

**"I'm Not Homosexual or Heterosexual, I'm Paedosexual":
Exploring Sexual Preference for Children Using Interpretive
Phenomenology**

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INTRODUCTION

Sexual orientation may be defined as a stable tendency to preferentially orient in terms of attention, interest, attraction and genital arousal to particular sexual stimuli (Seto, 2016). Recently, Seto (2012; 2016) has suggested that paedophilia - a sexual preference for prepubescent children, and other chronophilia such as 'hebephilia', referring to sexual preference for pubertal children (Blanchard, Lykins, Wherrett, Kubin, Canter, Blak, Dickey & Classon, 2009) can be defined as a 'sexual age orientation' akin to sexual gender orientation. Sexual gender orientation is partly heritable and associated with prenatal factors (Mustanski, Chivers, & Bailey, 2002; Rahman, 2005). Whilst the greatest fluidity observed in sexual gender orientation is for bisexual men (McCabe, Hughes, Bostwick, Morales & Boyd, 2012), exclusive heterosexuality is relatively stable (Mock & Eibach, 2012), and evidence for fluidity in general is stronger for women than it is for men (Diamond, 2015). Likewise, there is converging evidence supporting an early predisposition towards paedophilia, which includes greater prevalence of prenatal neurodevelopmental perturbations such as non-right handedness, lower intelligence and minor physical anomalies (Cantor, Blanchard, Christensen, et al., 2004; Dyshniku, Murray, Fazio, Lykins, & Cantor, 2015 Fazio, Lykins, & Cantor, 2014) and once developed, paedophilia is also thought to remain stable (Berlin, 2000; Seto, 2016).

There is debate regarding the likelihood of change in paedophilic arousal following conditioning therapy; namely, behaviour modification. Experts have reported that offence-related sexual interests, including that toward children, are modifiable (e.g. Marshall, 2008; Müller, Curry, Ranger, Briken, Bradford & Fedoroff, 2014). However, the success of behavioural modification has typically been reported on the basis of changes to indices

reflecting sexual preference (e.g. reduced penile response to child stimuli assessed phallometrically) rather than changes to sexual preference directly and interpretation of the most recent data (Müller et al. 2014) has been heavily criticised and re-examined (Bailey, 2015; Cantor, 2015; Mokros & Habermayer 2016). The extent to which changes in arousal patterns are maintained or result from changes in sexual preference is in fact unclear (Barbaree & Seto, 1997). Camilleri and Quinsey (2008) reviewed the evidence and concluded that sexual preferences are neither developed nor maintained by conditioning processes. Practitioners should therefore be aware that behavioural modification does not lead to permanent change.

If paedophilic and hebephilic preferences are stable then some individuals must live with an enduring predilection that requires management. As Berlin (2002) points out, “when sexual drive becomes “aimed” in an unacceptable direction (e.g., toward children), it still recurrently craves satiation” (p.479). To date there have been few efforts examining the lived experience of individuals with this preference, a study by Wilson and Cox (1983) remaining the most in-depth investigation. They surveyed 77 members of the London Paedophile Information Exchange network in 1978-79, supported by 10 interviews. Questions focused on areas including age preference, feelings towards adult intercourse, nature of attraction towards children and attitudes to sex. 27 respondents reported being happy about their sexual preference. 21 others reported being disturbed, 13 reported being frustrated and 11 reported being puzzled. It was typically the attitudes of society that was the cause of these feelings rather than distressing features of their sexual preference. The majority (n=46) had not sought treatment because they did not perceive paedophilia to be pathological or because they felt it to be irremediable. Of those treated, none reported beneficial effects. In a similar study of 82

self-identified paedophiles, Vogt (2006) reported that the majority of participants accepted their paedophilia, considering it healthy.

That long-term treatment effects remain unverified and the notion that chronophilia may be definable as stable sexual orientations suggests that paedophilic and hebephilic individuals may face an inherent problem. Whilst pharmacological therapies may reduce the intensity of inappropriate arousal and self-regulation training increase arousal control, the direction of sexual preference may remain intact (e.g. Schober Kuhn, Kovacs, et al. 2005). In response to the lack of research, the aim of this study was to investigate this problem through the lived experience of convicted perpetrators of child sexual abuse with a sexual preference for children.

Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2008) was used to analyse the interviews. IPA is both phenomenological and hermeneutic, focusing on human experience and interpretation. More specifically, IPA attempts to make sense of a participant's personal world insofar as it is dependent on the analyst's own preconceptions. In accordance with the ideographic approach, IPA also emphasises the value of the individual as a unit of analysis. An ideographic approach is well suited to studying the lived experience of a sexual preference for children since very little is known about the sense making narratives by those who identify with it. According to Smith, Flowers and Larkin (2009), the rationale for choosing IPA over other qualitative methods should be that it is consistent with the epistemological position of the research aim. The assumption held in this study was that a sexual preference for children could be investigated by exploring the experiences of purposively selected participants and focusing on what is made salient by their sense-making.

METHOD

Sampling and Inclusion Criteria

Participants were five residents of HM Prison Service in England and Wales located at one custodial site who had completed the Core Sex Offender Treatment Programme. This ensured they were familiar with discussing their sexual preference. Participant eligibility criteria included *either*;

1. a sexual preference for prepubescent children, confirmed by a structured treatment planning tool: the Structured Assessment of Risk and Need Treatment Needs Analysis framework (Thornton, 2002), *or*
2. chronophilia, including hebephilia using the same criteria, defined as a specific sexual preference for pubertal children typically under 15 years old, *and that*
3. any preference had been assessed as a central characteristic of the participant's life and at least present in one offence.

To avoid exacerbating active mental health symptoms participants were required to be of a stable mental state. Participants with intellectual disability were excluded.

Procedure

Approval for the study was granted by the National Offender Management Service (NOMS) National Research Committee and the National Health Service National Research Ethics Service. Participants were selected from the SOTP database at the custodial site. Prospective participants were provided with an information booklet outlining the research, interview, right to withdraw, and data management measures. Participants were interviewed

following informed consent. All information regarding participants and victims was anonymised.

Participants

Details of victim preference and offending behaviour are provided in Table 1.

Participants ranged from 24 to 50 years old and were British citizens.

Table 1 here

Interview

A semi-structured interview schedule was designed to enable participants to provide a detailed account of their lived experience. The interview focused on the lived experience of a sexual preference for children including (1): the phenomenological construct, (2): experience of problems faced, (3): anticipation of the future and (4): use of coping strategies. All interviews were recorded and transcribed.

Data Analysis

The analysis was performed by the first author. His incentive for the study developed from the reflection of several clients he had worked with about the permanence of their sexual preference for children. The first author therefore brought both clinical knowledge and professional experience to bear on the data, and the results reflect this. It is important to note that the authors and the study, together with most research in this field, are located within the dominant discourse which treats paedophilia as a universally problematic phenomenon requiring solutions (see Mirkin, 1999). Hence, the authors possessed value-laden motivations toward disseminating this perspective, particularly through focusing on topics which inform clinical implications. During the research a reflexive diary was maintained to enable a process of self-reflection about the first author's preconceptions and how these influenced the case-by-case analysis.

A 6-step guide to data analysis provided by Smith et al. (2009) was employed as followed:

1. Reading verbatim transcripts to ensure familiarity with each case.
2. Making descriptive, linguistic and conceptual comments, during which the data were engaged at face value; acronyms, idiosyncratic figures of speech and emotional responses were identified. Choice of words and use of metaphors were examined to provide a level of exploratory depth.
3. Emergent themes were developed and recorded.
4. Superordinate themes were developed through manipulating the emergent themes to form new clusters of meaning.
5. Movement to the next case. An independent audit of the data was completed at this stage by the second author.
6. Conceptually similar themes between cases were identified.

Validity:

According to Yardley (2000), validity in qualitative research is demonstrated by four essential principles; (1) sensitivity to context, (2) commitment and rigour, (3) transparency and coherence, and (4) importance and impact. The first may be achieved by a focus on the particular which can be shown by sensitivity to the raw data (Smith et al., 2009). Therefore, all themes were supported with sensitivity to ideographic context through use of verbatim extracts. Yardley's second principle was upheld through careful selection of participants and adherence to a rigorous IPA protocol including use of a reflexive diary and independent audit by the second author. To achieve Yardley's third principle information about the five participants, the author, the analytical process and the phenomenological account derived has been provided for its coherence and plausibility to be determined. Finally, Yardley's fourth criterion will be a continuing appraisal by the reader and their opinion about the results to convey something interesting and of use.

ANALYSIS

The development of the final themes was based on the frequency of supporting evidence and the value such evidence offered for understanding the convergence and divergence in the participants' sense-making. This resulted in three recurrent themes: (1) Internal Battle, (2) I'm Always Going to have these Thoughts, and (3) There's No Help Out There. Each recurrent theme consisted of one or more superordinate themes.

