Support and Treatment for Men Convicted of Sexual Offending

Readiness, Change, and Previous Help-Seeking

Stina Lindegren
Abstract


Social work plays a crucial role in the prevention of sexual abuse. Such prevention can involve protection for potential victims but also measures directed at those who perpetrate sexual abuse. However, research on desistance among those who have committed sexual offences, their treatment readiness, and help-seeking prior to conviction is scarce.

This doctoral thesis aims to explore support and treatment from the perspective of adult men convicted of sexual offences in Sweden. What are their experiences of change after participation in sex offender treatment, and how do they engage in risk-reducing interventions? Particular attention is placed on the roles of relatives and society.

Data consist of pre- and post-tests (n = 99) and in-depth interviews with men convicted of sexual crimes (n = 19). The interviews were carried out with both participants (n = 13) and non-participants (n = 6) in sex offender treatment.

Participants’ self-reports (n ~ 26) and therapist ratings (n = 46) analysed in paper I suggest that participation in the sex offender programme called SEIF may be associated with changes in criminogenic needs, potentially reducing issues linked to recidivism. However, caution is advised due to methodological limitations. Further studies are needed to determine effectiveness. According to paper II, interviewees who participated in SEIF (n = 13) appeared to have started building new prosocial narrative identities, indicative of early desistance.

The findings in paper III suggest that non-rehabilitative, punitive elements within correctional systems can create barriers to readiness. Nevertheless, supportive and non-punitive responses from staff, close ones, or fellow inmates seemed to counteract these negative loops. This hypothesised relational mechanism, promoting readiness, is termed looping disruption. Paper IV examines help-seeking behaviours and indicates that prevention efforts can either succeed or fail at various societal levels. Barriers to seeking help include a lack of awareness of the problem, fear of social consequences, and a neglectful welfare system. Professionals with specific knowledge and focus were seen as providing meaningful support, while the involvement of loved ones was a central motivator.

In conclusion, a non-judgmental, person-centred, and supportive approach is recommended, as it seems to increase willingness to change. Professionals may need specific training to tackle the challenges associated with this task. Furthermore, the thesis highlights how the significant stigma associated with sexual offences is a major obstacle when reintegrating individuals convicted of such crimes into society.

Keywords: Sexual offender treatment, Readiness, Desistance, Prevention, Sexual abuse
List of Papers

This thesis is based on the following papers, which are referred to in the text by their Roman numerals.


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Contents

1 Introduction: ‘Sexual offenders’ as service users.................................13
  1.1 Challenges to prevention: A service user perspective.....................14
    1.1.1 Promoting change .............................................................14
    1.1.2 Engagement in interventions .............................................15
  1.2 Aim ......................................................................................17
  1.3 My position in the field ..........................................................18
  1.4 My personal and professional motivation for the research topic ....19
  1.5 Naming the research subjects ..................................................20

2 Background: Sexual abuse in a Swedish context .................................23
  2.1 Sexual abuse .........................................................................23
    2.1.1 Prevalence and consequences of sexual abuse ......................23
    2.1.2 Understanding sexual offending .........................................25
    2.1.3 Societal responses .............................................................28
  2.2 The Swedish context ...............................................................29
    2.2.1 Legislation and correctional system ....................................29
    2.2.2 Evidence-based correctional practice ..................................31
    2.2.3 Treatment for sexual offending ...........................................33

3 Previous research: Rehabilitation and prevention ...............................40
  3.1 Offender rehabilitation ..............................................................40
    3.1.1 Outcomes of sexual offender treatment programmes ..........41
    3.1.2 Factors in change: Risk-, Need-, & Responsivity .................43
    3.1.3 Processes of change: Desistance ........................................44
    3.1.4 Participants’ experiences of sexual offender programmes ....46
    3.1.5 Treatment readiness .........................................................49
  3.2 Seeking help before offending ..................................................52

4 Theorising change and engagement ..................................................54
  4.1 Paradigmatic assumptions ........................................................54
    4.1.1 Critical realism in social work ............................................54
  4.2 Analytical tools ........................................................................56
    4.2.1 Overarching frameworks and concepts ...............................57
    4.2.2 Narrative identity (paper II) .................................................61
    4.2.3 Looping (paper III) ............................................................65
    4.2.4 Process-Person-Context-Time (paper IV) .........................66
    4.2.5 Integrating the theoretical approaches ...............................68
11 Appendices ............................................................................................................. 167
11.1 Appendix I: Literature search strategies ......................................................... 167
11.2 Appendix II: Safety precautions ...................................................................... 169
11.3 Appendix III: Interview guides ...................................................................... 170
11.4 Appendix IV: Descriptive statistics interviewees ........................................... 173
Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>CBT</td>
<td>Cognitive behavioural therapy</td>
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<td>CSAM</td>
<td>Child sexual abuse material (legal term: ‘child pornography’)</td>
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<td>EBP</td>
<td>Evidence-based practice</td>
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<td>GLM</td>
<td>Good Lives Model</td>
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<td>IRSO</td>
<td>Individual at risk of committing a sexual offence</td>
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<td>ISO</td>
<td>Individual convicted of a sexual offence</td>
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<td>MI</td>
<td>Motivational Interviewing</td>
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<td>MORM</td>
<td>Multifactor Offender Readiness Model</td>
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<td>NBHW</td>
<td>(The Swedish) National Board of Health and Welfare [Socialstyrelsen]</td>
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<td>NPM</td>
<td>New Public Management</td>
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<td>PPCT</td>
<td>Process-Person-Context-Time</td>
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<td>PSM</td>
<td>Propensity score matching</td>
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<td>RCT</td>
<td>Randomised controlled trial</td>
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<td>RNR</td>
<td>Risk-, Need-, and Responsivity</td>
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<tr>
<td>ROS</td>
<td>Relations- and coexistence programme [Relations- och samlevnadsprogrammet]</td>
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<tr>
<td>SEIF</td>
<td>Sex offender programme with an individual focus (currently, SEIF is used as a stand-alone name)</td>
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<tr>
<td>SNCCP</td>
<td>Swedish National Council for Crime Prevention [Brå/Brottsförebyggande Rådet]</td>
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<td>SPPS</td>
<td>Swedish Prison and Probation Service [Kriminalvården]</td>
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<td>TA</td>
<td>Thematic analysis</td>
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1 Introduction: ‘Sexual offenders’ as service users

Sexual violence is a global threat to the health, well-being, and fundamental human rights of a considerable portion of the population, particularly women and children (Gewirtz-Meydan & Finkelhor, 2020; Macdowall et al., 2013; World Health Organization, 2021). The topic of sexual abuse is understandably associated with strong negative emotions. Perceptions of the individuals perpetrating sexual abuse are almost universally negative. In addition, there are multiple stereotypes and myths concerning perpetrator characteristics, which often do not apply to the typical individual actually committing these offences. These conceptualisations involve notions such as ‘stranger danger’. Thus, views of the sexual perpetrator often depict them as a deviant stranger or a monster lurking in the bushes (e.g. Berggren & Gottzén, 2021; Cowburn & Dominelli, 2001; Harper et al., 2017; Levenson et al., 2007; Maguire & Singer, 2011; Nilsson, 2019). Hence, the perpetrator is seen as ‘the other’, not someone like ‘us’ or people we love. Consequently, those who have experienced abuse are sometimes accused of lying, as the alleged perpetrator rarely fits with the stereotypical image. Ievins (2023) argues that a conviction for sexual offences results in a social identity comparable to a stain:

A stain is something which seeps into your whole being, which sets you apart, and which pollutes you. Like stigmata, stains are indelible and communicative. They are impossible to escape, and they say something about who you are. But unlike stigmata, stains are inherently physical and disgusting. They seep and spread, oozing through and past the boundaries of the body and attaching themselves to anyone or anything that touches them, accumulating in layers on people who already have been marked. (Ievins, 2023, pp. 43–44)

Social work is a field traditionally associated with supporting vulnerable groups (Trevillion, 2000). Thus, social workers encountering stained individuals who have seriously hurt others might face various challenges (L. Frost, 2016; Hackett, 2000; Shrim & Baum, 2022). While most people want to end sexual violence, few are willing to engage with those who perpetrate it or are at risk of doing so (cf. Jahnke, 2018). For those who do, it is not always met with enthusiasm (Walker, 2023). Research indicates that experts are perceived as less credible by the public when they discuss those who have sexually offended compared to if they discuss, for instance, drunk drivers (Socia, 2022).
Credibility seems to suffer in particular when their message contradicts mythical beliefs about those who have sexually offended. Hence, the ‘sex offender’ stain seems to rub off on professionals too. Professionals, as well as researchers, can expect significant obstacles, such as being accused of ‘siding with the perpetrators instead of the victims’. Nevertheless, professionals, such as social workers, play a crucial role in preventing sexual abuse perpetration.

The public’s views, stigma, and othering of individuals convicted of sexual offences provide the social backdrop for this thesis, in which I explore the experiences of individuals living with this stain and their perspectives on support and treatment for problems linked to sexual offending. Such knowledge can improve sexual abuse prevention efforts. Furthermore, the experiences of this group of individuals represent an extreme case that can offer insights and strategies to address the broader phenomenon of social work with groups that have to manage stigma, risks of social exclusion, and identity conflicts.

1.1 Challenges to prevention: A service user perspective

If one is truly to succeed in leading a person to a specific place, one must first and foremost take care to find him where he is and begin there. This is the secret in the entire art of helping. Anyone who cannot do this is himself under a delusion if he thinks he is able to help someone else. In order truly to help someone else, I must understand more than he – but certainly first and foremost understand what he understands. (Kierkegaard, 1998, p. 45)

1.1.1 Promoting change

Social work is a discipline where the promotion of empowerment and change is salient, encompassing both social change and change on an individual level (Payne, 2012). Rehabilitative efforts for individuals convicted of sexual offences, hereinafter referred to as ISOs, have traditionally been a task for social workers, specifically within the correctional context. McCartan et al. (2021) argue that research on preventative measures for ISOs has primarily been concerned with assessment tools, the interventions themselves, and treatment protocols, but to a much lower extent with the lived experiences of those who participate in sex offender programmes. For treatment programmes to be effective, it is also necessary to know how treatment is experienced by the individuals participating in the sex offender programmes. Investigating ISOs’ own accounts in addition to effect studies, therefore, can help evaluate effectiveness, desistance processes, and improve treatment programmes (Walji et al., 2014; T. Ward et al., 2022). Desistance research in general on those who have sexually offended is scarce (Farmer et al., 2015; D. A. Harris, 2021), in particular regarding how treatment facilitates desistance.
Besides the concrete treatment context and the psychosocial procedures of treatment programmes, it is important to investigate the extent to which social relationships and the attitudes of family and friends influence treatment experience. Organisational and legal contexts may also play a role. Sex offender treatment programmes are typically the subject of psychological research, focusing on internal processes of the individual and the therapeutic alliance, but less on the surrounding social relationships and contexts. While social work research frameworks commonly situate the individual within several interacting systems (e.g. Bronfenbrenner, 1979), these frameworks do not provide much clarity about the influence of dyadic, family, and treatment relationships. We know, not the least from Swedish research, that social response networks play a role in interpersonal violent events and their aftermath (Berggren & Gottzén, 2022; Hydén, 2015; Hydén, Gadd, et al., 2016). Nonetheless, less is known about the role of significant others, family, and friends, regarding the sex offender treatment process or what this means for ISOs and their experience of rehabilitation.

ISOs are subjected to society’s labelling, stigma, shame, and social rejection (A. Frost, 2016; Sandbukt, 2023; Tewksbury, 2012). It is crucial to gain knowledge about how these circumstances affect the treatment process and experiences. The goal of rehabilitating those who perpetrate violence against women has been somewhat controversial, even in Sweden, a country that in an international context is often considered strongly rehabilitation-oriented (Pratt, 2007). Offender treatment and perpetration prevention have sometimes been criticised for inappropriately individualising or pathologising violence. Critics have argued that it should, instead, be explained by theories of gender power and equality (see Bladini & Svedberg Andersson, 2020) and be met with criminal punishment, not treatment.¹ There is a knowledge gap regarding what such societal and cultural conceptions mean for the experience of ISOs who participate in treatment. Successful engagement and completion of treatment greatly depend on social factors, as the ones outlined above.

1.1.2 Engagement in interventions

Engaging clients in interventions that may facilitate change, despite comprehensive stigma or other social obstacles, is a crucial task in social work. Social

¹ See referrals and statements to SOU 2018:37, for instance: https://www.nck.uu.se/digitalAssets/571/c_571450-l_3-k_att-bryta-ett-valdsamt-beteende---aterfallsforebyggande-insatser-for-man-som-utsatter-narstaende-for-vald--sou-2018-37-.pdf; https://www.roks.se/sites/default/files/2020-12/SOU%202018%2037%20att%20bryta%20ett%20v%C3%A5ldsamt%20beteende%20-%20C3%20A5terfallsf%C3%B6rebyggande%20insatser%20%C3%B6r%C3%A4n%20som%20utsattes%C3%A4ter%20n%C3%A4r%C3%A5nde%20för%20vald.pdf, retrieved 2024-01-11.
workers and healthcare professionals often meet individuals displaying ambivalence or lack of motivation towards lifestyle changes, for instance, regarding drug misuse or other health problems. Theories of stages of change, which attempt to explain motivation to change as a process, have been empirically validated and widely disseminated (Prochaska & DiClemente, 1982). Additionally, psychotherapy research has demonstrated that a substantial part of the change in therapy is related to collaborative relationship factors and, to a lesser extent, to the specific intervention. This common factors perspective (Wampold, 2015), in addition to motivational techniques, such as motivational interviewing (MI) (McMurran, 2009; Miller & Rollnick, 2013), are common features, both in sexual offender treatment and in social work in general.

Indeed, many ISOs do not want to participate in treatment, shying away from an identity as a ‘sex offender’. For some, turning down treatment initiatives is crucial to avoid being perceived as guilty. Denial of crime is a common strategy, despite being convicted and facing convincing forensic evidence (Maruna & Mann, 2006). However, our understanding of treatment non-participation (Brown & Tully, 2014; Mann et al., 2013) and what influences motivation, readiness, or responsivity in the offending population is limited (T. Ward et al., 2004). Investigating, from ISOs’ own perspectives, what role societal issues, such as stigma, social relationships as well as contextual aspects within the Prison and Probation Service, play when deciding to participate in treatment programmes or not may shed new light on readiness processes.

Recidivism rates, i.e. re-offending, within the ISO population are low compared to other offender populations (Kriminalvården, 2018). Many offences go undetected and are never reported to the police in the first place (Drury et al., 2020). In addition, some ISOs start displaying abusive behaviours at a very young age (Gewirtz-Meydan & Finkelhor, 2020). Accordingly, it is not sufficient to focus solely on prevention within the criminal justice system. In order to reduce sexual crimes, secondary prevention, that is, interventions directed at individuals at risk of committing sexual crimes, and early detection of sexual abuse (McCartan & Kemshall, 2021), is critically important. However, there is still limited knowledge about whether convicted ISOs have sought treatment or some kind of preventative support before committing crime, or during the early stages of prolonged abuse. Intra-familial abuse, for example, often goes on for years. Little is known about their experience from such help-seeking efforts and the barriers or facilitators involved. Existing empirical findings indicate that help-seeking for problems related to sexual offending entails substantial barriers related to shame and stigma (Levenson et al., 2017; Piché et al., 2018). If the individual has already committed an offence not yet reported to the police, this task arguably becomes even more complicated. The acknowledgement of having committed a sexual offence may be a considerable threat to the individual’s self-esteem (W. L. Marshall et al., 2009), potentially causing depression, anxiety (Maruna & Mann, 2006), and even suicide
attempts, which are overrepresented in the ISO population (Jeglic et al., 2013). Fear of legal and social consequences, such as losing one’s job, home, family, and friends, constitute further obstacles to embracing preventive measures (Levenson et al., 2017; Piché et al., 2018).

Nevertheless, very little is known about the meanings ISOs attach to treatment experiences, as well as their actual attempts to seek professional or other help for problems related to sexual offences prior to conviction. Obviously, when investigating this within an ISO population, such support did not prevent offending. Nonetheless, understanding these processes can enhance our knowledge regarding prevention. In this regard, exploring ISOs’ experiences of and approaches to support and treatment, while taking the social context into account, can contribute to knowledge relevant to several professionals within the community. This can improve our understanding of what is motivational and feasible for individuals, even before they commit crimes. Moreover, it can assist social workers and other professionals within the healthcare system who meet ISOs or other stigmatised groups that may be better able to provide help. Furthermore, such knowledge should be of interest to people in general – potential ISOs’ friends, family, or co-workers. After all, prevention of sexual abuse is of concern to society as a whole (Cant et al., 2022; Laws, 2000).

1.2 Aim

This doctoral thesis aims to explore support and treatment for problems related to sexual offending from the perspective of adult men convicted of sexual offences in Sweden.

To fulfil this aim, the following research questions are addressed:

1. How do individuals convicted of sexual offences experience change after participating in sexual offender treatment?
2. What contributes to, or hinders, engagement in risk-reducing interventions prior to and post-conviction?

‘Support’, in this regard, refers to different kinds of professional assistance and support from private social networks, such as family and friends. Each of the research questions is addressed in two of the papers in this thesis, i.e. each question corresponds to two out of four papers. The research questions are investigated in the context of the Swedish Prison and Probation Service (SPPS). Thus, the informants in this thesis were either incarcerated or on probation/parole. Sex offender treatment experience is studied in relation to one of the specific national risk-reducing sexual offender treatment programmes
delivered by the SPPS, called SEIF (Sex offender programme with an individual focus). To achieve the aim, mixed methods were used: qualitative methods to study and interpret ISOs’ experiences, and quantitative methods using pre- and post-treatment tests. Paper I analyses pre- and post-treatment tests/ratings, from both ISOs who have participated in SEIF and their therapists. Paper II is based on qualitative semi-structured interviews with participants in SEIF. These papers address the first research question about change. Papers III and IV analyse qualitative semi-structured interviews with both SEIF-participants and treatment non-participants. These papers relate to research question 2, about engagement in risk-reducing interventions prior to or post-conviction.

1.3 My position in the field

My understanding aligns with the dominating biopsychosocial, socio-ecological, or multi-factorial perspective on sexual offending and treatment (McCartan, 2022; McCartan & Kemshall, 2021). Understanding the complex issues surrounding effective responses to ISOs requires multiple perspectives and theories, thus interdisciplinary approaches. My ambition is to contribute particularly to the psychosocial dimensions of support and treatment for ISOs. The influence of psychosocial, contextual, relational, and societal factors is specifically examined in the interview studies (papers II, III, and IV). While the pre- and post-test study (paper I) is related to the field of intervention research, a major part of this thesis (papers II, III, and IV), employs a meaning-making approach (Lincoln et al., 2011; Manning & Kunkel, 2014). I aim to qualitatively study the ISOs’ own perspective, or ‘lived experience’ (J. A. Smith et al., 2009). Knowledge generated from this thesis may contribute to other fields of social work research, since the findings may be transferable (see B. Smith, 2018) to other types of contexts or interventions for highly stigmatised groups in social work.

Correctional services and the reintegration of convicted individuals have been a traditional focus within social work research. However, McNeill et al. (2010) argue that social work researchers have, to some extent, abandoned this field, which also seems to be the case in Sweden (Högskoleverket, 2003). When investigating a list of all 470 doctoral thesis titles in social work from 1980 to August 2022 (no author, 2022), only one (K. Svensson, 2001) addresses the topic of prison and probation services or the perspectives of convicted individuals (see also Storgaard, 2023). Additionally, studies on social and psychological interventions in Sweden are generally, to a lesser extent,
conducted by scholars in social work and more often by those from neighbouring disciplines (Sundell & Åhsberg, 2018). Hence, I hope this thesis can contribute to strengthening social work perspectives and practices within correctional services and to bringing correctional and intervention research back into social work research in Sweden. By using mixed methods, within the Swedish context, which is dominated by qualitative research, I aim to contribute to the method pluralism advocated for in social work research (Högskoleverket, 2003; Powell & Ramos, 2010). Furthermore, this approach enables triangulation, offering a multidimensional perspective of the studied phenomenon.

1.4 My personal and professional motivation for the research topic

I enter this field of research with a background in social work as a practitioner. I worked as a licensed healthcare counsellor at a methadone clinic for several years. Successively, my interest started to lean towards antisocial aspects, thus, criminal behaviours characterising some of the individuals within this population. Therefore, I moved on to work as a probation officer, preparing pre-sentencing reports as well as overseeing community supervision for parolees and probationers. During my last years at the SPPS, I primarily worked therapeutically with treatment programmes for clients convicted of various violent offences, predominantly sexual offences and intimate partner violence.

I was especially intrigued by the complex nature of sexual offending and the transformative experiences shared by several individuals participating in treatment programmes. I spent time contemplating the many prevalent public myths and misperceptions regarding ISOs. It appeared as though professionals within the correctional system developed perceptions and experiences of ISOs that differed from those portrayed in the media. Neither the ‘stranger danger’ narrative nor the simple good-bad person dichotomisation (Cowburn & Dominelli, 2001) fit these individuals. In addition, it seemed to me that this clash, stemming from the othering of them, was something that strongly characterised how they approached treatment, the correctional system, as well as me as a professional. Developing a professional and therapeutic alliance with ISOs entailed very complex and delicate challenges, particularly regarding matters of trust. As a social worker, I have always believed in humans’ capacity to change and in society’s and professionals’ ability to facilitate such change. Nonetheless, effective responses to society’s presumably most hated individuals entail numerous obstacles. These experiences and reflections eventually gave rise to this PhD project.

My experiences as both a practitioner and researcher in this field have made it evident to me that positionality statements are necessary in a thesis like this
one. Ideology should not form a foundation for criticism against certain research fields or hinder the search for knowledge. Nonetheless, it is obvious that researching ISOs entails particular difficulties, due to the inherent complexities of the topic and the emotional reactions involved. It should go without saying that I firmly condemn all acts constituting sexual harassment, abuse, or violence. I want to contribute to an improved understanding of these phenomena. One of my primary aims is to reduce sexual crimes and the harms associated with them. I fully stand with and support all victims and survivors of sexual abuse. I want to combat not only men’s violence against women but all kinds of sexually violent or abusive acts, regardless of age, gender, or any other social category. Improving prevention is one essential reason why I have professionally dedicated the last decade to this topic.

1.5 Naming the research subjects

Arriving at a definition of those who are at risk of, or have committed, a sexual offence requires a review of social work ethics. The second paragraph in the first principle of the Global Social Work Statement of Ethical Principles reads:

Social workers demonstrate respect for the inherent dignity and worth of all human beings, in attitude, word and deed. This calls for differentiation between unconditional positive regard for persons and people's attitudes, behaviours and/or socio-political and cultural contexts that may be deemed to be in need of change. While we respect persons, we challenge beliefs and actions of those persons where they may devalue or stigmatise themselves or other persons. (International Federation of Social Workers, 2018, p. 3)

In order to adhere to the first line of this paragraph, the wording used to describe the research subjects in this thesis should be carefully considered. In line with the last sentence, I argue that in research, or any other type of work with individuals convicted of a sexual offence, one should always condemn the acts that constitute the sexual offence. At the same time, one has to respect the individual as a person and acknowledge his or her fundamental value and rights as a human being (cf. Braithwaite, 2020; Mullins & Kirkwood, 2019). Accordingly, in this thesis, the labelling term ‘sexual offender’ will not be used, since it implies an ongoing tendency to commit sex offences and defines the person as being their crime. As D. A. Harris (2021, p. 5) points out:

We do not have a language or a script to describe people moving on from having a history of sexual offending. Basically, addicts can be in recovery, petty thieves can be ex-cons, but a sex offender is a sex offender forever. (D. A. Harris, 2021, p. 5)
In addition, empirical research has demonstrated that the use of the word ‘sexual offender’, instead of person-first language, affects people’s perceptions of the propensity of such individuals to re-offend, as well as their views regarding restrictive public policy (A. J. Harris & Socia, 2016). It may be difficult for many individuals to identify with such labels. Arguably, this makes them less prone to seek help from preventative services (Levenson et al., 2017; Piché et al., 2018). As Willis (2018, p. 727) asks: ‘why call someone by what we don’t want them to be?’

Instead of ‘sexual offender’, in line with the terminology in the 2021 recommendations from the Council of Europe (McCartan, 2022), a person-first term is employed in this thesis: individual convicted of a sexual offence (ISO). In this thesis, the term refers to a person who has been convicted of a sexual crime according to the Swedish Criminal Code ([Brottsbalk] 1962:700) 6 Chap. or 16 Chap. 10 a §, which regulates the possession and/or spread of child sexual abuse material (CSAM). It is noteworthy that sexual offences in the Swedish Criminal Code (1962:700) 6 Chap. encompasses a large range of acts. These vary from, in legal terms, ‘minor’, less stigmatising, offences such as inappropriate touching or purchase of sexual services to aggravated rape. In this thesis, the informants were, in general, often convicted of serious sexual offences. The most common offences in papers II, III, and IV were rape against an adult or child and aggravated rape against a child; see table 3, p. 93. In paper I, the most common offence was sexual molestation, a minor offence that rarely renders a prison sentence by itself. However, the majority of informants in this paper had several, often more serious, sexual offences under the same sentence. None of the informants in the thesis were convicted of purchasing sexual services from an adult.

Note that the term ‘ISO’, in reference to studies outside Sweden, refers to individuals convicted of sexual crimes according to the legislation in the specific country, which may differ from Sweden’s laws. Moreover, the population of individuals who have actually committed sexual offences, i.e. including those who have not been convicted, is substantially larger. However, since existing knowledge is based primarily on research on convicted individuals, and for the sake of reducing the number of terms and abbreviations, the term that generally refers to convicted individuals, ISO, is used consistently throughout this thesis to describe individuals who have committed a sexual offence.

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4 Acronyms, unfortunately, can become new labels simply replacing the ‘sex offender’ label. Nonetheless, ‘ISO’ is used in this thesis, as spelling out the acronym at all times would produce long sentences that can impede readability.

5 In legal terms, CSAM is called child pornography, yet another problematic term since it implies sexual consent and hides the violent, manipulative, or coercive acts committed against the child.

6 A few interviewees were additionally convicted of photographic activity constituting an invasion of privacy, regulated in 4 Chap. 6 a §, seemingly with a sexual motive, which is why this offence is included in the sexual offence category in this thesis.
When referring to the group of individuals targeted in secondary prevention, i.e. those at risk of sexual offending, they are termed: *individuals at risk of sexual offending* (IRSO). Accordingly, the IRSO definition typically includes non-convicted individuals with various risk factors for sexual offending. They may display risky, potentially harmful behaviours, impulses, fantasies, or thoughts. The IRSO term is primarily used in paper IV.

Regarding individuals subjected to sexual abuse, there has been a similar debate about appropriate terms. The traditional term ‘victim’ has been criticised for connotations of lack of agency. Accordingly, ‘survivor’ has been proposed as a more positively framed word. However, research suggests that both terms may be problematic and have negative implications for individuals who have been subjected to sexual violence (e.g. Schwark & Bohner, 2019). Lacking better alternatives, the long-established term *victim* is employed here.

ISOs who do not wish to participate in sex offender treatment are often referred to as ‘refusers’ in existing literature (e.g. Mann et al., 2013). However, this term implies that non-participation is always based on conscious decision-making and/or stems from a distinct difference in motivation between refusers and treatment-participants. Therefore, the more neutral term, *non-participants*, is used in this thesis. The terms *(treatment-)*participant or *SEIF-participant* are used for those who participate in sex offender treatment, with the recognition that this term makes no assumptions that participating in treatment is completely voluntary. Even though in Sweden, ISOs are never explicitly forced into treatment, the issue of treatment participation in the criminal justice system always involves implicit or explicit incentives for participating, as well as negative consequences when turning down treatment offers. The implementation of new legislation regarding conditional release in Sweden (Prop. 2018/19:77; SFS 2019:464) further blurs the line between what is a free choice and not. In this respect, participation in risk-reducing treatment programmes within the SPPS should not be equated with voluntary participation in treatment within, for instance, the healthcare system or psychotherapy.
2 Background: Sexual abuse in a Swedish context

To provide context for the aim and topic of the thesis, some basic background information regarding sexual offending and its consequences for victims is provided. To facilitate the understanding of findings and analyses, legislation, treatment programmes, and other kinds of support offered to individuals convicted, or at risk, of sexual offences in Sweden are described.

2.1 Sexual abuse

2.1.1 Prevalence and consequences of sexual abuse

Sexual abuse prevention and risk-reducing rehabilitation of ISOs are important due to the comprehensive and severe impact of sexual abuse on victims and gender equality. In 2022, 9368 rapes against adults and children were reported to the police in Sweden (Brå, 2023a). The most commonly reported sexual offence, with 10 181 reported cases, was the minor offence termed sexual molestation [sexuellt ofredande], e.g. sexual harassment, indecent exposure, or unsolicited touching. In 2022, there were 1903 verdicts or other legal proceedings regarding sexual offences, of which 272 included rape as index offence, representing a decrease of 8% compared to 2021 (Brå, 2023b). Nevertheless, over the last decade, there has been a 66% increase in verdicts or other legal proceedings related to rape. This development should be interpreted in the light of new, stricter legislation concerning sex offences, according to the Swedish National Council for Crime Prevention (SNCCP) [Brå]. Out of the 1903 sexual offence cases during 2022, 23 involved female perpetrators (Brå, 2023b).

According to population-based surveys [Nationella Trygghetsundersökningen], 4.5% of the Swedish population reported being subjected to a sexual offence during 2021 (Holst et al., 2022). Among women, 7.5% reported being victimised, while among men, the corresponding number was 1%. Women between the ages of 20 and 24 are most exposed to sexual crimes; 28.5% of the women in this age group had been victimised (compared to 3% of the men). Research has identified transgender and non-binary individuals as another highly victimised group (Jernbro et al., 2022; Lombardi et al., 2002).
Due to the background of an increased number of sexual offences reported to the police, as well as self-reported victimisation, the SNCCP conducted an investigation regarding trends in sexual crimes (Brå, 2019); see figure 1.

According to the SNCCP, the rise in reported sexual offences from 2005 to 2017 may be attributed to an actual increase in sexual offences (Brå, 2019). It could also reflect an increased willingness to report such offences, driven by public discourses, raised awareness and/or changes in legislation, or a combination of these factors. The increase in reported sexual offences primarily concerned less severe sexual offences and sexual crimes against women indoors. There was an increase in rapes where perpetrators had prior contact with the victim, predominantly via the internet. This might be a reflection of new dating patterns. Hence, until 2017, there was an increase in reported victimisation regarding sexual offences. Nevertheless, since 2017, there has been a decreasing trend in self-reported sexual abuse victimisation (Holst et al., 2022).

In 74% of all reported rapes against an adult in Sweden in 2022, the perpetrator was known to the victim (Brå, 2023a). In 33% of cases involving female victims, the perpetrator was an intimate partner, while the corresponding number for male rape victims was 18% (see also T. Andersson et al., 2020). When examining all sexual offences, including minor offences, the perpetrator is most commonly unknown to the victim (Strid, 2023). In 94% of all reported cases of sexual crimes, the suspected perpetrators were men, and the victims were women. The corresponding number, based on follow up-interviews from surveys disseminated to a representative population sample, is 90%, confirm-
ing the gender asymmetry (Strid, 2023). However, an international meta-analysis of population-based surveys indicates that as many as 12% of the individuals perpetrating sexual abuse may be women (Cortoni et al., 2017).

It is noteworthy that in perhaps the majority of sexual crime cases against children, the act is committed by a child or an adolescent (Gewirtz-Meydan & Finkelhor, 2020). According to a Swedish national survey (Jernbro et al., 2022), 29% of children (43% of girls, 13% of boys, and 46% of non-binary children) in the 9th grade report having been subjected to sexual abuse on one or several occasions, of which 4% involved penetration. There has been an increase in self-reported child sexual abuse perpetration by peers and adults unknown to the victim. Moreover, there is an increase in technology-assisted sexual crimes. It has been hypothesised that the general increase in self-reported child sexual abuse may be due to increased awareness of what actions constitute sexual abuse related to the #metoo-movement and the new consent law.

Sexual violence often causes profound damage to victims, both immediate and long-term, physically as well as mentally (Macdowall et al., 2013; Michel et al., 2010). Studies suggest that the consequences of online child sexual abuse offences, or technology-assisted sexual crimes, are similar to those in real life (Joleby, 2020; Jonsson et al., 2019). Sexual offences are heavily under-reported to the police. Thus, the dark figure is presumably larger (DeLisi et al., 2016; Drury et al., 2020; Scurich & John, 2019; Westfelt, 2008), not least regarding female perpetrators (Colson et al., 2013; Cortoni et al., 2017; Gannon & Rose, 2008). The seriousness of these offences and the difficulties for law enforcement alone in combating this issue mean that sexual abuse prevention based solely on criminal justice measures is insufficient.

