

Help-seeking prior to offence and conviction: Experiences of individuals convicted of sexual offences

Stina Lindegren

Postdoctoral Researcher, Department of Social Work, Uppsala University, Uppsala, Sweden

stina.lindegren@uu.se

 <https://orcid.org/0000-0002-5875-4521>

Abstract

Tertiary crime prevention focuses on reducing recidivism among individuals who have already committed crimes. Treatment for people convicted of sexual offences is a tertiary measure that can reduce sexual offences. Nonetheless, recidivism rates are generally low, and most individuals are unknown to the justice system. This calls for research on early detection and secondary prevention, i.e. identifying at-risk individuals, preferably before the offence occurs. Most research on secondary sexual violence prevention, however, is conducted on non-forensic samples. Little is known about the experiences of help-seeking prior to offence or conviction among individuals convicted of sexual offences (ISO). This study aims to investigate help-seeking for various risk-related problems, drawing on in-depth interviews with 19 incarcerated male adult ISOs in Sweden. The thematic analysis indicates substantial barriers to help-seeking. The convicted men reported a lack of insight into their risk-related problems, fear of social consequences if disclosing them, and a neglectful welfare system as obstacles. Nevertheless, family appeared as a source of motivation for help-seeking, and interactions with knowledgeable professionals seemed to contribute to positive outcomes for some. Accordingly, prevention can take place, or fail, at all levels of society, and the welfare system seems to play a crucial role.

Keywords

sexual abuse, prevention, sexual offender, help-seeking, welfare system, social work

Introduction

Sexual violence is a global social and public health problem. Research on rehabilitative interventions, such as treatment programmes, targeting individuals convicted of sexual offending (ISO) demonstrates promising results (e.g. Gannon et al., 2019). However, some systematic reviews are less supportive and highlight the lack of high-quality studies (e.g. Sousa et al., 2023). Nonetheless, recidivism rates (sexual re-offending) among ISOs are generally low (Hanson & Morton-Bourgon, 2005). This means that preventing the onset of sexual offending instead might have a stronger impact on the reduction of sex offences. In addition, the dark figures – i.e. individuals perpetrating sexual violence who are not known to the criminal system – are presumably high (Drury et al., 2020). Furthermore, sexually transgressive behaviours are often displayed at a young age (Gewirtz-Meydan & Finkelhor, 2020). Accordingly, secondary prevention, i.e. measures directed to individuals *at risk* of committing sexual offences (IRSOs),¹ as well as early detection of sexual abuse (McCartan & Kemshall, 2021), is equally important.

There is a trend in Europe of increased attention to perpetration prevention and a growth of preventative services targeting IRSOs (Di Gioia & Beslay, 2023). In Sweden, for instance, a new amendment in the Social Services Act (SFS 2001:453, chap. 5, paragraph 11 a) was introduced in 2021. It states that social services should not only provide support to victims of domestic abuse but also “act to enable behaviour change in individuals who have subjected a close one to violence or other types of abuse” [author’s translation]. Research provides scientific support for specialised services for IRSOs with specific sexual problems, such as sexual attraction to children or hypersexuality (e.g. Adebahr et al., 2021; Hallberg et al., 2019; Kjellgren, 2019a; Landgren et al., 2020; Lätth et al., 2022). However, more research is needed to determine whether such services prevent sexual offences. In addition, little is known about the extent to which ISOs (convicted individuals) have sought support from these units before their offence or conviction, or from other preventative services. Notably, some sex offences are committed by individuals without clearly defined risk-related problems requiring support or treatment. Nevertheless, facilitating help-seeking can likely prevent many sexual crimes.

Research suggests there are substantial barriers for IRSOs in seeking preventative help. Many of them are related to shame and stigma (Levenson et al., 2017; Piché et al., 2018) as well as fear of social consequences (Ware & Mann, 2012). The vast majority of existing empirical research builds on experiences from individuals who typically are not convicted and who are sexually attracted to children.² Little is known about whether convicted individuals, i.e. verified ISOs, share their experiences. Additionally, among the convicted population, many individuals do *not* have sexually atypical interests, not least among those who sexually abuse an adult, such as a partner. Instead, their sexual offences are better understood in terms of emotional, social, and/or relational problems in their life (Seto, 2009). Accordingly, there is a need to investigate previous help-seeking among ISOs for various issues, such as mental health, substance misuse, or relationships. This requires a broader focus, including general healthcare and welfare providers, not just specialised services.

The topic of secondary and tertiary sexual violence prevention measures, thus targeting individuals at risk of sexual (re-)offending, is dominated by scholars in psychology and medicine. Individual psychological or biological/genetic characteristics are indeed important to understand prevention. However, there is a need to add psychosocial and systemic dimensions. A multi-faceted, comprehensive understanding of this problem is important since sexual abuse is of concern to society as a whole (McCartan & Richards 2021).

The aim of this paper is to contribute to knowledge regarding the pre-stages of sexual offending by exploring ISOs’ experiences of seeking support³ for various problems linked to sexual offending prior to their offence or conviction. To achieve the aim, in-depth interviews with 19 adult male ISOs in Sweden were conducted. The interviews were guided by questions such as: What previous attempts were made to seek support? What were the barriers or facilitators to these efforts to obtain support? What was the outcome?

Systemic perspectives on preventative support and help-seeking among ISOs
As a complement to psychological perspectives on sexual offending, a systemic perspective offers knowledge important for preventative measures involving various societal actors. Prevention and help-seeking can be understood in terms of systemic concepts, such as the ones in Bronfenbrenner’s (1979, 2005) bioecological model, also called Process-Person-

Context-Time. In this model, human development is viewed as a result of the person-environment interaction in nested systems: the *micro-, meso-, exo-, macro-, and chrono-system*.

The micro-system entails relations and activities in the immediate environment where the person is situated (Bronfenbrenner, 1979). According to Bronfenbrenner (2005), individual characteristics cannot be separated from the context (micro-, meso-, exo-, and macro-systems), hence, the terms *cognition in context* and *temperament in context*. This interplay between individual characteristics (genes, personality) and environments (situations, relationships), and its relevance to criminal behaviour, is theoretically and empirically supported (e.g. Seto, 2019; Wikström, 2020). In terms of prevention, it is essential to understand interactions between the individual and potential support systems. Meso- and exo-systems are linkages and processes between different settings (micro-systems), such as the organisation of the welfare system and professionals' training. The macro-system encompasses culture, social institutions and ideologies (Bronfenbrenner, 1979), ultimately influencing all other systems. Finally, the chrono-system accounts for the influence of time, life transitions, and historical changes.

