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# “Not Offending Is Easy. The Double Life, the Secrets, the Loneliness Are the Hardest Parts I Needed Help with”: Understanding the Treatment Needs of People with Attractions to Children

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## ABSTRACT

People with sexual attractions to children are often subject to heavy stigmatization, and several studies have started to look at how this affects their mental health. This is likely due to a conflation with offending and sexual risk within society, which translates into academic work on the topic. In this context, little is known about how the experiences of non-offending individuals with attractions to children inform their treatment needs in non-forensic contexts. We conducted anonymous semi-structured interviews with large sample of 31 non-offending adult men who are attracted to children, recruited through online forums. The results focus on two superordinate themes central to interpersonal and intrapersonal experiences, and the effects of these on both everyday functioning (“Living with a sexual interest in children”), and perceived treatment needs (“Establishing treatment targets”). These findings hold significance for the effective design and delivery of both preventative and healthcare-related support services, particularly in relation to early intervention and assisting this population in living full lives with their sexual attractions.

## Introduction

There is a growing academic and social interest in individuals who experience sexual attractions toward children. A key focus of research in this area has been on understanding help-seeking behaviors among this group, risk management strategies (i.e., abuse prevention), and how social stigma interacts with emotional well-being (Cohen et al., 2018, 2020; Freimond, 2010; Grady et al., 2019; Jahnke et al., 2015; Levenson & Grady, 2019; Lievesley et al., 2020; Stevens & Wood, 2019). Such research, which typically uses survey-based designs, has highlighted how members of this population exhibit high levels of thought suppression (with this being comparable to mental health service users with depression, eating disorders, and obsessive-compulsive disorder; Lievesley et al., 2020), experience significant levels of loneliness (Cash, 2016; Elchuk et al., 2022), and present with elevated rates of suicidal ideation (Cohen et al., 2020).

Most of the recent research in this area has focused on how to best encourage this group to access professional support from abuse prevention services, and has explored what the barriers to such service access might be (Grady et al., 2019; Levenson & Grady, 2019; Shields et al., 2020;

Swaby & Lievesley, 2023). This is understandable given the theoretical associations between attractions to children and sexual offending (see e.g., Seto, 2019). In empirical work, sexual attractions to children are known to be over-represented among those with convictions for child sexual offenses (Beier et al., 2015; Seto, 2018), and such attractions are associated with higher rates of re-offending among those with prior sexual convictions (Brankley et al., 2021; Hanson & Morton-Bourgon, 2005; Seto et al., 2004). However, people in non-forensic community settings who are attracted to children often do not self-evaluate as being at-risk for sexual offending, but instead desire support for the emotional issues cited above (Hossack et al., 2004; Jahnke et al., 2018; Lievesley & Harper, 2022; Lievesley et al., 2020; Lievesley, Harper, Swaby, et al., 2023; McPhail et al., 2018; Shields et al., 2020; Stevens & Wood, 2019). Despite this, the voices of this specific subset of the population are often drowned out by the explicit focus on abuse prevention.

In this paper, we provide a platform for these voices to identify what it is like to live with sexual attractions to children while not perceiving an increase in risk. In doing so, we chart the experiences of these individuals, and identify the kinds of treatment targets that they might have as a result of these experiences.

Our focus on this group is motivated by the knowledge that people who have gone on to offend have been in this position at some point on their trajectory. For example, Swaby and Lievesley (2023) reported how many people who have engaged in sexual offending previously sought support from healthcare professionals without success. These participants reported “falling through the cracks” (Theme 2.2.) between forensic and healthcare systems, where mainstream services had a lack of capacity to help due to an explicit risk-focused lens, and forensic services could not intervene until an offense had occurred. There is, therefore, a gap in current service provision for people with attractions to children who do not perceive themselves as being at-risk of offending (and therefore are not eligible for support through services such as *Stop It Now!*), but who still desire support with living with their attractions.

### ***What do we currently know (and what do we not)?***

Much of our current knowledge about people who experience attractions to children is caveated by the fact that it emerges from primarily forensic or forensic-related cohorts. That is, most of the existing research stems from studies of people who are incarcerated for sexual crimes against children, or from samples of people accessing support for the prevention of sexual abuse. In the former context, seminal work on the topic emerged from prison samples, with this early work identifying the neuroanatomy of people with attractions to children (vs. adults), as well as how to effectively screen for pedophilic attraction patterns during risk assessment activities (e.g., Abel et al., 1994; Cantor et al., 2015; Tenbergen et al., 2015). Despite the informative nature of this work, it was confounded with offending status, and as such whether the findings reflected the nature of “pedophilia” (as was the label typically ascribed), offending proclivities, or a combination of both, was unclear.

This limitation led some to begin to consider studying people with attractions to children who resided in the community. Participant access was an issue, though, and so recruitment typically occurred through treatment providers. The most widely known community-based treatment providers for people who are attracted to children include the Dunkelfeld Project (based in Berlin, Germany), and the various *Stop It Now!* initiatives based across several countries (e.g., the U.S., U.K., and the Netherlands). Although these are community-based services, there is a forensic element at their core. That is, Dunkelfeld (and the emergent global project labeled *Troubled Desire*) is a prevention service working with “people who are concerned about their sexual attraction to children ... [to] contribute to the protection of minors and stop the consumption of problematic images” (troubled-desire.com, n.d.). This may be reflective of the early focus of research into people experiencing attractions to children, which was squarely on the prevention of sexual abuse. This is undoubtedly an important topic, but having this as a focus can exclude those people with attractions to children who do not feel that they are at

risk of offending, or those who have not been convicted of previous sexual crimes against children (for a discussion, see Lievesley & Harper, 2022). This means that the broader aspects of the everyday lived experience of being attracted to children, and how these interact with managing one's sexuality in practical terms by people who are not concerned about their risk levels, remains underexplored.