2.1.2 Understanding sexual offending

In several respects, sexual offending is similar to general offending. However, it also has distinct features, such as sexual risk factors and motivators, which require specialised approaches for understanding sexual offending (Hanson et al., 1995; Lussier, 2005). Accordingly, understanding why individuals commit sexual offences requires a synthesis of knowledge of criminal behaviour in a general sense, as well as the specifics of sexual abuse. Understanding the origins of sexual offending is crucial for prevention and rehabilitation, as such knowledge provides the foundation for intervention targets.

2.1.2.1 The study of causes of crime in general

Very roughly, the study of the causes of crime can be placed in three broad categories of theories and empirical research. First, there are those concerned with individual characteristics (e.g. Gottfredson & Hirschi, 1990; Lynam & Miller, 2004; Shiner & Caspi, 2003; R. Svensson et al., 2010; Treiber, 2022). The second category focuses on the social environment (e.g. Brantingham &
Brantingham, 1995; Bruinsma et al., 2013; Cohen & Felson, 1979; Oberwit-ter & Wikström, 2009; Sampson, 1997, 2013; Sharkey & Faber, 2014; Sher-man et al., 1989; Sutherland et al., 2013; Weisburd et al., 2014). Finally, the third category revolves around interactions between the former two (e.g. Bron-fenbrenner, 1979; Hawkins & Weis, 1985; R. Svensson, 2015; R. Svensson & Pauwels, 2010; Wikström, 2020, 2022; Wikström et al., 2012). In this thesis, some aspects of all three categories are explored in relation to ISOs’ perspectives on support and treatment.

Adding to the category of individual characteristics, over the last decade, empirical large-scale studies using national register data, for instance, in Sweden (e.g. Forsman & Långström, 2012; Frisell et al., 2012; Sariaslan et al., 2016), have demonstrated that heritability contributes substantially to the risk of both violent and sexual crimes (Långström et al., 2015). Moreover, a robust empirical finding is that crime, in general, decreases with age, a phenomenon referred to as the age-crime curve (e.g. Moffitt, 1993; Sweeten et al., 2013).

2.1.2.2 Explanations of sexual offending

There have been numerous attempts to explain the specific characteristics of sexual offending. The most influential current explanations for sexual offending are found within multifactorial frameworks (Boer, 2016; McNeill et al., 2010). As W. L. Marshall and L. E. Marshall argue (2016a), it may not be feasible to explain all sexually aggressive or coercive acts within one theory. Hence, several theories address only one of the sub-populations or different types of sexual offending (e.g. Elliott, 2016; Knight & Sims-Knight, 2016; Malamuth & Hald, 2016; W. L. Marshall & Marshall, 2016a).

The ‘sexually abused-sexual abuser’ hypothesis suggests that sexual offending is explained by the ISO’s own history of being subjected to sexual abuse (Jespersen et al., 2009). There is empirical support for the correlations underpinning this hypothesis (Colson et al., 2013; Forsman et al., 2015; Seto et al., 2010). However, some studies employing stronger methodological designs, such as prospective studies (Leach et al., 2016), as well as those that include familial confounding when examining issues related to the ‘cycle of violence’ (Forsman & Långström, 2012; Långström et al., 2015), are less supportive of the hypothesis. They question causality, suggest that such factors are less significant than previously thought, or apply only to certain subgroups. In addition, the gender asymmetry characterising sexual offending, i.e. that perpetrators are mostly men and boys while the majority of victims are women and girls, challenges the abused-abuser hypothesis.

Another seemingly common (mis-)perception, judging from newspaper headlines, for example, is that individuals who commit child sexual abuse always have paedophilia. Yet, this kind of atypical sexual interest is only estimated as prevalent in approximately 50–60% of those who perpetrate child sexual abuse (Seto, 2009). Furthermore, research on non-forensic samples of
men with paedophilic disorder suggests that it probably is not paedophilic interests per se that is the single cause of offending, as these men also score higher on other important risk factors (Wittström et al., 2020). The aetiological mechanisms of paedophilia are unknown. Research suggests explanations may include both biological and environmental pathways (e.g. Gannon, 2021).

Little attention has been paid to theoretical issues and the understanding of underlying causal processes in sexual offending (T. Ward et al., 2022; T. Ward & Beech, 2015, 2016). We know more about risk factors for re-offending than the actual onset of sexual offending (Seto, 2019). Furthermore, there is a paucity of theorising regarding protective factors as well as female sexual offending.

Due to its gendered nature, sexual violence is often seen in the light of gender power structures and explained from a macro-perspective in terms of power and men’s violence against women (e.g. Cowburn & Dominelli, 2001; Cossins, 2016; Hearn & Pringle, 2009). This perspective is salient in Swedish policy. Studies indicate that men convicted of sexual offences such as rape often, but not always, display misogynist perceptions, viewing women as sex objects or unfair gatekeepers depriving men of sex (Polaschek & Ward, 2002; T. Ward et al., 2006). Gender power theories, nonetheless, also have limitations since they, for instance, do not explain the search for intimacy or romantic attraction to children, as reported by some of those who have perpetrated child sexual abuse (Martijn et al., 2020; Purvis & Ward, 2006; T. Ward & Beech, 2016).

During the last decade, attention has been drawn to the importance of understanding the interaction between different micro-, meso-, and macro risk factors for sexual offending. This systemic perspective is prevalent in this thesis. Multifactorial theories aim to provide a comprehensive explanation for sexual offending by including different combinations of biological/genetic, psychological, and sociocultural/ecological risk factors. Nonetheless, scholars, such as Smallbone and Cale (2016), have argued that the interaction of specific dispositional and situational aspects has been almost ignored. Situational factors have to do with person-environment interactions in the creation of opportunities to act (Cohen & Felson, 1979; Seto, 2019). In addition, Dixon et al. (2019), among others, emphasise sociocultural aspects; group- and social processes related, for instance, to concepts such as ‘rape culture’, i.e. societal acceptance of sexually abusive behaviour. Not least in the Swedish scholarly community, the impact of social responses (Berggren & Gottzén, 2022; Gottzén, 2016; Hydén, 2015, 2016) to sexual and intimate partner violence has been explored (see also Sandbukt, 2023). This perspective is salient to this thesis due to its overarching focus on the role of family and friends as well as society.

To conclude, theories of sexual offending struggle with similar questions as the general study of crime, and causal explanations are likely composed of complex systems of interacting factors on micro-, meso-, and macro levels.
2.1.3 Societal responses

In Sweden, as in many other countries, ISOs are perhaps society’s most hated group (Tewksbury, 2012). Public attitudes are believed to strongly influence the re-entry and re-integration of ISOs into the community (Braithwaite, 2020; Harper et al., 2017; Sandbukt, 2023). Although attitudes are often negative, they vary according to offender characteristics, such as age, sex, and personality (Harper et al., 2017). Professionals who interact with ISOs tend to hold more positive attitudes. In contrast, staff not involved in treatment, such as prison officers, seem to express more punitive attitudes (Harper et al., 2017). Public perceptions and attitudes towards ISOs appear to be greatly influenced by media narratives (Cowburn & Dominelli, 2001; Harper et al., 2017). There is a consistent conflation of concepts in the media where all individuals who abuse children often, and incorrectly, are labelled as ‘paedophiles’. This conflation means that non-offending individuals with paedophilic disorder, i.e. sexual attraction to prepubescent children, are also subjected to substantial stigmatisation, causing social and emotional difficulties (Jahnke, 2018; Jahnke et al., 2015).

Stigmatisation and stereotypes enable punitive policies and extreme measures, such as public sex offender registries (Harper et al., 2017; Levenson et al., 2007). Such registries have been implemented in parts of the US and other countries. Research has failed to demonstrate the effects of such registries on new sexual offences or recidivism (Sandler et al., 2008; Tewksbury & Jennings, 2010; Vásquez et al., 2008). Registries also appear to impact ISOs’ social relationships, housing, and job opportunities as well as their mental health (Tewksbury, 2012). In the scientific community, it is often emphasised that such policies are not evidence-based. Rather, they create a false sense of security and may actually increase the risk of recidivism in ISOs due to social exclusion and lack of re-integration (Bonnar-Kidd, 2010; Levenson & Tewksbury, 2009). They may further pose risks for family members of ISOs.

Public perceptions, punitive policies, stigma, hate, and disgust associated with their deeds highly impact the lives of ISOs. ISOs indeed recognise that they are seen as monsters in the eyes of the public (Tewksbury, 2012). Even within the prison community, ISOs are lowest in rank and exposed to harassment and violence from other inmates (Tewksbury, 2012; Ugelvik, 2015). Social isolation is common, and stigma may also have negative effects on the ISOs’ health, where less constructive coping strategies include the use of drugs and alcohol (Evans & Cubellis, 2015). Empirical research suggests that ISOs develop stigmatised identities where they internalise shame, self-hate, hopelessness, and fear, resulting in damage to one’s self-concept and self-esteem (Tewksbury, 2012). Externalising reactions occur, such as resistance to the label and resentment towards those who are perceived to enforce stigma unfairly. ISOs also respond to stigma by concealing their status, denying the
sex offender label, as well as seeking support from other stigmatised individuals. Another strategy is simply choosing to confront the issue by being honest and upfront about the offence (Evans & Cubellis, 2015).

Scholars propose that in order to produce cultural changes in how we perceive ISOs in the general society, it is necessary to challenge existing stereotypes, and the othering of ISOs, and replace this with evidence-based discussions (Cowburn & Dominelli, 2001; Harper et al., 2017). In Sweden, scholars have highlighted othering processes related to discourses on immigrants and rurality (Berggren & Gottzén, 2021; Gottzén & Franzén, 2020; Nilsson, 2019). However, there is little research on ISOs’ own experiences of societal responses in relation to treatment and support in the Swedish context. This thesis addresses this knowledge gap.

2.2 The Swedish context

2.2.1 Legislation and correctional system

McNeill et al. (2010) argue that there has been a movement in Western societies from welfare to corrections. This involves an increasing focus on risk, control, and punishment and less attention to the rehabilitative effort in correctional services. This is corroborated in a Scandinavian context through studies of criminal policy documents by Storgaard (2022a, 2022b, 2023). He argues that the strong rehabilitative focus, termed Scandinavian exceptionalism (Pratt, 2007), has undergone a punitive, as well as a managerial, turn where aspects of control rather than rehabilitation are now emphasised (see also Jørgensen et al., 2023; Tham, 2019b, 2019a). Furthermore, it is possible to argue for a punitive turn in Sweden, since penalties for several general, as well as sexual, crimes have recently been sharpened (see, for instance, Prop. 2016/17:108; SFS 2017:332; Prop. 2017/18:26; SFS 2020:81; Prop. 2021/22:231). There has also been a revision of Swedish legislation regarding conditional release, such as an increase in different kinds of control measures as well as a lengthening of the time frame of parole (Prop. 2018/19:77; SFS 2019:464). An additional expression of the development from welfare to corrections is the increased role of risk assessments, illustrated by the construction of a national risk and need assessments instrument within the SPPS (Johansson Bäckström et al., 2022; Johansson Bäckström et al., 2019). Nonetheless, as McNeill et al. (2010) state, there has also been a trend towards enhanced knowledge about therapeutic processes and the importance of context and alliance (W. L. Marshall & Serran, 2004). This shift can also be noted in the Swedish Prison and Probation context, for instance, in the construction of new national treatment programmes such as SEIF.

Sweden is a country known for its high gender equality, together with a high rate of violent crimes attributed to men’s violence against women. This
phenomenon is commonly referred to as the Nordic paradox (Gracia & Merlo, 2016; Wemrell et al., 2019, 2020). However, research challenges the validity of the Nordic paradox due to potential confounding factors as well as a simplistic understanding of the relationship between gender equality and violence (Berggren & Gottzén, 2021; Permanyer & Gomez-Casillas, 2020). Specifically concerning sexual violence, the number of reported rape cases in Sweden is notably high. According to the SNCCP, this can be attributed to differences in crime statistics procedures and legal definitions of rape (Holmberg & Lewenhagen, 2020b). The Swedish criminal code employs a broader definition of rape compared to many other countries, for example, by including cases of involuntary sex without physical force. Furthermore, crime statistics in Sweden classify each act of rape against one victim as a unique case, whereas in many other countries, all acts of rape by one perpetrator against the same victim are combined as one case. In addition, it is plausible that the propensity to report rape may vary between countries, where it is more likely to report rape in a country where there is less blaming and stigmatisation of rape victims. The significant increase in reported rapes in Sweden, delimited to the period of the #metoo movement, indicates support for this argument (Holmberg & Lewenhagen, 2020a).

Sweden has revised and sharpened its sexual crime legislation over the decades, heavily influenced by progressive gender equality politics (Bladini & Svedberg Andersson, 2020). In 1999, Sweden became the first country to criminalise the purchase, but not the sale, of sexual services (SFS 1998:408). In 2018, Sweden became one of the forerunners among a growing number of European and Nordic countries by incorporating rape legislation encompassing all involuntary sexual acts. This law is based on the idea of affirmative consent, as well as negligent rape (i.e. being careless regarding whether the other person consensually participated in the sexual act) (Bladini & Jacobsen, 2020; prop. 2017/18:177; SFS 2018:618; SFS 1962:700 6 Chap. 1§). For an overview of the legislative process of this law, which is commonly referred to as ‘the consent law’, see Bladini and Svedberg Andersson (2020). A preliminary evaluation of the consent law by the SNCCP demonstrates significantly higher numbers of prosecutions and verdicts regarding new criminal sexual acts. In addition, victims of sexual abuse seemed to be less likely to blame themselves and more likely to perceive that they had received justice when reporting sexual abuse, suggesting overall positive effects of the consent law (Holmberg & Lewenhagen, 2020a).

Sweden does not have a public sexual offender registry or notification laws. In this sense, the personal integrity of convicted individuals is stronger than in some other countries. It is noteworthy, however, that stigma and re-entry obstacles for ISOs are still significant (cf. Jørgensen et al., 2023; Sandbukt, 2023). Rape sentences in Sweden are lower than in many other countries, although the penalties have been heightened. The penalty for rape ranges between three to six years, and five to ten years for aggravated rape (SFS
The Scandinavian exceptionalism is apparent in the Swedish word for the Prison and Probation Service: ‘Kriminalvården’. A more accurate translation would be ‘criminal care’ (cf. ‘healthcare’). Hence, the Swedish term for the Prison and Probation Service has strong connotations to rehabilitation and treatment.

In a broader political sense, targeting offending behaviours in relation to men’s violence against women is given high priority in the strategy by the Swedish government (skr. 2016/17:10). This is evident in the amended wording of the Social Services Act (SFS 2001:453, 5 Chap. 11a §), implemented in August 2021. The Act now states that Social Services are obliged to help individuals perpetrating domestic abuse, including sexual abuse, in ceasing their violent behaviour. Furthermore, new legislation, effective from the 1st of July 2023 (SFS 2023:196), regulating municipalities’ responsibility for coordinated, knowledge-based crime prevention emphasises the need for joint societal efforts. Additionally, an upcoming revision of the Social Services Act postulates that Social Services should offer early preventative services to a greater extent, based on the best available evidence (SOU 2020:47). Accordingly, the treatment of individuals at risk of interpersonal violence is no longer solely the responsibility of the correctional system but involves the community as a whole, including social work.

2.2.2 Evidence-based correctional practice

The main mission of the state-governed Prison and Probation Service is to reduce crime, contribute to an increase in people’s sense of security, execute verdicts, and run remand facilities (www.kriminalvarden.se). In line with the ‘what works’ movements and the general trend of evidence-based practice (EBP) (American Psychological Association, 2006), the SPPS has initiated the implementation of evidence-based treatment programmes. Nonetheless, it was not until the beginning of the 21st century that this was conducted in a systematic manner (Farbring, 2010). EBP has been influential in social work in general, including the Social Services, in Sweden (Liedgren & Kullberg, 2022). The National Board of Health and Welfare (NBHW) describes EBP as practice generated in the intersection between ‘best available scientific knowledge’ (Sundell et al., 2023), the client’s experience and choice, the client’s situation and other contextual circumstances, and professional expertise; see figure 2 (Socialstyrelsen, 2020, p. 9). Accordingly, in this model, the professional plays a central role.
The implementation of evidence-based practice within the SPPS has continued during the 2010s. Nowadays, the SPPS offers a range of evidence-based treatment programmes for different criminal populations, most of them based on Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI) (Kriminalvården, n.d.a). In short, these therapeutic approaches propose that criminal behaviours are developed through learning processes and thus can be modified.

In the last decade, there has been an addition of various evidence-based initiatives for clients, besides the structured treatment programmes. To name a few of them, in 2014, the originally Canadian probation model called STICS (Strategic Training Initiative in Community Supervision) was introduced in the Swedish Probation Service (Bonta et al., 2011, 2013; Bourgon et al., 2010). An evaluation concludes that the implementation of Krimstics, the Swedish term for STICS, contributed to greater adherence to the Risk-, Need-, and Responsivity model (RNR) and improved interpersonal and CBT-based skills of the probation officers (Starfelt Sutton et al., 2019). The RNR-model (Bonta & Andrews, 2017) is an influential rehabilitation paradigm, perhaps even an institutional ideology (Storgaard, 2023, p. 269), to be described in detail later. There is also a project since 2018, aiming to enhance the social networks of ISOs on parole (H. Harnesk Hjortsberg, personal communication, the 24th of January 2024).
2.2.3 Treatment for sexual offending

Globally and throughout history, sexual offender treatment programmes have been represented in different formats and understood through various theoretical models (Boer, 2016). In Sweden, there have been therapeutic interventions for ISOS for more than 40 years (Kwarnmark & Tidefors Andersson, 1999; Tidefors Andersson, 2002). Initially, these interventions were unstructured and psychodynamic-oriented activities performed by psychologists and psychotherapists in Skogome prison in Gothenburg (Månsson et al., 2002). The first structured treatment programme for ISOS in Sweden was called the Relations- and Coexistence Programme [author’s translation] (ROS). In its original version, ROS was based on the National Canadian Sex Offender Treatment Programme (NaSOT medium-risk version). When translated, it was adjusted to the Swedish context (Danielsson et al., 2013). ROS was based on CBT principles and adhered to the RNR-model.

ROS was implemented in 2002, and the Scientific Council7 within the SPPS accredited the group programme in 2006 and the individual format in 2008. SEIF was introduced in 2017 and gradually replaced ROS during 2018–2019. SEIF is based on new research and evidence regarding sex offender treatment.8 A previous evaluation of ROS, conducted from 2002 to 2009, did not find any statistically significant differences in re-offence rates between the treatment group and the control group (Danielsson et al., 2013). However, among the group of participants who attended the updated version of ROS, which included more individualised components targeting atypical sexual interests, a non-significant reduction in recidivism was demonstrated.

2.2.3.1 SEIF

SEIF was scientifically accredited in 2018 (Kriminalvården, n.d.b), and it is the programme offered to the informants in this thesis.9 SEIF has a flexible manual, is highly individualised, based on CBT, and adheres to the RNR-model (see ‘previous research’ section) (Bonta & Andrews, 2017; Lätth & Lennestål, 2018). The main differences from ROS are that SEIF is individualised to a higher degree and accessible for all individuals who commit sexual offences, including women.10

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7 When treatment programmes are accredited, scholars with expertise outside of the SPPS are involved in the assessment of the scientific quality (Kriminalvården, n.d.c).
8 Beside the references, the information about the developments of the sex offender programmes SEIF and Consent in this section builds on continuous personal communication with one of the authors of the programmes, Johanna Lätth. SEIF was originally an acronym for Sex offender programme with an individual focus; however, currently, SEIF is used as a stand-alone name.
9 With the exception for one interviewee who had participated in ROS and one who had participated in a combination of ROS and SEIF.
10 There has been a smaller revision of the first version of the SEIF manual, where a few mandatory components in the first version were no longer mandatory in the second version. This means that some of the therapists delivering SEIF during the data collection for paper I were trained on the first version of SEIF and some on the second version. The change from ROS to
Theoretical foundations

The basic theoretical foundations of SEIF are, as previously stated, the RNR-model and CBT (Lätth & Lenneståhl, 2018). In line with RNR, a central objective is to address dynamic risk factors for recidivism, i.e. criminogenic needs. Nevertheless, SEIF acknowledges that ISOs may differ in some ways from other forensic populations, where the occurrence of risk factors regarding sexuality and intimacy are considered important additional risk factors. Hence, these risk factors are included in the theoretical model for change within SEIF. In SEIF, the causation of sexual offences is conceptualised as the intersection of risk factors within high-risk situations. The risk factors in focus include: offence-supportive cognitions, difficulties in identifying and regulating emotions and impulses, dysregulated or deviant sexual arousal, and deficits in intimacy/social skills. Accordingly, these factors are related to the four main themes in SEIF where interventions are targeted to achieve change, that is, risk reduction in attitudes, emotions, sexuality, and relationships (see figure 3).

SEIF includes features of the so-called third-wave CBT. In treatment components targeting sexual or emotional self-regulation, techniques such as mindfulness are used (Lätth & Lenneståhl, 2018). Additionally, a concept known as valued direction is used, originally developed in the third wave CBT intervention Acceptance and Commitment Therapy (Hayes et al., 1999). Valued direction is a positively oriented approach addressing personal long-term process goals, aiming to enhance responsivity.11 In the change model of SEIF, the four themes are centred around various treatment targets and CBT-based interventions. The theme concerning attitudes involves treatment interventions aimed at helping the individual to identify and challenge offence-supportive cognitions. Regarding emotions, SEIF provides psychoeducation and skills training and addresses emotion schemas. Within the relationship theme, the individual is guided through identification of relationship patterns and training to improve social skills and skills to meet attachment needs in prosocial, thus non-criminal, ways. The sexuality theme of SEIF includes training regarding sexual self-regulation skills, management of atypical sexual arousal, and enhancement of prosocial consensual sexual behaviours.

In SEIF, denial of crime is not considered a treatment target, but a responsivity issue (Bonta & Andrews, 2017), that is, something which may prolong

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11 Valued direction has similarities with the strength-based Good Lives Model; however, SEIF is not based on GLM. Valued direction highlights personal long-term process goals, regardless of their connection to the risk of re-offence. Such personal long-term goals often have connotations to what GLM refers to as primary goods. Primary goods are intrinsically beneficial and may include aspects such as a healthy life, friendship, happiness, or inner peace (T. Ward & Gannon, 2006).
the phase of therapeutic alliance building (Lätth & Lenneståhl, 2018). Hence, denial should not be managed in confrontational ways. Instead, focus is on collaboration, building trust and addressing risk factors for recidivism, which do not require admitting guilt of crime.

Objectives, phases, and sessions

Minimising the risk of sexual re-offending is the primary goal of SEIF (Lätth & Lenneståhl, 2018). SEIF is structured according to three phases.

**Phase 1:** The first phase contains individualised assessment in the shape of a forensic case formulation (Sturmey & McMurran, 2011); see figure 3. The case formulation is an elaborated version of the model proposed by Murphy and Eckardt (2005). It includes formulating hypotheses about the causes of problematic behaviours, how they evolved over time, and the situations leading to the criminal act. The therapist formulates hypotheses about the elements of treatment that might help reduce the occurrence of such behaviours or high-risk situations. A treatment plan is also included. The case formulation is co-constructed with each individual participant, aiming to foster collaboration and transparency regarding assessments, treatment hypotheses, and treatment component planning (Lätth & Lenneståhl, 2018). At the time of the pilot study of SEIF, paper I, individual criminogenic needs were assessed and evaluated using the Therapist Rating Scale-2 (TRS-2) (L. E. Marshall & Marshall, 2009). Currently, this scale is not in use.

Figure 3. Description of SEIF: content of the three treatment phases. *Note.* Modified figure originally developed by J. Lätth.

**Phase 2:** The second phase of SEIF consists of work focused on the specific treatment needs of each individual (Lätth & Lenneståhl, 2018). The manual’s treatment components are applied flexibly and comprise, among other things,
exercises based on conventional CBT methods. These exercises include role-playing, functional analysis, cognitive restructuring, self-regulation, mindfulness, psychoeducation, and home assignments. The SEIF manual emphasises the importance of the therapeutic alliance and process. Therapists are encouraged to be empathetic, warm, and non-judgemental, supported by evidence (W. L. Marshall, 2005; Ross et al., 2008; R. Watson et al., 2018). The principle of responsivity directs modifications in the way treatment is delivered; for example, sessions involving participants who, for instance, experience difficulties with concentration may incorporate additional breaks.

Phase 3: In the final stage of SEIF, participants create a plan for the future that includes strategies for risk management. Treatment progress, defined as a reduction in risk factors or a change in criminogenic needs, is assessed in relation to the individual treatment goals, which determine the duration of treatment.

The SPPS provides SEIF to incarcerated ISOs, as well as individuals on probation or parole. Approximately 80 therapists nationwide administer the treatment programme, either in group or individual settings. The choice between a group or individual format depends on the participant’s characteristics in relation to aspects concerning group dynamics. Due to insufficient participant numbers, most probation offices administer SEIF individually, while group formats are more frequently used in prison settings. Furthermore, the decision to use the individual format may be influenced by certain personality traits. When participants have specific needs, such as addressing sexual attraction to children or other atypical interests, they are provided individual sessions. ISOs who require further treatment, in general, can have booster sessions in prison. In addition, all participants who join SEIF while incarcerated attend booster sessions after being released from prison. Group sessions take place twice a week in prison and once a week at the probation office, each lasting three hours. Individual sessions last between 60 and 90 minutes and are usually held once a week. All convicted ISOs, including female ISOs and those who continue to deny their crimes despite convictions, generally have access to SEIF.

Recommended treatment intensity ranges from 100 to 250 hours in group settings or 40 to 100 hours individually, depending on the specific client’s risk and need assessment (Läth & Lenneståhl, 2018). When considering a participant for inclusion in SEIF, a comprehensive risk-, need-, and responsivity assessment is conducted by the therapist through a semi-structured interview. The assessment involves examining criminal records and registers, health records, police investigations, verdicts, and other accessible information that may be of importance. It is rare to be excluded from participating in SEIF. Exclu-

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13 Note that there are minor differences in the recommended hours in the paper; this is because SEIF has been slightly adjusted in this regard since paper I was published.
sions may occur due to ongoing heavy substance misuse, not speaking Swedish (if there are no therapists managing the participant’s mother tongue), extensive mental health issues, strong resistance to participation, or security concerns (Läth & Lenneståhl, 2018).

Therapists and training
Based on descriptive statistics gathered for paper I, therapists in SEIF have different educational backgrounds, with psychologists and social workers (with or without basic psychotherapy training) being the most common. There are, however, also therapists with bachelor’s degrees in behavioural science or the social sciences (Lindegren, 2022). Therapists undergo a three-week theoretical and practical training in sexual offender treatment. For therapists without basic psychotherapeutic training, an additional 12 weeks of education in CBT is required. After the training, therapists record certain sessions during a certification period of 2–3 years, either through audio or video. Throughout this time, they receive individual supervision from a licensed psychologist, providing guidance and ensuring adherence and fidelity to the SEIF manual.14

In 2022, 319 individuals participated in SEIF. SEIF has a high completion rate of 88% for the participants entering the programme (Kriminalvården, 27th of November 2023).

So far, the only evaluation or study conducted on SEIF is the one in paper I of this thesis (Lindegren, 2022). To my knowledge, no qualitative study has been conducted on either SEIF or ROS. There is a master’s thesis investigating therapists’ experiences of working with SEIF (Herting & Hourani, 2020).

Since the implementation of SEIF, there have been further developments within the SPPS to differentiate treatments for individuals convicted of sexual offences in line with the RNR-model, e.g. that high-risk offenders should receive treatment with higher intensity. Therefore, an additional, less comprehensive treatment programme called Consent has recently been introduced.15 At the moment, there are ongoing studies of the programmes, cross-sectional studies of Consent and SEIF participants, a feasibility study regarding female participants, and a clinical trial of Consent.16

SEIF in an international comparison
SEIF shares the foundation of several other sexual offender treatment programmes based on CBT and the RNR-model. However, despite sharing basic

14 Therapist training is described according to routines within the Prison and Probation Service at that point in time; hence, the training structure may have been revised since.
15 Consent is a flexible, low-intensity (18–26 hours) manual-based intervention. Similar to SEIF, it targets criminogenic needs and is based on CBT (https://classic.clinicaltrials.gov/ct2/show/NCT06098521). Consent is available for individuals with lower (medium) risk of re-offending without problematic sexual behaviours, such as hypersexuality or atypical sexual interests, or extensive responsivity issues.
16 Pre-registration of Consent clinical trial: https://classic.clinicaltrials.gov/ct2/show/NCT06098521
theoretical structures, such programmes vary widely (for a review, see Polaschek, 2011). Programmes included in the literature review of this thesis are seldom described in detail, making them difficult to compare to SEIF. Many studies have been conducted in the UK and North America. Some programmes may differ from SEIF, for instance, in terms of the presence of victim empathy components and offender responsibility (Mann & Barnett, 2013; McGrath et al., 2010). Consumer surveys demonstrate partly negative experiences of the victim empathy component (Wakeling et al., 2005), possibly due to overwhelming and unmanageable shame and distress. This component is not included in SEIF, also due to the fact that victim empathy does not seem to be correlated with recidivism (Hanson & Morton-Bourgon, 2005). Another difference is that in the UK, participants who deny crimes often appear to be excluded (Ievins, 2023, p. 52; S. Watson et al., 2016), with reservations for possible recent changes in policy. This stands in contrast to SEIF, where they are included. Those who deny their offence may experience treatment differently from non-deniers, especially in a programme not aiming to decrease denial and improve victim empathy.

2.2.3.2 Support for those at risk of sexual offending

For adult individuals who have committed sexual crimes or may be at risk of doing so, there are several specialised units in Sweden that offer treatment and support on a voluntary basis. One such unit is ANOVA at the Karolinska University Hospital and their anonymous telephone helpline PrevenTell (www.ANOVA.se; www.preventell.se). They offer medical and psychological treatments (CBT) for unwanted sexual behaviours, thoughts, or impulses such as sexual attraction to minors, as well as compulsive sexual behaviour disorder.\(^\text{17}\) Evaluations demonstrate positive outcomes of such treatments (Adebahr et al., 2021; Hallberg et al., 2019; Landgren et al., 2020; Landgren, Olsson, et al., 2022). There is also an anonymous, online CBT-based treatment available for individuals who use child sexual abuse material (CSAM), called Prevent It (Lätth et al., 2022).

Another specialised unit, available in some municipalities, which provides support for individuals who have purchased sexual services or who experience problems related to compulsive sexual behaviour disorder, is situated within the Social Services and called KAST (e.g. https://socialtstod.stockholm/missbruk-och-beroende/kop-av-sexuella-tjanster/). Evaluations of their services also show promising results (Kjellgren, 2019a). In addition, there are a few units that offer different kinds of support specifically for men who experience

\(^\text{17}\) Also referred to as hypersexual disorder, sexual preoccupation, or sexual addiction.
various problems including use of violence, sexual problems, or crisis reactions, provided by public agencies as well as NGOs. Support groups, often based on AA/Minnesota models, usually associated to addiction treatment, also exist.

To conclude this background section, sexual violence has considerable negative ramifications for both society and victims. Furthermore, Swedish legislation has been strongly influenced by gender equality ideals, and the correctional system is very rehabilitation-oriented. Evidence-based movements have been influential on Swedish correctional services. Nevertheless, in line with global trends, there is a possibility that a punitive turn may compete and interfere with rehabilitative efforts. This thesis contributes to the understanding of existing treatment and interventions for individuals who have committed, or are at risk of committing, sexual offences in Sweden.


3 Previous research: Rehabilitation and prevention

In order to situate the thesis in relation to existing scientific knowledge, the literature review starts with a brief overview of offender rehabilitation in a general sense, as this topic is central to the thesis. Next, current knowledge and knowledge gaps regarding sexual offender treatment are discussed. This is done with specific attention to the aspects investigated in this thesis, namely outcomes, experience of participation, and treatment readiness (papers I, II, and III). The last sub-section revolves around research on preventative measures directed at individuals who are at risk of committing sexual offences, as explored in paper IV. Although there is substantial overlap, sexual violence and domestic violence generally appear to be separate areas of knowledge and practice (Norén & Eriksson, 2017). Due to limitations, this literature review concentrates on research specifically related to sexual violence treatment and prevention for adult individuals. See Appendix I for information about literature search strategies.

3.1 Offender rehabilitation

Offender rehabilitation is a crucial aspect within the criminal justice system, serving as a means to reduce re-offending. For victims of sexual violence, prevention is also central to the perception of justice, including rehabilitative measures directed at individuals who have offended (McGlynn & Westmarland, 2019). This first sub-section focuses on psychosocial or psychological interventions for individuals convicted of offences in general, that is, not exclusively sexual offences. However, it is noteworthy that pharmacological interventions related to convicted individuals’ drug abuse (Chang et al., 2016; Glanville et al., 2021) or psychiatric disorders, also appear to reduce recidivism in crime (Chang et al., 2016; Lichtenstein et al., 2012; Sariaslan et al., 2022).