Micro-system: Experiences of individuals convicted of sexual offending

Two North American survey studies have specifically examined the experience of support prior to offence in a convicted population. In Canada, only 18% of the ISOs (N=100) had sought support prior to offence due to shame, shyness, or because they did not know who to turn to (Piché et al., 2018). Open-ended questions revealed additional barriers, such as fear of arrest or being labelled a deviant. The study from the United States (N=372) yielded similar results (Levenson et al., 2017). It also included fear of judgement or a lack of insight into the seriousness of the consequences of their offence as well as fear of social losses. Swaby and Lievesley (2023) conducted a qualitative interpretative phenomenological analysis (IPA) on previous help-seeking among convicted ISOs with atypical sexual interests in the United Kingdom. They demonstrated similar barriers as well as experiences of rejection and dismissal when the ISOs tried to get help.

Meso- and exo-system: Professionals' incapacity to meet the needs of individuals at risk

Research on non-forensic samples of individuals with sexual interest in children or other sexual issues, such as hypersexuality or compulsive sexual behaviour disorder, shows that some professionals are either unwilling or feel unqualified to treat these individuals (Jahnke, 2018; Kjellgren, 2019a; Roche & Stephens, 2022; Swaby & Lievesley, 2023). Professionals also seem to diverge regarding the aims of treatment and beliefs about whether sexual attraction to children, i.e. paedophilia, can be modified. This makes it difficult for service users to anticipate what kind of treatment they will receive (Bayram et al., 2023). Strict mandatory reporting laws for therapists constitute an additional barrier in some countries (Jahnke, 2018). In Sweden, all professionals who meet an IRSO are mandated to report to social services if a child is at risk. However, there are no mandatory reporting obligations to the police.

Some IRSOs try to open up to their social network, various professionals (not only those specialised in sexual problems), or on online forums about problematic sexual behaviours or urges (e.g. Insoll et al., 2021; Levenson & Grady, 2019; Roche et al., 2022). In an online survey by Levenson and Grady (2019), 75% of the respondents (N=293) reported seeking help from mental health professionals (e.g. social workers or psychologists). Yet, only half of them experienced this as helpful. Nonetheless, professionals who listened, did not judge, and provided holistic support contributed to positive experiences.

Additionally, new digital measures, such as anonymous, web-based interventions, offer promising alternatives for this hard-to-reach population (Hillert et al., 2024).

Macro- and chrono-system: Stigmatising discourses and policy

The extant literature demonstrates that public discourses regarding sexual offending and prevention are highly influenced by the ‘sex offender’ stigma (e.g. Roche & Stephens, 2022; Tewksbury, 2012). Due to the historical sequence of events—the interaction between the macro- and the chrono-system (Bronfenbrenner, 2005)—cohorts might perceive sexually offensive behaviour differently. Moreover, legislation changes over time. In addition, macro-level influences can facilitate internalisation of sex offence-supportive norms (Dixon et al., 2019). Hence, stigmatising discourses and policies can produce barriers to prevention. Furthermore, they build the social foundation for the ability of the individual to perceive their offending behaviour, or risk factors, as something to seek help for, or even something that constitutes a problem.

To understand how the macro-system might affect the experiences of interviewees in this particular study, there is a need to describe the Swedish context. Sweden is a welfare state with strong offender rehabilitation ambitions, sometimes referred to as *Scandinavian exceptionalism* (Pratt, 2007). The legal definition of rape in Sweden is wider than in most countries, including all involuntary acts comparable to sexual intercourse (Bladini & Svedberg Andersson, 2020; Holmberg & Lewenhagen, 2020). This may influence how people perceive aspects regarding sexual consent.⁴ Sweden is one of several European countries that has invested in research on and deployment of preventative services (in healthcare systems as well as social services) aimed at IRSOs who experience specific sexual problems (Di Gioia & Beslay, 2023; Hallberg et al., 2019; Kjellgren, 2019a; Landgren et al., 2020; Lätth et al., 2022). These services are, however, very limited and only available in one or a few large cities. The Prison and Probation Service is the primary provider of risk-reducing services. Approximately 450 individuals convicted of sex offences participate in treatment programs yearly (Lätth & Rahm, 2024). Treatment is voluntary, but incentives for participation are strong. Furthermore, Sweden has pronounced gender equality ideals and perhaps somewhat ‘softer’ masculinity norms in global comparison (Christensen & Jensen, 2014). This could make it easier for men at risk to seek help. Nevertheless, some argue there is a current punitive turn in criminal policy (e.g. Storgaard, 2022) as well as an attenuation of the welfare state due to marketisation and New Public Management (NPM) reforms (Stenius & Storbjörk, 2023). This might produce obstacles to help-seeking. All of these aspects can play a role in how ISOs and IRSOs navigate help-seeking in Swedish society.

Summarising the research field, in addition to discourses (macro-system) and professionals’ attitudes and knowledge (meso- and exo-system), internal factors related to insight, shame, and social consequences (micro-system) emerge as factors hindering help-seeking and meaningful outcomes of support for IRSOs. The survey studies on North American ISOs did not include ISOs who had *not* participated in treatment. The U.K. IPA study included interviews with ISOs, of which all but one had sexual interest in children. Accordingly, the present study seeks to fill some of the research gaps by exploring help-seeking through the use of a more inclusive sample—treatment participants and treatment non-participants. Additionally, it considers a broader range of risk-related problems, i.e. not exclusively sexual problems but also problems related to relationships, substance use and antisocial traits (e.g. offence-supportive attitudes, aggression). Attention

is paid to the lived experience of ISOs' interactions with support systems and how these experiences are manifested in relation to different systems.

Material and methods

Study design and sampling

The study is part of a larger research project on ISOs' experiences of support and treatment (Lindegren, 2024a). It employs a qualitative in-depth interview design to examine the interviewees' subjective experiences of support prior to offence or conviction. ISOs who had completed treatment for people convicted of sexual offences, as well as treatment non-participants (those negative or sceptical toward treatment), were eligible for inclusion. ISOs below 18 years of age or those experiencing a psychotic episode were excluded, as were those at high risk of violent behaviour towards professionals.

Sample size was planned using the concept of information power (Malterud et al., 2016). According to Malterud et al. (2016, p. 1757), an interview "is determined by items such as study aim, sample specificity, use of established theory, quality of dialogue, and analysis strategy." It was deemed appropriate to interview roughly 10–15 ISOs from each group (treatment participants and non-participants). This goal was achieved for treatment participants (N=13), but only six non-participants were recruited. Although disappointing, this is consistent with previous studies of this population (Mann et al., 2013).