Most of the existing evidence base related to people recruited from non-forensic contexts infers mental health as a significant need among people with attractions to children, with many research teams embedding this within discussions of social stigma (e.g., Bekkers et al., 2024; Elchuk et al., 2022; Jahnke, 2018; Levenson & Grady, 2019; Lievesley, Harper, Swaby, et al., 2023; Schaefer et al., 2023). We use “infer” here as only two studies have directly measured treatment need prioritization among this population (Levenson & Grady, 2019; Lievesley, Harper, Swaby, et al., 2023), while cross-sectional survey-based observations about levels of loneliness and stigma-related stress are more commonly discussed (e.g., Elchuk et al., 2022; Jahnke, 2018). According to Meyer's (2003) minority stress model, stigmatized and marginalized groups are exposed to unique, chronic, and socially-rooted stressors which over time can lead to the internalization of stigma. This can give rise to a subjective feeling of difference and a decline in mental health. For example, Lievesley and Lapworth (2022) found that the self-ascribing of negative labels (e.g., “freak”) can be relatively common among women with attractions to children. This self-labeling, coupled with an acknowledgment of high levels of social stigma about their attractions (see Harper et al., 2018, 2022) has been associated with poor mental health outcomes and a desire to obtain supportive treatment from others (e.g., Freimond, 2010; Goode, 2010; Levenson & Grady, 2019; Lievesley et al., 2020; Lievesley, Harper, Swaby, et al., 2023; Schaefer et al., 2023; Walker 2021) in survey-based studies. These themes were also present in an analysis of forum posts analyzed by Jimenez-Arista and Reid (2022). Given the nature of this past research, though, the phenomenological underpinnings of these states (i.e., how people experience such despair, or how these feelings and experiences transcend different social contexts) is largely unclear. The consistency of the data presented in many of these studies should not be surprising, as only a small number of forums exist from which to recruit participants. However, it is known that a proportion of people on such forums are either actively accessing indecent images of children, or have historical convictions for sexual crimes against children (Bekkers et al., 2024; Levenson & Grady, 2019). This approach thus introduces similar confounds as those stemming from studies with incarcerated populations. That is, elevated experiences of shame, for example, might be related to social stigma, but may also link to feelings about past or current offending behaviors.

In one of the few qualitative studies that has used in-depth interview methods (rather than open-ended questions within surveys), Houtepen et al. (2016) presented a thematic analysis of 15 participants from the Netherlands, where the focus was on factual accounts of the content of pedophilic attractions, seeking help, and methods used to relieve their sexual urges (where the focus was on offending behaviors). Despite being focused on a non-clinical and non-forensic population, the study had an overtly forensic angle in exploring participants' engagement with a range of criminal activities, which aligns it more with the Dunkelfeld-type community-based research reviewed earlier. This focus was perhaps best exemplified by the interview schedule being “developed on the basis of information we had previously collected from exploratory interviews with law enforcement and mental health professionals who specialize in sex offending...that could fill some gaps in the literature on the association between pedophilia and (child pornography) offending” (Houtepen et al., 2016, p. 52). Similar to other work, this study also did not explore these themes from a phenomenological perspective, and as such the potentially functional use of such sexually-rooted coping strategies was not explored in depth. This leaves a significant gap in our current knowledge of how people with attractions to children manage their attractions, particularly when simultaneously navigating other experiences of identity formation and social stigma. Even where this forensic focus is not present, other work has looked at how members of various online communities “cope” with their attractions to children (Grady et al., 2019; Jones et al., 2021; Lievesley et al., 2020; Stevens & Wood, 2019), and thus still frame

these as a problem to be fixed rather than as a sexuality pattern to be lived with by those who experience them.

Unanswered questions thus remain. These include how non-offending individuals living in the community without any concerns about their own risk construct and experience their personal and social identities, how such an arousal pattern is managed in everyday life, and experience the process of seeking and accessing treatment or support. Each of these experiences and insights are likely to be different in a non-offending sample than in samples of participants who are either incarcerated for sexual crimes involving children, or who are accessing support explicitly designed to reduce risk. Understanding the experiences of non-offending individuals (and those who do not identify themselves as being at risk of causing sexual harm) may subsequently form the basis of new therapeutic approaches for adoption in community-based services. In this paper, we address this gap through a large-scale phenomenologically-oriented qualitative approach, making use of in-depth interviewing techniques to explore participant experiences in real-time. In doing so, we offer a level of depth and detail that has not been possible in previous research, and illuminate the experiences of participants from a population that has largely been absent from this area of research. In summary, our approach to looking at a broader spectrum of treatment targets (vs. an explicit focus on stigma and mental health; for this see Elchuk et al., 2022; Lievesley et al., 2020; Murphy, 2024), in a specifically non-forensic sample, is what our work offers. While others' work is informative in highlighting the mental struggles of people experiencing attractions to children, none have (a) used in-depth qualitative interview methods to (b) understand how the experience of everyday life with such attractions leads to a suite of treatment priorities in a way that (c) is free from the confounding variable of recruiting in a manner that introduces the possibility of criminal behavior being present in the sample. In designing our work to address these limitations, our novel approach thus opens the door to understanding the broader range of treatment needs by those who may not currently be amenable to accessing traditional "prevention" services, despite needing support in other areas of their lives.

## Method

We declare that, at the time of publication, no other papers or submissions exist that stem from this dataset.

## Procedure

Prior to beginning data collection, ethical approval was granted by an institutional research ethics committee. Participants were recruited via an advert posted on a range of online forums<sup>1</sup> that are visited by people with sexual attractions to children. Potential participants contacted the research team to express an interest in the study and were provided with an information sheet detailing the research aims and methods. We specifically included participants who declared a lack of current or historical offending behaviors, rather than from incarcerated populations of people with attractions to children or through explicitly prevention-related services (e.g., *Stop It Now!*), to understand the experiences and needs of non-offending individuals, and those whose priorities may be more varied than a self-declared need to simply stopping themselves offending. The information sheet clearly outlined that participation was voluntary, the process of participant withdrawal, that distressing or sensitive topics that may be discussed, and the limits to confidentiality (e.g., disclosure of an identifiable risk of harm to self or others). Written consent was obtained via email communication, and an interview date was scheduled for those who wished to proceed.

Informed consent was obtained again at the beginning of each interview, with these being conducted using video conferencing software (e.g., Skype;  $n=26$ ) or email ( $n=5$ ). Both methods are considered beneficial for qualitative researchers due to their ability to provide rich accounts of participant experiences (Curasi, 2001; Smith et al., 2009), with email interviews recommended

when needing to consider the comfort, safety, and logistical restrictions of some participants, particularly when they are members of stigmatized or marginalized groups (Hawkins, 2018; Mason & Ide, 2014; Ratislavová & Ratislav, 2014).

The interviews were semi-structured, which allowed us to remain focused and covering topics of interest while providing flexibility to explore additional matters as they arose which is considered important when gathering sensitive data (McLeod, 2003; Smith, 2015; Tripp-Reimer et al., 1994). An interview schedule was organized into broad domains exploring the nature and development of sexual attractions, management of sexual attractions, and experiences of disclosure, seeking support, and treatment. Each participant was interviewed once, with a mean audio interview duration of 91 min (range = 42–223 min). The audio interviews were recorded and transcribed verbatim. The email interviews followed established guidelines (e.g., Bowden & Galindo-Gonzalez, 2015; Meho, 2006) and involved an initial set of questions being sent to the participant. Following the participant's response, additional follow-up questions were sent to request further details or clarification, and to cover additional areas of interest. This process was repeated until the authors had no further questions. Following each interview, participants were debriefed and provided with information on various helplines for support as well as the process for withdrawal from the research should they wish to.

