

*“Voyeurism was my comfort blanket”.*

An investigation into the experiences and needs of adult males with  
a conviction for voyeurism.

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A thesis submitted in fulfilment of the requirements of Nottingham  
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Psychology

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## **Publications from this thesis**

### **Journal articles**

Wood, C., Blagden, N., & Teicher, S. (In Prep). What are the risk factors and characteristics of an adult male convicted of voyeurism or exhibitionism? A Structured Review and Analysis.

Wood, C., Blagden, N., & Teicher, S. (In Prep). *"Voyeurism was my comfort blanket"*. Living with Voyeurism: An Interpretative Phenomenological Analysis.

Wood, C., Blagden, N., & Teicher, S. (In Prep). Are there different psychological needs for those with a conviction for voyeurism depending on their relationship status?

### **Presentations**

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## Abstract

This thesis provides an exploration into voyeurism and the individuals that are committing this offence.

Chapter one sets the scene introducing voyeurism and the thesis, Chapter two then extends this introduction by reviewing the current literature on the characteristics and risk factors of an adult male convicted of voyeurism and exhibitionism. The results indicate that there is very limited research exploring this area and what has been done is of poor quality and significantly dated. With only one limited paper attempting to look at voyeurism, the review found that further urgent research is needed into exploring who commits the offence of voyeurism.

In order to further develop the field of research on voyeurism, chapter three explores the lived experiences of seven adult males convicted of voyeurism using Interpretive Phenomenological Analysis. Three superordinate themes were identified as, (1) surrogate intimacy, (2) escapism from reality and (3) overwhelming habit. The results have implications for current policy and practice within Her Majesty's Prison and Probation Service (HMPPS).

Chapter four then continues to explore voyeurism by considering if there are different psychological needs (self-esteem, emotional loneliness, attachment style and problem solving style) for individuals convicted of voyeurism depending on whether they identify as being within a relationship or single. Independent *t*-tests and Chi-Square analysis was conducted on the pre psychometrics of *n*:20 individuals convicted of voyeurism. Despite limited secondary data key characteristics were identified that has helped to provide up to date knowledge of the individuals that are committing the offence of voyeurism. The results have confirmed that there are different psychological needs depending on the relationship status of those with a conviction for voyeurism highlighting potential areas to explore in interventions. The research also found new information on who are the victims of voyeurism (age, gender and association). However, further research is needed in this area.

Finally, Chapter five provides a conclusion to the thesis highlighting the implications of the research.

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## Chapter 1

### Introduction to voyeurism

Sexual offences are often separated into contact or non-contact sexual offences (MacPherson, 2003). Since 2016-2017 the Ministry of Justice report a 14% increase in sexual offending, with non-contact sexual offending being reported three times more often than contact sexual offences, such as rape or sexual assault (Ministry of Justice Statistics, 2018).

The majority of the empirical literature that does attempt to explore non-contact sexual offending focuses on predominantly exhibitionism (Sugarman, Dumughn, Saad, Hinder & Bluglass 1994; Grant, 2005; Swindell, Stroebel, O'Keefe, Beard, Robinett, & Kommor, 2011) and internet sexual offending (Winder & Gough, 2010), leaving voyeurism with a lack of current research (Dwyer, 1988). Over the years the same review of the dated literature has occurred (Gebhard, Gagnon, Pomeroy, & Christenson, 1965; Smith, 1976; Mann, Ainsworth, Al-Attar, & Davies, 2008; Hocken & Thorne, 2012; Duff, 2018) all identifying the importance of further research within this area. Despite the identified needs and the Ministry of Justice reporting an increase in reported acts of voyeurism over recent years (Ministry of Justice Statistics, 2018), to date no research has been completed. So, what is voyeurism and why has this area been left unexplored?

#### What is voyeurism?

Voyeurism is “a pathological indulgence in looking at some form of nudity as a source of gratification in place of the normal sex act regardless of whether the looking is accompanied by masturbation or spontaneous orgasm” (Karpman in Smith, 1976: 585). This is often referred to as a ‘Peeping Tom’.

The Sexual Offences Act, (2003) defines voyeurism “for the purposes of obtaining sexual gratification, and knowing that the other person does not consent to being observed, observing another person engaged in a private act. A person is doing a private act if they are in a place where they would expect to have privacy, if the person’s genitals, buttocks or breasts are exposed or covered only with underwear, if the person is using a lavatory, or the person is doing a sexual act that is not expected to be seen in public”. The Act identifies that a person commits an offence if they “operate, install, adapts or uses equipment with the intention of enabling another person to observe, for the purpose of obtaining sexual gratification, or if they record

another person (B) doing a private act and if they know that B does not consent to his recording or operating equipment with that intention”. Also, under this Act it refers to the person who “is guilty of an offence under this conviction to imprisonment for a term not exceeding six months or a fine not exceeding the statutory maximum or both and on conviction on indictment, to imprisonment for a term not exceeding two years” (Sexual Offences Act, 2003). The problem with the legal definition is the lack of awareness of who the individuals are, their intent and the identification of the sexual interest being frequent, compulsive and deliberate (Mann et al., 2008).

Recently the government have proposed an amendment to the Sexual Offences Act (2003) making it an offence for a person to operate equipment or record an image under another person’s clothing with the intention of viewing, or enabling another person to view, their genitals or buttocks (with or without underwear), known as up skirting. This would capture instances where the purpose is to obtain sexual gratification or cause humiliation, distress or alarm and could lead to an individual being placed on the sex offender register (Sexual Offences Act, 2003). As such the government have recommended a new offence to address this behaviour and help address a gap within the legal system. This is significant progress and recognises the prevalence of non-contact sexual offending. However, compared to contact sexual offences, non-contact sexual offending is still under researched and so relatively little is known or understood about these behaviours.

The medical definition of voyeurism (DSM-V, American Psychiatric Association, 2013) appears to take into consideration the impact of the sexual interest upon the individual which was missing from the legal definition. The definition defines voyeurism as “recurrent, intense and sexually arousing fantasies, sexual urges or behaviours” involving “observing an unsuspecting person who is naked, disrobing or engaging in sexual activity with or without their consent”. Despite the consideration of the individual, the definition fails to include the reality that voyeurism may also include a sexual interest in watching an individual for example, defecating, urinating, or attempting to look at their underwear (Smith, 1976). The DSM-V (APA, 2013) has also identified additional conditions that can account as having a diagnosis of Voyeuristic Disorder. They identified that the individual should have been demonstrating “voyeuristic tendencies” for at least six months, is showing signs of stress, distress, and their social and occupational life has been affected. They must have also gained sexual gratification from observing at least three or more unknowing victims naked,

undressing or engaging in any sexual activity on separate occasions. According to the DSM-V (APA, 2013), a diagnosis can still be provided even if an individual denies having sexual fantasies or having a sexual interest lasting longer than six months due to the belief that they might be in denial of feeling stressed or impaired. However, O'Donohue, Regev, and Hagstrom (2000) highlighted concerns over the reliability and validity of the diagnosis stating there is a lack of information on the individual, there is clinical subjectivity, and it is unclear how the assessor has arrived at the conclusion that it is "recurrent and intense" and "markedly distressed". Based on the current definitions it provides professionals with a framework of what is voyeurism, however, it is still unclear what is the etiology, what are the characteristics, and what could be the intervention needs for voyeurism, identifying clear gaps to be explored.

When considering the current definitions of voyeurism it is important for professionals attempting to understand voyeurism to consider that there are different forms of voyeurism. These differences can be defined as pictophilia which is a dependence on watching pornographic tapes or pictures, scopophilia which is a dependence on watching others undress and scoptophilia is viewing individuals engaging in sexual intercourse (Holmes & Holmes, 2009; Shaffer & Penn, 2006; Kaplan & Kreuger, 1997). Troilism is where the individual views their partner engaging in intercourse with others, this can be on their own recording this, as a group of couples engaging with one another or any behaviour that allows a troilist to watch (Holmes & Holmes, 2009). Candalism is where the male exposes his partner or her pictures to others to fulfil voyeuristic fantasy or arousal and coprophilia is when a person observes individuals in the act of defecating or eliminating without their knowledge (Chesser, 1971; Smith, 1976). It also appears that voyeurism has increased culturally and societally to include internet sites and services with the main focus on meeting their voyeuristic needs through the misuse of social networking services (Metzl, 2004), identifying a significant rise in computer voyeurism (Neumann, 2006). This highlights that voyeurism is not a unitary phenomenon but is made up of a range of behaviours that the legal and medical definitions fail to acknowledge.

Due to the limitations of all the current definitions of voyeurism and due to the changes within our current culture on what could be classed as voyeuristic behaviour, it is understandable how this can cause difficulties in defining voyeurism and can add to the lack of knowledge in the legal system to secure an arrest or conviction for voyeurism. It is therefore important that legal and clinical professionals are aware of

the complexities of the voyeuristic sexual interest highlighting a clear need for further research within this area to aid knowledge and understanding.

What is currently known about those who identify as having a sexual interest in voyeurism?

Despite this lack of clarity over the definitions, it is therefore important to understand the context of voyeurism by exploring the individual characteristics and possible explanations of the behaviour. The more that is known about voyeurism, the more effective assessments, and appropriate direction of interventions can be completed, which ultimately can affect reoffending and create less victims. However, what is currently known about who are the individuals who commit the offence of voyeurism?

The research previously has attempted to explore voyeurism and the common characteristics of individuals expressing an interest or desire to engage within voyeuristic behaviour. Common characteristics include being from all races and ethnic groups (Thibaut, De La Barra, Gordon, Cosyns & Bradford 2010) and their intelligence, employment, educational levels, and other demographics were on par with the general population (Blair & Lanyon, 1981; Dwyer, 1988). Gebhard, et al. (1965) found that individuals with an interest in voyeurism were unlikely to gamble, be an alcoholic, or use drugs and did not have mental health problems. However, Långström and Seto (2006) studied self-reported exhibitionism and voyeurism within the general population in Sweden and found both behaviours were associated with higher rates of alcohol and drug use, gambling, same sex attraction, they paid for sex, had more sexually transmitted disease infection, and were more easily aroused. They also found that they had more psychological problems and comorbid psychiatric disorders. This lack of clarity regarding some of the characteristics can cause confusion for professionals attempting to understand voyeurism, identifying the need for up to date research to highlight current needs to aid intervention direction.

In regards to relationships status, there appears to be a lack of clarity within the literature, often being reported as married or single. With Gebhard et al., (1965) highlighting individuals were more likely to be married (45%), but it is unclear what the marital status of the other 55% were. The study did report due to the low sample age individuals did not have the opportunity to get divorced, indicating that they could be single. However, Freund (1990) highlighted individuals struggled developing

relationships so were more likely to be single. This lack of clarity can make it difficult to identify individuals level of intimacy. However, Gebhard et al. (1965) also reported individuals having a good relationship with their parents but there was a poor relationship between their parents. They would describe their parents as showing a lack of emotional expression, emotional distance, undemonstrativeness and lack of warmth (Rubins, 1969). Carnes (2001) found that 52% of individual with an interest in voyeurism were the youngest or an only child, they had few sisters, and 50% came from a broken home. Långström and Seto (2006) found voyeurism in the general population reported higher incidence of separation from parents in childhood and sexual abuse before the age 18. It was therefore reported by Carnes, (2001) that these problems experienced early in life, within the family and within relationships, could have contributed to later patterns of compulsivity and addiction as individuals develop maladaptive beliefs of relationships and sexuality.

When examining individuals sexuality and social life, Smith (1976) found that individuals with a sexual interest in voyeurism were less likely to engage in “heterosexual petting”, began engaging in sexual activity later in age, and had higher rates of unusual fantasies, including bestiality and sadomasochism. Whilst Gebhard et al. (1965) found that individuals had a lack of females within their life such as within the home and social life but they did succeed in relationships in pre-adolescent life. Again, there appear to be some reported differences in individual characteristics of voyeurism which highlights the need to explore this further. However to do this it is helpful to know more about the nature of the voyeuristic sexual behaviour.

For an individual with an interest in voyeurism, problematic sexual behaviours often began in adolescence with more than 50% reporting voyeuristic desires before the age of 15 (Kaplan & Krueger, 1997; Mathis, 1972). According to the DSM-V (APA, 2013), the onset of voyeuristic behaviour is usually before 15; it tends to be chronic and lasts a lifetime (Neumann, 2006). However, most individuals will not come into contact with the Criminal Justice System until they are in their mid-20's (Berah & Meyers, 1983). This could be due to the lack of ability to detect this behaviour or the view that adolescents are only engaging in nuisance behaviour. Despite this, individuals are often not arrested for voyeurism as Dwyer (1988) indicated that individuals engaging in any type of sexual behaviour that leads to physical contact were typically arrested for rape or sexual assault, not voyeurism, which may result in an underestimation of voyeurism and its role in more severe sexual crimes. In support of this, Moncrieff and



Pearson (1979) analysed 40 individuals with a history of engaging in sexual assault and found that 35% of them reported a history of exhibitionism or voyeurism. As such, it appears that at least some individuals engage in both contact and non-contact offending however, contact offences are often the only behaviours which are identified and reported. In an attempt to understand more about the individuals with a sexual interest in voyeurism it is key to explore the theories of voyeurism as a starting point.

### What are the potential explanations of voyeurism?

There are a few psychological theories that aim to investigate non-contact sexual offending and those that have been identified are dated and have many theoretical limitations. Therefore, theories that relate to sexual offending more generally appear to be applied to those who commit non-contact offences however due to the identification that non-contact sexual offences are less dangerous (Duff, 2018), this could be a reason why there is a lack of research. However, due to the recognition that non-contact sexual offending is the most common law breaking sexual behaviour within the general population (Raymond & Grant, 2008) and are probably more pervasive than previously thought (Firestone, Kingston, Wexler, & Bradford, 2006) the need for theoretical models to aid accurate risk assessment and interventions is essential. So what theories can be applied to voyeurism?

General theories of sexual offending have been applied to non-contact sexual offending (Finkelhor's Precondition Model, 1984; Marshall & Barbaree's Integrated Theory, 1990; Hall & Hirschman's Quadripartite Model, 1992). However, it is not clear whether participants with an interest in voyeurism was included within their sample. All of these theories have attempted to explain why people commit a sexual offence but there are a number of limitations with these theories, when considering unifying power, internal consistency, ability to predict future behaviour, and heuristic value. A particular concern is the extent to which these theories can be empirically tested, since it is sometimes unclear what specific and testable predictions the theorists themselves make. A theory of sexual offending was then developed that considered a wide range of factors as to why individuals commit sexual offences (Ward & Siegart, 2002). They combine aspects from other theories and developed a model of multiple pathways to offending. These pathways highlight psychological vulnerabilities to sexual offending, which can be triggered by situational factors such as experiencing life problems or availability of stimuli. This theory suggests that a "deviant sexual interest" (voyeurism) could be a

factor alongside other contributing factors such as relationships issues, low self-esteem and anti-social beliefs that could increase an individual's risk for committing a sexual offence (Hocken & Thorne, 2012).

Although all of these theories offer a broad explanation of why individuals commit a sexual offence, they fail to explain who is committing these offences; further, they have not been specifically developed to explain how the sexual interest develops in the first place, just how it interacts with other factors to lead to problematic expressions of the interest. However, there are several theories that have attempted to look at the development and maintenance of a sexual interest.

McGuire, Carlisle, and Young (1965) proposed a "sexual deviation theory" that could be utilised for trying to understand voyeurism. This theory argues that sexual deviations (interests) result from a crucial, although possibly accidental, sexual experience. They suggest that this is how unhealthy sexual interests develop; with the precipitating incident being an individual's first real sexual experience. Deviant preference is then primarily acquired by masturbation to the memory of the event. The more sexually stimulating it becomes the more emphasis it is given in the masturbatory fantasy. Therefore, as part of a conditioning process, masturbation is at the beginning of the development of sexual preference. Thus, McGuire et al. (1965) argue sexual interests are learnt behaviour with fantasies as the stimulus and ejaculation or orgasm as the reinforcement. McGuire et al. (1965) also suggest that individuals who commit a sexual offence may have problems in some areas of social functioning and it is these problems that drive their sexual interest. They argue that feeling socially or sexually inadequate may strengthen the unhealthy sexual preference. Bringing together the social functioning and conditioning shows the theory holds a degree of unifying power and heuristic value because it has led to new developments in interventions. However, the sexual deviation theory does lack empirical scope and adequacy because the sample on which the theory was developed did not meet the requirements of what was defined as conditioning. Further still, some of the participants on which the theory was based would now not be regarded as having a paraphilia (homosexuals). The theory lacks explanatory depth as accounts of the participants were accepted as truth and assumptions were made regarding the reasons why someone acts out on their unhealthy sexual behaviour. There is also no evidence to explain why some develop interests and others do not (Wilson, 1987). There is empirical support for the sexual deviation theory where masturbation is seen at the beginning of the development of sexual preference (Evans, 1968; Quinsey & Marshall, 1983). However, this support only

focuses on responses to phallometric assessments to stimulus sets within a laboratory, which lacks ecological validity as it does not identify who are the individuals committing these offences and there is also no evidence that these studies have been tested with voyeurism.

The sexual deviation theory does give prominence to the role of conditioning which was further developed by Laws and Marshall (1990) who started to address issues regarding the acquisition of sexual interests identified by McGuire et al. (1965) theory. The conditioning theory suggests that sexual interests are learned in the same way as other people learn sexual behaviour. They propose that sexual arousal patterns are acquired and established through conditioning, social learning, observation and modelling, and subsequently shaped through different types of reinforcement. They argue that masturbatory fantasy and orgasm develop the conditioning and reinforce the behaviour so that it becomes powerful and refined. An individual learns to secure sexual reinforcement through undetected illegal behaviours if the routes to “normal” sexual behaviours have been disrupted. O’Keeffe et al. (2009) and Stoebel et al. (2010) agreed that conditioning is part of the development of a sexual interest.

This theory does show explanatory depth and unifying power by being able to describe and explain how unhealthy sexual interests are acquired and provides an explanation of how fantasy and behaviour can be address via interventions, therefore this theory shows heuristic value. However, not all offence related behaviour is driven by fantasies; some will have appropriate fantasies and it may be their offending arises from emotional deregulation, intimacy deficits or cognitive distortions. Ward, Polaschek and Beech (2006) criticised Laws and Marshall’s theory because of its failure to explain sexual offending by individuals who do not have a sexual preference for children therefore, the Conditioning theory lacks empirical scope as the focus on sexual preferences as the primary driver does not provide an adequate account of the etiology of sexual offending (Blackburn, 2001).

There is some empirical evidence that sexual arousal can be conditioned (Dekker & Everaerd, 1989) but this has only been tested in laboratory studies via self-reported psychological measures. Such studies do not explain the origins of a sexual interest and fails to explain the choice of arousal and the transformation from fantasy into behaviour (Blackburn, 2001). The theories also fail to account for the neurobiological basis to sexual orientation and preference. Therefore, individuals whose sexual preference or

orientation may be affected by neurological factors will not necessarily have insight into the impact this is having on their arousal patterns.

There is also no evidence that conditioning interventions supports a healthy change in an individual's sexual interest. There are experimental studies (Looman, 2000; Lussier & Proulx, 2005) that support the conditioning theory, identifying that masturbation to unhealthy sexual fantasies, watching pornography and witnessing incestuous or promiscuous sexual behaviour within the family were linked to the development of unhealthy sexual preferences in adulthood. However, if they did not control for genetic or neurobiological factors which might be present within the family then their findings may be skewed. However, the small sample used was not representative of all individuals with a conviction for a sexual offence and by employing phallometric assessments this prevented them from identifying the origins and the individual characteristics of the sexual interest.

The theory of conditioning was explored further by Swindell et al. (2011) who considered how the conditioning model linked to the development of exhibitionism. They found that the first step towards the development of exhibitionism is an experience of exposing their genitals to another at an early age, which results in conditioning trials. Because an individual finds it pleasurable they repeat the behaviour. Although Swindell et al. (2011) supports a conditioning model, their sample was not based on a random selection of the general population, nor on individuals with a conviction for a sexual offence. The methods of computer based interviews that they used could not explore the origins of the sexual interest because they did not provide an opportunity to gather further information and this could inherit biases. The gaps still remain in exploring the characteristics, the factors that can lead to an individual committing voyeurism and the nature of the sexual interest.

By considering the Conditioning theory, Mann and Carter, (2012) applied the Bio-Psycho-Social model to explain sexual offending with sexual arousal and behaviour being linked to biological factors (Grubin, 2008) such as foetal development in the neuro-hormonal environment in the womb (Cantor, 2011), and childhood trauma which can cause neurological impairment (Cantor et al., 2006). Grubin (2008) identified that the hypothalamus and the limbic system are the areas of the brain most responsible for determining sexual drive and functioning and the neurotransmitters (Dopamine and Serotonin) are especially relevant to sexual functioning with low levels of Serotonin (5HT) being shown to result in an increase of sexual behaviour (Kafka, 1997). Abouesh

and Clayton (1999) identified that voyeurism does have similarities with Obsessive Compulsive Disorder (OCD) due to compulsive urges to offend that are reported by voyeuristic individuals. They found that lower levels of 5HT may mean an inability to inhibit compulsive behaviours. There is an indication that increasing 5HT could be an appropriate intervention option for individuals with a sexual interest in voyeurism however there is a lack of evidence to support this (Hocken & Thorne 2012) highlighting if the sexual interest is potentially biological then conditioning techniques may not be effective. Therefore, determining if the sexual interest is biological is complex and currently there is a lack of research within this area. However, there are a number of neuropsychological theories that can be applied to voyeurism (Briken, Habermann, Berner, & Hill, 2005) implying a reduction in control of behaviour. Specifically, brain damage may result in individuals finding it harder to repress sexual motivations for which voyeurism may occur. This links closely to Marshall and Barbaree (1990) theory indicating that biological factors might affect an individual's ability to repress rather than acquire. However, this could also come down to an individual's learning environment (Duff, 2018). When exploring the learning environment it is important to consider the development of an individual's social environment and whether this has an impact on the development of voyeurism.

By considering the development of the brain and one's social environment, another theory to consider that can be applied to voyeurism is the Love Map Theory. This theory was developed by Money (1986) who considered the characteristics, interests, ideas and beliefs about the type of relationships individuals would like to have. Money (1986) identifies when the brain is developing in early life, the Love Map is forming which includes, traumatic, inappropriate or unhealthy sexual experiences. This damage to the Love Map then creates 'atypical' Love Map which includes paraphilic Love Maps, including those relating to voyeurism. However, due to modern neurobiological research (Creeden, 2009) new pathways can be formed in adults, suggesting that Love Maps can be changed so the possibility of interventions could help those with a paraphilic Love Maps. However, it is unclear how this is effective specifically with those with an interest in voyeurism. From the Love Map Theory, the Courtship Disorder Theory emerged (Freund, 1998) to address the development of non-contact sexual interests, including a consideration of voyeurism and their social environment. The theory suggests that individuals with an interest in voyeurism have a disorder of the "finding phase [of courtship] – locating and appraising a potential partner" (Freund & Seto, 1998 p. 433). It is suggested that they find it difficult or unpleasant to move from the initial

attraction to another person through the stages of social and verbal interaction as the normal path of progression to emotional and physical intimacy. Previous research supported the suggestion that individuals often fail in intercourse, find it unsatisfactory, or find it pleasurable but still prefer the voyeuristic act (Gebhard et al. 1965). Although Langevin, Paitich, and Russon (1985) claimed to have disproved the Courtship Disorder with their finding that individuals tend to have had more overall sexual experiences with adult females than controls, they simply measured number of partners, rather than confidence or satisfaction with sexual relationships. However, the number of partners cannot necessarily be taken to indicate that sexual relationships are successful. It could reflect sexual preoccupation and the compulsive tendencies associated with voyeurism rather than satisfaction in relationships. Indeed, a higher number of sexual partners may indicate that the sexual act is, as Smith (1976) suggested, experienced as “entirely genital in nature” (p.594) and therefore rather impersonal. The theory does lack predictive accuracy and internal coherence as it is difficult to test empirically (Morin & Levenson, 2008). Additionally, it does not account for the origins of how they become distorted within this cycle or the contributing factors that affect the behaviour (Morin & Levenson, 2008). However, Carnes (2001) has suggested that the Courtship Disorder Theory is helpful in explaining sexually dysfunctional behaviour, but should also be extended to explore other sexual behaviours. Whilst the Courtship Disorder has been described as having clinical significance (Lavin, 2008) there has been limited research into it, particularly with a focus on voyeurism (Murphy & Page, 2008) indicating that more research is needed exploring who commits the offence of voyeurism to aid appropriate assessments and targeting of appropriate interventions.

A single case study exploring the origins of voyeurism whilst making links with theoretical models was conducted by Wood, Thorne and Blagden (In prep) who found some support for numerous models such as McGuire's et al. (1965) sexual deviation theory. The case study identified an interest in voyeurism which resulted from a crucial and accidental sexual experience. The individual felt socially and sexually inadequate and this strengthened the deviant sexual preference that has formed through conditioning. As with Laws and Marshall's Conditioning Theory (1990), the individual had learnt to secure sexual reinforcement through voyeurism as “normal” sexual behaviours had been disrupted. The research also made links with Freund's (1990) Courtship Disorder as the client was unable to establish relationship which may have disrupted the normal psycho-sexual development of age appropriate consenting relationships. There are limitations with this study in that this was only completed with

a single case study, is reliant on self-report narratives and researcher biases could have affected the direction of the research. However, it is a good start in exploring the links with theoretical models and voyeurism.

Despite a range of different theoretical models that could be applied to voyeurism there are still limitations with these. There has been recognition for over 20 years that more research is needed in this area (Kaplan & Krueger, 1997; Morin & Levenson, 2008; Duff, 2018) specifically further research is needed to get a better understanding of voyeurism, how it develops, and its prevalence (Kaplan & Krueger, 1997) and then how this information can aid accurate assessments and interventions (Mann et al., 2008) but why? Why is it useful to understand voyeurism and how problematic is it?

Voyeurism is reported as the most common law breaking sexual behaviour within the general population (Raymond & Grant, 2008). As with all non-contact sexual offences, a major problem is identifying the number of offences that take place as they are often underreported and can be difficult to detect. Those who are arrested for this behaviour are often charged with non-sexual offences, for example, criminal damage or loitering. The extent to which voyeurism exists is unknown because many acts of voyeurism are committed against an unknowing victim and are therefore not seen and not arrested. Doyle (2009) has argued that if the victim of voyeurism is not aware they are being watched they may not be victims at all. However, what we know is there are different forms of voyeuristic behaviours that are not classed as illegal (e.g., Troilism) and are therefore not included within the legal and medical definitions of voyeurism. This then only adds to the confusion and difficulties in identifying what constitutes an offence, to identify when an offence has been committed and who is a victim. The medical definition (APA, 2013) identifies an offence has been committed even if the victim is aware or not aware of the behaviour. Whilst a victim may not be fully aware of this behaviour taking part, this is an offence and everyone has a right to privacy. When a victim becomes aware that someone has perpetrated the offence against them then the fear and psychological impact is underestimated (Simon, 1997; Hocken & Thorne, 2012). Therefore this is why it is important to understand who are the victims of voyeurism in order to recognise them as victims and highlight areas for the individual to work on to prevent further victims in the future.

### What is currently known about the victims of voyeurism?

Currently within the literature less is known about the nature of voyeuristic behaviour and the individual reasons for the selection of the victims. This could be due to the under reported nature and lack of detection of this type of offending. The literature that has attempted to explore this area, has found that adult males with a sexual interest in voyeurism prefer to watch female adult strangers (Rosen, 1967; Gebhard, et al, 1965). However, this research is over 50 years old and due to the current increase in sexual offending against children (Ministry of Justice Statistics, 2018) it is currently unclear how this can relate to voyeurism. It is therefore important to try and understand who are the victims of voyeurism in order determine if an individual has further interests for example, an interest in children, that could be further supported on interventions.

Duff (2018) highlights the need to understand more about voyeurism, one to understand more about the individuals who commit voyeurism and two to understand the victim to assess relevant intervention needs. However, before we can determine the intervention needs we need to try and understand the nature of voyeurism in order to understand more about the individuals who commit the offence. Therefore, how prevalent is voyeurism in order to investigate it?

The current research that has attempted to explore voyeurism focuses predominantly on the prevalence within the general population or through clinical samples leaving voyeurism within Her Majesty's Prison and Probation Service (HMPPS) unexplored (Mann et al., 2008).

The most current study that has explored the prevalence of voyeurism within the general population identified that over half of individuals identified as having a sexual interest in voyeurism (Dawson, Bannerman & Lalumiere, 2014). Långström and Seto (2006) examined the prevalence of voyeurism within the Swedish general population ( $N=2,450$ ), and found 191 participants reporting at least one incident of being sexually aroused by viewing others having sex. Templeman and Stinnet (1991) also found that out of 60 American students 42% had secretly watched others within a sexual situation and had reported a sexual interest in voyeurism and frotteurism. There was also a reported high prevalence of voyeurism in a study in South India (Kar & Koola, 2007), 10% of high school teachers in Nigeria (Makanjuola, Adegunloye & Aderlkan, 2008), 13% of a community sample in Brazil (de Oliveira & Abdo, 2010) and 18% in a



German community sample (Ahlers et al., 2011) all expressing an interest in voyeurism. Within a laboratory study by Rye and Meaney, (2007) also found that 84% of men within their sample highlighted they would engage within voyeurism if they knew they would not be caught. This high prevalence within the general population could suggest that there should be higher criminal incidents. However, this prevalence could be due to the changes in the media and society's views that non-contact sexual offences are seen as not dangerous and doing no harm or due to the developments in culture over what is now acceptable behaviour (Duff, 2018). This view over acceptability has also led to an opinion that harm is only caused when there is a contact offence which provides a form of distance from those whom they perceive are the 'real' sexual offenders (Blagden, Winder, Gregson, & Thorne, 2014). Winder and Gough (2010) identified how current cultural values and the legal guidelines are "pathologising contact offenses over just looking offences" appears to be having an impact on society's view on different individuals and different offence types.

