al., 1989; Bentley, et al., 2018; NSPCC, 2019; Mann et al., 2010), which may act as a barrier to completely fund their participation.

The qualitative results also highlighted that the receptiveness to fund may also be linked with receptiveness to the programme itself and its clients. In particular, how organisations perceive the public would react to the programme and their decision to fund it. Interviewees believed the public would respond with outrage towards a programme like Dunkelfeld due to previous observed media sensationalism and reports about public reactions to people who committed sexual offences. According to participants, this view would be shared by potential funders also who would be cautious to associate themselves with a cause that creates public outrage. This

is one of the ways in which Zgoba (2016) stated the media and society have an influence on the availability of programmes, by interfering with the possibility of securing funding. This negative impact acts as a barrier for those at risk of offending from seeking help, therefore meaning offending is more likely – the opposite to the desired impact of condemnation (Harper and Harries, 2017; Imhoff, 2015; Viki, et al., 2012; Rede, 2019; Artless, 2018). However, Kitzinger (2004) and McCartan (2014) found this issue is due to condemnation voices being louder than those offering understanding and support, instead of a real general outrage. This is supported by the quantitative results which showed that public attitudes and opinion are more positive than practitioners' initially thought (qualitative results).

5.2.3. Approach to confidentiality and the employees

Participants from the qualitative research phase revealed the benefits of Dunkelfeld's approach to confidentiality for the clients, namely encouraging participation and honesty. This is similar to Beier, et al. (2009b) and Stop So's findings (2017a). But participants still felt unsure on its moral (whether they are doing the 'right thing') and professional 'rightness' (professional bodies and internal regulations of some organisations stating mandatory reporting). A programme in the UK could be facilitated with internal regulations clearly outlining similar parameters of confidentiality to Dunkelfeld and how to manage it in order to ensure clarity and reassure staff, service users and the public on how this matter is handled and why. Therefore, practitioners would need to report in clear situations set by the programme guidelines (e.g., sexual abuse involving murder, kidnapping or terrorism), professional values and ethics. This aligns with Christofferson's findings (2019) on the best way forward for viable preventive programmes in discretionary reporting contexts. That is, a clear and accessible confidentiality and reporting policy that is within the law. In addition, to assist with the moral dilemma, as suggested by participants, training and mentoring may reassure them of decisions related to the service provided as well as promoting ongoing open dialogue and support between practitioners.

From the public's perspective, the quantitative results showed that only 20-21% of the respondents agreed to Dunkelfeld's approach to confidentiality. This is in line with the literature review that showed this level of confidentiality can be uncomfortable for policymakers and the public, due to a culture of associating disclosures with child protection

(Hillier and Murphy, 2015; Kemshall, et al., 2010). Still, the high number of undecided respondents (27-30%) may mean an openness for further information, according to the interviewees from the qualitative results. As discussed above, enhancing levels of knowledge can contribute to a positive receptiveness. In addition, current UK legislation allows full confidentiality, except when clients may report links with trafficking, homicide or terrorism (Farrer & Co LLP, 2016; Grayson, 2016).

The qualitative results showed the importance of staff satisfaction at work, appropriate training, support and personal characteristics compatible with the nature of the work. These findings align with a body of literature that explores staff performance and organisational success. Staff performance and satisfaction have shown to be a result of the ongoing support provided by the organisation which also fosters the employees' empowerment and development. In turn, satisfied and committed staff will positively influence the success of the service provided (Chow, et al., 2006; Powell, et al., 2015; Raykov, 2014; Tarantino, 2007). This, along with teamwork and partnerships will allow the fulfilment of responsivity in a programme, as demonstrated by the qualitative results. This is similar to what some current UK programmes (albeit related to tertiary prevention only) follow and has been found to be useful, for instance, Circles UK works in partnership with other agencies (such as CJS).

5.2.4. All-round responsivity

The qualitative results of the present research revealed practitioners would like a responsive programme that takes accounts of all needs of all clients, following the Good Lives Model and a strengths-based approach. Programmes in the UK would need to expand their content coverage and remain flexible with delivery formats to meet this objective. The literature review chapter has shown that women's needs are different, for instance, their main motivation to offend is not a paedo/hebephiliac interest which may explain the low number of women participating in the German Dunkelfeld programme (Smiljanich and Briere, 1996; Seto, 2017; Tenbergen, et al., 2015). Men may also have other needs beyond their sexual preference or preoccupation which may affect their level of sexual and relationship contentedness (Kewley and Blandford, 2017; Mann, et al., 2010). Hence responsivity is already the driving theoretical underpinning of some established UK programmes, along with Good Lives Model and strengths-based approaches (Andrews, et al., 2011; Beier and Loewit, 2013; Beir, et al., 2015;

Bonta and Andrews, 2007; Wilson and Yates, 2009). But this coverage is not currently enough, there are still shortcomings in their provision in practice.

5.2.5. Sex-positive criminology may have the answer to a better programme discourse

Positive criminology highlights that any approach or intervention must be beneficial to the targeted individuals. Clients must feel they had a positive experience which transformed their psychological or behavioural state while helping to prevent crime. Positive criminology also requires inclusion of a range of resources, such as social, intrapersonal, and spiritual. It focusses on fostering opportunities for personal growth and reach beyond a self-centred perspective, which are essential for helping prevent harm to others (Kewley, et al., 2020; Ronel and Segev, 2015). In this perspective, similar to other criminology strands, sexual attraction to minors has largely been studied and addressed in the context of sexual offences (Muir, 2018).