### **Participants**

Thirty-seven participants initially requested further information about the research, however, six of these did not provide consent to participate after receiving the full information. The final participant sample was comprised of 31 non-offending adult men who had a self-identified sexual attraction to children. Participant ages ranged from early-20s to mid-60s. Participants were recruited internationally, residing in the United Kingdom, United States of America, South America, New Zealand, France, and Germany. Attraction patterns were broad across the sample with seven participants reporting attractions that encompassed the nepiophilic range (i.e., included attractions to infants), 29 participants with attractions including the pedophilic range (3–10 years old), and 14 participants with hebephilic attractions (i.e., ages of attraction including children aged 11–14 years). Of the 31 participants, 25 participants were also attracted to adults (non-exclusive), with six participants exclusively attracted to children. The attraction patterns for all participants spanned more than one chronophilic category. Individual-level data relating to country of residence, age and age of attraction are not reported here to protect anonymity.

All participants reported having disclosed their sexual attractions to others within online forums for people who are attracted to children. Some had additionally disclosed to friends or family members, or had accessed formal support related to their sexual attractions. [Table 1](#) outlines additional participant information.

### **Data analysis**

A phenomenologically oriented thematic analysis (TA) was considered the most appropriate method. Phenomenological research seeks to understand participants' subjective experiences and perspectives regarding a particular phenomenon and how they interpret or make sense of this (Smith, 2015; Smith & Osborn, 2003), and is suitable when researching subjects that are novel and emotionally laden (Smith, 2015; Smith & Osborn, 2003). Phenomenological oriented thematic analysis was deemed suitable due to the large sample size, with traditional interpretative phenomenological analysis (IPA) being more appropriate with smaller samples (Smith, 2015). Thematic analysis is recognized for its ability to work with larger samples of qualitative data in a flexible way to identify, analyze and interpret patterns (themes) across the data, with the aim of providing a complex, detailed, and rich account of participants' experiences (Braun & Clarke, 2021). Within phenomenological TA, participants are viewed as "experts," with the analysis aiming to gain insider knowledge and insights from their understanding and perspectives (Larkin

**Table 1.** Participant information.

| Participant | Current relationship status | Exclusivity of attraction | Disclosure                  |
|-------------|-----------------------------|---------------------------|-----------------------------|
| 1           | In a relationship           | Non-exclusive             | Friends & family            |
| 2           | Married                     | Non-exclusive             | None                        |
| 3           | Married                     | Non-exclusive             | Therapist                   |
| 4           | In a relationship           | Non-exclusive             | Therapist                   |
| 5           | In a relationship           | Exclusive                 | Therapist, family           |
| 6           | Single                      | Non-exclusive             | Therapist                   |
| 7           | In a relationship           | Non-exclusive             | Friends & family            |
| 8           | Married                     | Non-exclusive             | Friends & family            |
| 9           | In a relationship           | Non-exclusive             | Therapist                   |
| 10          | Single                      | Non-exclusive             | Therapist, family           |
| 11          | Single                      | Exclusive                 | Friends & family            |
| 12          | Single                      | Exclusive                 | Friends                     |
| 13          | Married                     | Non-exclusive             | Therapist                   |
| 14          | Single                      | Non-exclusive             | None                        |
| 15          | Married                     | Exclusive                 | Friends & family            |
| 16          | In a relationship           | Non-exclusive             | Therapist                   |
| 17          | Single                      | Non-exclusive             | Therapist                   |
| 18          | Single                      | Non-exclusive             | Friends & family            |
| 19          | Married                     | Non-exclusive             | None                        |
| 20          | Single                      | Non-exclusive             | Therapist                   |
| 21          | Single                      | Non-exclusive             | None                        |
| 22          | Single                      | Exclusive                 | None                        |
| 23          | Married                     | Non-exclusive             | Therapist, friends & family |
| 24          | Single                      | Non-exclusive             | Therapist                   |
| 25          | Single                      | Non-exclusive             | Therapist                   |
| 26          | Married                     | Non-exclusive             | None                        |
| 27          | Single                      | Non-exclusive             | None                        |
| 28          | Single                      | Exclusive                 | Therapist, family           |
| 29          | Single                      | Non-exclusive             | Therapist                   |
| 30          | In a relationship           | Non-exclusive             | None                        |
| 31          | Married                     | Non-exclusive             | Therapist, friends & family |

et al., 2006). This involves a two-stage process of interpretation (the double hermeneutic), in which the researcher attempts to make sense of participants' sense making (Smith, 2015; Smith & Osborn, 2003).

The analysis was conducted in line with established TA guidance (Braun & Clarke, 2021) entailing multiple readings of the transcripts to increase familiarity with the data while searching for patterns and meaning and noting down initial thoughts or ideas. Codes were then assigned to aspects of the data that were considered important or interesting, and the codes were later examined and collated to identify broader patterns of meaning (potential themes). Within this stage, the meaning and relationship between individual codes and themes was explored and interpretations made about the subjective and lived experiences of participants. Following this, the themes were reviewed and refined to ensure the data meaningfully fits together and reflects the data set as a whole, before assigning theme names. To ensure the analysis was rigorous, we engaged in a form of inter-rater reliability with sections of the analysis being "audited" by a coauthor to assess the validity of the interpretations being made (Lincoln & Guba, 1985; Willig, 2008).

## Results and discussion

The data analysis produced two superordinate themes with associated subthemes. Table 2 provides an overview of these themes.

### *Theme 1. Living with a sexual interest in children*

#### *A concealed identity*

This theme illustrates participants' ongoing daily struggles in relation to living with their sexual attractions to children, and in concealing a part of their identity that others would view negatively.