1. Internal Battle:

This theme consisted of one superordinate theme, *Internal Battle*, expressed by Richard and Jonathan, and therefore adopted that name. The theme demonstrates how ‘self’ was experienced as conflicted, both simultaneously desiring and opposing sexual contact with children. Richard’s battle was shaped by competing pressures to meet the desires of his sexual preference and conform to accepted social standards. This conflict involved negative self-appraisals.

It’s a constant internal battle...I described it as self-hatred. I’m never free from it. You’ve got this thing of I’m out to get a better life, knowing that if a young child walks past me and I think she’s nice, I’m thinking you’re an awful man for thinking that, so you always have that double thought process in your own head. [Richard: line 103 – 108].

Jonathan’s description of a conflict is also indicative of making sense of sexual preference as two opposing parts of self. He also experienced negative feelings toward himself, although these appeared related to the sense that his sexual attraction would not be accepted by others.

I’m at conflict in my head. One part of my brain is saying go and do it and the other is saying no [Jonathan: line 39 – 40].

I became depressed because I knew no one would accept what I liked and I hated people and myself for that [Jonathan: line 68 – 69].

For both men, avoidance was central to their battles. Situational avoidance, achieved by avoiding children and triggers, and cognitive avoidance such as attempting thought

diversion, had been central to the way they lived despite this being counterproductive. The data demonstrate avoidance misregulating rather than regulating Richard's ability to manage his thoughts. The metaphor "in a desert without water" draws parallels between the dehydration of the body in the absence of water and the deprivation of his sexual preference in the absence of children.

...keeping myself away has at times made the thoughts more vivid, you know wanting more because when I was at the play centre I was with them all the time, I could watch them and it didn't matter with the access. But then suddenly it stopped and it was like being in a desert without water. It was depriving me errrm, depriving me so much from looking at children and staying away from them that it made me want more [Richard: line 258 – 264].

Richard questioned his reasons for fighting, believing that his sexual preference was a defining feature of him. Jonathan, on the other hand, felt that there was no way of stopping his desires from overwhelming him. Despite this, avoidance continued to be a component of their lives and served as a self-control measure.

Well it's something I always do. It's my life [...] For me an everyday occurrence is to sit down and watch a TV programme and know that I'm watching this because there is a programme somewhere else with children in that I am avoiding [Richard: line 469 – 473].

I sit and listen to the radio all day... it stops me from watching TV and feeding off stuff that I might see [...] It's the only way I can keep that other side of me under control so that it doesn't take over [Jonathan: line 83 – 89].

2. I'm Always Going to have these Thoughts:

This theme consists of three superordinate themes; 'Enduring Sexual Interest'; 'My Burden Without Choice' and 'Paedosexual', the name reflecting Richard's words. These superordinate themes share the common thread of participants describing either an early awareness of their sexual preference or feeling that it had always been with them. However, there are key divergences between the sense making narratives that characterise them. In particular, 'My Burden Without Choice' illustrates the sense of a lack of freedom in deciding what self is attracted too, whereas 'Paedosexual' extends to understanding one's sexual preference for children as a sexuality.

'Enduring Sexual Interest' originated from Richard, Christopher and Jonathan, capturing their beliefs regarding the permanence of their sexual preference.

It's hard to compare because I've never not had it. My whole life I've had sexual interests in children [Richard: line 6 – 7]... you can't really change things, well you can change them to a point and learn to control it, but I'm always going to have these thoughts [Richard: line 76 – 80].

It's all I've known you know, I've never had that... err, an adult relationship or felt close to grown up people sexually [Christopher: line 5 – 6].

When I was younger I just thought the interest was normal because I was young, err... but when I got older I noticed that it wasn't going away [...] So it's always been that way for me [Jonathan: line 5 – 9].

The subordinate theme ‘My Burden Without Choice’ originated from Stephan. One example of this theme is Stephan’s narrative of disability as an enduring burden to describe the restrictive impact that his sexual preference has on him. Stephan perceives himself to be a physically healthy human being yet his sexual preference is perceived as a cumbersome load—a *cross to bear*, restraining his mobility in life and his options. Also, Stephan experiences his sexual preference as a permanent part of him which he had no personal choice over.