The effect of incapacitation, i.e. incarceration itself, on crime has been debated. There is support for such effects. However, when considering the negative side effects of incarceration in terms of an increase in criminality after release for some individuals (Bales & Piquero, 2012), incarceration seems to be a zero-sum-game (Loeffler & Nagin, 2022; McGuire, 2002; Roodman,
Rehabilitative measures, such as CBT, delivered by appropriately trained staff, are argued to have a more profound impact on reducing recidivism in comparison to incapacitation alone. Hence, scholars such as McGuire (2002) suggest that efforts should primarily focus on such measures, i.e. the actual content of the punishment, rather than, for instance, the length of sentences (see also Bonta & Andrews, 2017; Loeffler & Nagin, 2022). Staff training and supervision have been shown to improve outcomes for offender treatment (Gannon et al., 2019). Compared to many social work interventions in Sweden, staff training and supervision for SEIF therapists are comprehensive.

Even though therapeutic interventions appear to reduce recidivism in crime in general (e.g. Landenberger & Lipsey, 2005; Lipsey, 2009; Lipsey et al., 2007), the effects seem to be, at most, modest, according to reviews based on high-quality randomised controlled trials (RCTs). Furthermore, the results from a meta-analysis and systematic review by Beaudry et al. (2021) suggest that treatment programmes need to be linked with community-based interventions targeting risk factors, in order to be effective at all. The impact of treatment setting also seems to play a role, with community-based settings being more favourable compared to treatment delivered in prison (e.g. Parhar et al., 2008). Nevertheless, research findings on the ISO population are mixed (Hanson et al., 2009; Lösel & Schmucker, 2005; Schmucker & Lösel, 2015). Effectively delivered sex offender treatment can have a substantial impact on the reduction of costs for society (W. L. Marshall & Marshall, 2021). This may also be the case for victims, keeping in mind that the consequences for victims of interpersonal violence, such as complex forms of trauma responses (Michel et al., 2010), in many cases, are profound. Hence, even small or moderate effects can be of great significance. In addition, proponents of harm reduction perspectives argue that re-offending at a lower rate, or in different, less severe ways than the original offending behaviours, should be taken into consideration. Thus, the success of rehabilitation should not only be evaluated, as traditionally, in terms of (any) re-conviction (McCartan & Richards, 2021).

### 3.1.1 Outcomes of sexual offender treatment programmes

There is substantial research conducted on risk-reducing treatment programmes for ISOs. The results from several meta-analyses and systematic reviews are promising, especially for treatment programmes that, like SEIF, are based on CBT and adherence to the RNR-model (Bonta & Andrews, 2017; Gannon et al., 2019; Hanson et al., 2002, 2009; Holper et al., 2023; Kim et al., 2016; Lösel & Schmucker, 2005; W. L. Marshall, 2021; Schmucker & Lösel, 2008, 2015, 2017; Soldino & Carbonell-Vayá, 2017). Such reviews demonstrate significant reductions in recidivism in sexual crimes within the treatment group in comparison to a control group, most commonly established through propensity score matching (PSM) procedures (Lösel et al., 2020). In addition, it is argued that the robust finding of sexual offender treatment being
effective in reducing non-sexual re-offence should also be acknowledged (Lösel et al., 2020). Some scholars assert that existing research is satisfactory and sufficient to claim there is evidence for the effectiveness of sex offender treatment programmes (e.g. W. L. Marshall, 2021; W. L. Marshall & Marshall, 2007). Nonetheless, other scholars have argued that the evidence is not yet clear because of the lack of high-quality methodological study designs and some studies demonstrating no effect (e.g. Dennis et al., 2012; Grønnerød et al., 2015; Långström et al., 2013; Seto et al., 2008).\(^{20}\)

The obstacles to establishing evidence for sexual offender treatment programmes are partly due to methodological limitations related to legal, ethical, and practical difficulties when conducting RCTs within the prison and probation settings (Lösel et al., 2020; W. L. Marshall & Marshall, 2007). Another methodological problem is the low recidivism base rates, creating floor effects. Thus, evaluation studies typically require very long follow-up periods (Hanson, 2014; Lösel et al., 2020). An additional obstacle when investigating sex offender treatment effectiveness is that a majority of sexual offences go undetected (DeLisi et al., 2016; Drury et al., 2020; Westfelt, 2008). Accordingly, actual relapse rates might be higher than what the official statistics suggest (Scurich & John, 2019). In general, recidivism research is complicated, with many shortcomings and confounding factors (Lussier et al., 2023).

Due to these uncertain results concerning effectiveness, particularly when measured as recidivism based on official verdicts, there is a need to explore additional outcome measures and different aspects of treatment outcomes for the ISO population. When addressing the issue of dark figures, given that most sexual offences are not reported, which complicates accurate estimates of recidivism, one alternative angle of investigation is the impact of sexual offender treatment on criminogenic needs. Criminogenic needs are essential to one of the most influential rehabilitation paradigms in correctional practices, the Risk-, Need-, and Responsivity model (RNR) (Bonta & Andrews, 2017). Criminogenic needs are treatment targets related to dynamic, i.e. changeable, risk factors that are empirically and at least partly causally related to re-offending. Thus, if treatment programmes lead to changes in proximal outcomes, such as risk-related behaviours, they would arguably reduce the risk of recidivism. The issue of potential change in criminogenic needs is investigated in paper I of this thesis.

\(^{20}\) One evaluation of a sexual offender programme in prisons in the UK demonstrated negative effects (Mews et al., 2017) (not peer reviewed), which led to political, policy, and methodology debates as well as discussions on the impact of treatment context. Their study has been criticised for flaws concerning the PSM-procedures as well as the lack of account for treatment post-release (Lösel et al., 2020; W. L. Marshall, 2021).
3.1.2 Factors in change: Risk-, Need-, & Responsivity

When examining the effectiveness of sex offender treatment, the so-called risk factor paradigm has been influential. Following heavy criticism of the ineffectiveness of correctional interventions during the 1970s, and the conclusion that ‘nothing works’ (Martinson, 1974), the international movement emphasising evidence-based best practice, known as the ‘what works’ movement, has been influencing the past four decades of research in the field of criminal justice (Maruna & LeBel, 2010). Research on predicting relapse in crime has been salient in the ‘what works’ movement, and there has been a clear trend to explaining re-offending using multifactorial models (McNeill et al., 2010). Canadian scholars Bonta and Andrews (2017) suggest that social problems are relevant in the genesis of risk factors for crime. Nevertheless, they argue that other factors are more relevant for causing re-offending. They have suggested eight criminogenic risk factors, ‘driving forces’ behind crime, as most influential for the risk of general re-offending: the ‘central eight’. These eight factors are supported by substantial empirical evidence (Bonta et al., 2014; Eisenberg et al., 2019; Gutierrez et al., 2013; Olver et al., 2014; Wooditch et al., 2014). The central eight factors include the four most salient risk factors: antisocial history, antisocial personality pattern, pro-criminal attitudes, and pro-criminal associates, as well as additional, less, but still important, factors. These include substance abuse, family/marital deficits, and deficits regarding school/work and leisure/recreation (Bonta & Andrews, 2017). The central eight are relevant for recidivism in sexual crimes as well. However, there are additional risk factors specific to sexual re-offending. These include hyper-sexuality as well as atypical sexual interests (Hanson & Morton-Bourgon, 2005). The central eight risk factors, as well as sexual risk factors, are included in the outcome measures of the pilot study of SEIF in paper I.

Andrews, Bonta, Gendreau, and colleagues constructed a general rehabilitation model called the Risk-, Need-, and Responsivity model (RNR) (see, for instance, Andrews, Bonta, et al., 1990; Andrews, Zinger, et al., 1990; Bonta & Andrews, 2017; Gendreau & Andrews, 1990; T. Ward, Melser, et al., 2007), which is influential in offender rehabilitation practices worldwide (W. L. Marshall & Marshall, 2016b; Ogloff & Davis, 2004). In short, the RNR model proposes that more intense and comprehensive rehabilitative measures should be directed towards individuals with higher risks of relapse into criminal behaviour, and less intensive interventions towards those at lower risk (the risk-principle). Furthermore, treatment should target criminogenic needs (the need-principle) (Andrews, Bonta, et al., 1990; Bonta & Andrews, 2017). Finally, the rehabilitative efforts should address responsivity issues both in a general and individual sense (the responsivity-principle). Thus, methods shown to be effective on a general level should be used, for instance, cognitive behavioural therapy (Lipsey et al., 2007). Additionally, generic therapist skills, such as empathy and warmth, are important (W. L. Marshall, 2005;
Mullins, 2019; Mullins & Kirkwood, 2022; R. Watson et al., 2018). On a specific level, adhering to the responsivity principle could include adapting treatment elements to an individual’s potential disabilities, learning styles, or level of motivation (Bonta & Andrews, 2017). There is extensive empirical evidence supporting the RNR-model. Several studies and meta-analyses have demonstrated its effect in reducing recidivism (Andrews & Dowden, 2006; Bonta & Andrews, 2017; Dowden & Andrews, 2003; Koehler et al., 2013; Landenberger & Lipsey, 2005; Lipsey, 2009; Lösel, 1995; Lowenkamp et al., 2006; Rettenberger, 2022). This also appears to apply to the ISO population (Hanson et al., 2009). Nonetheless, many evaluation studies are quasi-experimental and, thus, not of the highest methodological standard (Beaudry et al., 2021). Interventions that are highly tailored to the individual’s personal needs, as proposed by the RNR-model, may positively influence how the treatment is received. This aspect is explored in paper II.

3.1.3 Processes of change: Desistance

Maruna and LeBel (2010) describe a gradual shift towards investigating how change occurs, hence, focusing less on evaluations of what works, as is common in the traditional risk factor paradigm, where the RNR-model, for instance, is situated. This new approach, focusing on the question of how, is usually referred to as the desistance paradigm (McNeill, 2006). McNeill (2006) suggests the following definition of desistance: ‘The change process involved in the rehabilitation of offenders is desistance from offending’ (p. 45). Hence, desistance is about ceasing to offend. The key feature of the desistance paradigm, according to Maruna and LeBel (2010), is the acknowledgement of normal, natural, or normative processes, such as maturation. Professionals are argued to support desistance processes, rather than providing correctional treatment, the latter in line with a medical model. It also highlights relational processes, the individual’s own motivation, as well as their personal social context. In the desistance paradigm, there is an effort to open up the ‘black box’ (Maruna & LeBel, 2010). Hence, the study of the mechanisms involved in crime, as well as change, is emphasised (cf. Goldthorpe, 2001; Hedström & Swedberg, 1996; Wikström, 2022). Maruna and LeBel (2010) state that the desistance paradigm is closely connected to strength-based rehabilitation models, focusing on the promotion of the offenders’ own view of a good life, rather than traditional risk assessments. The desistance paradigm has had a significant impact on research in criminal justice social work (McNeill et al., 2010) and has connotations to resilience perspectives (McNeill, 2006) and life-course criminology (Carlsson & Sarnecki, 2016). This perspective stands in contrast to risk assessments, RNR, and their influence on traditional offender rehabilitation.

Scholars in the field of sexual offender treatment have been debating the traditional offender rehabilitation based on the RNR-model (Andrews, Bonta,
et al., 1990; Andrews et al., 2011; Bonta & Andrews, 2017) with desistance and strength-based approaches, particularly the Good Life Model (GLM) (e.g. Andrews et al., 2011; D. A. Harris, 2021; Robertson et al., 2011; T. Ward, 2002, 2010; T. Ward, Gannon, et al., 2007; T. Ward et al., 2012; T. Ward & Brown, 2004; T. Ward, Melser, et al., 2007). GLM is a strength-based rehabilitation theory that stems from positive psychology, where a central feature is that well-being cannot be achieved only by removing negative experiences or suffering. Several scholars highlight the growing body of research demonstrating promising results of GLM (Gannon et al., 2011; Lindsay et al., 2007; W. L. Marshall, Marshall, Serran, et al., 2011; Whitehead et al., 2007; Willis & Ward, 2013). However, thus far, the empirical evidence, in terms of effects on ISOs’ re-offending, is more robust for the RNR-model than for the GLM (W. L. Marshall et al., 2017).

3.1.3.1 Desistance among those who have sexually offended

Desistance processes of ISOS are often similar to those of individuals who have committed non-sexual offences. However, research indicates there are also important differences (Farmer et al., 2015; D. A. Harris, 2021; McAlinden et al., 2017; Sandbukt, 2023). Desistance is sometimes the result of natural processes (Moffitt, 1993) and sometimes of criminal justice interventions, such as treatment programmes (D. A. Harris, 2021). Employment and relationships do not seem to have a clear-cut correlation with a non-offending identity among ISOS (Farmer et al., 2015; McAlinden et al., 2017). Instead, treatment experiences seem to play a more significant role in desisting ISOS’ accounts compared to those convicted of non-sexual offences. Furthermore, ISOS do not seem to consider themselves as ‘ageing out’ of crime to the same extent. In fact, the age-crime curve effect peaks later (Farmer et al., 2015; D. A. Harris, 2014). Additionally, ISOS are often less antisocial. Another important difference is that desistance research in general describes family formation as an important prosocial influence. However, men’s violence against women and sexual violence often occur within that specific context (Gadd & Farrall, 2004; Gottzén, 2019b). Thus, these differences suggest that there is a need for more research concerning the desistance process of ISOS (Farmer et al., 2015). The study of desistance specifically within the ISO group is rare (Farmer et al., 2015; D. A. Harris, 2021), and studies on treatment experience of ISOS typically do not employ desistance conceptual frameworks. Using such frameworks could therefore help explore additional facets, especially regarding specifically how treatment facilitates early desistance processes (King, 2013).

In this thesis, one objective is to contribute to this knowledge gap by examining change in relation to treatment and social work practices, as well as social relationships, in order to expand the knowledge on ISOS’ desistance-processes. It is fruitful to theoretically analyse participants’ experience of treatment by employing concepts relating to desistance. Existing research
points to at least some evidence for sexual offender treatment. Additionally, ISOs’ own accounts suggest that treatment is important for desistance (D. A. Harris, 2021). Hence, as early desistance processes (King, 2013) arguably occur within treatment contexts, this allows for an in-depth exploration of treatment aspects and mechanisms. Whether the informants’ accounts are predictive of desistance or not is not examined in this thesis. However, it could be a question for future follow-up research.

Concluding offender rehabilitation research and academic discourses, the last decades have revolved around nothing works, what works, and how rehabilitation works. During the last decade, the trend in research on sex offender rehabilitation is the potential for restorative justice- and trauma-informed approaches, as well as harm reduction (McCartan, 2022). Life-course perspectives are salient in this discourse, as well as the service user experience. Moreover, there are calls for what Cullen et al. (2022) term ‘enlightened corrections’, a correctional paradigm that is not only evidence-based but also humanistic. This paradigm takes aspects such as redemption, that is, overcoming the barriers to re-entry, full participation and acceptance in society after rehabilitation, into account (Cullen et al., 2020; McCartan & Kemshall, 2021). As this thesis highlights, this issue is of great importance for individuals convicted of sexual offences, presumably greater than for other offender groups, due to the comprehensive stigma. This thesis employs desistance theoretical frameworks in order to understand experiences of change when participating in sexual offender treatment, primarily in paper II. Paper I is connected to the what works-question, while papers II, III, and IV focus on the how does it work-question. Triangulation, by using these two perspectives of change, contributes to a multidimensional understanding of the phenomena. Moreover, papers II and III specifically aim to open up the ‘black box’ of desistance within sex offender treatment.

3.1.4 Participants’ experiences of sexual offender programmes

When studying processes of change, participants’ experiences of treatment are an important source of information. There are numerous theoretical models of change. Change can be defined as a process including a chain of events and increased awareness of one’s problematic behaviours (for a review of such theories applicable to sex offender treatment, see T. Ward et al., 2004). However, drawing conclusions about the transferability of findings from research reviews on participants’ subjective experiences in treatment programmes is difficult due to occasional gaps in information.21

21 Most interventions studied in research on participant experiences are structured sexual offender-specific group programmes, typically offered within the correctional system, while some are described as less structured psychotherapeutic interventions. However, the characteristics of these interventions are often not described in much detail, neither are the therapists. ‘Therapists’ in this thesis [‘behandlare’] can have various educational backgrounds. In the Swedish
In international empirical research on ISOs’ own views and treatment experiences, there are several consumer- or service user-oriented survey- or questionnaire studies. These primarily examine how participants perceive the programme or certain treatment components (Day, 1999; Garrett et al., 2003; Grady & Brodersen, 2008; Levenson et al., 2009, 2010, 2014; Reimer & Mathieu, 2006; Williams, 2004). Several interview studies have focused primarily on the experience of specific subgroups, such as ISOs with autism (Melvin et al., 2020), ethnic minorities (Patel & Lord, 2001), those with mental disorders (Bowden et al., 2017; Clarke et al., 2013), ‘deniers’ (S. Watson et al., 2016), or those using CSAM (Dervley et al., 2017, this study included non-convicted ISOs).

Historically, the roles of social workers and correctional professionals have been characterised by both supportive and controlling features (Parton & Kirk, 2010; K. Svensson, 2001; Youssef, 2022). Accordingly, some studies are related to aspects of surveillance and control in the treatment setting or the societal context (Connor et al., 2011; D. A. Harris, 2014). Therapists are sometimes viewed as an extension of the parole or probation supervision, or even similar to law enforcement agents, such as the police (Levenson et al., 2023; McCartan et al., 2021). The experiences concerning control have parallels to findings from traditional social work fields, such as mental health services (Waldemar et al., 2018) and opioid substitution treatment (Klingemann, 2017; B. Svensson & Andersson, 2012).

Several qualitative studies address the how and why questions, highlighting specific mechanisms or significant events contributing to the subjective experience of change when attending treatment programmes. Beneficial changes are often attributed to the therapeutic relationship (Collins et al., 2010; Polson & McCullom, 1995) and holding and containment techniques (Drapeau et al., 2005; Johnson, 2001; Willemsen et al., 2016), where a corrective emotional experience may serve as a mediator. The experience often seems facilitated by being in a safe place where it is possible to share experiences with others in trust (Blagden et al., 2016; Clarke et al., 2013; Colquhoun et al., 2018; Cooper & Holgersen, 2016; O’Halloran et al., 2016; Thomas et al., 2015; Walji et al., 2014). However, emotional experiences may be both positive and negative (Mann et al., 2005). Suggested mechanisms, for instance, experiences of group cohesion, are in line with existing evidence in a broader context of group therapy (Burlingame et al., 2018).

Empirical findings on ISOs’ treatment experiences have also been interpreted theoretically by employing models such as significant events (O’Halloran et al., 2016), a virtuous circle (M. Ryan et al., 2019), or a remodelling process (C. O. Hamilton, 1998; Scheela, 1995).

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correctional system, psychologists and social workers are the most common professional categories among sex offender treatment therapists (Lindegren, 2022). In Sweden, a social worker has, as a minimum, a bachelor’s degree in social work.
Several studies have focused on perceptions of how effective the treatment has been regarding treatment components and certain outcomes. The importance of improved skills, heightened awareness of one’s offence-cycle, and change in attitudes acquired through psychoeducational and collaborative exercises in treatment are often emphasised (Colton et al., 2009; Dervley et al., 2017; Höing et al., 2017; Shifter, 2004; Walji et al., 2014). Improved skills and heightened awareness appear to contribute to improved relationships and the ability to express previously suppressed emotions (Grady & Brodersen, 2008; Walji et al., 2014). However, participants may also experience adverse outcomes. This can arise when sharing experiences, thoughts, and emotions with others and the associated risk of negative consequences such as vicarious traumatisation (Akerman & Geraghty, 2016; Levenson et al., 2023). Some studies also highlight the risk of reinforcing offence-supportive attitudes (Colton et al., 2009) or being labelled when entering a ‘sex offender’ programme (Walji et al., 2014). The latter implies parallels to the concept of intervention stigma, discussed in research on opioid substitution treatment (Madden, 2019).

Contextual aspects are salient in social work research (Parton & Kirk, 2010). Studies on treatment experience have concentrated on the treatment environment and the therapeutic frame and structure, where the rules and procedures, ensured by staff to be respected, are important for the participants to feel comfortable enough to talk (Drapeau, Körner, & Brunet, 2004). Not being able to practise new skills and intervention plans in prison and hospital environments is a big challenge (Walji et al., 2014).

3.1.4.1 Identity transformation through a practice-oriented lens

While there is a substantial body of research on subjective treatment experience, there are still facets to be explored. One contribution of the qualitative study in this thesis regarding treatment experience of SEIF (paper II) is the influence of the ISOs’ personal social environment and societal context on the treatment experience. It also relates to the vice versa; the impact of the participant’s treatment experience on their social relations. Findings in existing research sometimes include broad statements about improved relationships but offer little detail on how relationships with family and friends influence the ISO while in treatment. Such issues may relate to aspects of participation; for instance, if and how they support treatment participation and what this means for the treatment experience.

Another contribution is the use of the interpretative framework of (narrative) identity, as described later. This thesis aims to interconnect ‘traditional’ practice-oriented sex offender treatment research with the desistance paradigm, highlighting processes and lived experience. As for identity issues in general, these are sometimes touched upon in the results of some studies, regarding feelings of being labelled, issues of confidentiality (Clarke et al., 2013), participants’ comparisons to other group members (Colquhoun et al.,
Identity and the autobiographical component in treatment have been investigated (Waldram, 2007), as well as interactions and practitioners’ skills (Mullins, 2019) and community integration experiences (Sandbukt, 2023; Victor & Waldram, 2015). Prosocial identity transformations appear to take place with the assistance of treatment. Nonetheless, there are mixed findings regarding the correlation between prosocial scripts and desistance among ISOs (Kras, 2022). This thesis explores the experiential perspective relying on theoretical desistance frameworks, in combination with a practice-oriented lens. Such a combined perspective can contribute to knowledge based on an ISO lived experience perspective with clear resonance to practice, thus providing useful knowledge for practitioners as well.

No previous Swedish studies (e.g. Månsson et al., 2002) are transferable to the contemporary structured, manualised programmes, such as SEIF. Accordingly, paper I, in combination with paper II, can enhance an in-depth understanding of how SEIF is experienced from a participant’s point of view.

3.1.5 Treatment readiness

Internal motivation is often stressed as important for treatment engagement in general. Nevertheless, empirical research on sex offender treatment has demonstrated that low levels of motivation at intake do not predict negative treatment outcomes in terms of recidivism (Hanson & Morton-Bourgon, 2005). This somewhat surprising finding is possibly understood in the light of stigmatisation and shame related specifically to sexual offences. Different psychological defence strategies against shame may create barriers to correct professional assessment of sincere remorse and motivation to not re-offend (A. Frost, 2016; Hanson & Morton-Bourgon, 2005; W. L. Marshall et al., 2009; Maruna & Mann, 2006; Ware & Mann, 2012). Thus, the ambivalence and fluctuating nature of motivation, possibly more accentuated in clients who have perpetrated very shameful acts, add complexity (Todd-Kvam et al., 2019). Accordingly, aspects regarding shame, stigma, social contexts, and staff seem to be important. Processes that include such aspects are investigated in paper III.

In order to address the limitations of the concept of motivation, readiness emerges as a multifactorial, context- and process-related concept referring to the preparedness of both the client and the treatment provider (A. Frost, 2016; T. Ward et al., 2004). One definition of readiness by Howells and Day (2003, p. 320) reads: ‘Low readiness refers /…/ to presence of characteristics (states or dispositions) within either the client or the therapeutic situation, which are likely to impede engagement in therapy and which, thereby, are likely to diminish therapeutic change’. Scholars have argued that readiness is the most appropriate concept, since it is wider, encompassing more aspects than moti-
vation and responsivity (Bosma et al., 2017; Howells & Day, 2007). Furthermore, readiness appears as an important predictor of treatment acceptance, completion, and change, as well as reduced recidivism in the forensic population (Alward et al., 2020; Bosma et al., 2017; Sowden & Olver, 2017), with one exception (R. Watson et al., 2018). Positive approaches and supportive staff seem to be important in the readiness process (Bosma et al., 2017; Stasch et al., 2018; Sturgess et al., 2016).

The Multifactor Offender Readiness Model (MORM) is a theoretical model that shows how cognitive, affective, behavioural, and volitional factors, together with context factors, affect treatment readiness within a general offender population (T. Ward et al., 2004). It also stresses the importance of external social factors, such as support from family and friends. This model shares a lot of features with system theories commonly applied in social work research, such as Bronfenbrenner’s (1979) ecological systems theory. However, existing research that empirically investigates MORM is scarce (e.g. Bosma et al., 2017; Sturgess et al., 2016, p. 1889). Process-oriented studies, investigating in more detail the interplay of the different factors in the MORM, seem to be lacking. The number of studies exploring individual reasons for engaging in treatment or abstaining from it is also limited, and those specifically on the ISO population are even fewer (Sturgess et al., 2016). A systematic review of 13 studies (only one that includes ISOs) looked at the justifications provided by convicted individuals for treatment completion or non-completion (Sturgess et al., 2016). It revealed barriers to treatment acceptance, such as denial, low self-efficacy, unfavourable views of the course of treatment and anticipated results, a lack of choice or control, a lack of perceived staff support, and feeling unsafe.

### 3.1.5.1 Readiness among ISOs

Narrowing down on the ISO population, the empirical research on treatment acceptance and treatment non-participation is reviewed here in detail.

The specific setting of offender rehabilitation always includes some level of coercion or, at the very least, strong incentives. Studies on the effect of the level of coercion or voluntariness on treatment acceptance are mixed. There are several possible confounders when examining this topic; however, voluntary entry to treatment seems favourable as opposed to court-mandated treatment in terms of outcomes and participant experience (Levenson et al., 2023; Parhar et al., 2008; Seto et al., 2022). Trust and motivational climate are important (Williams, 2004). Active encouragement from therapists may serve as a form of positive pressure to engage in treatment. However, negative pressure, that is, force or threats, may influence ISOs’ perception of being coerced into treatment. In this case, it is suggested that the lack of psychological safety

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22 In the literature, non-participation is commonly referred to as treatment ‘refusal’.
and procedural justice might serve as mediators (Bacharz, 2008; Kolton, 2003; Mann et al., 2013; see also Sturgess et al., 2016).

Higher motivation, various psychiatric conditions, as well as external factors such as parole opportunities and inmate privileges, are associated with ISO treatment participation (Clegg et al., 2011; Drapeau, Körner, Brunet, et al., 2004; Jones et al., 2006; Langevin, 2006; Sturgess et al., 2016). Internal motivation is strong among some ISOs. They express a strong will not to re-offend and view treatment as an opportunity to process various personal issues or problems related to the offence (Collins et al., 2010; Cooper & Holgersen, 2016).

The findings concerning treatment acceptance are usually ‘bi-products’ when examining participants’ experiences of treatment programmes. Exploring treatment acceptance was seldom the specific aim of these studies. In addition, research on the impact of, and influence on, an individual’s social and family system on readiness is scarce. Paper III in this thesis, which examines ISOs’ own accounts in the Swedish/Scandinavian, rehabilitation-oriented context, adds knowledge regarding the influence of social relationships and societal issues.

Not all ISOs have a desire to enter treatment programmes post-conviction. Overall, studies of treatment acceptance rates vary considerably (Langevin, 2006; Mann et al., 2013; W. L. Marshall, 2021). Mann et al. (2013) conclude that non-compliance rates usually fall somewhere between one-third and one-half. Notably, non-participants and participants who drop out from sex offender treatment have been found to have six times higher risk of recidivism in violent and sexual offences (Seager et al., 2004). Thus, if aiming to reduce re-offending, this group is of particular interest.

Competing priorities, such as jobs or relationships (Mann, 2009), may contribute to non-participation, as well as some ISOs not finding anything wrong with their offending behaviour. Negative appraisals of various aspects of treatment have been demonstrated as barriers (Brown & Tully, 2014; Mann et al., 2013). Denial and minimisation of crime can also be associated with lower motivation for treatment (Jung & Nunes, 2012). Those who deny are less likely to enter treatment (Langevin, 2006). Fear of losing support from family and friends was reported by 67% of ex-denying ISOs as the main reason for denial (Lord & Willmot, 2004). The families of those who deny their offence often believed the ISO to be innocent, although this was not studied in relation to treatment (see also Kruse, 2020). Nonetheless, Mann (2009) suggests that the influence of family may be more related to denial than to treatment refusal. However, this needs empirical investigations.

To conclude, only one small qualitative study has examined the ISOs’ own accounts regarding treatment refusal (Mann et al., 2013). Research on ISO readiness, in general, rarely engages with a qualitative examination of underlying processes. Thus, the qualitative exploration in paper III, with added fo-
Focus on the influence of family and friends, further expands on the conceptualisation of the context-bound and psychosocial processes behind ISOs’ treatment readiness. The inclusion of both SEIF-participants and non-participants provides rich and varied data for such an investigation.

3.2 Seeking help before offending

Empirical research regarding ISOs’ previous help-seeking behaviour is limited. Individuals who are at risk of sexual offending (IRSO) may try talking to family, friends, or professionals about their offence-related problems before committing a crime. Kjellgren (2019a) studied Swedish individuals experiencing problems linked to compulsive sexual behaviour disorder or purchasing sexual services seeking assistance at a specialised unit. Some had previously tried to open up to professionals within healthcare or the social welfare system but received advice to go somewhere else, and some had attended therapy where their hypersexual problems could not be managed. Even within the prison context, thus, post-conviction, some ISOs claim they have encountered therapists who seem unwilling to discuss the criminal act (Kjellgren, 2019b; Kruse, 2020, p. 248).

According to international research, many professionals seem to hold negative attitudes towards individuals with sexual interests in children and either do not wish to, or perceive themselves as lacking the skills and knowledge to, treat them (Jahnke, 2018; Roche & Stephens, 2022). Diverging professional opinions regarding paedophilia and treatment goals are also common (Bayram et al., 2023). Strict mandatory reporting laws for therapists and low trust in professionals may be another obstacle for individuals with paedophilia seeking help (Jahnke, 2018).

Some IRSOs report that they have tried to talk about their problematic or atypical sexual interests (Insoll et al., 2021; Levenson & Grady, 2019; Roche et al., 2022). However, the experiences from these attempts are often described as negative, not resulting in receiving the help they sought. Nevertheless, some IRSOs report positive experiences, describing that they appreciated when professionals listened without judgement and provided holistic support (Levenson & Grady, 2019).

There are promising results from outcome studies of medical and psychological/psychosocial treatment for IRSOs in preventative specialised units (Adebahr et al., 2021; Beier et al., 2015; Grant et al., 2019; Hallberg et al., 2019; Hillert et al., 2024; Kjellgren, 2019a; Landgren et al., 2020; Landgren, Olsson, et al., 2022; Landgren, Savard, et al., 2022; Läth et al., 2022; Newman et al., 2023). Moreover, there is a growing interest in the EU to implement and organise such interventions (Di Gioia & Beslay, 2023). Research examining the extent to which people who have evidently committed sexual crimes, referred to as ISOs, have tried to receive support from these units before the
criminal act, arrest, or conviction, and if they considered this helpful or not, is scarce, particularly qualitative studies. Previous research on preventative interventions for IRSOS appears to typically be conducted on non-forensic samples and primarily in relation to sexual risk factors. Paper IV seeks to fill these gaps in knowledge.

The literature search yielded two North American quantitative studies, which examined convicted individuals’ experience of previous support for problems related to the risk of sexual offending. Few ISOs sought help prior to their offence, and shame and stigma appeared as significant barriers. (Levenson et al., 2017; Piché et al., 2018). This is in line with research on mental illness and substance use disorder (Link, 1987; Luoma et al., 2007). Similar findings were demonstrated by Swaby and Lievesley (2023) in their qualitative study on prior help-seeking among convicted ISOs with child victims and atypical sexual interests in the UK. They described internal battles related to shame, stigma, and fear, as well as unhelpful encounters with support systems and professionals.

In both the survey studies mentioned above (Levenson et al., 2017; Piché et al., 2018), fear of loss regarding aspects of their social life and relationships was evident in responses to open-ended questions. None of the studies included ISOs who did not participate in treatment programmes. Moreover, the only qualitative study found on ISOs’ previous help-seeking (Swaby & Lievesley, 2023) exclusively focused on help-seeking for those with atypical sexual interests, not a wider range of risk-related behaviours or problems. Not all ISOs have problematic sexual behaviours or interests. Their crime might instead be associated with emotional, social, or relational problems in their life (Boer, 2016). Hence, investigating help-seeking behaviours for any problem, including mental health, substance misuse, relationships, etcetera, could contribute to additional knowledge of relevance. Moreover, contextual and socio-cultural aspects may play a role. Hence, paper IV aims to bridge the above-mentioned methodological and empirical gaps. It develops the current understanding of ISOs’ perspectives on preventative support, adding the relevance of additional relevant non-sexual risk factors. Furthermore, it expands on the social angle, the role of family and friends, and explores in-depth information about barriers to seeking help. It attempts to improve the current understanding regarding crucial processes involved at both micro-, meso-, and macro levels.