**Table 2.** Overview of themes.

| Main themes                               | Sub themes                               | Theme description   | Example extract   |
|---|--|---|---|
| Living with a sexual interest in children | A concealed identity                     | This theme explores the efforts to which participants went to hide their attractions from those around them, and the rest of society.                           | "You realize that everyone around you hates you, but they don't know it"  |
|   | The pains of living with this attraction | This theme examines the psychosocial effects of identity concealment, and the implications that this concealment has on participants' everyday lives.           | "...it's definitely a thing that diminishes my happiness and fulfillment in life, in the background that I can't like talk to those people I'm the closest to about it" |
| Establishing treatment targets            | Working toward acceptance                | This theme explores the importance of mental well-being and self-acceptance for participants, and how this influences their engagement with treatment services. | "I needed someone to help me see that I didn't choose this, I'm not a bad person and I don't need to hate myself"   |
|   | Addressing sexual frustration            | This theme identifies how many participants desire the alleviation of sexual frustration, and how they envisage this being achieved.                            | "There's got to be some outlets for people like me that doesn't hurt anybody there just has to be I mean people can't bury their sexuality"                             |

You have to hide every day...you have to show interest in girls even if you don't have, you have to talk about "normal" sexual things and stuff. So when you have a relationship with a gender you're not attracted to, of an age you're not attracted to, it's one step ahead. You wear the costume "I'm a regular guy with a girlfriend." (Participant 22)

You're hiding from everyone, you work so hard on yourself every day just so people can consider you normal, and it's exhausting. (Participant 15)

In these extracts the overwhelming sentiment expressed by participants is that of constant self-monitoring to maintain a facade of perceived normality. This concealment and suppression of identity, coupled with a sense of hypervigilance to ensure a lack of discovery, was "exhausting" (Participant 15). Maintaining the outward appearance of just being a "regular guy" (Participant 22), while simultaneously fighting an internal battle over their attractions and what this means for their identity echo the sentiments of members of the LGB community in the early stages of their recognition of their sexual orientation (Pachankis et al., 2020). There was a sense of being consumed by this mask wearing for some participants, but others were able to disentangle their sexual identity from the rest of their self-concept, essentially viewing these as separate entities:

I I mean if I was to tell any of my friends or colleagues...I think that they would be very surprised because in general terms I am a very happy normal individual and I think they would be surprised that I am leading this double life. (Participant 11)

The biggest effect is the need to keep a secret and lead a double life. This also limits the quality of "real life" friendships as I am constantly monitoring myself and not talking about a big thing in my life. (Participant 17)

Here we begin to see why people experiencing attractions to children may report exhaustion and stress related to simply living with their sexual attractions within their social networks. This concept of leading a "double life" appears to limit the possibility for authentic connection with others. While it may be relatively normal for some to have a distinction between a "public" and "private" appearance (Berke et al., 2018; Caddick et al., 2015; McKenzie et al., 2018), for those in our sample, this concealment was deliberate and all-encompassing, and led to doubt about the quality of their relationships with others. For many, this had a negative effect on their self-image and the consistency of their identity:

I'm like if any of you knew this about me you would probably like throw me off a bridge or like y'know like like get lynched or something like they'd all like abandon me and and you'd all turn on me and now



but but you don't know this and now you're like "you're so great" y'know and that so that that was really conflicting. (Participant 6)

You realise that everyone around you hates you, but they don't know it. (Participant 5)

The narratives here highlight the lived incongruence between participants' outward-displayed "acceptable" identity and the anticipated disdain toward their hidden attraction to children. This was a "really conflicting" (Participant 6) experience. This inauthenticity of living a double life was painted as a painful experience that had wide-ranging implications for those in our sample, which potentially form the beginning of future treatment needs, even at an early age.

### *The pains of living with this attraction*

In acknowledging the weight of their navigating secret identities, and the strain that this can place on the ability to have authentic connections to others, participants started to describe how it is "the secrecy and the lying that's the worst part" (Participant 7). In this context, they began to consider the range of negative impacts that concealment had started to have in multiple areas of their lives:

I mean for me not to trust in anyone around me, not to be emotionally close to people but locking myself apart from everyone...it damaged a lot of things. (Participant 2)

...it's definitely a thing that diminishes my happiness and fulfilment in life, in the background that I can't like talk to those people I'm the closest to about it. (Participant 23)

These extracts highlight the pervasive effects that living an inauthentic life can have, not only in terms of subjective well-being but also in relation to interpersonal styles and a sense of relatedness to others. We know that people universally strive to achieve a sense of connectedness to others, with this being framed as a primary human good within a positive psychological framework of living a good and full life (Harper et al., 2021; Ward & Gannon, 2006). When people cannot achieve such goals in prosocial ways, there is a risk of a deterioration in mental well-being (Hari, 2018; McKenzie et al., 2018). There is also evidence that blockages in achieving this primary human good create a sense of frustration, social strain, and mental anguish in relation to wanting connection but not being able to achieve it authentically, which in the current context might result in an increase the likelihood of people seeking connection with others in more antisocial or perhaps criminal ways (Finkelhor, 1984; Marshall & Marshall, 2010; McKillop et al., 2012; Staufenberg, 2010; Ward & Keenan, 1999). Related to the authenticity of relationships, the thoughts of Participants 2 and 23 reference trust in those around them, with a lack of trust being associated, for them, with a diminishing of the broader human experience. These narratives extend theoretical work that suggests how people with issues related to trust are more likely to: (1) withdraw from social connections due to lower levels of perceived relationship quality (Warris & Rafique, 2009), (2) attempt to solve problems alone (and thus ruminate on the sources of distress; Ruijten et al., 2011), and (3) become socially isolated (Zavaleta et al., 2017). A striving for connection in the context of identity concealment is then further experienced as a form of mental torture, contributing to a decline in mental health:

I mean I spiralled into a really deep depression for a very long time...I'm still depressed cuz I still, I still have a lot of things that I can't talk about...just the weight of having this secret and having all this this crap going on in my life that is completely unknown to everyone else. (Participant 18)

Participants also acknowledge the effects that their attractions have on their life prospects in comparison to those who lead a "normal life" (Participant 28):

You see your friends having relationships while you don't, they get married and have children while you don't, you see them having a normal life, you don't. (Participant 28)

...it is just really frustrating because there are things in my life that ideally like y'know I would like to meet a girl and like fall in love and get married and have kids and do that whole thing I've always kinda wanted,

I've always wanted that but then I'm also sitting here wondering I wonder if that's even something that could happen for me or how that would work out...it's just it's strange to think about that there are whole things that might be completely closed off to me. (Participant 27)

In these extracts we see a tendency for participants to be relatively solemn about the aspects of “normal” relationships that they are unlikely to achieve, and the sadness that fills them upon coming to terms with this. The notion that falling in love, getting married, and having children are “completely closed off” (Participant 27) or are generally unattainable has the potential to breed resentment, especially when such milestones are seen to be primary human goods that are desired universally by most people (Harper et al., 2021; Ward & Gannon, 2006). For many participants, there is an experience that is akin to melancholic acceptance, with celibacy being seen as the “only choice” (Participant 5). This is often associated with poor mental health outcomes as a result of loneliness and a longing for what others have. This may lead to specific needs in relation to their potential interactions with treatment services, including mental health support, assistance with making meaningful connections, and advice about managing sexual thoughts and feelings in safe and offense-free ways (Grady et al., 2019; Levenson & Grady, 2019; Lievesley & Harper, 2022).