When exploring the prevalence within clinical studies (Maletzy & McGovern, 1991; Marsh et al., 2010) there is a high reported level of diagnosis of voyeurism but little is known about what has led to this diagnosis and what is known about the individuals specifically. It is also unclear what is their involvement within HMPPS, especially as it has been identified that the frequency of acts is extremely high (Abel et al., 1987) which only highlights the pervasive nature of the interest. This only highlights the need to explore voyeurism within HMPPS to understand not only what has contributed towards offending but to explore more about the individuals (Duff, 2018). However, if voyeurism is prevalent then how does this link to the reoffending and recidivism rates?

Voyeurism can be difficult to detect, this only presents challenges for the legal teams, risk assessors, intervention providers and risk managers. However, it is often then down to psychologists and psychiatrists to assess the likelihood of committing further offences, such as the risk of continued sexual offending, but also the risk that an individual will advance to contact sexual offending (Rooth, 1973). This assessment of risk was reported as a major issue within a Massachusetts Court where they were trying to consider whether an individual with persistent acts of exhibitionism and voyeurism with no prior contact sexual offenses could legally be detained as a sexually dangerous person (Commonwealth v. Almeida, 2014). The court decided that the non-contact sexual offending behaviour was enough to warrant commitment on the grounds that their behaviour "objectively put [a] victim in fear of bodily harm by reason

of ... a contact sex crime” (Commonwealth v. Almeida, 2014). This was supported by Abel, Becker, Cunningham-Rathner, Mittelman, and Rouleau, (1988) who found that more than a quarter of 561 non-convicted males had committed both contact and non-contact sexual offences. Longo and Groth (1983) identified that 54% of adults convicted of rape had a childhood history of voyeurism. However, it is very unclear what has led the individual to commit further offences and there is also no indication that the non-contact offence was linked to an individual committing a contact offence. This can only create difficulties for professionals to determine the underlying factors for this increase of risk progression from non-contact to contact offences. It is also difficult to know if non-contact offending has happened previously but they have just not been caught for it before, or individuals may have committed other offences that may not even be sexual in nature. It is also often reported the reconviction rates rather than the re-offending rate and this is very difficult to identify for voyeurism due to the low detection rates (Hocken & Thorne, 2012).

Sjostedt, Långström, Sturidsson and Grann (2004) explored the recidivism rates with 30 individuals who had a convicted of a sexual offence after they were released from prison, however it is unclear how many of these were for voyeurism. They found that only 6% were reconvicted for at least one sexual offence and where individuals had prior arrests for non-contact sexual offenses (defined as a sexual offence without physical contact e.g. indecent exposure), future arrests were also for non-contact offences. In a study using the polygraph within parole and probation, English, Jones, Pasini-Hill, Patrick and Cooley-Towell (2000) found that prior to the use of a polygraph 22% of those with a contact offence admitted to non-contact offenses however, this increased to 67% after the polygraph was conducted. It was not clear if any of these related to voyeurism. However, there is literature that has explored the recidivism rates with those who are exclusive paedophilic compared to those that are non-exclusive. The literature found those with an exclusive sexual interest in paedophilia had recidivism rates that were five times higher than those of non-exclusive paedophilic sexual offenders (Eher et al., 2015; McPhail, 2018). This highlights how important it is to determine exclusivity of a paraphilia rather than just a reported offence. However, less is still known about voyeurism so currently it is difficult to determine exclusivity unless current research is done. There are mixed views as to whether there is an increased risk of further offending for those with an offence of voyeurism (Tharp et al, 2013). However little is known about current recidivism rates of voyeurism and often they are associated with exhibitionism rather than as an

individual offence. This could be due to the stereotypical bias that can occur culturally at identifying the perception of risk for non-contact sexual offenders or because of to the legal data which often reports voyeurism and exhibitionism together (Ministry of Justice Statistics, 2018). It is important to note that it has been reported that sometimes voyeuristic acts may be misclassified as exhibitionism, due to individuals engaging in public masturbation during voyeuristic acts, which could cause exhibitionism to be over represented (Langevin, 1983; Mathis, 1972). However how much does voyeurism and exhibitionism co-exist and should we be discussing them as one?

It is often reported that voyeurism and exhibitionism can co-occur within the general population (Långström & Seto, 2006; Långström & Hanson, 2006) within clinical samples (Karpman, 1948; Freund, 1990) as well as co-existing with other paraphilias. Abel and Osborn (1992) reported 27% of exhibitionists ( $N=118$ ) had a secondary diagnosis of voyeurism. Voyeurism has also been recognised to co-occur with other paraphilias such as telephone scatologia (Price, Kafka, Commons, Gutheil, & Simpson, 2002; APA, 2013). However, despite this co-existence, little is known about the individuals. There has been some recognition that if there is evidence of a co-morbidity with other paraphilias then this could lead to more deviant behaviour (Neumann, 2006). Kaplan and Krueger (1997) found that 52% of individuals with an interest in voyeurism also had a sexual interest in paedophilia, 63% in exhibitionism, and 11% in sadism. Freud and Watson (1990) suggested that due to this co-existence, exhibitionism, voyeurism, toucheurism, frotteurism, and rape are “various expressions of the same disorder”. However, researchers generally agree that, they should be viewed as an individual disorder (Abel et al., 1988; Price et al., 2002) as the offending behaviour is different and there might be different individual needs and more specifically intervention needs. Those assessing individuals presenting with one or more disorders should consider the possibility that others co-exist. Hocken and Thorne (2012) highlighted the need for assessors to also be aware that the co-occurrence may also reflect an underlying sexual interest for example, those watching and masturbating to children may also have sexual interests in children. It is important that a thorough assessment is conducted with the individual in order to understand them as an individual and to help support appropriate pathways for the future. What are the assessments available that can be used by professionals to assess an individual who has a conviction for voyeurism?

### What is currently being done to assess individuals with a conviction for voyeurism?

Assessing an individual for the breadth, severity, and frequency of inappropriate sexual behaviour is necessary before intervention providers can therapeutically challenge distortions, and minimisations common among individuals with a sexual offence (Doren, 2002). Furthermore, accurate assessments allow some judgment of risk for further offending and interventions targeted at managing this risk. However, studies have found that individuals committing voyeurism are likely to underreport their offending history, which suggests that accurate assessment may be particularly difficult (Maletzky, 1997; McConaghy, 1993).

Currently there are no valid assessment tools that have been designed specifically to assess voyeurism however, many assessment measures used for general sexual offending can be applied if the knowledge of the assessor is up to date of understanding the offence of voyeurism and they are aware of what factors to look for. However, due to the lack of and limited research on voyeurism knowledge of assessors and assessments can be clearly affected. If there are no valid tools to assess voyeurism then what can be used to ensure a full assessment is conducted?

Mann et al. (2008) identified the clear need for accurate assessment tools for voyeurism and suggested that a clinical interview is an appropriate method to assess voyeurism to aid the formulation of the voyeuristic interest and to help structure an intervention plan. However, in order to conduct an effective interview, this all comes down to the experience and knowledge of the assessor. It is also important that the assessor considers any implicit theories and stereotypical views (Lea, Auburn, & Kibblewhite, 1999; Gervy, Chiu, Hong, & Dweck, 1999) for this offending group before conducting the interview as this could influence the interview and therefore have an impact on the outcome. Due to the lack of current empirical literature it is very likely that this could occur. Mann et al. (2008) suggested a variety of areas that should be explored to aid understanding of voyeurism. They suggested with the use of a diary as well as an exploration on levels of sexual thoughts, feelings, behaviour, urges and compulsion as well as considering hypersexuality which is associated with voyeurism (Långström & Hanson, 2006). Currently within HMPPS diary keeping is a frequent method that is currently being used pre, during and post assessments and interventions for all individuals convicted of a sexual offence, not just voyeurism. Therefore, it could be a very useful tool to help assess the content, frequency and duration of voyeuristic urges and behaviours. It is a self-reported measure and therefore should be used carefully (Mann et al., 2008). This method should not be

used alone and further assessment procedures should be conducted alongside this. Another key area to explore within a clinical interview is levels of intimacy, relationship history, quality of relationships and attachment as reported within the Courtship Disorder Theory (Freund, 1990) and Love Map Theory (Money, 1986). It has also been reported by Kaplan and Kreuger (1997) who stated that it would be helpful to explore any cognitive distortions or beliefs and due to self-esteem deficits and frequency of suicide attempts (Langevin et al., 1985), links should be made to how they feel about themselves and engaging within voyeuristic behaviour. Finally, it will be helpful to explore their lifestyle as Hanson and Harris (1997) identified that their occupations and hobbies may have been chosen because they provide opportunities for voyeurism. This should be explored and links made to developing a pro social life to aid desistance and increase value.

After a clinical interview and review of a diary a useful tool to help record all of this information in and aid the direction of an intervention is to use the current Programme Needs Assessment (PNA) which is being used within HMPPS programmes in England and Wales (PNA Version 3; Walton, Ramsay, Cunningham & Henfrey, 2017).

This tool has been designed to support Intervention Managers, Registered Psychologists or Qualified Probation Officers in their decision making about who to offer a place to on a high intensity offending behaviour programme. The underpinning principles of the PNA include directing appropriate types and levels of intervention as outlined in the Risk, Need, Responsivity model (Andrews & Bonta, 2006); maximising assessment results (Hanson, Babchishin, Helmus, Thornton, & Phenix, 2017); and organising principles of effective programmes (Carter & Mann, 2016). The first stage of the RNR principle is to determine level of static risk. Currently within HMPPS all individuals with a conviction for a sexual offence has a static risk assessment (Risk Matrix 2000:RM2000) completed in order to aid direction for further assessments and potential intervention plans. Voyeurism is captured within the RM2000 if an individual has a sexual conviction but also this can be captured specifically under the aggravating factors of having a non-contact sexual offence. However due to the compulsive nature of the offence risk is difficult to detect so this may not be reported or identified and therefore risk may often be underestimated. If an offence of voyeurism is recorded under the RM2000 this does not provide assessors with any information regarding the individual need which can affect the identification of an in depth assessments, especially if they are recorded as low static risk.

If an individual with an offence of voyeurism is assessed as medium or above static risk on the RM2000, then the PNA could direct the most appropriate intervention pathway for them. However, if they are identified as low risk then this becomes harder to determine. Due to the low rates of detection some individuals may be assessed as low risk however risk is likely to be underestimated due to the compulsive nature of their offending. However, guidance within the PNA manual states “it is unlikely that anyone assessed as Low risk using a readily available risk screen will require an accredited programme as individuals who fall within this group are very unlikely to reoffend” (Wakeling, Mann & Carter, 2012). However, this is where the knowledge of voyeurism and thoroughness of the assessment should be considered. It is reported in the PNA that “as a minimum, it is advised that in the vast majority of cases, low risk individuals are only ever considered, where high need has been confidently established or where there is some other very remarkable circumstance”. This should be carefully considered within the interview process and clearly justified within Section D as to the risks and intervention targets for voyeurism. In section D of the PNA the Intervention Manager of a high intensity intervention provides a formulation in which their decision making in relation to an individual’s suitability for the programme is outlined. This formulation draws on information collated in other sections of the PNA and therefore it is essential that a thorough review of the correct areas that could link to voyeurism are explored in detail.

Therefore there are current tools that could be used to assess and direct appropriate interventions for those with a conviction of voyeurism. However, due to lack of current research on voyeurism less is known about the individual needs which can affect accurate assessments or individuals may be missed if the sexual interest has not been identified. The more that is known about the individuals that are committing the offence of voyeurism, the more current procedures and policies within HMPPS can be amended to consider voyeurism and to support staff in their identification and completion of accurate assessments. Once professions feel confident in their assessments then appropriate interventions can be directed. However, what interventions are currently available within HMPPS?

### What intervention options are suitable for those with a sexual interest in voyeurism?

There currently is no clear intervention pathway for voyeurism that have been proven to be effective or able to reduce recidivism, however Neumann (2006); Mann et al. (2008); Guay (2009), and Thibaut et al. (2010) identify that a mix of interventions and possible pharmacological approaches may help. Hanson and Harris (1997) identify that “there is insufficient consistency in the literature to support any particular treatment approach. Consequently, all treatment for voyeurism should be considered experimental” (p. 321). Langevin (1983) stated that aim of interventions for voyeurism should be “to reduce the frequency of voyeurism but maintain or enhance the frequency of... heterosexual behaviour” (p. 388). However, not all individuals are heterosexual and further work is needed to understand more about the individuals (Duff, 2018) before targeting specific interventions.

According to the DSM-V (APA, 2013), the effects of voyeurism are different for each individual and therefore the intervention pathways should take this into consideration depending on individual needs and severity of effect. This links closely with what we know about intervention planning within HMPPS by directing appropriate types and levels of intervention as outlined in the Risk, Need, Responsivity model (Andrews & Bonta, 2006). Currently within HMPPS there are different intervention options that could be suitable for individuals with an offence of voyeurism. These are medical approaches and offending behaviour programmes that include Cognitive Behaviour Therapy (CBT), Sex Education, Relapse Prevention and Behaviour Modification however, there has been no research exploring the effects and outcomes of interventions for voyeurism.

Medical approaches to interventions of those convicted of sexual offences generally have proven very effective in reducing re offending (Meyer, 1992) especially with the combination of psychological interventions (Kaplan & Krueger, 2010) as well as helping individuals to control their urges, preoccupation and sexual outlets (Winder, Lievesley, Elliott, Norman & Kaul, 2014).

Four medical approaches have been considered within the intervention of paraphilias such as voyeurism (Bradford, 2000): Selective Serotonin Reuptake Inhibitors (e.g. SSRI's), hormonal agents (e.g. Medroxyprogesterone Acetate/MPA), LHRH agonists (e.g. Leuprolide Acetate), and anti-androgens (e.g. Cyproterone Acetate/CPA). All four have shown to be effective in decreasing unhealthy sexual thoughts and behaviour

however, SSRIs can have side effects that can be unpleasant and lead to poor compliance within interventions. However, currently within HMPPS only three types of medication are available (SSRI's, anti-androgens and gonadotropin-releasing hormone agonists: GnRH; Triptorelin).

According to the DSM-V (APA, 2013) voyeurism belongs to the obsessive compulsive (OCD) group where they struggle to control their urges and therefore, this could be managed by SSRIs (Selective Serotonin Reuptake Inhibitors, Kafka, 2009). A review of the effect of SSRIs on sexual behaviour by Adi et al. (2002) concluded that SSRIs can decrease deviant fantasies, paraphilic sexual behaviour and obsessional or compulsive sexual behaviour.

Emmanual, Lydiard and Ballenger (1991) and Abouesh and Clayton (1999) have both reported effective intervention of voyeurism with SSRIs with individuals reporting a decrease in the intensity of their voyeuristic urges, as well as improved impulse control and decreased sexual drive. Emmanual et al. (1991) reported that after four months this decrease still continued despite coming off the medication however, Abouesh and Clayton (1999) did not report any follow-up data. Wood, Thorne and Blagden (In prep) identified from a single case study that SSRIs has been effective at managing the sexual interest in voyeurism. Previous research has also reported significant declines in hypersexuality, sexual preoccupation and/or sexual compulsivity in individuals treated with AAs (Thibaut et al., 2010; Winder et al., 2014).

Winder, Lievesley, Elliott, Hocken, Faulkner, Norman and Kaur (2017) evaluated the impact on pharmacological treatment to reduce hypersexual disorder in adult men with a conviction for a sexual offence in HMPPS. They found that a significant reduction of hypersexual disorder, indicating that SSR's and AAs can work effectively as medication to manage sexual arousal (MMSA) and hypersexual disorder. This supports the decision by HMPPS to make MMSA available across the majority of the UK prisons.

Whilst SSRI's has been reported as the preferred medical option for voyeurism, research has also explored the effects of other medical options. Kreuger and Kaplan (2001) reported three individuals with a sexual interest in voyeurism who were first treated with MPA continued with their offending behaviour so were therefore treated with Depot-Leuprolide Acetate. All patients felt more control over all aspects of their sexual behaviour, and markedly reduced unhealthy fantasies and behaviour. They felt this control continued in the long term even after the medication had stopped. All of these patients and others with no interest with voyeurism in the same study, had



previously found cognitive behavioural therapy (CBT) ineffective. Bradford (2000) recommended that for mild or moderate sexual thoughts of voyeurism, cognitive behavioural intervention and relapse prevention should start prior to any medical intervention. However, if medical intervention is required, then this should start with SSRIs and only add a small additional dose of anti-androgen if SSR's are not to be as effective. There is evidence that medication can have a positive intervention effect with voyeurism alongside other interventions (Kafka, 1991; 1994; Abouesh & Clayton, 1999; Guay, 2009), however, currently within HMPPS not all those with a sexual interest in voyeurism will have access to this option and it is only those who are most in need and have increased reported arousal to be managed. There is also no research exploring the applicability of medication for those with a sexual interest in voyeurism.

Despite CBT methods being reported as techniques to work alongside medication (Bradford, 2000) there are no published accounts or evaluations of CBT approaches for voyeurism. However, one case study in Norway (Stoyler, 1985) reported a successful outcome of CBT within a six-month follow-up however the exact nature of the therapy is unclear and Duff (2018) identified that CBT was seen to be useful intervention option for an individual who had an interest in voyeurism. There have been some references to intervention approaches for voyeurism such as assertiveness training with elements of CBT (Langevin, 1983; Stoudenmire, 1973) however, Langevin (1983) reported a lack of success from assertiveness training with exhibitionism and voyeurism stating "All patients recidivated" (p. 909). Kreuger and Kaplan (2001) identified some individual patients had been treated unsuccessfully with CBT. This would not be surprising if it was reported that there was a neurobiological underpinning to the disorder. However, there is no published evidence that CBT is of value for individual with a sexual interest in voyeurism.

According to the DSM-V (APA, 2013), behavioural therapy and social skills guidance training is used with voyeurism (Hopkins, Green, Carnes, & Campling, 2016) by learning to control their impulses and to develop healthy ways of sexual gratification. However, there is limited evidence that indicates that individuals respond positively to the use of just behavioural intervention approaches (Mann et al., 2008). Mann et al. (2008) stated that "placing voyeurs in relapse-prevention oriented CBT programmes designed for contact sexual offenders has had mixed intervention success" and suggested that CBT is most likely to be effective if it is combined with other

intervention options such as behaviour modification, cognitive behavioural work focusing on intimacy, relationships, and the client's beliefs about sex.

The most recent suite of offending behaviour interventions developed and being implemented within HMPPS in England and Wales are based on current relevant research and guidance (Walton et al., 2017). The current primary interventions include the Horizon Programme (for Medium Risk offenders) or the Kaizen Programme (For High Risk offenders). These interventions focus on trying to enhance an individual's strength and expand their skills (Walton et al., 2017). These interventions do not cover treatment needs for voyeurism but it could be helpful for individuals to explore some areas of intervention need such as managing life's problems and developing positive relationships however they do not explore their sexual interest in voyeurism. The one intervention that aims to explore healthy sexual interests is the Healthy Sex Programme (HSP) that tailors the intervention to the needs of the individual. The programme could aim to address specific intervention needs that could relate specifically to voyeurism by including exercises to help understand themselves and their sexual interests and then to be introduced to new healthy skills to manage a range of factors.

Walton et al, (2017) identifies that before starting HSP, considerations are needed as to whether medical intervention would be needed to work alongside this programme. The programme then explores a variety of different areas such as attachment, relationships and intimacy, problem solving with the focus on conditioning and reinforcement, sex education, sexual dysfunction, masturbation, pornography use, urge management, sexual identify, self-esteem, beliefs about sex, and sexuality. Techniques are also introduced to support the client from compassion focused therapy, and acceptance and commitment therapy (Gilbert, 2010) as well as exploring individual values, developing success factors and positive support to aid desistance. Work would also be introduced that explores the sexual interest specifically by considering the origins of the sexual interest, recognising the triggers and urges as well as developing skills to increase healthy and decrease unhealthy sexual thoughts, feeling, behaviours and urges and promoting healthy sexual interests. This could include behaviour modification strategies for increasing appropriate fantasy and arousal, and methods to decrease or modify offence-related sexual fantasy and arousal. In particular, ammonia aversion (to pair offence related sexual fantasy with inhaling ammonia salts which has the effect of interrupting the thought: Earls & Castonguay, 1989; Laws, 2001), modified covert sensitisation (repeatedly associating

consequences with offence-related thoughts to reduce the frequency and intensity of them: Marshall & Eccles, 1996), directed masturbation (masturbating to healthy sexual thoughts: Kremsdorf, Holmen & Laws, 1980; Laws & O'Neil, 1981) and verbal satiation (to repeat verbally offence-related fantasies so that they become boring and eventually decrease: Laws, 1995; Marshall, 1979). Overall, this programme is currently the only intervention programme within HMPPS that targets specific sexual interests and whilst there is no current research looking at the effects and outcomes of HSP, specifically with voyeurism, it could be a useful and appropriate intervention pathway as identified by many researchers that intervention should incorporate a mix of methods but working collaboratively with the client (Mann et al., 2008). However, the more that is known about voyeurism the more that professionals can target interventions correctly and policies within HMPPS can be amended to help decision making.

Currently the empirical literature identifies some key areas to explore that can aid practitioners in assessments and direction of appropriate intervention options (Mann et al., 2008), there is a lack of research on how they have been used specifically with voyeurism, and how effective they are. Due to the lack of understanding of who commits the offence of voyeurism individuals could be released without interventions of their sexual interest and due to the compulsive nature of the offence related sexual interest they often are recalled (Mann et al., 2008). Therefore, it is essential that up to date research is completed on understanding who commits voyeurism in order to ensure reliable processes can take place for example, that staff are assessing voyeurs correctly by understanding not just the static needs but dynamic needs, links with the co-existence with other paraphilias and assessing the most appropriate intervention pathway to address the correct intervention needs, to aid safety and prevent risk. The more that is known about the individuals then more can be done to support the service in amending policies and procedures in order to aid recognition and management of the sexual interest.

## **Introduction to Thesis**

### Thesis Structure

This thesis aims to provide an investigation into exploring who commits the offence of voyeurism. It aims to update the literature where further information is needed to guide

policy and practice while also fulfilling the requirements for an accredited professional doctorate.

This thesis comprises of four main chapters which includes, a structured review, a qualitative research study, a quantitative research study, and a conclusion to the thesis, each with the focus on exploring voyeurism.

The start of the thesis is this chapter which introduces currently what is known about voyeurism. The literature review within this chapter starts by examining the definitions, prevalence, and co-morbidity with other paraphilias and is then followed by the relevant psychological theories that relate to sexual offending, sexual deviance and then voyeurism specifically. Finally, the review explores what is currently being done to assess and provide interventions for voyeurism within HMPPS with the focus looking at the gaps for policy and practice. This chapter is then followed by a structured review in Chapter two which explores what is currently known within the literature about the characteristics and risk factors of an adult male who has a conviction for voyeurism and exhibitionism. The review focuses on both exhibitionism and voyeurism due to high reports of co-morbidity, the literature often linking them both together and due to the similarities within the legal and medical definitions. The aim of the review will be to assess current literature on both with the identification of exploring the gaps for voyeurism specifically.

Chapter three then explores the lived experiences of seven adult males convicted of voyeurism within a qualitative study. This is then followed by a quantitative study with the focus on exploring the different psychological characteristics and needs and victim information of those who have committed voyeurism in Chapter four.

The fifth chapter brings it all together to conclude the thesis. The chapters link together however also stand as independent studies with Chapter two, three and four submitted for publication.

The aims of the thesis are:

- 1) To systematically investigate what is currently known within the literature about the risk factors and characteristics of an adult male convicted of voyeurism and exhibitionism. This aims to identify any gaps to aid the direction of this thesis.

- 2) To explore the lived experiences of an adult male convicted of voyeurism in order to understand and make links with relevant risk factors to aid assessments and intervention.
- 3) To explore the psychological characteristics and needs for adult males convicted of voyeurism to aid accurate risk assessments and intervention direction

## Chapter 2

### What are the risk factors and characteristics of an adult male convicted of voyeurism and exhibitionism? A Structured Review and Analysis.

#### Abstract

**Objective:** As non-contact sexual offending continues to increase and due to the compulsive nature of voyeurism and exhibitionism specifically, it is vital that assessments are accurate so effective interventions can be completed. In order to make sure that risk assessments are validated and reliable, it is important to know who is committing these offences and what factors contribute to their offending. Due to voyeurism and exhibitionism often being highlighted as similar in offence types (APA, 2013) and with the Ministry of Justice Statistics (2018) recording them as a collective offence, the purpose of this review was to explore them as separate offences. The aim was to identify what are the risk factors and characteristics of adult males convicted of voyeurism and exhibitionism to highlight what is known and where are the gaps within the literature to aid the direction of further research.

**Method:** A structured review was completed which identified risk factors and characteristics of adult males convicted of voyeurism and exhibitionism. Eligible studies were assessed for quality. Thematic analysis reviewed the common factors across the five included studies.

**Results:** Themes emerged from the data set that relate to background information, psychological and personality characteristics, motivation and psychological functioning.

**Conclusion:** Due to the quality, quantity and date of the papers there are significant limitations with the studies included within this review. With only one paper including some consideration but lack of specific identification for voyeurism and with no papers making links with risk factors, there is an urgent need for further up to date research within this area to aid effective policy and practice.

## Introduction

Compared to contact sexual offences, non-contact sexual offending is under researched (Hocken & Thorne, 2012) and more specifically there is a limited exploration of more compulsive offences such as exhibitionism and voyeurism therefore leaving a gap to be explored however, what is voyeurism and exhibitionism and why do we need to explore these offences?

Voyeurism is referred to as a “Peeping Tom”. It involves an individual watching others, in a sexual way, without the victim’s knowledge whilst obtaining sexual gratification (Sexual Offences Act, 2003). The individual will have recurrent, intense and sexually arousing fantasies, sexual urges or behaviours for a period of at least six months and will have acted on these urges (DSM-V, APA 2013).

Exhibitionism is often referred to as “flashing” which involves an individual exposing a body part, normally their genitals which is often accompanied with making sexual suggestions or comments to the victim. Exhibitionism is defined as the intentional exposure of their genitals, intending someone will see them and be caused alarm (Sexual Offences Act, 2003). The individual will also have “recurrent intense sexually arousing fantasies, sexual urges or behaviours involving exposing one’s genitals to an unsuspecting stranger” over a period of at least six months and which can cause distress or impairment in functioning for the individual (DSM-V, APA 2013).

The concern with both definitions is how broad it is as it does not highlight that it needs to be a persistent problem and lacks identification of individual factors and needs.

The Ministry of Justice report an increase of exhibitionism and voyeurism in 2016/17 (Ministry of Justice Statistics, 2018) however of the 8,974 offences of exhibitionism or voyeurism reported to the police, 28% of cases saw the offender identified and punished for their offence (Ministry of Justice Statistics, 2018). However, it is likely that the statistics are underestimated as many acts could be committed against an unknowing victim and therefore individuals are not arrested or the victims may not report it viewing it is a nuisance offence. However, of those who are arrested for this behaviour, the charges are often non sexual (Raymond & Grant, 2008) and therefore individuals may have been convicted for other offences and complete interventions that does not address their paraphilic sexual interest (Mann et al., 2008). The identification of those with an interest in voyeurism and or exhibitionism could be missed due to the lack of information, lack of knowledge or social judgments of assessors that could be used in making a decision which ultimately could indicate that risk assessments could be affected (Gervery,

Chiu, Hong, & Dweck, 1999). This can also mean that individuals could be released without completing an intervention exploring their sexual interest and given the compulsive nature of the offence related sexual interest they often are recalled (Mann et al., 2008).

Most of the research over the years has focused on other sexual interests (Hocken, Winder, & Grayson, 2013; Seto, 2013) therefore leaving sexual voyeurism and exhibitionism research dated and with limited exploration of the manifestations, and characteristics of the sexual interest. What empirical data does exist is generally based on self-reported data (Långström & Seto, 2006; Swindell et al., 2011) highlighting a high prevalence of voyeurism and exhibitionism within the general population (Templeman & Stinnet, 1991; Kar & Koola, 2007). However, this could be due to the perceived views that harm is only caused when there is contact (Blagden, Winder, Gregson, & Thorne, 2014) and non-contact sexual offences, are “generally harmless” (West, 1987: p. 39). This can then have an impact on society’s views of different offence types (Winder & Gough, 2010).

However, despite the research exploring the prevalence of voyeurism and exhibitionism within the general population the research within Her Majesty’s Prison and Probation Service (HMPPS) is very limited (Mann et al., 2008). Currently there are no valid assessment tools that have been designed specifically to assess voyeurism and exhibitionism and there are no clear intervention pathways that have been proven to be effective or able to reduce recidivism (Mann et al., 2008). With the increase in reoffending rates, and the identification that the interest is persistent, pervasive and problematic this indicates that individuals could be entrenched in their offending behaviour. However, due to the difficulty to detect, this not only presents challenges for the legal teams, risk assessors, intervention providers and risk managers which could lead to professionals using their clinical decision making based on stereotypical views of non-contact sexual offences (Lea et al., 1999), which can affect the intervention planning and targeting for this type of group. Therefore, there is a clear need to understand more about those who are committing these offences so assessments and interventions can be targeted effectively in order to prevent reoffending. It will therefore be important to focus this review on what research has been completed on identifying the risk factors and characteristics of those with a conviction for voyeurism and exhibitionism to help understand more about the individuals that are committing these offences. Mann et al. (2008) and Duff (2018) both highlight the importance to review the offending population



therefore the focus will be only be on individuals with a conviction for voyeurism and exhibitionism.

A number of previous systematic reviews have been completed on non-contact sexual offending but these have focused on the psychological profiles of internet sexual offending (Elliott, Beech, Madeville-Norton, & Hayes, 2009), and the interventions of some non-contact paraphilias (Kilmann, Sabalis, Gearing, Bukstel, & Scovern, 1982). Other reviews have focused on other types of sexual offending whilst exploring the risk and offence characteristics such as sexual violence (Tharp et al., 2013), high risk sexual offenders (Woodworth et al., 2013), risk factors predictive of sexual recidivism (Mann, Hanson & Thornton, 2010), Intellectually Disabled Sexual Offenders (Blacker, 2009) and deviant sexual interest and arousal (Akerman & Beech, 2012). However, there is limited exploration of more compulsive offences such as exhibitionism and voyeurism therefore leaving a gap to be explored. There have been some previous reviews of the literature exploring some of characteristics of voyeurism and exhibitionism (Gebhard et al., 1965; Smith, 1976) however these are significantly dated and have not focused on the offending population. More recently book chapters (Hocken & Thorne, 2012; Duff, 2018) have considered the literature only highlighting that the current knowledge is dated and in need for further research within this area.

