

**Indecent Images of Children Offending and  
Suicide: An Interpretative Phenomenological  
Analysis of Partners' Perspectives**

**Lauren Absalom**

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**Thesis Declaration Form**

**I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.**

**Signature:** 

**Name:** **Lauren Absalom**

**Date:** **16<sup>th</sup> June 2021**

## Overview

This thesis centres around the relationship between indecent images of children (IIOC) offending and suicide, and the impact of these issues on the partners of IIOC offenders. Part I is a conceptual introduction exploring IIOC offender suicide as a phenomenon and considering how several prominent theories of suicide may account for suicide in this population. Part II documents an empirical study investigating women's experiences of their male partners being arrested for IIOC offences and subsequently developing suicidal ideation, or attempting or committing suicide. This utilised interpretative phenomenological analysis to analyse interview data from six participants, with three superordinate themes identified; *A Living Nightmare*, *Something Needs to Change*, and *Adjustment & Adaptation*. Part III of this thesis is a critical appraisal of the research process, focusing specifically on some key considerations when conducting research with partners of IIOC offenders.

## **Impact Statement**

The first part of this thesis is a conceptual introduction exploring how several key models of suicide may help to explain suicide of indecent images of children (IIOC) offenders. This review indicates that IIOC offenders are at elevated risk of suicide compared to other offenders and identifies possible reasons for this. There is evidence that several risk factors for suicide in this population overlap with risk factors for IIOC offending; in addition to reducing risk of suicide in IIOC offenders, intervening in these areas is therefore also likely to reduce IIOC offending behaviour. This review highlights the importance of preventative interventions that support individuals at risk of IIOC offending.

The second part of this thesis is an empirical study investigating the perspectives and experiences of partners of IIOC offenders, both with regard to the offences themselves and in relation to suicidal behaviour exhibited by offenders. This study has implications for how police and health and social care systems work with IIOC offenders and their families, and makes several recommendations for how partners of IIOC offenders could be better supported. It also appeals for the mass media to accept greater responsibility when reporting IIOC offences, as this is crucial in minimising IIOC offender suicide and mitigating the impact on their families.

This study was conducted with a view to publishing results in an academic journal, and outcomes will be shared with the Lucy Faithfull Foundation, who have previously contributed to government policy related to IIOC offending. Themes identified will also be discussed with participants, and it is hoped this will offer a sense of validation to a group of women who have previously felt silenced.

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## **Part I**

### **Conceptual Introduction**

#### **Applying Models of Suicide to Indecent Images of Children Offenders who take their own Lives**



## **Abstract**

Recent decades have seen an increase in arrests for indecent images of children (IIOC) offences, in part due to advances in technology. IIOC perpetrators represent a subgroup of offenders that differs from other criminal groups across a range of variables. Many IIOC offenders experience suicidal ideation and/or intent when their offences come to light, often exceeding that reported in other criminal populations, and a significant proportion proceed to commit suicide in the weeks and months following arrest. Whilst various models of suicide exist, few studies have considered the application of these theories specifically to IIOC offenders.

This conceptual introduction offers a review of literature on IIOC offending and theories of suicide and examines how key models of suicide can enhance our understanding of IIOC offender suicide. It explores whether certain variables might both contribute to IIOC offending behaviour and increase risk of suicide, perhaps helping to explain increased suicide rates observed in this population.

This review highlights several factors that appear relevant in understanding IIOC offender suicide, such as the impact of arrest on cognitive distortions, emotional turmoil, interpersonal and affective deficits, lack of belonging, and trait impulsivity. It considers methodological issues relating to research in this area, and concludes with a brief summary of findings, including implications for clinical and legal practice and recommendations for future research.

## **Indecent Images of Children Offending**

### **Introduction**

Whilst there is no denying the benefits that technological advances have afforded us in recent decades, these developments have also provided increased opportunities for criminal behaviour (O'Brien, 2014). One such problem is online sexual offending, which covers offences such as the grooming of minors, sex trafficking, and indecent images of children (IIOC) offences, with the latter forming the focus of this review. The first part of this conceptual introduction considers definitions of IIOC offending, prevalence rates, and the way in which these offences are dealt with under UK law. It explores the demographic profile of IIOC offenders and the relationship between IIOC offending and contact offending against children. After reflecting on key theories of IIOC offending, this section concludes with the observation that, whilst IIOC-specific models of sexual offending are somewhat lacking within the literature, several relevant risk factors for IIOC offending can be identified.

### **What is IIOC Offending?**

IIOC offences include possession, distribution, production/taking of and/or sharing of an indecent still or moving photograph or pseudo photograph of a child (Protection of Children Act, 1978; Criminal Justice Act, 1988). A 'pseudo' image refers to material that is made digitally but appears genuine in nature. The terms 'child pornography' and 'indecent images of children' are sometimes used interchangeably, but it has been argued that the latter is more appropriate as it represents a clearer distinction between sexualised images of children and those of adults (Child Exploitation and Online Protection Centre, 2012). This review therefore adopts the acronym IIOC, including in instances where reference is made to literature using alternative terminology.

Gillespie (2010) proposes that when attempting to define IIOC, three key areas be considered; the meaning of 'child', the form of the content, and the nature/purpose of the

material. Whilst some material clearly constitutes IIOC, greater ambiguity surrounds other content, such as virtual images wherein no actual children have been exploited. Others (e.g. Krone, 2005) have cautioned against criminalising the possession of ‘otherwise benign’ material on the basis of the lens through which it is viewed. These kinds of issues complicate the process of developing clear guidelines on what makes an image ‘indecent’ and therefore what material should be covered by IIOC legislation.

