

Sexual Abuse

“Falling through the cracks”: A retrospective exploration of the barriers to help-seeking among men convicted of sexual crimes

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Abstract:	<p>The prevalence and impact of sexual abuse is of global concern, and the alarming rates of victimization have inspired a focus on its prevention. Whilst research has begun to explore the experiences of non-offending individuals to inform prevention initiatives, there is limited exploration of those who have struggled with their sexual interests and go on to commit sexual crime. Arguably these individuals hold key information about gaps in service provision, which may inform approaches to crime prevention. This study aimed to provide a phenomenological exploration of the pre-offense experiences of convicted individuals' beliefs about help-seeking, their desires for support, and any barriers that might have prevented them from coming forward for help. Semi-structured interviews were conducted with 14 individuals convicted of sexual offenses (n=13 against children; n=1 sexually motivated violence), and interpretative phenomenological analysis elicited three superordinate themes: Desperation, Barriers to Help-seeking and A Way Forward. The findings shed light on the distressing experience of living with sexual interests that are so openly rejected by society and the many ways participants attempted to cope with this, including multiple failed attempts to seek help. Implications and limitations are discussed.</p>

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6 **help-seeking among men convicted of sexual crimes**
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10 **Abstract**

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49 Key words: Sexual offending; Qualitative; IPA; Prevention; Help-seeking
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Introduction

The prevalence and impact of sexual abuse is of global concern. Estimates of child sexual abuse are between 18-20% for girls and 8% for boys (Pereda et al., 2009; Stoltenborgh et al., 2011; Witt et al., 2017) and reports indicate that one-in-three women worldwide experience some form of physical or sexual violence in their lifetime (World Health Organization, 2013). Such alarming rates of victimization have inspired decades of research documenting the vast and often lifelong mental and physical impacts of sexual abuse for victims (Irish et al., 2010; Sawyerr & Bagley, 2017). Not only have these rates inspired legislators to enact policies and fund programs to protect and support victims of sexual violence, but they have also led to the recognition that the prevention of sexual crime should be viewed through a public health lens (Letourneau et al., 2014). In this paper our aim is to begin to understand the experiences of people with criminal convictions who have problematic offense-related sexual interests, to facilitate a broader discussion about barriers to help-seeking and what more can be done to work with such individuals before they reach criminal justice contexts.

Prevalence of Offense-Related Sexual Interests and Preventative Support Services

Within this context it is acknowledged that many people (predominantly men) may experience offense-related sexual interests. For example, population estimates of sexual interests in children range from 0.1-5% depending on the operational definition of 'child', with the prevalence of interests in younger children at the lower end of this range and attractions to teenagers being more common (Dombert et al., 2016; Seto, 2017). Such work into prevalence estimation has led to a rise in prevention initiatives (Lievesley et al., 2018; Lievesley & Harper, 2021). Prevention Project Dunkelfeld (Beier et al., 2015) arguably led the way in Germany in 2005, providing confidential access to treatment for those in the community who are concerned about their potential to cause harm. Other countries followed

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3 suit, including the UK and USA, with initiatives targeted at supporting individuals in the
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5 community who are struggling with their sexual interests (Safer Living Foundation, n.d.; Van
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7 Horn et al., 2015). These latter schemes market themselves not only as being related to child
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9 sexual abuse prevention; instead, they profess to work to prevent all forms of sexual violence.
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11 As such, they offer support to anybody who sees themselves as being at risk of offending due
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13 to an atypical sexual interest. This broader preventative focus is particularly important, given
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15 the relatively high rates of sexual fantasies related to dominance, coercion, and rape that are
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17 reported within the general population (>22% in men; Joyal et al., 2015; Williams et al.,
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19 2009; Zurbriggen & Yost, 2004), and the apparent statistical association between paraphilic
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21 interests and behaviors (Seto et al., 2021).
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27 It is the authors' belief that the effectiveness and utility of any treatment program or
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29 sexual abuse prevention scheme can only be realized fully if potential service users are
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31 willing and able to access and engage with it. Levenson and Grady (2019) explored barriers
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33 to accessing treatment among an international sample of minor attracted persons (MAPs;
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35 operationalized here as individuals with sexual attractions to children under the age of 16) in
36
37 the community. They also investigated the effectiveness of treatment if it is successfully
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39 accessed. Barriers included fear of being judged by mental health professionals, uncertainty
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41 about reporting requirements and confidentiality, financial constraints, and concerns about
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43 therapist knowledge, expertise, and competence. Further, Levenson et al. (2017) and Grady et
44
45 al. (2019) specifically reported how experiences of stigma and personal shame about their
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47 sexual interests prevented both convicted and non-convicted MAPs from seeking help.
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49 Perceived stigma has also been found to be the most consistent differentiating factor between
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51 those with, compared to those without chronic suicidal ideation in a community sample of
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53 MAPs (Cohen et al. 2020). Important health issues are repeatedly highlighted in MAP
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55 samples. For example, a survey conducted by B4U-ACT (2011b) demonstrated that a
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3 significant number of non-offending MAPs consider or attempt suicide. They also found that
4 the majority of their sample ($n=193$) did not feel they had anyone to talk to, and lack of
5 professional support left half the sample feeling depressed, isolated, anxious and struggling to
6 control their behavior (B4U-ACT, 2011b).
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12 There is a lack of available data on the help-seeking journeys of other paraphilic
13 groups, such as those with sexual fantasies that involve coercive or otherwise aggressive
14 themes that could, at least theoretically, be related to offending behavior. Indeed, in a recent
15 review of how paraphilic interests can be managed in the community the focus was almost
16 exclusively on sexual attractions to children, suggesting a lack of an evidence base in relation
17 to help-seeking and management techniques for other paraphilic interests (Beier, 2021).
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26 However, there is a small collection of studies that explore help-seeking for hypersexual
27 behavior, or 'sex addiction' (for reviews of this concept, see Ley, 2012; Philips et al., 2015),
28 with this being related to increased rates of sexual offending proclivity (Kafka, 2003; Slavin
29 et al., 2020). In one qualitative analysis of the perceptions of therapists, sex addiction was
30 reported to be commonly associated with suicidal ideation and high levels of stress, which
31 often exacerbated the problems associated with sexualized coping (Brewer & Tidy, 2019).
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40 However, help-seeking efforts were often hampered by a lack of comfort among healthcare
41 professionals to work with sexual behavior issues, and a lack of awareness of available
42 services to refer to among those who do probe about service users' sexual issues.
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47 While the above emergent work points towards some important potential barriers to
48 help-seeking among particular paraphilic groups (particularly those with sexual attractions to
49 children), the 'qualitative' elements of the studies are hampered somewhat by the
50 methodologies used to collect data. That is, the studies reported above collected open-ended
51 responses to pre-defined questions using survey methods. Such approaches do not offer the
52 opportunity for researchers to follow up or probe potentially important insights provided by
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3 participants, limiting the depth of analysis and exploration of participant experiences (Reja et
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5 al., 2003).