Sample

The sample comprised 19 incarcerated adult male ISOs from four low-, medium- and high-security prisons (age range 26–82 years). Rape and child rape, including aggravated forms, were the most commonly self-reported offences. Six interviewees were convicted of, at a minimum, one additional non-sexual offence, commonly assault. Four interviewees were previously convicted of a sexual offence, and eight had any previous criminal sentence, including non-sexual offences. The median sentence was five years. Approximately half of the sample were convicted of sexual violence towards adults. The other half were convicted of sexual crimes against children (below the age of consent = 15 years). Most victims were closely related to the interviewee. Only three interviewees reported sexual problems (attraction to children or hypersexuality). Most of the interviewees were parents as well as involved in a stable romantic relationship. Fourteen had had employment or studied prior to imprisonment, and the same number of interviewees had graduated from secondary school or had higher education. The interviews indicated that many of the interviewees had various adverse childhood or traumatic experiences. All spoke fluent Swedish, except two interviewees who had immigrated. Their Swedish was, however, assessed to be of sufficient quality to participate. Those who had completed treatment, referred to as 'treatment participants' (N=13), comprised a more homogenous group in comparison to those who had not participated in treatment, 'non-participants' (N=6). All treatment participants admitted guilt for the offence and were assessed as having medium to high recidivism risk. Only half of the non-participants were assessed as medium or high risk. The non-participants varied in terms of current motivation for treatment, where most of them were negative or hesitant.

Data collection and ethics

Recruitment was wide-reaching and took place with the assistance of prison staff. Four prisons with the highest proportion of ISOs were selected. They represent all security levels

and are typical Swedish 'sex offender prisons' or have specialised units for ISOs. All eligible individuals were approached and asked to participate.

The participants received oral and written information about the study, including information stating that participating (or not) in the interviews would not affect their sentence conditions. No one who volunteered was excluded from participating. There was no financial compensation, participation was voluntary, and written informed consent was obtained. The Swedish Prison and Probation Service and the Swedish Ethical Review Authority (no. 2020–04038) provided ethical approval.

Interviews

Interviews took place in four prisons between June 2021 and July 2022, a few via telephone due to pandemic restrictions. The semi-structured interviews utilised an experiential approach (Braun & Clarke, 2022). The procedure was inspired by *teller-focused interviews*, appropriate for sensitive topics (Hydén, 2014). This strategy emphasises interviewees' own narratives and highlights relationship quality. There was an interview guide with topics related to the research aim (see appendix). The interviews were ~90 minutes long (minimum 39 min., maximum 2 h 17 min.), audio recorded, transcribed verbatim, and inductively (data-driven) coded and analysed in NVivo.

Analytical procedure and considerations

Reflexive thematic analysis was used (Braun & Clarke, 2022). Data relevant to the research aim were coded, including latent (underlying meaning) as well as semantic (explicit meaning) information. Each interview was coded independently, after which the entire data set was examined, reflecting the hermeneutic analytical process. Accordingly, analysis alternated between the whole (shared meaning) and the details (individual experience and meaning). After finalising the coding and developing the initial themes, theory was applied to explain the patterns in the data (abduction) and structure the manuscript. The analysis was primarily inductive.

The author conducted and analysed all interviews. The author has a practitioner background with years of experience with the ISO population. Throughout the research process, notes were taken in a reflective journal. In there, thoughts, understandings, feelings, perceptions, and evolving analyses were recorded. In addition, the content of the reflective journal, interviewing, coding, analyses and interpretations were scrutinised by and discussed with colleagues. Names are fictitious, and some details have been modified due to identification risk. The author translated the quotes and they were scrutinised by a professional language reviewer who also had access to the original Swedish quotes. Some quotes are slightly adjusted for readability purposes.

Results

The five themes are presented according to a systemic perspective, starting with the individual (micro-system). The first themes are titled: *lack of insight* and *fear of (social) consequences*. The following theme, named *significant others as motivators*, revolves around family and the connections to support systems (micro- and meso-system). The final two themes, *focused professional help* and *a neglectful welfare system*, relate primarily to exo- and macro-systems, see Figure 1.

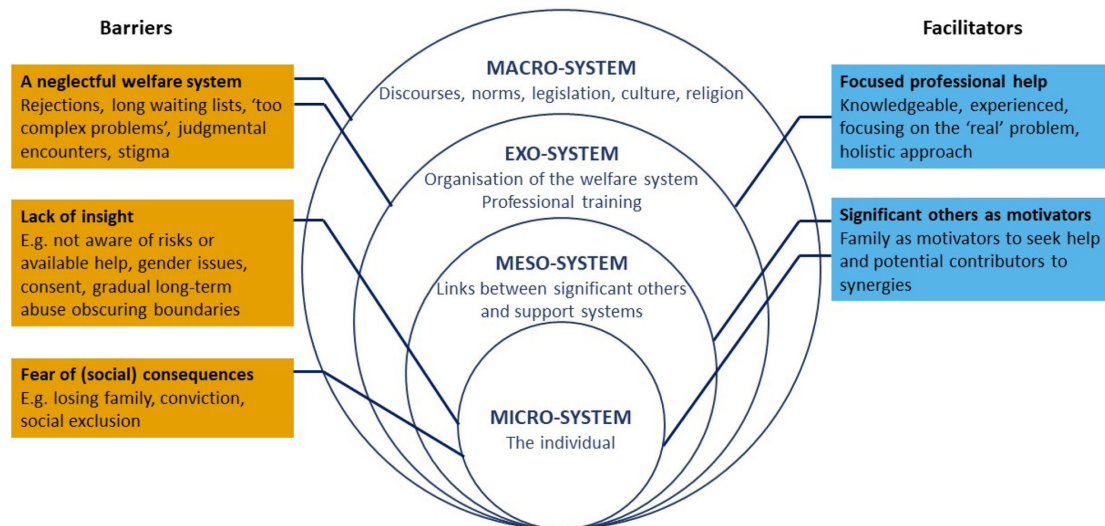


Figure 1 Themes and primarily related systems

Lack of insight

Many of the interviewees stated they did not have any, or had only limited, understanding of their problems. That is, problems that the interviewees themselves viewed as the cause, one of several causes, or a contributing factor to their offence. Thus, they did not realise they were in need of preventative support. A few, still to this day, did not consider themselves as having any problems. For some interviewees, especially those who had molested children close to them, like Robert, the gradual nature of long-term abuse hindered insight:

You turn a blind eye to that, after a while. You sort of don't view it as something wrong. [...] Because it didn't start out that way; for me, it wasn't something sexual at all. It was nothing like that in the beginning. Rather, for me, it started as a search for contact, for recognition that I existed as a person. That someone SAW⁵ me. [...] Later, as it progressed, you kind of raise the bar for what you think is OK.