## **Theme 2. Establishing treatment targets**

### **Working toward acceptance**

When discussing treatment, it became apparent in most narratives that reaching a point of acceptance—both in relation to the attraction itself, and the implications that this had on participants' self-concepts and treatment needs—was a central issue. For most participants, this began with developing the understanding that their attractions to children were not a choice, which is something they had wrestled with during their identity development. Attractions to children came to be seen as a fundamental and unchangeable part of their identity. This lack of choice led participants to reflect on what this means for their engagement with treatment providers, and the setting of appropriate and achievable goals when working with service providers:

It's not that I don't want to change...no one would ask to have a paedophilic attraction but erm you have to be realistic. (Participant 2)

I wish very much that I did [have a choice over my sexual attraction]...I have tried everything that I can think of to try and develop or only have age appropriate attractions. (Participant 13)

These extracts exemplify how a desire for acceptance is not simply present for its own sake, but stems from an internal calculation—taking several years for some—about what is “realistic” (Participant 2) to hope for from treatment. They do, however, highlight a desire to not be attracted to children, with some (including Participant 13) making active attempts to change their attraction patterns but reached a point of acknowledgment that this was likely a futile endeavor. This corresponds to the scientific evidence related to the unchangeability and temporal stability of attractions to children (Cantor, 2018, Seto, 2012; Mundy, 2022).

These experiences led participants to reflect on whether thinking about their attractions as a direct treatment target was a useful thing to do. For many, the end-point of this reflection was a position where they did not consider it feasible to work toward the elimination of attractions to children. This realization fed into a sense of agency for some participants, who felt empowered to make more selective decisions about choosing between treatment providers, and stating their treatment requirements:

they're [treatment providers] not going to change it, they're not going to make a paedophile normal any more than you are going to make a straight person gay or a gay person straight, it's part of the person and something you live with and deal with so those views need to change for treatment to work. (Participant 16)

Of course risk is important but it shouldn't be the focus when you've done nothing wrong...if the focus is risk or getting rid of my attraction then I'm not staying. (Participant 29)

These extracts highlight the importance of ensuring alignment in treatment goals between people with attractions to children and the professionals who seek to offer them support. Pivotaly, it seems that treatment is perceived as being less likely to be effective, and therefore is less likely to be accessed or engaged with, when professionals' and service users' targets are misaligned. This has significant implications for the design and advertising of support services for people with attractions to children.

As Participant 29 highlights, this rejection of a risk-related focus is not dogmatic among people seeking support, "...but it shouldn't be the focus when you've done nothing wrong". Implicit in this idea is the notion that some people with attractions to children feel that services may endorse and reinforce social stereotypes and stigmas about their attractions, which discourages them from accessing help or support when it might be needed.

Although living with social stigma and the associated effects that this has on mental health is discussed in some earlier work (Grady et al., 2019; Levenson & Grady, 2019; Lievesley, Harper, Swaby, et al., 2023), this analysis adds a new layer of understanding to these processes. Specifically, we see alignment between participants' narratives about how they experienced the acknowledgment of their attractions to children during adolescence (reported in the previous theme), and how these developmental experiences feed into the subsequent treatment needs:

I needed someone to help me see that I didn't choose this, I'm not a bad person and I don't need to hate myself, that I'm not a bad person despite the stigma, it took me five therapists to find that erm I don't think I'd be here today if I hadn't. (Participant 9)

Just learning to live with these shameful emotions in a way that still allows me to see myself as a human being because I'm sure you understand that is something that a great many minor attracted people do struggle with to not see themselves as some kind of monsters and that kind of shame that comes with it can have a very toxic and poisonous effect on their lives. (Participant 3)

Not offending is easy. The double life, the secrets, the loneliness are the hardest parts I needed help with. (Participant 9)

The participants in our sample, based on these narratives, demonstrate a clear need for mental health treatment that is related to their personal reactions to their attractions to children, and the apparent internalization of social stigma about them. What is apparent in participant narratives, both here and in the previous theme, is a constant need for self-regulation and concealment, with this leading to adverse impacts on their mental health and, subsequently, their treatment needs. As Participant 9 highlights, it is these issues, as well as the subjective feeling of loneliness that accompany them, that encompass some of the most challenging experiences for this sample.

### ***Addressing sexual frustration***

In addition to mental health treatment and acceptance, the majority of participants discussed the importance of addressing sexual frustration or, working toward sexual satisfaction. Throughout their narratives, there was an evident need for participants to find some form of legal and satisfying form of sexual expression.

It doesn't matter if you're one of those that feels guilty and hates themselves or not, you still have to figure out coping strategies and how are you going to relieve the tension and how are you going to do it legally you know and morally erm in a morally acceptable way. (Participant 3)

That's not a thing that society is ready to talk about but at some point it's a conversation that needs to be had... there's got to be some outlets for people like me that doesn't hurt anybody there just has to be I mean people can't bury their sexuality and I think helping people identify moral and legal ways to do that is certainly I think what almost all of us would probably need. (Participant 13)

These extracts exhibit a desire for sexual outlets, with a distinction drawn by Participant 3 between legal sexual outlets and morally acceptable ones. This distinction is interesting and may

demonstrate an awareness that social attitudes toward addressing sexual frustration by people with attractions to children are prohibitive enough to designate legal sexual outlets (i.e., materials involving no victim) as morally unacceptable. This kind of viewpoint is not limited to the social sphere, though, with academic philosophers and legal scholars calling for the criminalization of some sexual outlets (e.g., sex dolls or AI-generated materials that do not depict real children) on the basis of so-called legal moralism (Brown & Shelling, 2019; Chatterjee, 2020; Danaher, 2019; for reviews of the literature, see Harper & Lievesley, 2020; Lievesley, Harper, Woodward, et al., 2023). The distinction being drawn between legal and morally acceptable outlets also points to potential barriers placed in front of people with attractions to children when they are trying to navigate their sexuality. The narratives contain undertones of desperation, in that even when participants were striving for some semblance of normality (through the achievement of sexual satisfaction), they still needed to be cognizant of social factors, including stigmatization and societal perceptions of not only the law, but also of moral permissibility.