Even the concept 'prevention' carries a negative connotation (Starfield, et al., 2008). It implies a risk, and it is often used to highlight crime and deviance deterrence (Rothschild-Elyassi, et al., 2018). It is a mistaken belief that people sexually attracted to minors pose an inherent threat to minors due to their attractions alone (Walker and Panfil, 2017). Instead, improving overall wellbeing should be the main goal. A "sex-positive" approach to sexual health recognises sexuality as a part of everyone's life and wellbeing. It is not focused mainly on preventing negative behaviours (Gruskin, et al., 2019). Quite the oppositive, it critiques the overfocus on sexual offences which can be unethical (Kewley, et al., 2020), discriminative and insufficient to address the sexual wellbeing of people sexually attracted to minors. For instance, not all people sexually attracted to minors would consider harming a child nor committing any kind of sexual offences (Muir, 2018). In this context, the prevention of sexual offences against children is only a secondary consequence of sexual wellbeing for some people - instead of being the focus for everyone. The qualitative results demonstrated the need to provide all-round responsive services and taking a sex-positive approach is fundamental to achieving this.

The sex-positive movement is a new and distinctive approach to sexology and general health care that recognises all sexual attractions as valid (Nimbi, 2021). Sex-positive criminology highlights the stigmatization and criminalisation of sex and sexual desires different to that of heterosexuality within the marriage (Wodda and Panfil, 2018). Sex-positive criminology has received influences from various criminology strands, such as Positive, Queer and Feminist

Criminology. It has been recently applied to adolescent sexuality, sexual disfunctions, trauma-informed approaches, BDSM (bondage, discipline, dominance, submission, sadism and masochism), Black sexology and other populations (Weismantel, 2014; Sundaram, et al., 2016; Kimmes, et al., 2015; Kågesten and van Reeuwijk, M, 2021; Spencer and Vencill, 2017; Harden, 2014; Fava and Fortenberry, 2021; Bazzaroni, 2019; Thorpe, 2020). This criminology movement is not encouraging people to explore and act on all their sexual desires, instead it encourages open discussion around sexual attractions and consent as well as equity in access to education, therapy, and medical help (Wodda and Panfil, 2021). A focus on sex-positive discussion encourages bringing to light child sexual abuse and sexual attraction to minors which have for long been highly stigmatised and kept in the shadows of the society (Kewley, et al., 2020). This idea also links with the suggestions made by the qualitative participants regarding the need to employ large-scale strategies to inform and address public attitudes towards services (and their clients) through spreading knowledge and countering negative narratives.

The sex-positive movement has been growing rapidly in criminology. Since 2012, there were 525 publications, of which 300 resources were published between 2018 and February 2022[21]. However, these focus mainly on sexting, abortion, LGBTQ+, and pornography. Only 13 publications referred to an attraction to minors since 2018[22] and only one discussed that as part of one of their key aims (in the context of legislation on child-like sex robots). A list of these publications is included in appendix 5. Nonetheless, other publications may not be entirely identifiable as part of the sex-positive movement and yet advocate equivalent principles (see, for example, Lievesly and Harper, 2021).

There is a gap in the sex-positive literature in the examination of sexual wellbeing among people with a sexual attraction to minors and/ or who have committed sexual abuse against children. This may be due to being a recent movement. It is often mentioned as an example of how criminology has taken a negative approach to sex which suggests there is an avenue of interest to include these groups in sex-positive criminology research. Therefore, the next section will explore how the sex-positive conceptual framework could be applied to people with a sexual attraction to minors and/ or who have committed sexual abuse against children.

[21] Google Scholar results with keywords: ‘sex-positive’ and ‘criminology’.
[22] Google Scholar results with keywords: minor attracted "sex positive criminology"

Wodda and Panfil (2021) outlined five intertwined components for a sex-positive conceptual framework: consent and bodily autonomy, medical access, education, harm reduction, and increasing agency. These are also congruent with the WHO (2010b) framework for developing sexual health programmes as seen in table 12. The following five subsections will explore these components and apply them to people with a sexual attraction to minors.

Table 12 – Congruency between conceptual framework in sex-positive criminology and the framework for developing sexual health programmes

Wodda and Panfil's (2021) sex-positive conceptual framework	WHO (2010) framework for developing sexual health programmes
Consent and bodily autonomy	Laws, policies and human rights
Medical access	Health systems
Education	Education
Harm reduction	Society and culture
Increasing agency	Economics, education, society and culture

5.2.5.1.Consent and bodily autonomy

Consent refers to the ability to provide agreement or approval for a particular action or procedure. In turn, bodily autonomy is the aptitude to control the human body and what happens to it (Wodda and Panfil, 2021). These can be analysed at a personal, interpersonal and state level.

The personal and interpersonal levels refer to one's ability to give consent and have autonomy over their own body, whilst also respecting someone else's consent and bodily autonomy (Wodda and Panfil, 2021). These should be applicable to everyone, regardless of the types of sexual attraction one may have. That said, a person with a sexual attraction to minors should be able to consent and retain bodily autonomy (see sexual rights section for further details), whilst also recognising that everyone else should retain the same rights and ability. Minors are subject to legislative restrictions and, as set by the state, will not consent to sexual activities with adults by default (Sexual Offences Act, 2013). Muir (2018) has found that individuals sexually attracted to children recognise and support these personal and interpersonal rights. However, the vilification and criminalisation of this population by society does not always

reflect this. For instance, by viewing them all as posing a risk of harming a child or as being the same as those who do, while supporting their punishment/outcast status and opposing or limiting their sexual wellbeing.