...I have full health, I don’t drink, I don’t smoke and I do fitness, I mean...errrm, on the side of being human, I’m not a bad specimen. So I guess this is my cross to bear. Some people have a disability and I do think of it as a disability, it is disabling. It disables everything I do, every single day [...] and it will disable everything I do in the future... [Stephan: line 299 – 304].

If I had decided I liked children, then I could deal with that much better because I could then choose not to like them and one day say that’s it, enough. But that’s not the case, I’m always going to be attracted to children until the day I die I suppose... [Stephan: line 329 – 332].

The superordinate theme ‘Paedosexual’ originated from Vincent describing the expectation that his sexual preference will endure, by reason of sexuality. Vincent distinguished his sexuality as being separate from the homosexual-heterosexual continuum, noting his sexual attraction to a specific age group. Thus, consistent with Seto’s (2016) suggested chronophilia definition, Vincent described his sexuality according to an age, rather than gender continuum.

I consider myself to have a different sexuality, I’m not homosexual or heterosexual, I’m paedosexual [Vincent: line 322 – 326].

For Vincent, 'Paedosexuality' was used to interpret both his sexual orientation and a need to achieve sexual expression without offending through writing fantasy. Vincent considered this a practicable outlet—a way of dealing with his sexual predilection to reduce the frustration caused by his inability to express his 'sexuality'. The professional view is that offence-related fantasising reinforces unhealthy sexual interests (Laws & Marshall, 1990) and, as Vincent outlined, is rarely encouraged.

...my Offender Manager knew about this and we had quite a few discussions about it and he was of the mind that it would escalate, errr... you know, it would start off this way and then go on and on and on, and I disagreed and I saw it as more of a pressure valve and a release [Vincent: line 456 – 460].

This created a dilemma for Vincent as outlined below. He is certain that his sexual preference is permanent but he is required to manage it in a way that removes opportunity of sexual expression. Vincent's dilemma exemplifies a key challenge for the systems that manage sexual offenders. Approaches to risk management should add to an individual's repertoire of personal functioning rather than simply remove a problem through dedicated control, as if a lifetime of constraining certain activity is the only way to reduce risk (Laws & Ward, 2010). Applying this principle to men such as Vincent, who consider their paedophilic preference to be stable and life-long, is understandably challenging.

Like I said before, errrm, I have a sexual attraction to a certain age group, I can't do anything, and I'll have to use this crude phrase, but I can't get off any other way. Maybe I could but my Offender Manager didn't like me writing the fantasy stories, I could use them to get off on if you like, if I was allowed to do that, errrm, I could use that method but I'm not allowed, and so I'm stuck without options [Vincent: line 522 – 528].

3. There's No Help Out There:

The name of this theme is taken from Vincent's own words. It consists of three superordinate themes: 'Lack of Support', 'No Genuine Help' and 'Labelled', which capture how three participants felt that support outside prison would be insufficient or absent. Initially the contents of this entire theme appeared to represent an anxiety likely shared by most men who complete a rehabilitative programme. However, it was abundant within the data and there was no clear indication that it was surplus to the sense making of these participants about their sexual preference. Thus, we considered it representative of the issue under investigation. The first subtheme, 'Lack of Support', originated from Richard and Jonathan concerning their belief of a shortage of professional support involved in their reintegration into the community. Richard in particular thought this was important.

The way I see it is that now I have finished with SOTP, unless I get other courses to do, it's just going to be brushed under the carpet and I'll be expected to cope with it and get on with life. That just puts me back into two years before I offended [Richard: line 519 – 522].

Jonathan also saw no plans for him to complete further intervention upon release from prison. In particular however, Jonathan's fear of his future indicated that he perceives himself as depending on intervention to support him.

I'm petrified of being released without help [...] It's when I get out because as far as I know there are no plans for any other groups outside, so apart from my Probation Officer, I'll be left to get on with it [Jonathan: line 75 – 79].

The final two superordinate themes relate to Vincent and combine within the context of this recurrent theme to demonstrate a tightly enmeshed relationship between self as perceived by others and the anticipation of future support. Vincent's concern was being misled about the boundaries of the support, captured in the theme 'No Genuine Help'.

These groups on the out, they're not places you go and say what you really feel [Vincent: line 434 – 435].

However, Vincent also experienced a strong sense of being unjustly 'Labelled'. This seemed to offer a narrative for Vincent, providing a reason for why genuine support was absent.