This potential tension between participant narratives about legal sexual outlets and social attitudes toward addressing sexual frustration in this population becomes starker, though, when considering the language used by participants. Participants' narratives highlight how, for many people with attractions to children, such sexual outlets play a vital role in them living full, satisfying, and (importantly) offense-free life. For example, the above extracts cite how people "have to" consider such coping strategies (Participant 3), and that there has "got to be" legal methods of working with their sexuality (Participant 13). This strength of feeling speaks to the importance of addressing sexual frustration and working toward sexual satisfaction and fulfillment for all people, with this being highlighted as a primary human good within the good lives model (Ward & Marshall, 2004) which means that seeking a sense of fulfillment in this domain is considered to be a universal human drive. This point is also present in Participant 13's extract, where he talks about how "people can't bury their sexuality". Within this context, addressing sexual frustration has obvious consequences for well-being (with this being reduced when the achievement of a primary good is blocked; Buczak-Stec et al., 2019), but there are also implications for abuse prevention. From the perspective of the good lives model of rehabilitation (Ward & Maruna, 2007), when a person cannot achieve a primary human good in a socially acceptable way they are more inclined to use antisocial or illegal means to do so (Loney & Harkins, 2018). In relation to people with attractions to children, a lack of ability to achieve sexual satisfaction may therefore act to increase the risk of sexual offending in the longer term.

Despite the need to address sexual frustration being recognized by most participants, there was also an acknowledgment that the achievement of this will be more difficult for some people, especially when they are exclusively attracted to children:

I am married and my wife and I do have what I would describe as erm you know a very happy sex life...I am never going to be erm I suppose I will always feel a part of me is less than fulfilled if that makes sense erm but that's it, there is nothing I can really do to fix that...I do feel very sorry for those who aren't capable of having relationships with adults because they are you know, really that is a life of absolute chastity that they didn't choose and that's really sad, I guess I'm fortunate that I'm not in that position myself. (Participant 21)

The points made here by Participant 21 highlight the need for a nuanced discussion of sexual frustration as a treatment need in this population. It may be that, for some, addressing this can be achieved relatively well through relationships with other adults. As such, sexual frustration may be a less pressing treatment target for these individuals. This may be the case for a large proportion of people with attractions to children, with up to 75% of recent convenience samples of this population also experiencing attractions to adults (Lievesley et al., 2020; Martijn et al., 2020). This is not something that will be achievable for a significant minority, though. For these (as well as people who feel only partially fulfilled in their relationships with adults), the availability and provision of sexual outlets that are legal and non-abusive becomes even more important to avoid a "life of absolute chastity" (Participant 21). Throughout the interviews,

several participants highlighted potential legal outlets that they might use, such as stories, cartoons, and child-like dolls. Despite these outlets being identified as potential sources of addressing sexual frustration and working toward fulfillment, there was often a sense of frustration about the lack of acceptable availability of such outlets:

I use a lot of fantasy a lot of y'know fantasy about made up people and stuff like that and then erm y'know just masturbating about that kind of stuff...it's kind of more difficult because there's not really a lot of outlets y'know for us so it's really annoying. (Participant 20)

The way I get partial satisfaction is from erotic stories and innocent pictures/videos of girls. Society's notion of what's legal/acceptable has tightened a lot in those regards in the past 10-odd years, which is a cause for some anxiety. (Participant 17)

Evident in these extracts is a sense of limited satisfaction, with both participants alluding (explicitly, in the case of Participant 17) to a sense of only “partial satisfaction”. Again, we see references to the limited availability of both legal and acceptable sexual outlets, which links to the distinction discussed earlier in relation to Participant 3's first extract in this theme. This sense of never being fully satisfied is consistent across most participant narratives, and speaks to the frustration being experienced by the blockage of this important primary human good. These participants also discuss the anxiety that they feel in relation to navigating potential sexual outlets, and cite social attitudes and legal developments as a source of this concern. The changing nature of what is considered acceptable (and legal, in some cases; for a discussion, see Chatterjee, 2020) adds an additional level of difficulty, with some participants getting to a point of total exasperation:

In the U.K. there was a guy who was arrested because he had he ordered a erm child sized like sex doll and they arrested him for it because it was like y'know it was like obscene or whatever and I read that and was like “really?” cus he's just trying to deal with his shit here in a way that was safe and not hurting anyone and you're like “ew that's gross you have to go to jail” y'know and so those kinds of reactions I feel like there's a lot, erm in a lot of ways society sets us up to fail...I'm sorry you might as well and go and look at the real thing if you really wanna do that because you're still gonna go to jail so whatever y'know and it's ludicrous I don't understand it. (Participant 10)

In perhaps the most direct example of the lack of available legal sexual outlets contributing to an increased risk, Participant 10 argues that the social and legal response of criminalizing potentially useful non-abusive sexual outlets (e.g., child-like sex dolls) might cause some people with attractions to children to simply offend because “you might as well and go and look at the real thing...because you're still gonna go to jail”. With what is considered here as an equal outcome for them (in terms of going to jail) for both behaviors, the narratives suggest that individuals may instead seek out what they perceive as being potentially more fulfilling (i.e., seeking out child sexual exploitation material) rather than synthetic alternatives if these are criminalized in the same way.

In summary, there is a sense of hopelessness and desperation that emanates from participant narratives related to their desire to address sexual frustration. Across the board there are mentions of the need for legal sexual outlets that do not create victims, and thus we can infer a commitment to non-offending and child protection in these participants. However, we also witness layers of frustration in their extracts. The first relates to sexual frustration in the primary sense—it is difficult to achieve sexual satisfaction and fulfillment as somebody with attractions to children, with this being especially hard for those with no attractions to adults. A second layer of frustration emerges from society's response to this population looking for safe and legal sexual outlets. Despite a lack of evidence for an increased level of risk attached to such outlets (e.g., Harper & Lievesley, 2022), social responses to these are incredibly negative, which leads to defensive legislative action under the guise of harm reduction (Chatterjee, 2020; Danaher, 2019; Harper & Lievesley, 2020). As such, the legal and ethical frameworks within which people with attractions to children operate are ever-changing, causing additional confusion and disillusionment.

## Conclusions

In this paper we have provided a novel phenomenological account of the experiences of people who are living in the community with sexual attractions to children, and charts the development of their perceived treatment needs. Our sampling of explicitly non-offending individuals sets the work apart from other community-based studies that have either acknowledged this confound (e.g., Levenson & Grady, 2019) or have been explicit in exploring the topic from a forensic perspective (e.g., Houtepen et al., 2016). Of particular novelty is the finding that seeking support for sexual frustration outside of the child sexual abuse context, in addition to broader mental health treatment needs acknowledged in a range of studies, is a desired feature of treatment among this population, with people navigating this with differing degrees of success.