The state, through laws and policies (Wodda and Panfil, 2021; WHO, 2010b), can also reinforce or limit consent and bodily autonomy among people with a sexual attraction to minors. Historically, in the 1930s, particularly for men, eliminating the attraction to minors through reconditioning methods, including conversion and aversion therapy was acceptable (Beech and Harkins, 2012). These methods aimed to associate their given sexual attraction with negative feelings/stimuli (e.g., fear and shame) but they were found to be ineffective because while sometimes they might affect slightly the arousal patterns, the underlying sexual desire remained the same (American Medical Association Council on Scientific Affairs (AMA), 1987; Grundmann et al., 2016; Laws and Marshall, 2003; Marshall and Laws, 2003; Seto, 2009). They have also been considered unethical, harmful to mental health and inhumane (Briken, et al., 2014; B4U-ACT, 2019b/c; Grundmann, et al., 2016; Seto, 2009). Yet, they are still legal in England and Wales. Only recently, the government opened a consultation to ban conversion therapy, but the results are yet to be published (Gov.UK, 2021). This example shows how legislation is still not completely promoting the sexual rights of people with a sexual attraction to minors and/ or those who have sexually abused a child. That said, the latter group have violated the rights of the child and so these need addressing to ensure it does not happen again, meaning that they will achieve sexual wellbeing while respecting the sexual wellbeing of others, and respecting the child's inability to consent and avoid harm.

The sex-positive approach recognises that all people should have their human rights, including sexual rights, respected (Wodda and Panfil, 2021; WHO, 2022, 2010b). It also recognises that people sexually attracted to minors can acknowledge personal and interpersonal consent and bodily autonomy. In line with this, it is argued that programmes must be set out recognising and promoting this feature whilst countries may use education, laws, policies and other regulatory mechanisms to guarantee them.

5.2.5.2.Medical access

Sex-positive criminology postulates that accessing medical care and wellbeing (including sexual) is a human right. These must also be provided based on evidence, equity and it must be

medically accurate (Wodda and Panfil, 2021). The ongoing permissibility of conversion therapy discussed above (Gov.UK, 2021) is an example of inaccuracy where research has found it not to work (Briken, et al., 2014; B4U-ACT, 2019b/c; Grundmann, et al., 2016; Seto, 2009). Alternatively, equity refers to the level of accessibility which may be restricted by financial or service availability (Wodda and Panfil, 2021; WHO, 2010b). An earlier section in the literature review chapter looking at organisations providing information and services showed how the provision of NHS services in sexual health centres and GPs is mainly directed to STDs and contraception. Information and service provision related to sexual attraction to minors is scarce and hidden. Similarly, billboards/ flyers and campaigns on sexual health often focus on diseases (negative approach) and, to this date, does not exist on the promotion of sexual wellbeing among people with a sexual attraction to children. The right to choose and access medical care are thus negative and limited. Sex-positive criminology aims to highlight this violation of human rights, sexual wellbeing and the need to change the provision of services.

5.2.5.3.Education

Ongoing and comprehensive sexual education that provides medically accurate, evidence-based, age-appropriate, and culturally sensitive information (free from discrimination, gender bias and stigma) is key in sex-positive criminology. This empowers people in their lives to know their bodies, understand their sexuality and pursue sexual wellbeing (Wodda and Panfil, 2021; WHO, 2010b). This may be provided in healthcare (explored in the previous section), schools and other community providers (WHO, 2010b).

Primary schools must include in their curriculum ‘relationships education’ (except independent schools, for which it is optional) (Department of Education, 2019) which encompasses the fundamentals of positive relationships, that is, friendships, family relationships, and relationships with other children and with adults (Department of Education, 2019). Sex education can be incorporated (age appropriate), but is not compulsory (Department of Education, 2019). In turn, secondary schools should include in the curriculum ‘relationships and sex education’ (except independent schools, for which it is optional) (Department of Education, 2019). This involves exploring what is a healthy relationship, friendships, successful marriage or other type of committed relationship, contraception, intimate relationships and resisting pressure to have sex (and not applying pressure) (Department of

Education, 2019). This should also assist them to identify when relationships are not right and understand how such situations can be managed (Department of Education, 2019). However, parents have the right to request that their child be withdrawn from some or all of sex education delivered (Department of Education, 2019). None of this provision includes understanding the various types of sexual attraction, including towards minors. Yet, the sexual attraction to minors is believed to have an early age of onset (around the age of puberty) (Lievesley and Harper, 2021; Martijn, et al., 2018). This means adults were once young people still developing their understanding of their own sexual attraction and sexuality without the access to comprehensive education relevant to them. In the UK, one third of students under the age of 16 have already had sex (excluding experiences of those who reported sexual intercourse under the age of 12 due to ethical concerns) (Palmer, et al., 2019). Half had sex by the age of 17 and nearly all by the age of 18 (Palmer, et al., 2019). However, an informed decision to engage in sex was not always present. A significant number of these (40% girls and 26% boys) admitted regretting the experience and feeling it was 'too soon'. This is in line with one in five girls and one in ten boys feeling they were pressured to do it (Palmer, et al., 2019). Phippen (2015) has highlighted the 'it's illegal, so don't do it' approach on children has not worked with drugs, nor is it working with sexual activity and other social issues. Still, there is a lack of a statutory requirement for sex education in British schools to go beyond the information on the biological reproductive act (Phippen, 2015). And so, the Department of Education (2019) does not follow a sex-positive approach (Wodda and Panfil, 2021) nor the WHO (2010b) guidelines for educational provision.

In the absence of sex education, young people are likely to seek information in the virtual world (Marston, 2016). A NSPCC study found that 48% of 11-16 years had already watched online pornography which had given them ideas about types of sex. However, participants in this study were more likely to agree that it was unrealistic rather than informative and educational (Martellozzo, et all., 2016). Similarly, searching for information on sexual attraction to minors and service provision is likely to highlight the stigma and negative approach to it, as discussed in the literature review section looking at organisations in the UK.