8 **The Need for Deeper Qualitative Analyses of Pre-Offense Experiences**

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10 Although the perspectives of non-offending individuals are of great importance for
11
12 any prevention work, this specific group may not hold the requisite experiences or insights
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14 that are necessary to consider the most effective ways of preventing sexual harm. This is
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16 because we know that offense-related sexual interests alone are not sufficient for demarcating
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18 a risk of offending, and that offending typically takes place in combination with various
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20 facilitating factors, such as pro-criminal attitudes or antisociality (see Seto, 2019). We also
21
22 know from non-offending groups that they most often desire support for mental health issues
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24 rather than a fear that they are at risk of offending (B4U-ACT, 2011; Lievesley & Harper,
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26 2021). The existing literature lacks in depth insight into the reflective experiences of
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28 individuals who have offended. Specifically, we have no phenomenological evidence of their
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30 desires, perceived barriers, and experiences of pre-offense help-seeking. These individuals
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32 may hold some key insights, which could inform important practical implications and
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34 approaches to sexual crime prevention. This is because they hold first-hand experience of the
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36 process of recognizing offense-related sexual interests, considering the process of seeking
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38 help, and subsequently committing offenses. By exploring these views, we might be better
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40 placed to understand the thought processes and potential barriers to help-seeking among those
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42 with both offense-related sexual interests and personality factors that may facilitate
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44 offending. In doing so, we hope to illuminate how such groups might be better reached, how
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46 barriers to help-seeking might be overcome, and how preventative services can avail
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48 themselves to those in need of their support.
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56 In Levenson et al.'s (2017) survey of 372 individuals with sexual convictions,
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58 approximately 20% had spoken to somebody about concerns related to their sexual interests
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3 prior to committing an offense, with slightly more than half of these individuals seeking
4 professional support. However, they also reported that approximately double this figure in
5 their sample (39%) felt concerned about their sexual interests before engaging in sexual
6 crime, potentially highlighting a substantial number of people who may be amenable to
7 engaging in support and prevention services prior to offending. Using another anonymous
8 survey to collect open-ended responses from 100 individuals with either arrests or
9 convictions for sexual crimes, Piché et al. (2018) also found that 18% had sought treatment or
10 spoke to somebody about their sexual interests before offending. Among those who had not,
11 around half cited shame (55%) or shyness (43%) as a reason, one-quarter felt that seeking
12 support was not important, and up to one-half did not know who to talk to about the issues
13 that they were facing. Nonetheless, had support been available prior to their arrest, slightly
14 more than 60% of Piché et al.'s (2018) sample stated that they would be at least somewhat
15 likely to have accessed it.

32 **The Current Study**

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35 With prior work establishing both a desire and willingness for convicted individuals
36 with offense-related sexual interests to seek support prior to their arrest or conviction, this
37 study aimed to provide a deeper phenomenological exploration of the pre-offense experiences
38 of individuals' beliefs about help-seeking, their desires for support, and any barriers that
39 might have prevented them from coming forward for help. We hope this will build on the
40 survey-based work of Levenson et al. (2017) and Piché et al. (2018). To our knowledge, no
41 interview-based studies have been conducted specifically with a convicted sample to explore
42 their help-seeking experiences prior to offending (though for a brief mention of prior help-
43 seeking among a sample of MAPs where a subset of participants has offended in various
44 ways, see Houtepen et al., 2016). In conducting our work in this manner, we have the
45 opportunity to probe deeper in relation to eliciting details about the thought processes of
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3 individuals prior to offending in a manner that was not possible in the work cited above. In
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5 doing so, we hoped to provide an account of what it is like to experience offense-related
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7 sexual interests, the impact of living with these prior to committing a sexual offense, and to
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9 reflect on how those with propensities for criminality might be better served in the
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11 preventative context.
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16 **Method**

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18 This research adopted qualitative methods to meet the aims of exploring and
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20 illuminating the subjective experiences of the sample. Qualitative methods offer personalized,
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22 in-depth exploration of under-researched phenomena, supporting the research goal of open,
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24 descriptive discovery (Johnson & Onwuegbuzie, 2004; McLeod, 2003).
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28 **Participants**

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30 Seventeen males were initially recruited within an adult prison housing men convicted
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32 of sexual offenses. Participants were required to have struggled with their sexual thoughts
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34 prior to coming to prison and to have had a need/desire for help (they did not have to have
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36 sought help prior to offending). The latter criteria led to the exclusion of three participants
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38 during analysis, who expressed during interview that they had not wanted or needed help
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40 prior to offending (n=14). All but one participant (n=13) were convicted of sexual offenses
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42 against children and struggled with sexual thoughts/fantasies towards children prior to
43
44 offending. The remaining participant struggled with violent sexual fantasies towards adults.
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46 The inclusion criteria described were set to help us obtain a fairly homogenous sample. This
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48 is important for IPA, whereby specificity of the participant pool helps to ensure that all
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50 participants find the research question significant, allowing for an in-depth analysis of the
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52 topic (Pietkiewicz & Smith, 2012; Smith & Osborn, 2015s). The mean age of participants
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54 was 48. Further self-reported demographics are reported in Table 1.
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60 **Table 1**

Self-reported participant demographics

Procedure

Prior to commencement, the study was cleared through a UK university and the National Offender Management Service (NOMS) board of ethics. The research was advertised via a notice to all prisoners, which provided brief information on the study. Initial information meetings were held with all those who expressed an interest, where the full nature of the research was explained. Participants were made aware of what they were being asked to do and why, and that participation was voluntary. Limits to confidentiality were also explained (disclosure of risk of harm to self/others; an offense not convicted for; plans to break prison rules would need to be reported), and it was set out that all data would be anonymized. Written consent was gained from those who wished to participate, and interview dates arranged.

Semi-structured interviews were adopted for their flexible and personal way of gathering sensitive data, whilst ensuring the topics of interest were covered (McLeod, 2003; Tripp-Reimer et al., 1994). Interviews were held in a private interview room within the prison and conducted by the authors and two graduate students. They were limited to two hours to prevent fatigue for the researcher and participant (Dickson-Swift et al., 2007). If more time was required to explore a participant's experiences further, a second interview was arranged ($n=1$). Both authors are experienced qualitative researchers, and one is a qualified therapist, enabling use of important skills including rapport building, active listening, awareness of non-verbal cues and monitoring emotional impact on participants (Pietkiewicz & Smith, 2012). The interview schedule explored three core areas: living with sexual interests (e.g., 'What was it like living with your sexual interests / thoughts before offending?'); experiences of disclosure and help-seeking (e.g., 'Did you speak to anyone about your sexual interests /

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3 thoughts before offending? Can you tell me about this?'); views about community prevention
4 initiatives, support and barriers to accessing support (e.g., 'What support may have been
5 useful?', 'What stopped you accessing support?'). Interviews were recorded on a password
6 protected Dictaphone and ranged between 48-109 minutes (average 73 minutes). After the
7 interview, participants were debriefed and provided with contact details for withdrawal or to
8 discuss any concerns/seek support. Interviews were transcribed verbatim by two graduate
9 students. The authors agreed that data saturation had been sufficiently met as little-no new
10 information emerged from the interviews after all 14 were analyzed (Guest et al. 2006).

21 **Data Analysis**

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23 Interpretative Phenomenological Analysis (IPA) is considered to be the most effective
24 qualitative analytic approach when researching topics that are novel, complex and
25 emotionally laden (Smith & Osborne, 2015). This is particularly relevant to the present study
26 as it offers the first qualitative exploration of help-seeking experiences prior to offending in
27 convicted samples. IPA was therefore adopted for its ability to explore novel and complex
28 individual processes (Smith & Osborn, 2015) and enable the descriptive uncovering of
29 meanings of participants' lived experiences (Husserl, 1970). IPA's double hermeneutic
30 process allowed us to attempt to make sense of and interpret each participant's experience,
31 whilst they make sense of the research phenomena, attempting to stand as far as possible in
32 the shoes of the participant (Smith & Eatough, 2007). For this reason, we made conscious
33 efforts to embrace the relationship to and interpretation of the data as offering potential
34 understanding, whilst maintaining awareness of the potential for our own experiences to
35 influence interpretations (Smith et al., 2013; Smith & Osborn, 2015).