Despite voyeurism being made a criminal offence in England and Wales in 2004 there has been no literature exploring what is known about voyeurism therefore it is difficult to determine what is currently known about those who are committing these offences (Duff 2018). Because voyeurism is often linked with exhibitionism due to high reports of co-morbidity, the nature of the behaviour being compulsive (APA, 2013), the legal statistics reporting them as a collective offence (Ministry of Justice Statistics, 2018) and due to the similarities within the legal and medical definitions, both offence types have been included within the review to ensure a full review of voyeurism is conducted. The aim of the review will be to assess current literature on both offences as a separate offence with the identification of exploring the gaps for further research specifically.

This structured review will aim to focus on identifying common risk factors and characteristics for adult males convicted of voyeurism and exhibitionism. The results will aim to determine what is currently known about the individuals who have committed these offences, as well as identifying limitations and gaps within the literature in order to make further recommendations for research.

## Method

### Protocol and Registration

The Cochrane Handbook for systematic reviews (Higgins & Green, 2011) and the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines were followed (Moher, Liberatu, Tetzlaff, & Altman, 2009) and the final protocol was registered in PROSPERO (Register for Systematic Reviews) to enable effective adherence to the criteria to prevent bias and to prevent duplication by other researchers.

### Search Strategy

Initially the Cochrane Library was searched to identify if a previous review had been completed on this topic. As there were no previous reviews completed, a pilot review of databases was conducted to assess content before selecting the databases to search, where PsychINFO, PubMed, Scopus, Web of Science and Criminal Justice Abstracts were searched using the key words Paraphil\* OR Voyeur\* OR Exhibitionis\* and “Risk factors” OR “Criminogenic needs” OR “protective factors” OR Characteristics OR predict\* OR Profile. The search term ‘adult’ and ‘offender’ were not used, and papers including ‘juvenile’ or ‘adolescent’ were not excluded in order to increase the chances of identifying any studies with mixed adult/child and non-offender/offender samples.

Additional searches were conducted by reference lists of other articles and targeted searches were conducted on specific authors that were known to complete research in this area as identified by previous papers.

### Study Eligibility

Inclusion and exclusion criteria were followed as below in table 2.1:

Table 2.1: Inclusion and Exclusion criteria.

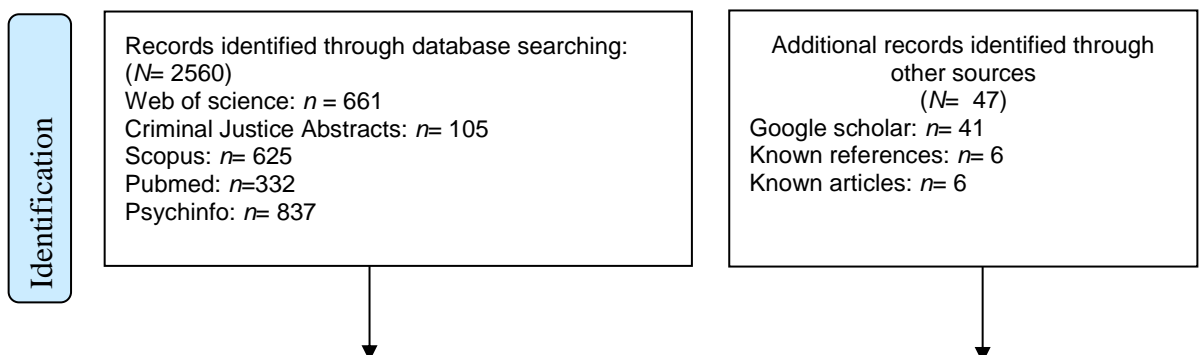
	<b>Inclusion</b>	<b>Exclusion</b>
<b>Population</b>	Adult Men (> 18 years old) Offending population.	Children (<12 years old) Adolescents (>12 years old) Women
<b>Exposure</b>	Risk factors, and/or characteristics (demographic/clinical/social/psychiatric and offending)	Does not focus on risk factors or characteristics.

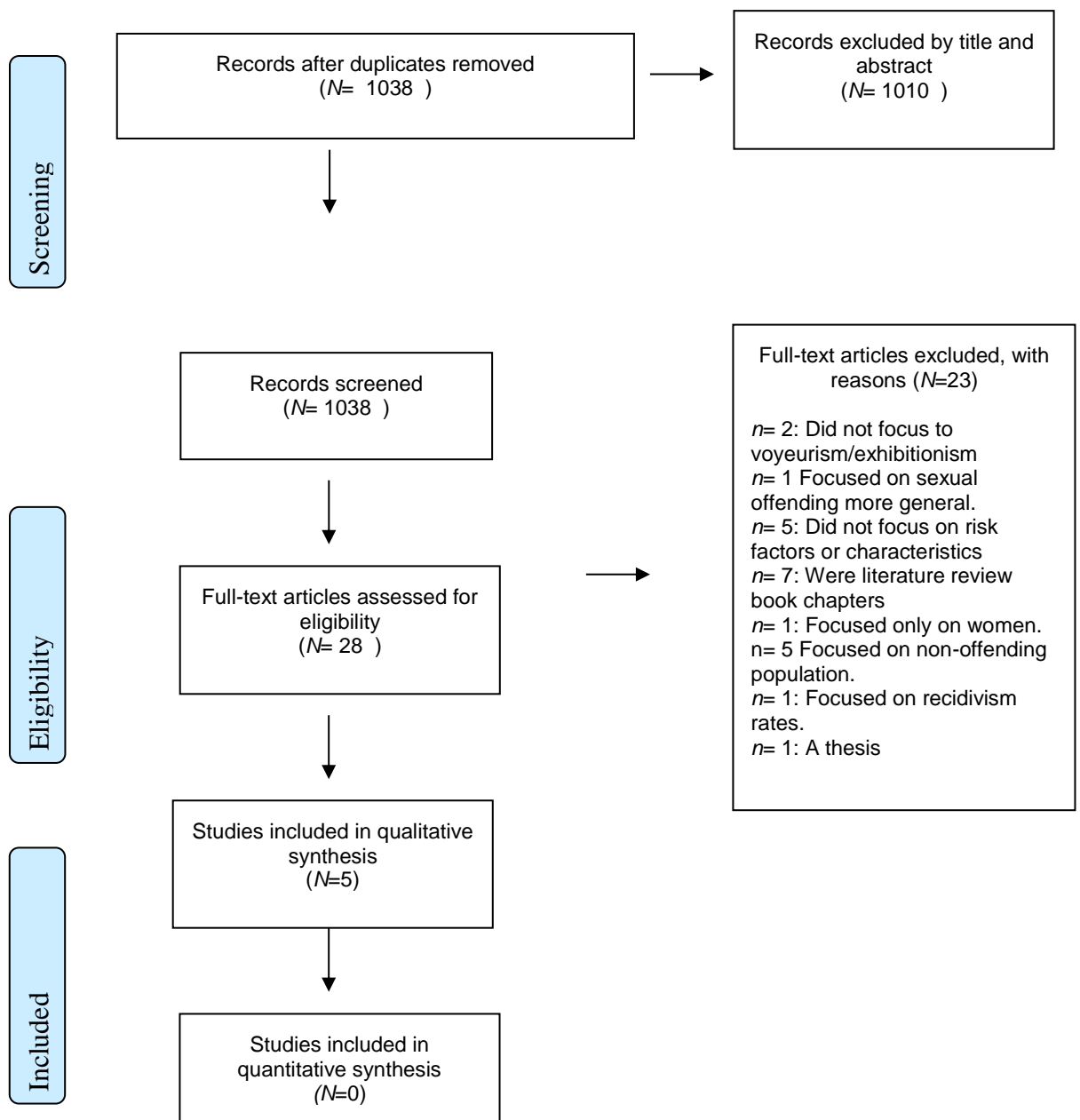
<b>Outcomes</b>	Arrested for or has a conviction for voyeurism and or exhibitionism	Exclusively other sexual offending and other sexual interests. Non offending population.
<b>Context/Language</b>	UK, America, Australia and New Zealand State prison establishments (private or public sector) Secure hospitals Community based settings e.g. probation services Police reports	Non-western countries English not the first language
<b>Type of publication</b>	Only primary data. Case-control and cross-sectional	Literature reviews and opinion papers Book chapters

Data Extraction and Quality Assessment

The studies identified from the systematic search of the literature (see Figure 2.1) were initially reviewed by title and abstract. These were checked to determine their content so that those that did not meet inclusion criteria could be excluded. Those studies where it was unclear as to whether they could be excluded with confidence or where it appeared inclusion criteria was met were then reviewed again with consideration of the full paper. A full text review to establish whether the paper met the inclusion criteria was undertaken by the lead author and discussions took place with the project supervisor in cases of doubt or ambiguity. After thorough reads of all the studies, 23 of the 28 original studies were further excluded. This is because they did not meet the inclusion criteria or did not relate enough to the research question (Please see appendix 2 for the reasons the studies were excluded).

**Figure 2.1. PRISMA flow diagram of search strategy for structured review**





To assess the quality of studies, the Critical Appraisal Skills Programme (CASP) quality assessment tool was utilized (See appendix 1 for the quality assessment for the final included five studies). CASP is commonly used with both quantitative and qualitative methods of research (Aveyard, 2010) and thus was deemed suitable for use in this review. Studies were then reviewed thoroughly and the CASP questions were applied to all five studies. Despite only five papers being identified and all being of low to medium

quality, all five were kept to explore what is currently known within this area, as guided by the Cochrane Handbook for Systematic reviews (Higgins & Green, 2011).

Eligible studies were reviewed and data was selected from studies that only focused on risk factors and/or characteristics. A final sample of five studies remained for the synthesis of results (see figure 2.2). Table 2.1 displays the characteristics of the included studies.

### Analysis

For a qualitative analysis on the identified risk factors and/or characteristics of adult males with a conviction for exhibitionism or voyeurism, the results and discussions sections of included studies were reviewed through thematic analysis, which identified common risk factors and/or characteristics from the studies (Bearman & Dawson, 2013). The identified factors were organised by the frequency of which they appeared in the studies.

Table 2.2: Summary of Studies included

Author and date	Participants and Recruitment	Participant characteristic/  Risk factors explored	Measure or data collection	Analysis	Areas of findings	Strengths and weaknesses
Arieff, A.J & Rotman D.B (1942)	100 unselected male cases from the Municipal Psychiatric institute of Chicago.  All Exhibitionists	Demographic and clinical characteristics.  Age of offending, marital status, nationality, location of offending, time of day, income, occupation, religion education, diagnosis of mental health, previous offending, substance misuse, trauma, sexuality, personality disorder,	Data provided from Psychiatric institute (Unsure what data this was).	Not reported what analysis was conducted.  Results reported in %	Occur before the age of 40 and after 17. No significance on nationality.  Offended near home, in a public place in the home and in daytime.  Occupation diverse.  Some attended high school or attended college.  Over half were single. Of those married they were separated or about to divorce, had	<p><b><u>Strengths</u></b></p> <p>Reviewed a wide range of characteristics</p> <p>Large sample: 100 individuals from data provided from Psychiatric institute.</p> <p><b><u>Weaknesses</u></b></p> <p>Very out of date</p> <p>Unclear what type of data was used and how the data was analysed.</p> <p>The data was unselected so could have missed key information to explore.</p> <p>Unclear if ethical procedures followed to obtain, use and store data.</p>

					<p>remarried or were widowed.</p> <p>They had similar previous convictions.</p> <p>A range of mental health diagnosis.</p> <p>Alcoholism</p> <p>They came from broken home or lack of harmony Overly protective family</p>	Unclear the role of the researcher.
Taylor, F.H (1947)	98 males charged with exposing themselves and residing in Brixton Prison.	Demographic and victim data.  Places they exposed themselves, victim age and if known to them. Emotions felt, masturbation, guilt, marital status, intimacy problems, age of	Interviews/data reviewed	Review of the data with some %  Case examples	<p>Victims always a stranger apart from one who was a neighbour's wife, another their landlady and a third was his own children.</p> <p>The victims often girls in their 20s or teenagers.</p>	<p><b>Strengths</b></p> <p>Review of real case studies within prison.</p> <p>Review of many characteristics</p> <p><b>Weaknesses</b></p> <p>Only residents that were over 23 years in prison so could not explore 18-23 year olds.</p>

		onset, previous convictions, classifications of exhibitionism, mental health/ personality disorder.			Emotions were dependent of reaction.  Masturbation at time of offending.  Married, but were separated or had mistresses or were engaged, or were single.  Offended In crowded places.  Mental health concerns.	Unclear how participants were selected for interview, whether consent was gained for interviews, what the content of the interviews were and who completed them.  Unclear how data was analysed.
Sugarman, P., Dumughn, C., Saad, K., Hinder S & Bluglass, R. ( 1994)	210 males, all indecent exposers cases seen by west midlands forensic psychiatric service extending	Only extracted data that related to characteristics  Demographic, psychiatric criminal and victim data for exhibitionist with a conviction for a	Psychiatric records were examined between 1967-1984.  Interviews  Criminal record data	Qualitative  Percentages  Statistically significant between if they had a conviction for	Conviction for a contact sexual offence Statistically significant: skilled occupation, family history of mental illness, other family history (intellectual impairment, substance misuse,	<b>Strengths</b>  All had been arrested for indecent exposure. This was their first referral.  Mix of data to review  Consent for criminal history information.  Large sample



	<p>into a follow up period 8-25 years.</p> <p>Referred in 1967-1984.</p> <p>Study aimed to explore the features that make individuals prone to more serious sexual offending.</p>	<p>contact sexual offence and for a non-conviction of a contact sex offence.</p>	<p>provided by Criminal Record Office up to 1992.</p>	<p>a contact sexual offence and non-conviction for a contact sexual offence.</p>	<p>and criminality), low intelligence, childhood conduct disorder, personality disorder, assessed as a favourable outlook. Homosexual/bisexual, excessive libido, relationship difficulties, mood noted around time of exposure.</p> <p>Committed at one site, masturbated, pursued victim, spoke to victim, touched victim. Convictions,; acquisitive.</p> <p>Not statistically significant: was married, semi-skilled or unskilled occupation, substance misuse.</p>	<p>Also looked at differences between convictions for a contact offence and a non-conviction for a contact offence.</p> <p><b><u>Weaknesses</u></b></p> <p>Only counted indecent exposure and obscene telephone calls as non-contact offending.</p> <p>Retrospective in nature and based on relatively unsystematic data in day to day clinical practice: biases could be present.</p> <p>Not sure the role of the researcher and the nature of the interviews.</p> <p>Sample may not have collected indecent exposures with multiple convictions and serious convictions not always known as first offences not always lead to a conviction.</p>
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					victim of physical or sexual abuse, one victim, exposed to males, non-aggressive offence.	
Mohr, J.W., Turner, R.E & Ball, R. B (1962).	54 male exhibitionist referred by the courts to the Forensic Clinic of the Toronto Psychiatric Hospital between 1956-1959. 69% first time offenders.	Psychiatric, social and psychological  Nature of act, place of offence, the victim, other deviations, age, intelligence, education, occupation and interest, geographic distribution, origin and religion, family background and siblings, marriage and children, physical health and psychiatric diagnosis, recidivism	Interviews  WAIS in 47 cases.	Qualitative  Percentages	Exposure of genitals is the only act engaged in without any attempts to contact the victim. Preferred methods was own car/truck to a woman in the street/street/public/own home or a store.  Strangers, age from 8+, tend to be single adult or groups of children.  Occurs between adolescence and mid 30s: peak in mid 20s. On set from age 8-mid 20s.	<b><u>Strengths</u></b>  Mixture of data to review characteristics.  <b><u>Weaknesses</u></b>  Unclear how data was selected/data was reviewed.  Homosexuals were excluded, did not say why.  Number of cases interviewed was too small for a meaningful statistical comparison.  They said voyeurism was “linked” but it is unclear what this means.

					<p>Loneliness, isolation, had few friends, Great amount of sexual fantasy.</p> <p>Absent fathers, who were violence or aggressive Mother emotional character.</p> <p>Married in mid 20s but no meaningful relationships.</p>	
Dwyer, M. (1988)	<p>N=200 sex offenders University of Minnesota sex offender Treatment programme (only exploring demographics)</p> <p>N=56 men University of</p>	<p>Demographics characteristics/ social skills relationships/ trauma/</p>	<p>Interviews  Tennessee self-concept scale  Derogotis sexual functioning inventory (n=46)  MMPI (n=51)</p>	<p>Qualitative  Percentile  Percentages T score</p>	<p>Had a high self-criticism, self-satisfaction.</p> <p>Poor or non-existence relationship with fathers/, over protective mothers</p> <p>Sexual, physical abuse, experienced early sexual trauma</p>	<p><b><u>Strengths</u></b></p> <p>Mix of different methods and analysis of data.</p> <p><b><u>Weaknesses</u></b></p> <p>The demographics were for all sex offenders: not sure which related to voyeurs and exhibitionists</p> <p>Not clear if the data links to voyeurs or exhibitionism: not separated</p> <p>Not sure who the case reviews were.</p>

	Minnesota sex offender Treatment programme (focusing on Exhibitionist/Voyeurs)		Minnesota sexual experience inventory		Immature in social skills/sexual skills/low self-esteem, high self-criticism, passive.	Unclear the role of the researcher.
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## Results

### Summary of studies included

Five papers were identified from 28 publications (see Figure 2.1) between 1942-1994 from two different countries (U.K and US). This included four papers that focused just on exhibitionism and one paper that explored both exhibitionism and voyeurism. This included 518 individual males with a conviction for exhibitionism/voyeurism within the Prison System, Forensic Clinic/Psychiatric Service or University Sex Offender Programme facility. This included interviews and individual case file reviews. One study (Sugarman et al., 1994) aimed to explore the features that make individuals prone to more serious sexual offending therefore only data relating to the risk factors and characteristics were extracted.

### Theme Identification

The themes that are present and connecting the studies are found in Table 2.3 below. They include the themes background factors, psychological and personality characteristics, motivation and psychological functioning.

Table 2.3: Themes emerged from analysis

Theme	Theme title	
1	Background factors	Ethnicity Religion Educational history Occupational history Marital status
2	Psychological and personality characteristics	Childhood experiences Relationship with parents Trauma Mental health Personality traits
3	Motivations	Intentions in offending Victim type
4	Psychological function	Location to offend Onset age to offend Denial

## Theme 1: Background factors

Background information was present in four out of the five included studies (Arieff & Rotman, 1942; Taylor, 1947, Sugarman et al., 1994; Mohr et al., 1962), however they all explored a range of different background information such as ethnicity (Arieff & Rotman, 1942), educational history (Arieff & Rotman, 1942; Mohr et al., 1962), marital status (Arieff & Rotman, 1942; Taylor, 1947; Sugarman et al., 1994; Mohr et al., 1962), occupational history (Arieff & Rotman, 1942; Taylor, 1947; Sugarman et al., 1994), and religion (Arieff & Rotman, 1942). The fifth study (Dwyer, 1988) stated that they found no significant difference for voyeurism and exhibitionism in regards to demographics compared to other individuals with a conviction for other sexual offences however they did not state what these demographics were. This study was the only study that included voyeurism, therefore it is unknown what are the demographic characteristics of an adult male convicted of voyeurism. This theme only relates to the demographic information found in the four studies that focused on adult males convicted of exhibitionism.

Only one study (Arieff & Rotman, 1942) explored the nationality and religion of individuals with a conviction for exhibitionism which identified that there was no significance for nationality with 74% reporting being white American and the rest from other nations. However, they did identify that there was a statistical significance as four individuals were identified as black American and therefore due to the ratio in Chicago of white to black individuals being 10 to 1, and with only 9% of black men committing other sexual offences they suggested that a black individual is less guilty of committing exhibitionism. However, it is unclear if this is because of their nationality or is it that they have just not been arrested.

In regards to religion, Arieff and Rotman, (1942) found that the majority of individuals with a conviction for exhibitionism were Catholic (36%) or Protestants (34%), with only a few being Jewish (5%) or Christian Scientists (3%). However, only 32% of these individuals attended church regularly.

Two studies out of the five (Arieff & Rotman, 1942; Mohr et al., 1962) explored educational information highlighting that the majority of individuals with a conviction for exhibitionism did not attend past 8th grade at school, but those who did attend 8<sup>th</sup> grade at school only a few attended high school or college. Arieff and Rotman, (1942) stated that there appeared to be a link with educational history and having a mental health

diagnosis. They highlighted those who did not complete higher education had a mental deficit and those with college training were more likely to be compulsive or psychopathic. Mohr et al., (1962) identified that only two out of the 54 individuals had taken their education even further by attending university, indicating overall that it was rare if an individual with a conviction for exhibitionism continued with further education.

In regards to occupational information three out of five studies explored this area (Arieff & Rotman, 1942; Taylor, 1947; Sugarman et al., 1994). They all found that adult males with a conviction for exhibitionism tended to be semi-skilled or unskilled labourers. They identified a preference for “manly” occupations.

Common themes across all four studies identified individuals were in unsatisfactory relationships but there was a desire for a sexual relationship. They tended to be either married (Taylor, 1947; Sugarman et al., 1994; Mohr et al., 1962) or single (Arieff & Rotman, 1942) but one third of those that were married were separated (Sugarman et al., 1994), divorced, widowed or had remarried (Arieff & Rotman, 1942). Two studies (Arieff & Rotman, 1942; Taylor, 1947) identified that at the time of offending their wives were pregnant and the sexual intercourse had therefore stopped.

## Theme 2: Psychological and Personality Characteristics

All five studies explored a range of psychological characteristics of an adult male with a conviction for exhibitionism or voyeurism focusing on childhood experiences (Arieff & Rotman, 1942; Mohr et al., 1962; Dwyer, 1988), relationships with parents (Mohr et al., 1962; Dwyer, 1988), trauma (Mohr et al., 1962; Dwyer, 1988; Sugarman et al., 1994), mental health (Arieff & Rotman, 1942; Mohr et al., 1962; Sugarman et al., 1994; Taylor, 1947; Dwyer, 1988) and personality characteristics (Arieff & Rotman, 1942; Mohr et al., 1962; Sugarman et al., 1994; Taylor, 1947; Dwyer, 1988).

Three out of five studies explored childhood experiences (Arieff & Rotman, 1942; Mohr et al., 1962; Dwyer, 1988) highlighting that 10% of individuals with a conviction for exhibitionism were an only child, 12% came from a broken home, and 2% were in foster care or had experienced a death of a parent (Arieff & Rotman, 1942). In regards to the relationship with their parents, being raised by a family who were overly protective was a common theme (Arieff & Rotman, 1942). Their mothers were reported as being more overprotective (Dwyer, 1988) but were emotional (Mohr et al., 1962). For both voyeurism and exhibitionism, individuals reported that their fathers were absent or non-existent

(Mohr et al., 1962; Dwyer, 1988) and of those absent fathers for an individual with a conviction for exhibitionism were also violent or aggressive (Mohr et al., 1962). One study (Sugarman et al., 1994) found that 15% of adult males with a conviction for exhibitionism had a family history of mental illness, and 7% had a history of family criminality.

In regards to traumatic experiences Dwyer (1988) found that 36% of individuals with a conviction for exhibitionism and voyeurism had experienced sexual or physical abuse, and 40% had experienced early sexual trauma, however it is unclear how this was separated between offence types.

All five studies highlighted that individuals with a conviction for voyeurism and exhibitionism tended to have mental health problems or a personality disorder. Dwyer (1988) stated this was less than half and related to both offence types having a childhood conduct disorder or borderline personality disorder (Dwyer, 1988). However, again this was not separated out into the differences between the two offence types. The review did identify individuals with just a conviction for exhibitionism had a range of mental health issues such as mental deficits, schizophrenia, compulsive disorder (Arieff & Rotman, 1942; Taylor, 1947), undeveloped psychosis, anxiety, senile dementia (Taylor, 1947) or were diagnosed with a personality disorders such as borderline or schizoid (Arieff & Rotman, 1942; Taylor 1947; Mohr et al., 1962). Both Arieff and Rotman (1942) and Taylor (1947) found 13%-14% of exhibitionists were psychopathic.

In regards to co-morbidity with other paraphilias two studies (Taylor, 1947; Mohr et al., 1962) identified that individuals engaging in exhibitionism also engaged in transvestism, however, this is now not classified as a paraphilia. Mohr et al. (1962) stated that with the exception of voyeurism, exhibitionism links with other deviations seemed to be rare. Only one study (Arieff & Rotman, 1942) found a history of substance misuse (28%: exhibitionism) however, 1-5% were diagnosed as alcoholics (Taylor, 1947).

In regards to personality characteristics all five studies reported individuals experiencing unsatisfactory relationships due to views of themselves. However, just for exhibitionists they reported having few friends, being bullied or getting into fights (Mohr et al., 1962). The review found that adult males with a conviction for exhibitionism were described as shy and timid individuals (Taylor, 1947), who experienced loneliness and isolation (Mohr et al., 1962). However, Dwyer (1988) who explored both voyeurism and exhibitionisms found that 88% of individuals reported as generally passive which has led to over protective mothers making decisions for them. They were reported to have high amounts



of repressed anger but feel intimidated by adults which leads to passive or aggressive behaviour. They tended to have low self-esteem, high self-criticism, low self-satisfaction, a lack of self-identity and they were immature in social and sexual skills. However, they were skilled in manipulation in order to live a dual lifestyle by being upstanding within the community but in their spare time offending.

### Theme 3: Motivations

All five studies explored a range of motivations for individuals when offending in regards to their intentions (Arieff & Rotman, 1942; Taylor, 1947; Sugarman et al., 1994), victim type (Taylor, 1947; Mohr et al., 1962; Dwyer, 1988), and location to offend (Taylor, 1947; Sugarman et al., 1994; Mohr et al., 1962).

The main motivation for individuals with a conviction for exhibitionism in offending was to be seen, for sexual pleasure and attraction, for amusement, or to deal with feelings of depression, worry or because they got no sexual gratification from their wives (Arieff & Rotman, 1942; Taylor, 1947). In regards to taking things further with their intentions, Mohr et al., (1962) stated that the exposure of the genitals is the only act they engaged in without any attempts to contact the victim. However, Sugarman et al. (1994) found that 40% spoke to the victim and 25% touched the victim.

Three studies (Taylor, 1947; Mohr et al., 1962; Dwyer, 1988) explored the victims that were targeted. All three studies found that individuals tended to target adult female strangers however some did offend against female children. Taylor (1947) found that one individual with a conviction for exhibitionism offended against his own children, whilst Mohr et al. (1962) found exhibitionism offences were against groups of children aged eight years and up who were strangers to them. Taylor (1947) found if an individual exposed themselves when a male was present it was because other females were with them.

In regards to location, Taylor (1947) found offences of exhibitionism tended to be expose themselves in daylight either early in the morning or just before night time. Sugarman *et al.* (1994) reported individuals exposed themselves at only one site but Taylor (1947) stated they will often return over and over again to this site, usually in a lonely spot like a country lane, alley, or railway carriage. Taylor (1947) also found that some individuals did expose themselves in public places like a park, a bus queue, or at the window of a hostel for girls. However, they tended to be near to home, with only a few exposing

themselves at home (Taylor, 1947; Mohr et al., 1962). The literature has not looked at the preferred location for those with a conviction for voyeurism.

#### Theme 4: Psychological Function.

Only four out of the five studies explored the psychological functioning of offending behaviour for exhibitionism (Arieff & Rotman, 1942; Taylor, 1947; Sugarman et al., 1994; Mohr et al., 1962). Therefore, this theme only relates to exhibitionism and currently it is unclear what is the psychological functioning of voyeurism.

The onset of exhibitionism has been reported as starting before the age of 40 and after 17 (Taylor, 1942) with a peak in the mid-20s (Mohr et al., 1962). Only one study (Mohr et al., 1962) reports an onset earlier at age 8-mid 20s. Sugarman et al. (1994) highlighted that individuals reported a desire to carry out their behaviour but had no desire to control their sexual urge. They describe it as a habit at the time of offending. However, there appeared to be no links with having an obsessive compulsive feature.

It was found that between 24-47% of individuals were likely to deny their offending or used excuses such as alcohol, physical disability, mistaken identity, they were dazed or they had forgotten to fasten their trousers (Taylor., 1942; Arieff & Rotman, 1942).

All four studies found that individuals masturbated at the time of offending with Mohr et al. (1962) reporting they had fantasised about exposing before offending. However, these studies only reported on exhibitionism and it is unclear the level of sexual gratification for individuals with a conviction for voyeurism.

Three studies explored whether individuals with a conviction for exhibitionism had any previous convictions (Arieff & Rotman, 1942; Taylor, 1947; Sugarman et al., 1994) with 34-56% having no previous convictions however all those who did have a previous conviction had a previous for exhibitionism (Arieff & Rotman, 1942; Taylor, 1947). Sugarman et al. (1994) found that 75% of individuals previous convictions were not related to exposure and 63% of contact offences occurred after the first known arrest for exposure. In regards to offences that did not relate to exhibitionism, it has been reported they tended to have charges for petty crimes or drunk behaviour (Taylor, 1942), acquisitive offending, criminal damage or some recorded convictions of property offences, attempted murder, major or minor assaults, robbery, criminal damage, arson, or a breach of the peace (Sugarman et al., 1994).

## **Discussion**

This review is the first of its kind to explore the risk factors and characteristics of an adult male convicted of voyeurism and exhibitionism, however it is important to highlight that this review is very limited by the quantity and quality of the research papers available, therefore it is very difficult to generalise the results to this offending group.

The aim of the systematic review was to highlight what is currently known in the literature and what if any are the gaps in knowledge and understanding in order to aid direction of relevant research. This review has highlighted significant gaps that needs urgent attention.