In addition, while the government provides a guide, the actual delivery and content is set by each school (Department of Education, 2019). They can form partnerships with external organisations to enhance the delivery of specialist knowledge, however, this is only allowed to be used 'in addition' and not to replace teaching staff (Department of Education, 2019). Exact

content, depth and quality will also depend on their resources and beliefs (Department of Education, 2019). This level of freedom may allow them to adapt the delivery to each community (Department of Education, 2019). This means there is scope for a sex-positive approach through a partnership with service providers of information on sexual attraction to minors and/ or the sexual abuse of children. However, it may also lead to different approaches between schools. And, in turn, inconsistencies in the students' level of knowledge.

5.2.5.4.Harm reduction and increasing agency

Sex-positive criminology seeks to improve health and well-being through reducing harm. One common method of harm reduction is decriminalization or legalization. In turn, agency refers to the choice or power to control a situation which depends on other mechanisms such as consent, bodily autonomy, education, medical access and harm reduction (Wodda and Panfil, 2021).

Scholarly literature on people sexually attracted to minors often situates them within a context of risk, negative consequences, and legal implications. Similarly, voluntary/non-profitable organizations in the UK (such as LFF) act on the same principle. Nonetheless, scholarly literature also explores their vilification and barriers to access help, as explored in previous sections. Sex-positive criminology offers the opportunity to start reducing the harm towards people with a sexual attraction to minors by accepting their sexual attraction, empowering them to understand and manage it. This is not to encourage them to act on their sexual attraction but instead find a way to promote their sexual wellbeing alongside everyone's else's wellbeing. That starts by having a community, legislation and a programme that puts their sexual wellbeing as their key aim. In addition, people who committed sexual abuse against children may also be sexually attracted to minors and so benefit from this knowledge about their choice or power to control their actions. Still, any intervention to improve sexual wellbeing must be understood and accepted by the community (WHO, 2010b).

Internationally, in 2005, Dunkelfeld was the first methodical attempt to reduce child sexual abuse by intervening before an offence has taken place (Dymond and Duff, 2020). Since then, they removed the 'prevention' aspect and changed the name to 'Don't offend' and, later on, to 'Troubled Desire'. They provide confidential clinical and support services across various cities (also online since 2020 with the beginning of the COVID-19 pandemic). From the onset, this

project attempts to move away from a positive to a sex-positive approach through a change of wording and their free, confidential and widely available service alongside wide advertisement. This is very different from the advertisement approaches in the UK by promoting their sexual wellbeing. Still, their website briefly mentions 'to ultimately prevent child sexual abuse and the use of child abuse images' even if it advertises sexual wellbeing as their primary aim (Troubled Desire, 2020). In addition, specific treatment effectiveness has been analysed from self-report studies on the risk of (re)offending (Bier, et al. 2015; Mokros and Banse, 2019) instead of a focus on analysing the sexual wellbeing of their clients. This suggests that the initial intention of 'prevention' may remain at the heart of the programme.

5.3. An improved programme in the UK

People with a sexual attraction to minors have been viewed and managed under a negative lens for years. Positive criminology has changed this from risk-based only, to a strengths-based prevention perspective. However, this has not been sufficient because it still advocates that people should be seen as 'at risk' of acting on their sexual attraction to minors. With more assertiveness and boldness, the goal of sex-positive criminology is to increase personal awareness and enable people with a sexual attraction to minors to control and transform their sexual attraction into positive thoughts and actions. The theoretical standpoint is that they are not at fault for their sexual attraction, but instead responsible for how they act upon it (MacLeod, 2015). It is a change of discourse and labelling. Likewise, this is applicable to those who committed sexual abuse against children as they would also benefit from increased personal awareness and transforming their sexual attraction into positive thoughts and actions (although, given their different needs, therapy would be different to ensure responsivity). The sex-positive movement is about advocating for the right to feel at peace with their sexual attraction, the right to medical/therapy access, to be educated on how to manage it and understand children will never consent and so such desires should be accepted at a mind-level (just not encouraged at action-level). Prevention of sexual offences against children is not the main goal. It is a mistaken belief that people sexually attracted to minors pose an inherent threat to minors due to their attractions alone (Walker and Panfil, 2017). Still, it is recognised that this approach may have prevention of sexual abuse as a secondary consequence in some cases. On this sex-positive note, all those who may be on a path towards acting on their sexual attraction to minors or having already done it, still should feel part of the community where

they can access help and education to achieve sexual wellbeing. Due to the social construction and experiences of people experiencing a sexual attraction to minors, exploring psychological, situational, social and environmental strategies that might serve to promote sexual wellbeing is paramount.

This research suggests a programme in the community for people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA should be underpinned by a sex-positive discourse (Wodda and Panfil, 2021), the promotion of human and sexual rights (Kismodi, et al., 2017; WHO, 2022b) as well as a focus on promoting the clients' sexual wellbeing (pleasant, engaged and meaningful) (Seligman, 2002). This outlook will facilitate an all-round responsive programme, as suggested in the qualitative results. The employees are an essential part of the service and need to have a unique set of personal characteristics to work with these clients. But they also need adequate training, support, teamwork and partnership working to complement the service delivered by core practitioners, as suggested in the qualitative results.

The public, in particular those holding negative attitudes, need to fully understand and be aware of further information about this proposed programme as well as their client group. Only then, the public may respect and accept. As the qualitative results showed, levels of knowledge influences the level of acceptability. In addition, the quantitative results showed that the majority of people hold neutral to positive attitudes. The negative attitudes may be addressed through the various large-scale strategies suggested in the qualitative results to address public attitudes through spreading knowledge and countering negative narratives. The above will aid institutional support from the government, NHS, and other organisations. In turn, this support will aid the credibility of the programme for the public. It is a circular influence. Such support needs to take the form of acceptance and funding, as demonstrated by the Dunkelfeld model and the qualitative results of this research.