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37 Each interview was transcribed and analyzed individually, following Smith et al.
38 (2013) guidance. This involved: reading and rereading transcripts, taking unsystematic notes
39 (including our own preconceptions and emotional reactions to promote reflexivity and reduce
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3 their impact; Larkin & Thompson, 2012); rereading, making note of descriptive, linguistic
4 and conceptual points of interest; developing emergent themes, and beginning to focus on
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6 overarching messages and away from individual transcripts; organizing chunks of narrative
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8 into recurring themes. The analysis of the transcripts was split between the two authors. To
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10 promote validity of the interpretations, the authors cross-checked samples of the line-by-line
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12 coding and interpretations generated from these (Larkin & Thompson, 2012). Emergent
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14 theme ideas were discussed and agreed upon together. This process was iterative and key
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16 sample quotes were stored with their respective themes when looking for convergent and
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18 divergent patterns, promoting proximity to the original data (Yardley, 2000) and limiting the
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20 extent to which earlier analysis influenced later analysis as this process progressed (Smith et
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22 al., 2013). For a theme to be finalized, there had to be a majority (i.e., eight or more
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24 participants experienced the phenomenon). Eventually six themes were identified; those that
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26 shared “higher order concepts” were merged, enabling representation of data without dilution
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28 of key messages (Smith et al., 2013, p. 101). Participants were given pseudonyms to protect
29
30 their identity. Throughout this process of analysis, engaging in an open and reflective process
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32 was crucial; we had regular debriefs during data collection and the analysis was ‘audited’
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34 through a type of interrater reliability, whereby the validity of interpretations were compared
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36 between authors and disagreements discussed and agreed upon (Lincoln & Guba, 1985).
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46 **Results**

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48 Our analysis yielded three superordinate themes with six associated subthemes (see
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50 Figure 1). Each of these will be discussed in turn with example extracts. Some extracts use
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52 ‘...’ to indicate material removed, square brackets to provide author clarification, and empty
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54 parentheses where identifiable details have been removed.
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57 **Figure 1**

58
59 *Superordinate Themes and Subthemes*
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Desperation

This superordinate theme of desperation highlights a recurrent narrative of despair and loss of hope surrounding participants' sexual thoughts and desires. Participants' accounts depicted a futile experience to resist and battle with their desires, with extreme methods taken to find a way to out of this.

An Internal Battle: 'fighting a lot of gremlins in your head'

This theme reflects participants' (n=9) experiences of helplessness around their sexual thoughts prior to, and during offending; there was an internal battle between their sexual thoughts and moral values as evidenced by the following excerpts:

I knew I needed help, I knew it wasn't, I didn't actually receive help, I didn't even look into how I could get help, but I knew what I was thinking was wrong yeah but I couldn't, I couldn't stop it (Colin)

[living with sexual interests]...you're fighting a lot of gremlins in your head, uh trying to understand why you did it is most probably one of the biggest ones, uh or how you got yourself in that situation. And uh to be able to break the barriers down which would help prevent you from offending. It's most probably mind boggling, and uh I think that's where the guilt goes to yourself (Larry)

Colin perceived that his thoughts were 'wrong' but felt unable to control them. His experience thus remained an internal battle, with attempts at resistance or control feeling to him somewhat futile, seen by his repetition of 'couldn't'. Similarly, Larry reflected an internal cognitive battle of trying to make sense of his sexual thoughts and behaviors. His reference to 'gremlins', a fantasy creature that causes malfunction, paints a picture of an intrusive, overwhelming experience within his mind, which ultimately results in a retroreflection of guilt. Over half (n=9) the participants described an internal battle to resist

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3 their offense urges, associated with an awareness that they were ‘wrong’, but as time went on
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5 this resistance turned into a felt sense of helplessness. For some this resulted in a desire to be
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7 caught:
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10 I wanted to get caught, many times. And I wanted it to stop but, um I wasn’t willing or able to,
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12 um I didn’t have the strength or um I was frightened as well of the consequences...I wanted to
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14 be caught to get punished, uh for what I did, and I wanted to get caught because I just wasn’t
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16 coping with life (Brad)
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19 when she was [victim age] I started I started realising it was wrong because, it, it was getting
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21 stronger and stronger, and it...I should be a protective father, not an abusing father...and, I
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23 thought to meself what do I do, just go to the police meself or wait but try and stay away from
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25 [victim]...but I couldn’t go to the police meself (Ian)
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29 Brad felt helpless to his own thoughts and offending, to the extent that being caught
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31 felt like the only way he would stop. However, he battles with the words ‘willing’ and ‘able’,
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33 recognizing that a fear of the consequences was also a driving factor for his choice in silence.
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35 A similar sentiment can be seen with Ian. The desperation and ultimately futile attempts to
36
37 resist were common in the sample, and for many, their eventual offending became a way out,
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39 from the thoughts that were consuming them.
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42 ***Looking for a Way Out***