Our methodological approach and the depth of our analyses provides a further unique contribution, with this level of analysis not being possible using the online data collection methods (e.g., via surveys or analyses of forum posts) that are typically used in this area to identify these views. In this sense, our data replicate what is currently known about mental health and acceptance needs in this population, and extend beyond the existing literature by adding a richness and depth to this understanding. The current analysis therefore offers a rigorous exploration of the experiences of people who are attracted to children in a large sample (by phenomenological standards; see Smith et al., 2009), particularly in relation to identity and relationship development, that provides an understanding of what *feels like* to live with such sexual attractions and the impact this has on the development of perceived treatment needs. In this section, we synthesize the findings and discuss their broader implications.

## Synthesis of findings

Our findings offer a potential map of participants' experiences of sexual attraction throughout their lives, with these developmental journeys culminating in a range of treatment needs. The first theme outlines the processes by which participants navigated the prevailing context of societal negativity. Those in our sample felt unable to discuss their attractions openly with their peers, which is known to be an antidote to mental distress among youth with other minority sexual attraction patterns (see McDonald, 2018). A common theme across participant narratives was identity concealment, with people experiencing attractions to children being said to "wear the costume" (Participant 13) of normality when around their friends and families. Such concealment led to participants having inauthentic relationships, with one participant poignantly stating that "everyone around you hates you, but they don't know it" (Participant 4). Inevitably this psychological isolation contributed to feelings of entrapment and poor mental health (see also Cohen et al., 2020; Elchuk et al., 2022; Jahnke et al., 2015; Lievesley et al., 2020), as well as confusion related to self-identity. These experiences later integrated with participants' self-identified treatment needs, leading them to focus more on identity-salient targets when working with support professionals, with an ultimate aim of wanting to live more authentic and less concealed lives within which they can accept themselves and be accepted by their friends and families.

It is in this depth of analysis that our study makes a substantial contribution that extends the existing evidence base. Although the alleviation of mental distress through acceptance processes has been identified as a need among some groups of people who are attracted to children previously (Levenson et al., 2020; Lievesley, Harper, Swaby, et al., 2023), insights about the development of this need, and the personal and social functions that acceptance might serve for those who are either not offending or are unconcerned about risk, have not been elucidated. Specifically, participants were seeking acceptance on different levels. First, most participants were seeking a degree of self-acceptance, which was related to shedding themselves of offending connotations linked to social stereotypes about pedophilia (Harper et al., 2018, 2022; Jahnke, 2018; Jahnke et al., 2015). Furthermore, participants suggested that they desired acceptance from

professionals as people in need, rather than as potential offenders to be prevented from causing harm. While there was a pragmatic point made in this preference (i.e., treatment targets of service users their therapists need to be aligned for treatment effectiveness to be maximized), there is also an identity angle where participants did not want stereotypes about offending propensities to be built into treatment.

In highlighting these issues, participants were clear that services with an explicit and specific aim of reducing sexual risk (e.g., *Stop It Now!*, or programs linked to the *Troubled Desire* initiative) were unlikely to appeal to them. Instead, service providers who demonstrated an understanding of the unchosen (and possibly unchangeable) nature of their attractions were seen as being much more likely to retain clients and achieve positive outcomes with regard to treatment engagement. This finding gives rise to a conclusion that treating people who are attracted to children as one homogeneous population is unlikely to yield the kinds of outcomes that service providers are hoping for, and might inadvertently leave some individuals with no support options available. That is, our sample of explicitly and committed non-offending participants appeared to present with ostensibly different treatment needs to those accessing such prevention-focused aims, and thus require different services to become available to meet these needs.

In acknowledging the stability and subjective immutability of their attraction patterns, it was clear that participants felt that they “can’t bury their sexuality” (Participant 13). This is consistent with positive psychological models of well-being and forensic risk reduction, which cite the achievement of sexual satisfaction (and thus elimination of sexual frustration) as a universal primary human good that feeds into a healthy self-identity (Ward & Marshall, 2004). Participants contextualized the alleviation of sexual frustration in these terms, which may link to a desire to live a full and “normal life” (Participant 28) that they see in their friends and family members. In their narratives, participants were cognizant of the social stigma related to their pursuit of sexual satisfaction, though, and the effect that this stigma was perceived to have on effective treatment provision was severe. For some, the increasing levels of criminalization of victimless sexual outlets (e.g., artistic depictions of children, or child-like sex dolls) meant that they risked incarceration for whatever choice they made, which led to feelings of increasing frustration and confusion about how to navigate this important issue. For some (e.g., Participant 10), this led to a conscious thought about whether engaging in the sexual abuse of children was an option, given how the implications of engaging with fantasy sexual materials might also result in a prison sentence. In this sense, we can see a clear need to work with non-offending individuals in responsive ways before they reach a point of potential crisis. This movement from non-offending to offending echoes the narratives of offending individuals in Swaby and Lievesley’s (2023) work, and helps us to identify exactly how support services might look for those who are seeking support for non-forensic needs in the first instance. These findings thus highlight the need to rethink how we (as professionals specifically, and as a society more broadly) view the role of sexuality in the treatment of people with attractions to children (and, by extension, in the prevention of sexual abuse). These practice-based implications are considered further below.

### ***Practice-based implications***

The data presented here demonstrate the need for early interventions and safe methods of disclosure and help-seeking for people who are experiencing sexual attractions to children. Building on past work into the identification of treatment targets among people with attractions to children, our data illuminate the psychosocial dynamics of navigating such attractions, and offer insights related to how offering proactive support could alleviate mental distress (and, in turn, potentially reduce risk). Such early support is likely to moderate the adverse effects that the experience of living with a concealed identity has on most people within this population, and help them to reach a point of self-acceptance at an earlier point in their lives. This is important, as acknowledging the unchosen nature of attractions to children may help young people to think about how to best *navigate life with their attractions*, rather than *being consumed by them*. As

such, our data are supportive of the initiation of online self-help services, such as the *Help Wanted* initiative formed in the USA (Shields et al., 2020). This platform uses technology to help young people experiencing sexual attractions to children to access support and information (Shields et al., 2020). Other platforms, such as the *MAP Support Club* allow young people aged 13 years and older to join peer support spaces that are similar to established for a such as *Virtuous Pedophiles*. As a potential step forward, online spaces such as these, which allow young people to discuss their attractions to children and draw upon peer support, might be beneficial to addressing an existing service gap that has the potential to provide the kind of peer support from which other sexual minorities often benefit at a young age. There are, however, specific safeguarding issues (e.g., determining the level of interaction allowed between adults and young people on such platforms) that should be assessed and evaluated before firm recommendations are made on this point.