Considering the current service provision in the UK (e.g., LFF), the proposed programme may belong to the third sector too. To facilitate access, it should be present in various cities across the UK, similar to the German Dunkelfeld programme and slightly more structured than StopSO approach to ensure visibility. Still, similar to Dunkelfeld (and to some extent LFF), services could also be provided remotely through an online or telephonic platform to facilitate accessibility further.

CONCLUSION

The aim of this research was to understand how the current provision of programmes for people with a sexual attraction to minors, people at risk of committing CSA and people who have committed CSA could be improved. Specifically, this research looked at services in the community and independent from the Criminal Justice System. By utilising a mixed methods approach, this research focused on the perspectives of two key populations using the following methods: people in the general public through a survey; and practitioners from the third sector and CJS who are or have worked with people sexually attracted to minors and/ or who have committed (or are at risk of) sexual offences against children through semi-structured interviews.

The UK has a wealth of programmes, but these focus primarily on the prevention of sexual abuse against children. The originality of this thesis is situated in exploring how the provision and responsivity of the programmes could be improved. It identified the shortcomings and explored the applicability of key features of the German Project Dunkelfeld in the UK, that is a fully confidential, free and widely advertised programme for people who are attracted to minors, who may or may not have engaged with the CJS and who may or may not have committed sexual abuse.

Results from the survey revealed the public tends to agree with key features from the Dunkelfeld programme despite an undecided/slightly negative attitude towards sexual offenders. The influence between these two aspects is, therefore, very low. The interviewees revealed the receptibility to this type of programme may vary depending on the level of knowledge. It was found that the more people are aware or work close with those who experience sexually troubling thoughts, the more likely they will be supportive of programmes. To this end, informal conversations are valuable but need to be complemented with larger-scale strategies (such as a more comprehensive sexual education). In addition, participants considered the German approach to confidentiality would bring benefits to clients alongside an all-round responsive (supported by partnerships and teamwork) service funded by the government/ third party organisations. Overall, incorporating key characteristics (e.g., free service for clients; responsivity; mandatory confidentiality) of the Dunkelfeld programme in the UK is fundamental to ensure that more people access the help they need. The UK may be

ready for this step. However, even the German approach is not sufficient. To fully take account of the heterogeneity of the population (people sexually attracted to minors, at risk or who have perpetrated sexual abuse against children), it is important to shift the discourse to become more sex-positive and focus on the intended process: providing information and therapy to a human being. This may be to enhance their knowledge, wellbeing and/or assist with preventing child sexual abuse. Labelling a service as directed to 'prevent' not only will increase the difficulty in 'measuring' its success but would also limit its potential and level of responsivity.

Summary of recommendations

This study makes the following recommendations:

- Existing services ought to collaborate with each other to achieve a common national approach to provide services for people with a sexual attraction to minors, at risk and/or who have committed sexual abuse against children. Each of them has strengths and weaknesses, taking 'group work' to a larger scale will enable the enhancement of the provision of these services to everyone by heightening the strengths and minimising the weaknesses;
- Services ought to adopt a sex-positive narrative to ensure they are more inclusive and demonstrate their commitment to responsivity;
- Leading by example, key stakeholders and widely known organisations to publicly support and act on evidence-based knowledge (and provide funding, where applicable), such as the government;
- Develop a partnership portfolio including a wide range of organisations that will assist with referring clients (e.g., GPs) and/or aiding the provision of the services;
- Provide these services at no cost to clients to remove financial barriers (or charge a symbolic fee/ 'pay as you feel' towards demonstrating their commitment);
- Provide specialised training and support to employees delivering (or assisting the delivery of) the programme, including exploration of the principles of sex-positive criminology and how they apply to the programme, the nature of sexual attraction to

minors and how to work with individuals who experience these attractions, managing own reactions and emotions when working with individuals with a sexual attraction to minors;

- Expand the provision of these services to include strategies used in other industries, for example creating a team of volunteers (people without a sexual attraction to minors and/ or that have committed sexual offences against children) and 'buddy' (clients who completed the programme) groups to complement the work of practitioners (similar to other services, such as AA or Circles of Support and Accountability);

- Employ a wide range of strategies to address public attitudes through spreading knowledge and countering negative attitudes, including, for example, informal conversation between practitioners and non-practitioners, more informative sex education in schools, reassurance to the local/ national community of the evidence-based nature of the services, widespread awareness campaigns with adjusted media discourses in a variety of platforms by leasing with media-related organisations (e.g., characters in soaps and adverts);

- Follow the German approach to mandatory confidentiality;

- Provide all-round responsive services, including flexible and varied content to address the various needs to each client and flexible delivery depending on which strategy is more appropriate to each client.

Limitations of this study

A particular issue, specific to the research design, was asking survey respondents which gender they identified with. Although, the researcher aimed to be inclusive, it meant that results were not representative of all genders due to limited recruitment of those not identifying themselves as male or female. This may have been a consequence of the data collection strategy which relied on social media and word-of-mouth advertisement, meaning the researcher's network and their subsequent networks may not be fully representative of the full spectrum of genders.

Moreover, the subjective nature of qualitative research which, unlike quantitative research, is open to more interpretations, makes it more challenging to understand the 'truth', what

participants said or meant to say. Although the pragmatist lens enabled room for a more subjective phase as well as a more objective phase throughout this research, the danger of researcher bias remains.

Future research

Building on from these limitation, future research could consider recruiting a more significant sample of people from each gender (proportional and representative of genders other than just male and female) and analyse if any gender differences may influence their views of a programme like Dunkelfeld.

Building on from these research findings, future studies could seek to understand how levels of knowledge interact and change among 'multiple publics' views. In addition, while this research sought to explore public and practitioner views, future research could explore other relevant actors involved in child sexual abuse discourses, such as politicians and (adult) victims' views. These may be as part of a survey that seeks to capture further details on the participant background and demographics.