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45 The previous theme depicted participants’ struggle with their thoughts/offending and
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47 trying to resist what they knew was ‘wrong’. This theme builds upon this by highlighting how
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49 participants (n=9) coped with their thoughts and tried to find a way out of their struggle:
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52 But it got to a point where I couldn’t any longer [keep thoughts to self] because there was, me
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54 head was about to explode. That’s how far I’d leave it before I mentioned it [thoughts about
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56 offending]. And to have people basically, especially the experts not take it any further I thought
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58 then, they can’t believe me. You know, and do I actually have to do something to prove that I
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3 need, I need help. And it wasn't long after that, that the attack () happened. ... and I think it was
4 a cry for help...because again how would I have gotten away with that...The others [later
5 offenses] were to fulfill fantasies. But for that first one [first offense], I think that was a cry for
6 help. (Nathan)
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12 Nathan's efforts to resist his thoughts and urges eventually got too much – his “head
13 was about to explode”, mirroring the narratives from the previous theme. He interprets that
14 this led to his first offense. We witness Nathan making sense of this, as he reflects that this
15 was a “cry for help”, because his actions were unlikely to go undetected. In another
16 reflection, Nathan is asked by the arresting officer why he did what he did; he states “I need
17 help and I had to come into prison to get the help I needed. If it didn't happen then...it
18 would've happened eventually” (Nathan).
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29 A similar experience of implosion can be seen in Samuel's account when he was
30 confronted by his wife who had discovered indecent online images:
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33 And that was the beginning of the collapse because suddenly it was real. Suddenly I couldn't
34 pretend that this thing, in my head, that I'd buried behind the wall in the box, I couldn't pretend
35 that it was, just a imaginary thing. That nobody else knows about, it's the tree that fell in the
36 forest that nobody heard. I couldn't pretend that anymore. And over the course of the next
37 week, I thought oh god these other things, all these other things, suddenly the wall had been
38 torn down and bright lights were being shown on it and I was like what's all that in there? And
39 I wasn't looking at it from the perspective of this hidden part of my brain where nothing
40 matters because nobody knows. I was looking at it from the perspective of the respectable,
41 conventional, outstanding member of society that I thought I was. And I suddenly realized the
42 immense wrongness of all the things, the voyeurism, and the pornography, and I confessed...to
43 my wife...And her world exploded, and I threw a hand grenade into the lives of everyone
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56 (Samuel)
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3 This poignant extract highlights Samuel's journey from suppression and denial, to the
4 realization of what he had done and his decision to confess. His world began to "collapse", as
5 light was shone on something he had managed to contain and deny within his internal world.
6
7 This is powerfully likened to a "hand grenade", thrown "into the lives of everyone". In this
8 sense, it is possible to understand Samuel's prior suppression of his thoughts and actions
9 ("buried behind the wall in the box"), as a protective defense against the destruction he
10 perceived his confession, and actions, to cause. His denial, even pretending his experience
11 was "imaginary", was no longer possible now others knew, and this coincided with a
12 realization of "the immense wrongness" of his actions; for the first time he was looking at
13 what he had done, rather than avoiding it. This experience of exposure and awareness appears
14 extremely difficult and led Samuel to confess to the police: "I voluntarily went to the police
15 and confessed".
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31 For Samuel, his need for a way out came after being exposed by someone else. For
32 others, the impetus to do something about their thoughts and behaviors came from an internal
33 desperation as can be seen below:
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37 And because I was enjoying it and I knew it was wrong I wanted to do something about it, and I
38 eventually then just handed myself into the police...I wanted a way out...and to me the only
39 way out was to come and go and tell someone the truth because I'd had enough I knew it was
40 wrong but I couldn't stop myself (Robert)
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47 I knew I couldn't keep going the way I was going I was destroying someone's life...I think
48 that's when the reality check came in, I tried to hang myself twice, I tried to cut up twice,
49 seriously cut up, I took overdoses, I done everything to try and get the thoughts out of my head
50 of what I had done (Robert)
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56 For Robert, facing reality was overwhelming, leading to attempts on his life in order
57 to escape. This depicts the consequences of the "reality check", similar to Samuel's
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3 experience and there were many examples of this and the extreme methods adopted to cope
4 within the sample. For example, Rick expressed overwhelming relief at being caught before
5 he had acted “it was just...overwhelming thing thank Christ I didn’t do anything...the
6 immediate feeling was relief of having been stopped from doing something that could have
7 really hurt someone” (Rick).
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15 This theme portrays participants’ unmanageable experiences of seeking a way to rid
16 themselves of their sexual interests. Participants struggled to cope with their ‘wrongdoing’
17 and combined with an experienced lack of control over their thoughts, this induced turmoil
18 and drastic attempts to find a way out, including offending as a cry for help, confessing to
19 others, and suicide attempts. Most participants felt relief on being caught, highlighting the
20 level of turmoil they were experiencing and for some the lack of control they perceived to
21 have over their actions.
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30 **Barriers to Help-seeking**

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33 Participants discussed numerous barriers to seeking help in relation to their sexual
34 thoughts and/or behavior prior to offending. These largely related to a perceived or actual
35 threat of negative consequences, leading some to remain silent. Others discussed the plethora
36 of negative experiences from disclosing.
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43 ***“Putting up and shutting up”: The Fears of Speaking Out***

44
45 A large majority of participants ($n=13$) discussed experiences of staying silent about
46 their sexual interests prior to or during offending. Some hoped the thoughts would disappear
47 if they ignored the issue, like Kyle and Robert:
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51 I just thought I’d grow out of it at the end...but it doesn’t because the genes are getting stronger.
52
53 (Kyle)

54
55 I think that’s what I tried to do was just get on with my life and put it behind me...But it didn’t
56
57 work which I think came back later to haunt me in life (Robert)
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3 Kyle and Robert held hope that their sexual thoughts and desires would eventually
4 dissipate over time. Kyle seemed to perceive his thoughts as biological when referring to
5 “genes”, possibly relating to a felt sense that the thoughts were not a choice and a part of his
6 biology. This essentialist view appeared to contribute to a culture of secrecy, with some
7 participants making conscious decisions to live with their thoughts internally:
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15 it was always a dark secret of mine...I wouldn't be able to trust telling anybody 'cause it was
16 too, too bad of a subject matter (Jack)

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19
20 It's not it's not right is it...so it was better to just keep it to myself (Colin)

21
22
23 For Colin and Jack, there was a belief that their thoughts were wrong. Jack talks in
24 absolute terms when stating it was 'always a dark secret', suggesting there was never any
25 possibility of disclosing his thoughts. This belief was commonplace in the sample and
26 seemed to trigger fear around the consequences of disclosure. Participants feared judgment,
27 ridicule and ostracization as can be seen here:
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34 I was frightened to tell people in case I was condoned, ridiculed, or ostracized...if I told people
35 what I was actually thinking...they would call me names, you know, uh I'd be locked up in a
36 mental institution, 'cause that was still happening basically in them days. So that's why I kept
37 things to myself. (Nathan)

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43 it's that fear of going to somebody in your family and saying oh I've got these thoughts um I
44 want to touch a child or something...I never had the courage...it's always that stigma of that
45 hatred or that beings treated low, low. And if you're low already, you don't wanna go any
46 lower, and I think that's one of the other things as well. (Larry)

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53 Participants' decisions to remain silent were greatly influenced by perceived social
54 views about people with paraphilias, and their associated connotations. There were huge
55 amounts of fear about perceived judgments from 'people'; this general way of talking
56 indicates a debilitating fear of how the whole of society would view them. Larry's decision to
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3 stay silent appeared to be driven by a need for self-preservation and could be understood as a
4
5 natural human instinct to protect his sense of worth from further internal ‘battering’. Jack
6
7 expressed a similar notion, even if disclosing could have led to support:
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9

10 it’s that fear...it’s a fear like no other... ‘cause it goes against human nature, really, to have
11
12 those kinds of thoughts, and um it’s unpleasant to have the thoughts, and even more unpleasant
13
14 to talk about them. It’s embarrassing it’s shameful, and if you talk to somebody regularly then
15
16 you can obviously build that trust, but getting to that initial contact... ‘cause in the past I’d like
17
18 to think that if I’d seen this [support options] ya know I would have phoned it. But was the fear
19
20 too great for me to do that? I don’t know. (Jack)
21
22

23 Jack explores his internal battle; speaking out seemed to go against his natural, human
24
25 defense process, but what must it be like for Jack to feel that his internal experience also
26
27 somehow goes against human nature? Jack also retrospectively reflects that his fears, ‘like no
28
29 other’ around speaking out, may have been too crippling to consider seeking help, even if it
30
31 had been available. Brad shared a similar sentiment:
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35 I wanted it to stop but, um I wasn’t willing or able to um I didn’t have the strength or um I was
36
37 frightened as well of the consequences. If I came forward...I’m gonna be honest and the
38
39 answers no...no. I’ll tell you the reason why I was so frightened that if I did ask for help that
40
41 social services would deem I was unfit to look after, not coping well, stressed that they’d take
42
43 the kids away. That was a big big thing for me...so no I was just trying to cope with everything
44
45 by myself. Which obviously didn’t work out. Ya know, I’m not blaming all that it just links to
46
47 the offending. (Brad)
48
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51 The active decision not to disclose sexual interests or seek help was sometimes driven
52
53 by concerns about the effects that this could have on participants’ lives, including legal
54
55 investigations and family strife, as exemplified below:
56
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58 No I just kept it quiet to myself for all the time, I’m not a suspicious person but my number one
59
60 worry is that was that if I ask for help then that person would panic and call the police, so I

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3 thought it's better that I stay away from that, I didn't want that person to panic or that person to
4
5 see me as a different person from who I am (Brian)
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7