To conclude previous research related to the two research questions in this thesis: research on treatment programmes, preventative support, readiness, and ISOs’ own perspectives is growing. Nonetheless, in order to fully understand these phenomena, there are apparent research gaps to fill and facets to explore further.
4 Theorising change and engagement

To enable the assessment of the interpretation of the findings in this thesis, there is a need to explain the guiding paradigmatic assumptions, thus, the overarching theory of science. Furthermore, the major theoretical frameworks related to the conceptualisation of change and engagement in risk-reducing interventions and the experiential perspective are presented. Later, sub-categories of related theories and concepts used for the interpretation of the data in the specific papers are discussed.

4.1 Paradigmatic assumptions

Researchers are always guided by their conception of the world and ideas about how to gain knowledge about it. Guba (1990) defines a paradigm as ‘a basic set of beliefs that guide action’ (p. 17). Paradigms are human constructions, and they can be said to define a researcher’s worldview (Denzin & Lincoln, 2011).

4.1.1 Critical realism in social work

The paradigm I adhere to on an ontological level is post-positivist. Lincoln et al. (2011) describe the ontological stance of post-positivism as one called critical realism. Researchers who adhere to critical realism believe that there is a reality independent of our observation (Benton & Craib, 2011). At the same time, the researcher recognises that it is not possible to fully understand, measure, or control this reality, hence the term ‘critical’ (Lincoln et al., 2011). Investigations will therefore never be able to reveal a ‘truth’, and data will always be incomplete. At best, research can approximate reality and get as close to the answers as possible. According to critical realism, reality is differentiated into three levels, or ontological domains. Similarly, different sciences are also stratified; thus, different kinds of explanatory mechanisms are found in different strata. Benton and Craib (2011, p. 127) suggest this order: social sciences, psychology, physiology, organic chemistry, physical chemistry, and physics. Critical realists oppose reductionist views (e.g. Alfonsson, 2022; Pilgrim, 2014). They argue that causality flows in several different directions between strata in such a hierarchy (Benton & Craib, 2011). For instance, social
behaviour may partly be caused by neurobiological processes or genetically based differences in temperament. Nevertheless, social events such as experiences of violence or emotional trauma may, in turn, affect functions in the central nervous or endocrine systems (Benton & Craib, 2011). Thus, ‘the sciences of the lower-level mechanisms can contribute to explaining, but never completely explain, the behaviour of the higher-level mechanisms’ (Benton & Craib, 2011, p. 128).

One of the challenges for the social sciences is to produce the same kind of robust predictions and conclusions from experiments as in the natural sciences. This difficult, possibly even impossible, task can be attributed to the complex forms of co-existence and interactions between various mechanisms on different strata, the result of so-called open systems. Social phenomena always occur in such open systems; it is not possible to isolate all mechanisms involved on different levels. Hence, the epistemological limitations of social science.

Like Houston (2001), I assert that critical realism offers the practical validity of a theory of science applicable to social work. Critical realism avoids the relativism pitfall and acknowledges the embodied experience of individuals, context, and social structures, as well as the impact of human agency and emancipation. Social work, according to Houston (2001), is supposed to understand and explain behaviours in depth. Research should be able to produce knowledge about whether measures taken actually exacerbate or alleviate social problems; are we doing harm or good? The ethical issues in these matters are salient. The critical realist perspective is particularly relevant in the quantitative study in this thesis, paper I, the pilot study of SEIF, but also influential in the qualitative ones.

In my former role as a practitioner, my primary objective when working with ISOs was to prevent further offending. The ultimate goal as a researcher is still the same. I wish to produce knowledge that, at least partly, can be used by practitioners to prevent sexual offending and the harm caused by these criminal acts. It is a prerequisite that knowledge used for this purpose corresponds to a reality we all share, at least in some sense. Arguably, it is not possible to base interventions on knowledge that corresponds merely to linguistic representations or is situated within a relativist worldview. Furthermore, paper I is clearly positioned within the field of intervention research and is thus based on post-positivist concepts, such as causality (Goldthorpe, 2001). Furthermore, since critical realism is often placed somewhere in between constructionist/relativist approaches and positivist/realist ones (Braun & Clarke, 2022), it is a feasible stance for pragmatically oriented mixed-method research, as the one presented in this thesis.

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23 However, note the limitations discussed in the paper when drawing conclusions regarding causality from this particular study.
In accordance with the critical aspect of critical realism, I do not claim, however, to be able to understand or demonstrate the interviewees’ ‘real’ thoughts, approaches, or ‘real change’ (Bauman, 1978). Instead, I apply a meaning-making approach. The accounts reflect the interviewees’ attempts to make sense and meaning of their experiences. This is not something occurring in a social vacuum. People ‘construct meaning based on our interactions with our surrounding’ (Lincoln et al., 2011, p. 103). Hence, I do not consider the interviewees’ accounts to be neutral or objective in the sense that they are not influenced by the interaction with me as an interviewer, in the specific interview situation, the surrounding cultural, or societal context (Rosenberg, 2016). Themes do not emerge; rather, they are generated by me as a researcher (Braun & Clarke, 2022). No interpretation can be considered as the ‘true’ interpretation (Bauman, 1978; Benton & Craib, 2011). Nonetheless, data analysis is derived from the empirical material. From a critical realist perspective, the empirical analysis can be seen as approximating reality and experiences in a specific context. In this case, this is the interviewees’ experiences in the specific Swedish sex offender treatment context.

4.2 Analytical tools

This section provides an account of the overarching theoretical framework for the thesis. Central conceptualisations of change, engagement, experience, and perspective are situated in the broader notion of desistance and phenomenological traditions. Thereafter, central organising theoretical concepts for the different papers are described. These include narrative identity (paper II), looping (paper III), and Process-Person-Context-Time (PPCT) (paper IV); see table 1. The term criminogenic needs, used in paper I, is explained in previous sections. Self-efficacy (Bandura, 1997), also used in paper I, is not further developed in this thesis, as the paper does not elaborate on, or use, this concept in a thorough analytic sense. Self-efficacy represents a person’s beliefs in their function and abilities to control specific events in their lives. Hence, it is a narrower concept than self-esteem or self-confidence, since it is focused on specific situations, for example, risk situations for offending.

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Table 1. Theories and concepts used in the different papers, with central concepts provided in bold

<table>
<thead>
<tr>
<th>Paper I: Pilot study of SEIF</th>
<th>Criminogenic needs (see background section), self-efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper II: Experience of treatment</td>
<td>Narrative identity, active responsibility, turning points</td>
</tr>
<tr>
<td>Paper III: Treatment readiness</td>
<td>Looping</td>
</tr>
<tr>
<td>Paper IV: Previous help-seeking</td>
<td>Process-Person-Context-Time (PPCT)</td>
</tr>
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</table>

4.2.1 Overarching frameworks and concepts

Before turning to the specific theories and concepts employed in the analysis across the different papers, it is necessary to provide a brief overview of how ‘experience’, ‘perspective’, and ‘change’ are conceptualised in this thesis. Stigma and shame are additional concepts that are applicable to the entire thesis and therefore require an explanation to properly assess the analyses of the findings.

4.2.1.1 Experience and perspective

Epistemologically, the interviews and qualitative analyses are grounded in a phenomenological perspective (Braun & Clarke, 2022; J. A. Smith et al., 2009). Hence, the foundation is the subjective perspectives and experiences of the research subjects. Phenomenology seeks to understand informants’ meaning-making of phenomena by entering their life-worlds. Therefore, this represents a more mentally oriented epistemological approach than social constructionism (Aspers, 2009). However, the bridge between the empirical material, informants’ experiences and meaning-making (first-order constructs), and the researcher’s interpretations and theories (second-order constructs), is constituted of social constructions.

When I use the term experience or lived experience in relation to the qualitative analyses in this thesis, I aim to describe my interpretation of the interviewees’ subjective, embodied experience. These experiences are not independent from the interviewees. They, along with their meaning-making, are rooted in themselves. Meaning-making is, nevertheless, created in social interaction. It is ‘a reflexive, complex, and continuous process’ (Manning & Kunkel, 2014, p. 435), i.e. not something inherent within an individual or an object. Moreover, experiences are inseparable from the particular social, historical, and cultural context. This aligns with the basic assumptions of critical

25 Here, I draw on the German word erlebnis [in Swedish: upplevelse] for experience, in contrast to erfahrung [equivalent to the Swedish term erfarenhet], stemming from phenomenological traditions. For a discussion about the historical phenomenological roots of the concept of lived experience, suggested to be grounded in the French and later English translation of the two German words for experience, listen to podcast episode ‘lived experience’ by Andersson and Peña-Guzmán (2023).
realism; experiences do not represent objective facts or truths. Nonetheless, understanding these experiences can bring us closer to reality, and they may say something meaningful about the phenomena that we seek to understand.

4.2.1.2 Change in terms of desistance processes and factors

The first research question in this thesis concerns change in relation to sex offender treatment. The second question is about the processes of engaging an ISO or IRSOs in risk-reducing interventions, thus, the initiation of potential change. The qualitative papers employ an interpretative process-oriented conceptualisation of change. The theoretical and conceptual frameworks used for the qualitative papers, in particular paper II, are closely connected to the desistance paradigm (Maruna & LeBel, 2010; McNeill, 2006). These ideas are also often found within life-course criminology (Carlsson & Sarnecki, 2016) and strength-based theories (Seligman, 2002).

Distinctions are made between primary desistance, thus, simply the cessation of criminal acts, and secondary desistance, which concerns more stable, long-term prosocial identity transformations (Maruna & Farrall, 2004; McNeill et al., 2010). Early desistance is used to describe the transition from primary to secondary desistance (King, 2013) and is used in paper II to describe how treatment might facilitate early desistance. Tertiary desistance is about how identity transformations are received by society and experiencing a sense of belonging to a community (McNeill, 2016).

In life-course criminology, and what usually is referred to as dynamic theories of crime, changes within an individual or individual trajectories related to crime are emphasised. This stands in contrast to the risk factor paradigm’s focus on differences between individuals (McNeill et al., 2010), also referred to as static theories of crime (Carlsson & Sarnecki, 2016). These two theoretical strands have been highly debated for decades (Posick & Rocque, 2019). Empirically, there is support for both static and dynamic theories (see, for instance, Nagin & Paternoster, 2000; Sweeten et al., 2013). The theoretical analysis in the interview studies is situated within the overarching desistance framework and dynamic theories of crime. I aim to shed light on processes and individual trajectories rather than differences between individuals or risk factors. However, paper I examines change quantitatively using specific risk-related factors. This is conceptually close to notions within the risk factor paradigm and static theories.

Essential to the content of this thesis are two analytical branches within the desistance literature, often applied when examining and explaining change (Carlsson & Sarnecki, 2016; Farmer et al., 2015). The first one concerns identity transformation (e.g. D. A. Harris, 2014; Maruna, 2001; Maruna et al., 2004; Rocque et al., 2016). Here, change revolves around agency and cognitive changes or schema. This relates to secondary desistance and the concept of narrative identities (McAdams & McLean, 2013), a specific analytical tool described later.
The second branch in change-theories refers to structural change. This is about the importance of personal circumstances, such as employment, marriage and relationships, role transitions, and the social context (Carlsson & Samecki, 2016; Farmer et al., 2015). This notion of change is salient in criminological theories of informal social control and the impact of social bonds (Sampson & Laub, 1990, 2005). The importance of social and personal capital is claimed to be crucial in the desistance process (Nagin & Paternoster, 2000). In this thesis, these issues are empirically explored with regard to social and societal influences on treatment and support.

In paper II, the overarching notion of change is primarily related to early desistance and identity transformation. In paper III, I discuss change, predominantly by employing the concept of mechanisms, in relation to the issue of treatment readiness. In paper IV, previous help-seeking behaviour could be seen as a form of early change process. Here, I conceptualise change foremost by the use of systemic, person-environment interaction theory, the PPCT.

Life-course theories of crime emphasise the importance of interaction between the individual and the environment (Sampson & Laub, 2005). Turning points is a concept frequently employed within the field of life course criminology and desistance (Carlsson, 2012). This concept is used in paper II and revolves around the experience of significant events during the treatment process (cf. Gottzén, 2019b). Some, but not all, changes during the life course of a convicted individual can contribute to the process of desistance from crime. As Carlsson argues (2012), studying the concept of turning points in qualitative research can ‘help to untangle and understand processes of change’ (p. 13). Carlsson claims:

A turning point thus constitutes a change in the life course, which, in turn, constitutes a change in the individual’s offending. It is not employment, marriage, military service, residential change or other changes in themselves that bring about desistance, but rather the way such changes under certain circumstances can bring about other changes, which are theoretically understood as central for the desistance processes to emerge. (Carlsson, 2012, p. 3)

Turning points can be related to life course processes, involving family formation, employment, or identity shifts. According to Carlsson (2012), these turning points should be considered as parts of a process towards desistance and must, therefore, be studied in depth. The concept of turning points, however, should be seen as indirectly related to changes in offending behaviour. Instead, change is often mediated by variations in routine activities, social control, or self-image, which, in turn, contribute to desistance. Similarly, Sampson and Laub (2005) argue that the emergence of turning points, such as getting a job or getting married, may open up possibilities for identity transformations or investments into new relationships. Moreover, the process towards desistance is rarely linear (Carlsson, 2012). This non-linearity seems to
be especially pronounced in ISOs’ desistance processes (Berggren et al., 2020; Kras, 2022; McAlinden et al., 2017). Like Carlsson (2012), my interest in the concept of turning points lies in its utility as an analytical tool for interpreting data and gaining an understanding of the processes of change in sex offender treatment.

4.2.1.3 Stigma and shame

It is difficult to avoid stigma and shame when conducting research on ISOs as a social science researcher. Even though I do not use them as primary analytical tools, stigma and shame are consistent themes running through the findings in all three qualitative papers. Narrative identities are constructed not only by individual and social factors but also by cultural resources, such as myths and stereotypes (T. Ward & Marshall, 2007). Stereotypes and myths surrounding the ‘sexual offender’ are prevalent in all societies, and negative attitudes towards such individuals are profound. Thus, this seems to fit well with interpretations using theories of stigma (Goffman, 1963). Public perceptions of ISOs and individuals with atypical sexual interests are negative, and these groups are highly stigmatised.

Public attitudes towards, and the level of stigmatisation of, those who have sexually offended may vary depending on different aspects, such as age, gender, and characteristics of the offence (Harper et al., 2017). There are hierarchies between categories of convicted individuals, including within the ISO category, where those who have molested children and ‘paedophiles’ are constructed as the lowest (K. Andersson, 2012; Ugelvik, 2015). This extreme stigma within the most stigmatised group can explain the implementation of far-reaching legal measures and social movements such as ‘paedophile hunters’, even in Scandinavia (Jørgensen et al., 2023; Lomell, 2020). Cultural conceptions of sexual offending against adults also vary and can be attributed to various social movements, legislation, and public discourses shifting over time (Berggren & Gottzén, 2021, 2022; Gottzén & Franzén, 2020; Nilsson, 2019). A common element in Swedish discourses appears to be the distanced position in relation to sexual violence, where this problem is often construed as something inherently different from the ‘modern Swedish man’. Accordingly, these different conceptions may influence how ISOs respond to treatment and prevention.

As stated before, stigmatisation sometimes leads to serious consequences and collateral damage (Bonnar-Kidd, 2010; Hackett et al., 2015; Lehmann et al., 2021; Levenson et al., 2007; Tewksbury, 2012). The offender stigma is invisible; hence, in many situations, it is possible to conceal the information of being convicted (Goffman, 1963; Ramakers, 2022). ISOs, however, face more obstacles in comparison to other offenders when re-entering the community (Evans & Cubellis, 2015; D. A. Harris, 2021; Sandbukt, 2023). Since employers and other stakeholders in Europe are showing a growing interest in
criminal records, the role of stigma management for successful re-integration is apparent (Ramakers, 2022).

Internalised stigma (Herek, 2007), accepting the stigma as part of one’s self-concept, might pose a threat not only to the ISO’s self-image and identity but also to their social environment’s reactions (Evans & Cubellis, 2015; Sandbukt, 2023; Tewksbury, 2012). This thesis illuminates the importance of internalised stigma as a barrier for ISOs to seek help. Furthermore, intervention stigma (Madden, 2019), when the treatment itself is stigmatised, may affect treatment experience and approaches to treatment.

Stigma is closely related to shame. The role of shame in (sexual) offending has been studied in different ways. To name a few, at a micro-level, shame has been examined in the context of the therapeutic relationship and sex offender treatment (W. L. Marshall et al., 2009; Mullins & Kirkwood, 2019), or how violent men use the display of shame to manage others’ responses in a culture of gender equality (Gottzén, 2016, 2019a). In addition, the role of shame as a mediator in the effect of socialisation on offending has been investigated (R. Svensson et al., 2013). At a macro- or societal level, the re-integrative shaming theory (Braithwaite, 2020) has engaged with the notion of shame and its effects on the re-integration of individuals who have offended.

In the papers in this thesis, I discuss shame in line with ideas of re-integrative shame. Additionally, conceptualisations of shame, focusing on the role of shame in various systems (Bronfenbrenner, 1979), are employed. These systems concern the therapeutic relationship, close relationships: family and friends, but also the relationship to cultural conceptions. One such useful notion of shame is the concept of Shame (with capital S) or bond affect, as suggested by Scheff (2003). This concept entails a psychosocial and interactionist conceptualisation of this emotion, closely tied to identity. Scheff (2003) states that shame and the social life are deeply intertwined. His notion of shame can counterbalance concepts such as re-integrative shame, since the re-integrative shaming theory seems to be more important on the macro-sociological level (Braithwaite, 2020). As argued by Gottzén (2016), re-integrative shame may not fully recognise the complex role, including various uses and experiences of shame, in those who have perpetrated men’s violence against women. In paper II, I employ the concept of active responsibility as an analytical tool, which is closely tied to both re-integrative shame and bond affect.

4.2.2 Narrative identity (paper II)

Narrative identity is defined as a person’s ‘internalised and evolving life story, integrating the reconstructed past and imagined future to achieve some degree of unity and purpose’ (McAdams & McLean, 2013, p. 233). The concept can contribute to the understanding of how ISOs construct or negotiate a new identity and new values as an outcome of their treatment experience. Narrative
identity, or the study of narratives in relation to identity, is employed in various research fields (Adler et al., 2017; Ibarra & Barbulescu, 2010; McAdams & McLean, 2013) and in a few studies regarding ISOs (Digard, 2014; E. Hamilton, 2017; McAlinden et al., 2017; Mullins, 2019; Victor & Waldram, 2015; Waldram, 2007, 2008). The narrative identity is built on the psychological, cultural, and social resources available to the individual. It emphasises how the ISOs see themselves and the values that are most important to them (T. Ward & Marshall, 2007). This relates to the important element in SEIF: valued direction. The construction of a new narrative identity reflects a dynamic process important to facilitate within sexual offender treatment (T. Ward & Marshall, 2007).

According to a study by Maruna (2001), confirmed desisting individuals (previously convicted of non-sexual offending) re-interpreted negative past experiences into a new narrative and pursued a life in line with the essentially ‘good’ person they had always seen themselves as. In contrast, those who persisted with offending lived their lives according to a condemnation script where they did not perceive themselves to be in control of their lives. Additional research has shown that prosocial scripts (e.g. being a ‘family man’) are predictive of recidivism decrease (LeBel et al., 2008) and desistance (Rocque et al., 2016). New narrative identities are also associated with improvements in mental health (Adler, 2012). Possibly, this reflects a causal correlation between the development of a new narrative identity and change. However, as Sampson and Laub (2016) argue, it might not always be the case that identity transformation changes behaviour. In fact, it might be the opposite: ‘behaviour [italicised by author] changes identity’ (Sampson & Laub, 2016, p. 330). This is in line with the theoretical assumptions of SEIF. Thus, it is cognitive theory and learning theory combined that are suggested to contribute to change in criminogenic needs.

How can identity transformation be understood? Maruna et al. (2004) suggest that desistance from crime is facilitated by a process of prosocial labelling, sometimes referred to as the pygmalion effect. The de-labelling process entails negotiations between the individual and counsellors/therapists or significant others. However, the authors (Maruna et al., 2004) assert that the individual is not a passive victim of a labelling or de-labelling process, but rather an active participant. ISOs’ experiences of and approaches to treatment and help-seeking can help shed light on such de-labelling processes.

Sampson and Laub (2016) point to the methodological limitations when examining identity transformation through participants’ own accounts. My conclusion regarding the relationship between identity and change in studies, such as in this thesis, is that these two concepts should not be considered as elements in a specific linear causal chain. In critical realist terms, they are rather conjoined in an open system. Hence, I do not attempt to infer any causal explanations or evidence from the empirical material in the thesis. The aim is rather to describe how individuals make sense of their treatment experience
and how this can be understood in terms of narrative identity. Narrative identities do not emerge from a vacuum, but rather from interactions between people in their specific social environments (T. Ward & Marshall, 2007). Interactions, however, are not explicitly studied in this thesis, as would be the case in an ethnography where the researcher observes the actual encounters in treatment.

4.2.2.1 Active responsibility

The sociological concept of accounts, as suggested by Scott and Lyman (1968), and the theory of neutralisation techniques by Sykes and Matza (1957) address excuses and justifications that are made to explain unanticipated or inappropriate acts or behaviours. Arguably, these can be seen as the opposite of responsibility. Such excuses or justifications are common features among those who have offended. According to Maruna (2001), studying the accounts of convicted individuals is ‘not so much the facts they contain (what happened in their lives) but rather in the meanings the individual attach to such facts – how they choose to frame the events of their lives’ (p. 38). Furthermore, such accounts are related to narrative identities because, according to Scott and Lyman (1968), accounts are ‘manifestation of the underlying negotiation of identities’ (p. 69).

Narrowing down to theories and concepts regarding excuses, justifications, minimisations, and denial of crime, there have been several attempts to explain these common phenomena and their implications for re-offending and practice. The broad concept of cognitive distortions is probably the most widely used one regarding ISOs, especially in psychologically oriented research. However, critiques have been raised against this concept (W. L. Marshall, Marshall, & Kingston, 2011; Maruna & Mann, 2006; Ware & Mann, 2012). The concept of cognitive distortions has been used without distinctions between aspects of cognition. Hence, cognitions can be criminogenic, i.e. empirically related to offending, or understood as post-hoc cognitions (Maruna & Mann, 2006). Criminogenic cognitions\(^{26}\) may include hostility towards women or viewing children as capable of making informed decisions about sex (T. Ward et al., 2006). Such cognitions constitute treatment targets. Post-hoc cognitions, on the other hand, refer to excuses or minimisations that are not related to recidivism. Instead, they constitute rather normal coping strategies to preserve an acceptable self-image or to avoid stigma (Evans & Cubel-lis, 2015; Hanson & Morton-Bourgon, 2005; W. L. Marshall et al., 2009; Maruna & Mann, 2006; Ware & Mann, 2012). Such an excuse could be ‘I did it because I was drunk’. It may also include framing the offence as situational (Farmer et al., 2016). Contradictory utterances in treatment, involving what

\(^{26}\) These are usually discussed in terms of offence-supportive attitudes (cf. ‘pro-criminal attitudes’), maladaptive schema, or so-called implicit theories (Hanson & Morton-Bourgon, 2005; T. Ward, 2000).
can be termed neutralisation techniques or cognitive distortions, could also be conceptualised as ambivalence in the therapeutic conversation (Todd-Kvam et al., 2019) or a treatment responsivity issue, rather than a treatment target (Yates, 2009). This thesis will not specifically address the debate on cognitive distortions in great detail, nor will it employ the concepts of neutralisation techniques/accounts/cognitive distortion as a central part of data analysis. Nevertheless, this debate is necessary to fully understand the concept of active responsibility, which is primarily used in paper II, on treatment experience.

Acceptance of responsibility is frequently viewed as the antithesis of denial, minimisation, and justification. It has long been a major treatment goal in sex offender treatment (Ware & Mann, 2012). The public discourse, as well as research on ISOs and sex offender treatment, has been highly engaged with this concept, that is, ISOs’ ability to take responsibility for their crimes. Internal attributions within this process are important. According to Maruna and Mann (2006), this may be interpreted as reflecting people’s desire, in general, to understand these offences as a simple result of ‘bad people’. This is perhaps a more comforting idea, especially when the bad person is ‘the other’, compared to the complexity of multiple interacting factors suggested in the most influential scientific theories of offending (e.g. Wikström et al., 2012).

Responsibility, like denial, is controversial, and scholars have been debating its definitions as well as the appropriateness of this treatment target. There is little evidence that accepting responsibility for one’s offence would necessarily reduce re-offending (Hanson & Morton-Bourgon, 2005). Nonetheless, the requirement of ISOs to take full responsibility for every detail in their offence, as stated in public records, still occasionally seems to be strong, and the tolerance for any explanations that do not exclusively involve internal attributions can be low (Kruse, 2020; W. L. Marshall, Marshall, & Kingston, 2011; Maruna & Mann, 2006; Ware & Mann, 2012). For the ISO, internal attributions where the criminal act is seen as a result of being bad, evil, or deviant pose a significant threat to one’s self-concept (Maruna & Mann, 2006; Tewksbury, 2012). It does not offer psychological resources necessary for the change process (Fisher et al., 1998; McAnena et al., 2016; Mullins & Kirkwood, 2019; T. Ward & Marshall, 2007), such as locus of control (Craig et al., 1984) and positive self-esteem (W. L. Marshall et al., 2009). Nor do they help ISOs in identifying and managing triggers and risky situations in their environment.

Moreover, treatment providers and therapists may feel obliged to stress the importance of full disclosure and accountability due to political and moral expectations and fear of being accused of collusion with the ISO (Ware & Mann, 2012; Youssef, 2022), that is, facilitating denial and minimisation (see also Waldram, 2008). Too much focus on responsibility, however, may actually lead to confrontational therapist styles, drop-outs, lack of treatment progress, and stigmatised shame instead of re-integrative shame and reduced recidivism (Braithwaite, 2020; W. L. Marshall et al., 2009; Ware & Mann, 2012). The
phenomenon of coerced accountability can be thought of as a Catch 22-situation, where a coherent story of events and circumstances constituting the offence does not meet the informal moral requirements of sufficient expression of responsibility and remorse (Kruse, 2020; van Oorschot et al., 2017).

Maruna and Mann (2006) have proposed the term ‘active responsibility’ as a favourable, alternative concept (development from Bovens [1998], as cited in Maruna & Mann, 2006). This concept is concerned with ‘future oriented and forward thinking, focusing on what needs to be done in order to make good or make amends or make it right’ (Maruna & Mann, 2006, p. 167). Passive responsibility, in contrast, means, ‘holding someone responsible for something they have done in the past’ (Maruna & Mann, 2006, p. 167). This could mean the ISO saying, ‘I did it’, a statement which may, but not necessarily have to, include any kind of insights into one’s problems or commitment to change. It could even be a false confession due to feeling pressured by a therapist. On the other hand, denying having committed a sexually violent act might actually indicate that one truly knows that what one has done is unacceptable. Accordingly, Maruna and Mann (2006) argue that active responsibility is a feature of successful desistance (see also Maruna, 2001). Hence, this is a component in the construction of a new narrative identity. Active responsibility is primarily employed in this thesis to interpret identity transformations and changes in paper II.

4.2.3 Looping (paper III)

Goffman (1961) introduced the term total institutions to describe residential facilities that are isolated from the rest of society. Examples of such total institutions include prisons, mental hospitals, and concentration camps. These institutions are in several respects similar, according to Goffman, in the way they give rise to expressions that might be considered ‘antisocial’. Goffman, however, argues that they instead are normal reactions to the circumstances. Due to the dehumanising and humiliating procedures, such as being deprived of one’s personal belongings or given an inmate number in place of the personal name, total institutions contribute to a process of self-mortification. Goffman refers to the interaction between defensive, face-saving reactions from an inmate, for instance, to this mortification process and the controlling, punitive responses from the institution as looping.

Looping is the phenomenon conceptualised as when ‘an agency that creates a defensive response on the part of the inmate takes this very response as the target of its next attack’ (Goffman, 1961, pp. 35-36). Accordingly, defensive, face-saving responses among inmates, e.g. contempt, rudeness, or cognitive distortions, triggered by imprisonment and the possible self-attacks that go along with it, are frequently viewed as something that warrants additional punishment. Looping appears to occur in mental health settings (Alexander, 2006; Dobransky, 2011), as well as in ISO prisons, according to empirical research.
(Ievins, 2023; Kruse, 2020). However, correctional scholars have not used the concept of looping to understand or interpret these processes in prison settings, as far as I know.

I argue that total institutions, as described by Goffman (1961), differ in several aspects from the total institutions in modern-day society. Additionally, the SPPS is, in international comparison, considered very rehabilitative and humanitarian (Pratt, 2007). Nevertheless, I assert that the phenomenon of looping still occurs, even though it may take other expressions in today’s total institutions. I also argue that looping processes involving ISOs occur in society, in a broader sense, too. Hence, the stigma of sexual offences and public reactions to those who have perpetrated it contribute to an ongoing vicious circle that interferes with rehabilitative objectives. In paper III, I account for these specific looping processes analysed in the data related to treatment readiness, and I elaborate on the looping concept to describe the relational processes that seem to occasionally disrupt looping.

4.2.4 Process-Person-Context-Time (paper IV)

Life course perspectives are often employed in criminology, psychology, and social work. Scholars in these fields have criticised the risk factor paradigm for its failure to explain what actually causes crime (Hackett et al., 2022; Wikström, 2020; Wikström et al., 2012). Life course scholars emphasise developmental perspectives, socioecological, and psychosocial processes, as well as interactions, to understand continuity and discontinuity of criminal behaviour. Similarly, Bronfenbrenner (1979) introduced an ecological paradigm for understanding human development. In this ecological system, the micro-system consists of a ‘complex of interrelations within the immediate setting’ (Bronfenbrenner, 1979, p. 7), such as the family, school, or workplace. This thesis focuses on micro-systems, especially the role of close ones in support or treatment processes. The meso-system refers to the linkages between micro-systems, e.g. cooperation between support systems or professionals and close ones. The exo-system constitutes the linkages between settings not directly involving the individual but exerting influence on them indirectly. For instance, social workers’ education may impact how ISOs/IRSOs experience encounters with support systems. Finally, micro-, meso-, and exo-systems are manifestations of the macro-system, i.e. generalised cultural patterns of social institutions, ideologies, and religion (Bronfenbrenner, 1979). Shared norms and conceptions regarding sexual consent, for example, are predominantly understood in terms of macro-systems.

Later in life, Bronfenbrenner (2005) raised issues with his original model; he argued that it was more of an environmental theory that did not fully engage with the organism itself. Accordingly, he developed his ideas in the bioecological model of human development, where the prefix ‘bio-’ denotes the person in the ecological system. The four principal elements of the bioecological
model are the process, the person, the context, and time (PPCT). The process refers to what Bronfenbrenner calls proximal processes, thus, the enduring interaction between the organism (person) and the environment. Bronfenbrenner acknowledges theories and empirical research that emphasise individual characteristics such as temperament and personality. Nevertheless, in the bioecological system, they cannot be separated from the context or the person-environment interaction. Hence, he employs definitions, such as ‘cognition in context’ and ‘temperament in context’. Research supports Bronfenbrenner’s ideas of the interaction between individual characteristics and environments, also regarding criminal behaviour (e.g. Lynam & Miller, 2004; Sampson & Laub, 2005; Shiner & Caspi, 2003; R. Svensson, 2015; R. Svensson & Pauwels, 2010; Wikström, 2020). Help-seeking for problems related to sexual offending and encounters with support systems can be understood in terms of these concepts.

The context in the PPCT refers to the ecological system of micro-, meso-, exo-, and macro-systems (Bronfenbrenner, 2005). A significant dimension of time, the final element in the PPCT, is how it connects to the macro-system; hence, the historical sequence of certain events. Regarding sexual offending, for example, public attitudes have historically shifted, which influences how different birth cohorts approach the issue of sexual offences. In Sweden, marital rape was legal in the early 60s, and now we have rape legislation based on affirmative consent. Time in the PPCT also refers to micro-systems. Within the organism, the influence of time can relate to significant events, such as the first sexual encounter.