While these research findings may help future funding bids and people looking to set up or expand current prevention programmes, a case study could explore in more detail why previous attempts failed and the full extent of what it takes to succeed. This would perhaps make a hypothetical discussion, more concrete by assisting with developing programmes looking to provide sexual advice/ therapy and/ or the prevention of sexual abuse of children in the UK.

Lastly, future research could look at comparing more closely these research findings to the German public and practitioner views on the confidentiality approach of the original Dunkelfeld programme.

"If you want the future to be good, you must make it so; take action to make it so, and it will be" (Musk, 2022)

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APPENDICES

Appendix 1 – Invitation letter, information sheet and consent forms

Survey

Information sheet and Consent form

Welcome to this study!

My name is Cristiana Cardoso, and I am a PhD researcher at Birmingham City University looking into how sexual abuse against children can be prevented.

Your answers are invaluable for this research and you do not need to have any particular knowledge on any programme or project. I am only looking to gather your views on adults who committed or are at risk of committing sexual offences against children as well as a potential programme that will be explained later in this survey. You will be asked to select your level of agreement or disagreement with 37 statements (e.g., 'it is not wise to trust a sex offender too far'), ranging from 'strongly disagree' to 'strongly agree'. The length to complete the survey is expected to be less than 10 minutes.

No personally identifiable information will be requested of you. You have the right to withdraw from the survey without any negative consequences for you. All you need to do is to abandon the survey at any point before submitting your answers on the last page (there will be a statement at the end of the survey highlighting this). After this, due to no personal data being collected, it will be impossible to distinguish your answers from anyone else and so it will not be possible to remove your answers from the pool of responses. Data will be stored in the Qualtrics website and, after the end of this survey, within OneDrive and password protected. The results of this project will be used in journal articles, books, conferences, and other outputs.

If you feel psychologically distressed by participating in this study, I encourage you to get in touch with your local medical centre/GP. Alternatively, here are a few examples of organisations that may be of help:

- Samaritans (free) phone number: 116 123
- Big White Wall: www.bigwhitewall.com

However, if you are in a mental health crisis - call 999. If you are thinking of seriously arming yourself, please speak to your doctor immediately or ring the NHS helpline (111).

If you require further information, please contact:
Researcher – Cristiana Cardoso, Cristiana.Vianacardoso@mail.bcu.ac.uk
Director of Studies – Dr Sarah Pemberton, Sarah.Pemberton@bcu.ac.uk

If you wish to make a complaint, please contact HELS_Ethics@bcu.ac.uk, BLSSEthics@bcu.ac.uk or BCU_Ethics@bcu.ac.uk.

If you wish to raise concerns about how your personal data is used please contact the Data Protection Officer for Birmingham City University on informationmanagement@bcu.ac.uk or +44 (0)121 331-5288 or Data Protection Officer, Information Management Team, Birmingham City University, University House, 15 Bartholomew Row, Birmingham, B5 5JU.

By clicking the button below, you acknowledge:

- You are 18 years old or older;
- You understand that any information you provide will be kept confidential and anonymous;
- You have been informed about the nature of this research project and the nature of your participation;
- You have been informed about the expected duration of the survey;
- You understand that the results of this project will be used in journal articles, books, conferences and other outputs;
- You understand that your participation is voluntary, and you have been informed about your right to withdraw from the research at any time before submitting your responses after the last question without giving a reason.

○ *(box to select)* I consent to take part in this study

('Next' button took participants to the survey, providing the box above had been selected)

<u>Interviews</u>

Invitation Letter/Email

Dear Sir/Madam,

My name is Cristiana Cardoso, and I am a PhD researcher at Birmingham City University looking into how child sexual abuse can be prevented. I am looking specifically how primary prevention programmes, such as Dunkelfeld in Germany, which is free and provides full anonymity to clients, could be implemented in the UK.

It would be beneficial to hear your views and have a discussion with you on how primary prevention of child sexual abuse can be improved. You do not need to have any particular knowledge on any programme or project as I am only looking to gather your views from your professional experience working with men and/or women who committed or were at risk of committing sexual offences against children on what you believe works and what could be done to enhance the effectiveness of prevention. This is expected to take place during one virtual/phone meeting with an expected duration of around 30-60 minutes.

If you require further information or would like to participate, please contact:

Researcher – Cristiana Cardoso

Email – Cristiana.Vianacardoso@mail.bcu.ac.uk

Address – Cristiana Cardoso, Curzon Building, Birmingham City University, 4 Cardigan Street, Birmingham B4 7BD

Thank you for your time.

Kind regards,

Cristiana Cardoso

Participant Information Sheet

The purpose of this information leaflet is to inform you about the study so that you can decide whether you want to take part.

How could projects help prevent people from committing sexual offences against children in the UK?

My name is Cristiana Cardoso, and I am a PhD researcher at Birmingham City University looking into how sexual abuse against children can be prevented.

It would be beneficial to hear your views and have a discussion with you on how the prevention of sexual abuse against children can be improved and what you believe it currently works. You do not need to have any particular knowledge on any programme or project as I am only looking to gather your views from your professional experience working with men and/or women who committed or were at risk of committing such offences. This interview is expected to take place over the phone lasting around 30-60 minutes.

All the information provided will be kept anonymous and confidential (names and locations will be replaced with fictional names/locations). Nevertheless, if a criminal activity or immediate present danger is disclosed to me that has not been disclosed before, this may need to be reported to the appropriated organisations. You have the right to withdraw from the study at any point during the interview and without any consequences.

The meetings may be voice recorded if you offer permission to do so. Recording allows higher accuracy, but handwritten notes can be taken instead if you prefer. The data collected from different participants will be analysed and used in the write-up of the study.

Data will be stored within OneDrive and password protected. The results of this project will be used in journal articles, books, conferences, and other outputs.