8 the reason why I didn't seek any help goes back to what this counsellor had said to us back in
9
10 2006, um that if I told her anything that was illegal she was duty bound to tell the authorities
11
12 and those words kept ringing in the back of my mind when I thought about stopping and
13
14 seeking help, who could I go to cuz whichever way I go I'm gonna get gonna get in big trouble
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16 for it and that was a big problem. If there had of been somewhere I could have gone...without
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18 saying well the first thing we gotta do is tell the authorities then I'd I'd would have done that
19
20 really without a doubt (Rick)
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24 For some, their concerns were realistic, as they are referring to a time when they had
25
26 already offended but wanted to seek help to stop. For others, they feared that their thoughts
27
28 and fantasies alone could lead them to become subject to investigations, and eventually
29
30 prison. Rick highlights the dangerous and perpetual cycle that can occur once an individual
31
32 has gone on to offend, as the reality was there was no where he could go without being in
33
34 'big trouble', and thus avoidance of this perpetuated his cycle of offending.
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38 Brian was concerned not only about being reported to the police, but his silence also
39
40 functioned to maintain his current identity. There was a belief that if others knew about his
41
42 thoughts, their perception of him would change. Interestingly, he did not want to be perceived
43
44 as different 'from who I am' – a statement that poignantly highlights the risk of being
45
46 labelled as a 'sex offender'. These fears led some participants down a path of secrecy and
47
48 silence, coping with their thoughts in isolation.
49
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51
52 As well as showing an awareness of the potential consequences of disclosure,
53
54 participants also acknowledged the consequence of keeping quiet:

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56 um, it definitely (pause) it's like knowing, knowing that I committed my offense and then
57
58 trying to go about my normal life, um within relationships with my family and friends without
59
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3 them knowing, ya know that that was very difficult as well, and it, it affected my ability ya
4 know, to have meaningful relationships really, 'cause I felt like I I wasn't being honest with
5 myself, I wasn't being honest with them, because I was...living a lie really. Um, so a lot of, it
6 eventually led to me committing another offense and it also destroyed my ability to achieve
7 goals in life really, because um I was just living a lie (Jack)
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14 I was always put a brave face on as though everything was alright, when I just had no time for
15 myself, I never wanted to trouble, I'd see my mom, came from my dad, and looked after my
16 dad for years and I just thought she doesn't need to be burdened with any of my rubbish ya
17 know I'll deal with it myself, and all I did was swept it under the carpet pretended everything
18 was alright and there's only so long you can do that for before you do something stupid ya
19 know (Jeremy)
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28 Participants' suppression seemed to have a multitude of consequences, including
29 relationship breakdowns, isolation, and eventually offending. 'Living a lie' made it
30 impossible to have relationships with others, which was then an antecedent to offending. For
31 others, staying silent meant they could maintain some form of relationship, as was the case
32 for Jeremy:
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39 I was screaming out...But I felt as if I couldn't do that, I was petrified. I was more worried
40 about being on my own, 'cause being on my own would have meant even more time to think
41 about those unhealthy sexual thoughts that I was having. So that wasn't an option, I wanted to
42 spend time with somebody putting up and shutting up than having more time to think about it
43 (Jeremy)
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51 Jeremy screamed, but silently, because of how 'petrified' he was to speak out.
52 Remaining silent and repressed ("putting up and shutting up") meant that he would not have
53 to be alone with his thoughts and could maintain some form of relationship (a human good
54 necessary for all). The alternative was to speak out and lose this, along with his identity and
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3 potentially freedom. Participants narratives were replete with examples of silence and
4
5 suppression, and this theme highlights how these were clear barriers to help-seeking.
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8 ***“falling through the cracks”*: The Negative Experiences of Help-seeking**
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10 Although the previous theme paints a picture of the subjective impossibility of
11 disclosure, this theme depicts participants’ experiences of help-seeking through disclosure.
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13 Of the 14 participants, seven tried to access help, and this theme highlights experiences of
14
15 rejection and dismissal:
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19 I, tried getting some help for those thoughts and feelings and how to deal with them umm when
20 they [drop-in center] turned round and said “well ain’t nothing we can do for you” sort of thing
21 you know, “what do you expect us to do?” Well just might as well carry on drinking and...I felt
22 that you know if there’s no help for me then I just might as well carry on you know just go that
23 next step [offending]...and that was the start of the downfall. (John)
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29 I kept going to me doctor umm and I told him when I was grooming and I even told me mum..
30 and me mum told me dad and me dad beat me up for it and so I ended up leaving home...I
31 couldn’t understand why, why he were doing that...and after me doctor he kept putting it down
32 to every teenagers lifestyle (Kyle)
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40 The lack of support experiences among the sample was stark, with dismissals and
41 minimization from professionals being commonplace. Kyle demonstrated the negative
42 consequences of disclosing to family, offering further understanding to the silence depicted in
43 the previous theme. In John’s case, he eventually resigns all hope of receiving help, following
44 dismissal from a local drop-in center. Both describe this as ‘the start of the downfall’ towards
45 offending. This perceived (and largely accurate here) experience that society does not care or
46 is not able to help was a serious risk factor for offending in this sample:
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56 She [wife] once went with me to see a psychiatrist and it was the last one I saw before I came
57 into prison, and I told her [psychiatrist] about these fantasies, these thoughts, the way I live me
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3 life. And she says I'm sorry Nathan there's nothing I can do for you, until you commit an
4 offense...and I thought I'm fucked, how am I gonna live, ya know and then I thought seriously
5 considering taking me own life...I just kept saying to her what am I gonna have to f-ing do? To
6 seek help. And all along I was just falling through the cracks. (Nathan)
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12 Nathan represents a case of someone who repeatedly sought help, with no resolve.
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15 Nathan contemplated suicide, demonstrating his desperation at feeling he had exhausted all
16 possible support options. Most shocking, was Nathan's description of being told that until he
17 commits an offense, there would be no help available – highlighting the reality that he, like
18 others, “slipped through the floorboard through the cracks [because] there was no treatment”
19
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23
24 (Nathan).
25

26
27 A third of the sample did not consider seeking help, and half the sample did not
28 physically seek support:
29

30
31 I didn't know at the time of any.. or don't know of any agencies or whatever that you can go to,
32 you can't go to the police...Certainly didn't think you could go to the police and say look I'm
33 having these thoughts what can you do...maybe I could have gone to the doctor I don't know,
34 but then would they have had a duty to report ya'no I don't know (Colin)
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40 I'd never thought about asking for support, it never popped into my thing. I knew inside that I
41 wanted support but I never thought about asking because I didn't think there would be anything
42 out there to ask, I'd never heard of anything, I didn't think anything existed (Brian)
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48 Those who never contemplated seeking help, did not know where or who they could
49 turn to, and felt that there were limited/no support options available. Others were too fearful
50 of the potential consequences of speaking out. Some participants acknowledged that the lack
51 of help they felt they received was a direct trigger for their offending. Participants described
52 feeling helpless, with nowhere left to turn. This was most poignant in Nathan's case, where
53 he was told he would need to offend to receive any help.
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A Way forward

This theme describes a way forward for preventative initiatives, through participants' reflective narratives of what they felt could have been different, had there been support available prior to their offending. Participants reflected on what might be needed to implement successful prevention in the future, at both a societal and a service level.