In this thesis, Bronfenbrenner’s bioecological model is used less as an analytical tool, and more as a conceptual frame for structuring the data analysis and its relation to existing research in paper IV. The model is suitable for several reasons. First, it can explain the importance of experiences of interactions between the different nested support systems. Second, Bronfenbrenner emphasises that his notion of development focuses on the content of psychological processes. Thus, the focus is on what the person perceives, feels, desires, or fears, and how interactions with the environment modify this content (Bronfenbrenner, 1979). The model has, thus, a good epistemological fit with the experiential perspective in this study. The PPCT is a comprehensive model that captures life course aspects and processes across several environmental systems, as demonstrated in this thesis through the empirical material from retrospective accounts. These include processes related to the developing person. Hence, the PPCT framework can help illuminate not only the interactive processes described by the interviewees, but can also include the connections to systems, discourses, and social policies that are relevant to social work research.
4.2.5 Integrating the theoretical approaches

Some of the theoretical and methodological approaches in this thesis originate from separate paradigmatic assumptions, which some may find incommensurable (Greene et al., 2010). However, I believe paradigms may still share some common ground and thus overlap (Fay, 1996). The use of multiple lenses can add value. Accordingly, I adopt a pragmatic approach. In social work, conflicting paradigms are not very problematic, since it is a discipline without a theoretical core, where various theoretical influences are common (Payne, 2012; Sohlberg, 2013; Trevillion, 2000). In addition, each of the studies included in this thesis will adhere primarily to one of the two paradigms: paper I to the post-positivist tradition and papers II, III, and IV to interpretative traditions. Since the majority of the readers of this thesis are most likely grounded in post-positivist traditions, this mix could be a way of broadening the theoretical perspectives in research on ISOs in a feasible manner.

The central organising concepts or frameworks in the qualitative papers (desistance, PPCT, looping, and narrative identity) are process-oriented, in alignment with the objectives of this thesis. These frameworks are employed primarily to interpret the qualitative data (papers II, III, and IV), whereas criminogenic needs and self-efficacy are applied in paper I. Stigma and shame are of relevance to all the qualitative papers. Narrative identity and looping are often linked to interpretative traditions, and criminogenic needs/self-efficacy are linked to the post-positivist tradition. The theoretical underpinnings of desistance as well as PPCT can probably be placed in both of these traditions depending on the empirical material and method employed. However, in this thesis, I use an interpretative approach.
5 Methodology: Triangulating treatment and support

This doctoral thesis employs a mixed methods study design. The first paper is a quantitative study using pre- and post-treatment tests/ratings from both SEIF-participants and therapists. Thus, this is a pilot study investigating preliminary effects of treatment. The subsequent three papers (II, III, and IV) explore experiences and processes regarding treatment and previous help-seeking. These papers are comprised of qualitative interviews with ISOS, treatment-participants as well as non-participants, providing unique data that are normally hard to reach.

The synthesis of the four papers combined contributes to triangulation, providing a multidimensional understanding of sex offender treatment and support in a particular societal and cultural context, in this case, the Swedish/Scandinavian one. Such an understanding is rooted to a high extent in the meaning and lived experience of individuals within a highly stigmatised population. Nevertheless, it also offers knowledge of utility for practitioners and policymakers and the development of treatment and prevention in a wider sense, thus, entailing prospects for change and solutions to a social problem that causes substantial suffering for victims. This is one of the foundations of social work practice and research. Furthermore, the papers combined examine experiences of help and support from different phases of the individual’s life trajectory and from a variety of service instances or welfare institutions. This contributes to a life-course perspective, including several stages of prevention, advocated for when researching sexual offending, desistance, and re-integration (McCartan & Kemshall, 2021).

5.1 Study design

To provide a methodological overview of the different papers within this thesis, and the objectives in detail, the methods, sample, and operationalised questions guiding each study are described briefly. See detailed information in the specific papers. For information about safety precautions during the data collection phase, see Appendix II. The research questions guiding the thesis are:
1. How do individuals convicted of sexual offences experience change after participating in sexual offender treatment? (papers I and II)
2. What contributes to, or hinders, engagement in risk-reducing interventions prior to and post-conviction? (papers III and IV)

The first two papers address the first research question, while the second two address the second question; see overview of study design in table 2. The study process began when I worked as a therapist with the newly introduced sex offender treatment programme called SEIF at the SPPS. The study in paper I was initiated, and data were collected and analysed during my master’s studies in social work. As new programmes are introduced in correctional services, there is a need to promptly investigate if the programme is feasible, if there are indications of change in the intended direction, or if there are potential negative side effects. Such pilot studies are typically followed by larger, more methodologically rigorous evaluations. When this internal pilot evaluation was initiated, I was involved in the role of a (part-time) master’s student at Ersta Sköndal Bräcke University College (now named Marie Cederschiöld University College) to collect and analyse data. Later, the construction of the paper was finalised during the PhD programme at Uppsala University. During the pilot study, additional research ideas arose. I wanted to know more about the treatment programme and the experiences of those who participated, from a phenomenological perspective. Thus, what does treatment participation mean for them from a subjective point of view? Furthermore, even if treatment aimed at preventing re-offence is successful and well received by participants, there is still a problem that most ISOs do not want to participate in treatment. I started contemplating on why some of them did not want to engage in such a process. Additionally, if the aim is to reduce sexual offending, it is not enough to solely focus on re-offending. Ideally, these individuals should be reached earlier. Nevertheless, little is known about these early stages of prevention. Accordingly, these questions gradually formed the PhD project and this thesis. Each paper has a specific, narrower, research question that aims to answer the broader research questions for the thesis.

**Paper I**: Is there change in criminogenic needs after participation in the Swedish sexual offender treatment programme called Sex offender programme with an individual focus (SEIF)?

Hypotheses guiding the study (Lindegren, 2022, p. 331):

Hypothesis 1: Participants in SEIF will exhibit a reduction in hypersexuality post-treatment compared to pre-treatment.
Hypothesis 2: Participants in SEIF will exhibit a reduction in external locus of control post-treatment compared to pre-treatment.
Hypothesis 3: Participants in SEIF will exhibit a reduction in levels of anxiety as well as avoidance in their attachment styles post-treatment compared to pre-treatment.

Hypothesis 4: Participants in SEIF will exhibit higher levels of function regarding criminogenic needs, according to therapist ratings of treatment progress, post-treatment compared to pre-treatment.

**Paper II**: How do ISOs experience participation in a sex offender treatment programme and how do they experience potential change?

Operationalised questions to guide the study:
- Do they experience personal development or any kind of change, and if so, how and in what sense? Were there any critical or significant events\(^27\) in this regard before, during, or after treatment? How do they view themselves and has this shifted during or post-treatment? How did they experience the treatment process? What is the role of values, identity, and social relationships throughout the treatment process? Were close ones, e.g. family and friends, involved in the treatment process; if so, how?

**Paper III**: How do incarcerated individuals convicted of sexual offending experience potential obstacles and facilitators for participation in treatment programmes?

Operationalised questions to guide the study:
- What contributed to their acceptance or non-acceptance of treatment? Are there any critical events or triggers? What factors and processes are important when deciding to attend treatment (or not)? Were close ones, e.g. family and friends, involved in the process of accepting to participate in treatment or not; if so, how?

**Paper IV**: What previous attempts, prior to offence or conviction, were made to seek support for problems linked to the risk of sexual offending? What were the barriers or facilitators to these efforts to obtain support? What was the outcome?

Operationalised questions to guide the study:
- Have they ever tried to reach out, talk to someone (e.g. family or friends), or sought professional help for problems that they themselves consider to have contributed to their criminal action prior to offence, arrest, or conviction? Where or to whom? Did they find this helpful;

\(^27\) Critical or significant events refer to actual events, insights, experiences, ‘epiphanies’, or turning points that the informant describes as significant to change or approaches to treatment.
and if so, how or why was it helpful? What were the barriers or facilitators?

Table 2. Overview of the study design in the four papers.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Sample</th>
<th>Design</th>
<th>Analysis</th>
<th>Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Change in criminogenic needs</td>
<td>First SEIF cohort (n = 99)</td>
<td>Pre-post tests SEIF-p. (n = ~26) therapists (n = 46)</td>
<td>Criminogenic needs Self-efficacy</td>
</tr>
<tr>
<td>II</td>
<td>Treatment experience</td>
<td>SEIF-p. (n = 13)</td>
<td>Interviews</td>
<td>Thematic analysis</td>
</tr>
<tr>
<td>III</td>
<td>Readiness</td>
<td>SEIF-p. (n = 13) &amp; non-p. (n = 6)</td>
<td>Interviews</td>
<td>Thematic analysis</td>
</tr>
<tr>
<td>IV</td>
<td>Previous help-seeking</td>
<td>SEIF-p. (n = 13) &amp; non-p. (n = 6)</td>
<td>Interviews</td>
<td>Thematic analysis</td>
</tr>
</tbody>
</table>

Note. SEIF-p. means SEIF-participant (informants who completed SEIF). Non-p. means non-participant (informants who have not participated in treatment).

For paper I, descriptive statistics about participants and therapists were obtained from the Prison and Probation Service. These were completely anonymised; accordingly, they could not be paired with each participant’s test scores, limiting statistical analyses based on background information. In papers II, III, and IV, background characteristics regarding age, treatment format (group or individual), offence, sentence, etcetera, were collected using a brief questionnaire handed to the interviewee, or read aloud during telephone interviews, at the end of the interview. Information regarding the informants is presented in the results section and in Appendix IV.

5.1.1 Choice of methods

The quantitative study, paper I, uses hypothesis testing. This originates from the hypothetico-deductive model (Benton & Craib, 2011) and ideas concerning causation (Goldthorpe, 2001), that is, post-positivist notions highly influential in evidence-based practice. The issue of trying to determine whether we do harm or good by the interventions we use in social work, healthcare, or correctional justice is deemed crucial according to Houston (2001). Even though it may be difficult claiming the existence of strict universal premises or causal laws, which underpin experimentally oriented research, research within the social sciences can be based on probabilistic or partial claims or laws, thus, still offering useful knowledge about specific populations (A.

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28 The idea of using background variables from the register of correctional service [Kriminalvårdsregistret] was rejected after consultation with the Prison and Probation Service. Using the register would demand too much staff resources, and probably would have contributed to several informants rejecting participation (see discussion in Levenson et al., 2017).
Ryan, 1970). By using standardised, validated measurements reported anonymously by SEIF-participants, to investigate change, the quantitative study contributes to determining, or at least coming closer to, the important ethical issue raised by Houston (2001). This pilot study can provide indications as to whether there are tendencies towards change in the desired direction and establish a foundation regarding the justification for further implementation.

The epistemological foundations of qualitative research in general primarily stem from hermeneutical or interpretative approaches. They promote understanding, rather than predictions or explanations, the latter being common in positivist/post-positivist paradigms (Bauman, 1978). Aspers and Corte (2019, p. 139) argue that qualitative research aims at ‘getting closer to the phenomenon studied’.

The aim of this thesis is to study treatment and support from an ISO perspective. In this case, qualitative methods ‘can help “unpack” the processes whereby interventions make their impact, and what factors influence this’ (Macdonald & Popay, 2010, p. 10). Qualitative data can help clarify intervention or service mechanisms, or other aspects that could improve future outcomes for correctional rehabilitation or preventative services. Qualitative methods can offer insights into the meaning of subjective experiences, such as treatment participation and other kinds of support from the ISOS’ views. The knowledge produced in papers II, III, and IV is important for understanding meanings and processes involved in the management of ISOS.

There are several possible qualitative methods of use for achieving the aim of this thesis. Individual interviews were assessed as better suited than participatory observation or focus groups because the topic is highly sensitive and could influence the informants’ ability to express themselves. This is also the most feasible method because of the strict need for confidentiality within the SPPS, limiting the methodological possibilities.

While qualitative methods are useful and justified with departure from the research questions in this thesis, mixing methods: qualitative and quantitative, can enhance the validity of inferences and contribute to a multidimensional understanding of the studied phenomena (Greene et al., 2010). Hence, in terms of whether and how treatment is associated with change, the quantitative pre-post-test study, in combination with the qualitative study on participant experience, so-called triangulation, can contribute to a multifaceted understanding of change. This is further expanded by using both participant self-reports and therapist ratings in paper I.

### 5.2 Sampling

Gentles et al. (2015) define sampling broadly as ‘the selection of specific data sources from which data are collected to address the research objectives’ (p. 1775). The term sampling has been debated, and definitions and strategies
vary. For the interviews, a priori purposive, convenience, quota sampling was used, with pre-defined criteria for selecting informants. I strived to find informants who reflected the heterogeneity characterising the ISO population. I do not attempt to generalise the results from the interviews to the population in a statistical sense. Rather, I aim for transferability to other settings or groups (B. Smith, 2018). The analysis of the studied phenomenon is, however, richer if the sample includes several sub-categories, for instance, victim type and age. It seemed unlikely I would be able to recruit female informants since females only represent 2% of convicted ISOs (Cortoni et al., 2017). However, I did not plan to exclude them because of the scarce knowledge about female ISOs. Nonetheless, since prisons are gender separate, and I only recruited informants from prisons for men, no women were included. The quantitative study, paper I, utilised a purposive sampling procedure: the first cohort of participants in SEIF.

5.2.1 Inclusion and exclusion criteria
General inclusion criteria for all interviewees were:

- Age >= 18 years
- Serving a sentence, in prison or on parole/probation, for a sexual offence according to Swedish law
- Speaking Swedish or English

Exclusion criteria were:

- Age < 18 years
- Being declared incapacitated/under guardianship
- Severe mental illness influencing their sense of reality, such as psychosis
- Not speaking Swedish or English
- Being assessed as high risk of violent behaviour towards staff, and the Prison and Probation Service not being able to provide a secure interview setting

For SEIF-participants to be included in the research project, they had to have finished the core-part of SEIF during the current sentence. For non-participants to be included, they should not have participated in SEIF during the

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29 Two interviewees had a few sessions of the core-part left when they were interviewed. In addition, one interviewee had participated in the previous sex offender treatment programme called ROS, and another one had attended ROS for the core-part and SEIF for the prolonged booster sessions in prison. Hence, a few deviations were made from the inclusion criteria; this was motivated by the need to reach a sufficient number of interviewees, and the deviations were not considered significant enough to alter the objective of the research.
current sentence, alternatively, have terminated SEIF in advance. Furthermore, they should hold negative attitudes towards, or have no motivation to start SEIF. Nevertheless, the second inclusion criterion turned out to be problematic, since it limited the number of possible interviewees. Additionally, it was clear that attitudes towards SEIF were better understood as being placed somewhere on a continuum rather than constituting a dichotomised position. Accordingly, I decided to expand the inclusion criteria to comprise any ISO who had not attended SEIF yet, or terminated SEIF, and was negative, ambivalent, or hesitant. Hence, this included cases where the ISO was reluctant to participate in SEIF but considered doing it in the future, despite this, because of other incentives. In the end, six non-participants were recruited.30

5.2.2 Sample size

When determining the sample size, qualitative research often employs the concept of saturation. However, how saturation is achieved is rarely well described and may not be best suited when determining the sample size for all types of qualitative research (Malterud et al., 2016). For example, reflexive thematic analysis, used in this thesis, highlights the subjectivity of the researcher and interpretation. The idea of possible multiple meanings does not fit very well with the assumption that there is a clear point of information redundancy in the data. Thus, saturation may not be preferable in these cases (Braun & Clarke, 2021b). In addition, when planning studies, saturation is not much of a help in determining what sample size to aim for. Instead, Malterud et al. (2016) propose a model based on the concept of information power. They state that the information power of an interview ‘is determined by items such as study aim, sample specificity, use of established theory, quality of dialogue, and analysis strategy’ (Malterud et al., 2016, p. 1757). To illustrate how I determined a preliminary sample size, I have plotted red dots in the figure illustrating where my thesis fits in the dimensions of the items in the information power model; see figure 4.

It is possible that I may appraise the information power of the different studies/papers somewhat differently. Nevertheless, this figure illustrates an overall assessment of the qualitative studies in this thesis. I assessed my research aim as neither broad nor narrow; hence, a moderate sample size would be preferred. The participants, I argue, possess characteristics quite specific to the aim of the study, and I received help during recruitment from staff within

30 One individual actually did not fulfil the criteria, since he was clearly positive to SEIF as it turned out when I met him, but he was not prioritised to participate in prison. Instead, there was a plan that he would attend SEIF during his parole. Thus, I decided to do a follow-up interview when he was on parole. At the second interview, however, it turned out he was not prioritised for SEIF during parole either, as far as I understood. Even though he did not fulfil the criteria for the study, I found his responses relevant to the research questions; hence, I included him in the non-participant group.
the prison and probation service. Thus, the sample specificity is seemingly dense, decreasing the need for a large sample. The thesis applies extensive theoretical frameworks, also suggesting that a smaller sample size is sufficient. As for the quality of the interview dialogue, it was assessed to be high. Although I am a novice researcher, I have extensive experience in interviewing, assessing, and delivering treatment to ISOs. Moreover, my perception from the interviews is that I, probably due to my experience, managed to create a trusting and open interview climate. This, I believe, was confirmed by the rich data produced from the interviews. Lastly, I employed cross-case analysis, which calls for a larger sample size.

Figure 4. Assessment regarding information power. Modified image from Malterud et al. (2016, p. 1756).

Weighing the items together, I assessed it was suitable to interview about 10–15 ISOs from each group (SEIF-participants and non-participants). This also seemed a realistic number to achieve, considering the institutional constraints and other aspects, e.g. the Covid-19 pandemic. See information regarding informants’ characteristics in the results section and in Appendix IV.

5.3 Recruitment and data collection

The recruitment goal was achieved in terms of SEIF-participants (n = 13); however, this was not the case for non-participants, where I was only able to recruit six interviewees. Nonetheless, it may be unrealistic to accomplish much higher numbers (cf. Mann et al., 2013). To my knowledge, no other
study concerning ISO non-participants has succeeded better in this regard. However, I deemed the number of non-participant interviewees sufficient to produce an informative product, especially since I was able to combine their interviews with the ones from the SEIF-participants in the analyses in papers III and IV. I extended the recruitment period for non-participants, but this did not result in additional volunteers.

The interviews were originally planned to be conducted with both incarcerated individuals as well as those on probation or parole, if possible, due to contextual differences that could influence the results (T. Ward et al., 2004). For instance, probationers and parolees are, to a higher extent, able to meet with family and friends. However, it was not possible to recruit any probationers or parolees.

I aimed to recruit interviewees from prisons within a range of security levels (low, medium, and high). This enables a variety of ISOs with regard to severity of crime and risk assessment levels. Additionally, recruiting interviewees from different prisons ensures that it is, in fact, the experience of participating in the programme SEIF that is studied, rather than the experience of a specific therapist. Since theories of sexual offending and treatment sometimes differentiate between those who abuse children from those who abuse adults, the best scenario would be to have informants from both groups. Most qualitative studies use samples of ISOs who have molested children, whereas those with adult victims seem less studied. The recruitment was successful; I obtained a variation in security levels (low, medium, and high) as well as variation regarding different background variables, including victim type. There was also a range in length of sentence, varying between 6 months to 9 years.

An application for the implementation of the proposed studies was submitted to the Research and Evaluation Unit within the SPPS, approximately at the same time as the application for ethical approval. Before the recruitment of participants was initiated, the SPPS communicated information about the research project both internally and externally. Initially, all the interviews were planned to be conducted face-to-face. However, as mentioned, it was not practically possible because of the strain caused by the Covid-19 pandemic as well as the overcrowding in the SPPS. Telephone interviews were considered the best option under these circumstances, since the face-to-face option would have resulted in the research not being approved by the SPPS. Furthermore, the digital infrastructure in prisons did not allow for the use of online-solutions such as Zoom. In the end, there was a mix of telephone interviews and face-to-face interviews, where 75% were conducted face-to-face.

31 The research proposal underwent review by a representative of the Scientific Board as well as the steering committee within the Research and Evaluation Unit of the SPPS. The research proposal was assessed to be of scientific quality; however, some clarifications and adaptations had to be made before a decision was made regarding the approval of the project. Adaptations were necessary due to the overpopulation in the SPPS and the ongoing Covid-19 pandemic, which demanded more staff resources than normally from the agency at that time.
In consultation with the SPPS Research Unit, it was decided that the Probation Department would select probation offices where the research project would have the least impact on the core activities. This was due to the fact that there was another comprehensive internal research project going on within the probation system at that moment. Two offices were selected for recruiting interviewees. However, no individual on parole or probation expressed interest in participating in the research project. Regarding prisons, the sampling procedure for the interview informants was also carried out in a strategic manner, in this case with departure from four prisons with a high number of inmates convicted of sexual offences. The interviewees received written information about the study, handed out by prison or probation staff who subsequently contacted me to plan the interviews.

For paper I, a purposive sampling procedure was used: the first cohort of ISOs who took part in the pilot round of SEIF (n = 99). Approximately half of them were incarcerated, while the other half were serving sentences on probation or parole. They were affiliated with five prisons and 14 probation offices across Sweden. The participants received the psychometric tests in paper format from staff within the SPPS, and therapists uploaded their ratings to a digital folder. A coordinator within the agency managed the overall data collection and storage process.

5.4 Interviewing

5.4.1 Teller-focused interviews

Semi-structured guides were used for the interviews, which also incorporated features of a narrative approach inspired by Hydén’s (2014) teller-focused interview. This technique is suitable for exploring sensitive research topics, especially where interviewees’ narratives may be contradictory or incomplete. The teller-focused interview is less structured, more dialectical, and relational, focusing on supporting the interviewees in ‘formulating themselves in as genuine and multifaceted a narrative as possible’ (Hydén, 2014, p. 796). This approach seemed to be useful in tackling certain obstacles that may arise when interviewing individuals who demonstrate a lack of trust in professionals (Mann et al., 2013). I expected some individuals, especially non-participants, might be sceptical about participating in research interviews as well. This turned out to be true; several interviewees expressed this about other inmates being sceptical, and the difficulties recruiting interviewees support this too. One interviewee was worried about information security. However, most interviewees stated that they were not concerned about these issues at all, as verdicts are already public and accessible to those who explicitly request them.

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32 One interviewee, however, was interviewed twice; at the time of the second interview, he was on parole.
from the court. In addition, some mentioned that their cases had been discussed in online forums; hence, their identities were already disclosed. Some interviewees stated they felt a bit anxious before the interview. They were afraid they would be judged. One interviewee told me he had talked to other inmates who had been interviewed before him, and they told him there was nothing to be worried about, which made him feel more relaxed, he explained.

By avoiding overly explicit, and too many, questions and instead focusing on listening, trying to address the issues more implicitly (Hydén, 2014), the narrative approach, in my perception, facilitated the process. For practical reasons, the interview guide used during the interviews was restructured in a mind-map-like manner, inspired by Aspers’ A-scheme (2009, p. 9). This facilitated flexibility, and I was able to maintain control over the themes in a graphically helpful way. The overarching focus of the interviews was the significance of social relationships, societal influence, and identity; hence, such questions were embedded in the interview guides (see Appendix III). Some questions in the interview guide, such as their views of themselves or their perception of society’s opinions, were obviously too abstractly formulated for many participants. A few of them stated they had or suspected an autism diagnosis, which may explain why the questions did not work well. Hence, I made a few adjustments and used more closed questions with pre-defined alternatives or brief summaries of the interviewee’s accounts to make sure I had understood them correctly.

I occasionally deviated from the interview guide for non-participants since several of the questions appeared non-relevant when, for instance, the interviewee considered himself not guilty (of crime). In addition, I chose to let the interviewee talk freely about nearby topics since I noticed this occasionally led them to disclose things that were related to my research questions.

Due to the related stigma and shame, in order for the interviewee to feel relaxed, I chose to start the interview by letting them say something about themselves or their background, unrelated to their offence. In addition, I wanted to end the interview in a positive mode; therefore, I chose to ask about what they were most proud of when participating in SEIF or serving their sentence. As part of the above-mentioned strategy, I handed out the background information questionnaire at the end of the interview, instead of at the beginning. This questionnaire includes some very explicit and detailed questions regarding the offence, as well as atypical sexual interests. I believe this was a suitable strategy because I noticed that several of the interviewees were a little hesitant and withdrawn at the beginning of the interview but were much more relaxed by the end. They did not seem very bothered by the explicit questionnaire; only one participant chose not to disclose his offence. The interview durations ranged from 39 minutes to 2 hours and 17 minutes, with a median length of 1 ½ hours. Non-participant interviews were generally somewhat shorter than those for SEIF-participants.
5.4.2 Telephone interviews

There is a tacit assumption that face-to-face interviews are best suitable for conducting qualitative research, although empirically, there is not much evidence for that assumption (Novick, 2008; K. Ward et al., 2015). The absence of visual cues and its possible negative effects on developing rapport, receiving contextual information, and the risk of misinterpretations are common arguments for the preference for face-to-face interviews (Novick, 2008). However, empirical research focusing on participant experiences has demonstrated that participants sometimes actually prefer telephone interviews (K. Ward et al., 2015). Participants have reported feeling more relaxed, open, and honest when talking about sensitive subjects, such as sex, because of the relative anonymity of the telephone mode, which reduces inhibition (K. Ward et al., 2015). Only having to concentrate on the interviewer’s voice and not having to read and interpret their faces, looking for possible indicators of being judged, may facilitate the process.

Adequate written information about the interviewer is necessary for establishing rapport. Such information was presented in the information folder to the participants. It was accompanied by a photo of the main supervisor and myself to provide visual context and hence, a feeling of knowing which individual was on the other side of the telephone line. Conceivably, it is possible to develop rapport, or a good working alliance, between the researcher and the interviewee without face-to-face contact. At least, this is supported by research in nearby fields such as internet-delivered cognitive behavioural therapies, where empirical findings confirm that the therapeutic alliance is rated high and comparable to face-to-face therapy (G. Andersson et al., 2012).

I adhered to practical considerations suggested by K. Ward et al. (2015, p. 2782). This included indicating the anticipated interview duration and depth, adjusting the pace of speech, confirming that I was talking to the correct person, being prepared to clarify ambiguities, tolerating pauses, and ensuring that the interviewee had ample time to think. I also used vocal acknowledgements, such as ‘aha, I see, ok’, etcetera. My perception, upon comparing the interviews, is that the telephone interviews rendered the same richness in information as the interviews conducted face-to-face. There were no apparent complaints about the telephone mode when interviewees were asked about their experience afterwards.33

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33 One informant stated that on one occasion, the phone reception was insufficient; however, he stated he did understand my question, anyway. Another one stated he would have preferred to do the interview face-to-face because he did not master Swedish well. Nevertheless, I appraised his Swedish to be sufficient for the purpose. In addition, he requested and received the transcript so that he was able to check that I had understood him correctly.
5.5 Data analysis

For paper I, a colleague within the Prison and Probation Service and I inserted the quantitative data into a dataset. Subsequently, I analysed all pre- and post-treatment data in IBM SPSS Statistics 22, using non-parametric comparative tests.

5.5.1 Reflexive thematic analysis

The analysis of interview data was primarily guided by the thematic analysis (TA) approach by Braun and Clarke, called reflexive thematic analysis (Braun & Clarke, 2006, 2019, 2021a, 2022). Compared to other TA approaches, which focus more on coding reliability or themes as data domain summaries, the reflexive version proposed by Braun and Clarke emphasises researcher subjectivity, reflexivity, and theoretical flexibility (Braun & Clarke, 2019, 2021a). Within reflexive TA, the development of themes is conceptualised as ‘significant patterns [in relation to the research questions, author’s note] of shared meanings’ (Braun & Clarke, 2016, p. 742).

The philosophical and theoretical underpinnings of data analysis of the interview material in this thesis stem from phenomenological (e.g. Aspers & Kohl, 2013; Bauman, 1978) and experiential traditions, commonly associated with TA approaches (Braun & Clarke, 2021a). They focus on human beings’ life-world, how they experience the world, and how they make sense of it. This resembles other methodologies such as Interpretative Phenomenological Analysis (IPA), where the term ‘lived experience’ is commonly used (J. A. Smith et al., 2009). I chose reflexive TA before IPA because my research questions were not solely concerned with personal experiences, but also with how this is situated within a wider socio-cultural context (Braun & Clarke, 2021a). Moreover, the analytic focus was on identifying themes and sub-themes across the whole data set. Since I employed a larger and perhaps more heterogeneous sample compared to traditional IPA studies, it did not seem appropriate to employ the very detailed, idiographic thematic approach used in IPA (Braun & Clarke, 2021a; J. A. Smith et al., 2009).

I applied an abductive approach, thus aiming to explain the studied phenomenon. Abduction, in phenomenological terms, can be seen as a way to develop understandings through the hermeneutical oscillation between empirical accounts and theory (Aspers, 2009). Moreover, abduction can be used to develop theories or concepts, as demonstrated in paper III. After familiarising myself with the data, analysis was conducted in NVivo. Both semantic (descriptive/explicit) and latent (underlying ideas/assumptions) meanings were coded, where the latter refers to a more abstract and interpretative level of analysis (Braun & Clarke, 2006).
The data analysis was primarily inductive. Thus, coding and the production of themes were grounded in the existing data, rather than in theoretical assumptions. However, because of pre-existing knowledge and preliminary theoretical standpoints, even the first step of data analysis included both inductive and deductive elements. In line with the hermeneutical circle, there was an oscillation between codes and potential themes from the beginning, as candidate themes came to mind already after I conducted a few interviews and started to note patterns. Data analysis was initiated after a majority of the data had been collected, in parallel with the final interviews. Themes were reviewed, revised, and finalised into three separate theme structures corresponding to each paper/research question. There were two levels in the structure, themes and sub-themes, with the exception of paper IV, where there were no sub-themes. Theory was applied, or elaborated on, in the later stages of analysis.

The data should be understood as a product of individuals’ attempts to make sense of their experiences embedded in a specific socio-cultural context. This means that the sense-making ‘product’ is, to a high extent, co-constructed not only with me as a researcher in the interview situation (cf. Egeberg Holmgren, 2011) but also with the wider social network, community, and culture in which the individual is situated. This is consistent with phenomenological-hermeneutical approaches and assumptions, such as Heidegger’s concept of Dasain. Hence, the centre for analysis is the research subjects ‘in the world’. Accordingly, the subject of study is inherently social (Aspers & Kohl, 2013). Previous research demonstrates that ISOS’ self-narratives and understanding of themselves and their crimes are very similar to conceptions and discourses in the wider cultural and scientific context (see Kruse, 2020), and this seemed true also in my data. Hence, I assert that it is neither possible nor desirable to disentangle personal experiences or subjective realities from concurrent discourses and the socio-cultural context.

5.6 Methodological reflections

There are several limitations, obstacles, and threats regarding trustworthiness, or the equivalent, quantitatively-oriented, concepts of reliability and validity, in this thesis, which will be elaborated on in this section, as well as some remarks on researcher reflexivity.

5.6.1 Recruiting hesitant study participants

The ISO population is known for its low levels of trust (Mann et al., 2013). Indeed, not very many individuals wished to volunteer. Furthermore, lack of trust, stigma, and taboo may increase risk of attrition and socially desirable
responses. Special attention should be paid to circumstances regarding the information about the independence of the research and the researcher, as well as confidentiality, in order to receive truthful accounts or responses. Using so-called gate-keepers, i.e. staff within the Prison and Probation system, to recruit interviewees can both facilitate this process and present obstacles (Sjöström, 2019). My perception is that this recruitment strategy was overall positive. First of all, the ability to recruit as many interviewees as I did in the end, I believe, confirms this. In addition, I perceived, especially at two prisons, where I was able to recruit the majority of interviewees, that there were trustful relationships between the inmates and the staff, which possibly contributed to a high proportion of informants volunteering. This may also have to do with the fact that these prisons were more open, lower security facilities, which perhaps facilitates more relaxed relationships.

At one point, one of the interviewees, after accepting the invitation to participate in the interview, decided that he no longer wished to participate, which he informed me about via telephone. He declared he was in a generally bad mood and had lost interest in participating in the study. This incident raised complex ethical issues and the delicate balance between respecting informed consent, on the one hand, and acknowledging the need for generating novel knowledge, and that this need may sometimes require a degree of intrusion in the research process (Lindberg & Sjöström, 2019). This was particularly salient in this case, since this individual disclosed attitudes and experiences that deviated from the existing data. Hence, his participation would probably have contributed to important findings. During the telephone call, I emphasised I was very interested in hearing him out in an interview, while also repeating that participation was completely voluntary and that he was always welcome back if he changed his mind and wanted to participate. I discussed possible solutions with my supervisors, such as calling him back or writing a letter to reiterate my interest in his participation and remind him that he was still welcome to join. A letter was deemed less intrusive than a phone call. He immediately called me after receiving the letter, wishing to participate in the interview. Afterward, he stated that he was happy to be able to contribute to the research project. Thus, overall, the strategy did not seem to have been experienced as intrusive.

5.6.2 A non-confrontational approach

Denial of crime is another aspect to recognise, which may contribute to a defensive and withdrawing stance among this group of informants. This is connected to high shame and low self-esteem among ISOs (W. L. Marshall et al., 2009). Brinkmann and Kvale (2005) consider warm, empathetic interviews to be ethically questionable; instead, they propose actively confronting interviews. However, confrontational therapist styles are negatively related to the achievement of treatment goals, and styles displaying empathy and warmth
are most successful (W. L. Marshall, 2005; W. L. Marshall et al., 2003, 2009; Mullins, 2019; Mullins & Kirkwood, 2022; Serran et al., 2003).\textsuperscript{34} Since collaboration is a significant part, a foundation, one might argue, in both treatment and the research inquiry, this indicates that confrontation is not a successful approach either as a researcher when inquiring with the ISO population. However, I did not consider respectfully curiously pointing out eventual inconsistencies in interviewees’ accounts, in general, to be ‘confrontation’. The teller-focused approach, I believe, strengthened the interviewees’ sense of autonomy. Thus, such an approach might be experienced as less confrontational, which, I believe, facilitated the process of building trust in the interviews, resulting in more honest and open reflections from the interviewees.