UK law differentiates between possession (possessing images but with no evidence of distributing or involvement in production), distribution (actual distribution of images or possession with a view to showing them or making them available to others), and production (involvement in taking/making the original image). Content is categorised according to severity; Category A images are those involving penetrative sexual activity, sexual activity with an animal, or sadism; Category B images are those involving non-penetrative sexual activity; and Category C images are images/content not falling within categories A or B. Sentencing is dependent on both the type of offence and severity of content, with production of Category A images incurring up to nine years in custody.

It is estimated that approximately 500,000 individuals in the UK have accessed and used IIOC (Jütte, 2016). In 2017/18 the police recorded 21,514 obscene publications offences (at least 94% of which were believed to involve IIOC content), representing a 555% increase in the five years prior (Bentley et al., 2019). Cooper (2002) proposes that increased use of the internet for unlawful sexual purposes can be attributed to the ‘Triple “A” Engine’; the accessibility and affordability of illicit online material, as well as the anonymity of internet use. IIOC content is indeed readily accessible and affordable, with evidence that it can be accessed free via common search engines ‘in just three clicks’ (National Crime Agency, 2020).

### **Offender Characteristics**

Whilst a thorough review of offender taxonomies is beyond the scope of this paper, research into offender profiles commonly differentiates between those committing crimes of a violent nature (e.g. murder, physical assault, or manslaughter), those committing general offences (e.g. theft, motoring offences, or drug offences), and those committing sexual offences (e.g. rape, gross indecency, or IIOC offences) (e.g. Craig et al., 2006). In comparison to other offenders, sex offenders are typically older, more likely to be married with children, more likely to have been abused in childhood, more likely to experience paraphilias<sup>1</sup> and antisocial personality disorder, and less likely to abuse substances or have a history of other convictions (Arbanas et al., 2020; Daeid et al., 1998).

With regards to IIOC offenders specifically, Brown and Bricknell (2018) reviewed 49 studies investigating the demographic variables of IIOC offenders, and found that offenders were predominantly white and aged between 35 and 45. They were better educated and more likely to work in professional occupations when compared to other sex offender populations, and they typically had few previous convictions. Other studies have generated similar results (e.g. Reijnen et al., 2009). Whilst IIOC offenders are more likely than other child sex offenders to be married (Prat & Jonas, 2013), the majority appear to be single (Brown & Bricknell, 2018).

Despite sexual gratification often being cited as the key motivator for IIOC offending, other factors may underpin aspects of IIOC offending, such as curiosity, unsatisfying offline relationships, internet addiction, and personal/psychological difficulties (Quayle & Taylor, 2002; Seto et al., 2010). A number of IIOC offender taxonomies have been developed (e.g. Sullivan & Beech, 2004; Taylor & Quayle, 2003), based largely on the motivation underlying offending behaviour and the way in which material is utilised. In

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<sup>1</sup> The Diagnostic and Statistical Manual of Mental Disorders (5<sup>th</sup> Edition; American Psychiatric Association, 2013) defines paraphilic sexual interests (or 'paraphilias') as any intense and persistent (six months or more) sexual interest (fantasies, urges, or behaviours) not 'normophilic' (i.e. normal).

spite of such attempts to group IIOC offenders into discrete categories, there is as yet no coherent and agreed framework for doing so. In general, research in this area suggests that these offenders comprise a heterogeneous population (Aslan, 2011), with offending behaviour fulfilling a range of different needs (Sheehan & Sullivan, 2010).

### **IIOC and Contact Offending**

Whilst a proportion of individuals with IIOC offending histories have also committed sexual offences upon children (termed 'contact offences'), and vice versa (Seto et al., 2011), it is unclear if viewing IIOC makes individuals more likely to commit contact offences. Marshall (1988) found that 67% of contact child sex offenders in their sample were users of pornography depicting rape and/or IIOC, with current use of such material significantly related to chronicity of sexual offending. Additionally, it was not uncommon for participants to report using sexually explicit materials in preparation for committing a contact offence, leading some to argue that accessing IIOC is a specific risk factor for contact offending (e.g. Itzin, 2002). Quayle et al. (2000) propose three ways in which viewing IIOC might facilitate contact offences; imitation (the offender re-enacts what they have viewed), permission-giving (viewing content normalises the idea of children being sexually abused), and reinforcing existing feelings (the offender becomes more intent on acting on pre-existing impulses).

Conversely, others have argued that viewing IIOC may act as a substitute for contact offending and in this way prevent actual abuse (e.g. Riegel, 2004). Seto and Eke (2005) found that, whilst IIOC offenders were significantly more sexually aroused by stimuli depicting children than were contact child sex offenders, at follow-up (on average two and a half years later), contact offenders were more likely to have re-offended than those with an IIOC offending history. This suggests that viewing IIOC alone does not necessarily place someone at high risk of committing a contact sexual offence against a child, and is consistent with research indicating that many men who report being sexually attracted to

children deny committing contact offences, even when they live and work closely with children (Bailey et al., 2016).

### **Theories of IIOC Offending**

A review of the literature highlights several pertinent factors common to many explanations of IIOC offending. One area that has received a lot of research attention is the role of cognitive distortions and permission-giving thoughts, defined as thoughts which serve to maintain offence-supportive beliefs, for example *"looking at [IIOC] is not as bad as touching a child"* (Kettleborough & Merdian, 2017, p. 19). Bartels and Merdian (2016) proposed several beliefs that they felt could account for cognitive distortions exhibited by IIOC offenders (e.g. 'children are sexual objects and are not harmed by sexual activity with adults'), and a recent review of twenty studies found that several specific cognitive distortions were classified as having 'moderate or higher' endorsement, such as 'just looking at a naked child is not as bad as touching and will probably not affect the child as much' and 'an adult can tell if having sex with a young child will emotionally damage the child in future'. However, there was low endorsement of cognitive distortions traditionally associated with child sex offenders amongst IIOC offenders overall (Steel et al., 2020), and it could be argued that, since many of the reviewed studies utilised self-report measures, low endorsement of cognitive distortions may in fact reflect processes such as denial and minimisation. An additional question is whether cognitive distortions displayed by participants in these sorts of studies reflect offence-supportive attitudes or rather represent ad-hoc justification. Maruna and Mann (2006) caution against the lack of definitional clarity surrounding the notion of 'cognitive distortions', arguing that use of post-hoc justifications is common in non-offender populations and is not necessarily reflective of underlying attitudes. As such, although the concept of cognitive distortions may help us understand the processes IIOC offenders use to justify their behaviour to

themselves and others, it appears insufficient in providing an account of the motivations underpinning IIOC offending.