Society Needs to Change

Over half the participants ($n=9$) reflected on the difference that help could have made, and that if they had someone they could have spoken openly to about their sexual thoughts and feelings, perhaps they would not be in prison today:

I would have loved to have...help out there where I could go to someone and say like I I'm having these thoughts, please help me, what can I do before before it gets out of hand and I and I break the law and and ruin someone's life...certainly in my position where I knew it was wrong what I was doing and I, I say I didn't want to offend cus I wanted to offend cus I did, but, if I knew there was something out there that, could have stopped me doing what I did, certainly against the people who, I offended against, then I I would have taken it without a doubt (Colin)

Colin's dialogue represents a battle between taking responsibility for his actions, ultimately owning that he "wanted to offend", and acknowledging that had there been help available, he would have taken it, in the hope that he would not have offended at all. This was a common theme within the sample, where ownership and not avoiding responsibility for their offending was very important – a clear treatment target within mainstream treatment programs for individuals who have sexually offended. However, more poignant here is the recurrent theme that, had there been support available, they may not have offended:

if I would've been able to tell someone and explain everything and come out with the things that was going through me mind, then I don't think, I wouldn't've committed the offenses because I would've had the help, for it. (Ian)

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2
3 knowing that there's people there to help you that you can actually speak to openly and you
4 haven't got that funny taboo or you're a dirty pervert...I think that would have helped greatly to
5 me personally, if I knew there was, a, an organization where I could've gone and spoken about
6 it. (Larry)
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12 Not only did participants emphasize the potential difference support could have made
13 for their lives and their victims, they also refer to the taboo of sexual crime in society, and
14 there transpired a need far beyond a support service – for societal change. This is highlighted
15 by Samuel below:
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21 If there had been at that time some public understanding that if you have feelings of this nature,
22 you can get help without being demonized, and turned into a criminal then I wonder if she
23 might of said ya know there are people you can talk to about these things, that can help you to
24 manage those problems...And I might not of gone on to offend in the ways that I did...if I
25 would've got help, at that early point, and if it was more commonly understood and help was
26 available without condemnation then, I don't think I'd be here (Samuel)
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35 The notion that if help had been available, offending may not have taken place, is
36 reflected again here by Samuel. However, what appears crucial is the issue of societal views,
37 the implicit connotations inherent in admitting to having sexual thoughts involving children
38 or other paraphilias, and how these stop individuals seeking help. Samuel highlights the
39 definitive nature of society's views on these groups: "if you have these feelings you are a bad
40 person. That's the way it's portrayed. Irrelevant what you've done or haven't done, that
41 makes you a bad person." This echoes the obstacles reflected within the *Barriers to Help-*
42 *seeking* theme.
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53 Participants further supported their argument for the importance of societal change by
54 referencing the many individuals in the community who they believe are struggling with the
55 same thoughts as them:
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3 It needs to be a normal everyday thing. Which it is. I believe there's tens of thousands probably
4 more, hundreds I don't know, like people out there that have got feelings that they can't talk
5 about and will never talk about. Even people that may go on to never offend but people who've
6 got these troubling thoughts which they don't feel able to tell anybody about, because as soon
7 as you say well I'm quite attracted to 12 year old's, whoa. And that's not something anybody
8 can say to anybody at the moment. It's taboo. (Samuel)

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17 Now if I've had those thoughts then trillions of people have had those thoughts... I don't know
18 what to do anymore I think society has a lot to answer for I really do (Robert)

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21 This theme highlights participants' beliefs that support could have made a big
22 difference to their journey, potentially not leading to offending. Not only did this relate to a
23 need for support services, but a call for change in society, from one of demonizing and
24 dismissal, to awareness, understanding and human compassion.

25 26 27 28 29 30 ***Practicalities of Prevention***

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32 This final theme encapsulates a practical exploration of what participants ($n=12$)
33 reflected they would have found useful from a prevention support service, and how it should
34 be advertised and promoted. For example, Brian and Brad stated:

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Maybe you should promote it, have TV adverts or magazines or advertisements and posters
offering to say we have the help there so like a helpline...just saying if you've got that problem
you could phone and ask for that, or maybe you can ask for a doctor to get in touch with you or
counselling. (Brian)

I think internet, the internet would be a great place to advertise. You know you know you're
putting something on in front of these chat lines, before you can get to a chat line, have this
advert in front of your face...are you thinking about abusing or are you having difficulties?
Phone this number or whatever. Help is available anonymously or whatever. That would be a
start. (Brad)

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3 Participants reflected various advertising options including television, magazines,
4 posters and online pop-ups. Within this, they discussed the utility of signposting to services,
5 including general practitioners, counselling services and anonymous helplines.
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10 An issue which was repeatedly raised by participants was the importance of
11 confidentiality and trust:
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14 when you are advertising it uh I think it needs to be clear...we're not looking to prosecute you
15 and stuff like that. But obviously, I imagine it will be explained to them that if they mention
16 any offenses they committed or whatever then they would act on that. But um, it'd be a difficult
17 one to advertise because it's a very dark and unpleasant subject matter. Especially for people
18 that have not disclosed it to anybody. And they'd not committed any sexual offenses. So it's a
19 difficult one to really, getting that trust...What would I have seen that would've eased that fear?
20 (pause) it needs to be hard hitting doesn't it it needs to really hit home. Um, however, however
21 it's advertised. But um "don't be the next uh offender" (Jack)
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31 talking to someone who would be able to listen and give advice without saying well cuz you
32 told me this I've gotta go to the police (Rick)
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37 I suppose it's really knowing where you can actually go, and not feel offended or feel like
38 you're the lowest low society I think that's most probably important is knowing that you can go
39 somewhere, you can trust those people or that person you're going to speak to and that it's, and
40 it's not going to be held against you I think that's one of the most of the things that sticks out to
41 me is that fear that it's going to be held against you (Larry)
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49 Participants grappled with the difficult task of offering a confidential service. It
50 became clear that the sample understood there were limits to this, and thus what seemed
51 crucial was not absolute confidentiality, but transparency around confidentiality limits. They
52 reflected that this should be clear within advertising, likely because many felt that they would
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3 not come forward without such information. This, as well as a non-judgmental space, were
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5 important for trust-building.
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8 Beyond advertising, participants reflected on what would be useful from a service
9
10 delivery perspective:
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12 Maybe hold...talks at community centers and stuff like that. Where local residents can attend
13
14 and listen to what the projects all about. And then if need be they can go away and they might
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16 think ya know this is happening to me, maybe do discussion groups on it and stuff like
17
18 that...rather than hoping that the potential offender is gonna contact you, you're contact them
19
20 really aren't you. And it's not, uh it's not like a targeted, an individual targeted approach it'll be
21
22 a group base thing so nobody will feel isolated or targeted but yet they'll be listening (Jack)
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26 Jack discussed a societal level, educative approach, recognizing that individuals may
27
28 not always feel confident to step forward of their own accord based on an advert alone.
29