There are only five studies that met the inclusion criteria for this study however four out of the five explored only exhibitionism leaving only one study (Dwyer, 1988) exploring both exhibitionism and voyeurism. However, due to the limitations with this study it is unclear what the different characteristics and risk factors are for the individuals who have committed exhibitionism and for those who have a conviction for voyeurism. This was not separated out and whilst there is some evidence that in the general population exhibitionism has a high rate of co-occurrence with voyeurism (Långström & Seto, 2006), researchers generally agree that exhibitionism and voyeurism are observed as solitary disorders in clinical samples (Abel et al., 1988; Price et al., 2002) despite an awareness of co-morbidity. Despite voyeurism being described as persistent, pervasive and problematic (APA, 2013), it appears from this review that voyeurism is still ignored within the literature. It is no surprise that within major meta-analysis (Mann, Hanson & Thornton, 2010) voyeurism has not been identified as an independent risk factor predictive of recidivism because of the poor quality and out of date literature exploring who is committing the offence of voyeurism. Despite voyeurism becoming a criminal offence in 2004 it is concerning that there is no research that has been done to try and understand this client group in order to aid appropriate assessments and interventions to prevent re-offending. Therefore this requires urgent attention.

## **Summary of Findings**

From the four themes identified only two related to both exhibitionism and voyeurism (psychological and personality characteristics and motivations: only gender and age).

Due to this, conclusions cannot be drawn as to the risk factors and characteristics for voyeurism specifically, therefore leaving a clear gap to be further explored.

From the review it has been found that individuals with a conviction for exhibitionism tended to be white Americans, Catholic or Protestants, did not go past grade eight in school and those who did were unsuccessful past college however, they tended to work as semi-skilled or unskilled labourers. The review also found that there is a lack of consensus with the relationship history as some were married or were single, however those that were married were experiencing unsatisfactory relationships and therefore were either separated or going through a divorce. The onset of offending was reported between the age of 17-40 and if caught tended to be in denial. The main intention in exposing themselves was the lack of sexual pleasure in their life or as a way to manage negative feelings or to deal with life's problems. The individuals attempted to talk to the victim or tried to touch them suggesting that they could have led onto a contact offence or they were anticipating a reaction. They exposed themselves and then masturbated in daylight, in a familiar spot but if this was in a public place then this was near to where they lived. It was reported that individuals tended to not have any previous convictions but if they did they were for other exposure offences or acquisitive offences.

When the studies considered both voyeurism and exhibitionism they found that they had experienced some early trauma, their fathers were absent and aggressive and their mothers were overprotective. They had a range of mental health problems or Personality Disorders and there appeared to be some comorbidity between the two disorders. For both, they were reported to be passive individuals with low self-esteem, isolation, loneliness and struggled to form relationships, therefore, they tended to target adult female strangers. However, it is still unclear how these are separated for both offences and therefore it is unclear what are the background factors, psychological and personality characteristics, motivations and psychological functions for voyeurism specifically.

#### Study Quality and Limitations

Four out of five papers were assessed as weak using the CASP (Arieff & Rotman, 1942; Taylor, 1947; Mohr et al., 1962; Dwyer, 1988) indicating that the results were produced by a poor design and methodology. The fifth study was assessed as good (Sugarman et al., 1994) as they did attempt to consider ethical considerations and potential bias however the study is dated and only focused on exhibitionism.

A major limitation of all the studies are they are significantly dated (1942-1994), however the most recent study that met the inclusion criteria was Sugarman et al. (1994). The study explored individuals with a conviction for exhibitionism that had been referred from 1967-1984 indicating that the data is still 24 years out of date, therefore it is difficult to draw any current conclusions regarding characteristics or risk factors from this.

The aim of this review was to explore males aged 18 years and over with a conviction for voyeurism or exhibitionism, however one paper (Taylor, 1947) explored only those aged 23 years and over currently residing in Brixton Prison. Therefore, there was no information for adults aged 18-23 year old due to the current prison population. However, according to the DSM-V (APA, 2013), the onset of voyeuristic behaviour is usually before 15 and most will not come into contact with the criminal justice system until they are in their mid-20's (Berah & Meyers, 1983). Therefore, it is unclear how relevant the data would have been for adults aged 18-23.

All studies were able to investigate a large sample of adult males (between 56-210) and examined file information (Arieff & Rotman, 1942), as well as conducting interviews (Taylor, 1947; Sugarman et al., 1994; Mohr et al., 1962) and including psychometric measures (Dwyer, 1988) to gain further information. However, Arieff and Rotman (1942); Taylor, (1947); Mohr et al. (1962) did not highlight how the data was selected, what file information or data was used and how this was analysed. It is therefore difficult to assess the ethical procedures followed to collect, store and analyse the data. It was also unclear if ethical procedures were followed regarding selection of participants to interview as well as how the interviews were conducted with only one study, Sugarman et al. (1994) reflecting on the selection of the information, and identifying consent was gained. This study identified that this information was based on unsystematic data from a day to day clinical practice therefore biases could be present.

In regards to potential biases, two studies (Mohr et al., 1962; Sugarman et al., 1994) made exclusions within their studies without a valid explanation therefore indicating an element of selection bias. Mohr et al. (1962) excluded homosexuals without explaining why and Sugarman et al. (1994) only counted indecent exposure and obscene telephone calls as non-contact offending, leaving voyeurism ignored. It was also unclear in all five studies the role of the researcher and it is difficult to say if the results had been shaped by the researcher's role and experience. There is some evidence of potential biases in Sugarman et al. (1994) study as the sample may not have included individuals with

multiple convictions or serious convictions as it is not always known and for first convictions, exhibitionism may not always have led to a conviction.

### Implications for Further Research

This review has identified the urgent need for research exploring who commits the offence of voyeurism. Due to the lack of understanding of characteristics, risk factors and individual needs of those who commit the offence of voyeurism, assessment could be affected and individuals could be released without interventions of their sexual interest and due to the compulsive nature of the offence related sexual interest they could go on to re-offend and create more victims (Mann et al., 2008). Therefore, it is essential that up to date research is completed on understanding who commits voyeurism in order to ensure reliable processes can take place for example, that staff are assessing voyeurism correctly by understanding not just the static needs but dynamic needs, links with the co-existence with other paraphilias and assessing the most appropriate intervention pathway to address the correct intervention needs, to aid safety and prevent risk. The more that is known about the individuals then more can be done to support the service in amending policies and procedures in order to aid recognition and management of the sexual interest.

All five papers explored the characteristics of an adult male convicted of exhibitionism or voyeurism, however, less is known about the risk factors. Given the increased number of non-contact sexual offences recorded (Ministry of Justice Statistics, 2018) it is essential that up to date research is completed exploring the characteristics and risk factors of those committing these offences in order to ensure static and dynamic risk assessments are completed accurately in order to inform effective intervention planning. This review has shown that little is known about voyeurism specifically and often individuals are associated with exhibitionism rather than as an individual offence therefore more should be done to explore them as separate offences by identifying that there is a need for the development of assessments to explore all information by completing an interview, reviewing all psychiatric information, case file information and criminal records but also to complete cognitive assessments, and an exploration of sexual attitudes and preferences exploring their personality, motivation, and their environment.

## **Conclusion**

With only five papers meeting the inclusion criteria, all being significantly dated and being assessed as poor quality it is difficult to determine the relevance and suitability of the results for current policy and practice. However, this review has explored the literature on risk factors and characteristics of adult males convicted of voyeurism and exhibitionism and supports the view that research on non-contact sexual offending is limited and out dated (Morin & Levenson, 2008; Mann et al., 2008; Kaplan & Krueger, 1995) is still largely misunderstood, unidentified and sometimes underestimated. Four out of the five included studies explored only exhibitionism so less it known specifically about voyeurism. This is a concern. Voyeurism was made a criminal offence in 2004, has seen an increase in reports to the police (Ministry of Justice Statistics, 2018), and due to the high reoffending rates (Raymond & Grant, 2008), it is critical that research is done within this area to know who is committing these offences to aid assessments and interventions.

## Chapter 3

*“Voyeurism was like a security blanket for me”.*

### **Living with Voyeurism: An Interpretative Phenomenological Analysis.**

#### **Introduction**

In May 2004 under section 67 of the Sexual Offences Act (2003) voyeurism was made a criminal offence, however little is still known about the nature of who is committing these offences, creating challenges for professionals trying to secure a conviction, complete risk assessments and direct effective intervention plans. These difficulties to identify who commits voyeurism is partly created by the differences in what could be seen as voyeuristic behaviour (Holmes & Holmes, 2009) and within the legal definition (Sex Offences Act, 2003) and medical definition (DSM-V, APA, 2013). However, in order to assess for the presence of voyeurism this would require identification of the sexual interest and then a full review to gain clarification on intensity and impact, which currently within Her Majesty's Prison and Probation Service is not consistently being completed due to the lack of resources, lack of knowledge of the characteristics and the factors associated with voyeurism.

There was a total of 121,187 sexual offences recorded by the police in England and Wales in the year ending March 2017 (Ministry of Justice Statistics, 2018). After the identification of a 15% increase of contact offences such as rape (41,186 offences), “exposure and voyeurism” were included within the statistics of “other sexual offences” (80,001 offences) with sexual assaults on a female aged 13+ (30,202 offences) and sexual activity with a child (13,081 offences) being reported more frequently. After, rape and sexual assault/sexual activity with a child, “exposure and voyeurism” was the next frequently reporting offence (8,975 offences), showing a 10% increase between 2015/2016 to 2016/2017 (Ministry of Justice Statistics, 2018). Voyeurism was only made a criminal offence in 2004 and the statistics have only started to see an increase since 2014 (Ministry of Justice Statistics, 2018) indicating that voyeurism is being reported but out of 8,975 offences of exhibitionism or voyeurism reported to the police,



only 28% of cases saw an individual identified and punished for their offence (Ministry of Justice Statistics, 2018), highlighting the complexities in being able to identify who is committing the offences. A key concern is voyeurism and exhibitionism are not separated out within the statistics and therefore it is unclear what the individual reporting rates were for voyeurism.

What we do know is that the reoffending rates for individuals committing another offence of voyeurism is higher due to the compulsive nature of the paraphilia (Raymond & Grant, 2008) and therefore it is likely that the statistics are underestimated as many acts are committed against an unknowing victim and they are not arrested or the victims may not report it viewing it is a nuisance offence. Of those who are arrested for this behaviour, the charges are often non sexual (Raymond & Grant, 2008). Due to the compulsive nature of the offence (APA, 2013; Raymond & Grant, 2008), and that it tends to be problematic and pervasive for them (APA, 2013), it is highly likely that they will continue with their offending behaviour, therefore presenting a risk to the public.

If an individual commits the offence of voyeurism and is arrested and convicted, due to the limited and dated knowledge of who is committing voyeurism, stereotypical views of those who commit non-contact sexual offences can occur. Lea et al. (1999) found that professionals working with people convicted of sexual offences identified that their practice was affected by stereotypes. They reported that 87% of professionals viewed individuals who commit non-contact sexual offences as having the potential to escalate in their crimes. This view could affect accurate assessment of individuals with an offence of voyeurism as many may have been convicted for other offences and the identification of voyeurism is therefore absent. Therefore, they may not complete appropriate interventions and ultimately released without the support for their sexual interest and due to the compulsive nature of the offence related sexual interest they often are recalled. This lack of knowledge of professionals is currently reflected by the lack of research on voyeurism.

The rates at which individuals with a sexual interests in voyeurism re-offend is difficult to assess because of the difficulty in detecting such behaviour. Currently little is known about recidivism rates for voyeurism but these are generally considered to be lower among those with a conviction for a sexual offence who have completed interventions compared to those who have not been through interventions (Hocken & Thorne, 2012). If voyeurism is not being identified and not completing effective interventions, due to the

compulsive nature the recidivism rates could be higher. Therefore, there is a clear need for further understanding on voyeurism.

What empirical data does exist is generally based on self-report from individuals within the general public identified as having an interest in voyeurism (Långström & Seto, 2006) or individuals convicted of a sexual offence, not identified specifically as voyeurism (Lee, Jackson, Pattison, & Ward, 2002). However, it is not clear that the factors identified as being a part of the development of sexual offending are related to sexual offending in general or voyeurism specifically but are they all factors that are related to general criminality (Murphy & Page, 2008).

When considering the psychological factors identified as being relevant for paraphilias (including voyeurism), common areas have been identified such as an association with sexual hyperactivity, often with compulsive and/or impulsive features (Kafka & Prentky, 1992), and a variety of psychological disturbances, such as guilt, depression, shame, isolation, and impaired capacity for normal social and sexual relationships (Kafka & Prentky, 1992). Kafka and Hennen (2003) also indicate high rates of Attention Deficit Hyperactive Disorder (ADHD) with a childhood onset, in a general group of individuals with reported paraphilias including voyeurism as well as an identification of a childhood conduct disorder being present (Zolondek, Abel, Northey, & Jordan, 2001). However, research with individuals with a non-contact sexual offence showed that a range of motivations exist such as having an unhealthy sexual interest, intimacy deficits, and problems controlling impulses but compared to contact sexual offences such as rape and child abuse, there is little research indicating further research is needed exploring the psychological factors associated with voyeurism (Hocken & Thorne, 2012).

The paucity of research specifically on voyeurism is clearly dated. However, what it does show is that individuals with a sexual interest in voyeurism lack assertiveness and social skills, have symptoms of depression (Kafka & Prentky, 1994), demonstrate hyper sexuality (Kafka & Prentky, 1992a), have problems with intimacy (Marshall, 1989), have deficits in sexual knowledge and sexual dysfunction (Marshall & Eccles, 1991), and lack empathy (Finklehor, 1984). Whilst this does show some links with general sexual offending (Lee et al., 2001) it is unclear how prevalent these risk factors are currently for voyeurism. According to the DSM-V (APA, 2013), the environmental risk factors for voyeurism are childhood sexual abuse, hyper sexuality, and substance abuse (DSM-V, APA, 2013) and for some individuals with a sexual interest in voyeurism, their selection

of their environment in regards to occupations and hobbies may have been chosen to provide opportunities to engage within voyeurism (Hanson & Harris, 1997). However, the relationship between these environmental factors and voyeurism are unclear, dated, and do not identify whether they have a conviction for voyeurism. Research focuses more on voyeurism within the general population with Långström and Seto (2006) exploring the possible links between voyeuristic behaviours and risk factors. They found voyeuristic behaviours were weakly to moderately but positively associated with being male, having more psychological problems, lower satisfaction with life, greater alcohol and drug use, and greater sexual interest and activity in general, including more sexual partners, greater sexual arouse ability, higher frequency of masturbation and pornography use, and greater likelihood of having had a same sex sexual partners. They also found that childhood sexual abuse was a stronger predictor of voyeurism in men. However, this research is twelve years old and only focused on voyeurism within the general population, leaving risk factors for those with a conviction of voyeurism unexplored. Whilst it is important to explore factors within the general population due to the low detection rates of voyeurism, we are now starting to see an increase in reporting of voyeurism within HMPPS due to it being identified as an offence (Ministry of Justice Statistics, 2018). Currently less is known about those who commit the offence of voyeurism and more specifically the experiences of individuals with a conviction of voyeurism and the impact the sexual interest has on them as an individual which has led to them being identified and convicted. Therefore, this leaves a significant gap to be explored in order to aid understanding and direction of appropriate interventions.

The absence of current empirical research for non-contact sexual offending specifically voyeurism creates difficulties in the assessment and interventions of these groups and there have been calls from academics and practitioners for more research within this area (Morin & Levenson, 2008; Mann et al., 2008; Kaplan & Krueger, 1997; Thorne & Hocken, 2012; Duff, 2018). Current research is needed to make sure the correct reliable processes are taking place for example, that staff are assessing individual needs correctly by understanding not just the static but dynamic needs, and assessing the most appropriate intervention pathway to support an individual with options to recognise and manage their sexual interests in a healthy way as well as ultimately aid safety and prevent risk. Therefore, the aim of this research is to gain an in-depth understanding of who are the individuals that commit the offence of voyeurism and what are their experiences of living with voyeurism.

## Method

### Sampling

Smith, Flowers, & Larkin (2009) recommend that between three and six participants is reasonable for a student project using IPA, and they observe that the typical number of interviews analysed in professional doctorate projects is between four and ten.

However, it is usually accepted that less is more (Reid, Flowers & Larkin, 2005; Smith et al., 2009). Samples are generally small, well-defined and purposively-selected. This study was restricted by the task of obtaining a group of individuals with a conviction of voyeurism from one custodial establishment.

### Participants.

The seven participants were all males who had a conviction for voyeurism and all currently residing within HMPPS. Please see table 3.1 below for full characteristics and offending details of all seven participants.

Table 3.1 Participant characteristics.

	<b>Harry</b>	<b>John</b>	<b>Mark</b>	<b>Steve</b>	<b>Carl</b>	<b>Pete</b>	<b>Isaac</b>
<b>Age at time of arrest</b>	62	25	57	62	56	79	33
<b>Ethnicity</b>	White Irish	White British	White British	White British	White British	White British	White British
<b>Religion</b>	Catholic	None	None	C of E	None	None	None
<b>Relationship status</b>	Married	Single	Married	Single	Single	Marred	Married
<b>Accommodation status</b>	Living with Partner	Living with Parents	Living with partner	Living on own	Living on Partner	Living with partner	Living with partner
<b>Employment status</b>	Unemployed	Carer	Working full time	Unemployed	Unemployed	Retired	Working full time
<b>Sentence</b>	Determinate	Determinate	Determinate	Life	Determinate	Determinate	Determinate
<b>Index offence</b>	Sexual assault, voyeurism	Burglary, Voyeurism, downloading indecent images	Sexual assault, voyeurism	Murder Recall for voyeurism	Voyeurism	Voyeurism	Sexual assault, voyeurism.
<b>Victim details</b>	Female, child, stranger	Female, child stranger	Female, adult, stranger	Female, child, stranger	Female, adult, known	Female, child, known	Female, adult known
<b>Static Risk</b>	High	Low	Medium	Medium	High	Low	Low
<b>Interventions completed</b>	TSP (Thinking Skills Programme) Core SOTP (Sex Offender Treatment Programme)	TSP	None	TSP, Core, SOTP, HRP (Healthy Relationship Programme) HSF (Healthy sexual Functioning)	None	None	None

## Ethics

### Ethical approval

Ethical approval was granted for the study by the Nottingham Trent University Research Ethics Committee and the Her Majesty's Prison and Probation Service (HMPPS). The following ethical guidelines were applied in line with the British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2010) and the HCPC (Health and Care Practitioner Council) Standards of Conduct, Performance and Ethics (HCPC, 2016).

### Procedure and Materials

Participants were recruited via access to one prison's programme induction database in order to identify those who had a conviction for voyeurism. The researcher had access to this database due to working at the establishment. Ethical approval was authorised from HMPPS to gain access to the database for research purposes. Participants were selected if it was recorded they had a conviction for voyeurism.

Prospective participants were initially sent an invitation to participate (Appendix 3) along with a participant information sheet (see Appendix 4) outlining the research aims, interview, right to withdraw and data management measures. The information sheet also contained the researchers contact details, and invited the recipient to contact them if they wanted to take part. Potential participants were able to take as long as they liked in considering whether or not to take part before they made contact. On making contact, participants were asked if they would like any further information, or if they were happy to arrange a meeting to go through the consent form and be interviewed. One participant made contact with the researcher after hearing about the research from another participant and identifying that he felt he would be suitable to participate.

In order to avoid triggering any active mental health symptoms, participants were required to be of a stable mental state. Participants receiving input from mental health or counselling services were excluded. All participants who were contesting their sexual preference or who were likely to find the interview difficult were also deselected. This was established from the programmes database but clarified at the initial meeting when discussing the aims of the research.

Informed consent to participate was ensured throughout by providing a participant information sheet (Appendix 4), which clearly set out information about the study, including the purpose of the research, what taking part would involve, who would have access to the data and how it would be stored. On meeting, it was ensured that participants had read and understood the contents of the information sheet, and they were given the consent form to read (see Appendix 5). If they wanted to continue they were asked to give written consent before being interviewed. A signed copy of the consent form was given to the participant and a second copy was placed in a secure research file.

There was a risk that taking part may be potentially distressing to participants. This was addressed by providing a lot of information beforehand about what taking part would involve and the topics that would be covered, so that potential participants could make informed decisions about taking part. A discussion also took place regarding sources of support should they require them following the interview. This was also provided within the information sheet (Appendix 4) and discussed within the initial meeting.

To ensure that participants did not feel obliged to take part, it was highlighted that they were under no obligation to do so, and whether or not they decided to participate, it would not affect the intervention or quality of care they received from the Psychology and Programmes Department. This was particularly important to establish given that the researcher works at the establishment where all the participants were recruited from. This ethical issue was managed by not inviting individuals to take part if it was planned that the researcher was to work with them or if they had previously worked with them therapeutically.

Participants were informed that they could withdraw from the study up to four weeks after the interview. A date was provided.

Participants were fully informed about confidentiality and its limits. They were aware that although quotes would be used in the write-up for the thesis and journal article, all identifying information about themselves (such as names and places) would be removed from the transcripts and write-up. They were aware that supervisors and representatives from academic and professional bodies would look at the anonymised transcripts. Part of the consent process also included agreement for the researcher to have access to their prison file. Participants were also informed that information would be shared with the appropriate services if it was thought that they were or somebody was at risk of serious harm. Due to the compulsive nature of the offence of voyeurism,

it was discussed that the researcher would only pass on any undisclosed offending should the participant provide specific details of the offence. This is in line with current HMPPS guidance on confidentiality.

Participants were made aware that they could ask for a break at any time, and had the right not to answer particular questions if they did not want to. They were also informed that it was their right to withdraw from the study, without having to give a reason for doing so. The researchers aim was to conduct the interviews as sensitively as possible. A debrief period followed each of the interviews, in which they checked with each participant their experience of being interviewed, and a reminder of the sources of support should they require them following the interview as provided within the information sheet (Appendix 4). All information from which participants could be identified was anonymised.

### Interview

A semi-structured interview schedule was developed (see Appendix 6), which was relevant to the study aims. This was informed by relevant literature and discussions with the researcher's supervisor (e.g. Smith & Osborn, 2003). The interview schedule enabled participants to provide a detailed account of their lived experience of voyeurism.

Interviews took place within a confidential, secure prison interview room. The interviews lasted between 50 and 85 minutes, and were audio recorded and later transcribed verbatim, with all identifying information removed. The researcher transcribed all of the interviews themselves.

### Data analysis

A qualitative research approach was adopted for this study as it is considered a useful method for gaining an in-depth understanding of participant's perspectives on a particular topic (Flick, 2009; Black, 1994). Silverman (2013) recommended that the method chosen for research depends heavily on what you are trying to discover. As one of the aims of the research was to explore the experiences of participants with a conviction for voyeurism, a qualitative method was considered the most appropriate method to achieve this. The study focused on both deductive and inductive approaches with the aims of the research to help direct the interview schedule and coding of the data (deductive). The inductive part of the study enabled new themes to emerge from the data that were not underpinned by the researchers interests (Willig, 2013). An

advantage of being aware of the two approaches enables a thorough analysis of the data (Willig, 2013). As the aim was to explore the experiences of participants with a conviction for voyeurism, Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003; Smith et al., 2009) was considered an appropriate approach to analyse the data. The main aim of IPA is to give participants a voice; it takes into account claims and concerns they have described, and provides an interpretation of the data (Thompson, Smith, & Larkin, 2011). It focuses on the meaning of an experience for a participant and looks at how that meaning can be interpreted (Larkin & Thompson, 2012).

The guide provided by Smith et al. (2009) was followed to allow for continuity of transcripts (Smith & Osborn, 2003; Smith, 2007). As a result, IPA should start by (1) looking at the distinctions among cases, (2) to develop from being descriptive to interpretative, (3) to attempt to understand a participant's point of view and (4) to focus on personal sense making (Reid, Flowers & Larkin, 2005). The analysis was carried out by the researcher who works in the assessment and intervention of men that have a conviction for a sexual offence within HM Prison Service.

Each interview was first analysed in-depth individually (Smith et al., 2009). Each recording was listened back to at least once, and the transcript read several times. Initial comments were made in order to help explore the content and language (Smith et al., 2009). The comments were then explored further in order to allow for interpretation. This allowed the data to be analysed, leading to an exploration of the participant's lived experience. Another consideration was to identify potential themes from both the transcript and the initial analyses. The development of superordinate themes occurred due to a consideration of emerging themes to inform meaning which was analysed in the same way until all seven interviews had been analysed to this level. Smith et al. (2009) detail how superordinate themes can be identified through abstraction (putting similarities together and developing a new name); subsumption (a theme itself becomes a superordinate theme); polarization (considering oppositional relationships); contextualization (identifying the contextual or narrative elements within an analysis); numeration (the frequency with which a theme is supported) and function (themes are examined for their function).

An independent audit of the data (Smith et al., 2009) was completed at this stage by the supervisors of this thesis to ensure that sufficient analytical rigour had been applied and that the researcher's phenomenological interpretation was grounded. Finally,



similar themes between cases where identified. The master table of themes for the group is shown in Table 3.1 in the results section.

## **Results and Discussion**

The superordinate and subordinate themes that emerged during the IPA analysis are detailed below in Table 3.2. The results and discussion section will discuss the three main superordinate themes that emerged from the analysis in regards to the lived experiences of participants with a conviction for voyeurism.

Table 3.2: Superordinate and subordinate themes of the IPA analysis

<b>Superordinate theme</b>	<b>Subordinate theme</b>
Surrogate Intimacy	Emotional loneliness affecting ability to relate
	Inability to develop intimacy
	Inability to maintain intimacy
Escapism from reality	Avoidance from life's problems
	Hiding negative emotions
	Distance from harm
Overwhelming habit	Uncontrollable urge
	Uncontrollable addiction

### **Theme 1: Surrogate Intimacy**

All participants within this study suggested that voyeurism not only affected their ability to relate to others but the relationships they did have were clearly affected. Voyeurism then appeared to become a substitute for the reality of intimacy because it felt easier

on their terms to decide how intimacy should be, therefore identifying that intimacy did not need to include emotions, was not needed to solve life's problems and was not of equality, including elements of sexual entitlement. Voyeurism was their way to have intimacy on their terms as it gave them what they wanted, without the hassle of reality. However, despite this identification for intimacy on their terms there was a clear need for wanting intimacy within their life due to feelings of loneliness and isolation. They felt the voyeurism had affected their ability to relate to others and develop intimacy and therefore voyeurism was used as a coping strategy to make themselves feel better.

For those who were in a relationship at the time of offending they identified that they lacked intimacy due to their preference for voyeurism. They were not able to talk to their partners, deal effectively with problems and had elements of secrecy across their life.

#### Emotional loneliness affecting ability to relate

Those who commit sexual offences are known to suffer from intimacy deficits and have high levels of emotional loneliness (Bumby & Hansen, 1997; Fisher, Beech & Browne, 1999; Garlick, Marshall & Thornton, 1996; Marshall, Cripps, Anderson, & Cortoni, 1999; Smallbone & Dadds, 1998).

One of the major subordinate themes located within the superordinate theme 'Surrogate Intimacy' was participant's lack of ability to relate to others due to the emotional loneliness they felt. Participants appear to experience an inability to interact and build positive relationships with others due to their life experiences that have impacted on their feelings of sadness, loneliness and isolation. A sense of loneliness and wanting to relate to others appears common across participants identifying poor development and application of intimacy skills (Seidman, Marshall, Hudson & Roberston, 1994).

John describes how life decisions have been made that were out of his control that affected his ability to relate to others which appears to have had an impact on his self-esteem, creating a sense of loneliness across his life.

*"Yeah she (mum) has got angina and bi polar, so I sort of took over as her carer... when I was going to college but then the angina sort of developed when I was 17/18 so I had to drop out of college...but she needed full time care then so... I had to drop out of college and look after her [p] at the time [p] I thought [p] well I am doing my duty as looking after her and my brothers were working at the time so they could not do it so I was the sort of only person that could [p] I found it quite hard to make friends, basically*

*I could not go out and socialise, meet new people like that...I was just quite lonely and isolated, I basically wanted people to talk to” P: John.*

John suggests a reluctance to drop out of college but an expectation that he should look after his mother suggesting a life struggle which appears to have an impact on his ability to achieve intimacy due to his lack of self-confidence. These decisions appear to limit his opportunities to meet new people suggesting a development of social isolation contributing to his feelings of loneliness. He describes a clear desire to want to engage with others but his situation has left him unable to which has affected his confidence and ability to engage. This in turn appears to have affected his social skills and view of himself leading to the use voyeurism as a replacement. There is a sense of dysfunction due to the lack of confidence in being able to relate to others leading to loneliness which has affected his ability to develop any meaningful relationships. This highlights a lack of clarity of how he wants his life to be like. This struggle between balancing the importance of family and the importance of self appears to have created an inability to become psychologically flexible by the lack of focus on self and his values (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Psychological flexibility is defined as: “*the ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends*” (Hayes, Luoma, Bond, Masuda, & Lillis, 2006, p. 8). This highlights an identified need to develop skills of acceptance for the reality of life’s problems by actively willing to experience events as they are in order to move forward so they are consistent with one’s values.

The overall sense of loneliness appears to be impacting participants achieving intimacy and therefore the voyeurism appears to have provided them with a replacement for the need they are struggling to meet. John continues to express how his isolation and loneliness led him to watching others to feel a part of an interaction, to feel a part of something meaningful which overall increased his self-esteem.

*“Yeah I talk to people, watch them but never ask for pictures or anything like that [p] yeah, but it was more for someone to talk to, it felt like I was with them, a part of something [p] then I was sort of I was looking at teenagers on line [p] just looking at them [p] I was attracted to them and it made me feel better [p] I was lonely and I would think what it would be like to be with them [p] this was sort of [p] felt more intimate, like I had been there, sort of thing ... I feel [p] I just like talking to people, just like, feeling like I have got friends”. P: John.*

There is a real sense of loneliness and wanting to engage but not pursuing which could suggest there could be a fear of rejection. For John, the watching and talking to others online appears to have become an easier and comfortable replacement to the intimacy

that he wanted to achieve. This then developed into what he felt was an effective coping strategy to manage feelings of low self-esteem and loneliness which appears to have increased with periods of stress (Grant, 2005). Despite this short term effect, the increased use of the internet only led to further isolation and increased levels of secrecy for John.