Among services for adults there may be a need for more reparative-focused approaches. For example, although work with young people can take a proactive approach to managing stigma and shame, services for adults who are attracted to children may be better designed around navigating these issues once individual identities have been better established. Compassionate approaches linked to acceptance-based therapeutic models (see Gloster et al., 2020; Hayes et al., 2006) might be utilized in this context, which should allow service users to undo the effects of perhaps decades of internalized stigma, to acknowledge the unchosen nature of their attractions, and to work with them to develop more healthy psychological habits and thinking styles that are conducive to a happy, healthy, and full life. This fullness of life point is important, as exemplified by our participants' desires to not only work on their mental health (as has been acknowledged in previous work; e.g., Walton & Hocken, 2020), but to also address sexual frustration and work toward a sense of sexual fulfillment. This extends what we currently know about the treatment needs of people with attractions to children, but raises additional challenges for service providers. This specific issue, for example, is likely to require such providers to work imaginatively within a social and legislative context that is seeking to disparage and criminalize a variety of sexual outlets that do not involve real children (e.g., stories about children, computer-generated pornography, and child-like sex dolls; see Lehmann et al., 2023; Lievesley, Harper, Woodward, et al., 2023). Our findings highlight an urgent need to develop new frameworks of ethical practice, within which clinicians and service providers can offer appropriate and evidence-based care to people with sexual attractions to children that is responsive to both their current needs as well as their past experiences.

### **Limitations and future directions**

This work is not without limitation. Self-reported experiences, for example, can be affected by self- and group-related presentation biases. This may be exacerbated in our sample given the theoretical links between attraction patterns that involve children and sexual offending (e.g., Seto, 2019), as well as social stigma related to attractions to children. We did not explore behavioral manifestations of participants' attractions, though, and based our interview schedule around our participants' everyday experiences and support needs to reduce such presentational biases.

From a sampling perspective it is not possible to know how representative our participants were of people who are attracted to children in the broadest sense. For example, 16 of our 31 participants reported having sought help in relation to their experiences of being sexually attracted to children. This may reflect a greater willingness in our sample (comparative to the population more broadly) to talk openly about their attractions and their experiences. This is something to consider when thinking about the applicability of these narratives across the broader spectrum of people who are attracted to children. It is difficult to navigate this issue of generalizability within the current context when we struggle to know the true prevalence of such attractions within the general population. Linked to this, we are explicit in limiting the generalizability of our findings



to this particular subgroup of people who are attracted to children. Indeed, it is possible (and highly likely) that other subgroups (e.g., those who are actively offending, who are seeking support about self-perceived risk of offending, or who have offended in the past) will report different needs. As an example, the current study highlighted how explicit abuse prevention schemes would be unlikely to attract the current sample of participants as service users, as they did not perceive themselves as being at risk of offending. Instead, services rooted in acceptance and the pursuit of a full life were much more likely to be successful in this regard. This is likely to be different among people accessing support services such as *Stop It Now!*, or those who have offended in the past. As such, we confine our arguments to our participants' specific non-offending context. Similarly, addressing sexual frustration and finding legal avenues for expressing sexual attractions to children are less likely to be a concern for those who have a more pro-contact perspective with regard to sexual interactions with children. In such cases, frustration may be self-assessed as lower, but due to an increased propensity to be engaging with illegal images and computer-generated materials depicting children. An avenue for future research to take is to identify who (from the broader population) lies in which subgroups, and how to best target appropriate support services to these groups in a non-alienating and supportive manner.

Sampling is also an issue with regard to the repeated testing of similar groups of participants across this area of research. As highlighted by Roche et al. (2022), there is significant participant overlap across several papers in this area due to the limited recruitment avenues available to researchers. That is, if research teams are repeatedly recruiting from the same small number of online forums, it is of little surprise that findings have begun to converge around a small number of conclusions (namely that people in this population require support with mental health and self-acceptance, and experience widespread stigma that affects their well-being). Our research is not immune to this criticism. However, we tried to carve out a new angle by excluding participants who declared a history of offending behaviors, and by looking at treatment targets and experiences (a) in a much broader manner than others, and (b) by using in-depth interviews to collect a significantly richer dataset on these issues than has previously been reported in the peer-reviewed literature. As a field of research, though, this is an issue to tackle. Future research might look to explore this issue in larger, more representative samples in the general population, for example. However, this will likely require very large samples, making meaningful research that is focused on community-based individuals with attractions to children challenging. For example, collecting data from 200 people with preferential attractions to children may require the collection of a dataset from a base sample of anywhere from 4,000 to 20,000 participants, depending on the prevalence rates that one accepts as accurate (Alanko et al., 2013; Dombert et al., 2016; Joyal & Carpentier, 2017). Feasibility to conduct meaningful research thus becomes an issue, with funding constraints making the collection of such data difficult.

Despite the difficulty in how representative our sample is, an interesting issue that has not been explored in previous work with this group is that of addressing sexual frustration, and how this can be an important treatment consideration. Our participants were aware of a tension between their need to address sexual frustration and social concerns about the potential effects of providing them with alternative sexual outlets (for discussions of social and legislative contexts, see Harper & Lievesley, 2020; Lievesley, Harper, Woodward, et al., 2023). While our analysis provides a significant contribution to our understanding of sexual frustration as a treatment need, future work might explore therapist attitudes and perceptions toward addressing this with people who are attracted to children, and to explore how this might be done in a safe and ethical manner.

## Conclusions

Our analysis here represents a first look at the experiences of a group of people with attractions to children who have largely been absent from the existing evidence base, and identifies how more accessible and effective interventions may be designed for them. That is, we have been

able to identify how services for samples of people who are less “forensic” in their presentation can be developed in more compassionate and collaborative ways (for a discussion of this approach, see Walton & Hocken, 2020). This is of particular significance as researchers, legislators, service providers, and potential service users increasingly grapple with how to best support people experiencing sexual attractions to children in community settings.

## Note

1. The names of specific forums are not provided here at the request of forum administrators to protect the identities of those using their platforms. These forums have a focus on peer-support and are broadly anti-contact with reference to their stance on acting on attractions to children.

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## Data availability statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research (and ethical concerns about confidentiality and anonymity) supporting data is not available for sharing. At the time of writing, no other papers exist that contain data from this dataset.

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