30 Others talked about the importance of having someone to talk to:
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33 It could be a come in for a gentle chit chat, five minutes or, I'm not talking about hours and
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35 hours on end, I'm talking about you know a 10 minute chat once a week, just as a catch up,
36
37 how are you this week, how ya know are there any worrying concerns, just knowing that there's
38
39 somebody there that yes it's their job but you feel as though somebody cares, that somebody
40
41 gives a damn. You're not isolated, you're not on your own, there is somebody. It can make a
42
43 big difference...but like I said somebody that is neutral and not a family member (Jeremy)
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46 Having a "neutral" professional to talk to was deemed important. For some, a one-to-
47
48 one space was crucial, suggesting they would "walk away" (Kyle) from group-based
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50 programs:
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53 A one-to-one safe environment, to gain their confidence and trust, and for them to feel
54
55 comfortable with you (Jeremy)
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3 I think for me it would have to start off by being some one-to-one because... if your outside
4 and you got all this stuff and you wanna talk to someone, you ain't wanna do it I wouldn't of
5 done it group environment, I would've want to talk some one-to-one with somebody first to
6 enable me to get the confidence that this path that I started to take was actually a genuine path
7 and was going to work, or had a good good chance of working without me being reported to the
8 police (Rick)
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17 This theme reflects the various ideas participants had for what would work in a
18 community prevention service. Some had many ideas, and others struggled when asked to
19 consider what may have helped them. This may reflect that for some, their ultimate path into
20 offending felt inevitable. It may also highlight how difficult these participants' experiences
21 were, with no simple solution and thus professional help needed.
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30 **Discussion**

31 The purpose of this study was to advance the knowledge base that informs sexual
32 crime preventative efforts. Research exploring the experiences of community samples of
33 individuals with a sexual interest in children has gained momentum in recent years (see
34 Dymond & Duff, 2020; Grady et al., 2019; Houtepen et al., 2016), but this study aimed to
35 advance our understanding of possible prevention needs prior to offending within a sample of
36 individuals with convictions for a range of sexual offenses. Through exploring the experience
37 of living with their sexual thoughts prior to offending, this study has highlighted the plethora
38 of challenges experienced by this group.
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50 **The Desperate Struggle of Living with Offense-Related Sexual Fantasies**

51 Our findings revealed how the struggle of living with offense-related sexual thoughts
52 and fantasies became overwhelming and unmanageable. This drove participants to desperate
53 attempts to cope. Some reflected their belief that the struggle of living with their thoughts
54 directly led to their offending, or to confessing as a cry for help. Participants had become so
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3 overwhelmed by their thoughts and desires, that they were desperately looking for a way out
4
5 of their internal experience, highlighted plainly by those participants who felt huge relief on
6
7 being caught or in confessing to their crimes. Others had a more internal process of
8
9 retroflection, which led to harm to self for example through suicide attempts. Such findings
10
11 align with research that has indicated MAPs who offend (vs. those who do not), have greater
12
13 difficulty controlling their sexual attractions and more prior mental health treatment access
14
15 (Cohen et al., 2018). Nonetheless, we also know that a significant number of non-offending
16
17 MAPs consider or attempt suicide (B4U-ACT, 2011b). The suicidal thoughts highlighted in
18
19 the current study coincide with results of other research with MAPs (Cohen et al., 2020;
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21 Levenson & Grady, 2019), and therapist accounts of their experiences of working with
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23 people exhibiting compulsive sexual behaviors (Brewer & Tidy, 2019).
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29 Moreover, as has been discussed, perceived stigma seems to play an important role in
30
31 the mental wellbeing of MAPs, as it has been found to coincide with chronic suicidal
32
33 ideation. The experience of stigma-related stress, and the comparatively low levels of
34
35 psychological wellbeing observed in MAPs (Cohen et al., 2018; Lievesley et al., 2020) have
36
37 been theoretically linked to an increased risk for sexual offending, but this has never been
38
39 tested empirically. Although these experiences of loneliness, low self-worth, and internal
40
41 struggles with sexual interests were seen as antecedents to offending within the current
42
43 sample, the generalizability of this to people with no offending histories and those with a
44
45 range of paraphilic interests should be explored. Nevertheless, issues around shame and
46
47 stigma (whether this be perceived or observed) may well be the biggest issue that we face in
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49 prevention efforts in the community, as is discussed further below (Parr & Pearson, 2019).
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54 **The Many Barriers to Help-Seeking**

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56 Participants' desperate struggle to live with their thoughts appeared worsened by the
57
58 many barriers to help-seeking that the sample disclosed. Over half of the sample did not seek
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3 help, with issues surrounding the stigma of their sexual attraction being a key barrier. The
4
5 current sample were fearful of being ostracized, labelled and reported to authorities. Others
6
7 cited fears of losing relationships as a barrier, and some simply did not know where to turn
8
9 for support. These findings align with Levenson et al. (2017) and Piche et al. (2018), who
10
11 found that only a minority of their samples of convicted men sought treatment, with reasons
12
13 including fear of arrest, fear of being labelled as a sexual deviant, personal shame and
14
15 confusion, restricted access to services and not knowing who to talk to or who would be
16
17 competent. Although these samples did go on to offend, fears around being reported for
18
19 simply having their sexual thoughts has been reported in MAP samples (Grady et al., 2019),
20
21 and being misunderstood by professionals is not in fact an unfounded fear; research
22
23 demonstrates that a significant proportion of therapists conflate sexual attraction to children
24
25 with child sexual abuse (Jahnke, Philipp, et al., 2015). Such findings provide context to the
26
27 fears around discovery and social stigma demonstrated in this and other samples, where
28
29 judgmental attitudes and lack of knowledge from professionals discourages individuals from
30
31 seeking help in both convicted (Buckman et al., 2016; Levenson et al., 2017; Piché et al.,
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33 2018) and non-offending samples (Grady et al., 2019; Levenson & Grady, 2019).

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40 It should however also be noted that some participants simply did not seem to
41
42 consider seeking help, because they did not believe an appropriate service would be
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44 available. As we have introduced above, such feelings are not necessarily unfounded, with
45
46 professionals working with service users in healthcare settings often either being
47
48 uncomfortable discussing sexual themes (Brewer & Tidy, 2019) or lacking the requisite
49
50 knowledge of services to refer patients on to (Lievesley et al., 2022).

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54 In their MAP sample, Grady et al. (2019) found social stigma and associated shame
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56 and judgment were the most important barriers to seeking help, providing further context to
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58 the decision we saw in our own sample to 'put up and shut up'. Our sample discussed shame
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3 and self-hatred about their sexual desires, which for some led to a decision to remain quiet
4
5 and to suppress their sexual interests (see also Lievesley et al., 2020). This helped maintain
6
7 relationships for some, but for others it hindered their ability to connect with others in
8
9 authentic ways.
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12 For those in our sample who did seek help, many negative experiences of dismissal
13
14 from both professionals and family were shared. A common experience was a professional
15
16 stating there was nothing they could do to help, highlighting the lack of services and
17
18 awareness for this type of presenting issue. This was most stark in one participant's narrative,
19
20 where he described being told that until he offends, there is nothing anyone could do to help.
21
22 Previous qualitative research helps to shed light on why this may be, as it has indicated that
23
24 clinicians feel they lack the skills to work with paraphilias such as attraction to children, are
25
26 unable to put aside their personal bias, or are uncertain about confidentiality/safeguarding
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28 procedures (Beggs Christofferson, 2019; Parr & Pearson, 2019; Stephens et al., 2021;
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30 Walker, 2021). This lack of service availability is recognized by MAPs themselves as well as
31
32 by professionals working in healthcare settings (Goodier & Lievesley, 2018; Lievesley et al.,
33
34 2022; Parr & Pearson, 2019). Our participants linked these repeated dismissals to their
35
36 eventual offending, which supports similar research indicating how many opportunities to
37
38 prevent sexual abuse from occurring are being lost due to a culmination of fears and
39
40 unwillingness to engage from both MAPs and professionals (Levenson et al., 2017; Parr &
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42 Pearson, 2019; Stiels-Glenn, 2010).
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49 **Looking at a Way Forward for Prevention Schemes**