An alternative, although perhaps overlapping, concept in IIOC offender research is addiction, with some suggesting that those who commit IIOC offences do so as a result of an addiction to the internet and/or sex. Internet addiction is not yet recognised by the *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> edition; American Psychiatric Association, 2013), and different definitions exist within the literature. Shaw and Black (2008) propose that internet addiction should be conceptualised as an impulse control problem; such conditions are *“characterized by the failure to resist one’s impulses to engage in a particular behaviour despite serious personal consequences, and are considered pleasurable and are seldom resisted”* (p. 355). Continued pairing of computer use and sexual behaviour may result in a process of classical conditioning whereby simple exposure to computer-related stimuli begins to activate arousal (Putnam, 2000). Operant conditioning processes (e.g. in response to variable-ratio schedule reward systems operating online) may also reinforce online sexual behaviour (Putnam, 2000), similar to gambling (De Almeida Neto et al., 2013). Perkins (2018) proposes that IIOC offending could be related to sex or pornography addiction, whereby individuals seek out more extreme material when sexual arousal can no longer be maintained with the use of regular pornography. Support for this theory comes from a study by Morgan and Lambie (2019) who interviewed twelve IIOC offenders, most of whom reported having accessed increasingly extreme images after initially viewing only legal material. In line with a model of addiction, participants spoke of experiencing increased ‘tolerance’ for images over time, referred to the material ‘taking over’ their lives, and described a compulsive quality to their behaviour. In a sample of 22 men accessing paedophilic fantasy role play chatrooms, Young (2008) also found evidence of addiction processes, with participants repeatedly cycling between periods of abstinence and relapse prior to arrest and frequently describing

feelings of disgust in relation to their behaviour. This is in keeping with research highlighting the ego-dystonic nature of offending for some IIOC offenders (Schneider et al., 2005), a phenomenon often observed in addiction (Flanagan, 2013).

Whilst the concept of addiction may be helpful in explaining how some individuals progress from accessing legal material online to accessing IIOC, a limitation of addiction as an explanation is that many individuals with an internet and/or pornography addiction do not engage in offending of this nature (Griffiths, 2000). This suggests that other factors such as personality and emotion may be important, and research in this area does indicate that interpersonal and affective functioning may help inform our understanding of IIOC offending. Laulik et al. (2007) administered the Personality Assessment Inventory to 30 IIOC offenders and found that, compared to a normative population, offenders displayed significant differences in areas of dominance and warmth. 50% exhibited marked interpersonal difficulties, with these offenders *“likely to be self conscious in social interactions, unskilled in asserting themselves, lacking empathy in personal relationships and failing to place a high premium on close, lasting relationships”* (p. 531). Subsequent studies have since replicated these findings (Magaletta et al., 2014). In their analysis of 422 IIOC offenders, Henry et al. (2010) grouped subjects into three categories according to psychometric scores, with those in one cluster (termed ‘inadequate’) exhibiting socio-affective difficulties, poor self-esteem, and emotional loneliness. Henry et al. (2010) propose that for this group of offenders, IIOC offending may serve to distract from negative emotional states and aid escapism, consistent with findings from other studies (Quayle et al., 2006). Research into sexual offending recidivism has also identified recent negative affect as a pertinent risk factor (Hanson & Harris, 2001), offering support for the notion that, for some individuals, offending may be related to difficulties tolerating distress.

Whilst the areas above may be helpful in informing our understanding of IIOC offending, clearly there remains a need for models which bridge the gap between isolated



explanations of IIOC offending to provide a comprehensive formulation. In the absence of such a framework, more general models of sexual offending have been used to aid understanding. The Integrated Theory of Sexual Offending-Revised (ITSO; Ward & Beech, 2016) incorporates several areas discussed above. According to the ITSO, sexual offending is influenced by four interacting factors; biological factors (e.g. hormones, genetics), ecological factors (e.g. adversity, bereavement), neuropsychological systems, and agency-level factors (i.e. action in the service of meeting one's goals). The influence of these variables on brain development and neuropsychological systems (related to motivation/emotion, perception and memory, and action selection and control) results in the emergence of one of four clinical problem areas; deviant arousal, offence-related thoughts/fantasies, negative/positive emotional states, and social difficulties (Fig 1). Personal agency determines what an individual does in response to these experiences, with behavioural outcomes influencing risk of future offending through a positive feedback loop.