*'I didn't really feel it was wrong at the time, I then continued as I would not talk to anyone and I was addicted to watching on the internet...my mum did not even know I was arrested so...this was something that I have kept from everyone...they sort of broke down as I was stressed out, got quite stressed out with taking care of my mum, yeah, so it sort of took a toll on relationships, they broke down and then that just sunk me into deep depression" P: John.*

The secrecy and loneliness within his life appears to have affected his ability to interact openly and honestly with friends and family, impacting further on his feelings of loneliness, depression and isolation (Kafka & Prentky, 1994). This sense of being aware that it was wrong but an inability to be able to change this demonstrates how his emotions and the over powering nature of the voyeurism appears to be affecting his ability to make changes to relate effectively with others within his life. This suggests that the voyeurism is providing individuals with what they see as a coping strategy to manage their self-esteem and life's problems which in turn is affecting their intimacy skills (Marshall, Cripps, Anderson & Cortoni., 1999).

Participant Isaac identified the impact his levels of secrecy had on his life and his relationships with others, which he stated had deteriorated through his engagement in voyeurism. However, it appears as if he had thought about the impact on others however made decisions based on his personal belief system about the lack of harm caused in order to continue with his behaviour suggesting an adaptive belief system in order to fulfil his needs.

*"it was just that lack of honesty and I had this theory that it is in my head therefore it does not affect anything else but that is the opposite of the truth as it affected everything and everything I do is affected by what I do in my head [p] I had not seen that it was [p] I really think it had a significant detriment on my life, friendships, I was not so good with friendships during the later times, when I was hiding things, the friendships with people were [p] yeah damaged by [p] even though I was pretending in my mind that nothing had happened because they had not known about it therefore it effectively had not happened" P: Isaac.*

It appears that by distancing himself from the engagement with others enabled him to cope with his feelings of isolation and loneliness, however in the long term he

describes this as detrimental to his life and relationships. Therefore, this separation from the reality of harm appears to have an impact on his ability to effectively engage with others leading to further isolation and loneliness as described also by Steve. He describes how the voyeurism has had a significant impact on his understanding and ability to engage appropriately with women which has continued to affect his life, and view of himself demonstrating a severe sense of loneliness and insecurity.

*“I still find it [p] being in the company of women stressful [p] because of the voyeurism [p] because of the inappropriate behaviour [p] I could never have an appropriate relationship with a woman [p] I don't know how to behave with a woman [p] appropriately [p] so it is still stressful” P: Steve.*

The stress that Steve feels when in the company of women appears to affect his confidence and ability to relate to women. This view that women are unapproachable and unobtainable appears to have had an impact on his level of anxiety and confidence to approach women which in turn leads him to avoid women which could have a direct influence of his belief that healthy relationships are never achievable for him. This links with the literature that some individuals with paraphilic interests expect social rejection (Jahnke Schmidt, Geradt & Hoyer, 2015; Walton & Duff, 2017; Blagden, Mann, Webster, Lee & Williams, 2017). For Steve, the voyeurism appears to be acting as a replacement for the intimacy that he feels he cannot achieve. This level of anxiety appears to have a significant impact on his self-esteem, loneliness, isolation and confidence leading into a fearful attachment style (Marshall, 1989; 1993; Ward, Hudson, & Marshall, 1996) which could be affecting his social functioning (McGuire et al., 1965). This suggests that he perceives all environments as threatening, which has had an impact on his wellbeing and sense of self and therefore he is more self-critical rather than being self-compassionate (Gilbert & Proctor, 2005). These feelings of being socially or sexually inadequate may have strengthened the offence related sexual interest leaving voyeurism as a surrogate for the intimacy that he could not achieve. This highlights the need for enhancing an individual's ability to develop not only a secure attachment style but a sense of non-judgement and self-compassion within their life.

#### Inability to develop intimacy

For some participants they appear to struggle to develop a relationship through the appropriate paths (Freund, 1990) due to a lack of knowledge of what skills are needed on how to develop intimacy therefore this has made it harder to interact and achieve intimacy within their life (Freund, 1988). The Courtship Disorder theory suggests that for

voyeurism, individuals have a disorder of the “finding phase [of courtship], locating and appraising a potential partner” (Freund & Seto, 1998 p. 433). It is suggested that individuals find it difficult or unpleasant to move from the initial attraction to another person through the stages of social and verbal interaction as the normal path of progression to emotional and physical intimacy. This could be relevant for John who appears to have a clear desire to form relationships but has the lack of knowledge of the appropriate skills needed to enable him to interact and engage with others.

*“I basically wanted people to talk to [p] access to talk to someone but did not know how to” P: John.*

This sense of loneliness of wanting to develop relationships but not knowing how to could be affecting his self-esteem and confidence to try and attempt to develop his skills. Therefore, the voyeurism provides participants with an easier option for the type of intimacy they want but cannot achieve. This also appears relevant for Harry who identified that he had accepted his inability to obtain a relationship and started to become more aware of easier and more accessible options that provided him with a similar function to the intimacy he wanted.

*‘As I hadn’t had a relationship or anything like that but I found a way of just doing something that would ease it eerm...then I realised it was all out, all outside, everywhere I go, it was all there, so therefore this was more real”. P: Harry.*

There is a sense of wanting to fulfil an intimacy need but struggling to know how to achieve this. The voyeurism then provides him with an alternative way to fulfil this need. There is a focus on wanting intimacy with someone but as they can watch anyone at any time this then becomes as form of normality and the individuals then develops this into a view they are with someone who is more “real”. This is present in participant Isaac’s account as it provides him with the feeling of being with someone which then appears to become a replacement for the lack of natural intimacy within his life.

*“I was more interested in what were real people [p]...it was more kind of girl next door stuff [p] ...the site where people post pictures of their girlfriends and that sort of thing....yeah I like that sort of thing...pictures people post of themselves....yeah because it is real in inverted commas”. P: Isaac.*

A preference for watching a “real” person can give individuals a sense of distance from reality but a feeling as if they are with that “real” person (APA, 2013). Therefore, the voyeurism acts as a surrogate but easier option to increase intimacy and develop their

confidence in order to relate to others. Steve extended this view by highlighting how the voyeurism provided him with the reality of being sexually intimate with someone as it was his belief they were consenting, engaging and willing to participate even though they did not know he was watching them.

*“She is a willing participant, she knows I am there, she knows I am looking up her skirt [p] she knows where to open her legs and let me look up her skirt and you know and eerm [p] in every incident the woman is always a willing participant” P: Steve.*

There is a sense of interpretation and belief that this is requested and required by the other party and therefore this allows Steve to continue. This belief that she is aware and engaging with him provides him with a sense of what he would like intimacy to be like, allowing him to gain some form of control over his life and relationships. This highlights how, for Steve, he has become fused with his thoughts of reality which has provided him with confidence and a sense of content to continue with the voyeuristic behaviour which has affected his ability to desist. Therefore, there appears to be a need for the development of seeing “self as context” (Self-as-context is the ability to adopt the awareness part of self that notices and, unlike thoughts and feelings which constantly change, the noticing part of the mind naturally feels unchanged) and developing skills to help defuse and have an awareness of internal and external experiences through the skill of mindfulness (Harris, 2009), self-soothing and self-compassion (Gilbert, 2010).

Some participants described voyeurism as a way to enable them to have control over how intimacy should be, expressing it is as being on their terms indicating a lack of empathy, compassion and understanding (Finklehor, 1984; Gilbert, 2010). The development, the interaction and the nature of the voyeurism was within their control leading to a sense of sexual entitlement. Isaac identified that viewing others without their knowledge provided him with a sense of control over the intimacy he desired that was on his terms allowing him to focus on him and his needs.

*“I don’t know I suppose it kind of has a sense of power with it [p] I didn’t [p] it sounds nasty in that as it sounds like I am sitting here saying ooh that I want power as I can see what you can’t see but [p] I can see now things rather than having control over these things if you see the difference and [p] it’s a way of being sexually intimate with someone without them having to be involved”  
P: Isaac.*

There is a clear sense of feeling powerful in achieving sexual intimacy without others knowledge or engagement which seems for Isaac a successful way to feel in control of

his life and forming a sense of de-personalised intimacy. Steve also describes this sense of power having intimacy on his terms whilst ignoring the reality of achieving a healthy intimate relationship, where it is not only about sexual contact.

*“voyeurism was my way of having a relationship with a woman on my terms [p] voyeurism for me was having a relationship with a woman without all the emotions getting in the way, eerm [p] she did not have a say about it, it was all me, all me”.*

*P: Steve.*

There appears to be an understanding of some of the elements of what a healthy intimate relationship looks like, however, for Steve there is a clear sense of avoidance due to the difficulty in what is required within intimacy and therefore the focus is only his needs. By identifying that a relationship was all about him and the other party had no involvement, or say within that relationship appears to allow him to have control over this relationship. This could suggest that due to his lack of confidence and ability to engage with others, the voyeurism was achieving this need for him, allowing him to have ownership on the type of relationship he wanted. This sense of entitlement over intimacy appears to affect his views and engagement within any relationships, altering his belief of how intimacy should be. The focus is therefore on only the fulfilling and pleasurable side of intimacy (sexual) as it appears engaging within a healthy intimate relationship where emotional intimacy is present could have an impact on him achieving the pleasurable side. Therefore, the voyeurism allows him to achieve his needs.

The narratives appear to be consistent with the literature on voyeurism that individuals lack the social skills (Kafka & Prentky, 1994), have problems developing intimacy (Marshall, 1989), have deficits in sexual knowledge (Marshall & Eccles, 1991) and have deficits in the self-confidence necessary to form successful intimate relationships (Hudson, Ward, & McCormack, 1999).

#### Inability to maintain intimacy

Whilst some participants were able to develop relationships it was the quality of the intimacy that affected their relationships. This could suggest a lack of ability to develop and sustain a satisfying interpersonal relationship which could lead some to sexually offend (Eldridge, 1998; Hudson et al., 1999; Salter, 1988).

Whilst some individuals have the skills to develop relationships, there appears to be an imbalance of the effective use of those skills within those relationships in the long term. The sense of loneliness, lack of confidence and low self-esteem appears to be affecting their ability to engage effectively. The voyeurism then becomes a replacement



for the lack of intimacy due to inadequate or inappropriate attempts to achieve intimacy within their life has been unsuccessful (Marshall, 1989; 1993). This appears relevant for Isaac who describes wanting intimacy but lacked the skills and ability to maintain this within his current relationship.

*“I wanted emotional intimacy but wasn’t very good at it and the surrogate of that is that sexual intimacy and if I can’t have sexual intimacy then the surrogate for that is one sided of sexual intimacy where the other side of the party does not know about it”.*  
P: Isaac.

There is a sense of understanding the functions of intimacy but lacking the confidence within himself and his skills to maintain this therefore there are further options that allow him to feel a sense of achieving intimacy and if all these options fail then the voyeurism meets this need. After unsuccessful attempts to try to fulfil this, the focus shifted onto sexual intimacy which could provide him with an easier replacement for the intimacy he thrived for. This could highlight that there may be some “distorted intimacy bias” through seeking intimacy via sex. However, despite being married Isaac still appeared to lack assertiveness and the social skills to deal with problems within his relationship (Marshall, 1989) and chose to alter his personal beliefs around how he should behave within his relationship.

*“I was sexually attracted to several of my friends but I could not do anything about it as I was in a relationship and I had this rule that I was not going to have an affair and I was not going to be unfaithful and I never was [p] so because I got this rule book and because the rule book said I couldn’t be unfaithful, I was just looking, nobody knows about it”.* P: Isaac.

Isaac expresses a personal belief system around infidelity, however, after experiencing an unfulfilling relationship and lacking emotional intimacy (Gebhard et al., 1965) this system was amended due to his personal experience. This suggests that the voyeurism replaced his intimacy beliefs creating a barrier between him and others through distancing and secrecy which appears to be impacting his engagement, ability to be open with oneself and increasing his feelings of isolation and loneliness.

*“when I was doing it, it created a bit of a barrier [p] this is again with hindsight [p] between me and the people because I would film them getting changed and then I would be having breakfast with them and like nothing had happened [p] and I was having to do a degree of pretending in that respect I suppose and I think it emotionally distanced me from people because [p] I felt like I had to hide something well I was hiding something but I felt I was hiding something of myself [p] and to put that emotional barrier up I think it was significantly detrimental to my relationships with pretty much everyone if I think about it”.* P: Isaac.

This sense of loneliness and stress comes across as not being able to be yourself and therefore having to restrict your engagement and openness with others which appears to be clearly affecting Isaac's self-esteem, confidence, self-compassion, relationships and life. This inability to cope with problems within his relationship appears to be affecting Isaac's ability to maintain intimacy within his life and therefore the voyeurism becomes an easy and effective way to deal with this. This was shared by Mark who was using voyeurism as an effective coping strategy to deal with his current relationship problems.

*“At the time of offending I was so low, not caring, could not cope [p] did not talk to anyone, had problems with my wife as I knew she was cheating but could not prove it and could not talk to her [p] would not talk...it made me feel better, I wanted to do something to support my family but also to stop these feelings of stress, hate, low, boredom and to feel better and nothing was working [p] oh the only thing that was working was getting me inside here” P: Mark.*

This loss of hope appears to be driving him to want to feel better and want to support his family but not knowing how to. This is then affecting his ability to interact with those around him creating a lack of self-compassion. This poor problem solving within relationships then created a barrier to intimacy and affected his view of himself and others.

This theme identifies that individuals with a conviction for voyeurism can display problematic intimacy dispositions that enables them to use unhealthy sexual methods and behaviours with non-consenting partners in an attempt to satisfy unmet intimacy needs (Marshall, 1989; McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). There is a clear need for individuals to refocus on their ability to develop intimacy and to develop acceptance of the reality of problems that can occur within any relationships without feeling the need to avoid them whilst being judgment free. The more they can be kind to themselves, the more they can accept problems for what they are and increase their confidence at using their already developed intimacy skills in order to manage the problems collaboratively with their partner.

## **Theme 2: Escapism from reality**

The theme of “Escapism from reality” appears to present as participants are distancing themselves from the truth of real life and this then becomes a short term prevention allowing them to escape into a world where they are in control and feel that they were

not doing any harm as this was only making them feel better. This sense of escapism links with the concept of Cognitive Deconstruction (Baumeister, 1990; 1991), Experiential Avoidance (Hayes, Wilson, Gifford, Follete & Strosahl, 1996) and Psychological Flexibility (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Cognitive deconstruction focuses on individuals appearing to avoid negative consequences whilst experiential avoidance is attempting to avoid unhelpful thoughts. Therefore individuals engage in compulsive behaviour in order to escape from the effects of traumatic or stressful situations (Baumeister, 1990; 1991). This strategy then becomes an effective way to deal with the stress whilst ignoring the reality of who they are, their experiences and what is important to them. To become psychological flexible an individual aims to then learn to develop *“an ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends”* (Hayes, et al., 2006, p. 8). By doing this they can be more aware of their emotions with a particular focus on learning skills to aid the soothing system and being more compassionate in a safe environment (Gilbert, 2010). Therefore, the aim is to develop *“a sensitivity to the suffering of self and others, with a deep commitment to try to relieve it”* (Gilbert, 2010, p.3).

The participants all expressed how they were experiencing low self-esteem, low-confidence, and feelings of inadequacy, depression, and stress which was preventing them from dealing effectively with life’s problems. Voyeurism appeared to enable them to escape from the reality of their life, and their problems. Therefore, for them, they see it as an effective coping strategy to make themselves feel better.

#### Avoidance of life’s problems

All participants expressed a view that they were experiencing a range of different life problems that they were struggling to cope with. They identified that the voyeurism then became a way to escape from the reality of life and helped them to cope with their problems, therefore, acting for them as an effective coping strategy.

Mark identified a variety of life’s problems due to an inability to work due to poor health which then affected his confidence and self-esteem that appears to be impacting his ability to effectively problem solve.

*“I wanted to do something to support my family but also to stop these feelings of stress, hate, low, boredom and to feel better and nothing was working [p] oh the only thing that was working was getting me inside here [p] and this cheered me up...lots of stress, low self-esteem and confidence and I could not get out of it [p] even though the voyeurism happened that was just meeting my need [p] but if I could go back in time and was in*

*the same position I would probably do the same thing again [p] I would [p] it worked".  
P: Mark.*

There is a sense of overwhelming stress and pressure where he appears to be stuck between a divide of wanting to provide for his family as well as to deal with his life's problems. This sense of not being able to escape from his problems appears to have impacted his self-esteem and confidence preventing him from effectively discussing this with his family. Therefore, for him, the voyeurism became a successful strategy to make himself feel better. This sense of effective escapism links closely with experiential avoidance (Hayes, Wilson, Gifford, Follete & Strosahl, 1996) and the theory of Cognitive Deconstruction (Baumeister, 1991). Individuals will engage in rewarding behaviours to escape from the stress and as pursuit for pleasure this then becomes a persistent pattern if the problems persist and the escape behaviour relieves it. For Steve the voyeurism appears to have become an addictive escape which has developed into a self-protector for him when he was feeling stressed or lonely suggesting the more he watched, the better he felt. Therefore, the voyeurism acted as a soother and fall back option to cope with any negative feelings.

*"voyeurism was like a security blanket for me when stressed when feeling very lonely, that is when voyeurism would really kick in and I would have to go out and I would have to try and see if I could see as much as I could see and the more I could see the better, the calmer I would feel [p] it slowly became a comfort blanket". P: Steve.*

The escapism that voyeurism provided Steve appears to have evolved into a safety net that was the only effective strategy for him at that time and this then became a habit of providing him with a form of emotional comfort, safety or support. Therefore, sex appears to have become an effective coping strategy which ultimately allowed him to escape from the reality of life and reduced his level of self-awareness (Hudson, Ward, & McCormack, 1999).

There is sense here that in an attempt to escape from self, participants are not dealing with stressful experiences and therefore this is affecting their self-esteem and levels of compassion. Therefore, an individual is engaging in temporary rewarding behaviour to try and alleviate their negative experiences and provide a sense of release. This is then leading to a persistent pattern of behaviour (Baumeister, 1990; 1991). This highlights the need for individuals to develop their psychological flexibility (Hayes, Luoma, Bond, Masuda, & Lillis, 2006) in accepting life's problems rather than avoidance with an active willingness to move forward with their values in mind to help to respond to the problem. It would help individuals to develop being judgement free and learning skills to

help them to develop their awareness of “self as context” in order to help manage internal and external triggers that lead to voyeurism (Harris, 2009).

### Hiding negative emotions

Looman (1999) identified a significant association between inappropriate sexual fantasies and negative affect such as loneliness, anxiety, and inadequacy. All participants expressed a sense of low self-esteem, confidence and inadequacy that appears to be impacting their ability to deal with the reality of life, the reality of engaging in successful relationships and an inability to provide future direction. Participants highlight how voyeurism provided them with an escape from their low mood and acted as a mechanism to make themselves feel better. Hypersexual behaviour can sometimes be considered as a temporary way of coping with, avoiding or escaping, uncomfortable or unpleasant mood states (Reid & Carpenter, 2009) but often the methods used to deal with these feelings are considered to be ineffective attempts to regulate emotions (Reid, 2010). Again, this links to the theory of escapism from self by engaging in rewarding behaviour to provide a temporary reward (Baumeister, 1990; 1991). This also highlights how individuals have become fused to their thoughts and feelings which has affected their level of self-compassion (Gilbert, 2010).

For John, the voyeurism appears to have provided him with a sense of excitement, arousal and an increased sense of self-worth that allows him to escape from the depression he was experiencing. This then became an effective coping strategy that was easy to use to make himself feel better.

*“guess it was making me feel a bit better, better than feeling depressed I suppose, feeling quite excited by it and things like that yeah, I felt excited as they did not know I was watching, but I just wanted to feel better, and it was working...I felt the buzz, adrenaline and sexually aroused [p] basically it was a coping mechanics to try and feel something apart from feeling depressed, it was just something I could turn to, something I enjoyed”. P: John.*

The “excitement” and “buzz” appears to link with the activation of the threat and drive system of the regulation system (Gilbert, 2005; 2009). Gilbert’s regulation system highlights the interaction between the threat, drive and soothing systems. The drive system is the ability to have motivation to succeed and the threat system warns off imminent danger (physical and psychological) and prepares the body to respond to this imminent danger. The soothing system, which is considered to have developed alongside the attachment system, plays a significant role in helping to settle the threat

system, allowing the return to a calmer resting state, and self-compassion has an important role within this (Depue & Morrone-Strupinsky 2005; Gilbert, 2005; 2009). However, for John, the threat and drive systems appear to be active with less focus on how to use the soothing system to settle the others.

For John, he has developed into a deconstructed state where he has escaped from the low mood state. This escapism has provided him with an enjoyable feeling, allowing him to feel an overwhelming power of confidence to continue with this behaviour. This appears to be pleasurable and effective as it is providing him with a sense of self medication and self-soothing. Marshall et al., (1999) identified that those who commit sexual offences and have low self-esteem often fail to deal with difficult situations and adopt inappropriate and ineffective ways of dealing with stress. This is consistent for all participants who have expressed feelings of low self-esteem and confidence that is impacting their ability to effectively deal with life and the voyeurism appears to be fulfilling this need. Pete expands this view of experiencing low self-esteem and confidence but links his experiences to the impact his low mood has had on his beliefs of how he should be as a man.

*“I felt low at that time, low as a man [p] I knew what time she would be there and when I was out I would make sure that I was back so I could watch her [p] it felt like I had to be back so I knew that it would make me feel better [p] yeah it was making me feel better as I was feeling low and it gave me some excitement back [p] I felt depressed [p] bored, lonely and seeing her made me feel something good [p] that missing piece. I would watch as much as I could and masturbate to it [p] it was good [p] I could not help it really and I felt I had to plan my time so I did not miss the opportunity”. P: Pete.*

There is a real sense of how overpowering these feelings were for Pete that appears to be affecting his life. The voyeurism initially allowed him to escape from the low mood but then developed into an addictive habit that appeared to then take control of his life by becoming a routine in a need to feel better. This sense of need to feel better and gain control was provided by the voyeurism which in turn gave him a sense of escapism and a fulfilment in his life that enabled him to manage and cope with the reality of his emotions.

This demonstrates the lack of self-compassion in participant's lives which appears to be affecting their ability to cope with stress and therefore they engage in temporary rewarding behaviours to alleviate their negative experiences. However, for participants there is a clear need to focus on developing the acceptance of life events by experiencing this within in the present moment without constant attempts to avoid them whilst also being aware of their emotions (Hayes, Stroschl & Wilson, 2012). The focus

should be on developing skills to aid the soothing system and being more compassionate in a safe, nurturing environment (Gilbert, 2010). This is an area that could be helpful for participants by developing their psychological flexibility and self-compassion in order to respond to the presence of unwanted feelings and thoughts, with a range of techniques that aid soothing and grounding.

#### Distance from harm

Participants describe how the voyeurism aided the reduction and impact of their negative emotions by suspending appropriate self-regulation skills. This enabled them to manage their inhibitions to engage in voyeurism and allowed them to focus on only the pleasure they got from the sexual activity they engaged in rather than consider the impact on others (Ward, Loudon, & Hudson, 1995; Dafoe, 2011). There is a clear theme from all participants that there is some use of cognitive distortions and cognitive dissonance which provides them with permission to continue with the behaviour in an attempt to cope with life's problems. There appears to be clear relationships between negative affect, self-esteem, empathy and offence supportive cognitions (Marshall et al., 1999). This appears relevant for Isaac who identified that it became easier for him to overcome the reality of life by the belief that the voyeurism was only a part of his thinking and due to others lack of knowledge the impact and harm became less real. This sense of ability to separate himself from others appears to affect his thought process over the reality of harm allowing him to continue with his behaviour.

*"it's effectively in my brain I had equated that nobody knowing with it not have happened because it only existed in my head and nobody knew about it and because my technical ability I could hide it away so it was [p] it almost wasn't real [p] there was this separate bit of my brain that has this stuff in it [p] and I equated [p] basically that nobody knew about therefore I am not harming anyone [p] that was, that's the train of thoughts, if it was a train of thought, I don't think it was that clear, it was a sort of background sort of justification".*

*P: Isaac.*

This sense of separation from his thought processes to his behaviour appears to affect his level of secrecy and belief of a lack of harm to others which appears to allow him to continue with his behaviour which overall is providing him with a form of escapism from the reality of life. All three participants below appear to extend this view that despite an

underlying belief that their behaviour was wrong, the reward that they felt exceeded this reality therefore allowing them to continue with their behaviour.

*“Then once I had seen something the curiosity was there the excitement of seeing it not getting caught, hiding, I was not hurting anyone, that was how it seemed, I am not hurting anyone, I am getting away with it, so it was like a tool I suppose to cope with how I was at that time”. P: Harry.*

*“I knew I was doing wrong but at that time I just thought I am only watching, not doing any a harm but I know that is wrong now”. P: Pete.*

*“In my mind I thought I actually have not hurt anyone [p] there was no physical pain or anything like that and the people being filmed did not know anything about it and the people who had the film did nothing about it, kept it to themselves [p] so I thought no one is actually getting hurt so I had that in my mind and I understand now that they probably are but at the time I did not think”. P: Mark.*

This level of dissociation from harm caused allowed participants to continue with the level of secrecy as it provided them with a sense of power and control in their lives (Gilbert, 2010). There is some level of acceptance of consequences and impact on others with an underlying sense of feeling shameful. When an individual experiences shame, the self becomes an object of self-scrutiny and the motivation is to externalize that blame (Bumby, Marshall, & Langton, 1999). This level of self-distancing helps the individuals rationalise their offending (Howitt & Sheldon, 2007) however there is a sense that due to the voyeurism being a part of them and their thinking, this automatically takes over any rational thinking. This sense of distance from harm caused to others as they feel they are only watching appears to be a significant part of their thinking which provides them with this lack of contact as a level of emotional distancing from the victim (Winder & Gough, 2010). Therefore, participant’s behaviour could be reinforced by the positive feelings and lack of consequences suggesting the voyeurism is acting as an effective strategy for them to manage with the reality of life.

Steve extends this belief of there being a lack of harm caused due to a view that there was a lack of physical contact.

*“I think because of what it was and my thinking that I was not doing any touching, not attacking a woman but I was constantly looking up their tops or skirts and I got away with it [p] and the old age of a man always looks [p] and that was my excuse to continue what I was doing”. P: Steve*

Therefore this could indicate that participants view of harm is only caused when there is contact providing a sense of distance from those whom they perceive are committing



“real” offences (Blagden et al., 2014). Winder & Gough (2010) explored the level of acceptance of individuals who make no contact with victims. They identified current cultural values and legal guidelines pathologise contact offences over “just looking offences” which affects the distinctions between offence types which overall affects views on cognitive distortions.

It also appears that the continuation of Steve’s behaviour could also be down to the belief that the behaviour is acceptable because not only is it “only looking” but also this is because he is a man and he sees this as what men do. This quote appears to suggest the belief that it is the norm that men look at women which ultimately is reinforcing his behaviour as being part of his reality of life.

The relevance of poor coping skills to sexual offending is well documented (e.g. Ward & Hudson, 1998; Dwyer, 1997; Cortoni & Marshall, 1996; Pithers, 1990), and these deficits in self-management skills can affect an individual’s ability to generate and effectively use appropriate coping strategies that can contribute to offending (Gillespie, Mitchell, Fisher, & Beech, 2012; Langton & Marshall, 2000).

### **Theme 3: Overwhelming habit**

Participants have all described how the voyeurism they have experienced has developed from an overwhelming sexual urge that has built up in intensity over the years which has then led to an uncontrollable addiction. An uncontrollable urge is a characteristic of hyper sexuality which could account for the high co-occurrence of paraphilia’s (Kafka & Prentky, 1992) and is strongly associated with voyeurism (Långström & Hanson, 2006).

There is a sense of how individuals are becoming cognitively fused to their thoughts and feelings which is affecting their ability to accept and use effective decision making and robust coping strategies.

For participants, they describe voyeurism as an uncontrollable habit that has developed into being a part of them and their life. This habit makes them feel better and has now become part of their daily routine. For some participants this has led to stress and anxiety at not being able to function without the urge taking over which has led to

further problems within their life. This appears to have now led to an obsession or addiction within their life. This links with the research by Marshall and Marshall (2006) who estimate that individuals who commit sexual offences are three times as likely to meet the criteria for having a sexual addiction.

#### Uncontrollable urge

Participants were able to express how the voyeurism became a part of their thinking surrounded by a strong sexual urge that they felt they could not control. Participants expressed how the strong sexual urge gradually increased over the years which led to it developing into being an automatic response which was now a part of them, their thinking and driving their need for excitement. For Harry, he identified as he got older the urge had started to reduce however he still felt it was uncontrollable and now a part of him and his life which had developed into an enjoyable habit.

*“It would be, I would look or go places in order to see something, eerm [p] the excitement there, there is that not being caught, and what I see which is the biggest urge, in what I see [p] that is what I did in order to do something new, fresh all of the time. I can then recall some which makes me think that it is engrained in my head, like it is a wheel turning all over all the time like and when I was younger it was very much so, it has diminished as you get older, but it is still there, it is a habit...It has controlled me in a sense [p] so it was my kind of guilty pleasure”. P: Harry.*

This sense of excitement links closely with the activation of the “drive system” within the regulation system (Gilbert, 2005; 2009) and by not being caught appears to reinforce and strengthen the urge allowing him to continue and develop his behaviour to fulfil his sexual need. It is interesting that Harry describes this as a wheel turning around in his head and becoming engrained within him. This appears to demonstrate that the voyeurism has developed from a sexual urge into a continued thought process that is now constantly a part of him, controlling his decisions. This highlights how he has become hooked into his sexual thoughts and allowed these thoughts to fuse with his sense of self. Individuals fail to distinguish between the content of their thoughts and the process of having them. This is called ‘*cognitive fusion*’. The implication is that thoughts themselves have vast potential to be threatening and painful. There is clear need for the development of cognitive defusion (Harris, 2009) in order to allow an individual to experience thoughts as thoughts and to change the context and its automatic response (Walton & Hocken, 2019).