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51 Finally, the sample provided their opinions on what needs to change for prevention
52
53 initiatives to be successful. They gave some practical suggestions of what would have helped
54
55 them to come forward, including sensitive and clear advertising (e.g., explaining
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57 confidentiality limits), offering one-to-one options and a need for societal level change. This
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2
3 latter point aligns with Grady et al. (2019, p. 404) who found that stigma was a significant
4 barrier for MAPs seeking treatment; they believed they were viewed as “the modern-day
5 leper”, and destined to offend by society, which led MAPs who wanted to engage in services,
6 to choose not to. Grady et al.’s participants called for change to society’s views, and for the
7 therapeutic support offered to focus on their struggle with stigmatization as opposed to their
8 sexual attraction. These and our own findings point towards an argument that treatment
9 should not focus solely on the attractions of any one individual, but their whole experience
10 and the impact on their wellbeing. This potential conflict between managing and controlling
11 sexual interests on the one hand (a forensic issue) and addressing mental health concerns on
12 the other (a clinical healthcare issue) has the potential to breed resentment and suspicion
13 between MAPs and healthcare providers if either party focuses on one and not the other.
14 Evidence for such a mismatch in treatment goals emerged in Lievesley et al. (2022), who
15 reported how healthcare professionals have both mental health *and* attraction-altering
16 treatment targets as priorities. This is at-odds with what is currently known about MAPs’ own
17 treatment goals, with them predominantly seeking mental health related support (B4U-ACT,
18 2011). Given the lack of existing research evidence into the community-based treatment of
19 other paraphilic interests, it is difficult to confirm the broader generalizability of these claims
20 to non-MAP groups. However, these themes were consistent in our data, suggesting that
21 collaborative working in compassionate ways might be a way to encourage greater levels of
22 treatment engagement across this sector. This aligns with the plethora of research which
23 indicates establishing congruence, warmth and collaborative treatment goals is an important
24 means to develop a therapeutic alliance and engage clients in service provision if they do
25 seek support (Elvins & Green, 2008; Lievesley et al., 2022; Locati et al., 2019; Nienhuis et
26 al., 2018).

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3 A noteworthy implication for prevention initiatives is the clear and now well-
4
5 documented negative effects of the labels that are attributed to those who commit sexual
6
7 crime (Harper & Hogue, 2015, 2017; Imhoff & Jahnke, 2018). Largely influenced by the
8
9 media, the stigmatizing attitudes that prevail in our communities may be one of the most
10
11 salient factors preventing individuals from seeking help, and professionals from being willing
12
13 to help. This aligns with the conclusions of Levenson et al. (2017). Participants in our sample
14
15 talked about the importance of advertising in a sensitive manner, and it may be that such
16
17 initiatives pave the way for a more open-minded society, where ignoring and ostracizing are
18
19 no longer seen as the main solution to this global issue. This advertising approach has been
20
21 effective for the Dunkelfeld Project (Beier et al., 2019), while short television advert style
22
23 clips have been shown to reduce stigma towards MAPs, at least in the short-term (Boardman
24
25 & Bartels, 2018; see also Harper et al., 2018, 2021). Services that destigmatize mental illness
26
27 have also been found to increase rates of help-seeking and treatment access (Kauer et al.,
28
29 2014) and so it is plausible to suggest that this kind of presentation might also encourage
30
31 those with non-child-related paraphilias to proactive seek support if they perceive themselves
32
33 as being at-risk of sexually offending.
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40 Moreover, wide-reaching training opportunities should be made available for
41
42 practitioners working in our communities, providing help in understanding this group and
43
44 their attractions (see also Lievesley et al., 2022). Those who sought help in our sample found
45
46 that minimal support was available, reflecting the dominance of tertiary (post-offending)
47
48 approaches to prevention (Allardyce, 2018). In addition, educating practitioners on reporting
49
50 rules, and providing support and guidance for managing personal attitudes and beliefs around
51
52 atypical sexual interests is important. The need for training to be widely available for primary
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54 healthcare professionals is pivotal, as there are limited bespoke services and thus MAPs may
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56 present in such settings. Moreover, further research into practitioner perspectives on working
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3 with MAPs in relation to skill, knowledge and attitudes would be beneficial, as the majority
4 of available research are discussion articles or focus on pre-post measures of an educative
5 intervention.
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10 **Limitations**

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12 There are some important limitations to highlight within the methodology of this
13 study. The sample was made up of individuals who self-selected to participate, implying their
14 willingness to discuss their experiences prior to offending. Those who perhaps were not
15 willing to discuss such experiences may have illuminated very different results. Due to
16 practical challenges, it was also not possible to use a form of member checking. This may
17 have helped to enhance the validity of the interpretations made. Finally, for some of our
18 participants, inviting them to discuss their experiences prior to offending meant recollecting
19 events from many years ago. Ascertaining clear timelines was not always easy within the
20 interviews, and there was no way to control for the fact that these participants were recalling
21 thoughts and feelings which may well be influenced by their current experiences within a
22 treatment-based prison, whereby taking responsibility for offending, recognizing unhealthy
23 behaviors, and considering proactive approaches to offense prevention (e.g., avoiding triggers
24 and maintaining effective relationships) are encouraged. To overcome some of these issues,
25 future research could explore similar experiences ascertained here, in a sample who have
26 recently been incarcerated for committing a sexual offense for the first time.
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47 **Conclusion**

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49 This research has explored the emotional experience of living with offense-related
50 sexual thoughts. It has illuminated the narrative accounts of individuals who suffered
51 immensely with their attractions before going on to offend, offering insight into how, and
52 with more support services available, their actions could have been prevented. The research
53 also highlighted the beliefs and experiences of help-seeking in a convicted sample, building
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3 on similar prior research with those who have not offended (Levenson et al., 2017; Grady et
4 al., 2019; Levenson & Grady, 2019). The importance of adopting a health approach to
5 prevention is supported by these narratives, which were replete with emotional and
6 psychological struggles and many unheard cries for help before offending occurred (Elchuk
7 et al., 2021; Grady et al., 2019; Lievesley et al., 2018, 2020; Lievesley & Harper, 2021). The
8 findings highlight a need for services to consider adopting mass media campaigns to raise
9 awareness of their presence, train staff in relation to reporting requirements, and to reach out
10 to individuals who may be at risk of offending as a result of their struggles with their sexual
11 interests.
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For Peer Review

Table 1*Self-reported participant demographics*

	Pseudonym	Index offence	Time in prison
1	Nathan	Possession of firearm with intent; false imprisonment; threats to kill	12 years
2	Samuel	Voyeurism; online images; rape and sexual assault of infant	2 years
3	Brian	Indecent images of children	1 year
4	Adam	Sexual assault on male and female child	21 years
5	Jack	Trespass with intent to commit sexual offence – child, female	10 years
6	Jeremy	Sexual assault – teenage, female	7 years
7	Robert	Rape – child, female	24 years
8	Rick	Indecent images of children;	4.5 years
9	Brad	Rape – child, male; sexual assault – child, male; downloading, taking and distributing photos of children	9 years
10	Kyle	Child sexual abuse	Less than 3 years
11	Ian	Offences against female child in family	Less than 6 years
12	Colin	Rape against female child in family; additional rapes and sexual assaults; several counts of sexual assault against male child in family	4 years
13	Larry	Non-contact sexual offences against female, child	6 years
14	John	Child pornography	10 years

Figure 1*Superordinate Themes and Subthemes*