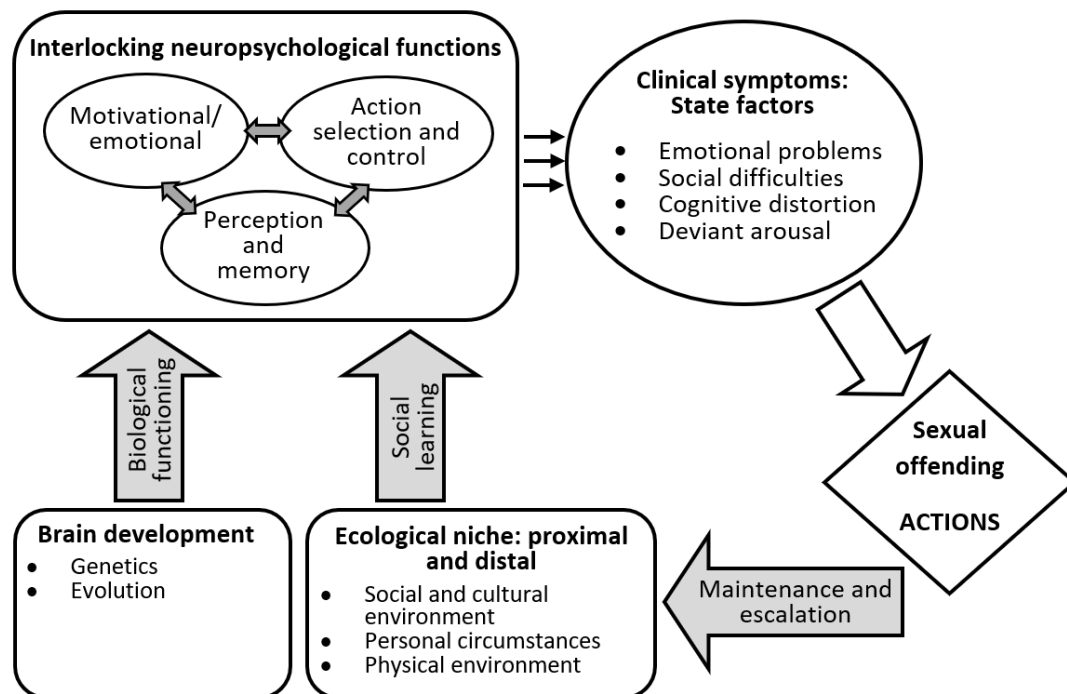


Figure 1: Schematic illustration of the Integrated Model of Sexual Offending (Ward & Beech, 2016)

The clinical problem areas described in the ITSO appear relevant to IIOC offending. Many IIOC offenders attribute their behaviour to a sexual interest in children (e.g. Quayle & Taylor, 2002), display offence-supportive cognitions (e.g. 'they are only images'; Bartels & Merdian, 2016), exhibit emotion regulation deficits (Middleton et al., 2006), and experience difficulties in interpersonal relationships (Putnam, 2000). Maintaining/escalating processes are also evident; for example, masturbating to IIOC may reinforce sexual interest in children through enhancing the association between illicit material and sexual satisfaction (Putnam, 2000). Key to this theory is the notion that 'symptoms' are not discrete or static, but instead interact with other aspects of the model and one another over time. As such, a strength of the ITSO is that it aids our understanding of both the origins and maintenance of IIOC offending behaviour (Brown, 2019).

The Motivational-Facilitation Model (MFM) of sexual offending (Pullman et al., 2016) was originally developed to explain sexual violence against children, but has since been applied to other forms of sexual misconduct including IIOC offending (Seto, 2019). The MFM differentiates between motivating factors (paraphilias, hypersexuality, mating effort, social incompetence, and low embodied capital), and facilitation factors, which can be either 'trait' (e.g. psychopathy, poor self-regulation) or 'state' (e.g. sexual arousal, intoxication). The model also identifies situational factors relevant to contact offending, such as victim vulnerability and 'time and place' (Fig 2).

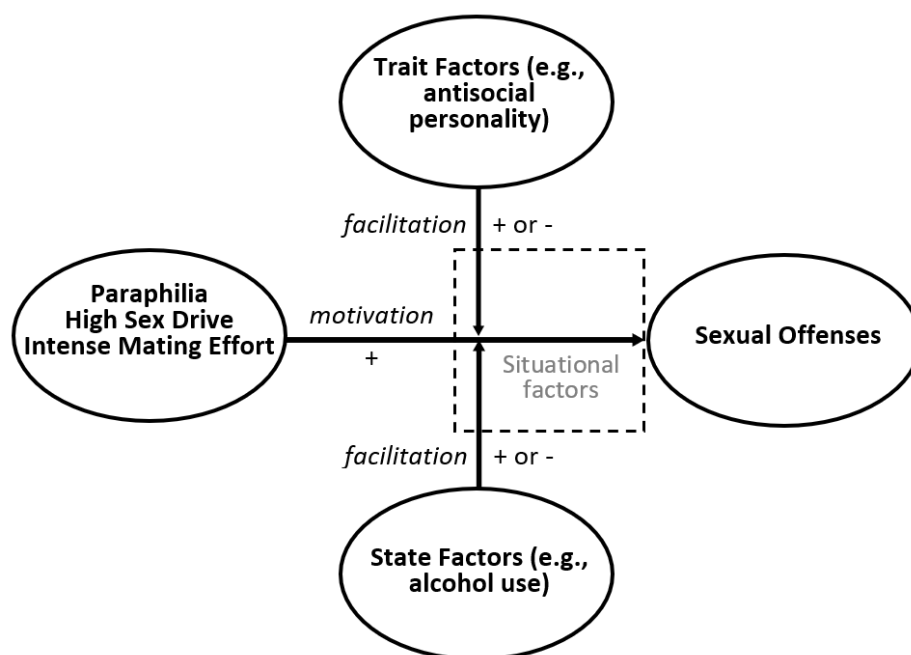


Figure 2: The Motivational-Facilitation Model of Sexual Offending (Pullman et al., 2016)

According to the MFM, where an individual commits IIOC offences in the absence of contact offending, many of the same motivators may exist (e.g. a sexual interest in children, hypersexuality, social skill deficits). Conversely, there may be fewer facilitators, which is supported by a meta-analysis indicating that IIOC offenders are less antisocial and more empathic than contact offenders (Babchishin et al., 2015). IIOC offenders may therefore be equally motivated to engage in sexual behaviour involving children, but may have greater self-control and lack the facilitation factors present for contact offenders (Seto, 2019). With regard to situational variables, access and knowledge of technology (including how to conceal online behaviour) and lack of online supervision might also result in someone accessing images instead of committing a contact offence.