This continuation of thought appears to be enjoyable that has led Harry to search for new situations that will increase the sexual urge. Therefore, the urge is controlling his decisions and seeking new ideas to increase and strengthen. This links with the research by Swindell et al. (2011) who identified that whenever behaviour follows an adverse feeling, the antecedent feeling becomes conditioned to continue to engage within the behaviour. After numerous conditioning attempts, the feeling becomes a conditioned stimulus that evokes an urge to engage in the behaviour producing a vicious cycle. This sense of a cycle is clearly evident in Harry's account that he feels has developed into a habit.

*"I have a cycle [p] the cycle is first of all stress, then visual stimulation, then self-gratification, a release of emotional and that stress, and feel good factor [p] I could deal with life and that would build up again [p] but it has continued all the way through my life [p] as life went on I met other girls but it still would progress through, like I feel it was a habit because I was meeting girls, met the wife and again still doing it, so a relationship was not enough. My relationship with my wife was very good sexual wise, very good, 4 children, but the habit continued because of my thoughts, strong urge, thought, feel, behave, so even with the wife it would just incorporate into it so it was still ongoing" P: Harry.*

The voyeurism appears to be constantly in his life and acting for him as an effective coping strategy guiding life's decisions. This habit forms part of him and his life that appears to be stronger than living a healthy life due to the intensity of the habit. This sense of control appears to be driven by the intensity of the sexual urge which could suggest that participants have begun to normalise this experience, allowing it to occur and therefore enjoying the outcome. This process of not wanting to control the urge links with Sugarman et al. (1994) who highlighted exhibitionists had a desire to carry out their behaviour but had no desire to control the urge.

Whilst some participants expressed the enjoyment of acting on their sexual urges, for Steve this control over his life appears to have created a different response for him, feeling extreme stress and anxiety.

*"Well I cannot continue to not just look [p] I couldn't sit and watch a TV programme without thinking about sex, the news, and looking at the females sitting on a couch and I would try and see if I could see anything [p] god it was quite stressful [p] I was like that for 18 hours a day [p] wake up in the morning and it would start [p] I would go to bed in the evening [p] masturbated 4-5 times and I had great difficulty in sleeping [p] I could not switch off [p] how I never cracked up, I honestly don't know [p] constantly thinking all of the time [p] it was hard" P: Steve.*

This overwhelming sexual urge and continuous fusion of thoughts appears to have taken over Steve's life where he feels he cannot effectively manage it. There appears to be links here with sexual preoccupation however for Steve this preoccupation focuses on the thoughts of voyeurism and the need to act of these sexual urges. It appears the fused thoughts is affecting his ability to function and switch off, which is causing extreme stress. This appears to identify that voyeurism is difficult to manage, is extremely overwhelming and therefore the urge is too strong to resist (Grant, 2005). This stress appears to be impacting his self-esteem and ability to achieve a healthy life. There is a sense of how encompassing the voyeurism is for him highlighting an element of it being now embedded and engrained into his life. This highlights how important it is for individuals to develop skills to manage intense sexual urges whilst increasing their ability to accept that these urges could return and to learn to live with the sexual interest whilst being more compassionate and kinder to one's self (Gilbert, 2010). There also appears to be a clear need to help support individuals gain a sense of who they are as individuals and what is important to them. This ability to reconnect with their core values could help focus participants on other areas of their life rather than just the voyeurism (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

#### Uncontrollable addiction

Participants were able to express how the overwhelming habit developed from an uncontrollable sexual urge which had then taken over their life and therefore developed into an uncontrollable form of addiction (Coleman, 1987; Leedes, 2001). All participants expressed how the voyeurism had an impact on their life and persisted constantly despite experiencing negative consequences. This is evident for Steve as he describes it as an obsession taking control over his daily life and routine.

*"It became an obsession [p] and there are parts of the day depending on the victim type who will be there [p] yeah and then this is when it became part of obsession on where to go and who to see". P: Steve*

There is a sense that this has developed into a form of addiction for Steve as he has now started arranging parts of his life in order to fulfil this need. This sense of overwhelming control it has on his life appears to have affected his ability to structure his day effectively and there appears to be a lack of purpose. This need to plan his daily routine in order to manage the addiction appears stressful and encompassing which can have an impact on his ability to function effectively and could impact his self-esteem and confidence to achieve a healthy life. It appears the impact voyeurism has on individuals is extremely overwhelming and prevents their ability to defuse. There is a lack of focus on developing

their values and purpose within life, identifying a clear need for individuals to reconnect with who they are as individuals and re-evaluate what is important to them (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

This sense of control that voyeurism has on individuals suggests it has developed into a form of addiction which can be shared by other participants who describe it as a need within their life in order to deal effectively with their emotions.

*“sort of felt I needed to [p] I felt addicted to it [p] yeah, sort of when I felt I needed to feel happier...Had to watch it, felt I needed it, made me feel better [p] was looking at it every day, sort of felt [p] felt inside I had to watch it [p] made me feel better”. P: John*

This sense of pressure to feel better suggests that voyeurism has become an easier option to make themselves feel better linking with the theory of escapism of self as individuals are engaging in compulsive behaviour in order to escape from the effects of stressful situation and then this strategy becomes an effective way to deal with the stress (Baumeister, 1990; 1991). However, this has then been taken a step further with this developing into a need within their life, linking more to an uncontrollable addiction (Coleman, 1987).

*“It is what I wanted to do [p] I just my willpower...Felt that at that time I felt that I needed to watch it [p] it was the excitement [p] I needed to get back as it was giving me what I felt I was missing...It was risky but I could not help it” P: Pete*

For Pete, the identification of the consequences is present but there is a clear sense that the voyeurism has taken control and provided him with a method for numbing his emotional life (Mann et al., 2008) which has then led into an enjoyable habit. This sense of control appears to be acting as an effective coping strategy that is fulfilling a need for him and despite the awareness of his behaviour, the urge appears to be too strong to control, ultimately appearing as a form of addiction. For Harry, he was able to expand this further into expressing how despite this being a part of him which he cannot control he can hide this from others, indicating some level of control.

*“But the other side of me you see, what you see at home is me but I would get stressed or now I could do this, please myself then I would do this, like I say was a habit I called it and over the years it became engrained in my thinking, and behaviour, so even 9 out of 10 others would not know eerm [p] but I could not or didn't see anyway of stopping it really”. P: Harry.*

For Harry, he had the ability to hide this addiction from others as the voyeurism appears to have become an effective secret coping strategy. This could suggest that for him there was some control over his addiction as he was able to behave differently with others which could indicate that the voyeurism developed into a normal process for him to use when needed. Therefore, there is a sense that the voyeurism has now become a conditioned response that evokes an urge to engage in the behaviour (Swindell et al., 2011) highlighting that it has now developed into being a part of them and they identify with it. This is not surprising as with the origins of the sexual interest being present from as young as 15 and being reported as persistent and problematic (APA, 2013) the sexual urge can feel like it has become a part of them. Therefore, there is a clear need to support individuals in developing acceptance to live with voyeurism in a healthy way. The skill of acceptance and compassion appears relevant with the focus on supporting them to increase their values. With the introduction of new skills, compassionate support should be offered for the commitment to open up to the challenging experiences that come with developing psychological flexibility and the focus on what they want to stand for in life (Walton & Hocken, 2019). Acceptance and Commitment Therapy (ACT) has been used with individuals with similar compulsive behaviours (problematic internet pornography use). The outcome was a significant reduction of pornography use and sexual compulsivity for ACT participants compared to controls (Crosby & Twohig, 2016), which is positive and encouraging that this could be helpful for voyeurism.

### **Conclusion**

This research is the first of its kind and has attempted to explore how individuals feel living with voyeurism and the impact this has had on them as a person and on their life. The research has been able to identify that individuals with a conviction for voyeurism have deficits in intimacy skills and poor problem solving skills which is consistent with the sexual offending literature (Bumby & Hansen, 1997; Fisher, Beech & Browne, 1999; Garlick, Marshall & Thornton, 1996; Marshall et al., 1999; Smallbone & Dadds, 1998; Ward and Hudson, 1998). However, there appears to be two different types of voyeurism in regards to intimacy development. This goes against the Courtship Disorder (Freund, 1990) who identifies individuals struggle within Stage One (the finding phase) however, this research has found that for some participants they can pass through this stage and it is then Stage Two that they struggle with (interacting with a partner). These intimacy deficits are then encompassed with low self-esteem, low

confidence, and emotional loneliness that is affecting their ability to develop in these areas. The voyeurism is then acting as an escape from life and providing them with an effective coping strategy in order to make themselves feel better and in control. This then leads to a persistent pattern of behaviour as the aversive state continues and the escape behaviour is successfully relieving it (if only temporarily), making specific links with experiential avoidance (Hayes, Wilson, Gifford, Follete & Strosahl, 1996), the theory of Cognitive Deconstruction and Escapism (Baumeister, 1990; 1991) and a lack of psychological flexibility (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Individuals describe this as an uncontrollable urge that has developed over time into a habit (Grant, 2005). Therefore, due to the lack of ability to accept, a lack of healthy knowledge and skills, the individual is unable to break this cycle and it then becomes a form of addiction that has started to impact further on their self-esteem and confidence. This then affects their ability to use self-compassion leading to further loneliness and isolation. A vicious cycle is then created for them linking closely to the research on sexual addiction, sexually compulsive behaviour (Coleman, 1987), and Obsessive Compulsive Disorder (Leedes, 2001). There is a clear sense of how overpowering the voyeurism is for individuals which does link closely to the DSM-V (APA, 2013) definition that it is recurrent, and intense. This element of control over their life clearly shows how individuals have become hooked into their thoughts and feelings, activating the threat and drive regulatory systems (Gilbert, 2005; 2009) which is affecting their ability to manage problems and activate the soothing regulatory system. This then leads to a lack of focus on their core values (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). This sense of control over individual's life links closely to literature identifying how chronic and compulsive voyeurism can be (Neumann, 2006). This is important for professionals to be aware of when assessing and directing appropriate intervention pathways.

Due to the identification of low self-esteem and the avoidance from problems within their life this highlights the need for a focus on supporting and promoting an individual's previous healthy strategies but aiding the development of flexibility and change through Compassion Focused Therapy (CFT; Gilbert, 2010) and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl & Wilson, 2012) which will help support an individual to increase their 'psychological flexibility' (Hayes et al., 2006). The aim will be to support development in acceptance of life events by experiencing this within in the present moment without constant attempts to avoid them. By doing this an individual could aim to become more psychologically flexible by developing "*the ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends*" (Hayes, et al., 2006, p. 8). By doing this they can

be more aware of their emotions with a particular focus on learning skills to aid the soothing system and being more compassionate in a safe environment (Gilbert, 2010). Therefore, the aim is to develop “*a sensitivity to the suffering of self and others, with a deep commitment to try to relieve it*” (Gilbert, 2010, p.3). By using techniques from ACT and CFT may help to understand the thoughts and feelings that contribute to their offending (Walton & Hocken, 2019; Roche & Quayle, 2007). Whilst there has been no literature exploring the link between becoming more psychological flexible and sexual offending, it is starting to become considered as an effective approach and considerations have been made to incorporate techniques into the current practice with HMPPS (Walton & Hocken, 2019). This is positive progress and assessors should consider the targeting of appropriate interventions whilst ensuring the focus is on the concepts of ACT and CFT.

### Links with practice

Currently there is no guidance on assessing voyeurism however this research has highlighted key areas that professionals need further guidance and training in to aid appropriate direction of assessments and interventions. This research has highlighted the urgent need for clear guidance which should include a screening tool to ensure that individuals with a conviction for voyeurism are considered for an assessment whilst taking into account their risk and need. The guidance and training should be provided to all professionals who conduct assessments, make referrals for interventions including at the induction stage (This can include Offender Managers or Induction staff). Separate guidance is needed for Intervention staff to help direct appropriate interventions that are need focused. Currently within HMPPS all individuals at the induction stage are interviewed and have a static risk assessment (Risk Matrix 2000:RM2000) completed in order to aid direction for an assessment and potential intervention plan. Within the guidance the RM2000 should still be considered to ensure the proportion of risk, need and intervention direction is appropriate (Andrews & Bonta, 2006; Wakeling et al., 2012; Carter & Mann, 2016). However, the current policy within HMPPS is that the majority of low risk offenders are not referred for an assessment or consideration for an offending behaviour programme. This is also evidenced in current policy guidance within the PNA (Programmes Need Assessment: PNA Version 3; Walton et al., 2017) manual stating “it is unlikely that anyone assessed as low risk using a readily available risk screen will require an accredited programme as individuals who fall within this group are very unlikely to reoffend” (Wakeling et al., 2012). However, what we know is that voyeurism can be compulsive and lead to higher



re-offending rates (Raymond & Grant, 2008) therefore this is where the knowledge of voyeurism and thoroughness of an assessment is needed. It is reported in the PNA guidance that “as a minimum, it is advised that in the vast majority of cases, low risk individuals are only ever considered, where high need has been confidently established or where there is some other very remarkable circumstance”. This should be carefully considered within the interview process and clearly justified within Section D of the assessment as to the risks and intervention targets for those with a conviction for voyeurism. Therefore, this highlights where within the guidance there needs to be a consideration of an identification marker to consider if there are individuals who have a conviction for voyeurism and whether they identify as having a sexual interest. This difference is important to consider as there could be different needs for different individuals and could highlight the requirement for further detailed assessments. This links with the literature that has indicated that those with an exclusive sexual interest in paedophilia found recidivism rates were higher than those of non-exclusive paedophilic sexual offenders (Eher et al., 2015; McPhail, 2018). With the identification that if an individual has a conviction for voyeurism and identifies as having a sexual interest in voyeurism then they should be referred for a more detailed screening review of their needs despite static risk levels. This is where detailed guidance and training is needed for professionals to be implemented in practice to help develop knowledge and understanding. The guidance should also include information on when a full PNA assessment is needed and key areas identified from this research that needs to be considered within the assessments such as individual’s relationships history, views of attachment and their ability to develop and maintain relationships, as well as views of self and their ability to relate to others. This should also explore the element of voyeurism acting as a form of escapism and how individuals recognise and manage a range of life’s problems with a consideration of the impact on them as an individual. Finally, it is important that they consider the affect voyeurism has on the individual and their life, exploring the effect of sexual urges and the development into a habit or form of addiction. This would then help them to complete a formulation in which their decision making considers an individual’s suitability for an appropriate Offending Behaviour Programme. Assessors need to consider what intervention would be helpful whilst ensuring they cover aspects of ACT and CFT. Due to the identification of how prevalent and the severity of the impact voyeurism has on the individual it is firstly important for assessors to consider the relevance of medication. Consideration should then be taken into the needs of the individual and whether primary intervention is needed.

With primary interventions the focus is on trying to enhance an individual's strength and expand their skills (Walton et al., 2017). These programmes could be helpful to explore some areas of intervention need such as managing life's problems and developing positive relationships however they do not explore the sexual interest in voyeurism and currently the only programme within HMPPS that aims to explore healthy sexual interests is the Healthy Sex Programme (HSP). This programme is an individual programme that tailors the intervention to the needs of the individual and will also cover areas to enhance an individual's strength and expand their skills whilst also focusing on developing healthy relationship skills, effective coping, problem focusing problem solving and more specifically attempting to understand, accept and learn to live and manage the sexual interests with a focus on techniques to help manage sexual urges. The intervention would aim to address intervention needs that relate specifically to voyeurism by including exercises to help understand themselves and their sexual interests and then to be introduced to new skills to manage a range of factors. Therefore, this intervention should be considered by the assessor and identifying key areas of intervention need to help support in direct decision making. Therefore further guidance is needed to support therapist working with individuals with a sexual interest in voyeurism.

Ultimately current policies need to be amended, clearer guidance and training needs to be in place to help support all staff develop their knowledge and understanding of the impact the sexual interest of voyeurism can have on an individual and the importance of assessing them correctly so appropriate interventions are targeted.

#### Limitations with this study and links to further research within this area

This is the first study of its kind however there are limitations that should be considered. This study only explored individuals with a conviction of voyeurism within one site which is currently the largest intervention prison for individuals with a conviction for a sexual offence, therefore there are issues with potential sampling bias. By only including individuals who have completed interventions, key features about the offence of voyeurism from individuals might have been missed. It would have been useful to conduct further research at different sites and within the community to gather a larger pool of information to aid understanding of the experiences of individuals living with voyeurism.

Another limitation with this study is that it only explored selected individuals from the induction database for those identified as having a conviction for voyeurism. This might have missed individuals who had a previous conviction for voyeurism and was not showing up on the database due to being in prison for a different type of offence. Therefore, this might have identified other key areas of interest especially if they had progressed onto a contact offence. Further research is needed to also explore the experiences of those with a non-conviction for voyeurism in order to see if there are different intervention needs. This might be more difficult to identify but working with professionals across sites and within the community may help with the identification. What we know is the prevalence and compulsive nature of voyeurism is high (Raymond & Grant, 2008) and if an individual is not assessed correctly then they could be released without effective interventions. Therefore, further research is needed to explore what are the psychological needs of voyeurism to help support professionals in conducting accurate assessments.

This research has attempted to understand the experiences of voyeurism and made links with potential intervention approaches. Further research is needed exploring the effects of interventions with voyeurism in order to help identify appropriate pathways to help reduce risk and re-offending.

## Chapter 4

### **Are there different psychological characteristics and psychological needs for those with a conviction for voyeurism depending on their relationship status?**

#### **Introduction**

Despite voyeurism being made a criminal offence in 2004 there still is a lack of empirical studies exploring this offence. The current literature exploring voyeurism lacks current applicability and clinical utility due to focusing predominantly on the general population (Gebhard et al., 1965; Langstrom & Seto, 2006), clinical samples (Freund, 1990) and failing to consider the different definitions of voyeurism (Holmes & Holmes, 2009), including the development of committing offences over social media (Meltz, 2004).

With an increase in voyeurism being reported to the police (Ministry of Justice Statistics, 2018), and only one third of individuals being arrested and convicted for the offence (Ministry of Justice Statistics, 2018), this only highlights the lack of awareness of who are committing these offence. However, with the high reconviction rates (Raymond & Grant, 2008), high level of reported acts (Abel & Rouleau, 1990) and being defined as persistent and problematic within individuals lives (APA, 2013), voyeurism is still left unexplored especially within Her Majesty's Prison and Probation Service (HMPPS) (Mann et al., 2008; Duff, 2018). This could be down to the difficulty in identifying individuals and due to the inconsistent definitions clarifying what could be an offence. If someone is arrested and convicted, then currently there are no valid assessment tools that have been designed specifically to assess voyeurism and there are no clear intervention pathways that have been proven to be effective or able to reduce re-offending (Mann et al., 2008). This presents challenges for professionals attempting to understand, support and direct appropriate interventions leaving a clear gap to focus on who are the individuals committing the offence of voyeurism within HMPPS (Mann et al., 2008; Duff, 2018).

In an attempt to try and understand more about who commits the offence of voyeurism, a systematic review of the literature was conducted in Chapter two that attempted to explore what is currently known about the characteristics and risk factors of individuals with a conviction for voyeurism. The review found that the literature is extremely dated, lacks current utility and failed to identify the characteristics and risk factors for voyeurism.

With only one study focusing on voyeurism but in conjunction with exhibitionism, conclusion cannot be drawn as to how the factors relate specifically to voyeurism. However, the results of the review did find that there was no significant difference for voyeurism and exhibitionism in regards to demographics compared to other individuals with a conviction for other sexual offences, however it was unclear what demographics were being referred to but individuals did report having a range of mental health problems (Depression and Post-Traumatic Stress Disorder) and personality disorders (Childhood Conduct Disorder and Borderline Personality Disorder). Whilst this lack of understanding over demographics for voyeurism, there is some similarities with the general population literature on voyeurism (Långström & Seto, 2006; Zolondek, Abel, Northey, & Jordan, 2001) who found voyeurism co-exists with more psychological problems, comorbid psychiatric disorders, and higher rates of alcohol and drug use. However, Gebhard, et al., (1965) found individuals with an interest in voyeurism did not have any mental health problems or any alcohol and drug use. This lack of clarity over characteristics such as mental health, personality disorders and substance misuse, can cause confusion for professionals attempting to understand individual needs and therefore current research could help to provide current knowledge on the psychological factors in order to support individuals who may need further support and specific interventions.

The structured review also found there was limited information on individual's motivations in offending with only a consideration of who are the victims of either voyeurism or exhibitionism. This was useful to identify, as currently less is known about who are the victims. The review found victims tended to be adult female strangers. This links with what is known within the general population literature with individuals who reported as being married preferring to watch female adult strangers (Rosen, 1967; Gebhard et al., 1965). However, it is unclear who the victims are for those who are not within a relationship. With the increase in reported child victims in contact and non-contact sexual offending (Ministry of Justice Statistics, 2018), it is important to explore who are the victims of voyeurism in order to aid assessors in considering if there are any further sexual interests (e.g. pre or post pubescent children) in order to help direct appropriate intervention needs. Therefore, further research is needed exploring the victims as this will help to understand more about the individuals who commit voyeurism (Duff, 2018).

When exploring the psychological characteristics for voyeurism or exhibitionism, the structured review in Chapter two identified individuals were likely to be passive with low self-esteem, high levels of isolation and emotional loneliness and therefore struggled to

form relationships. These psychological characteristics co-exists within the general population, clinical samples and general sexual offending literature identifying deficits in relationships and intimacy (Freund, 1990), low self-esteem (Bumby & Hansen, 1997; Fisher, Beech & Browne, 1999; Garlick, Marshall & Thornton, 1996; Marshall et al. 1999; Smallbone & Dadds, 1998) high levels of loneliness (Kafka & Prentky, 1994), a lack of social skills (Kafka & Prentky, 1994) and reported deficits in self-confidence in order to form successful adult intimate relationships (Hudson et al., 1999). However, despite these deficits being also identified within other offending literature (Lee et al., 2001), it is unclear how prevalent these factors are currently for voyeurism, specifically for those who have a conviction.

It appears from a review of the current literature in Chapter two, less is really known about individuals with a conviction for voyeurism highlighting a lack of clarity over the characteristics, psychological factors and victim information.

Chapter three has attempted to explore some of these identified needs further by investigating the experiences of seven individuals with a conviction for voyeurism in order to help understand the psychological and potential intervention needs for voyeurism. The research found that there appears to be individuals who cannot develop intimacy due to their struggle within stage one (the finding phase) of the Courtship Disorder (Freund, 1990). However, there are other individuals who appears to be able to pass through the finding stage and it is then stage two of the Courtship Disorder that they struggle with (interacting with a partner). These identified differences in intimacy levels links with the lack of clarity within the literature on marital status, with Gebhard et al., (1965), highlighting that 45% of individuals with a sexual interest in voyeurism were identified as married but is unclear what the quality of these relationships were like. It was also unclear what the relationship status of the other 55% were however, the research did highlight that the sample of participants were young indicating that they might have been identified as single. Within the clinical research, (Freund, 1990) has identified that individuals struggled to form relationships so were more likely to be single. However, for those individuals who identified as being married they were currently separated, divorced, remarried or having problems within their relationship (Långström & Seto, 2006), highlighting the confusion over individuals relationship status. Therefore if there are differences in individual's ability to develop and then maintain intimacy then could there be different psychological needs for them?

The research within Chapter three found those who were unable to develop intimacy appeared to have a fearful attachment style due to their struggle to develop a relationship (Freund, 1990). This fear was also encompassed with feelings of extreme loneliness, low self-esteem, low-confidence, a lack of compassion, poor problem solving and the desire to want to develop a relationship but not knowing how to.

For those that were able to initially develop intimacy but not maintain it. It was reported individuals were able to develop intimacy and feel initially secure within those relationship but could not maintain this level of intimacy due to low self-esteem, low-confidence and emotional loneliness affecting their ability to manage any life's problems. However, it was unclear if the low self-esteem was present before they had entered a relationship or developed as part of being within one, and it was unclear what they viewed as their attachment style after this lack of ability to maintain the intimacy. This indicates a lack of clarity over an individual's level and development of attachment styles. The study appears to show that there could be differences in levels of attachment but there appears to be similarities in both experiencing low self-esteem, emotional loneliness and highlighting clear deficits within problem solving. These psychological needs appear consistent with the literature exploring the development of attachment styles (Siegal, 2012; Corbin, 2007). Those with a secure attachment are considered to be more able to develop positive coping responses, have higher self-esteem, can manage threats by being more compassionate and calmer and have positive views of relationships with others (Siegal, 2012; Gilbert, 2005; 2009). Whilst those with an insecure or fearful attachment style are less able to regulate their stress response, use avoidant problem solving skills and develop unhealthy views of themselves and others (Corbin, 2007).

Despite these potential identified psychological needs relating to attachment, problem solving, low self-esteem and emotional loneliness, this was only applied to seven individuals and less is known about whether these needs can be generalised to all individuals with a conviction for voyeurism. This lack of inconsistency within the literature regarding individuals marital status (within a relationship or single) highlights a need for this to be explored further with a focus on if there are psychological differences, and if so, how these differences relate to their offending and the victims they offend against. By exploring these differences, individual needs could be identified to aid relevant intervention pathways.

The purpose of this study is to clarify whether there are any differences in the characteristics, psychological factors and victim information for adult males with a conviction for voyeurism depending on whether they are within a relationship or single. These results will then be compared to normative data for those with a sexual conviction,

pre-treatment. In contrast to previous studies where the focus has been on characteristics and identified needs within the general population and clinical samples, the aim is to examine whether these factors could discriminate between different types of individuals with a conviction for voyeurism based on their relationship status and in comparison to normative data. Therefore the research aims to test the following hypotheses:

H1: Those who are single will score higher on measure in regards to a fearful attachment style compared to those within a relationship.

H2: There would be no significance difference in measures on feelings of loneliness, low self-esteem and problem solving between those within a relationship and single.

H3: Those within a relationship will report offending against more female adult strangers compared to those that are single.

H4: There would be no significance difference in measures reported on alcohol and drug use, mental health concerns and personality disorder between those within a relationship and single.

## **Method**

### Participant information

The data used within this study was provided by the evidence team, commissioning strategy group based at Her Majesty's Prison and Probation Service (HMPPS) for all adult men who had a conviction for voyeurism. The data set included information from 38 adult males within HMPPS aged between 25 and 79, with the average age of participants being 44 ( $M: 44.57, SD = 12.83$ ).

The data set included information that participants were more likely to be convicted of voyeurism between the ages of 17-68.

In regards to relationship status, 47.7% ( $n: 18$ ) reported to be within a relationship at the time of offending and 52.6% ( $n: 20$ ) were single. However out of the  $n: 38$  participants only  $n: 20$  completed the psychometrics. In regards to relationship status,  $n: 9$  were in a relationship and  $n: 11$  were single.



Those that were single were more likely to be White British (95%), not refer to any religion (70%), live on their own (45%) or live with their parents (40%), and work full time (60%). They were more likely to be High risk (43.8%) on the RM2000 static risk assessment, and have more acquisitive previous convictions (35%). Those that are single were more likely to be convicted of voyeurism between the ages of 22-30 and identified other sexual behaviours that they were not convicted for. Individuals that were single reported stealing underwear (20%) and downloading indecent images (20%).

Those who were within a relationship were more likely to be White British (72.2%), not refer to any religion (55.6%), live with a partner (61.1%), and work full time (61.1%). They were more likely to be Medium risk (35.3%) on the RM2000 static risk assessment and have more previous convictions for contact sexual offences (55.6%). Those within a relationship were more likely to be convicted of voyeurism between the ages of 40-50. Other sexual behaviours that they identified committing but had not been convicted for were using a camera for sexual gratification (16.7%) and downloading indecent images (16.7%).

Table 4.1: Demographics and offending comparisons between those within a relationship and those that are single

		<b>Within a relationship n: 18  n (%)</b>	<b>Single n:20  n (%)</b>
<b>Ethnicity</b>	White British	13 (72.2)	19 (95.0)
	White Irish	1 (5.6)	0 (0.0)
	White Welsh	1 (5.6)	0 (0.0)
	British Asian	3 (16.7)	1 (5.0)
<b>Religion</b>	No religion	10 (55.6)	14 (70.0)
	Catholic	1 (5.6)	3 (15.0)
	Church of England	2 (11.1)	1 (5.0)

	Muslim	2 (11.1)	1 (5.0)
	Buddhist	1 (5.6)	0 (0.0)
	Sikh	1 (5.6)	0 (0.0)
	Agnostic	1 (5.6)	1 (5.0)
<b>Accomodation status</b>	Living with parents	1 (5.6)	8 (40.0)
	Living on own	6 (33.3)	9 (45.0)
	Living with partner	11 (61.1)	1 (5.0)
	Sheltd housing	0 (0.0)	1 (5.0)
	Shared accomodation	0 (0.0)	1 (5.0)
<b>Employment status</b>			
	Working full time	11 (61.1)	12 (60.0)
	Working part time	0 (0.0)	2 (10.0)
	Unemployed	4 (22.2)	6 (30.0)
	Retired	2 (11.1)	0 (0.0)
	Carer	1 (5.6)	0 (0.0)
<b>RM2000 Levels</b>	Low	5 (29.4)	2 (10.0)
	Medium	6 (35.3)	6 (30.0)
	High	5 (29.4)	7 (35.0)
	Very High	1 (5.9)	1 (5.0)
	Unsure	1 (5.9)	4 (20.0)
<b>Previous convictions</b>	None	2 (11.1)	3 (15.0)
	Contact sexual offence	10 (55.6)	5 (25.0)
	Internet sexual offence	1 (5.6)	3 (15.0)
	Aquisitive	2 (11.1)	7 (35.0)
	Violence	3 (16.3)	2 (10.0)
		Using a camera	3 (16.7)
<b>Other sexual behaviours not convicted for</b>	Stealing underwear	1 (5.6)	4 (20.0)
	Exhibitionism	2 (11.1)	0 (0.0)
	Obscene phone calls	1 (5.6)	1 (5.0)
	Indecent images	3 (16.7)	4 (20.0)
	Stalking	0 (0.0)	1 (5.0)
	None	8 (44.3)	10 (50.0)

## Materials

### Data collection and ethical considerations

The data used within this study was not collected by the researcher and was provided by the evidence team, commissioning strategy group based at HMPPS for all of those who had a conviction for voyeurism. The secondary data was identified as being the most current comprehensive dataset available nationally on voyeurism. All data from the commissioning group was sent through the HMPPS secure system. Each participant identified was assigned a code to anonymize their data and all original data was destroyed as soon as they had been accurately anonymised. All data during and after the project was kept secure within the HMPPS system.