Jacobsson and Åkerström (2013, p. 1) address the problem that may arise when interviewees ‘insist on representing a category not intended by the researcher’. Interviewees might try to exclude themselves from the stigmatised group of ‘violent offenders’ (Presser, 2004). Impression management and social desirability bias are well-known obstacles in research, not the least in studies on topics that are deemed morally questionable (see, for instance, Fernandez et al., 2019). Even within groups of convicted individuals, ISOs are constructed as being at the lowest level of a moral hierarchy (Ugelvik, 2015), and such issues seemed to have played a role in the studies in this thesis. Sampson and Laub (2016) problematise theorising notions such as human agency or identity by studying narratives, due to the bias humans, in general, have in understanding the causes of their own actions. In this thesis, the strategy used to avoid such obstacles was to allow for interpretations not only relying on the explicit accounts from the informants and their own stated understanding. Interpretations, thus, were based on latent or implicit meaning derived from the accounts.

Social desirability in ISOs may not be as much of a problem as expected (Pham et al., 2021). Nonetheless, as stated above, denial and/or minimisation of crime is very common among convicted ISOs (Harkins et al., 2015; Langton et al., 2008; Nunes et al., 2007). As discussed earlier, denial, and the often dichotomously used concept of accountability, however, are very complex concepts that should instead be considered in dimensional terms or as a process, heavily dependent on the relational context (for a more thorough review of these issues, see Kruse, 2020). I definitely identified different kinds of utterances representing examples of denial, justifications, victim-blaming, or attempts to downplay the severity of their offences, as well as instances of accountability. Nonetheless, several of the interviewees disclosed quite candid

\textsuperscript{34} Confrontational style is defined as a ‘harsh approach to challenging clients which seems likely to be perceived by the clients as denigrating’, whereas a non-confrontational style can be defined as ‘firm but supportive challenges’ (W. L. Marshall, 2005, p. 112).
information, such as admitting to having committed aggravated rape. Accordingly, it seems to me that the interviewees were often quite open and honest. This should be noted especially in light of this specific context of a highly stigmatised population and sensitive topic. A study by Pham et al. (2021) supports this observation. However, they indicate that some aspects of the ISOs’ self-reports may be less reliable, such as the victim type. In addition, the estimated prevalence of sexual interest in children is approximately 50–60% among ISOs with child victims (Seto, 2009). Therefore, I conclude, assuming the sample is fairly representative, that my interviewees may have under-reported the occurrence of atypical sexual interests.

Regarding denial and neutralisation techniques, I decided early on that I would not judge or confront the interviewees about this fact. I would not argue about whether they have committed a crime or not. As my research interest did not revolve around how they approach issues of accountability, such inquiries were not relevant. Of course, it is, however, important not to agree with this or encourage any type of victim blaming or justifications, something commonly referred to as collusion (Ware & Mann, 2012, p. 281). In my experience, from working several years with this population, I have found that a non-confrontational approach is most successful. This is especially salient at the beginning of the relationship when trying to establish rapport (see also W. L. Marshall, Marshall, & Kingston, 2011), or therapeutic alliance. Nevertheless, respectfully challenging abuse-supportive cognitions is, of course, necessary further into the treatment process. In my view, this non-confrontational approach is also crucial for eliciting significant information from the person, as confrontation usually results in the individual withdrawing and, thus, withholding information.

5.6.3 Trustworthiness/reliability and validity

In the theory chapter, I elaborated on the analytical tool of the concept of turning points, which is employed in this thesis. Carlsson (2012) raises methodological problems when interviewers explicitly ask for turning points, including the risk of informants picking up and using concepts raised in the interview questions when constructing their narratives. Instead, it is preferable to use open questions and follow the informants’ own narratives, asking them to elaborate on topics or events that they themselves bring attention to in describing their desistance process. These techniques are similar to Hydén’s teller-focused interview as well as interview techniques using narrative prompts (Adler et al., 2017), which I adhered to during the interviews.

35 Keep in mind that since I did not collect official records, they could easily have chosen to hide this information.

36 To instruct the informant to describe a certain event, scene, or episode that stands out in their experience of important life experiences, and what they believe this might say about themselves as a person.
Regarding data analysis, some people argue that credibility or trustworthiness issues ought to be managed in additional ways than only through self-reflexivity. Proposed strategies to enhance credibility include using different kinds of peer debriefing or researcher triangulation (Lincoln & Guba, 1985; Nowell et al., 2017). My supervisors have continuously scrutinised and problematised interviewing techniques as well as interpretations and coding of data. The analyses also underwent review during mid- and final seminars, as well as in paper presentations during research group seminars and other academic forums within and outside the department. Ultimately, the trustworthiness of qualitative studies is predominantly up to the reader to assess. My primary strategy to ensure rigour and facilitate transparency was to adhere to proposed analytical and reflective strategies (Braun & Clarke, 2006, 2016, 2019, 2022) and to maintain routines for audit trails (Nowell et al., 2017).

Regarding paper I, quantitative, post-positivist research usually combats somewhat different kinds of methodological issues, commonly referred to as reliability and validity. In this study, I used empirically validated psychometric tests and scales, in order to ensure reliability. To assess the validity of this paper, concerns can be raised as to whether studying criminogenic needs is an appropriate operationalisation of change, as well as the use of self-reports and therapist ratings to measure such a change (Walfish et al., 2012). In addition, the study design, where a control group was absent, as well as the small sample size and data loss, contribute to limitations regarding statistical inference and the determination of causation.

As a final note, a small fraction of ISOs, as individuals convicted of any type of crime, might actually be innocent and wrongly convicted. In this thesis, however, I start with the assumption that the informants’ convictions are correct, hence, that they have indeed committed a sexual offence. Moreover, it should be noted that since the number of convicted individuals is much lower than the actual number of individuals perpetrating these crimes, when measured through victim surveys (Westfelt, 2008), the results may not reflect the experiences of individuals who commit sexual offences in general. It is noteworthy, though, that this thesis does not use representative samples and does not aim to generalise the results to the whole ISO population.

5.6.4 The researcher role: Insider and outsider

Hellawell (2006) discusses the insider-outsider concept, i.e. the researcher’s relationship with the informants and the context in which the research is conducted. The researcher is often an insider as well as an outsider, and there are pros and cons with both positions. Hellawell (2006) claims that an analysis from an insider-outsider perspective may enhance self-reflexivity.
5.6.4.1 Managing interviewees’ emotions

In my case, I am an outsider in several aspects: I have never been convicted of a crime or been incarcerated; I am a female interviewing males, and so forth. I am, nevertheless, in several ways an insider. My educational background and experience from clinical work with the ISO population, as well as the treatment programme studied, I believe, facilitated the inquiry process. I was prepared to interpret and manage relational and emotional issues that could arise (Bergman Blix & Wettergren, 2015). The specific knowledge about the topic constituted a foundation where I was able to ask more informed questions, enabling an in-depth inquiry (Brinkmann & Kvale, 2005). Practical knowledge of the field is mainly considered as an advantage in empirical phenomenology (Aspers, 2009).

I felt comfortable in appraising the interview situation, including different relational and emotional aspects. Many ISOs have experiences of abuse and adverse events from childhood (e.g. Jespersen et al., 2009). There were several instances where interviewees were in distress and displayed emotions related to guilt and shame, not surprisingly, due to the research topic. At times, interviewees cried. On a few occasions, two interviewees displayed very high distress and anxiety, potentially being emotionally overwhelmed or re-experiencing their (own) trauma. During these moments, I assessed the situation and chose different strategies to calm the situation down. This involved validating verbal or non-verbal techniques or comments trying to normalise reactions, as well as changing the topic or direction in the interview questions to less sensitive ones. In these cases, I was specifically attentive towards the end of the interview to explore their mental state and reactions, reminding them of the contacts available for support noted in the research participant information. None of the interviewees indicated or showed signs of high distress at the conclusion of the interview. On the contrary, almost all participants explicitly stated they were happy to contribute to this research project and that they regarded this as ‘giving back’ to the community. They claimed they found the reflections in the interview situation helpful for themselves, as additional emotional processing of their experiences.

5.6.4.2 Managing own emotions and pre-conceptions

A risk of being an insider, as a previous professional within the field of study, is that it may be more difficult to maintain a critical perspective (Sjöström, 2019). I had to acknowledge this, along with the apparent risk of confirmation bias: the possibility that I might be uncritical and take things for granted as ‘truths’ or common knowledge due to previous knowledge. I could thus risk overlooking or misinterpreting information that contradicts my pre-existing
knowledge. It is also a fact that I align with professionals who are positive in general, not neutral, to rehabilitative measures. Nevertheless, the objective is not about eliminating subjectivity but managing it (Finlay, 2014). This highlights the need for self-reflexivity throughout the process (see also Braun & Clarke, 2019). I tried to give extra attention to unintended or unexpected accounts and the specific meaning the informants attached to the studied phenomena (Aspers, 2009). The use of the teller-focused interview and special attention to probing were ways to minimise the risk of leading questions and confirmation bias. Additionally, I had a reflective journal throughout the research process (Braun & Clarke, 2019). In there, I documented reflections, insights, emotions, impressions, and developing ideas, as well as practical steps undertaken. I always documented reflections immediately after each interview.

I considered the challenge of staying true to the researcher role and not falling into the therapist role. This was occasionally difficult for me. However, I tried explicitly to think about not focusing on emotional processing or therapeutic change, which often comes automatically for me. I also refrained from excessive validations or supportive comments typical for a therapeutic interviewer style. I assessed it as appropriate, however, on some occasions, as stated previously, simply as part of being human when the informant was experiencing strong emotional states of distress and anxiety, to be emotionally supportive and use general holding-containing techniques (Finlay, 2015). Furthermore, I discussed several matters concerning researcher reflexivity with my supervisors and PhD student colleagues.

If the question somehow were to arise during the interviews, I had decided beforehand that I would disclose my previous experience of SEIF and the SPPS. However, I did not initiate this myself because I did not want the informants to question my independent position, thus risking a decrease in trust. Nevertheless, the question only arose with two interviewees. Both interviews resulted in rich data, including critical opinions about the Prison and Probation Service; thus, it did not appear as though my previous work experience interfered negatively.

I noticed that the interviewees, in general, often used abbreviations and other words very specific to the correctional context and content of SEIF, occasionally adding the question ‘you heard about this, right?’ Hence, it seemed they often either assumed and/or drew the conclusion that I had insights into

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37 Before conducting the interviews, I had probably met with more than a hundred ISOs and, of course, all these encounters were somewhere in the back of my head, influencing how I interpreted and understood the accounts of the interviewees in this research.

38 One interviewee asked me about my own relationship with SEIF, at which point I disclosed my previous employment. The other interviewee had been informed by the therapist recruiting him and claimed that he recognised my name and face, perhaps from a previous encounter within the SPPS. However, neither of us could actually recall such a meeting. Regardless of whether he had met me before, he did not seem bothered by this fact, or by my background as a probation officer.
these matters, either through experience as a practitioner or as a researcher with an understanding of this topic. I rarely had to ask them for explanations of contextual issues or particular wordings, which I perceived facilitated trust and flow of the interviews.

Researching and working as a practitioner with ISOs can entail significant emotional and moral strain (see, for instance, Ievins, 2023; Shrim & Baum, 2022). Such issues may include feeling guilty over empathising with or even liking someone who has committed an extremely serious offence. Negative emotions may arise from talking about these offences and listening to, for instance, victim-blaming attitudes. However, I did not experience this as an obstacle during this research project. I assume this has to do with my practitioner background of working with supervision and treatment for ISOs for several years. I felt that I had already done the substantial emotional and moral work required for this task during my time as an employee at the SPPS, participating in psychotherapy supervision and so forth. This does not mean that I did not experience any negative emotions. I did, occasionally. However, I never felt unsafe. Nevertheless, I seemingly automatically mobilised techniques I had acquired as a practitioner. Usually, this entailed mindfulness strategies, where I noticed and accepted the emotion but did not cling to it. Rather, I observed it as a cloud passing by in the sky. I did not let it steal my focus or attention from the task. I was, of course, not in a general sense unaffected emotionally by this research project. However, I did not experience any troubling, lingering emotions that produced difficulties for me. In comparison to working as a practitioner within the SPPS, where your task is to reduce the risk of re-offence, I actually felt that the researcher role, where the aim is to produce knowledge, entailed less of an emotional and moral burden.

5.7 Ethical considerations

There are substantial ethical issues to consider in this project because of the highly sensitive nature of the topic and the management of personal information. I received ethical approval for the interview studies from the Swedish Ethical Review Authority (2020-04038).39

39 See the Ethical Review Act (SFS 2003:460), and the updated version (SFS 2019:1144). The Prison and Probation Service granted the ethics approval for the quantitative study in paper I under the condition that no personal data would be handled. The Swedish Ethical Review Authority assessed that this study does not fall under the jurisdiction of the Ethical Review Act (SFS 2003:460) because it originates from my master’s studies. All data managed in paper I were completely anonymised throughout the process. There was no code key; hence, no information, at any stage, was connected to an identifiable individual. Moreover, I adhered to the standards of good research practice (Swedish Research Council, 2017), e.g. participation was voluntary and included informed consent.
5.7.1 Confidentiality

Confidentiality and safe management of data are of particular concern. ISOs are a group uniquely vulnerable to societal condemnation. Being publicly exposed as having committed a sexual offence can have serious, even lethal, consequences, not only for the informant but also for their family (Bonnar-Kidd, 2010; Levenson & Tewksbury, 2009). Consequentialism and Mill’s theory of utilitarianism have played a significant role in research ethics in science (Rosenberg, 2016). However, it is often difficult to measure and predict possible consequences. Measures taken regarding confidentiality were considered to minimise the risk of negative consequences for the informants taking part. I pseudonymised the material from the start and kept all data and the code key in a locked file storage and on a secure digital platform for research data. Not only was personal information coded but also any data that could lead to the identification of an informant. Pseudonymisation, however, is not without its limitations (Punch, 1994). When reporting quotes in the analyses in the papers, it is not possible to rule out that some prison staff could identify an interviewee. To reduce the risk that openly critical accounts against the SPPS, in the worst-case scenario, could lead to negative consequences for the interviewee, I chose to exclude even the pseudonym when presenting quotes that explicitly criticised the SPPS.

All planned data included in the project underwent assessment and information classification according to internal guidelines at Uppsala University. Data were managed in accordance with GDPR (The General Data Protection Regulation) in the European Union law (2016/679) and corresponding updates in the Swedish Ethical Review Act (SFS 2018:1999).

5.7.2 Micro-ethics and practical wisdom

Brinkmann and Kvale (2005) question the implicit idea of qualitative research as ‘ethically good in itself, or at least ethically superior to the uncaring quantitative approaches’ (p. 157). Some of these micro-ethical challenges concern asymmetrical power relations. Furthermore, simply adhering to ethical rules or principles may not be sufficient, as researchers need to know when and how to apply the rules. Instead, they argue for the Aristotelian ‘practical wisdom’, asserting that researchers must possess the skills to ‘see events in their value-laden context, and judge accordingly’ (Brinkmann & Kvale, 2005, p. 160).

One aspect of practical wisdom includes the researcher’s ability to note and respond to significant events and responses during the interviews, which leads us to the importance of emotional reflexivity, a necessary component for conducting high quality research (Bergman Blix & Wettergren, 2015). The topic of this thesis and the interview situation are sensitive; thus, the emotional reflexivity of the researcher probably plays a crucial role. My professional experience in assessing and treating ISOs, as well as my basic psychotherapy
training, including own participation in affect-focused psychotherapy, I believe, facilitated an ethically informed research process. This pertains to both gaining access to the field, being attentive to emotional signals or events during the interviews, and managing not only the interviewees’ emotions but my own potential emotional distress, so-called inward-directed emotion work (Bergman Blix & Wettergren, 2015). In addition, ethical issues were continuously discussed with my supervisors throughout the research process.

Interviews can evoke negative thoughts, emotions, or associations with previous trauma. Information about possible negative consequences was provided in the information letter, along with three telephone numbers for different support organisations and healthcare providers in case of such an event. The conclusion of the interviews included questions regarding possible negative effects in order to help provide support when needed. I also asked the prison staff to be attentive to the emotional states of the interviewees after participating in the interviews. During the interviews, I adhered to basic principles of trauma-informed practice and interviewing (Todd-Kvam & Goyes, 2023). This included, for instance, paying close attention to facial expression or other cues of distress, particularly for those who explicitly stated they had been traumatised or diagnosed with posttraumatic stress disorders, as well as responding accordingly to avoid re-traumatisation. Such actions could be changing the topic or avoiding further probing.

5.7.2.1 Navigating power asymmetries

An important ethical consideration in a project such as this one is the risk of informants feeling pressured to take part in the studies due to the power asymmetries. It is difficult to eliminate such aspects completely. Nonetheless, one way was to highlight, both in written and verbal communication, that withdrawal from participation was always available. As previously mentioned, one interviewee wished to receive the interview transcript to ensure I had understood him correctly, which I, of course, provided.

Occasionally, I was asked to give advice or information on certain issues related to the interviewees’ sentence execution, for example, if there were ways to influence risk assessments or similar. At first, I did not know what was considered an appropriate response as a researcher. Nevertheless, if they specifically asked for this, I chose to share information or advice whenever I felt I had relevant knowledge to give such information, or my professional opinion on specific issues they were contemplating. In line with the reasoning of Oakley (2016), inspired by feminist research traditions, I felt it was unethical to expect the interviewees to provide the information I needed without being prepared to give anything in return.40

40 This especially since the power asymmetries in this situation were quite extreme: the interviewees were actually incarcerated, deprived of their freedom. Additionally, some of them did
I asked the interviewees if they felt comfortable with the interview situation in the end. Two interviewees, unexpectedly, asked me in return how I felt interviewing them: ‘sex offenders’. Accordingly, they are well aware of the negative emotions people associate with their offences but also with them as individuals. While these events have interesting analytical implications, they also constitute methodological and ethical challenges. In line with the previous discussion, I felt I owed them an honest response. Hence, I stated that first, this was not my first encounter with ISOs. Second, I said that I experienced the interview situations as interesting and meaningful since I believe that knowledge about these issues can help prevent sexual offences and improve society. Furthermore, I stated that I, of course, condemn sexual offences just like everyone else. However, I stressed the importance of understanding and finding explanations for such offences, as well as understanding the experiences of treatment. This is not to excuse the offence, but rather to improve the effectiveness of rehabilitative measures. They both responded to my answer by nodding and stating that they agreed with this line of reasoning.

I did not get the impression that the interviewees felt ‘used’ or that they experienced other adverse effects. Instead, the majority of them explicitly stated that they were happy to give something back to the community and help others by engaging in the research project. Another important ethical aspect, regarding adverse effects, concerns the accurate representation of the interviewees’ accounts (Ellis, 1995). Throughout the writing process, when using, for example, certain quotes or constructing interpretations, I asked myself how I imagined the interviewee would respond to my analysis. Would he feel that I had portrayed him correctly? Were my conclusions ‘fair’ with regard to the meaning of his experiences as he tried to convey them to me? Did I distort his narrative or skew it to the extent that he would not recognise himself?

5.7.3 The macro-ethics of ‘sex offender’ research

This thesis also entails challenges regarding macro-ethics, which include possible societal and cultural effects in a general meaning (Brinkmann & Kvale, 2005). The challenges involve the delicate balance of respecting the individuals who have committed a sexual crime, their human rights, and their value as human beings while acknowledging the seriousness of sexual violence and the trauma and experience of victims of sexual crimes. Not to mention the complexity of these two groups sometimes overlapping (Glasser et al., 2001). I believe, however, that rigorously conducted research and improved knowledge in general about the ISO population will benefit both groups. The lack of knowledge about the ISO population is likely to contribute to the existing myths and misconceptions (Cowburn & Dominelli, 2001; Harper et al.,

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not speak Swedish very well or were not accustomed to Swedish society in general and seemed to have certain misunderstandings regarding the correctional system.
Ultimately, this will not only affect ISOs and their families negatively but also impact victims of sexual crimes. This is because victims’ descriptions of their perpetrators and the circumstances of the crime may not be in line with the public’s perceptions of ‘sexual offenders’ and their actions. Thus, the victim may be seen as lacking credibility, resulting in victim blaming. The specific knowledge generated in this thesis will hopefully improve the effectiveness of reaching and treating ISOs or individuals at risk of offending. This, at best, will contribute to a reduction in the number of victims of sexual crimes and improve the well-being and relational functioning of ISOs or individuals at risk of offending (Benton & Craib, 2011).

Research that uncritically conveys ISOs’ accounts of victim-blaming and justifications may be offensive to victims of sexual violence. In this thesis, attention is given to this risk, and such empirical accounts are not presented unless necessary for the analysis. In such cases, they are critically analysed and/or contextualised.

Another macro-ethical issue concerns how the finalised research product is communicated to different stakeholders in the community. Publishing research solely in international academic journals with their restricted audience does not benefit the community or society as a whole. Accordingly, I chose to communicate the results at conferences aimed not only at researchers but also practitioners. Additionally, I held oral presentations (webinars) for the people involved in the research process, in this case, staff and therapists at the SPPS. I am also writing a report in Swedish in plain, non-academic language for the SPPS’s research unit, a text more accessible to the public. In addition, I have used social media, such as Twitter (now named ‘X’), to communicate my results to a broader audience. I have participated in researcher interviews/portraits for newspapers/popular-scientific journals, and podcasts, and I have written a debate article in the biggest newspaper in Sweden during this PhD project.

Even if such a risk seemed unlikely, I informed the interviewees in written and verbal communication that I would report any information about an identifiable child currently being subjected to violence or other types of mistreatment to the Social Services, in accordance with the United Nations’ Convention on the Rights of the Child, recently incorporated into Swedish law (2018:1197). However, the interviewees disclosed no such information.
6 Results

To contextualise the findings, a brief description of the informants is provided. Moreover, differences between SEIF-participants and non-participants, as well as representativeness, with regard to the general ISO population, are described. The section ends with a summary of the main findings.

6.1 Informant characteristics

The background data available for the sample in paper I were scarce and consisted mainly of data regarding risk assessment and offences in the current, as well as prior, sentences. These tables are presented in detail in the paper. Descriptive statistics and details regarding background variables, victim characteristics, treatment mode, etcetera for the interviewees (papers II, III, and IV), as collected from the self-reported questionnaire, are presented in a table in Appendix IV. Offence characteristics are presented in table 3.
Table 3. Self-reported sexual/sexually motivated offences in the current sentence for the total interview study sample (n = 19) and sub-categories.

<table>
<thead>
<tr>
<th>Adult victims</th>
<th>Number of SEIF-participants (n = 13)</th>
<th>Number of Non-participants (n = 6)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>6</td>
<td>1</td>
<td>7 (37)</td>
</tr>
<tr>
<td>Aggravated rape</td>
<td>1</td>
<td>-</td>
<td>1 (5)</td>
</tr>
<tr>
<td>Sexual molestation (minor offence)</td>
<td>-</td>
<td>1</td>
<td>1 (5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child victims</th>
<th>Number of SEIF-participants (n = 13)</th>
<th>Number of Non-participants (n = 6)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>1</td>
<td>3</td>
<td>4 (21)</td>
</tr>
<tr>
<td>Aggravated rape</td>
<td>4</td>
<td>-</td>
<td>4 (21)</td>
</tr>
<tr>
<td>CSAM offence</td>
<td>1</td>
<td>1</td>
<td>2 (11)</td>
</tr>
<tr>
<td>Sexual exploitation of a minor (incl. aggravated)</td>
<td>2</td>
<td>-</td>
<td>2 (11)</td>
</tr>
<tr>
<td>Aggravated CSAM offence</td>
<td>2</td>
<td>-</td>
<td>2 (11)</td>
</tr>
<tr>
<td>Exploitation of a minor for the purpose of sexual posing</td>
<td>2</td>
<td>-</td>
<td>2 (11)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Victim unspecified</th>
<th>Number of SEIF-participants (n = 13)</th>
<th>Number of Non-participants (n = 6)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photographic activity constituting invasion of privacy</td>
<td>3</td>
<td>-</td>
<td>3 (16)</td>
</tr>
</tbody>
</table>

Note. SEIF-participants are those who have completed sex offender treatment, and non-participants are those who have not participated in treatment and who are negative, ambivalent, or hesitant to do so. CSAM offence means possession and/or dissemination of child sexual abuse material, legally termed child pornography offence. Six participants had several sexual offences under the same sentence; hence, the total number may exceed the total number of participants and the percentage exceeding 100. Some offences may have occurred on several occasions, e.g. rape against the same or another victim; however, such data are not included. One interviewee did not wish to disclose his offence (SEIF-participant). Six participants had one or several non-sexual offences under the same sentence: assault (n = 3), blackmailing/attempted blackmailing (n = 2), unlawful threat (n = 1), fraud (n = 1) obstructing the course of justice (n = 1), drug offence (n = 1), and facilitating unlawful driving (n = 1). The sentence lengths ranged from six months to nine years (M=4.6 years, Md=5 years).

As the interview studies in this thesis adopt a phenomenological perspective, there is a need to briefly describe the personal circumstances and life story features of the interviewees. They are presented with group categories (‘SEIF-participant’ or ‘non-participant’) and interviewee numbers (1–19). To minimise the risk of identifying the interviewees, they are given different pseudonyms in the three papers and are presented here by numbers. Details regarding citizenship or ethnicity were not collected. All interviewees, except two, spoke fluent Swedish and, based on their accounts, appeared to have been born or at least lived in Sweden for a major part of their lives.

SEIF-participants 1 and 6, as well as non-participant 19, had a long history of general criminal behaviour, e.g. non-sexual violent offences and drug offences, and led turbulent lifestyles. SEIF-participant 1 had a criminal gang background. All three were convicted of rape or sexual molestation against an adult woman. They shared similar stories of battling issues related to criminal
identity, internalised hyper-masculinity norms, aggression, mental health problems, and alcohol/drug addiction. SEIF-participant 6 and non-participant 19 described extensive adverse childhood experiences, including sexual abuse or violence victimisation. Their accounts were characterised by striving to set a better example for individuals in their social surroundings, as they recognised their influence as pro-criminal role models. SEIF-participant 12 and non-participant 2 were also previously convicted of non-sexual offences on a few occasions and described some social and mental health problems, however not to the same extent. Non-participant 2 was convicted of raping a 14-year-old girl, and SEIF-participant 12 had raped his adult girlfriend.

The personal stories from SEIF-participants 7 and 9 were quite different from the ones mentioned above. They were the only interviewees who reported sexual attraction to children, and they expressed strong self-condemnation. They were both first-time convicted and had both sexually abused a closely related child. They described background stories characterised by social exclusion, e.g. being victims of bullying, having difficulties finding a romantic adult partner, dealing with mental health issues, and having low self-esteem. They were unemployed/on sick leave and neither had partners nor children. SEIF-participant 9 reported being sexually abused as a child and extensive ongoing conflicts with his parents due to their denial of these alleged events.

Non-participants 3, 13, and 16 were the oldest interviewees and also first-time convicted. In contrast, they described a prosocial background and stable social situation without any social, sexual, or mental health problems. Partly for this reason, they did not see any justification for participating in the treatment programme. Non-participant 3 was convicted of rape against his wife. He did not consider himself as doing anything wrong or illegal. He expressed sexual entitlement attitudes related to norms in his home country, from which he had recently emigrated. Non-participants 13 and 16 had sexually abused a closely related child, and they were both assessed as having a low recidivism risk. Non-participant 13 was highly educated and firmly denied the criminal acts, leading to his conviction. He stated that he had not been offered any treatment programme. Non-participant 16, in contrast, admitted guilt for the offence but claimed to have experienced a ‘blackout’ regarding the actual events. He was convinced he would never repeat such an act. Non-participant 4 shared a similar pro-social life story and background. However, he differed in the sense that he genuinely wanted help for his illegal use of CSAM, but stated that he was not offered treatment, possibly due to the low-risk assessment. SEIF-participant 8 was also first-time convicted and acknowledged relationship deficits. Nonetheless, he displayed some ambivalence regarding responsibility for the offence and was the only interviewee who was openly critical of the consent law. He had been convicted of raping his wife while she was asleep and of a less serious offence against another adult woman.
SEIF-participant 15, a young man previously non-convicted, also reported a stable social situation with supportive parents. Despite this, he had engaged in comprehensive sexual abuse and exploitation of multiple children and was assessed as a high risk for recidivism. He browsed for help online during his ongoing abusive behaviour but did not follow through. Nevertheless, when he was arrested, he started treatment within the healthcare system straight away, prior to being sentenced.

The interviews with SEIF-participants 17 and 18 were long, and their stories were highly influenced by relationship issues, stigma, shame, and attachment insecurities. However, this was something occurring primarily under the social surface. They had been convicted of sexual offences against a close one. SEIF-participant 5 shared a somewhat similar life story. He lived a normal life on the surface, but at the same time, he sexually abused his own children for years. He was in severe emotional distress because of remorse, not only at the time of the abuse, where he tried to commit suicide, but also during the interview situation.

Most interviewees were first-time convicted of a sexual offence. A few interviewees, however, were convicted of repeated serious sexual offences against closely related children, such as SEIF-participants 11 and 14. They were very positive about treatment and the outcomes but seemed to struggle with identity reconciliation. SEIF-participant 10 was the youngest interviewee, also convicted twice for serious sexual offences, namely rape and aggravated rape against an adult.41 He came to Sweden as a refugee 10 years earlier and attributed his offences at least partly to cultural differences. Thus, he admitted that until now, he had not fully understood Swedish sexual relationship and consent norms and legislation. Nonetheless, he also disclosed additional issues, such as problems staying away from pro-criminal associates, implying broader antisocial tendencies. He was happy to learn more about sexual consent norms and Swedish dating culture in treatment, where he said he realised he needs to be more ‘lagom’.42 However, he found the Socratic therapist style somewhat confusing and indicated he would have preferred a little more directive advice, thus, highlighting another potentially culturally-related issue.

6.1.1 Similarities and differences between informants
In the majority of all interview cases, the victim was typically a closely related adult or child, often a romantic partner, child/stepchild, or niece. As for the two groups, SEIF-participants versus non-participants, there were several similarities. In both groups, rape or aggravated rape against an adult or child was the most common offence, constituting 84% of the cases in total. Furthermore,

41 Victim’s age for the first offence was unclear.
42 Swedish word for, in this context, behaviours that are not too intrusive, yet not too passive.
the groups were similar with regard to victim age, previous sentences, and employment status.

However, the groups differed in some aspects worth mentioning. All SEIF-participants, in contrast to non-participants, admitted guilt for the crime, at least partly. Furthermore, SEIF-participants generally had a higher risk of recidivism; none of them were assessed as having low risk. This means that they were probably more likely to be offered treatment and perhaps were more persuaded and/or more inclined to accept it, whereas the non-participants who had a low risk were presumably not prioritised for treatment.

Another aspect that differed between the groups is obviously treatment motivation. Among the non-participants, three were negative about participating in SEIF, stating that they did not have any of the problems SEIF addresses. Two of these three considered themselves not guilty. These two, however, also mentioned they would probably participate in SEIF if the SPPS deemed it necessary. The third admitted guilt; nevertheless, he was convinced he would never re-offend. The fourth non-participant was positive about SEIF but was not offered participation (the one I interviewed twice). The fifth was hesitant about SEIF and argued that he primarily had other needs for social support. The sixth non-participant displayed ambivalence; he had first declined treatment, then changed his mind and initiated it. Then he terminated it, according to the therapist, but at the interview, he had started treatment once again. At this point in time, he had a positive view of treatment. Hence, the non-participants were quite a heterogeneous group, particularly in terms of motivation. It is noteworthy, nevertheless, that some of the SEIF-participants, despite being generally pleased with treatment participation, stated that they initially had been hesitant about treatment.

As for the independent sample in the quantitative study, paper I, most of the participants were assessed as low risk of recidivism in general crime, and 49% were assessed as low risk of sexual offence recidivism. Accordingly, this sample is more representative of the general ISO population than the interview sample, since most ISOs do not re-offend, according to official records (Hanson et al., 2009; Hanson & Morton-Bourgon, 2005).

6.2 Summary of the papers

The thesis aims to address the following research questions:

- How do individuals convicted of sexual offences experience change after participating in sexual offender treatment?
- What contributes to, or hinders, engagement in risk-reducing interventions prior to and post-conviction?
The first sub-section presents the findings related to the first question, revolving around change (papers I and II). The second sub-section describes the process of engaging ISOs in risk-reducing interventions (papers III and IV). The four papers combined provide knowledge regarding how psychosocial interventions directed at those who have sexually offended, or are at risk of doing so, contribute to desistance or prevention and how to promote engagement in the interventions in the first place.