If you feel psychologically distressed by participating in this study, I encourage you to get in touch with your local medical centre/GP. In alternative, here are a few examples of organisations that may be of help:

- Samaritans (free) phone number: 116 123
- Big White Wall: www.bigwhitewall.com

However, if you are in a mental health crisis - call 999. If you are thinking of seriously harming yourself, please speak to your doctor immediately or ring the NHS helpline (111).

If you require further information, please contact:

Researcher – Cristiana Cardoso

Location – Birmingham City University, School of Social Sciences

Email – Cristiana.Vianacardoso@mail.bcu.ac.uk

Director of Studies – Dr Sarah Pemberton

Email – Sarah.Pemberton@bcu.ac.uk

If you wish to make a complaint, please contact HELS_Ethics@bcu.ac.uk, BLSSEthics@bcu.ac.uk or BCU_Ethics@bcu.ac.uk.

If you wish to raise concerns about how your personal data is used please contact the Data Protection Officer for Birmingham City University on informationmanagement@bcu.ac.uk or +44 (0)121 331-5288 or Data Protection Officer, Information Management Team, Birmingham City University, University House, 15 Bartholomew Row, Birmingham, B5 5JU.

Consent Form

How could projects help prevent people from committing sexual offences against children in the UK?

I ……………………………………………………………………………… am over 18 years of age and agree to participate in this research.

☐ I understand that any information I provide will be kept confidential.

☐ I understand that the results of this project will be used in journal articles, books, conferences, and other outputs.

☐ I have been informed about the about the nature of this research project and the nature of my participation.

☐ I understand that my participation is voluntary, and I have been informed about my right to withdraw from the research at any time without giving a reason up until three days after the end of the interview.

☐ I have been informed about the expected duration of the interview.

☐ I agree for the interview to be voice recorded.

☐ I consent to take part in this study

Participant
Signed: ……………………………

Date: ……………………………………………….

Researcher
Signed: …………………………………

Date: ……………………………………………….

Appendix 2 – Survey

Demographics

Age: numeral

Gender: male, female, other, please specify

Ethnicity: White, Asian, Black, or African American, Mixed, Other, please specify

Highest level of education attained: Less than a high school degree, High school graduate (e.g., GED, diploma), Some college but no degree, Associate degree (e.g., AA, AS), Bachelor's degree (e.g., BA, BS), Master's degree (e.g., MA, MS, MEd), Professional degree (e.g., MD, DDS, DVM), Doctorate (e.g., PhD, EdD)

Region: East Midlands, East of England, London, North East, North West, Northern Ireland, Scotland, South East, South West, Wales, West Midlands, Yorkshire, and The Humber *(based on ethnicity by region stats from ONS)*

Income level: Less than £12,500; £12,501 to £19,999; £20,000 to £29,999; £30,000 to £39,999; £40,000 to £49,999; £50,000 to £59,999; £60,000 to £149,999; over £150,000 *(based on tax bands with extra categories between 12-50,000)*

I have: No children, One or more children under the age of 16; One or more children aged 16-21 years old; One or more children over the age of 21

Survey Part 1 – Attitudes Towards Sexual Offenders

The following statements refer to views concerning sexual offenders. Please read them carefully and select your level of agreement or disagreement with each one, ranging from 'strongly disagree' to 'strongly agree'. There are no right or wrong answers.

	strongly disagree	disagree	undecided	agree	strongly agree
1) Sex offenders are different from other people	○	○	○	○	○
2) Most sex offenders are victims of circumstances and deserve help	○	○	○	○	○
3) Sex offenders have feelings like the rest of us	○	○	○	○	○
4) It is not wise to trust a sex offender too far	○	○	○	○	○
5) I think I would like a lot of sex offenders	○	○	○	○	○
6) Give a sex offender an inch and they take a mile	○	○	○	○	○
7) Sex offenders need affection and praise just like anybody else	○	○	○	○	○
8) Trying to rehabilitate sex offenders is a waste of time and money	○	○	○	○	○
9) Sex offenders are no better or worse than other people	○	○	○	○	○
10) You have to be constantly on your guard with sex offenders	○	○	○	○	○
11) If you give a sex offender your respect, he'll give you the same	○	○	○	○	○
12) Sex Offenders only think about themselves	○	○	○	○	○
13) There are some sex offenders I would trust with my life	○	○	○	○	○
14) Most sex offenders are too lazy to earn an honest living	○	○	○	○	○
15) I wouldn't mind living next door to a treated sex offender	○	○	○	○	○
16) Sex offenders are just plain mean at heart	○	○	○	○	○
17) Sex offenders are always trying to get something out of somebody	○	○	○	○	○
18) Sex offenders are immoral	○	○	○	○	○
19) I would like associating with some sex offenders	○	○	○	○	○
20) Sex offenders respect only brute force	○	○	○	○	○
21) If sex offenders do well in prison/hospital, they should be let out on parole	○	○	○	○	○

What type of sexual offenders were you thinking of?

____

What gender were you thinking of?

Male; Female; Another gender, please specify; All genders

Survey Part 2 - Prevention Project

Imagine an organisation that provides clinical and support services to adult women who have committed or are at risk of committing a child sexual offence to prevent them from initiating offending or cease it regardless whether they had or not yet engaged with the Criminal Justice

System. None of these women can be under an active investigation from the police to qualify for these services. This programme is free aiming to help them to achieve their desired and legal level of sexual and partnership contentedness. It also assures full confidentiality, that is, even if they confess a sexual crime not known to the Criminal Justice System, the practitioner cannot report as it is protected by a client-practitioner confidentiality agreement.