Some interviewees highlighted their previous scarce knowledge regarding issues related to gender and consent, or available help. Johan, who had a criminal gang background and was now convicted of rape against an adult woman, reflected on his prior limited knowledge about affirmative sexual consent:

When you were at parties as a teenager and you might have met someone there, and this girl was, perhaps there were a few guys – four or five of them – on a couch outside. Maybe there was a girl in there. Could she say no, or? Did she feel safe saying no? Do you see what I mean? You didn't think like that before, and I don't think young people today consider those aspects either. And yeah, no, I didn't think like that myself. You kind of think "as long as someone doesn't say no, it's not a no." This is sort of how I used to think, until... And, so, that's what I think is the problem. You are not that attentive.

For Fredrik who, like Robert, had sexually abused a close relative child, one barrier was the lack of knowledge regarding the management of sexual attraction to children:

I thought about it [seeking help], but I didn't believe there actually existed something that could help. I was more in the mindset that the only cure is a bullet in the brain. I didn't believe any psychologist talk would help.

Fredrik's quote indicates a sense of hopelessness. In his current microsystem, no solution existed. Thus, reaching out for help was not an option.

Cognition, or insight, is not independent of space and time (Bronfenbrenner, 2005). Robert's quote illustrates how the chrono-system seemed to obscure his experiences of sexual boundaries. Johan's quote also relates to the chrono-system; however, in his case, it is in relation to the macro-system and changing norms regarding consent. According to Fredrik, it was not until an ecological transition (Bronfenbrenner, 1979) to a new micro-system, where he participated in treatment for people convicted of sexual offences, that he became more hopeful about his capacity to change (cf. Levenson & Grady, 2019).

Fear of (social) consequences

Fear of legal and/or social consequences, often related to shame and stigma, appeared as a significant obstacle to help-seeking, in particular for those who had perpetrated child sexual abuse. An obvious hindrance is the risk of being reported to the police. Ulf had abused his children for several years, and said:

If I were to call and say that I had been doing things to my own daughter, they would obviously report it. That's just how it is. [...] The only thing you basically have is the priesthood, so to speak, those who have confidentiality in that way.

William was a young man convicted of several sexual offences against multiple victims, mostly children. He stated that it was impossible for him to turn to his family for support:

Above all, I thought that "no, then they are going to leave me", as parents. That's the worst thing I could... that could happen. That was what I thought; that they will not want to be my mom and dad anymore.

The exceptional stigma around sexual offences and sexual attraction to children, which pervades all ecological systems (Tewksbury, 2012), was prevalent in the accounts. Fredrik says, "it's already difficult to talk about that [sexuality] as a teenager. So talking about the thing everyone hates the most, if you happen to be that [a paedophile], no, that's not possible" (cf. Swaby & Lievesley, 2023). The theme accentuates how both micro-system (the risk of social exclusion) and macro-system factors (discourses and associated judgemental attitudes) are crucial to sexual abuse prevention.

Significant others as motivators

Family (parents, partners and children) in the closest micro-systems appeared to be salient motivators for help-seeking. As previously described, William did not consider talking to his parents about his ongoing child abuse perpetration. He did, however, browse online for help, although he did not follow through, because of his relationship with his girlfriend: "We were very close to starting to build a family and sharing economy, buying a house, and such. So, I didn't want to ruin what I had started building." Christian tried to seek help for

his Post-Traumatic Stress Disorder (PTSD) and drug problems, mainly for the sake of his children:

Interviewer: How did it affect the situation that you did drugs as a way to cope?

Christian: It did not turn out well. You don't really get well from hard drugs, you know. That was my way of dealing with it. I had always been doing that, I've done drugs since I was 14. That was the only way out for me. I didn't see any other option. But still, I wanted to change because I had children, so you know, I don't want my children to go through what I have gone through. So I really wanted to change, but I didn't have many tools. So, and it was really bad, being tossed around like that, back and forth [between different caregivers]. Two years is not a short time.

Fredrik said that he contemplated talking to his half-brother about his sexual interest in children:

Interviewer: And why was he a person you might consider telling?

Fredrik: Because he was family but not so close, it wasn't someone I had lived with. And I felt like I had a trust that he would... yeah, I don't know, I trusted him, it fit. I felt I could start there if I needed to.

As Fredrik's quote shows, trustworthy relatives, including those who are not the closest ones in the microsystem, can be a potential source of support. Only one interviewee disclosed his abusive behaviour to significant others prior to arrest. Robert, who had abused his children for years, described this event:

My deeds started to catch up to me. I felt worse and worse as years went by. Then, the day came, when I told my girlfriend what I had done. [...] It was chaos in my head. I didn't want to live anymore, so I pointed a knife against my chest and in that same second, my girlfriend came into the kitchen. Then the police came, and I was transported to the mental health clinic and there were all these treatments there. [...] I wouldn't be sitting here today if it wasn't for me coming forward that day, to my girlfriend.

Similarly, Pontus had used child sexual abuse material for many years and said his substance use addiction increased this behaviour. He tried to get help for his addiction and his family played an important role in this process:

Interviewer: In what way did they support you in that?

Pontus: Well, they came and visited. Were there for me. Pushed me, encouraged me. And my mom drove me to detox several times, more than I can remember.

As the excerpts from Robert's and Pontus' stories indicate, if there is an established link between significant others and institutions that offer help, i.e. meso-systems, at the time of crisis, this might create interactive synergy effects.

Focused professional help

Several interviewees, primarily treatment participants, stated that they had indeed attempted to seek help, most often before their offence or during the ongoing abuse. They mostly sought help on their own. However, on a few occasions they were referred by, for instance, the police or the Prison and Probation Service. The most common source of support was professional help from mental health services (N=6), substance addiction treatment of various kinds (N=3), couples' counselling (N=2), as well as treatment for problematic sexual behaviours (hypersexuality) or attraction to children (N=3).

One aspect that the interviewees found most helpful was the specialised knowledge of the professionals they met (typically some form of counselling). This was true whether the issue was addiction, mental health problems, or sexual problems. Additionally, the focus on the specific problematic behaviour was considered important (cf. Levenson & Grady, 2019).