6.2.1 Sex offender treatment and change

Papers I and II both explore whether participation in sex offender treatment is associated with change, but from different perspectives. Paper I engages with the question of what works. Hence, what contributes to change in various factors, or criminogenic needs? In this case, ‘what’ is the particular treatment programme called SEIF. The ‘what’ question is related to multi-factorial or static theories of crime and treatment effects on a group level. Paper II, on the other hand, addresses the question of how does it work? Hence, it examines processes of desistance. Accordingly, the issue of how treatment is associated with change is illuminated from a multidimensional angle – processes and effects.

The findings demonstrate that sex offender treatment (SEIF) appears to be associated with a change in the intended prosocial direction, from a participant’s perspective. Paper I suggests that SEIF may reduce problems related to sexual offending, although conclusions should be drawn very cautiously as it is a pilot study with several methodological limitations. One risk factor in which scores were significantly reduced according to both participants’ and therapists’ ratings is hypersexuality. Sexual problems, such as hypersexuality, are not only one of the strongest risk factors for recidivism (Hanson & Morton-Bourgon, 2005). Additionally, it is a problem that differentiates ISOs from individuals convicted of non-sexual offences. Desistance research on ISOs is scarce, and it is questionable to assume that the desistance processes of these different groups are exactly the same. Hypersexuality, sexual attraction to children, and the exceptional social stigma surrounding sexual offences warrant specific investigation of desistance processes among ISOs. Paper II attempts to explore these matters by focusing on early desistance processes as they unfold in treatment, from a participant’s perspective. It adds to the finding that SEIF may not only potentially reduce crucial risk factors for recidivism. According to the interviewees, their experiences from treatment can be interpreted as also contributing to early desistance and the construction of new prosocial narrative identities. Such a change, according to desistance theories, is essential to achieve long-term cessation of offending. Furthermore, paper II provides insights into the role of family and society in this process.
6.2.1.1 Paper I: A pilot study of the Swedish sexual offender treatment programme

This paper investigates the effects of a specific sex offender treatment programme in Sweden, SEIF. Treatment programmes for ISOs are crucial in preventing relapse into crimes. There has been a debate among scholars about the effectiveness of these programmes. Meta-analyses show a significant decrease in recidivism, especially for CBT-based programmes adhering to the RNR model. Some scholars have suggested that these studies are sufficient to conclude there is evidence for sexual offender treatment programmes, while others have expressed doubts because of methodological limitations. Ethical and practical challenges in conducting randomised controlled trials within prison settings and the low base rates of recidivism contribute to the difficulties in establishing evidence. Another problem is that the dark figures of sexual offences limit the reliability of effectiveness studies based on official verdicts as outcome measures. Accordingly, there is a need to explore different aspects of treatment outcomes beyond traditional crime statistics.

This study seeks to accomplish this by studying change from pre- to post-test. It investigates changes in criminogenic needs such as hypersexuality, locus of control, and attachment styles. Hypersexuality, characterised by repetitive and persistent sexual impulses leading to negative consequences, is a significant problem among some ISOs. Nonetheless, it lacks well-established definitions and treatments. Locus of control, which pertains to an individual’s perception of control over his or her life, can impact re-offending risk, with an external locus of control linked to higher risk. Insecure attachment styles are associated with sexual offending, and while psychotherapy may influence attachment, research on its impact within sexual offender populations remains limited.

The research question focuses on whether there is a change in criminogenic needs after participating in SEIF. The hypotheses postulate that there would be a decrease in problems regarding the criminogenic needs studied. The study employs a pretest-posttest design to examine within-group change in the first cohort of participants who completed SEIF. The sample comprised 99 adult men, and data were collected using self-report scores from psychometric tests and therapist ratings of criminogenic needs.

The results show that participants exhibited a statistically significant reduction in hypersexuality (n = 26) post-treatment, with a small to medium effect size, supporting the hypothesis. However, there was no change in either anxiety (n = 25) or avoidance (n = 27) in the ISOs’ attachment styles, and the decrease in external locus of control (n = 25) was non-significant. Hence, these hypotheses about change were not supported, which means that the null hypothesis cannot be rejected. The therapist ratings demonstrated significantly improved function in all treatment needs (n = 47, except for treatment need
number 10 where $n = 46$), with a medium to large effect size, supporting the hypothesis of change in criminogenic needs.

Thus, the study suggests that SEIF may reduce problems related to recidivism risk, particularly hypersexuality. There were no apparent negative side effects. This supports further implementation. However, the study has several limitations, including a small sample, no control group, and missing data. More research using larger samples, stronger methodological designs, and long-term follow-ups are needed to confirm these findings and investigate the effectiveness of SEIF.
6.2.1.2 Paper II: Experiences of sexual offender treatment: Searching for desisting narrative identities

The paper seeks to develop current understanding of desistance processes in relation to sex offender treatment among ISOs. The aim is to explore how treatment contributes to ISOs’ early desistance stages by examining their experiences of treatment and change. Emphasis is placed on identity transformation and desistance-related concepts underpinning the analysis. Narrative identity, the internalised life story integrating the past and imagined future, serves as the overarching conceptual tool in understanding identity transformation in the desistance process. Active responsibility involves a forward-thinking approach to taking responsibility for one’s actions in the future. Another concept, turning points, describes significant events in the desistance process. This paper introduces the concept of ‘micro-turning points’ to understand minor, yet seemingly essential, events in the sex offender treatment process.

Specifically, the study uses a qualitative research approach to explore the experiences of men who have recently completed the Swedish sex offender treatment programme called SEIF. The sample comprised 13 male SEIF-participants, convicted of various sexual offences, mostly rape. The study employed in-depth interviews and reflexive thematic analysis.

The analysis shows how treatment presumably led to identity transformations contributing to early desistance. Three themes highlight aspects of the treatment experience and perceived change. The first theme, ‘troubled relations - obstacles to identity transformation’, underscores the contextual, social, and relational challenges faced by these men, including isolation from family and friends, internalised shame, and fear of post-release stigma. The second theme, ‘micro-turning points in treatment’, focuses on significant constructive events or insights in treatment, such as overcoming emotional ordeal and making sense of negative life experiences. This process seemed facilitated by being recognised as an individual beyond one’s crime, together with secure and supportive relationships with therapists and group members. The third theme, ‘re-writing the narrative identity’, reveals descriptions of the early development of new, authentic selves with a focus on close relationships and the pursuit of prosocial values. However, many interviewees struggled with integrating their offences into a positive self-image. Overall, the treatment process appeared to foster active responsibility and the construction of new, desisting narrative identities.

Furthermore, the paper highlights the treatment experience as transformative and often life-changing, emphasising the importance of treating ISOs as individuals beyond their offences. Overcoming emotional ordeals initially in treatment and making sense of past experiences, including the offence, seemed to be crucial micro-turning points. Improved social relationships served as motivators, aligning with the idea that relational experiences play a central
role in shaping positive self-narratives during the desistance process. The find-
ings suggest that a person-centred, holistic treatment environment can support
desistance processes and prosocial identity transformation, despite criticisms
of risk-focused approaches in some treatment programmes based on RNR.
Non-enabling environments within the correctional system and insufficient at-
tention to stigma management may hinder desistance processes, highlighting
the need for additional support to address post-release social life issues. How-
ever, the transferability of these findings to other settings or groups may vary.
Ultimately, whether those who receive this intervention successfully desist
can only be determined by future research.

6.2.2 Engagement in risk-reducing interventions

Papers I and II indicate that sex offender treatment could be associated with a
change in the intended direction. Nevertheless, many ISOs do not want to par-
ticipate in sex offender treatment. To gain knowledge on how to enhance treat-
ment participation, Paper III explores the contextual and relational processes
behind treatment readiness. It demonstrates that the institutional context in
prisons appears to produce obstacles to readiness in the form of counter-pro-
ductive punitive responses. On the positive side, these negative loops seemed
to sometimes be reversed by supportive, non-punitive responses from some
staff, inmates, or close ones, which then mobilised readiness. The specific
mechanism proposed to explain this phenomenon is termed looping disrup-
tion. While engaging and successfully rehabilitating ISOs is important, early
prevention is crucial since most ISOs do not enter the criminal justice system.
Paper IV addresses this question by exploring help-seeking prior to offence or
conviction. The findings in the paper suggest that prevention indeed can take
place, or fail, at all levels in society. The welfare system and social work seem
to play important roles in this process.
6.2.2.1 Paper III: Looping disruption: A relational mechanism enhancing treatment readiness among individuals convicted of sexual offending?

This paper investigates the underlying psychosocial and relational processes behind offender treatment participation among ISOs, i.e. readiness to engage in treatment programmes. Goffman’s (1961) concept of looping refers to a cycle of defensive reactions by inmates and punitive responses in total institutions, such as prisons. This paper tries to explore how these reactions are related to ISOs’ readiness for treatment. Specifically, it proposes that looping is useful for understanding the psychosocial dimensions behind treatment readiness among ISOs, not only in prisons but also in society and some treatment programmes. Hence, looping processes create barriers to rehabilitation and may interfere with readiness and rehabilitative objectives.

The study aims to explore readiness from a lived experience perspective using qualitative in-depth interviews. It thematically analyses underlying psychosocial readiness processes primarily by focusing on implicit meanings in the data. The sample comprised 19 adult men, both SEIF-participants (n = 13) and non-participants (n = 6). By applying Goffman’s concept of looping, the paper seeks to open up the ‘black box’ regarding treatment readiness. The analysis yielded two themes with two sub-themes each, primarily focusing on aspects regarding barriers and facilitators for readiness.

The analysis demonstrates the psychosocial and context-bound processes behind treatment readiness among ISOs. It reveals that looping barriers, where antagonistic punitive forces in the correctional system were described as opposing rehabilitation, can impede readiness. These barriers were related to fear and mistrust in prison, as well as a lack of ‘rewards’ expected post-treatment, such as improved sentence conditions. However, a proposed relational mechanism called looping disruption is introduced, suggesting that a non-punitive, supportive response (from prison staff, therapists, close ones, or inmates) to ISOs’ negative behaviours or emotions can reverse negative loops and enhance treatment readiness. Accounts of these relational events describe instances when, for example, professionals seized the unique opportunity of a crisis and expressed genuine interest and care for the person, despite his sometimes rude or provoking behaviours, thereby enabling the decision to participate in treatment. Looping disruption emphasises that readiness can be mobilised through everyday interactions, not just preparatory programmes or motivational interventions. It highlights the importance of treating individuals as subjects rather than ‘sex offenders’ and breaking the cycle of mistrust and fear in prison.

The concept of looping disruption can serve as a means to understand individual action mechanisms, particularly in total institutions. It suggests that all staff who interact with ISOs, not just therapists, can play a role in promoting readiness. For example, correctional staff could receive training in recognising
and responding to cognitive distortions as a defence mechanism or legitimate treatment need, rather than punishing or dismissing individuals for these reactions.

The study’s findings align with the Multifactor Offender Readiness Model (MORM) (T. Ward et al., 2004) and emphasise the importance of supportive attitudes from staff and family. However, the study also highlights specific challenges related to ISOs due to the exceptional stigma surrounding sexual offences and cognitive distortions. It calls for further research in different contexts to explore the concept of looping disruption’s applicability and utility.
6.2.2.2 Paper IV: Help-seeking prior to offence and conviction: Experiences of individuals convicted of sexual offending

This paper addresses sexual violence as a societal concern and explores the experiences and processes of ISOs’ help-seeking prior to offence and conviction. It aims to fill gaps in existing research by examining help-seeking experiences across a diverse sample of men convicted of sexual offences with a broader range of problems, not limited to sexual issues. Ultimately, this sheds light on systemic factors affecting support-seeking among ISOs. The paper employs Bronfenbrenner’s (2005) PPCT model to situate the exploration of the macro-, meso-, exo-, and micro-systems affecting help-seeking among ISOs.

The study employs qualitative, in-depth interviews to explore incarcerated men’s subjective experiences of help-seeking prior to their sexual offences or convictions. Data analysis was carried out using reflexive thematic analysis, guided predominantly by explicit meaning in participants’ narratives. The sample comprised 19 men with diverse backgrounds and offences.

The analysis includes five themes, grouped according to research questions on previous help-seeking and discussed in terms of systemic perspectives. Barriers and negative outcomes include themes called: ‘lack of understanding’, ‘fear of (social) consequences’, and ‘the neglect by the welfare system’. Hence, many interviewees lacked awareness of their problems, impeding their recognition of the need for support. Furthermore, they were afraid of the legal and social ramifications, including stigma and shame, hindering them from seeking help. Several of the interviewed men described that they had sought help prior to their offences from the welfare system, but they received inadequate or unsupportive care, which often included long waiting lists, rejection, or neglect. Paradoxically, many of them noted that they only received meaningful support for their problems after committing crimes.

As for facilitators and positive outcomes, the themes are titled ‘close ones as a source of motivation and potential support synergy’ and ‘specific knowledge and focus provide meaningful support’. The themes show that family members or close relationships were strong motivators for seeking help. These ties could generate synergistic support through links between close relationships and institutions offering help. Regarding encounters with professionals, interviewees found specialised knowledge and a focus regarding ISOs/IRSOs and their specific issues to be highly beneficial. Thus, specialised professionals with relevant training and experience could provide insights and relief for mental health and behavioural issues.

The findings underscore that prevention can take place on all levels in society in several ecological systems. Professional training is important when

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43 By ‘welfare system’ in this paper, I refer to both social welfare (e.g. Social Services) and the healthcare system, including mental healthcare, substance abuse addiction treatment, and specialty help for sexual problems.
shaping help-seeking behaviours and outcomes among ISOs. Furthermore, the organisation and management of the welfare system may contribute to obstacles, although more research on this matter is needed. Due to contextual differences between countries, transferability may be limited. This calls for more understanding of success in early help-seeking among ISOs in other parts of the world.
The aim of this thesis was to explore support and treatment for problems related to sexual offending, from the perspective of adult men convicted of sexual offences in Sweden. The main part of the analyses in this thesis is based on unique interview data from a hard-to-reach population. The knowledge generated can contribute to the under-researched field of desistance among those who have sexually offended. The thesis provides support for the idea that preventative support, treatment programmes, and relational mechanisms can promote readiness and facilitate desistance among ISOs. Nevertheless, there are several obstacles, often related to stigma, in this process. These main findings are in line with existing research (e.g. Blagden et al., 2016; Bonta & Andrews, 2017; Gannon et al., 2019; Hanson et al., 2002, 2009; D. A. Harris et al., 2019; Kim et al., 2016; Lätth et al., 2022; Lösel & Schmucker, 2005; W. L. Marshall, 2005, 2021; Schmucker & Lösel, 2008, 2015, 2017; Soldino & Carbonell-Vayá, 2017; Tewksbury, 2012; T. Ward et al., 2004). Together, the four papers demonstrate how ISOs experience sex offender treatment as well as help-seeking prior to offence or conviction and highlight psychosocial and context-bound processes.

The main contribution of the three qualitative papers (II, III, and IV) is how they expand on current knowledge regarding relational, identity, and desistance processes in sex offender treatment and prevention. Paper II explores early desistance processes in relation to treatment practice and the societal and contextual environment. It demonstrates so-called micro-turning points in treatment, which are significant for the subjective experience of change, enabling confrontation of shame and identity conflicts necessary in treatment. Combined with paper I, the paper provides insights into how sex offender treatment in Sweden may promote change. Paper III expands the knowledge regarding challenges in sex offender treatment, particularly the barriers to entry. It shows how supportive responses from professionals, close ones, and inmates can counterbalance obstacles related to punitive, non-rehabilitative features in the prison environment, a phenomenon termed looping disruption. The fourth paper, examining the men’s previous help-seeking, indicates that the welfare system and social work play a crucial, yet under-utilised, role in sexual abuse perpetrator prevention.
Overall, the thesis demonstrates the importance of ISO’s social networks in the desistance and preventative process. Close ones, including family, partners, and friends, can improve prevention. Social work has the potential to further make use of this resource. In this discussion, I elaborate on the results and provide a few practice-oriented and theoretical implications and reflections. I also raise questions for future research, as well as discuss some methodological limitations and considerations.

7.1 Is redemption possible?
This thesis advocates for the possibility of treatment for ISOs as a way to facilitate early desistance from crime and unpacks the processes involved (Farmer et al., 2015; D. A. Harris, 2021; King, 2013). It also suggests that tertiary desistance (McNeill, 2016) affects secondary desistance and the process of identity transformation. This could be specific to the ISO category due to the exceptional stigma associated with sex offences. The interviewees were clearly affected by the anticipated social reactions to their offence when released from prison. These worries and fears appeared to create mental impediments to adopting a new prosocial narrative identity (paper II). Moreover, according to the interviewees’ accounts, societal conceptions and stigma might have influenced some of the attitudes and characteristics of prison staff within the prison system. These looping barriers (paper III) seemed to produce interactional obstacles to prosocial change. Nevertheless, the non-punitive and caring responses from other staff, inmates, and close ones, *looping disruption*, seemed to facilitate readiness and micro-turning points in treatment (papers II and III). These relational processes can be viewed as a form of ‘vicarious tertiary desistance’, where being recognised as a person (cf. L. Frost, 2016) provided hope for the possibility of being welcomed back into society after release from prison. Accordingly, for those who have committed sexual offences, early and secondary desistance may be interdependent on tertiary desistance, with social interactions being salient in this process.

Nonetheless, this thesis does not provide an understanding of later re-integration processes. An important question for future research concerns tertiary desistance (McNeill, 2016), investigating the possibility that ISOs can return to society, be accepted, and be given a new chance. Thus, although some ISOs seem to undergo identity transformations (paper II), which promote desistance, this does not necessarily entail the acceptance of such a non-offending identity in the eyes of others, thus, acceptance enabling societal re-integration. This is especially challenging in societies highly influenced by the punitive turn. As argued by Cullen et al. (2020), rehabilitation merged with redemption is necessary in the new correctional paradigm of enlightenment that they propose. First of all, this requires successful rehabilitation, that is, the cessation of criminal acts. Second, redemption must be earned, according
to Cullen et al. (2020). In paper II, redemptive approaches, such as attempts to actively take responsibility, were a prominent feature of ISOs’ desistance narratives. The interviewed men described that they wanted to do better, to make amends.

However, there is still a big question as to whether society will accept these efforts to do good and make things right. Can ISOs truly be welcomed back? Hence, is this a successful strategy to pursue? Will they be able to continue building on the initial narrative identities of desistance that treatment helped them to formulate, according to paper II? Previous research indicates that the obstacles are profound (Hackett et al., 2015; D. A. Harris et al., 2019; Sandbukt, 2023). The narratives that featured active responsibility were occasionally combined with contradictory accounts, including statements that could be interpreted as denial, excuses, etcetera. Accordingly, unequivocal accounts of active responsibility were not very common. It has been a long process for professionals to consider denial and excuses as, at least partly, shame management or defensive strategies, and not necessarily a ‘complete lack of accountability or insight’, although this perception may still be the case for some professionals (Maruna & Mann, 2006). Hence, it is far-fetched, given the public discourses, that the public would accept ISOs back into society after serving their sentences if they do not show ‘adequate’ signs of remorse as expected (cf. Gottzén, 2019a; van Oorschot et al., 2017). The question arises: are they welcomed back even when they do show signs of remorse? If not, this could pose a significant obstacle to tertiary prevention.

Although several ISOs are welcomed back and re-integrated into their closest social networks of family and friends, I argue, in line with Maruna,44 that we still do not see public examples of successful redemption stories for ISOs. We have yet not seen ISOs being ‘redeemed’ publicly and welcomed back into society,45 likely due to the absence of ‘redemption scripts’ in society for ISOs (Maruna, 2001; Sandbukt, 2023). The stigma might still be too strong. This could jeopardise ISOs’ desistance processes in the long run (see also D. A. Harris et al., 2019). Punitive and restrictive policies in some parts of the world, such as public registries and notification laws, seriously limit opportunities to find employment, housing, and to form relationships. As demonstrated by Sandbukt (2023), even in Norway, which, like Sweden, does not implement public registration and notification laws, re-entry is still difficult due to comprehensive stigma, hindering tertiary desistance. D. A. Harris

44 Conversation during the online launch of Alice Ievins’ book titled ‘the stains of imprisonment’, on the 17th of April 2023.

45 There are, of course, examples of individuals, often powerful men, who have committed acts of sexual violence or harassment, being welcomed back into society. However, they typically do not seem to take responsibility for their actions, demonstrate being ‘changed’, or try to seek redemption of some kind. Furthermore, their acceptance by the public often relies on ideas of them actually ‘being innocent’. In a sense, they were not truly welcomed back, as they were never really out in the cold in the first place.
(2019) argues that treatment programmes might constitute one of very few places, and perhaps sometimes the only place, where ISOs can practise skill development, engage in prosocial activities, as well as pursue primary human goods. However, this question should be further investigated empirically, as little is known regarding ISOs’ later desistance processes. It may be the case that there are successful cases, despite the fact that many (most?) ISOs will encounter difficulties in being fully accepted back into society (Hackett et al., 2015; Sandbukt, 2023). If there were successful re-entry narratives among ISOs, this could also play a role in the possibility of more IRSOs seeking preventative help. It may be the case that the current theorising in the desistance field is not adapted to ISOs (cf. Kras, 2022). Accordingly, there is a need for further theoretical developments and empirical research in order to understand desistance, including tertiary, among ISOs.

7.2 Multi-level social responses

A topic for further investigation in research is the role of social responses, i.e., how family and friends support or facilitate desistance. Social work professionals can offer support for close ones of ISOs/IRSOs in numerous ways. This thesis suggests that relatives and friends play an important role as implicit motivation for the ISO/IRSO to seek help. Social work practice could contribute to helping close ones to more explicitly motivate the person to engage in treatment or other preventative efforts. This is an area in need of development.

Research suggests that although social responses to men’s violence against women have shifted, in the sense that this type of violence, to a higher extent, is met with condemnation, due to gender equality discourses and progress in society, the responses may not uniformly promote desistance. Instead, strong condemnation of men’s violence sometimes includes dichotomisation and othering of the individuals who perpetrate the violence, or social environments that justify violence, which may result in social exclusion and even violence and threats directed at the person who perpetrated the violent act (Berggren & Gottzén, 2022; Bruno et al., 2020; Hydén, 2015). Hence, such social responses might hinder desistance, opportunities for redemption, and preventative help-seeking behaviour. As demonstrated in paper II, fear of such social exclusion occupied the minds of the men, and treatment did not seem to have helped them resolve this issue (cf. Sandbukt, 2023). Furthermore, their close ones were rarely explicitly involved in the sex offender treatment process. The thesis adds to research on social responses (e.g. Hydén, Wade, et al., 2016) and how they can be understood as multilevel phenomena. It shows how perpetration prevention can occur, or fail, in several systems. This indicates that it is not only about processes and interactions on a micro-level, such as identity negotiations and interactions with professionals, fellow inmates, and close
ones (papers II and III). It also demonstrates how contextual and organisational factors, such as (non-)enabling prison environments (paper III) and, potentially, organisational structures (paper IV) might affect prosocial change. Furthermore, features on a macro-level, such as punitive attitudes and stigmatising messages that may trickle down to some professionals, are crucial to understanding how ISOs or IRSOs navigate when trying to seek help or engage in prosocial change.

Future research could look into restorative justice theories and mediating approaches (Braithwaite, 2020) and investigate if and how ISOs manage and repair broken relationships with close ones, not only the victim. This may be a way forward to understand the relational and social underpinnings of continued desistance processes. Such an understanding could result in sex offender treatment being a less lonely journey as well as offer approaches to support and healing for the individuals close to the ISO (cf. Sample et al., 2018). Nevertheless, such approaches are complex and require extensive training and sensitivity to the associated risks (Mercer & Sten Madsen, 2015).

### 7.3 Psychosocial attention in (sexual) offender rehabilitation

I wish to further discuss some psychosocial or contextual aspects specifically related to the correctional system and the roles of social work professionals and social work researchers. These aspects have implications for offender rehabilitation policy and practice.

In light of the punitive turn (McNeill et al., 2010; Storgaard, 2022a, 2023; Tham, 2019b, 2019a), the findings in this thesis raise several questions about the effectiveness of such punitive approaches. The findings suggest that a stronger emphasis on punitive focus or signals may actually create additional barriers to the change and desistance processes of ISOs. By punitive focus in this context, I do not refer to control or monitoring ensuring, for instance, victim’s safety, but moral-laden condemnatory messages in policy and everyday correctional practices. Thus, I refer to punitive, stigmatising, and shaming messages saying, ‘you are a bad person’, in addition to the legal punishment, that is, being sentenced (cf. Braithwaite, 2020; Ievins, 2023; Mullins & Kirkwood, 2019). I argue that the moral message of being convicted which, at least ideally, should be: ‘you did wrong’, is sufficient. Rather, the content of the subsequent execution of the sentence should place attention on facilitating desistance, risk-reduction, behaviour change and active responsibility (Maruna & Mann, 2006; Mullins & Kirkwood, 2019). As indicated in papers II, III, and IV, the experiences of confrontational and punitive responses from professionals, as well as the public, seem to have created obstacles. The narratives
suggest that the men refrained from seeking help, engaging in treatment programmes, or were confused regarding the treatment process. This indicates that over-reliance on the punitive aspects in the correctional system, or in society in general, e.g. policy, may actually contribute to processes that, presumably contrary to the intention, could increase the risk of (re-)offending (cf. Bonnar-Kidd, 2010; Jørgensen et al., 2023).

This thesis highlights the role of family and friends, not least as important motivators. Moreover, their involvement may help ISOs in treatment to develop relationship skills and more effectively engage in behaviour change that occurs outside the treatment room. To utilise this, correctional practices and treatment programmes could benefit from a psychosocial perspective. Hence, there may be improvements if close ones are offered participation in the rehabilitative process in a more concrete sense, such as being included in some sessions.

It has been argued that social work scholars have abandoned criminal justice research (McNeill et al., 2010; No author, 2022). If this is the case, it may pose several challenges to effective sexual violence prevention. Social workers are frontline professionals in both the correctional system as well as primary and secondary prevention. Furthermore, as demonstrated in papers II, III, and IV, the holistic, multi-theoretical approach, a characteristic of social work, is needed in both the correctional services and the welfare system. This can help prevent sexual offences from occurring in the first place (Cant et al., 2022). As indicated by the findings in paper IV, it is crucial for employers such as the Social Services, especially given the new formulation about perpetrator-oriented measures in the Social Services Act, to provide social workers who meet ISOs with specialised knowledge, training, and supervision, as this has been proven to enhance efficacy (Gannon et al., 2019). After inspecting official documents and guidelines from, for instance, the NBHW (Norén & Eriksson, 2017; Socialstyrelsen, 2021b, 2021a, 2022, 2023), it is evident that efforts are being made to provide social workers with knowledge and training in order to address the needs of individuals who have perpetrated intimate partner violence. However, individuals who have predominantly perpetrated sexually violent acts are absent from these documents. Given the specific nature of sexual violence behaviours, atypical sexual interests, the societal context, and the known risks for professionals who work with these clients, such as vicarious traumatisation (L. Frost, 2016; Shrim & Baum, 2022), this absence is somewhat surprising as well as concerning. Against this background, it seems essential for social workers who meet ISOs/IRSOs to receive comprehensive specialised training. This training should include the specifics of sexual offending, effective therapeutic approaches, risks and treatment needs, and supervision (cf. Gannon et al., 2019; McCartan, 2022). Accordingly, further research on how social workers are equipped to meet and motivate ISOs/IRSOs towards interventions is warranted. There is also a need for
social work scholars to engage more in criminal justice research as well as research on perpetrator-focused prevention in general.

7.4 Developing balanced interventions

This thesis has additional implications for how to understand and improve perpetrator-focused prevention and interventions in the correctional system as well as in social work practice. This is important not least due to the obligation for the Social Services to engage in this type of prevention, according to the new wording of the Social Services Act, keeping in mind that many sexual offences are committed within close relationships and families.

There are some tensions between approaches focusing on specific methods and scientific evidence, and approaches focusing on contexts, processes, and relationships. For instance, theories within the field of desistance are often positioned as conflicting with evidence-based practice (McNeill, 2016; McNeill et al., 2010). I argue that one conclusion from the findings in this thesis is that these strands, desistance/process/context vs. EBP/methods, rather should be seen as complementary to one another.

Evidence-based interventions such as those under the CBT umbrella are occasionally criticised for being ‘superficial’, as they may only focus on relieving symptoms (Burkeman, 2016). In addition, scholars recognise the problem of ‘overmanualising’, whereby the implementation of structured interventions may not adequately acknowledge the importance of the therapeutic relationship, individual differences, etcetera (Andrews et al., 2011; W. L. Marshall & Marshall, 2016b). Paper II suggests that these potential issues were not apparent regarding the experience of the SEIF intervention, despite the fact that this is a (flexibly) manualised CBT-based intervention. Contrary to ideas of superficiality, identity transformations were salient in the participants’ narratives. Some interviewees used strong wordings to describe this transformative experience of treatment, such as ‘it saved me’ or ‘it’s the best thing that has happened in my life’. I chose to centre the analysis in paper II on identity. It is noteworthy, however, that the interviewees talked quite a lot, in almost exclusively positive ways, specifically about skills development and classic CBT features and components that they found to be significant to their

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46 In this case, it is worth mentioning that SEIF diverges somewhat from several CBT approaches, as it is of a higher intensity than the typical CBT intervention. Furthermore, the case formulation and the flexible manual may be other features that counteract the problems with one-size-fits-all formats in some CBT interventions. It is also noteworthy that SEIF strongly emphasises the therapeutic process and alliance. Additionally, the implementation of evidence-based interventions, including training and supervision of staff within the Prison and Probation Service, is comparably highly structured and comprehensive, which may differ in relation to how evidence-based interventions are implemented in general in the welfare system.
change processes. Accordingly, the specific methods and structured components employed in the treatment programme seemed to matter to the interviewees.

Moreover, paper I indicates that SEIF may be able to induce changes related to new skills such as (sexual) self-regulation. Due to the research design, this thesis cannot provide evidence of which components or aspects of SEIF contributed to the changes the interviewees experienced. Additionally, it cannot be ruled out that aspects unrelated to treatment may have been influential. Nonetheless, meta-analyses indicate that specific methods and approaches, such as CBT and RNR, are among the most promising interventions in sex offender rehabilitation (Gannon et al., 2019; Hanson et al., 2009; Lösel & Schmucker, 2005). Notably, general common factors research demonstrates that even though the method itself is not the most important aspect, it does influence the outcomes of psychotherapy (Wampold, 2015). Although conclusions should be drawn very cautiously, the findings in this thesis add to the support for CBT and RNR in rehabilitation of ISOs, since the intervention in this thesis is based on CBT and RNR, and there was a change in the intended direction according to both the quantitative and the qualitative results.

Turning to the other strand which emphasises contexts, processes, and relationships, the analyses of the men’s accounts in the interview studies (papers II, III, and IV) also highlight such aspects. The interviewees’ experiences provide some clues as to why SEIF appeared successful both in terms of skills development and identity transformation. I argue that enabling contexts and relationships are crucial to this understanding. Looping disruption, being treated as a person rather than a ‘sex offender’, presumably provided the safe, caring, and trusting space necessary to engage a person in perspective-taking, cognitive restructuring, and skills development (cf. Mullins & Kirkwood, 2019). Similar to the criticism of EBP, relationship- and process-oriented approaches, which are more pronounced in desistance research, are sometimes criticised by proponents of evidence-based approaches due to the absence of methods and intervention plans (Andrews et al., 2011).

There have been similar tensions between EBP versus relationships, context, and processes in social work practice and research in Sweden (e.g. Liedgren & Kullberg, 2022; Storgaard, 2023, p. 222). Concerns have been raised about how EBP has been implemented and programmes being translated to new contexts (e.g. Bergmark & Lundström, 2011b, 2011a; Ponnert & Svensson, 2011). Few interventions in social work are based on studies with high certainty regarding their empirical evidence (Sundell et al., 2023). This complicates the situation for social work professionals who may not have clear guidance on how to work in an evidence-based way. Empirical research of EBP-based approaches, such as individual-based systematic follow-up of interventions, in the Social Services, shows that there is a wide range of approaches (Höglund et al., 2023). They fulfil various purposes and play differ-
ent important roles in organisations. Accordingly, since EBP is a broad concept interpreted in various ways (K. Svensson & Plantin, 2024) and, as I would argue, sometimes conflated with NPM in the social work profession discourse (see Liedgren & Kullberg, 2022, p. 10), it is necessary to disentangle and specify the particular approach or facet of interest when discussing EBP in social work. The concept of looping disruption (paper III), as well as the findings from paper II, propose that it is not sufficient to focus only on the specific methods or treatment programme components. The context in which an intervention takes place is equally important, including how other professionals, not only therapists, as well as the ISOs’ private social network, are engaged in the change process of the client. Accordingly, change takes place in a dynamic psychosocial environment of close ones, professionals, a particular political climate, and particular public management policies. Regarding secondary prevention of sexual violence, as paper IV suggests, this can take place on all levels of society, thus, an integrated, holistic, and systemic approach is needed.

