Houston 1990) has found that the public do not differentiate between certain concepts and terminology when discussing paedophiles – for example, the public do not distinguish between a sexual interest in pubescent and pre-pubescent children (Ames and Houston 1990). Correspondingly, my study uncovered similar themes, such as the misconception that paedophilia is the act of abusing a child, as opposed to a sexual desire directed at children¹. I explore how this negatively impacts the implementation of preventative intervention for child sex offenders. This project closely relates to research undertaken in Germany (Beier 2015; Beier 2009) which resulted in the implementation of therapeutic intervention for self-identified paedophiles, called the Dunkelfeld project. As such, I will draw upon examples and connections from Germany throughout the thesis. I will also consistently refer to work by Goode (2016; 2011; 2010), who has implemented the closest, equivalent of the Dunkelfeld project in the UK. This thesis will question why concepts such as in Germany have not been fully implemented in the UK. Paedophilia has repeatedly been found to be a mental abnormality (for example, Ivey and Simpson 1998; Freund and Blanchard 1993) – detailed as a psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association 2013) – that can be treated through medical and psychiatric processes, much like other traumas or developmental errors (Ivey and Simpson 1998; Freund and Blanchard 1993). This research will briefly explore the negative stigma associated with paedophilia compared to other mental disorders. Consequently, this thesis argues that the negative connotation of paedophilia prevents self-identified

¹ For a definition of paedophilia see, for example, Howitt 1995 or Ames and Houston 1990. For a clinical definition, refer to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association 2013).
the resettlement of sex offenders into communities in order to go on to live meaningful lives. However, eligibility criteria detailing how to become a client of the project states that an individual must be a sex offender serving a prison sentence, or subject to licence or community service. The Lucy Faithfull Foundation also runs a Stop it Now! campaign – a funded service running a helpline educating parents on prevention and protection, and providing services to sexual abuse survivors. This campaign helpline is one of the only services acceptant and inclusive of those battling unwanted or inappropriate sexual urges. The other is the Specialist Treatment Organisation for the Prevention of Sexual Abuse (StopSO 2017), England’s equivalent of the Dunkelfeld project. StopSO UK is a non-profit organisation offering professional support through, for example, therapy inclusive of those who identify as having paedophilic tendencies regardless of whether they have been convicted of a crime or not. Their website details that “Practically no NHS services are available for [sex offenders]. Most therapists do not want to work with these clients” (StopSO UK 2017). StopSO UK advocates for sex offenders to have access to “experienced willing and able therapists”. Other than the two services detailed above, therapeutic involvement for any sex offenders in the UK is only available to those already convicted of sexual crimes against children. This lack of involvement with self-identified paedophiles before they become offenders demonstrates an enormous flaw in the social and medical response to paedophilia.

Contrary to popular belief, it has been found that it is often the self-identified paedophiles themselves who are desperate to seek support (Goode 2010). Goode (2010) found several pro-paedophilic websites on which users actively promoted law-abiding lifestyles and reminded other users of the moral and legal implications of being attracted to children.
et. al. 2015) and I wanted to find out how the public feels about implementing such concepts in England personally, from the general public themselves. I wanted to allow time for participants to explore their genuine thoughts, feelings and emotions on the matter, observe their reactions, and give them space to explain, in their own words, exactly what their views were. I hoped that, if the public are as open-minded as prior research has shown, potential plans to implement social support systems could go ahead. I also followed in the footsteps of Goode who, upon discussion with the public, has managed to educate many individuals and modify their attitudes towards the social support of paedophiles (Goode 2016). After presenting an alternative viewpoint, members of the public – often working in the medical field as, for example, counsellors – have reported being more accepting of others and urged the same presentation to be carried out throughout the UK by other members of the public (Goode 2016). Thus, I opted for semi-structured interviews in order to engage in discussion with my participants, as opposed to a question-and-answer format. I felt that semi-structured interviews allowed interviewees to address what they, personally, deemed most important in an informal, conversational way. I wanted to build repertoire with my participants and, in addition to hearing their views, challenge them to alternative ways of thinking and observe their reactions. As such, I conducted a form of action research, based on Torbert’s (1981) ideas of active engagement and interaction progressing social research.

However, as discovered by Burnard (1991), researchers using qualitative methods must recognise the problematic nature of understanding other people’s perceptions. While quantitative data is more likely to provide an easy-to-understand tick-box system, discussing potentially new concepts in depth with other people may require more explanation. I was aware of this and, when structuring my interview, allowed room for additional questions in
topic of child sex offenders. As a result, I could tell whether discussing alternative viewpoints and methods of intervention had altered their attitude in any way, in accordance with Goode’s (2016) approach. I asked whether participants felt that, in general, they were open-minded or opposed to the treatment of those who self-identify as paedophiles. I also ensured asking whether they would like to add anything, ask anything, or if anything was unclear before ending the interview. Not only did I thank them for their honest answers on such a difficult topic after the interview but I reminded them throughout that I understand the subject is difficult and thanked them for their progress.