The data set included background characteristic information, and the RM2000 (Risk Matrix 2000: Sexual offending static risk assessment) score. For each individual access to their offender assessment system (OASys) reports was gained to gather further demographic and characteristic information.

### Measures of psychological differences and normative data

Included within the data set was measures provided from HM Prison Service Sexual Offender Treatment Programme (SOTP) assessment battery. However out of the  $n$ : 38 participants only  $n$ : 20 completed the psychometrics. Included within the assessment battery manual was the normative data.

A Normative group is used to compare individual scores on the psychometric measures and allows a comparison to be made between an individual with an offence and another group in order to make sense of the scores obtained on the measures. Due to difficulties in collecting large scale data on non-offenders, and also guaranteeing that non offenders do not have a concealed history of offending, such data was not collected within the psychometrics manual. Therefore the normative group being used are a group of untreated sexual offenders who have been assessed as low risk on the RM2000 static risk assessment tool ( $N = 644$ ).

The psychometrics selected to analyse related to the research aims, they are:

### The Personality Questionnaire

This is a 36-item measure composed of three separate scales; Self-esteem, Impulsivity, and Ruminations. Due to the focus only on self-esteem, this scale was able to identify an individual's account of their levels of self-esteem. (Thornton, Beech, & Marshall, 2004). Items are scored yes = 1 and no = 2. Higher scores reflect greater self-esteem. The psychometric characteristics recorded are: Range 0-16,  $\alpha=.84$  ( $n=1847$ ), test-retest  $r(29) = .90$ . Cross-validation with Blackburn and Fawcett (1996) Antisocial Personality Questionnaire scale (self-esteem)  $r(28) = -.50$ . The normative group data for pre-treatment low risk sexual offenders are  $M: 10.02$ ,  $SD: 4.93$ .

### UCLA: Emotional Loneliness Scale.

This 19-item questionnaire indicates the extent to which respondents believe they had meaningful relationships, had people close to them or were lonely in the six months preceding their sexual offence. Item responses are on a four point Likert scale which are: 1=completely false, 2=mainly false, 3=mainly true, 4=completely true. Greater scores indicate greater loneliness and fewer close and meaningful relationships (Russell, Peplan, & Cutrona, 1980). All 19 items of the scale come from the 20-item Revised UCLA Loneliness Scale, though all of the items have been reworded. Alterations include putting items in the past tense, and some paraphrasing. The psychometric characteristics recorded are: Total scale; range 19 - 76,  $\alpha = .95$  ( $N = 1330$ ), test-retest  $r(32) = .79$ . The normative group data for pre-treatment low risk sexual offenders are  $M: 41.85$ ,  $SD: 12.55$ .

### Relationship Style Questionnaire

This is a 30-item self-report questionnaire measuring four attachment patterns, Secure, Fearful, Pre-occupied, and Dismissing. Respondents rate on a five-point likert scale

how well each item fits their style in close relationships. These are: 1 = Not at all like me, 3 = somewhat like me, 5 = very much like me. Respondents receive a rating for each attachment pattern (Dutton, Saunders, Starzomski, & Bartholomew, 1994). The four areas are: **Secure:** This is defined as being confident and comfortable with intimacy in their close relationships. **Fearful:** The fearful pattern highlights a desire for social contact and intimacy but experiences distrust and fear of rejection. They are prone to experience anxiety about abandonment in intimate relationships. **Pre-occupied:** Individuals may desire social contact and intimacy but may experience distrust and fear of rejection. **Dismissing:** Individuals scoring high in this attachment pattern maintain a positive self-image by being defensive in regards to the importance of attachment and maintaining emotional distance in their relationships. The internal consistencies of the RSQ subscale scores are “variable and at times quite low. This is due to the combination of two orthogonal dimensions (self-model and other model)”. The psychometric characteristics recorded are: Secure: Range 5-25,  $\alpha = .41$ , Fearful: Range 5-25,  $\alpha$  is not available, Pre-occupied: Range 4-20,  $\alpha$  is not available and Dismissing: Range 5-25,  $\alpha = .71$ . The normative group consists of Secure: *M:* 15.85, *SD:* 3.15, Fearful: *M:* 14.29, *SD:* 3.96, Pre-occupied: *M:* 10.91, *SD:* 3.03, Dismissing: *M:* 15.39, *SD:* 3.95.

#### Social Problem Solving Inventory Revised

This is a 52-item self-report measure that assesses people’s ability to resolve problems in everyday living. The SPSI-R consists of five subscales, Positive Problem Orientation, Negative Problem Orientation, Rational Problem Solving, Impulsivity / Carelessness Style and Avoidance style. Respondents rate each item on a five-point likert scale, with the following scale: 0 = Not at all true of me, 1 = slightly true of me, 2 = moderately true of me, 3 = Very true of me, 4 = Extremely true of me. Higher scores indicate more effective problem-solving (D’Zurilla, T. J., Nezu, A. M., & Maydeu-Olivares, A. (2002). The four areas are:

**Positive Problem Orientation Scale:** Individuals are likely to experience little distress when problems arise and are more likely to effectively deal with problems (Range 0-20,  $\alpha = .73$  ( $N = 499$ ) Test-retest  $r(30) = .75$ ). Normative data, *M:* 12.06, *SD:* 3.68

**Negative Problem Orientation Scale:** Individuals are more likely to experience distress when dealing with problems and are more likely to be ineffective at solving problems. (Range 0-40,  $\alpha = .92$  ( $N = 499$ ) Test-retest  $r(30) = .88$ ). Normative data, *M:* 12.08, *SD:* 8.52.

**Rational Problem-Solving Scale:** Such individuals are likely to perform well in problem solving. (Range 0-80,  $\alpha = .95$  ( $N = 499$ ) Test-retest  $r(30) = .85$ ). Normative data,  $M: 45.58$ ,  $SD: 15.64$ .

**Impulsive/Carelessness Scale:** Individuals are likely to use techniques for problem-solving that are narrowed, impulsive, careless, hurried or incomplete. (Range 0-40,  $\alpha = .91$  ( $N = 499$ ) Test-retest  $r(30) = .91$ ). Normative data,  $M: 11.90$ ,  $SD: 7.93$ .

**Avoidance Style Scale:** Individuals are likely to wait for problems to resolve themselves, and often shift the responsibility for solving. (Range 0-28,  $\alpha = .82$  Test-retest  $r(30) = .80$  and TOTAL:  $\alpha = .86$ , Test-retest  $r(30) = .94$ ). Normative data,  $M: 8.77$ ,  $SD: 5.25$ .

### Ethical approval

Ethical approval was granted for the study by the Nottingham Trent University Research Ethics Committee and the HMPPS. Supporting documentation can be found in Appendix 2. The ethical guidelines were in line with the British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2010) and the HCPC (Health and Care Practitioner Council) Standards of Conduct, Performance and Ethics (HCPC, 2016).

## **Results**

Using guidance from Stevens (1996) which recommends using a less conservative alpha with a small  $n$  research, a less conservative alpha was set (in this case 0.1) for all psychological characteristics, psychological differences and victim data analysis. A Sequential Bonferroni adjustment for multiple comparisons was conducted though all pre significant results remained statistically significant (Abdi, 2010).

### Psychological characteristics

Table 4.2 presents psychological characteristics for those within a relationship and for those that are single. Independent samples chi-square analyses were used to establish whether those within a relationship were significantly different to those who were single on psychological characteristic variables. On average, there was no effect on relationships status and mental health concerns  $X^2(1) = 0.354$ ,  $p = 0.55$  and a

personality disorder  $\chi^2(1) = 0.368, p = 0.54$ . These results are consistent with H4.

There was no effects of relationship status with alcohol use  $X^2(1) = 0.62, p= 0.80$  and drug use  $X^2(1) = 0.41, p= 0.84$ . These results are consistent with H4.

Table 4.2: Psychological characteristics

Psychological characteristics		Within a relationship	Single
		<i>n: 18</i>	<i>n: 20</i>
		<i>n (%)</i>	<i>n (%)</i>
<i>Alcohol use</i>	Yes	11 (61.1)	7 (35.0)
	No	7 (38.8)	13 (65.0)
<i>Drug use</i>	Yes	4 (22.2)	5 (25.0)
	No	14 (77.8)	15 (75.0)
<i>Mental Health</i>	No	10 (55.6)	13 (65.0)
	Depression	7 (38.9)	7 (35.0)
	Post-Traumatic Stress Disorder	1 (5.6)	0 (0.0)
	No	15 (83.3)	18 (90.0)
<i>Personality Disorder</i>	Schizophrenia	1 (5.6)	0 (0)
	Paranoia	0 (0)	1 (5.0)
	Emotionally unstable	2 (11.1)	1 (5.0)

### Psychological differences

Table 4.3 details the means, standard deviations, *t* scores and *p* value for the Self-esteem scale from the Personality Questionnaire and the UCLA (Emotional Loneliness scale). Independent sample *t*-tests were conducted with *n*: 20 to compare levels of self-esteem and emotional loneliness for those within a relationship (*M*: 10.44, *SD*: 5.73), and those that were single (*M*: 12.00, *SD*: 3.68).

Table 4.3 Measures on self-esteem and emotional loneliness

	<b>In a relationship</b>	<b>Single</b>	<b><i>T</i></b>	<b><i>Df</i></b>	<b><i>P</i></b>
	<b><i>Mean (SD)</i></b>	<b><i>Mean (SD)</i></b>			
<i>Self-esteem</i>	10.44 (5.73)	12.00 (3.68)	.736	18	0.24
<i>Emotional loneliness</i>	45.00 (11.93)	46.00 (9.70)	-1.73	18	0.43

An independent samples *t*-test showed that there was no effect on relationship status and self-esteem scores ( $t(18) = -.736$ ,  $p = 0.24$  (two tailed) and emotional loneliness scores ( $t(12) = -.173$ ,  $p = 0.43$  (two tailed). These results are consistent with H2.

Table 4.4 details the means, standard deviations, *t* scores and *p* value for the comparisons with normative data based on the self-esteem scale and the UCLA. One sample *t*-tests were conducted showing there was no differences on scores for those with a conviction for voyeurism and normative data for self-esteem ( $t(29) = .1475$ ,  $p = .151$  (two tailed) and emotional loneliness ( $t(29) = 1.318$ ,  $p = .201$  (two tailed).

Table 4.4 Measures on self-esteem and emotional loneliness with comparisons with normative data

	<b><i>Mean (SD)</i></b>	<b><i>T</i></b>	<b><i>Df</i></b>	<b><i>P</i></b>
<i>Self-esteem</i>	10.02 (54.93)	29	1.475	.151
<i>Emotional loneliness</i>	41.85 (12.55)	22	1.318	.201



Independent sample *t*-tests were then conducted to compare reported attachment styles from the relationships questionnaire for those within a relationship and for those that are single. All four attachment styles were analysed (fearful, pre-occupied, dismissing and secure). Table 4.5 details the pre means, standard deviations, *t* scores and *p* value for the reported attachment style for those within a relationship or for those that are single. Table 4.6 details the attachment styles for those with a conviction for voyeurism compared to normative data.

Table 4.5 Measures on attachment

<b>Attachment style</b>	<b><i>In a relationship</i> Mean (SD)</b>	<b><i>Single</i> Mean (SD)</b>	<b><i>T</i></b>	<b><i>Df</i></b>	<b><i>P</i></b>
<i>Fearful</i>	14.89 (3.95)	14.55 (3.36)	.236	18	0.42
<i>Pre occupied</i>	9.22 (3.38)	11.36 (2.54)	-1.62	18	0.06
<i>Dismissing</i>	16.33 (3.67)	15.82 (2.40)	.378	18	0.36
<i>Secure</i>	15.11 (3.26)	15.55 (3.08)	-.306	18	0.36

Those who were single reported a higher level of pre-occupied attachment ( $M=11.36$ ,  $SD=2.54$ ) compared to those who were in a relationship ( $M=9.22$ ,  $SD=3.38$ ). An independent sample *t*-test showed that this was significant ( $t(18) = -1.62$ ,  $p= 0.06$  (one tailed) using a Sequential Bonferroni adjustment. These results are consistent with H1.

One sample *t*-tests indicated there was no differences on scores for attachment for those with a conviction for voyeurism and normative data.

Table 4.6 Measures on attachment in comparison to normative data

<b>Attachment style</b>	<b><i>In a relationship</i> Mean (SD)</b>	<b><i>T</i></b>	<b><i>Df</i></b>	<b><i>P</i></b>
<i>Fearful</i>	14.29 (3.96)	.247	30	.806
<i>Pre occupied</i>	10.91 (3.03)	-.866	30	.395
<i>Dismissing</i>	15.39 (3.68)	.247	30	.806
<i>Secure</i>	15.85 (3.15)	- 1.060	29	.298

The Social Problem Solving Inventory Revised was analysed to identify participants problem solving style at the time of offending. Independent sample *t*-tests were conducted to compare all five sub scales (Positive Problem Orientation, Negative Problem Orientation, Rational Problem Solving, Impulsivity / Carelessness Style and Avoidance style). Table 4.7 details the pre means, standard deviations, *t* scores and *p* value for levels of problem solving style. Table 4.8 details the problem solving style for those with a conviction for voyeurism compared to normative data.

Table 4.7: Measures on problem solving style

<b>Problem solving style</b>	<b><i>In a relationship</i> Mean (SD)</b>	<b><i>Single</i> Mean (SD)</b>	<b><i>T</i></b>	<b><i>Df</i></b>	<b><i>P</i></b>
Positive	11.67 (2.55)	12.91 (4.37)	.752	18	0.23
Negative	9.44 (5.13)	10.18 (5.74)	-.300	18	0.38
Rational	36.56 (11.56)	50.00 (14.60)	-2.24	18	0.02

Impulsive	11.00 (7.75)	12.00 (7.90)	-2.84	18	0.40
Avoidant	504.39 (508.99)	454.00 (565.79)	.306	18	0.38

Those who were single reported higher levels of rational problem solving ( $M=50.00$ ,  $SD=14.60$ ) compared to those who were in a relationship ( $M=36.56$ ,  $SD=11.56$ ). An independent sample  $t$ -test showed that this was significant ( $t(18) = -2.24$ ,  $p = 0.02$ , two tailed). These results are not consistent with H3.

Table 4.8: Measures on problem solving style in comparison to normative data

<b>Problem solving style</b>	<b><i>In a relationship Mean (SD)</i></b>	<b><i>T</i></b>	<b><i>Df</i></b>	<b><i>P</i></b>
Positive	12.06 (3.68)	.648	30	.522
Negative	12.08 (8.52)	2.331	30	.027
Rational	45.58 (15.64)	.7114	30	.483
Impulsive	11.90 (7.93)	.022	30	.982
Avoidant	8.77 (5.25)	34.37	30	0.00

One sample  $t$ -tests identified a difference on scores for those with a conviction for voyeurism compared to normative data with negative problem solving ( $t(30) = -2.331$ ,  $p = .027$ ) and avoidant problem solving ( $t(207) = 34.37$ ,  $p = 0.00$ ) being significant.

#### Victim characteristics

Table 4.9 presents victim characteristics for those within a relationship and for those that are single. Independent samples chi-square analyses were used to establish

whether those within a relationship were significantly different to those who were single on victim characteristics variables.

Table 4.9 Victim characteristics

<b>Victim characteristics</b>	<b>Within a Relationship n: 18 n: (%)</b>	<b>Single n: 20 n: (%)</b>
<i>Male</i>	4 (22.2)	11 (55.0)
<i>Female</i>	14 (77.8)	9 (45.0)
<i>Child</i>	12 (66.7)	20 (100)
<i>Adult</i>	6 (33.3)	0 (0.0)
<i>Known</i>	10 (55.6)	10 (50.0)
<i>Stranger</i>	8 (44.4)	10 (50.0)

On average, those that were single were more likely to watch children  $\chi^2(1) = 2.346$ ,  $p = 0.12$  compared to those within a relationship. These results are not consistent with H3. There was no relationship between gender and relationship status  $X^2(1) = 1.386$ ,  $p = 0.24$ . These results are not consistent with H3. There was no effects of relationship status and victim association  $\chi^2(1) = 0.117$ ,  $p = 0.73$ . These results are not consistent with H3.

## Discussion

Despite the literature highlighting a need for research exploring voyeurism within HMPPS (Mann et al., 2008; Duff, 2018), this is the first study of its kind to investigate the characteristics, psychological needs and victim information of adult males convicted of voyeurism. The study has identified that there are different characteristics for those convicted of voyeurism depending on whether they are in a relationship or whether they are single. There are reported differences in levels of problem solving and attachment style and the victim's age between the two groups. Therefore this study has provided some up to date knowledge on who commits voyeurism to aid accurate risk assessments and intervention direction.

It was hypothesised that those that were single would have a more fearful attachment style, compared to those that were in a relationship (hypothesis one). The results of the study indicated that hypothesis one was not supported as those that were single identified as having a more pre-occupied attachment style and this was significant. This does links back to Chapter three and the literature that individuals with an interest in voyeurism do want to relate to others but cannot due to poor development and application of intimacy skills (Seidman, Marshall, Hudson & Roberston, 1994) and due to this need for a relationship the voyeurism provides them with the intimacy that they cannot achieve which closely links with the "finding phase" in the Courtship Disorder (Freund, 1990). Despite there being a reported difference in the type of attachment styles for voyeurism there was no reported difference with normative data. However, the voyeurism results indicate that there is a need for both types of individuals to develop their levels of secure attachment. Currently interventions within HMPPS have elements of exploring individuals past attachment styles and supporting them in the development of a secure attachment style. However, further work is needed developing the quality of individuals relationships and developing healthy new me skills to increase healthy problem solving skills, increasing knowledge on what is intimacy and how they can develop confidence to achieve this within the future. For some they may never have obtained a relationship before, therefore basis social skills may be needed.

The results also found that hypothesis two was supported due to those within a relationship and those that were single both experienced low self-esteem and emotional loneliness. This does support the research that individuals with an interests in voyeurism generally had low self-esteem, low confidence and emotional loneliness

which affects their ability to develop relationships (Marshall et al., 1999; Smallbone & Dadds, 1998) and affects their ability to engage effectively. However, it is unclear what the quality of their relationships are like and whether it is the relationships that is having an impact on their self-esteem and emotional loneliness. Therefore within interventions therapists should attempt to explore the origins of the self-esteem deficits and target appropriate techniques to help increase their confidence and social skills. As highlighted by Gilbert (2005; 2009) techniques should include developing their levels of compassion in order to aid a more secure attachment style so they can be more kind and caring to one self and others (Gilbert, 2010).

In regards to hypothesis two and levels of problem solving, this was not supported as those that were single reported higher levels of rational problems solving. However, it is unclear how voyeurism is linked to their problem solving and there is no identification on how rational decisions are made. However, in comparison to normative data, avoidant and negative problem solving was reported significant. In exploring the questions asked within the psychometrics, individuals are asked to define a problem, consider alternatives, make decisions and implement these decisions but is unclear what problems are being considered and whether they see voyeurism as being an effective coping strategy (Baumeister, 1991; Grant, 2005). Therefore, it is important that healthy problem focused skills are taught such as the concept of acceptance in order to support individuals in accepting problems, being able to not get hooked on negative thoughts, to be in the present moment, and to be open to try new skills such as mindfulness and compassion (Harris, 2009) in order to help with rational thinking.

Due the lack of previous research exploring who are the victims of voyeurism, this research has found that the victims of voyeurism were more likely to be female children that are known to them (rejecting hypothesis 3). The number of victims ranged from one to 25 however this tended to be against only one (47.1%) or two victims (26.5%). Whilst there was no relationship between victim association (known or unknown) and relationship status (within a relationship or single), there was a slight increase in being within a relationship and knowing the victim which does go against previous literature that found that adult males arrested for voyeurism preferred to watch adult female strangers (Rosen, 1967; Gebhard et al., 1965). This could be due to the availability of the victims which could impact the association of them, however this is unclear and further research is needed within this area. The age of the victims is also different to previous research (Gebhard et al., 1965) with more reported child victims. This links with the increase in recorded child victims across contact and non-contact sexual

offending (Ministry of Justice Statistics, 2018). However, it is unclear the exact age of the victims and whether this could identify a further sexual interest that needs to be explored further to determine interventions needs for individuals.

In regards to psychological characteristics there was no significant difference between relationship status and mental health and personality disorders, which is consistent with hypothesis 4. However, it was found that those who are single have less mental health concerns and a personality disorder. This links with the literature by Gebhard et al., (1965) however the measures are self-reported and it is unclear if this is a lack of awareness of self or individuals currently feel they are coping well. However, those that are single reported a preoccupied attachment style, therefore, it may be that those who are single are more focused on others than themselves and therefore they may not be aware of their own needs. This is important for professionals to be aware of when liaising with health professionals in order to support assessment and intervention planning.

### Study Limitations

It is important to highlight that the data was provided by HMPPS and therefore it was unclear as to the quantity and quality of the data that was previously collated. Due to it being secondary data, this prevented the researcher developing the data set and locating the participants for the study. Therefore, it was difficult to conduct a full analysis on all of the variables and to draw any meaningful conclusions to voyeurism. However using guidance from Stevens (1996) which recommends using a less conservative alpha with a small  $n$  research, a less conservative alpha was set (in this case 0.1) for all psychological characteristics, psychological differences and victim data analysis. A Sequential Bonferroni adjustment for multiple comparisons was conducted though all pre significant results remained statistically significant (Abdi, 2010).

By exploring the differences in who commits the offence of voyeurism it was reported that they were either single or within a relationship. Despite this, it is unclear what it means to be in a relationship, how long they have been within that relationship for and what the quality of the relationship was like. For those that are single, it is also unclear what is defined as single, and how long they have been single for. The definitions and details of the relationship status of the two groups could affect their individual completion of the measures depending on how they view their status. As the SOTP

psychometrics is a self-reported measure there are limitations with this. There is no evidence when, where and how this was conducted and the outcomes of the results can be affected by the individual's level of understanding and any external and internal factors on the day of completion.

This study only explored those individuals with an index offence of voyeurism. The study might have missed individuals who had a previous conviction for voyeurism and was not showing up due to being in prison for a different type of offence. They might also not be recorded as having a conviction due to voyeurism only being made a criminal conviction in 2004. Also individuals might have not been assessed as having a need for an intervention and therefore would not have been counted under this data set. This could account for the limited data therefore this needs urgent attention to help HMMPS identify individuals within the system through the development of an identification marker.

#### Implications for further research

This study only focused on those that have completed interventions with their index offence recorded as voyeurism however what we know is that voyeurism is often under reported (Raymond & Grant, 2008) so it would be useful to complete further research exploring all those with a conviction as well as those expressing a sexual interest in voyeurism in order to gain a detailed picture of who commits the offence of voyeurism. This difference is important to explore as there could be different needs for those who have a conviction for voyeurism but do not necessarily define as having a sexual interest. This links with the literature that indicated that those with an exclusive sexual interest in pedophilia found recidivism rates were approximately five times that of non-exclusive pedophilic sexual offenders (Eher et al., 2015).

Given the increased number of individuals with a conviction for a non-contact sexual offences within the Prison Service (Ministry of Justice Statistics, 2018) it is essential that up to date research is completed to understand who is committing these offences in order to ensure static and dynamic risk assessments are completed accurately in order to inform effective intervention planning. The research has identified some key areas that should be considered to target in interventions for voyeurism however further research is needed exploring the intervention targets and relevance specifically for voyeurism. As well as who are the victims of voyeurism. This study has provided some up to date



information on those who are committing the offence of voyeurism but it is very limited therefore leaving a gap for further research within this area.

### **Conclusion**

Due to previous research within this area all being significantly out of date it has been difficult to determine the relevance to aid current policy and practice. However, this study has attempted to provide some up to date knowledge on the characteristics, psychological factors and victim characteristics for those committing the offence of voyeurism. Professionals who are assessing an individual who has a conviction or identified sexual interests in voyeurism should be aware that there are different types of voyeurism (those who can develop relationships but not maintain them and those who cannot develop any relationships). Despite these two types of groups the interventions targets remain the same but the focus and details of these intervention needs will be different. Therefore interventions need to focus on understanding why all those with a conviction for voyeurism have low self-esteem and emotional loneliness. For those within a relationship the target should be to help develop a more secure attachment style and a healthy effective positive problem solving style. For those that are single their levels of preoccupied attachment and rational problem solving skills should be targeted to help them develop appropriate healthy skills to use rational problem solving effectively and to feel more secure within relationships. Further exploration is also needed on whether there are any further sexual interests based on the victim type and any further support needed with mental health or personality disorder therefore interventions should be adapted based on this. However, all interventions should include elements of acceptance, compassion, and value identification. It has highlighted that further research is needed within this area to help understand more about who commits voyeurism to aid assessment and interventions.

## Chapter 5

### Conclusion to the thesis

This thesis has sought to explore with a mixed method approach the lived experiences and psychological factors of adult males convicted of voyeurism.

The aim of this chapter is to highlight the findings from each of the studies of this thesis; by identifying how they have contributed to the field of Forensic Psychology by providing up to date knowledge on voyeurism and therefore offering recommendations for future policy, practice and research.

#### The aims of the thesis

The aim of this thesis has been to provide an understanding of the experiences and psychological needs of adult males who have a conviction for voyeurism. By exploring this, the research in this thesis has contributed to the field with providing up to date knowledge on who commits the offence of voyeurism, information regarding how policies should be changed and knowledge to aid assessment and intervention direction.

The original aims of the thesis were:

- 1) To systematically investigate what is currently known within the literature about the risk factors and characteristics of an adult male convicted of voyeurism and exhibitionism. This aims to identify any gaps to aid the direction of this thesis.
- 2) To explore the lived experiences of an adult male convicted of voyeurism in order to understand and make links with relevant risk factors to aid assessments and intervention.
- 3) To explore the psychological characteristics and needs for adult males convicted of voyeurism to aid accurate risk assessments and intervention direction

Therefore, there will be a consideration of the achievement of aims whilst discussing the outcome of the current studies within this thesis.

Chapter one sets the scene for the thesis by reviewing the general literature on what is currently known about voyeurism. The literature review starts by examining the definitions, the characteristics and a consideration of who are the victims, and the relevant psychological theories that could be applied to voyeurism specifically. The chapter is then followed by the prevalence of voyeurism, and co-morbidity with other paraphilia's. Finally, the review explores what current assessments are being used and what potential interventions are suitable for voyeurism within HMPPS with the focus at looking at the gaps for policy and practice.

What this chapter summarises is compared to contact sexual offences, non-contact sexual offending is still under researched and so relatively little is known or understood about these behaviours. The majority of the empirical literature that does attempt to explore non-contact offending focuses on predominantly exhibitionism (Sugarman et al., 1994; Grant 2005; Swindell et al., 2011) and internet sexual offending (Winder & Gough, 2010), leaving voyeurism with extremely limited and dated research (Dwyer, 1988) despite the reported pervasive and persistent nature of the offence (APA, 2013), increase in reports to the police (Ministry of Justice Statistics, 2018) and being made a criminal offence in 2004. The research that has attempted to explore voyeurism, predominantly focuses on the prevalence within the general population (Dawson, Bannerman & Lalumiere, 2014) or through clinical samples (Marsh et al., 2010). However, over the years the same review of the dated literature has occurred (Gebhard et al., 1965; Smith, 1976; Mann et al., 2008; Hocken & Thorne, 2012; Duff, 2018) all identifying the importance of exploring voyeurism within the HMPPS to understand not only what has contributed towards offending but to explore more about the individuals committing the offence of voyeurism (Duff, 2018).

The chapter identified limitations to all the current definitions of voyeurism and a lack of clarity over the psychological needs, co-morbidity, offending details and who are the victims of voyeurism. Due to the changes within current culture on what could be classed as voyeuristic behaviour, it is understandable how this can cause difficulties in defining voyeurism and can add to the lack of knowledge in the legal system to secure an arrest or conviction for voyeurism. The chapter highlighted the need for legal and clinical professionals to be aware of the complexities of the voyeuristic sexual interest highlighting a clear need for further research within this area to aid knowledge and understanding.

The chapter also explored that there are very limited psychological theories that aim to investigate non-contact sexual offending and those that have been identified are dated and have many theoretical limitations. Therefore, theories that relate to sexual offending more generally appear to have been applied to individuals with a non-contact sexual offence however due to the identification that non-contact sexual offences can be seen as less dangerous (Duff, 2018), this could be a reason why there is a lack of research. Due to the recognition that non-contact sexual offences are the most common law breaking sexual behaviour within the general population (Raymond & Grant, 2008) and are probably more pervasive than previously thought (Firestone et al., 2006), there is a need for theoretical models that can be applied specifically to voyeurism. General theories of sexual offending have been applied to non-contact sexual offending however it is not clear whether they were applied to voyeurism (Finkelhor's Precondition Model, 1984; Marshall & Barbaree's Integrated Theory, 1990; Hall & Hirschman's Quadripartite Model, 1992; Ward & Seigart's Pathway Model, 2002). Although all of these theories offer a broad explanation of why individuals commit a sexual offence, they fail to explain the etiology of the behaviour; further, they have not been specifically developed to explain sexual interests, particularly voyeurism. However, there are separate theories that attempt to look at the development and maintenance of sexual interests such as McGuire et al., (1965) Sexual Deviation Theory, Laws and Marshall (1990) Conditioning Theory, the Courtship Disorder Theory (Freund, 1988), the love map theory (Money, 1986), the Bio Psycho Social model (Mann & Carter, 2012) and neuropsychological theories (Briken, Habermann, Berner, & Hill, 2005). However, despite a range of different theoretical models that could be applied to voyeurism there are still limitations with these and this continues to cause confusion and inconsistencies when conducting accurate assessments. There has been recognition for over 20 years that more research is needed in this area (Kaplan & Krueger, 1997; Morin & Levenson; 2008; Duff, 2018), specifically further research is needed to get a better understanding of voyeurism, how it develops, and its prevalence (Kaplan & Krueger, 1997) and then how this information can aid accurate assessment and interventions (Mann et al., 2008).