Whilst the MFM offers a logical and coherent explanation of sexual offending and can be used to inform IIOC offending risk assessment (Pullman et al., 2016), perhaps the most obvious shortcoming of the model is its focus on paraphilias as a key motivator for offending. Whilst paraphilias (particularly paedophilia) do appear to underpin many instances of sexual offending against children, including IIOC offending (Klein et al., 2015),

non-paedophilic offenders do exist (Seto, 2008), suggesting that the MFM may not be applicable to all IIOC offender types.

## **Summary**

IIOC offending is increasingly prevalent. A review of the literature suggests that IIOC offenders are typically white, younger and better educated than other offenders, commonly have no other convictions, and are employed in professional occupations. As such, IIOC offenders may not fit the usual 'criminal' stereotype, with these individuals representing a distinct offender subgroup. Some believe that IIOC offending increases risk of contact offending against children, whilst others argue that accessing IIOC may in fact prevent contact offences. A comprehensive account of all theories of IIOC offending is beyond the scope of this paper, but this review has highlighted several key factors that may contribute to and/or maintain offending of this nature; cognitive distortions and permission-giving thoughts, addiction, and interpersonal and affective deficits. Although IIOC offending cannot be understood by considering the above areas in isolation, it seems possible that underlying personality factors and difficulties with interpersonal functioning and/or emotion regulation may place some individuals at heightened risk of becoming addicted to IIOC content, particularly when these processes occur alongside a sexual interest in children. Once an offender starts to access this material, they are likely to justify their offending with the use of cognitive distortions and permission-giving thoughts, perhaps helping to explain the maintenance of IIOC offending behaviour. Models such as the ITSO and MFM of sexual offending may aid our understanding further, but they are limited as a result of their focus on child sex offending in general as opposed to IIOC offending specifically. There is therefore a requirement for IIOC-specific models which assimilate key factors and can be verified against IIOC offender populations.

## **IIOC Offender Suicide**

### **Introduction**

The second part of this conceptual introduction explores the relationship between IIOC offending and suicide, with reference to some of the key models of suicide identified within the literature. It outlines prevalence and risk factors for child sex offender suicide when compared to other forms of offending, examines how several prominent theories of suicide might help explain suicide in IIOC offender populations, and highlights methodological limitations that should be taken into account when interpreting the findings from studies in this field.

### **Child Sex Offender Suicide**

The word 'suicide' is used to refer to the action of someone ending their own life, with the term 'suicidality' often adopted in reference to a number of cognitive, affective, and behavioural processes which may or may not culminate in an individual's death (Sveticic & Leo, 2012). A number of variables have been linked to increased suicide risk, such as physical and mental illness (Goldston et al., 2009; Stenager & Stenager, 2000), recent bereavement (Ajdacic-Gross et al., 2008), substance misuse (Wilcox et al., 2004), negative life events (Khan et al., 2008), and childhood adversity (Enns et al., 2006; Maniglio, 2010).

Offender populations are at increased risk of suicide in comparison to the general population, with this cited as the most common cause of preventable death for incarcerated individuals (World Health Organisation, 2007). Pratt et al. (2006) found that risk of suicide for male offenders leaving prison was eight times higher than the national average, with over 25% of suicides occurring within the first four weeks following release from custody. Several factors are thought to increase risk of suicide in offenders, such as a history of mental illness, substance misuse, feelings of hopelessness, and a lack of close relationships (Liebling, 1999; Rivlin et al., 2010).

As with other offender populations, child sex offenders are at heightened risk of suicide. Pritchard & King (2005) found that, within a six year period, men in this category

were up to 183 times more likely to commit suicide than the general male population, with risk greatest at the time of abuse disclosure and during legal proceedings, consistent with other studies (Walford et al., 1990). A systematic review concluded that individuals being investigated for IIOC offences are at high risk of suicide (Key et al., 2017), with key risk factors identified as being Caucasian, aged between mid-thirties and early fifties, being educated to a college degree level, working in a professional role, being married with children, and past or current military experience. What perhaps differentiates child sex offenders from other offender groups is that risk factors for suicide in child sex offenders appear protective for other offender groups and vice versa. For example, whilst close and meaningful relationships appear to be a protective factor for offender populations generally, IIOC offenders with families appear more likely to commit suicide when their offences come to light than those who are single (Key et al., 2017; Liebling, 1999). Similarly, although a lack of previous convictions and limited contact with the criminal justice system correlates with increased risk of suicide in child sex offenders, this appears protective against suicide for other offender groups (Key et al., 2017; Liebling, 1999; Pritchard & King, 2005). As such, the factors that motivate individuals with a history of other offending behaviours to commit suicide may be different to those underpinning child sex offender suicide.

### **Models of Suicide Applied to IIOC Offenders**

#### ***Suicide as Escape from Self***

Several explanations of suicide propose that suicidal ideation and behaviour represent an attempt to solve practical, psychological, or social problems. One such theory conceptualises suicide as an 'escape from self' (Baumeister, 1990), whereby suicide is seen to occur in response to unfavourable attitudes towards the self, particularly following a recent negative shift in these attitudes. According to this theory, for individuals with high self-standards, external failures are interpreted as evidence of personal deficits, incurring

negative emotion and making the process of self-awareness painful. In an attempt to escape these experiences, individuals employ processes aimed at achieving 'cognitive deconstruction', such as constricting their focus to the present and attending to current aims rather than long-term goals. Baumeister believed that the consequence of cognitive deconstruction was disinhibition, making it easier for an individual to end his or her life. This theory is supported by evidence that suicide is more commonly committed by people with high self-standards (Smith et al., 2018), which may be because perceived failures are felt more acutely by these individuals. However, the separate stages of this model have received little empirical support, and it is unclear how individuals transition from one stage to the next (Barzilay & Cohen, 2017).