I always felt that I was being labelled badly by the system, because when you do SOTP, they always look at you as if err... you could commit any offence [...] So it makes you distrustful of the system [Vincent: line 380 – 384].

This superordinate theme reflects Vincent's perception of being misrepresented by the system; being judged as a danger and a predator. Use of the pronoun "you" and "you're" to describe how he was labelled in the extract below, underlines his perception of what occurred. It carries an accusatory undertone indicating that Vincent perceives he was criticised by professionals trying to help him.

I was now getting out of prison and I believed that I had this rammed down my throat so much that I could never do it again. It was like this is what you are, you're a threat, you're a predator and you're a danger to society [Vincent: line 315 – 318].

The 'No Genuine Help' subtheme encapsulates Vincent's belief that honest disclosure will not be possible due to the system's preconceptions about his risk, inhibiting scope for exploration about his sexual preference. For Vincent, support groups in the community tend to exaggerate risk, and he fears that he could be unfairly returned to custody for the act of disclosing his sexual thoughts.

They talk about these support groups and people you can go to when you're... err, when you're released, but if I went to my Probation Officer on licence and said I saw this girl walking and I started having these thoughts, you'd be back in prison so quick it'd be untrue. Your feet wouldn't touch the ground. So, you know, they talk about support groups on the outside but they're non-existent. You couldn't go to them and talk honestly because [...] you could be back inside for what you say, so there's nobody you can talk to [Vincent: line 425 – 433].

Vincent appears to view the rehabilitation and risk management system as unjust and is an example of the rarely considered possibility that engagement with interventions can have disadvantageous outcomes for some individuals despite the best intentions of practitioners. Vincent felt unjustly labelled. In the context of his future, this belief leaves Vincent with the assumption that there is no genuine system of support leading to a reduced chance of accessing and trusting supportive interventions when they are potentially needed.

DISCUSSION

All participants believed that they would experience an attraction to children for the rest of their lives. This finding is consistent with those of Wilson and Cox (1983) and the

opinions of several experts (e.g. Seto, 2016). If paedophilic and hebephilic arousal patterns do for some individuals constitute durable preferences, efforts are required to determine suitable treatment goals. For men such as Vincent, who regard children as the means to arousal, practitioners need to think more creatively about their therapeutic plans. For example, mindfulness training has been incorporated into a selection of the NOMS' interventions. These techniques, rather than attempting to modify or suppress offence-related sexual arousal, teach participants to observe their sexual thoughts, devoid of judgement or reaction, until they naturally subside. Sexual thoughts are acknowledged merely as mental processes with individuals attempting to improve tolerance and acceptance without feeling overwhelmed. This strategy is central to the therapeutic plans of some service users in NOMS, where an emphasis is placed on accepting the prospect of living as safely as possible with their sexual preference, for the rest of their lives. There is only limited evidence to support mindfulness training to manage offence-related sexual preferences (Singh, Lancioni, Winton, Singh, Adkin, & Singh, 2011). However, it appears to be gaining momentum and may mark the beginnings of a broader intervention shift away from a continual focus on sexual urge suppression. Indeed, treatment should enhance an individual's wellbeing rather than simply reduce criminogenic risk. As stated above, the difficult task is to apply this principle to the treatment of sexual preference for children when this is so central to offending and is for some so characteristically enduring. It is possible that the more manifested the preference for children is, the more the intervention goal may need to adapt.

Another aspect of the results was the narrative of a 'battle'. This may indicate that some participants derived meaning about their sexual preference through the dominant discourse of intolerance toward paedophilia. The acceptance of this discourse is most likely to lead to motivations that oppose one's paedophilic thoughts as well as appraisals of self as

‘bad’. However, the degree to which individuals are predisposed to chronophilias reduces room for personal choice over what is experienced as sexually attractive, and thus perhaps distorts rationality for personal blame. Certainly, Stephan felt choice had been absent in determining his sexual preference toward children.

The experience of a battle also demonstrated how negative self-appraisals may lead to a dependency on strategies of avoidance. The counterproductive effects of avoidance coping are well documented and both Richard and Jonathan were far from ever having sustained a life of avoidance. However, avoidance seemed to be a central feature of the life they were intent on leading. They did not believe that their sexual preference would change, and therefore child stimuli were far too enticing. As such, although not always effective, avoidance had formed a basic self-management strategy.