Finally the literature review identified that currently there are no valid assessment tools that have been designed specifically to assess voyeurism but a useful tool currently within HMPPS to help assess needs and aid direction of interventions is the RM2000 and the Programme Needs Assessment (PNA) (PNA Version 3; Walton et al., 2017) that can help to explore a variety of different areas that has previously been identified as key for voyeurism. However, this assessment can only be effective if the

knowledge of the assessor is up to date and they are aware of what factors to explore and look for. However, due to the lack of and limited research on voyeurism, knowledge can be clearly affected and therefore this applies that assessments can be affected, highlighting a clear need for further research.

The research on intervention pathways for voyeurism is limited as there is no clear pathway that have been proven to be effective or able to reduce recidivism, however Neumann, (2006); Mann et al., (2008); Guay (2009), Thibaut et al., (2010) and Winfer et al., (2017) identify that a mix of interventions and possible pharmacological approaches may help. According to the DSM-V (APA, 2013), the effects of voyeurism is different for each individual and therefore the intervention pathways should take this into consideration depending on individual needs. This links closely with what we know about intervention planning within HMPPS by directing appropriate types and levels of interventions as outlined in the Risk, Need, Responsivity model (Andrews & Bonta, 2006); and considering the organising principles of effective interventions (Carter & Mann, 2016). The introduction reviews what current intervention options HMPPS offer such as medication, CBT, sex education, relapse prevention and offending behaviour programmes. However, it has been identified that not one programme is suited for individuals with a conviction for voyeurism with Mann et al., (2008) stating that “placing voyeurs in relapse-prevention oriented CBT programmes designed for contact sexual offenders has had mixed intervention success” and suggested that CBT is most likely to be effective if it combined with other intervention options such as behaviour modification, cognitive behavioural work focusing on intimacy, relationships, and the client’s beliefs about sex. Despite the lack of research on the assessment and interventions for voyeurism it is essential that up to date research is completed in order to ensure reliable processes are taking place for example, that staff are assessing individuals correctly by understanding not just the static needs but dynamic needs, links with the co-existence with other paraphilia’s and assessing the most appropriate intervention pathway to address the correct intervention needs, to aid safety and prevent risk.

The research predominantly focused on voyeurism within the general population or through clinical samples and less is known about those within HMPPS. Therefore, more that is known about the individuals who are committing voyeurism then the more can be done to aid recognition and management of the sexual interest. This chapter is

then followed by a review of what is known about the individuals who are committing the offence of voyeurism and exhibitionism to aid the direction of the thesis.

In Chapter two the risk factors and characteristics of an adult male convicted of voyeurism or exhibitionism was structurally reviewed. This review is the first of its kind and found that there is very limited literature within this area. Voyeurism and exhibitionism were reviewed together due to similarities in definitions (APA, 2013) and the frequency they are reported together (Ministry of Justice Statistics, 2018). This would help to ensure a thorough review of voyeurism is conducted and help identify them as being separate offences.

The review initially searched 2560 papers that followed the set search terms into PsychINFO, PubMed, Scopus, Web of Science and Criminal Justice Abstracts databases. After excluding 1038 duplicates and excluding 1010 papers from title and abstract, 28 papers were left that were read in full. Then 23 were excluded based on the inclusion and exclusion criteria. Five papers were then left that were quality checked and despite four out of five highlighting low quality, all were kept to identify what is currently known within this area. Four papers focused on adult males convicted of exhibitionism however only one paper out of these five explored both exhibitionism and voyeurism.

The review found common demographic characteristics, personality and psychological characteristics, motivations in offending and psychological functioning. From the four themes identified only two related to both exhibitionism and voyeurism (psychological and personality characteristics and motivations: only gender and age). Due to this, conclusions cannot be drawn as to the risk factors and characteristics for voyeurism specifically, therefore leaving a clear gap to be further explored.

From the review it has been found that individual with a conviction for exhibitionism tended to be white Americans, catholic or Protestants, did not go past grade eight in school and those who did were unsuccessful past college however, they tended to end up as semi-skilled or unskilled labourers. The review also found that there was a lack of clarity over the relationship status with some reporting they were either married or single, however those that were married were experiencing unsatisfactory relationships and therefore were either separated or going through a divorce. The onset of offending was reported between the age of 17-40 and if caught they tended to be in denial. The main intention in exposing themselves was due to the lack of sexual pleasure in their life, as

a way to manage negative feelings or to deal with life's problems. Individuals tended to expose themselves during the day, in a familiar spot but if this was in a public place then this was near to where they lived. It was reported that individuals tended to not have any previous convictions but if they did they were for other exposure offences or acquisitive offences.

When the studies considered both voyeurism and exhibitionism they found that they had experienced some early trauma, their fathers were absent and aggressive and their mothers were overprotective. They had a range of mental health problems or personality disorders and there appears to be some comorbidity between the two disorders. For both voyeurism and exhibitionism, they were reported to be passive individuals with low self-esteem, isolation, loneliness and struggled to form relationships. For both voyeurism and exhibitionism they would target adult female strangers. Due to not being identified as separate offences, it is still unclear how these relate specifically to voyeurism.

With only five papers meeting the inclusion criteria, all being significantly dated and being assessed as poor quality, it is difficult to determine the relevance and suitability of the results for current policy and practice. However, this study has explored the current literature on risk factors and characteristics of adult males convicted of voyeurism and exhibitionism and supports the view that research on non-contact sexual offending is limited and out of date (Morin & Levenson, 2008, Mann et al., 2008, Kaplan & Krueger, 1995). Four out of the five included studies explored only exhibitionism so less is known specifically about voyeurism and since voyeurism was made a criminal offence in 2004 it is essential and of urgent attention to know who is committing these offences to aid assessments and intervention. Therefore, Chapter three and Chapter four aim to explore this further.

Chapter three continues to examine the under researched area in the field. It builds on the lack of understanding of those who commit voyeurism by exploring the experiences and perspectives of those with a sexual preference in voyeurism. The research aims to inform the service about how a sexual interest is experienced by those who identify with it as well as providing guidance for policy and practice. In this study, the lived experience of voyeurism was explored using Interpretive Phenomenological Analysis (IPA) with seven adult males convicted of voyeurism who were currently in a custodial establishment. Three themes emerged from the data set, (1) surrogate intimacy (2) escapism from reality (3) uncontrollable habit.

This research is the first of its kind and has attempted to explore how individuals feel living with voyeurism and the impact this has had on them as a person and on their life. The research has been able to identify that individuals with a conviction for voyeurism have deficits in intimacy skills and poor problem skills which is consistent with the sexual offending literature (Bumby & Hansen, 1997; Fisher et al., 1999; Garlick et al., 1996; Marshall et al., 1999; Smallbone & Dadds, 1998; Ward & Hudson, 1998). However, the research identified that voyeurism is acting as a surrogacy intimacy for not being able to develop intimacy which links with the Courtship Disorder (Freund, 1990) as they struggle within Stage One (The finding phase) however there are also individuals who can pass through this stage and it is then Stage Two they struggle with (maintaining the intimacy). These intimacy deficits are then encompassed with low self-esteem, low confidence and emotional loneliness that is affecting their ability in develop in these areas. The research has found that voyeurism acts as an escape from life and provides them with an effective coping strategy in order to make themselves feel in control and to provide them with a release. However, this then leads to a persistent pattern of behaviour making specific links with the theory of Cognitive Deconstruction and Escapism (Baumeister, 1990; 1991), Experiential Avoidance (Hayes, et al., 1996) and Psychological Inflexibility (Hayes, et al., 2006). Voyeurism is then described as an uncontrollable urge that has developed into an addiction (Grant, 2005). Therefore, due to the lack of knowledge, skills, compassion and acceptance the individual is unable to break this cycle and it then becomes a form of addiction that starts to impact further on their self-esteem and confidence leading to further loneliness and isolation. This then become a vicious cycle for them linking closely to the research on sexual addiction, sexually compulsive behaviour, and obsessive compulsive behaviour (Leedes, 2001; Coleman, 1987). There is a clear sense of how overpowering the voyeurism is for individuals which does link closely to the DSM-V (APA, 2013) definition that it is recurrent, and intense. This element of control over their life and over them as an individual clearly shows how it can affect their ability to manage problems and affects their view of themselves and others. Due to the identification of low self-esteem and the need to escape from problems within their life that they feel they cannot cope with, the focus appears to be more at supporting an individual in developing being more kind to themselves through self-compassion with a clear need to support them in directing their attention on developing acceptance that there may be difficulties within their life and the sexual thoughts and feelings will still be there however through committed action they can experience life as it is but with the focus on their values and well-being whilst being non-judgmental (Hayes et al., 1996). This highlights the need for a focus on supporting and promoting an individual's previous healthy strategies but aiding the



development of flexibility and change through Compassion Focused Therapy (CFT; Gilbert, 2010) and Acceptance and Commitment Therapy (ACT, Hayes et al., 2012) which will help support an individual to increase their 'psychological flexibility' (Hayes et al., 2006). The aim will be to develop acceptance of life events by experiencing this within in the present moment without constant attempts to avoid them.

The research has identified implications for current policy and practice within HMPPS's. It is recommended that clear guidance is written with identification markers and a screening tool to aid the knowledge of professionals to identify whether individuals need a full assessment to aid the direction of an appropriate intervention. The screening assessment should be based on clear guidance from this thesis and to be completed to identify if individuals who have either a conviction, identify as having a sexual interest. It is then recommended that a screening assessment is then completed despite static risk so assessors can consider appropriate pathways such as full assessments or appropriate intervention planning with the consideration of the HSP Programme and techniques to support an individual through ACT and CFT. Therefore, guidance needs to be created and training needs to be in place to help support staff develop their knowledge and understanding of the impact the sexual interest of voyeurism can have on an individual and the importance of assessing them correctly so appropriate interventions are targeted.

Chapter four aims to continue to support this further by exploring what are the psychological characteristics and needs of voyeurism that can help develop assessor's knowledge when assessing and directing intervention needs.

Chapter four continues to build on the dated and limited literature from chapter 1 and chapter 2 and supports chapter 3 by exploring the psychological characteristics and needs of those who commit voyeurism. Despite the literature highlighting a need for research on voyeurism within HMPPS (Mann et al., 2008; Duff, 2018), and the identified lack of clarity in the characteristics of those with an interest in voyeurism, this is the first study of its kind to investigate the psychological needs of adult males convicted of voyeurism. It is important to highlight that the study was very limited by the quantity and quality of the data set available therefore it is very difficult to generalise the results to this offending group.

The study considered the demographic, offending and victim characteristics as well a consideration of the psychological needs of 38 adult males convicted of voyeurism. The

data set was provided by the HMPPS commissioning group but was very limited. Despite the limited data set the study has provided some up to date knowledge on who commits the offence of voyeurism and the potential psychological needs to help direct accurate risk assessments and interventions.

The research found those that were single were more likely to be White British, not refer to any religion, live on their own, or live with their parents, and work full time. They were more likely to be High risk on the RM2000 static risk assessment, and have more acquisitive previous convictions, were more likely to be convicted of voyeurism between the ages of 22-30 and identified other sexual behaviours that they were not convicted for. Individuals that were single reported stealing underwear and downloading indecent images.

Those who were within a relationship were more likely to be White British not refer to any religion, live with a partner, and work full time. They were more likely to be Medium risk on the RM2000 static risk assessment and have more previous convictions for contact sexual offences. Those within a relationship were more likely to be convicted of voyeurism between the ages of 40-50. Other sexual behaviours that they identified committing but had not been convicted for were using a camera for sexual gratification and downloading indecent images.

The study has identified that there are different psychological characteristics, psychological differences and victim characteristics for those convicted of voyeurism depending on whether they are in a relationship or whether they are single. There are reported differences in problem solving, attachment style and victims age between the two groups. Those that were single reported a preoccupied attachment style and a rational problem solving style. They were more likely to offend against children. However, for both within a relationship and those that were single all experienced low self-esteem and emotional loneliness.

The study found that professionals who are assessing an individual who has a conviction or identified sexual interests in voyeurism they should be aware that there are different types of voyeurism (those who can develop relationships but not maintain them and those who cannot develop any relationships). Despite these two types of groups the interventions targets remain the same but the focus and details of these intervention needs will be different. Therefore interventions need to focus on understanding why all

those with a conviction for voyeurism have low self-esteem and emotional loneliness. For those within a relationship the target should be to help develop a more secure attachment style and a healthy effective positive problem solving style. For those that are single their levels of preoccupied attachment and rational problem solving skills should be targeted to help them develop appropriate healthy skills to use rational problem solving effectively and to feel more secure within relationships. When supporting an individual with an assessment and intervention planning awareness of any mental health difficulties and personality disorders should be considered despite those being single reporting less mental health difficulties or evidence of a personality disorder. However due to a preoccupied attachment style it may be that those who are single are more focused on others than themselves and therefore as the measured used were self-report it is always responsive to collaborate with other agencies to ensure support can be offered where needed. Further exploration is also needed on whether there are any further sexual interests based on the victim type and therefore interventions should be adapted based on this. However, all interventions should include elements of acceptance, compassion, and value identification.

The study only explored identified males with an index offence and conviction for voyeurism therefore, the study might have missed individuals who had a previous conviction for voyeurism and was not showing up due to being in prison for a different type of offence or it was not recorded as a conviction due to voyeurism only being made a criminal conviction since 2004. Also individuals might have not been assessed as having a need for interventions and therefore would not have been counted under this data set. Therefore, this might account for the limited data and attention needs to be raised to this to aid identification within HMPPS.

This study only focused on those that have been referred for interventions with their index offence as voyeurism however what we know is that voyeurism is that it is often under reported (Raymond & Grant, 2008) so it would be useful to complete further research exploring all those with a conviction or expressing a sexual interest in voyeurism in order to gain a detailed picture of the needs for those with a conviction for voyeurism. This study has provided some up to date information on those who are committing the offence of voyeurism but it is very limited therefore leaving a gap for further research within this area.

### Final thoughts

In conclusion this thesis has met all of the thesis aims by exploring what is currently known within the literature about the risk factors and characteristics of adult males convicted of voyeurism to help direct the thesis. Despite limitations with the two studies the thesis has provided up to date knowledge on the lived experiences and the characteristics, psychological needs and victim characteristics of adult males convicted of voyeurism to aid accurate risk assessments and intervention planning. The thesis has identified the need to increase clearer guidelines, training and amendments to current policies to help support staff develop their knowledge and understanding of the impact the sexual interest of voyeurism can have on an individual and the importance of assessing them correctly so appropriate interventions are targeted.

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# Appendices

# Appendix 1

## Final quality assessment

Eligible studies that met the inclusion criteria were reviewed and data was selected from studies that only focused on risk factors and/or characteristics. The selected studies were reviewed independently to ensure relevance and validity of the papers.

To assess the quality of studies, the Critical Appraisal Skills Programme (CASP) quality assessment tool was utilised. CASP is commonly used with both quantitative and qualitative methods of research (Aveyard, 2010) and thus was deemed suitable for use in this review. After thorough reads of all the studies and implementation of the CASP pre-screening questions (See Table 1 below), 23 of the 28 original studies were further excluded. This is because they either did not relate enough to the research question, or did not meet the inclusion/exclusion criteria. Due to the very limited papers that met the criteria, a final sample of five studies remained for the synthesis of results that met the inclusion criteria despite lacking in high quality.

### **Final 5 studies**

1. Study 1: Arieff, A. J., Rotman, D. B. (1942). 100 cases of indecent exposure. *J. Nerv. Ment. Dis.* 96, 523–528.
2. Study 2: Taylor, F. H. (1947). Observations on some cases of exhibitionism., *Journal of Mental Science (Vol. 93)*, p. 631-638
3. Study 3: Sugarman, P., Dumughn, C., Saad, K., Hinder., S & Bluglass, R. (1994). Dangerousness in exhibitionists, *The Journal of Forensic Psychiatry*, 5:2, 287 296, DOI: [10.1080/09585189408412299](https://doi.org/10.1080/09585189408412299)
4. Study 4: Mohr, J. W., Turner, E. R., & Ball, R. B. (1962). Exhibitionism and paedophilia. *Corrective Psychiatry & Journal of Social Therapy*, 8(4), 172-186
5. Study 5: Dwyer, M. (1988). Exhibitionism/voyeurism. *Journal of Social Work and Human Sexuality*, 7: 101–112.

Table 1: CASP Qualitative quality assessment

	1	2	3	4	5
<b>Was there a clear statement of the aims of the research?</b>	No links to gaps within literature and the aims. Just an identification to know who is guilty of exhibitionism. No identification of what data was used.	No they have stated it is more about observations of exhibitionists however they did link this aim to the increase of this type of offence.	Yes, links to research and gaps to be explored.	Yes links to a need for stringent differentiation between expositors to children and paedophiles.	Yes links to the lack of knowledge with voyeurism and exhibitionism.
<b>Is the method appropriate?</b>	No identification of what method was used.	No identification of what method was use.	Yes clear identification of method used and appropriate.	No identification of what method was used.	Some identification but not clear what method they were using rather than just reviewing processes used in interventions to assess. The pre-intervention assessment questionnaire was identified.
<b>Was the research design appropriate to address the aims of the research?</b>	No clear research design however they reviewed what was known on individuals within the institute.	No clear research design however they reviewed what was known on individuals within the prison service.	Yes. The aim was to explore individuals with a conviction for exhibitionism referred to the service and analysed to identify characteristics.	No clear research design however they reviewed what was known on the individuals within the Psychiatric Clinic.	No clear research design however they reviewed what was known about individuals from the pre-intervention assessment questionnaires. These were identified.
<b>Was the recruitment strategy appropriate to the aims of the research?</b>	Unsure. Unselected cases however they reviewed 100 cases within the institute. No clarification of how they were chosen.	No. Not sure how they selected the participants to review.	Yes: The identified they reviewed all indecent expositors referred cases from 1967-1984. However, they only counted indecent exposure and obscene telephone calls as non-contact offending.	Unsure. They identified they reviewed every individual referred to the clinic. However, they stated they excluded homosexuals but did not say why. They said voyeurism was linked but did not say how.	Unsure. They identified they reviewed 56 individuals attending the programme and their data was reviewed. Not clear how many were convicted of voyeurism or exhibitionism and why they only selected these.
<b>Was the data collected in a way that</b>	Yes, they viewed the information known on the 100 cases. No	Yes, they reviewed the data on the identified 98	Retrospective in nature and based on relatively	Yes, they viewed the information known on all	Yes, they reviewed all characteristic data.

<b>addressed the research issue?</b>	information on what the data was or how the data was collected.	cases. No information on what the data was or how the data was collected.	unsystematic data.  Not clear the aims of the interviews.	referred cases and looked at psychiatric, social and psychological information. No information on how the data was collected.	
<b>Has the relationship between researcher and participant been adequately considered?</b>	No. This has not been addressed.	No. This has not been addressed.	Some identification that there could be biases due to the use of clinical practice.	No. This has not been addressed.	No. This has not been addressed.
<b>Have ethical considerations been adequately considered?</b>	No this has not been addressed.	No this has not been addressed.	Consent for criminal history information gained. No other ethical considerations identified.	No this has not been addressed	No this has not been addressed.
<b>Was the data analysis significantly rigorous?</b>	It was not clear what method was used to be analysed. They just reported percentages.	It was not clear what method was used to analyse. They just reported percentages.	It was not clear what method was used to analyse.	It was not clear what method was used to analyse. They just reported percentages.	They have not identified how they will analysis data. They reported percentages and one table reported T scores but no clarification why this would be used.
<b>Was there a clear statement of findings?</b>	Yes this was clear and linked to a range of characteristics.	Yes this was clear and linked to a range of characteristics.	Yes clear links to literature and implications.	Yes linked to different characteristics	Yes clear links to characteristics and literature.
<b>How valuable is the research?</b>	Not very valuable. It is very out of date. No links to how this will now be used. Did review a wide range of characteristics from 100 individuals	Slightly valuable as there is identification of characteristics for individuals convicted of exhibitionism. Very dated. They did Identify how each individual should be explored as single aetiology.	Valuable to identify characteristics but also to explore how these characteristics link to whether there are any early detections for them to progress onto contact offences. Out of date.	Slightly valuable to identify characteristics but out of date and no links to literature. Referred to follow on reviews and recidivism.  Number of cases interviewed was too small for a meaningful statistical comparison.	Yes as it does report characteristics that link to research but it is not clear how many of these links to voyeurism/exhibitionism and very out of date.

## Appendix 2

### Excluded Studies

Author	Reason for Exclusion
Woodworth, W., Freimuth, T., Hutton, E., Carpenter, T., Agar, A & Logan, M. (2013).	Did not focus on voyeurism/exhibitionism
Pacht, A & Cowden, J. (1967).	Did not focus on voyeurism/exhibitionism
Lee, J., Jackson, H. Pattison, P & Ward, T. (2002).	Focused on sexual offending in general
Smith, R. (1976).	Literature review paper
Metzl, J. (2004).	Literature review paper
Rickles, N. (1942).	Literature review paper
Karpman, B. (1926).	Literature review paper
Hanafy, I., Clervoy, L & Brenot, P. (2016).	Literature review paper
Beech, A & Larkins, H. (2012).	Literature review paper
Långström, N. (2010).	Literature review paper
Sneider, S. (1982)	Focused only on women
Abdullahi, H., Jafojo, R. O., & Udofia, O. (2015).	Focused on general population and not offending population
Maletzky, B & Price, R. (1984).	Focused on general population and not offending population
Långström, N & Seto, M. (2006).	Focused on general population and not offending population
Swindell, A., Strebel, S., O'Keefe, S., Beard, K., Robinett, S & Kommor, M.(2011).	Focused on general population and not offending population
Greenberg, S., Firestone, P., Bradford, J & Greenberg, D.(2002).	Focused on recidivism rates
Spitz, H.(1955).	A thesis.
Grant. (2005).	It is unclear if all participants were from an offending population.
Furnham, A & Haraldsen, E.(1998).	Did not focus on risk factors or characteristics
Hopkins, T., Green, B., Carnes, P & Campling, S.(2016).	Did not focus on risk factors or characteristics
Wood, C., Thorne, & Blagden (in prep).	Did not focus on risk factors or characteristics
Rooth, G.(1973).	Did not focus on risk factors or characteristics
Firestone, P., Kingston, D., Wexler A & Bradford J.(2006).	Did not focus on risk factors or characteristics

## Appendix 3

### Invitation to participate

**PRISONER NAME**

**PRISONER NUMBER**

**LOCATION**

Hi xxxx

My name is Cara Wood and I am a BPS Chartered and HCPC Registered Forensic Psychologist located within the Psychology Department at HMP xxx.

I am currently completing a Professional Doctorate in Forensic Psychology at Nottingham Trent University. My aim is to explore the characteristics of those who have a conviction for voyeurism.

I am writing to you because you have been identified as having a conviction for voyeurism and therefore I am enquiring whether you would consider taking part within the research. The research is voluntary. By volunteering in the research there will be no privileges or penalties for participating.

Please find attached an information sheet on the aims of the research, what would be required from you before, during and after the research as well as a consent form.

If you would consider taking part, I will meet with you to go through all of the details of the research before you make a decision of whether you would like to take part or not.

Please could you read the information sheet attached and decide if you would like to meet with myself to go through the details of the research before you make a decision.

Please could you then send the below memo back to myself so I can arrange an appointment to see you.

I appreciate your time and hopefully look forward to meeting you to discuss the research in more detail.

Cara Wood

.....  
Please complete if you would like to meet to discuss the research and send back to Cara Wood. Psychology Department. HMP xxx. Thank you.

I xxxx located on xxxx would like to be sent an appointment to discuss the research. ( )



## Appendix 4

### Information sheet about the research

Voyeurism was introduced as a criminal offence in England and Wales for the first time in May 2004. The legal definition of voyeurism is “the observation of another person doing a private act” and “for the purpose of obtaining sexual gratification” (Sexual Offences Act, 2003). The term “private act” covers going to the toilet, undressing, sexual activity, the use of equipment or the adapting of a structure to enable himself or another person to watch a third party doing a private act, and the recording of people doing a private act with the intention that the recording will be looked at for sexual gratification.

To make a diagnosis of voyeurism would require the behaviour to be frequent, compulsive and deliberate (as opposed to opportunistic).

The published literature on the assessment and intervention of sexual voyeurism is extremely limited. There have been two earlier reviews of the voyeurism literature (Hanson & Harris, 1997; Smith, 1995) and there have been few additional publications since. Although there is some research on non-contact sexual offending, there is little that concentrates on voyeurism. Further research is needed to get a better understanding of voyeurism.

The aim of this research is to explore the common characteristics of those who commit voyeurism. Most of the research over the years has focused on other sexual interests therefore leaving sexual voyeurism research out of date and with limited exploration of the characteristics of the sexual interest. Therefore, by completing a more detailed and current review of the typical characteristics of voyeurism, we can then start to complete accurate risk assessments and target interventions correctly.

The research will involve a one hour interview and reading your prison records. The topics explored will involve questions surrounding the background to your life and your offending. It will also explore what impact it has had on you and how you see yourself, your life and relationships.

The research will be completed by Cara Wood, BPS Chartered and HCPC Registered Forensic Psychologist based in the Psychology Department at HMP xxx.

The research is voluntary and before consent is provided there will be the opportunity to meet with Cara Wood to discuss the research and have any questions answered. By volunteering in the research there will be no privileges or penalties for not participating. If data has been collected from you prior to withdrawing, this can be withdrawn up to 4 weeks after the interview. A specific date will be provided at the time of consent so you are fully aware of when this will be. There will be no penalties for withdrawing your consent at any point during the process and you do not need to provide a reason for withdrawing.

All recorded discussions are confidential, except in certain cases when the researcher will have a duty to pass on the information. This will be when you identify a threat of harm to yourself, others, the security of the prison or if you admit to serious offences that you have not disclosed before or that someone else had committed but not been convicted for.

The research will be anonymised and the reader will be unable to trace this information back to yourself. All personal information will be removed and replaced by you choosing a pseudonym that will be used throughout the interview. Whilst your information will be anonymised, full confidentiality cannot be guaranteed as selected quotes from your interviews will be incorporated into the final report.

All interviews will be recorded. Interview tapes will be stored securely. The interviews will be transcribed by Cara Wood and all transcribed information will be stored in a locked cabinet and the transcripts will be kept on a secure HMPPS computer or encrypted memory stick. Once the interview tapes have been transcribed the original recording will be destroyed.

Discussing this topic may cause memories of difficult events to resurface. You will be supported during the interview stage by the researcher, will also be able to contact the counselling Team for extra support or be referred to the listeners. You will also have the support of your personal officer and wing officers should you need it.

Once the research has been completed there will be an opportunity to meet with the researcher to discuss the results of the study or to take away a copy to read in your own time. However, this is voluntary and there will be no penalty should you decide that you do not want to discuss the results of the study. You can also receive a copy of the final report by contacting Cara Wood in the psychology department at HMP xx via the application process or by coming to see her at the department.

Once the research is completed it will be written up and viewed by people at Nottingham Trent University, staff at HMP Whatton, the National Offender Management Service (NOMS) and it may also be published in a peer reviewed journal or academic publication.

## Appendix 5

### Consent Form

- I, .....consent to Cara Wood, BPS Chartered and HCPC Registered Forensic Psychologist using my information as part of her research into looking into the common characteristics of those who commit the offence of voyeurism.
- I can confirm I have read the attached information sheet.
- I understand that the information I provide will be used for doctoral research purposes, and could be published in a peer reviewed journal.
- I understand that the research report will make every effort to maintain anonymity and to avoid the reader being able to trace back this information to me.
- I understand that the research report will be treated with confidentiality, in line with the requirements set out by the Nottingham Trent University, the BPS, HCPC, HMPPS and that only those who require access to this information shall be given it. However, I am aware that full confidentiality cannot be guaranteed due to selected quotes will be used within the final report.
- The issues of confidentiality have been explained to me and I have been given the opportunity to ask questions. Any questions I have asked have been answered to my satisfaction.
- I am aware that any information that I may provide about potential harm to myself, others or threats to the security of the prison will have to be passed on. Additionally, any disclosures of serious offences that they have not been charged with or that other people may have committed will need to also be shared with the security department at HMP xxx.
- I am aware that my participation is voluntary.

- I am aware that I can withdraw my consent to take part in this research up to 4 weeks after the interview has been completed (date.....) and I can do so without receiving any penalties and without giving a reason for withdrawal.
- I give consent for the interview to be audio recorded.
- I am aware that the tapes will be destroyed after they have been transcribed. The transcripts will then be stored securely.

Name .....

Signed.....

Date .....

Name Cara Wood. BPS Chartered and HCPC Registered Forensic  
Psychologist.

Signed.....

Date .....

## Appendix 6

### Example Questions

#### Demographic information

1. Sexuality
2. Ethnic origin
3. Nationality.
4. Religion.
5. Family structure: explore relationship with parents, siblings, and parent's relationship,
6. Upbringing information: to explore discipline, abuse, substance misuse, mental health
7. Schooling history.
8. Employment history.
9. Relationship status: first sexual experience, masturbation, relationships,
10. Offending history.
11. Hobbies.

#### Areas to explore on voyeurism?

1. Age can remember being first being interested in voyeurism.
2. Tell me your first experience of voyeuristic behaviour? What were your thoughts, feelings? What was happening in your life at that time? What was it about the individual? Why did it start?
3. What part of the offence did you like the most? Why do you think that was?
4. How many times have you engaged in voyeuristic behaviour? What was going on for you at that time? What were you thinking/feeling/thinking/feeling/doing at that time? Why did you decide to engage in this behaviour? Why did you decided to complete the specific behaviour? Why did you carry on with the behaviour?
5. Age convicted of voyeurism: Offence details and Victim type
6. Have you ever thought about/engaged in other sexual behaviour? If not, why? If you did, what was happening in your life? Why chose this behaviour? Why not voyeurism? Thoughts/feelings