This theory may be somewhat helpful in informing our understanding of IIOC offender suicide. As mentioned, IIOC offenders often have no prior convictions and many are employed in a professional role or position of trust (Key et al., 2017). Men who sexually offend against children often experience a significant degree of identity conflict, report 'hating' aspects of their identity, and describe high levels of shame in relation to their thoughts and behaviour (Blagden et al., 2018). It seems likely that for some individuals, being arrested for IIOC offences forces them to confront these difficulties and inhibits the effectiveness of pre-existing defence mechanisms. Key et al. (2017) found that IIOC offenders' cognitive distortions weakened following contact with law enforcement, and many described feeling shocked and disgusted when the extent of their offending was read out in court. Whilst the focus this theory applies to self-awareness may therefore be useful in explaining IIOC offender suicide and appears fairly unique to the model, other aspects (e.g. suicide as a consequence of perceived failure) are not specific to this theory and may be better illustrated by some of the alternative models outlined below.

### ***The Cry of Pain Model***

The Cry of Pain (CoP) model of suicide (Williams, 2001) draws upon research from the field of evolutionary psychology. Studies of animal behaviour suggest that when an animal's 'fight or flight' instincts (Cannon, 1915) are activated but simultaneously blocked, the animal experiences a state of demobilisation (Dixon, 1998). It has been hypothesised that this process could explain the onset of depression in humans, particularly following significant life events/stressors. In such instances, termed 'entrapments', an individual's flight instinct is activated, but s/he is unable to escape the situation, resulting in a state of 'arrested flight' (Gilbert, 1992). The CoP model posits that a sense of defeat in relation to a perceived inability to solve problems can lead some to suicide, with suicide framed as a 'cry of pain' in response to the belief that one is powerless to change an unbearable situation.

Gilbert & Allan (1998) found significant correlations between measures of defeat and entrapment and symptoms of depression, and other research has identified entrapment and emotional pain as key components in suicidal ideation (Li et al., 2018). However, some have argued that defeat and entrapment represent facets of the same construct (Taylor et al., 2009), and it is unclear whether the model is equally applicable to all age groups as research analysing the CoP model has often excluded individuals under the age of eighteen (e.g. Siddaway et al., 2015).

Child sex offenders experience significant stress in relation to their involvement with the criminal justice system, with evidence that up to 25% meet criteria for adjustment disorder (Byrne et al., 2012). IIOC offenders describe intense feelings of shock and hopelessness in response to being arrested, as well as a sense of terror described as 'paralysing' in nature (Key, 2017), and the experience of arrest may therefore represent an 'entrapment' of sorts. It is also possible that for some offenders, sexual interest in children constitutes something similar. Blagden et al. (2018) interviewed twenty men convicted of sexual offences against children; many reported significant distress in relation to their attraction to children, largely related to the belief that this interest was stable, enduring,



and out of their control. Feelings of defeat would also seem natural following arrest, particularly when offenders begin to consider the impact on their work and relationships, the threat of court, potential media coverage, and a likely prison sentence (Pritchard & King, 2005). In line with this model, an IIOC offender may enter a state of 'arrested flight' when they recognise both the magnitude of the situation and the powerlessness of their position, with suicide deemed the only viable option. This is supported by evidence that IIOC offender suicide risk is greatest following initial contact with law enforcement, during prosecution, and if/when there is public awareness and/or media coverage (Key et al., 2017).

Although aspects of this theory appear relevant, a potential issue in applying the CoP model to IIOC offender suicide is a lack of understanding regarding the relationship between mental illness (including depression) and suicide in this specific population. Whilst the model appears able to account for suicide in the context of chronic mental illness or adversity (e.g. Panagioti et al., 2012; Shelef et al., 2016), the extent to which it can explain suicide as a response to a sudden change of circumstances (e.g. arrest for IIOC offending) is less clear.

### ***The Interpersonal-Psychological Theory***

The Interpersonal-Psychological Theory (IPT) of suicide (Joiner, 2005) is based upon the notion that in order to commit suicide, a person must possess both a desire to end his or her life as well as the ability to act on that desire. Joiner posited that the interpersonal constructs of 'perceived burdensomeness' and 'thwarted belongingness' were operational in creating suicidal desire. Perceived burdensomeness can be defined as the belief that one's death would be advantageous to those around them, in addition to a strong sense of self-loathing (Joiner, 2005), while thwarted belongingness is believed to occur in response to loneliness and an absence of reinforcing and reciprocal relationships (Baumeister & Leary, 1995).

In order to overcome the anxiety associated with committing suicide, the model hypothesises that individuals must undergo 'opponent processing' and 'habituation' processes. Opponent processing refers to the idea that over time and with repeat exposure, an initial emotional response can become replaced with an opponent reaction (Solomon & Corbit, 1974); for example, fear associated with self-harm may become replaced with relief. As an individual habituates to self-inflicted pain, s/he may come to believe that the pain of suicide will be bearable. As such, the IPT conceptualises self-harm and previous suicide attempts as a 'rehearsal' for ending one's life.