Please carefully read the following sentences and select your level of agreement or disagreement with each one, ranging from 'strongly disagree' to 'strongly agree' considering **women** who have committed or are at risk of committing a child sexual offence as the clients of this programme.

	strongly disagree	disagree	undecided	agree	strongly agree
22) I would like a programme like this to be available in the UK	○	○	○	○	○
23) A programme like this could be useful to prevent children from being sexually abused	○	○	○	○	○
24) A programme like this could be useful to prevent women from committing sexual offences against in the future	○	○	○	○	○
25) I would prefer confidentiality to no include clients' confessions of sexual offences against children not known to the Criminal Justice System	○	○	○	○	○
26) I think this programme should be free for women	○	○	○	○	○
27) I would refer a woman who confided in me to be close to committing such offences to this programme	○	○	○	○	○
28) This programme should be available to women who are yet to commit a sexual offence against a child	○	○	○	○	○
29) This programme should be available to women who have already committed at least one sexual offence against a child and are yet to be caught by the police	○	○	○	○	○

The last eight questions will appear again regarding the same programme. Please answer them this time considering **men** who have committed or are at risk of committing a child sexual offence as the clients of this programme.

	strongly disagree	disagree	undecided	agree	strongly agree
30) I would like a programme like this to be available in the UK	○	○	○	○	○
31) A programme like this could be useful to prevent children from being sexually abused	○	○	○	○	○
32) A programme like this could be useful to prevent men from commit future sexual offences against children	○	○	○	○	○
33) I would prefer confidentiality to not include clients' confessions of sexual offences against children not known to the Criminal Justice System	○	○	○	○	○
34) I think this programme should be free for men	○	○	○	○	○
35) I would refer a man who confided in me to be close to committing such offences to this programme	○	○	○	○	○
36) This programme should be available to men who are yet to commit a sexual offence against a child	○	○	○	○	○
37) This programme should be available to men who have already committed a sexual offence against a child and are yet to be caught by the police	○	○	○	○	○

Do you have anything else you would like to say?

This is the end of the survey, please click the arrow to the next page to submit your answers

Appendix 3 – Interview guide

<u>Background information</u>

Age

Gender

Years of service – how long have you been working here? Have you worked in similar settings before?

Qualifications - How did you get into this role? What kind of training and background do you have?

Professional qualifications/history - Are you part of a professional body? Roughly how many men who committed child sexual offenders (CSO) have you worked with? And women? And those at risk of (men and women)? How does your work relate to the prevention of CSO?

<u>Effectiveness</u>

How effective do you believe it to be? Why?

(if their history relates only to secondary/tertiary prevention) How do you believe CSO could be effectively prevented even before it takes place?

What aspects would be important for a primary prevention programme to have?

Would any differences exist if the target client would be a man or a woman? If so, what would these be?

Have you heard of the German Dunkelfeld programme or 'Don't Offend'? If not, provide overview:

It provides clinical and support services to individuals who are sexually attracted to children or early adolescents to prevent them from initiating offending or cease it regardless whether they had or not yet engaged with the Criminal Justice System, though the clients cannot be

under an active investigation while participating. This programme is free and assures full confidential help them to achieve their desired and legal level of sexual and partnership contentedness (that is, even if they confess a crime does not know to the Criminal Justice System, the practitioner cannot report).

Applicability to the UK

Do you believe a programme like this could take place in the UK? Why?

Cover: cost, confidentiality, engagement with the CJS, adequateness to men and women

Public reaction

How do you believe the public would respond to the development of such programme in the UK? Any differences or similarities between men/women as the target client?

Practitioner reaction

How would you feel to be a practitioner from a company delivering this type of service? Any differences or similarities between men/women as the target client?

Cover: delivering programme/one-to-one or group sessions, your values, your family/friends' opinion

Earlier on my PhD, I run a survey asking the public whether they would like a programme like this to be available and there were a number of people undecided, particularly regarding the confidentiality aspect. Do you have any opinion on why someone would be unsure on whether to endorse it or not? So, they could have said 'I agree' or 'I disagree', but why do you think they could say they are undecided?

Anything else you would like to add?

Appendix 4 – Example of theme development using Framework

Transcript	Super-ordinate theme: Funding			
	Service users should not bear the full cost of the programme	The government and other organizations need to provide sufficient funding	Evaluation is key to ensure value for money	Consequences of insufficient funding
1	X	x		
7		x	x	x
…				

Appendix 5 – Publications related to sex-positive criminology mentioning an attraction to minors

Reference	Does it mention people with a sexual attraction to minors beyond one sentence/ example?
Wodda, A., & Panfil, V. R. (2020). Sex-Positive Criminology. Routledge.	N
Wodda, A., & Panfil, V. R. (2018). Insert Sexy Title Here: Moving Toward A Sex-Positive Criminology. Feminist Criminology, 13(5), 583-608.	N
Wodda, A., & Panfil, V. R. (2021). Sex-Positive Criminology: Possibilities For Legal And Social Change. Sociology Compass, 15(11), E12929.	N
Sinha-Roy, R., & Ball, M. (2021). Gay Dating Platforms, Crimes, And Harms In India: New Directions For Research And Theory. Women & Criminal Justice, 1-17.	N
Ball, M. (2020). Queering Criminology Globally. In Oxford Research Encyclopedia Of Criminology And Criminal Justice.	N
Canning, V., & Tombs, S. (2021). From Social Harm To Zemiology: A Critical Introduction. Routledge.	N
Dodge, A., & Lockhart, E. (2021). 'Young People Just Resolve It In Their Own Group': Young People's Perspectives On Responses To Non-Consensual Intimate Image Distribution. Youth Justice, 14732254211030570.	N
Panfil, V. R. (2021). "Everybody Needs Their Story To Be Heard": Motivations To Participate In Research On LGBTQ Criminal Offending. Deviant Behavior, 1-19.	N
Boyett, K. M. (2021). The Rape Paradox: The Effect Of Anti-Sexual Assault Policies On Gender And Sexual Assault Attitudes,	N

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