A reasonable conclusion drawn from this thesis could be that it is neither about contexts, processes, and relationships, nor evidence-based methods or programmes. Both are necessary to achieve change and in my view, all features of such practice can be incorporated within the term evidence-based practice, as outlined by the NBHW (Socialstyrelsen, 2020). The initial development of a new, desisting narrative identity, facilitated by a holistic treatment environment and being treated as a person, may instill hope and new guiding values in life, as shown in paper II. Nonetheless, for such a change to persist and be put into effect in real life as new behaviours, this new identity also needs to be accompanied by self-efficacy in managing adverse and risky cognitions and behaviours (Bandura, 1997), at least for some ISOs, presumably those at medium to high risk of re-offending. Hence, the acquisition of new skills and confidence in one’s ability to manage particular situations, such as actually knowing how to regulate one’s emotions or sexual urges or being able to take others’ perspectives, may be just as important as identity transformation. In this regard, I argue that EBP and desistance processes are interdependent and that integrating the two when discussing rehabilitation in a correctional or welfare system context is likely to optimise the benefits of each.

I argue that the most important question is how to balance these two branches and ensure quality in the interventions used in social work and the correctional system. Thus, how do we avoid simplified rigid guidelines and one-size-fits-all intervention formats that do not take into account either the professional’s or the client’s experiences and opinions? This might pose a risk when new legislation needs to be quickly put into practice in consumer-ori-

47 In this thesis, ‘hands-on’ components and tools targeting, for instance, sexual and self-regulation were often emphasised, not least by those who experienced attraction to children.
mented NPM-influenced welfare organisations, as well as due to lack of implementation and financial prioritisation (Liedgren & Kullberg, 2022; K. Svensson & Plantin, 2024). How do we implement evidence-based interventions and build organisational structures with sufficient attention to, and training in, common factors (Wampold, 2015), processes, relationships, and skills among professionals (W. L. Marshall, 2005; Mullins & Kirkwood, 2022)? Another issue is professional sensitivity to and reflection regarding societal factors, such as stigma, which may induce moral and political pressure (Ware & Mann, 2012; Youssef, 2022) to deviate from ethical and evidence-based standards, such as yielding to confrontational approaches. Moreover, how do we ensure that social work professionals are not placed in a room with an ISO, instructed to solely rely on relationship building, eclecticism, or ‘the process’, but with no actual tools based on ‘best available evidence’(Sundell et al., 2023) for how to facilitate change, that is, reduced recidivism risk? According to a survey of managers in the Social Services in Sweden (Socialstyrelsen, 2020, p. 39), only a minority of the social workers were assessed to possess adequate knowledge to perform evidence-based practice (Socialstyrelsen, 2020, p. 39). Supported by findings in other studies (see review by Liedgren & Kullberg, 2022), this implies that guidelines, methods, and manuals are needed, in addition to critical appraisal, i.e., professional-driven evaluative approaches. The above-mentioned questions are not easily solved and require more research. Social work directed at those who sexually offend needs to be in line with the recommendations from the Council of Europe, emphasising support for professional practice, staff training, and person-centred, evidence-based, and structured approaches (McCartan, 2022).

7.5 Methodological limitations and considerations

7.5.1 The Scandinavian context as a potential outlier

When interpreting the findings in this thesis, the specific Swedish context needs to be taken into consideration. The experiences of sex offender treatment portrayed in this thesis seem more positive in comparison to studies from the US, for instance. This difference may have to do with the fact that sex offender treatment in Sweden, first of all, is free of charge and does not focus on overcoming denial or excuses (cf. Grady et al., 2022; Levenson et al., 2023). Another contextual difference is that Swedish correctional practices, in general, are less punitive (Pratt, 2007), and there are no invasive procedures such as phallometric assessments (measures of erection) or public sex offender registries and notification laws. Nonetheless, public attitudes towards those who commit serious sexual offences are very negative in Sweden, as in most countries (cf. Sandbukt, 2023).
Sweden differs from many countries in terms of its comprehensive rape legislation, which underscores the importance of affirmative consent. However, this circumstance probably did not influence the findings very much, as the informants in this thesis were typically convicted of ‘traditional’, often quite severe, offences, hence, not as a result of being negligent towards sexual consent. Several interviewees mentioned and expressed positive attitudes towards this fairly new consent law in Sweden. The men often described that they held positive attitudes towards affirmative sexual consent norms and criticised traditional masculinity ideals. This is probably partly attributable to the ‘softer’ masculinity norms and policies, embracing ideas such as involved and caring fatherhood in the Nordic countries and Sweden (Bladini & Svedberg Andersson, 2020; Christensen & Jensen, 2014, p. 65; Jansson & Kullberg, 2020). Accordingly, the existing cultural norms may provide a broader spectrum of alternative masculinities (e.g. Randell et al., 2016), or prosocial identities, in comparison to other contexts. Moreover, the interviewees’ conceptions regarding consent are probably at least partly attributable to the fact that the majority had participated in SEIF, a programme that specifically addresses issues regarding sexual consent. Additionally, it may be a way for individuals to present themselves in a more favourable manner.

Sweden is a social-democratic welfare regime, characterised by universal rights (Esping-Andersen, 1990), although currently, to a greater extent, subjected to managerialism, marketisation, and NPM-reforms (Hjärpe, 2020; Stenius & Storbjörk, 2023; Storgaard, 2023). However, the still comparably strong Swedish welfare system means that healthcare and various treatments are often accessible even to individuals with low or no income. This, in combination with Scandinavian exceptionalism, that is, rehabilitation orientation in the criminal justice system, may contribute to the prevalence of general satisfaction, in comparison to other studies, among interviewees regarding support and treatment, both prior to and post-conviction.

### 7.5.2 Analytical considerations

While some methodological considerations have already been discussed in the methodology section of this thesis, there are a few additional issues that need to be considered when drawing conclusions from the results and analyses presented in this thesis.

Regarding paper I, the research design, characterised by a small sample and no control group, weakens confidence in the conclusions concerning the effectiveness of SEIF. Although the results indicate a change in the intended direction, justifying further implementation and testing of the programme, the study cannot conclude if SEIF is effective in reducing recidivism risk or inducing change in criminogenic needs. In addition, there was quite a lot of attrition and data loss, posing threats to reliability and internal validity. Unfortunately, it is not possible to conduct an analysis of the data loss to determine
if participants who dropped out were different from those included in the final analyses. On the other hand, it may be argued that the ecological, or external validity, is high since the treatment was delivered in a ‘real’ setting, that is, not in a lab where strict exclusion criteria are typically applied and therapists are often exceptionally qualified. An additional strength of paper I is the combination of therapists’ ratings and SEIF-participants’ self-ratings regarding criminogenic needs, enabling triangulation. Nevertheless, a limitation is that these ratings could not be combined in joint analyses. Moreover, the separate ratings did not measure criminogenic needs perfectly equivalent. Finally, social desirability in self-reports (Fisher et al., 1998; Pham et al., 2021) as well as therapists’ tendency to overestimate treatment progress (Walfish et al., 2012) need to be considered when interpreting the results. Hence, the degree of certainty regarding the evidence for SEIF is still low (Sundell et al., 2023). Further studies with larger samples and stronger methodological designs are needed.

It is conceivable that, for instance, in paper II, the men who volunteered for interviews were individuals who were more pleased with the experience of SEIF. This might mean that some negative experiences or facets of sex offender treatment participation in the Swedish context are still unexplored. Regarding information power (Malterud et al., 2016), the small number of treatment non-participants (n = 6) probably means that some aspects of the experiences of these individuals are missing from the analyses. There may, for instance, exist other readiness or help-seeking barriers to treatment beyond those identified in papers III and IV. Note also that there is a possibility of conflation between experiences exclusively related to treatment and those related to the whole process of being reported, convicted, and sentenced. Thus, aspects that interviewees attribute to treatment may actually be attributable to other aspects of the broader context and process they have undergone. A contextual aspect to consider in the interview studies is that all interviewees were recruited from prisons, with no one from the probation offices. The probation service differs from prisons in its open nature, with fewer legal sanctions and restrictions and more blurred power structures (K. Svensson, 2001). Thus, the punitive aspects demonstrated in papers II and III may primarily relate to the prison context. Accordingly, those who participate in SEIF during probation may have different experiences. Probationers’ treatment experience might be less negatively influenced by punitive responses. Furthermore, they may have more opportunities to involve family and friends in the treatment process. Nonetheless, consideration of the significance of stigma should almost certainly be included in work with all ISOs.
7.6 A final note to professionals

As previously stated, I hope this thesis will contribute not only to an academic understanding of support and treatment for ISOs but also to knowledge useful in social work practice. I would like to end this thesis by returning to the experiences from my first social work employment, as briefly mentioned in the introduction. As a healthcare counsellor at the Methadone programme in Uppsala, a colleague of mine was the researcher and practitioner Leif Grönbladh, one of the pioneers in this field in Sweden. He consistently emphasised the need for evidence-based and humane treatment for the highly stigmatised group of opioid-addicted individuals. This message, as well as his and other colleagues’ professional approach, had a profound influence on me as a young and inexperienced social worker. Now, 18 years later, the findings from the current PhD project confirm the validity of this position, extending it to encompass society’s presumably most hated, stigmatised, and stained individuals: those convicted of sexual offences. The interviewees in this thesis described encounters with professionals that appeared to have powerful transformative potential. When breaking down the characteristics of such encounters, they often seemed surprisingly elementary. Leif used to end his presentations with a quote originating from seminar discussions during his PhD studies in pedagogy in the 1970s, under the supervision of the late Professor Gösta Berglund. I find this quote pertinent to the main conclusions in this thesis, especially when forming a final message to social work professionals and other professionals who interact with individuals who have sexually offended, or might be at risk of doing so:

*Treat people as if they were human beings.*
8 Svensk sammanfattning


Denna doktorsavhandling syftar till att utforska stöd för och behandling av problem relaterade till sexualbrott, ur dömda vuxna mäns eget perspektiv. Följande forskningsfrågor ställs: Hur upplever individer som dömts för sexualbrott förändring efter deltagande i sexualbrottsbehandling? Vad bidrar till, eller hindrar, deltagande i riskreducerande insatser före och efter fällande dom, från de sexualbrottsdömda individernas eget perspektiv?

Avhandlingen använder blandade metoder; en kvantitativ för- och eftermätning (n = 99) samt djupintervjuer (n = 19) med män dömda för sexualbrott. Intervjuerna utfördes både med klienter som hade deltagit i sexualbrottsbehandling (n = 13) och klienter som inte deltog och som var tveksamma eller negativt inställda till behandling (n = 6). Tillsammans belyser de fyra artikelarna hur psykosociala interventioner stödjer upphörande processer och prevention, samt vad som bidrar till deltagande i sådana insatser, från de dömda männens eget perspektiv. Detta undersöks med särskild uppmärksamhet på anhörigas och samhällets roll i denna process.

Artikel I och II undersöker huruvida deltagande i sexualbrottsbehandling är kopplat till förändring, men från två olika perspektiv: preliminära effekter och upplevelseorienterade processer. Resultaten tyder på att deltagande i krimi-

48 "Upphörande processer" används här som översättning av begreppet desistance.

Det unika sociala stigmat som förknippas med sexuella övergrepp, hypersexualitet och sexuell attraktion till barn motiverar närmare undersökning av upphörandeprocesser bland personer dömda för sexualbrott. Artikel II utforskar hur tidiga upphörandeprocesser understöds av behandlingen. Slutsatsen från artikel II är att SEIF inte bara, potentiellt, kan påverka viktiga riskfaktorer för återfall i brott. Intervjupersonernas berättelser tyder också på att de hade påbörjat en utveckling av nya prosociala narrativa identiteter i samband med deltagande i behandling. Anhöriga uppgavs sällan vara direkt delaktiga i denna process, men dock viktiga som motiverande värden i livet.


Resultaten i avhandlingen har flera implikationer för teori, policy och det sociala arbetets praktik. Det är av vikt att interventioner mot personer som
begått eller riskerar att begå sexualbrott är välbalanserade. Både specialist-
9 Acknowledgements

There are numerous individuals who have contributed to this thesis, to whom I wish to express my gratitude. First and foremost, I want to thank all the informants in this thesis. I hold deep respect and admiration for your courage in speaking about these issues. It is probably one of the most difficult and emotionally demanding tasks one can imagine. I am certain that your contributions, in line with what most of you stated as reasons for participating, will assist in the accumulation of knowledge needed to reduce the perpetration of sexual violence. Thank you for placing your trust in me. This thesis would not exist without you.

To my supervisors, Stefan Sjöström, Maritha Jacobsson, and Cecilia Kjellgren: thank you for contributing to what could potentially be the most joyful, inspiring, and creative process in my professional career. You all play a crucial role in this experience. The impact of your empathic, non-authoritarian, and coaching supervision style (very similar to the ideal social worker) on both the process and the final product cannot be overstated. You encouraged, trusted, challenged, and helped me to reach the finishing line with perfect adjustment to my specific needs. If I take on a supervisory role in the future, you will serve as role models. When I decided to apply for the PhD programme, I was determined; I knew I wanted to do research. But I was also confused. I did not grow up in an academic environment. As far as I know, I am the first person in my family to pursue and complete a PhD. The imposter syndrome was obvious, as I lacked the social and cultural capital that facilitates a career in academia. I am quite sure I said all the wrong things at the interview for the PhD position. Despite this, confidence was placed in me and my potential, for which I will always be grateful. Your supervision made it clear to me that my lack of experience in academia was no obstacle at all. Thanks to your friendly and open approach, I immediately felt safe to ask ‘stupid’ questions. This meant a lot to me, and I am convinced I would not have learned half as much during my PhD if I had not felt as emotionally safe as I did with you.

Each one of my supervisors has contributed in various ways. Stefan, my main supervisor, you did an excellent job as the ultimate wise mentor, guiding and supporting me when I needed it. At the same time, you trusted me to make my own decisions. This fine balance between trust and guidance promoted both professional and personal growth. You talked about the two outcomes from a PhD programme: ‘the thesis product’ and ‘the researcher product’. This
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11 Appendices

11.1 Appendix I: Literature search strategies

A substantial part of the literature in the thesis is composed of literature that I (from conferences, education, and supervising) have come across over the past ten years of clinical work with ISOs within the SPPS, as well as with the PhD project. Searches for studies or theses regarding sexual offender treatment in the Swedish context were conducted using the digital scientific archive in Sweden called DiVA (Digitala Vetenskapliga arkivet), and Swepub, using the keywords *sexual offender* and *sexual offender treatment*. Grey literature was also explored, primarily reports from the Swedish National Council for Crime Prevention, Brå (Brottsförebyggande rådet), and reports from the SPPS’s research unit FoU (Forskning och utveckling). For systematic reviews on the effectiveness of sexual offender treatment, reviews from the Campbell and Cochrane Collaboration were examined specifically, in addition to reviews and meta-analyses that were found using other search engines.

Regarding the initial systematic literature search of peer-reviewed studies relevant to the research questions (when writing the research proposal), searches were conducted in three different data search engines: the general search engine of Uppsala University Library, PsychINFO, and Applied Social Sciences Index & Abstracts (ASSIA). In addition, several studies were found while reading the literature review in relevant journal articles or books. I also looked specifically for and used keywords occurring in relevant articles, in order to trace keywords that are typically used in certain topics. I searched for the keywords in ‘all fields/anywhere’, except for a few searches where only abstracts were searched as a strategy to narrow the hits. The results were sorted by relevance. For searches that yielded more than 200 hits, I went through enough hits to reach saturation, the point where no more new relevant literature appeared, typically this occurred after approximately 150 hits. Journal articles are peer-reviewed, except for occasional empirical studies, which were assessed for adequate quality and relevance for inclusion. After the initial search for the research proposal, e.g. when drafting the different papers, I conducted additional searches in databases. However, they are not presented here.

In order to find relevant literature on the topic of ISOs previous attempts to seek support prior to offence or conviction, the following keywords were used: (sexual offender) AND (treatment prior conviction), (sexual offender) AND
(previous support), (sexual offender) AND (prevention) and (sexual offender) AND (secondary prevention). UUsearch: 11 864, 57 963, 57 070 and 17 715 hits. PsychINFO: 37, 118, 2 250 and 253 hits. ASSIA: 577, 2505, 2597 and 719 hits.

On the topic of non-participants (‘refusers’) and aspects regarding barriers to treatment, the following keywords were used: (sexual offender) AND (refuser), (sexual offender) AND (treatment refusal), (sexual offender) AND (treatment) OR (support) AND (obstacles) OR (barriers) and (sexual offender) AND (treatment) OR (support) AND (refuse) OR (decline) OR (non-participation). UUsearch: 545, 117, 35 714 and 65 312 hits. PsychINFO: 7, 13, 81 459 and 62 119 hits. ASSIA: 5, 17, 70 268 and 48 007 hits.

Regarding ISOs’ willingness to and approaches to engage in treatment, the following keywords were used: (sexual offender) AND (treatment) OR (support) AND (willing) OR (accept) OR (motivate) OR (motivation) OR (incentive), (sexual offender) AND (treatment acceptance), (sexual offender) AND (treatment acceptance), (sexual offender) AND (treatment perception), (‘sexual offender’) AND (treatment perception) and (sexual offender) AND (treatment perception). UUsearch: 63 895, 26 240, 58, 2 928, 36 578, 4 623 and 43 hits. PsychINFO: 228 365, 118, 2, 14, 379, 32 and 32 hits. ASSIA: 108 463, 767, 4, 65, 1 612, 112 and 1 hits.

As for ISOs’ treatment experience, searches were conducted using the keywords: (‘sex* offender’) AND (‘treatment experience’) and (‘sex* offender’) AND (Abstract:(treatment)) AND (Abstract:(experience)). PsychINFO: 6 and 208 hits. ASSIA: 10 and 69 hits. In Uppsala University library search engine: (‘sex* offender’) AND (‘treatment experience’), the latter search was narrowed by typing (‘sex* offender’) AND (Abstract:(treatment)) AND (Abstract:(experience)) NOT (Abstract:(juvenile)) NOT (Abstract:(adolescent)). UU search: 211 and 575 hits.

Regarding ISOs’ perceived change after participating in treatment programmes, the following searches were conducted: (‘sex* offender’) AND (change) AND (treatment) AND (qualitative) AND (interviews) NOT (juvenile) NOT (adolescent), (‘sex* offender’) AND (‘perceived change’) AND (treatment) NOT (juvenile) NOT (adolescent) and (‘sex* offender’) AND (‘perceived change’) AND (treatment). UUsearch: 887, 10 and 59 hits. PsychINFO: 7, 0 and 0 hits. ASSIA: 89, 0 and 0 hits.
Appendix II: Safety precautions

Technical safety precautions for me as an interviewer were taken into account and the safety plan was discussed and established with the security department at Uppsala University via departmental HR staff. In the prison setting, I used the standard personal alarm available for visitors within the facilities during the interviews. Due to Covid-19 restrictions, some prison face-to-face interviews were conducted in rooms partially or completely separated by glass. Interviews with individuals on probation were planned to take place either in the probation office, where alarms are available or in facilities within the Uppsala University or Stockholm University, recommended by the security department and includes the possibility to alert security guards. However, no probationers/parolees were recruited. Conducting interviews in the interviewee’s home was not considered suitable for safety reasons.

As for the dynamic safety, I was prepared to draw on my previous education and experience from the SPPS concerning communication skills and tactical strategies. However, I never felt threatened, scared, or unsafe at any time during the interviews. Interviewees assessed by the SPPS to be at high risk of aggressive or violent behaviours towards staff were not offered participation in the study (ensured by instructions handed to the staff during recruitment), unless the SPPS could provide the special safety precautions required for such meetings, for instance, prison staff present in the room. Of course, the informant also had to feel comfortable and agree to participate under such eventual circumstances. However, no high-risk participants (for violence against staff) volunteered for the study, as far as I know.
11.3 Appendix III: Interview guides

INTERVERJUGUIDE – SEIF-deltagare

Intro
- Studiens syfte: (SEIF-deltagares upplevelse av behandling, skäl för deltagande, eventuell förändring, tidigare erfarenheter av att söka stöd)
- Intresserade av dina personliga åsikter, upplevelser, tankar och känslor.
- Projektet: Intervjuer (SEIF-deltagares + Icke-deltagares perspektiv) samt enkät (?).
- Etik: dra sig ur, konfidentialitet, om obekväm: hoppa över frågor/diskutera/avbryta, forskningsändamål, förvaring av material, anmälan om identifierbart barn som utsätts för brott eller våld till Socialtjänsten.
- Form: informellt samtal, 60–90 min.

Vill du berätta något om dig själv/din bakgrund?

Ställningstagande till SEIF
- Kan du beskriva första gången fick information om möjligheten att delta i SEIF och vad du tänkte och kände då? Särskilt betydelsefull händelse/upplevelse/episod/intryck för att du deltog?
- Pratade du med vänner/familj om beslutet, hur påverkade detta dig?
- Hur upplever du samhällets/gemene mans syn på/uppfattning om denna typ av behandling?
- Tankar/syn på dig själv i förhållande till att delta en sådan behandling?

Beskrivning av behandlingsprocessen
- Förväntningar/farhågor?
- Berätta om behandlingsprocessen (initiala intryck, olika faser)
- Beskriv en särskilt betydelsefull händelse/upplevelse/episod/intryck? Varför anser du att den upplevelsen är särskilt betydelsefull och vad tänker du att den kan säga om vem du är som person?
- Positivt? Negativt/svårt?

Påverkan av behandlingen
- Synen på dig själv förändrats?
- Vad som är viktigt i ditt liv/värden?
- Omgivningens (anhöriga/familj/vänners) reaktioner? Hur var det att prata om privata relationer i behandlingen? Hur tror du att ditt deltagande i behandling har påverkat dina privata relationer? Vice versa?
- Andra förändringar?

Vad som är viktigt när man erbjuder behandling för personer dömda för sexualbrott
• Vad har du upplevt för slags hinder/motivatorer?
• Vilken roll spelar omgivningen/samhället?

Erfarenheter av tidigare stöd för problem som du kopplar till aktuellt sexualbrott
• Sökt stöd före arrestering/dom? Var? Hur? Hos vem/vilka (vänner/familj/professionella)?
• Upplevt utfall?
• Hinder (om ej sökt hjälp)?
• Vad anser du är viktigt att tänka på vad gäller stöd för personer som är i riskzonen för sexualbrott, utifrån dina egna erfarenheter?
• Vilken roll spelar omgivningen/samhället/sociala relationer?

Något som du är särskilt nöjd med/stolt över under ditt deltagande i SEIF?

Upplevelse av intervjun?
• Forskningsetik om känsliga ämnen.
• Påfrestande/jobbigt?
• Något positivt?
• Information om stöd efter intervjun

Avslutning:
• Ok att kontakta igen?
• Överlämna kontaktuppgifter
• Skriftliga samtycket

INTERVJUGUIDE – icke-deltagare (I SEIF)

Intro
• Studiens syfte: (upplevelse och erfarenheter av stöd hos personer dömda för sexualbrott, under verkställighet och tidigare)
• Intresserade av dina personliga åsikter, upplevelser, tankar och känslor.
• Projektet: Intervjuer (SEIF-deltagares + icke-deltagares perspektiv) samt enkät (?).
• Etik: dra sig ur, konfidentialitet, om obekväm: hoppa över frågor/diskutera/avbryta, forskningsändamål, förvaring av material, anmälan om identifierbart barn som utsätts för brott eller våld till Socialtjänsten.
• Form: informellt samtal, 60–90 min.

Vill du berätta något om dig själv/din bakgrund?

Ställningstagande till stöd under verkställigheten:
• Kan du beskriver hur du fick information om vilken typ av stöd som du kan få under verkställigheten? Vad tänkte du om detta? Vilken typ av stöd anser du är viktigt för att du inte ska återkomma till kriminalvården?
• Hur gick dina tankegångar om deltagande i behandlingsprogrammet SEIF? Tankar/syn på dig själv i förhållande till att delta en sådan behandling?
• Särskilt betydelsefull händelse/upplevelse/episod/intryck för att inte delta i SEIF?
• Pratade du med vänner/familj om vilken typ av stöd du ville ta emot, hur påverkade detta dig? Hur tror du att ditt eventuella deltagande i stöd och behandling skulle kunna påverka dina privata relationer?
• Vad är viktigt för dig i ditt liv?
• Hur upplever du samhällets/gemene mans syn på/uppfattning om stöd respektive behandling för personer dömda för sexualbrott?

Hur har (eventuellt) stöd som du emottagit påverkat dig?
• Synen på dig själv?
• Vad som är viktigt i ditt liv?
• Omgivningens (anhöriga/familj/vänners) reaktioner? Hur stödet påverkat dina privata relationer? Vice versa?
• Andra förändringar?

Vad som är viktigt att tänka på när man erbjuder olika former av stöd för personer dömda för sexualbrott?
• Vad har du upplevt för slags hinder/motivatorer?
• Vilken roll spelar omgivningen/samhället?

Erfarenheter av tidigare stöd för problem som du kopplar till aktuellt sexualbrott
• Sökt stöd före arrestering/dom? Var? Hur? Hos vem/vilka (vänner/familj/professionella)炝?
• Upplevt utfall?
• Hinder (om ej sökt hjälp)?
• Vad anser du är viktigt att tänka på vad gäller stöd för personer som är i riskzonen för sexualbrott, utifrån dina egna erfarenheter?
• Vilken roll spelar omgivningen/samhället/sociala relationer?

Något som du är särskilt nöjd med/stolt över under den process som du gått igenom, som vi berört idag?

Upplevelse av intervjun?
• Forskningsetik om känsliga ämnen.
• Påfrestande/jobbigt?
• Något positivt?
• Information om stöd efter intervjun

Avslutning:
• Ok att kontakta igen?
• Överlämna kontaktuppgifter
• Skriftliga samtycken
11.4 Appendix IV: Descriptive statistics interviewees

Table 4. Self-reported characteristics of SEIF-participants (n = 13) and non-participants (n = 6), total (n = 19). Categories with the highest number of participants are provided in bold.

<table>
<thead>
<tr>
<th>Age</th>
<th>SEIF-p. n (%)</th>
<th>Non-p. n (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-35</td>
<td>6 (46.2)</td>
<td></td>
<td>6 (31.6)</td>
</tr>
<tr>
<td>36-45</td>
<td>2 (15.4)</td>
<td>2 (33)</td>
<td>4 (21.1)</td>
</tr>
<tr>
<td>46-55</td>
<td>3 (23)</td>
<td>2 (33)</td>
<td>5 (26.3)</td>
</tr>
<tr>
<td>56-65</td>
<td>2 (15.4)</td>
<td></td>
<td>2 (10.5)</td>
</tr>
<tr>
<td>66+</td>
<td>-</td>
<td>2 (33)</td>
<td>2 (10.5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not completed elementary school</td>
<td>-</td>
<td>1 (17)</td>
<td>1 (5.3)</td>
</tr>
<tr>
<td>Completed primary school</td>
<td>3 (23)</td>
<td>1 (17)</td>
<td>4 (21.1)</td>
</tr>
<tr>
<td>Completed secondary school</td>
<td>7 (54)</td>
<td>1 (17)</td>
<td>8 (42.1)</td>
</tr>
<tr>
<td>Completed higher education</td>
<td>3 (23)</td>
<td>3 (50)</td>
<td>6 (31.6)</td>
</tr>
</tbody>
</table>

| Employment (before imprisoned) |              |              |             |
| Work/employed                | 8 (61.5)     | 3 (50)       | 11 (57.9)   |
| Studies                      | 1 (7.7)      | 1 (17)       | 2 (10.5)    |
| Part time work/studies       | 1 (7.7)      | -            | 1 (5.3)     |
| Unemployed                   | 1 (7.7)      | 1 (17)       | 2 (10.5)    |
| Sick leave/retired           | 2 (15.4)     | 1 (17)       | 3 (15.8)    |

| Civil state |              |              |             |
| Married      | 1 (7.7)      | 1 (17)       | 2 (10.5)    |
| Cohabitting  | 3 (23)       | 3 (50)       | 6 (31.6)    |
| Close relationship but not married/cohabiting | 1 (7.7) | 1 (17) | 2 (10.5) |
| Single/divorced/widower      | 8 (61.5)     | 1 (17)       | 9 (47.4)    |

| Children |              |              |             |
| Yes      | 10 (77)      | 5 (83)       | 15 (78.9)   |
| No       | 3 (23)       | 1 (17)       | 4 (21.1)    |

| Prison security level |              |              |             |
| Low                  | 3 (23)       | 4 (67)       | 7 (36.8)    |
| Medium               | 6 (46.2)     | 2 (33)       | 8 (42.1)    |
| High                 | 4 (30.8)     | -            | 4 (21.1)    |

| Previous sentences (any, including sexual offences) |              |              |             |
| 0         | 7 (53.8)     | 4 (67)       | 11 (57.9)   |
| 1-3       | 4 (30.8)     | 1 (17)       | 5 (26.3)    |
| 4 +       | 2 (15.4)     | 1 (17)       | 3 (15.8)    |

<p>| Previous sexual offence sentences |              |              |             |
| 0         | 10 (77)      | 5 (83)       | 15 (78.9)   |
| 1-3       | 3 (23)       | 1 (17)       | 4 (21.1)    |
| 4 +       | -            | -            | -           |</p>
<table>
<thead>
<tr>
<th>Assessed recidivism risk (sexual offence) according to RNR-A (institutional risk assessment tool)</th>
<th>SEIF-p. n (%)</th>
<th>Non-p. n (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>-</td>
<td>3 (50)</td>
<td>3 (15.8)</td>
</tr>
<tr>
<td>Medium</td>
<td>7 (53.8)</td>
<td>3 (50)</td>
<td>10 (52.6)</td>
</tr>
<tr>
<td>High</td>
<td>5 (38.5)</td>
<td>-</td>
<td>5 (26.3)</td>
</tr>
<tr>
<td>Do not know</td>
<td>1 (7.7)</td>
<td>-</td>
<td>1 (5.3)</td>
</tr>
<tr>
<td><strong>SEIF format</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group (primarily)</td>
<td>9 (69.2)</td>
<td>-</td>
<td>9 (47.4)</td>
</tr>
<tr>
<td>Individual</td>
<td>4 (30.8)</td>
<td>-</td>
<td>4 (21.1)</td>
</tr>
<tr>
<td>Not participated in SEIF/terminated in advance</td>
<td>-</td>
<td>6 (100)</td>
<td>6 (31.6)</td>
</tr>
<tr>
<td><strong>View on guilt of offence as described in official records</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admit</td>
<td>9 (69.2)</td>
<td>3 (50)</td>
<td>12 (63.2)</td>
</tr>
<tr>
<td>Deny</td>
<td>-</td>
<td>2 (33)</td>
<td>2 (10.5)</td>
</tr>
<tr>
<td>Partly admit/deny</td>
<td>4 (30.8)</td>
<td>1 (17)</td>
<td>5 (26.3)</td>
</tr>
<tr>
<td><strong>Atypical sexual interests</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2 (15.4)</td>
<td>-</td>
<td>2 (10.5)</td>
</tr>
<tr>
<td>No</td>
<td>11 (84.6)</td>
<td>6 (100)</td>
<td>17 (89.5)</td>
</tr>
<tr>
<td>Do not know/do not wish to answer</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Relationship to victim/-s</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close (partner, child, step-/grandchild, niece, etc.)</td>
<td>11 (84.6)</td>
<td>3 (50)</td>
<td>14 (73.7)</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>2 (15.4)</td>
<td>-</td>
<td>2 (10.5)</td>
</tr>
<tr>
<td>None (victim/-s unknown)</td>
<td>1 (7.7)</td>
<td>2 (33)</td>
<td>2 (10.5)</td>
</tr>
<tr>
<td>Do not know/do not wish to answer/inapplicable</td>
<td>-</td>
<td>1 (inappl.) (17)</td>
<td>1 (5.3)</td>
</tr>
<tr>
<td><strong>Victim age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-14</td>
<td>7 (53.8)</td>
<td>3 (50)</td>
<td>10 (52.6)</td>
</tr>
<tr>
<td>15-17</td>
<td>1 (7.7)</td>
<td>-</td>
<td>1 (5.3)</td>
</tr>
<tr>
<td>18 +</td>
<td>7 (53.8)</td>
<td>2 (33)</td>
<td>9 (47.4)</td>
</tr>
<tr>
<td>Do not know/do not wish to answer/inapplicable</td>
<td>-</td>
<td>1 (inappl.) (17)</td>
<td>1 (5.3)</td>
</tr>
</tbody>
</table>

*Note. * Some participants had several victims, sometimes with different ages (n = 2) and/or relationship categories (n = 1); hence, the total numbers may exceed the total number of participants and the percentage exceeds 100. ‘Inapplicable’ regarding victim characteristics is due to (judicial) absence of victim when convicted of CSAM offence.