The most worrying finding was that three of the participants expressed concerns about the lack of anticipated support from professional services. Seto (2008) has noted how paedophiles are amongst the most despised individuals in society and that this leads to expected perceptions that compassionate support is non-existent. However, several initiatives in the UK such as *Stop it Now* (www.stopitnow.org.uk) and *Circles of Support and Accountability* (www.circles-uk.org.uk) are in fact devoted to helping individuals perturbed by their sexual intentions toward children. Efforts of the Berlin Prevention Project in Germany to recruit self-identified paedophiles into therapy through compassionate media advertising have also proved successful (Beier, Neutze, Mundt, Ahlers, Geocker, Konrad & Schaefer, 2009). Therefore, one part of this issue may have to do with a lack of signposting to appropriate services. However, if we are to value the notion that paedophilic and hebephilic

preferences could be enduring phenomena, then it may be that the development of differentiated services is needed to help these individuals at various stages in their lives.

Vincent was sceptical about the 'system' itself, believing it to be non-genuine and unjust. If professional support systems are not sufficiently available, or if they are believed to be absent or misleading, it is likely that many positive outcomes of primary therapies will be compromised. Practitioners and risk management professionals need to be aware of client's beliefs of this nature. Suppression of disclosure of child abuse thoughts for fear of being apprehended or returned to custody, when such thoughts form part of a stable sexual preference and may therefore never subside, is unlikely to contribute toward keeping vulnerable individuals and their victims safe. Promotion of a transparent non-judgemental dialogue about sexually abusive thoughts with the aim of transitioning such transparency from therapy room to probation meetings is more likely to yield trusting professional relationships and ultimately, safer lives.

Reflexive Considerations

There are three aspects of this study that require reflexive consideration. Firstly, there is the potential for the authors to have interpreted data with the influence of pre-existing frameworks of reference. In an attempt to address this, verbatim extracts are provided to invite readers to judge the credibility of the analysis. In addition, the reflexive diary can be recognised as a reflexive engagement. The second reflexive consideration is the way the results may have been affected by the fact that the participants were programme completers. Participants may have experienced altered beliefs about their sexual preference as a result of completing treatment thereby leading to accounts that were moulded by therapeutic agendas. The third reflexive consideration is sample size and homogeneity. It could be argued for

instance that the sample was too small thereby hindering the transferability of the results, and was too heterogeneous in terms of the gender and age of preferred child. There was also a mix of victim offence types in terms of extra- and intrafamilial, and internet offending (though all participants had committed extrafamilial offences). Indeed, we are aware that such differences are related to established variations in recidivism. However, IPA is committed to detailed appraisals of small samples with the aim of producing nuanced analyses of personal experience. There is no correct response to the question of sample size for an IPA study (Smith & Osborn, 2008). Our aim was to complete an ideographic study using a purposive sample of openly acknowledging individuals with a sexual preference for pre-pubertal or pubertal children which is consistent in size with what is suggested by field leaders (e.g. Smith et al., 2009). Indeed, given the heterogeneity of sexual offenders generally, as well as those with a paedophilic or hebephilic preference, we suggest dedication to meticulous case analyses should play a key role in future research of this kind.

Conclusion:

A condition like paedophilia or hebephilia is more stigmatised to the extent that it is perceived as changeable, such that individuals are able to make a choice about what they find to be arousing. It is possible that for some, a paedophilic or hebephilic preference may not be changeable. None of the participants in this study felt that they would ever be without sexual thoughts about children and this was central to their sense making. Society is unlikely to shift in its perception towards those they regard as paedophiles, although public stigmatisation does not contribute toward protecting children against abuse. Open-minded and compassionate approaches toward individuals who are sexually attracted to children is more likely to promote safer behaviour.

Implications for Clinical Practice:

- For some clients, sexual arousal toward children constitutes a sexual preference that is experienced as stable over time. Continuing efforts are required to determine what could constitute desirable treatment goals for these individuals.
- Practitioners need to attune to their client's perceptions about professional support. Perceptions that support is non-existent or suppressing one's disclosure of offence-related thoughts for fear of being reprimanded, when such thoughts may never abate, is unlikely to contribute towards developing safer lives.

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Table 1: Participant Characteristics		
Participant	Preference	Offending
Richard	Girls 6-10 years	Extrafamilial and internet offending
Jonathan	Boys 5-10 years	Extrafamilial offending
Christopher	Boys 14 years	Extrafamilial offending
Stephan	Girls 13 years	Extrafamilial and intrafamilial offending
Vincent	Girls 8-11 years	Extrafamilial, intrafamilial and internet offending