The IPT has been described as elegant and intuitive, and praised for its applicability to risk assessment (Barzilay & Cohen, 2017). It has also received empirical support, with evidence that suicidal ideation can be predicted by the interaction between low social belonging, perceived burdensomeness, and history of suicide attempts in young adults (Joiner et al., 2009). A potential shortcoming of research into the IPT is that studies have generally been cross-sectional rather than longitudinal in nature, and the model has been criticised for neglecting to consider the role of mental illness (Barzilay & Apter, 2014).

IIOC offender suicide can certainly be conceptualised as a response to social and relational difficulties. IIOC offenders likely experience perceived burdensomeness and thwarted belongingness following their offences coming to light, both with regard to their immediate social networks and wider society. Following arrest, it is common for IIOC offenders to feel that they have brought shame on their families, which may be a significant risk factor for suicide. Key et al. (2017) interviewed helpline staff who had responded to calls from IIOC offenders following arrest. Callers often described feeling that suicide might lessen the impact of their offending on loved ones, supporting the notion that suicide may result from a sense of perceived burdensomeness in this population. While offenders described experiencing a variety of responses from partners, friends, and family members, those who had not been rejected by their social networks cited this as key

in preventing suicide, highlighting the significance of belongingness as a protective factor following arrest.

Society adopts an extremely unfavourable view of sex offenders generally, and it has been argued that sex offender suicide may be motivated by loss of social standing, damage to reputation, and real or perceived social threat (Brophy, 2003). Attitudes towards child sex offenders are even more negative, with individuals in this group vilified and ostracised by society (Rogers et al., 2011). As mentioned, for many individuals IIOC offending is at least in part related to a sexual interest in children (Klein et al., 2015), and there is evidence that this interest can develop from a young age. A recent study of 1,189 men who reported being sexually attracted to children found that the average age of onset was approximately 14 years (Bailey et al., 2016), and they may therefore have spent much of their lives feeling different and anticipating negative appraisal. The social and emotional impact of this could be considered a risk factor for offending as well as suicide, particularly as, in addition to anticipating negative responses from society, men with a sexual attraction towards children often expect a similar response from services regardless of whether or not they have actually offended (Dymond & Duff, 2020; Walton & Duff, 2017). The fact that IIOC offenders are often married and work in professional roles means that, when their offences come to light, individuals in this group face rejection from friends and family, lack of contact with their children, and loss of employment. More visible press coverage of IIOC offending in recent decades also makes it likely that an individual's offences will be made public, in which case offenders face the added threat of being publicly shamed, and even targeted by vigilante groups (Key et al., 2017). The onset of suicidal ideation in this group may therefore reflect a sudden loss of status and connection, coupled with a sense of shame and societal rejection.

Individuals with an offending history often obtain social support and a sense of belonging from other criminals in their network (Hagan & McCarthy, 1997), but this may

not be the case for IIOC offenders who often do not have a history of other offending behaviour (Aslan & Edelman, 2014). Even in offender populations, child sex offenders are viewed negatively (Sampson, 1994), and IIOC offenders may therefore feel especially ostracised. Perceiving oneself as part of a social group in which crime is commonplace may create a sense of belonging and counter stigma, perhaps protecting some individuals from experiences that might increase their likelihood of committing suicide. IIOC offenders without these peer groups may be at heightened risk generally, and, for those where online paedophile subcultures serve this function (Holt et al., 2010), the loss of this connection at the time of arrest may contribute to increased risk.

In terms of acquired capability, the extent to which IIOC offenders who commit suicide undergo opponent processing or habituation processes is unclear. Key et al. (2017) found that two of the five IIOC offenders in their sample had self-harmed or attempted suicide prior to arrest, and Hoffer et al. (2010) reported on the case of a child sex offender who described feeling too afraid to end his own life, largely because he could not think of a method that would guarantee a pain-free death. These studies offer tentative support for acquired capability as part of the path IIOC offenders take to suicide, but additional research is required to explore this aspect of the model further in this population.

### ***Diathesis-Stress Models***

Diathesis-stress models of suicide frame suicidal behaviour as a consequence of predisposing vulnerabilities triggered by a specific stressor. Wenzel and Beck (2008) identified five vulnerability factors believed to be elevated in suicidal individuals, including impulsivity, problem-solving deficits, an overgeneral memory style, a maladaptive cognitive style, and various personality characteristics, particularly neuroticism and perfectionism. According to this model, these variables make it more likely that maladaptive schemas will be activated in times of stress. Stressors are then at risk of becoming distorted according to the individual's thought processes, resulting in an attentional bias towards suicide-

associated stimuli and consideration of suicide as the only viable solution. Research shows that certain thought processes may indeed predict increased suicide risk, such as cognitive rigidity (e.g. Schotte & Clum, 1987), rumination (Burke et al., 2015), and interpretation bias (e.g. Beard et al., 2017), as well as cognitive inhibition deficits (e.g. Richard-Devantoy et al., 2014). Furthermore, vulnerability factors identified within the model were based on the research literature and have therefore received empirical support. However, as with other cognitive frameworks, this model has been criticised for failing to consider the role of emotion in suicidal ideation and behaviour (Barzilay & Cohen, 2017).

An alternative diathesis-stress model is that proposed by Mann et al. (1999). Similarly to Wenzel and Beck's model, Mann et al. (1999) proposed that suicide is determined by both a proximal stressor as well as a distal diathesis. From a sample of 347 patients admitted for various mental health difficulties, researchers found that, compared with non-suicide-attempters, suicide attempters described fewer reasons for living and had higher rates of depression, suicidal ideation, and lifetime aggression and impulsivity. They were also more likely to have a family history of suicide, and to have experienced head injury and child abuse in the past. Brent and Mann (2006) proposed that impulsive and aggressive traits are key to the diathesis of suicide, and that the transmission of these traits intergenerationally may explain the familial component of suicidal behaviour. There is evidence that these characteristics may be associated with a trait deficiency in serotonin, which may be heritable via genes and/or arise in response to childhood adversity in part associated with parent personality and behaviour (Mann, 2013). This model may yield clinical utility because biomarkers related to the diathesis of suicide could inform targets for intervention (van Heeringen & Mann, 2014), and it is supported by evidence that suicide appears to run in families (Brent & Melhem, 2008). Furthermore, trait impulsivity and aggression are common correlates of suicide (Gvion & Apter, 2011), and considered key to some other theories, for example the Two-Stage Model of Countervailing Forces

(Plutchik et al., 1989). However, some have suggested that these traits are common to psychopathology in general, and the extent to which they play a role in suicide specifically is unclear (Barzilay & Cohen, 2017).