Participants were offered complete anonymity and were given an interviewee number. Information was stored in accordance with the Data Protection Act 1998. However, participants were informed that I was unable to promise confidentiality as, firstly, my work would be marked as part of my university dissertation and, secondly, I hoped my research would be useful enough to share or, for example, publish. Thus, any names or identifying information was censored or changed at the time of transcription. I felt my research was important and interesting enough for individuals to willingly participate. As such, I did not offer an incentive to participate. Individuals may also participate under false pretence in order to gain a reward if an incentive had been offered. For example, underage individuals may have been inclined to participate. As I was researching the views of the British public, interviewees were required to be British citizens. Since I knew the participants before inviting them to be interviewed, I did not have difficulties knowing who is a UK citizen. In hindsight, I should have screened participants based on, for example, having lived in the UK as opposed to based on citizenship. The British public is made up of individuals from various countries and a potential participant should not be ruled out based solely on their citizenship.
research project that I absolutely do not condone any criminal activity, much less sexual abuse. I also stated in my consent form that any criminal activity, or threats of committing a crime, will be disclosed to appropriate authority. I carefully considered whether my research is worth any hostility that I may encounter and decided to go ahead with the project. In wording any follow-up questions I had during interviews, or when asked to explain something further to participants, I was continuously aware to not portray that I condone any type of sexual abuse. For example, when asking participants about whether they think there is a difference between an individual that has pictures of a 15-year-old in their underwear on a personal computer and an individual who has raped several under 5-year-olds, I attempted to ask separately “What do you think of X?” and then “What do you think of Y?”, so as not to make one crime seem any lesser than the other. If answering any question, such as what I think on a specific topic, I was aware of using ‘what the literature says’, as opposed to making opinions my own personal ideas. I also, often, presented situations or examples as hypothetical, in order to remove any personal ties to any given circumstance. During social research, especially on sensitive topics, it is essential to not only protect your participants but to also protect yourself (Babbie 2008).²

² For additional information see, for example, A Code of Practice for the Safety of Social Researchers (n.d.).
“Personally, I think that paedophiles have a problem that needs to be addressed and shouldn’t be punished before the actual act itself. So if they go to someone and say, for example they go to counselling and say “I’m feeling sexual attraction towards children” they shouldn’t be punished for that, they should be helped. [...] I think it’s really brave of someone to go to a therapist or whatever and actually say “look, I’m having these feelings, I don’t know where they’re coming from or how to fix it but I need help”. I think it’s really admirable.” (Interview 4)

“People who haven’t committed a crime I suppose there could be some sort of medical help or, you know, seeing a psychiatrist or something like that.” (Interview 1)

“Interviewee: You can’t force someone into seeking help. Perhaps offer information to that person based off of previous behaviour and patterns, and try to identify… or recognise inappropriate attractions and then offer information on what it can lead to or how it affects people subconsciously, having a fetish that is inappropriate. Yeah, just more of an education. Like into what has happened to people before…

Jasmin: Education of who? The individuals with these feelings, or…

Interviewee: Well, yes. And medical professionals. To intervene. But also the people having these urges.

Jasmin: Ok, and you said providing help – what type of help, do you have any suggestions?

Interviewee: Perhaps therapy, some types of therapy might help.” (Interview 5)

The vast majority of participants recognised that at least trying to intervene was a better solution than simply sitting around waiting for a crime against a child to happen. However, a few interviewees seemed to have concerns surrounding success rates. Some wanted to know the statistics of, for example, how well the Dunkelfeld project works, enquiring “how do you measure the effectiveness” (Interview 6) and, when offered the concept that saving one child is better than none, the same participant described this as “a drop in the ocean”. Another participant asked “Is there actually a documented case of someone successfully being… I’m saying this in quotations… ‘cured’?” (Interview 3). A potential downside of this type of research project is knowing exactly how many crimes have been prevented or victims
would receive significant backlash and hostility from the public (Wortley 2015). Alternatively, British medical services require a policy change in which self-identified paedophiles can feel comfortable disclosing information without the threat of being confronted by the police. According to Beier et. al. (2009), this is the pivotal concept which allows the Dunkelfeld project to work as well as it does.

Another significant concept susceptible to public concern is taking into consideration the feelings of those who have, themselves, been sexually abused. This thesis, in no way, belittles the experiences of those that have experienced sexual assault. However, many individuals who have had inappropriate childhood sexual experiences actively advocate for early intervention for self-identified paedophiles (see, for example, VirPed 2012-2016). Parents of 5-year-old April Jones, kidnapped and murdered by Mark Bridger in 2012, have openly expressed their support for adequate professional and medical involvement for those with paedophilic tendencies. (Connolly 2015; Morris 2015). It must also be noted that the majority of individuals under the ‘paedophilic’ umbrella of feeling inappropriate sexual desires do not go on to offend - they do not enjoy offending (ASAP 2017). As stated by Holmes and Holmes (2009), there are two types of sex offenders. Often, those who do assault or kill children cannot be classed as ‘paedophiles’ under diagnostic criteria (in terms of acting upon sexual desire) as their offences act out distorted ideas of power and masculinity, rather than behaving based on an inappropriate sexual desire towards children (ASAP 2017; Seto 2008).

Medically, paedophilia – the sexual desire, and not the actual act of abusing a child – involves feelings of guilt and shame (ASAP 2017). However, it must be recognised that, unfortunately, not all potential child sex offenders do want to seek help, and there will always be a group of violent offenders who ‘enjoy’ what they do. For this reason, punishment should