These aspects, primarily related to exo-systems such as education and training, contributed to different kinds of insights into their personal life or relief of mental health issues. Fredrik received help from a clinic specialising in problematic sexuality; the police recommended this to him when they arrested him. However, the clinic was far from him geographically and there were additional financial obstacles for him to complete the treatment. The local psychiatric clinic would only offer him medications (for his concurrent depression). Regarding the specialised treatment for unwanted sexuality, he said:

It kind of helped, I had conversations with a psychologist there, and that was very helpful. To be able to open up and talk about it [sexual attraction to children, lack of relations to grown-ups, etc.], and this was someone who had met many individuals in the same situation as me, so that was very good. It was just a little bit short.

Interviewer: Yes, you say it was someone who had experience of talking to people with similar problems. What did that mean to you?

Fredrik: Well, it instilled quite a lot of confidence, for what he said and so on. So it felt good.

Nonetheless, several of the treatment participants concluded that the support they received prior to conviction, although helpful to some extent, worked primarily on the surface. In comparison, they often stated that the subsequent sexual offence-specific treatment they attended was more in-depth. This treatment contributed to a deeper understanding of their offending behaviour and identity issues, which they viewed as their 'real' problem (Lindegren, 2024b). Robert, who disclosed his offence to his girlfriend, as described in the previous theme, suffered from severe depression and received electroconvulsive therapy before he was sentenced.

Interviewer: Did you feel that the healthcare provided was helpful?

Robert: Surely, it probably was. Eh... I don't know really; honestly, I don't know. I don't remember, but...

Interviewer: Did you get better from the electroconvulsive treatment? Or was it the same...?

Robert: (pause) Perhaps a little bit. Maybe a little. However, when I started going, when the trials were so... No, I don't know, and then I relapsed. Well, I wanted to leave this earthly life, so I don't know really if it helped. No, my biggest help was when I got to [prison name], [year], and got a psychologist. Simply talking to a psychologist. That was my rescue, so to speak. That's how I feel.

Pedro, a middle-aged interviewee, was convicted for the second time for a sexual offence (currently a minor offence). He faced multifaceted issues, including general criminal behaviour, drug addiction, and mental health problems. He expressed that he had previously sought help, not only for substance abuse but for hypersexual behaviours, from his social worker. According to him, she minimised his problems and even engaged in sexual relations with him. Later, he went to a 12-step rehabilitation centre, as part of a criminal sentence, for his substance abuse addiction. Here, he finally received support for his hypersexual and masculinity-related problems. The therapist responded to Pedro's excessive sexual behaviours by disclosing that he had himself battled the same issue:

Pedro: Then I realised "ok, so I'm not such a strange individual". [...] You know, I was molested as a kid; I was raped. [...] I was this "disgusting little kid". I had no worth. I have been condescending to others. I have put them down. Like: "You're only good for fucking" and afterwards: "You can go home". This fucking contempt. I think it was all founded there, that my view on sex in general was skewed.

When asked about the meaning of the support he received, Pedro continued: "[it meant] a lot, very much. And not just with the sexual stuff, it helped me as a person; that everything shouldn't be on my terms." Hence, the first professional Pedro met (social worker) confused him. However, the latter ones did not reject him even though their services targeted other needs, i.e. substance abuse. Instead, they offered a holistic treatment which appeared to have addressed essential risk factors for sexual offending.

A neglectful welfare system

Despite some positive experiences, most interviewees deemed the support they received as inadequate. Some of them described professionals as confrontational, judgmental or negligent towards their problems. This can explain later hesitation to engage in treatment for people convicted of sexual offences. Initial hesitation was prevalent even among those who completed treatment.

There seemed to be many barriers in the welfare system organisation. Several interviewees reported long waiting lists, 'slipping through the cracks in the system' (cf. Swaby & Lievesley, 2023), or being rejected *because* of their severe, multifaceted problems. Previously mentioned Christian was a young man with an extensive general criminal record. He was convicted for the first time of rape against his girlfriend, described by himself as an act of uncontrollable rage. He described the response when he applied for treatment for his PTSD:

"Yeah, but we don't have the resources to help you; we don't have anyone who can deal with complex PTSD and your other problems." And that felt kind of hopeless. I strongly believe that had I gotten help sooner, this [the rape] would never have happened. Because I was in a very bad shape when I was out [not in prison]; you know, I managed

my mental health issues with drugs of all kinds. And this was during a period in my life when there was all sorts of bad stuff going on in my life at the same time.

A seemingly paradoxical feature of the encounter with the neglectful welfare system was that several interviewees concluded they did not receive adequate support for various problems until they actually committed a crime (not necessarily a sexual crime) and ended up in prison, probation or custody. Pedro said:

I am an old heroin addict, and you probably know how heroin affects people; it's the worst of withdrawals. I had decided that I would stop doing drugs, but I didn't receive any help with treatment or anything like that. So I went to the police station and hit my fist straight through the window and said, "arrest me." "No, that's not enough to arrest me." Then I clocked the police officer round the head. "Now you have at least 72 hours." "Don't let me out of this cell," I said. "Until I say it's finished, it doesn't matter if there is blood or faeces, or anything; I am going to quit the drugs," I said. "No, I can't hold you for more than 72 hours." So I gave him another punch. Yes. "Now! Now there is a reason for custody," I said. He just said, "you really want to get clean?" Then he got me into detox, so, yeah.

This theme emphasises how culture shapes policy and organisations, and some experiences of interactions can be understood in terms of *temperament in context* (Bronfenbrenner, 2005). Christian, for instance, described his previous trauma as well as aspects of his personality and behaviour—at least before participating in the treatment programme—as aggressive, macho and hostile. Individuals exhibiting these traits may provoke negative responses. The context also plays a significant role. In this case, the welfare system features elements such as customer selection and other New Public Management (NPM) practices (Stenius & Storbjörk, 2023), which may limit the chances of successful preventative outcomes for those with complex co-morbidities.

Discussion

This study suggests that sexual violence prevention can take place or fail at all levels in society; in the micro-, meso-, exo- and macro-systems. The person-environment interaction is crucial. Several of the interviewees had sought help prior to their offence or conviction, predominantly for non-sexual risk factors such as substance use disorder, mental health, or relationship issues. However, barriers were significant. The results corroborate and develop research on the significance of insight, stigma, professionals' attitudes, and specialised knowledge, as well as fear of social consequences regarding help-seeking for IRSOs (e.g. Jahnke, 2018; Kjellgren, 2019a; Levenson & Grady, 2019; Piché et al., 2018; Roche & Stephens, 2022; Swaby & Lievesley, 2023). This study presents novel findings by expanding the understanding of help-seeking experiences, exploring broader risk-related issues such as addiction, mental health, and dysfunctional relationships. Additionally, it examines the role of the welfare system and significant others in the help-seeking process from a systemic perspective.

The identified barriers on the exo- and macro-level in this study support research indicating that NPM-reforms might produce difficulties for holistic care for service users with complex problems (Stenius & Storbjörk, 2023). The current study also highlights the importance of specialised, practice-based knowledge among professionals. This is possibly

devalued with the marketisation and bureaucratisation of welfare (Mullins & Kirkwood, 2022). The study indicates that, on a micro-level, social workers or other professionals in the welfare system are not adequately equipped to meet the needs of IRSOs (cf. Jahnke, 2018; Levenson & Grady, 2019; Roche & Stephens, 2022), highlighting the need for training.

The interviewees often stated that they received more adequate support from the criminal justice system (Lindegren, 2024b), not only for sexual problems but also for substance use disorders and mental health issues. This raises questions about whether the welfare system has withdrawn, leaving individuals at the highest risk of criminal behaviour, as well as mental health and substance abuse problems, for the correctional system to manage (cf. Swaby & Lievesley, 2023). If so, this is problematic, not only because the crime has already occurred at this point, but also because those who perpetrate sexual abuse are rarely convicted (Drury et al., 2020). Further research on the capacity and preparedness of the welfare system to meet the needs of IRSOs is needed.

In line with existing research, the findings in this study point to the importance of macro-level measures, such as continuing public health discourse and raising awareness regarding sexual violence, consent, and risky sexual interests. In particular, such measures can potentially help individuals at risk acknowledge their problematic behaviours or thoughts. It also highlights the need for various concrete prevention measures operating in the micro-, meso-, and exo-systems. There is some scientific support for universal measures, such as school- and web-based interventions (e.g. Letourneau et al., 2024; Salazar et al., 2014). Anti-stigma interventions directed to the public regarding people who are sexually attracted to children show potential as well (McKillop & Price, 2023). Furthermore, secondary prevention targeting those with sexually problematic behaviours or interests, and family and friends, is also promising (Adebahr et al., 2021; Hallberg et al., 2019; Kjellgren, 2019a; Landgren et al., 2020; Lätth et al., 2022). Nonetheless, more research is needed to know if these services and interventions actually reduce sexual offences.

Significant others appeared as actors who can play an important role as motivators as well as in facilitating help-seeking and possibly subsequent behaviour change (cf. Hydén, 2015; Lindegren, 2024b). Thus, involving significant others in prevention can potentially create synergy effects through micro- and meso-level processes. However, the interviewees seldom sought support for specific sexual problems from their private social network. This suggests a need for research on the role of family in prevention. Welfare and healthcare professionals may be able to assist family members in more directly encouraging their loved one to participate in treatment or other preventative measures. Accordingly, broad targets are essential for sexual violence prevention.

As a final note, although the interviewees claimed they did not receive adequate support, and all of them were later convicted, this does not necessarily mean that the support had no preventative effect at all. Harm reduction should be acknowledged (McCartan & Richards, 2021). Hence, it cannot be ruled out that the support might have prevented additional criminal acts or contributed to some acts becoming less severe. It is noteworthy that when previous support was experienced as helpful, the interviewees argued it facilitated subsequent engagement in treatment for individuals convicted of sexual offences. This also suggests that early constructive encounters may positively influence later interactions and outcomes.

Methodological limitations

This study is interpretative and based on the interviewees' own accounts and retrospective experiences. Accordingly, it is not possible to draw objective conclusions about the encounters with support systems. Needless to say, service users do not always make correct judgements about the genesis of, or solution to, their own problems. Furthermore, claims about inadequate support can be expressions of neutralisation, serving to avoid responsibility (Sykes & Matza, 1957). Nonetheless, the interviewees' own understanding of their offence and risk factors generally aligns with existing scientific theories and empirical research. Furthermore, it is necessary to examine ISOs' perceptions and lived experiences, since such an understanding provides the gateway to successful prevention.

The findings in this study may be transferable to ISOs or IRSOs in other contexts, or help-seeking in other stigmatised groups. Nevertheless, the rehabilitation-oriented correctional system in Sweden (Pratt, 2007) may contribute to the prevalence of subsequently positive experiences of support from the correctional services. Moreover, the sample is predominantly comprised of individuals with a fairly high socioeconomic background. The number of individuals approached and the number who declined to participate remain unknown, limiting the ability to assess the sample. Ideally, the number of treatment non-participants (N=6) would have been larger to capture a broader range of their experiences. However, this group appears to be particularly difficult to recruit (cf. Mann et al., 2013). Thus, contextual circumstances may limit the transferability and call for more research on ISOs' help-seeking from other parts of the world.

Conclusion

This paper indicates that early sexual violence prevention needs to consider more aspects of risk-related problems than sexual ones. The study shows that several of the men convicted of sexual offending had sought help prior to their offence or convictions, for substance abuse addiction, mental health issues, and relationship problems. Most of them did not deem this help to be sufficient, and rejections were common. The implications are that the welfare and healthcare systems need to engage in sexual abuse prevention to a greater extent. The organisation of welfare agencies and the lack of specialised professional training appear to contribute to prevention obstacles. However, more research on the topic is needed. Furthermore, significant others appear to be an underutilised resource that could help create synergy in the help-seeking process.

Acknowledgements

The author would like to thank all the interviewees and staff at the Swedish Prison and Probation Service for their assistance, as well as Stefan Sjöström, Maritha Jacobsson, Cecilia Kjellgren, and colleagues for their valuable feedback.

Competing Interests

There are no competing interests or external funding to declare.

Data availability

Raw data is not available due to ethical restrictions.

Notes

1. IRSO = those who have not yet committed a sexually abusive act but might be at risk of doing so.
2. It is noteworthy that a substantial part of this group may not commit sexual offences, and therefore they are not all necessarily 'at risk' (see Seto, 2009).
3. Support in this paper refers to both professional support and support from the individual's social network, such as family and friends.
4. The new Swedish rape law, often publicly referred to as 'the consent law', is based on a version of affirmative consent.
5. Words that the interviewee emphasised are capitalised.

References

- Adebahr, R., Söderström, E.Z., Arver, S., Jokinen, J. & Öberg, K.G. (2021). Reaching men and women at risk of committing sexual offences – Findings from the National Swedish Telephone Helpline PrevenTell. *The Journal of Sexual Medicine*, 18(9), 1571–1581. <https://doi.org/10.1016/j.jsxm.2021.06.008>
- Bayram, G., Parks, A., Juth, N. & Rahm, C. (2023). Health care professionals' view on pedophilic disorder: A qualitative study. *Sexual and Relationship Therapy*, 38(4), 684–695. <https://doi.org/10.1080/14681994.2021.1900560>
- Bladini, M. & Svedberg Andersson, W. (2020). Swedish rape legislation from use of force to voluntariness—critical reflections from an everyday life perspective. *Bergen Journal of Criminal Law & Criminal Justice*, 8(2), 95–125. <https://doi.org/10.15845/bjclcj.v8i2.3241>
- Braun, V. & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage Publications.
- Bronfenbrenner, U. (1979). *The ecology of human development experiments by nature and design*. Harvard University Press. ProQuest Ebook Central. <https://ebookcentral.proquest.com/lib/uu/detail.action?docID=3300702>
- Bronfenbrenner, U. (Ed.) (2005). *Making human beings human: Bioecological perspectives on human development*. Sage Publications.
- Christensen, A.-D. & Jensen, S.Q. (2014). Combining hegemonic masculinity and intersectionality. *NORMA*, 9(1), 60–75. <https://doi.org/10.1080/18902138.2014.892289>
- Di Gioia, R. & Beslay, L. (2023). *Help seeker and perpetrator prevention initiatives—child sexual abuse and exploitation*. G. O'Neill (Red.), Publications Office of the European Union. <https://data.europa.eu/doi/10.2760/600662>
- Dixon, L., Harkins, L. & Wegerhoff, D. (2019). Incorporating sociocultural and situational factors into explanations of interpersonal violent crime. *Psychology, Crime & Law*, 25(6), 675–692. <https://doi.org/10.1080/1068316X.2018.1557183>
- Drury, A.J., Elbert, M.J. & DeLisi, M. (2020). The dark figure of sexual offending: A replication and extension. *Behavioral Sciences & the Law*, 38(6), 559–570. <https://doi.org/10.1002/bsl.2488> <https://onlinelibrary.wiley.com/toc/10990798/38/6>
- Gannon, T.A., Olver, M.E., Mallion, J.S. & James, M. (2019). Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness. *Clinical Psychology Review*, 73, 1–18. <https://doi.org/10.1016/j.cpr.2019.101752>
- Gewirtz-Meydan, A. & Finkelhor, D. (2020). Sexual abuse and assault in a large national sample of children and adolescents. *Child Maltreatment*, 25(2), 203–214. <https://doi.org/10.1177/1077559519873975>
- Hallberg, J., Kaldo, V., Arver, S., Dhejne, C., Jokinen, J. & Öberg, K.G. (2019). A randomized controlled study of group-administered cognitive behavioral therapy for hypersexual disorder in men. *The Journal of Sexual Medicine*, 16(5), 733–745. <https://doi.org/10.1016/j.jsxm.2019.03.005>
- Hanson, R.K. & Morton-Bourgon, K.E. (2005). *The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies*. *Journal of Consulting and Clinical Psychology*, 73(6), 1154–1163. <https://doi.org/10.1037/0022-006X.73.6.1154>

- Hillert, J., Haubrock, L.S., Dekker, A. & Briken, P. (2024). Web-based initiatives to prevent sexual offense perpetration: A systematic review. *Current Psychiatry Reports*, online publication ahead of print. <https://doi.org/10.1007/s11920-024-01489-1>
- Holmberg, S. & Lewenhagen, L. (2020). *Reported and cleared rapes in Europe. Difficulties of international comparisons. Report 2020:13*. Swedish National Council for Crime Prevention. https://bra.se/download/18.7d27ebd916ea64de5306c65f/1601393665407/2020_13_Reported_and_cleared_rapes_in_Europe.pdf
- Hydén, M. (2014). The teller-focused interview: Interviewing as a relational practice. *Qualitative Social Work: Research and Practice*, 13(6), 795–812. <https://doi.org/10.1177/1473325013506247>
- Hydén, M. (2015). What social networks do in the aftermath of domestic violence. *The British Journal of Criminology*, 55(6), 1040–1057. <https://doi.org/10.1093/bjc/azv099>
- Insoll, T., Ovaska, A. & Vaaranen-Valkonen, N. (2021). *CSAM users in the dark web: Protecting children through prevention. Suojellaan Lapsia ry/Protect children. ReDirection Survey Report 2021*. <https://www.suojellaanlapsia.fi/sv/post/csam-users-in-the-dark-web-protecting-children-through-prevention-4>
- Jahnke, S. (2018). The stigma of pedophilia: Clinical and forensic implications. *European Psychologist*, 23(2), 144–153. <https://doi.org/10.1027/1016-9040/a000325>
- Kjellgren, C. (2019a). Outcomes for treatment of hypersexual behavior provided by specialized social welfare units. *Research on Social Work Practice*, 29(1), 103–112. <https://doi.org/10.1177/1049731518757030>
- Landgren, V., Malki, K., Bottai, M., Arver, S. & Rahm, C. (2020). Effect of gonadotropin-releasing hormone antagonist on risk of committing child sexual abuse in men with pedophilic disorder: A randomized clinical trial. *JAMA Psychiatry*, 77(9), 897–905. <https://doi.org/10.1001/jamapsychiatry.2020.0440>
- Lätth, J., Landgren, V., McMahan, A., Sparre, C., Eriksson, J., Malki, K., Söderquist, E., Öberg, K.G., Rozentel, A., Andersson, G., Kaldo, V., Långström, N. & Rahm, C. (2022). Effects of internet-delivered cognitive behavioral therapy on use of child sexual abuse material: A randomized placebo-controlled trial on the Darknet. *Internet Interventions*, 30, 100590–100590. <https://doi.org/10.1016/j.invent.2022.100590>
- Lätth, J. & Rahm, C. (2024). *Kort om behandling av sexualbrottsdömda [Brief on the treatment of individuals convicted of sexual offences]*. Kriminalvården [The Swedish Prison and Probation Service].
- Letourneau, E.J., Schaeffer, C.M., Bradshaw, C.P., Ruzicka, A.E., Assini-Meytin, L.C., Nair, R. & Thorne, E. (2024). Responsible behavior with younger children: Results from a pilot randomized evaluation of a school-based child sexual abuse perpetration prevention program. *Child Maltreatment*, 29(1), 129–141. <https://doi.org/10.1177/10775595221130737>
- Levenson, J.S., Willis, G.M. & Vicencio, C.P. (2017). Obstacles to help-seeking for sexual offenders: Implications for prevention of sexual abuse. *Journal of Child Sexual Abuse; Binghamton*, 26(2), 99–120. <https://doi.org/10.1080/10538712.2016.1276116>
- Levenson, J.S. & Grady, M.D. (2019). Preventing sexual abuse: Perspectives of minor-attracted persons about seeking help. *Sexual abuse*, 31(8), 991–1013. <https://doi.org/10.1177/1079063218797713>
- Lindegren, S. (2024a). *Support and treatment for men convicted of sexual offending: Readiness, change, and previous help-seeking* [Doctoral thesis, Uppsala University]. <https://uu.diva-portal.org/smash/record.jsf?pid=diva2%3A1849844&dswid=1899>
- Lindegren, S. (2024b). Participants' experiences of sex offender treatment: Searching for desisting narrative identities. *International Journal of Offender Therapy and Comparative Criminology*, online publication ahead of print. <https://doi.org/10.1177/0306624X241228231>
- Malterud, K., Siersma, V.D. & Guassora, A.D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753–1760. <https://doi.org/10.1177/1049732315617444>
- Mann, R.E., Webster, S.D., Wakeling, H.C. & Keylock, H. (2013). Why do sexual offenders refuse treatment? *Journal of Sexual Aggression*, 19(2), 191–206. <https://doi.org/10.1080/13552600.2012.703701>

- McCartan, K.F. & Kemshall, H. (2021). Incorporating quaternary prevention: Understanding the full scope of public health practices in sexual abuse prevention. *International Journal of Offender Therapy and Comparative Criminology*, 67(2–3), 224–246. <https://doi.org/10.1177/0306624X211049204>
- McCartan, K.F. & Richards, K. (2021). The integration of people convicted of a sexual offence into the community and their (risk) management. *Current Psychiatry Reports*, 23(8), 52. <https://doi.org/10.1007/s11920-021-01258-4>
- McKillop, N. & Price, S. (2023). The potential for anti-stigma interventions to change public attitudes toward minor-attracted persons: A replication and extension of Jara and Jeglic's study. *Journal of Child Sexual Abuse*, 32(6), 694–714. <https://doi.org/10.1080/10538712.2023.2204864>
- Mullins, E. & Kirkwood, S. (2022). Unpicking social work practice skills: Warmth and respect in practice. *Qualitative Social Work*, 21(6), 1063–1083. <https://doi.org/10.1177/14733250221124214>
- Piché, L., Mathesius, J., Lussier, P. & Schweighofer, A. (2018). Preventative services for sexual offenders. *Sexual Abuse*, 30(1), 63–81. <https://doi.org/10.1177/1079063216630749>
- Pratt, J. (2007). Scandinavian exceptionalism in an era of penal excess: Part I: The nature and roots of Scandinavian exceptionalism. *British Journal of Criminology*, 48(2), 119–137. <https://doi.org/10.1093/bjc/azm072>
- Roche, K. & Stephens, S. (2022). Clinician stigma and willingness to treat those with sexual interest in children. *Sexual Offending: Theory, Research, and Prevention*, 17, 1–13. <https://doi.org/10.5964/sotrap.5463>
- Roche, K., Stephens, S., Moss, S. & Seto, M.C. (2022). Online forum use in child attracted persons. *The Canadian Journal of Human Sexuality*, 31(3), 409–421. <https://doi.org/10.3138/cjhs.2022-0007>
- Salazar, L.F., Vivolo-Kantor, A., Hardin, J. & Berkowitz, A. (2014). A web-based sexual violence bystander intervention for male college students: Randomized controlled trial. *Journal of Medical Internet Research*, 16(9), e203. <https://doi.org/10.2196/jmir.3426>
- Seto, M.C. (2009). Pedophilia. *Annual Review of Clinical Psychology*, 5(1), 391–407. <https://doi.org/10.1146/annurev.clinpsy.032408.153618>
- Seto, M.C. (2019). The motivation-facilitation model of sexual offending. *Sexual Abuse*, 31(1), 3–24. <https://doi.org/10.1177/1079063217720919>
- Socialtjänstlag (2001:453) [the Social Services Act]. Socialdepartementet [Ministry of health and social affairs]. https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/socialtjanstlag-2001453_sfs-2001-453
- Sousa, M., Andrade, J., de Castro-Rodrigues, A. & Gonçalves, R.A. (2023). The effectiveness of psychological treatment in adult male convicted for sexual offenses against children: A systematic review. *Trauma, Violence, & Abuse*, 24(3), 1867–1881. <https://doi.org/10.1177/15248380221082080>
- Stenius, K. & Storbjörk, J. (2023). When the organization is a problem: An empirical study of social work with substance use problems in more or less NPM-influenced Swedish municipalities. *Nordic Social Work Research*, 13(1), 36–49. <https://doi.org/10.1080/2156857X.2021.1907613>
- Storgaard, A. (2022). Democratic emancipation in Scandinavian offender rehabilitation: – Between policy discourse and actual practice. *Nordisk Tidsskrift for Kriminalvidenskab*, 109(1), 228–235. <https://doi.org/10.7146/ntfk.v109i1.130310>
- Swaby, H. & Lievesley, R. (2023). “Falling through the cracks”: A retrospective exploration of the barriers to help-seeking among men convicted of sexual crimes. *Sexual Abuse*, 35(7), 812–841. <https://doi.org/10.1177/10790632221146501>
- Sykes, G.M. & Matza, D. (1957). Techniques of neutralization: A theory of delinquency. *American Sociological Review*, 22(6), 664–670. <https://doi.org/10.2307/2089195>
- Tewksbury, R. (2012). Stigmatization of sex offenders. *Deviant Behavior*, 33(8), 606–623. <https://doi.org/10.1080/01639625.2011.636690>

- Ware, J. & Mann, R.E. (2012). How should “acceptance of responsibility” be addressed in sexual offending treatment programs?. *Aggression and Violent Behavior*, 17(4), 279–288. <https://doi.org/10.1016/j.avb.2012.02.009>
- Wikström, P.-O.H. (2020). Explaining crime and criminal careers: The DEA model of situational action theory. *Journal of Developmental and Life-Course Criminology*, 6(2), 188–203. <https://doi.org/10.1007/s40865-019-00116-5>