Being charged with IIOC offences is clearly stressful, with key triggers for suicidal ideation identified as the initial arrest, actions taken by statutory bodies, interactions with solicitors, and media involvement (Key et al., 2017). Whilst these experiences can be considered triggering events, not everyone arrested for IIOC offences commits suicide, highlighting the relevance of pre-existing vulnerability factors.

In general, there is evidence that predisposing risk factors for child sex offending may overlap with those that place people at heightened risk of suicide. For example, a significant proportion of child sex offenders have been sexually abused in childhood (Coxe & Holmes, 2001), which is a known correlate of heightened suicide risk independent of offending (Maniglio, 2011). Research shows that sex offenders are also significantly more likely than the general population to experience mental illnesses such as schizophrenia and bipolar disorder, and that these conditions may predict suicide in this group of offenders (Jeglic et al., 2013). For IIOC offenders specifically, mental illness appears to play a less significant role, with many individuals exhibiting no history of psychiatric disorder prior to committing suicide (Key et al., 2017). Based on what we know of this population, it therefore seems likely that variables associated with personality, interpersonal functioning, and self-esteem may be better able to explain the overlap between offending and suicide in this group.

Mann and colleagues highlight the importance of trait impulsivity as a risk factor for suicide, which may help explain why child sex offenders are at heightened risk of suicide. Individuals in this group may be significantly more impulsive than non-sexual offenders (Krasowska et al., 2013) and trait impulsivity may therefore represent an aspect

of a diathesis that both predisposes some individuals to commit child sexual offences whilst also placing them at increased risk of suicide.

**The Integrated Motivational-Volitional (IMV) Model**

The Integrated Motivational-Volitional (IMV) model (O'Connor, 2011) aims to differentiate between suicide 'ideators' and suicide 'attempters', and considers suicide as a process occurring across three phases (Fig 3). The 'pre-motivational' phase adopts a diathesis-stress perspective in considering both biological and background risk factors as well as triggering life events. The 'motivational' phase is based on Williams' (2001) CoP model and suggests that suicidal ideation arises from feelings of entrapment, triggered by experiences of humiliation or defeat. Entrapment is influenced by 'threat to self moderators' such as poor problem solving or coping abilities, whilst the relationship between entrapment and suicidal ideation is influenced by 'motivational moderators' such as burdensomeness and social support. The final 'volitional' phase of the model is characterised by a transition from suicidal ideation to behaviour, which is influenced by 'volitional motivators' such as impulsivity, planning, and capability/means.

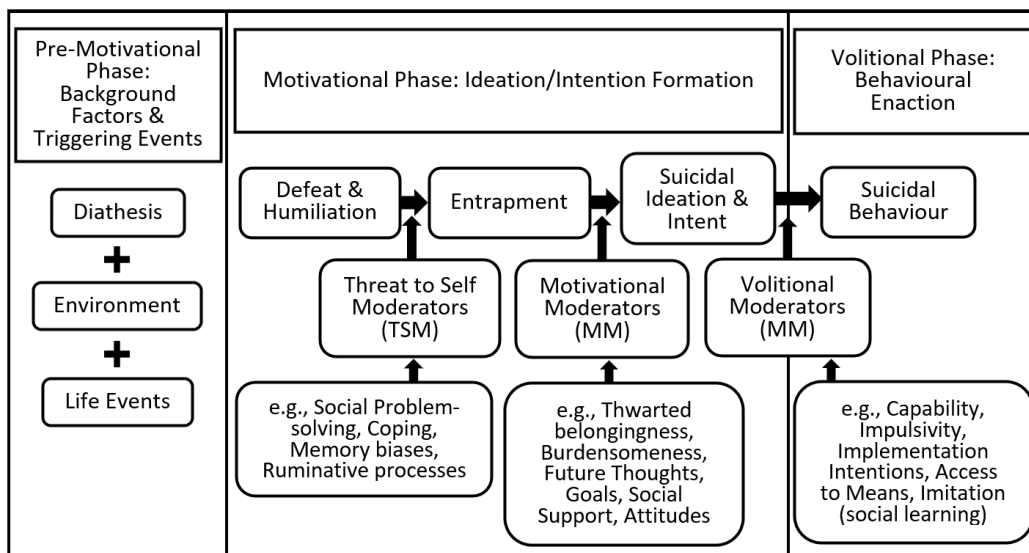


Figure 3: The Integrated Motivational-Volitional Model of Suicide (O'Connor, 2011)

A strength of the IMV model is that it considers the transition from suicidal ideation, to intention, to action, with evidence that the model can indeed differentiate between ideators and attempters. Dhingra et al. (2015) found that, whilst ideator and attempter samples did not differ significantly from one another for motivational phase variables, volitional phase variables (e.g. impulsivity) distinguished ideators from attempters. That said, the linear nature of the model means that repeat suicide behaviour is not accounted for, and it is unclear whether certain combinations of variables from across the model result in different risk trajectories for suicidal behaviour (O'Connor & Kirtley, 2018).

With regard to IIOC offender suicide, the IMV model appears useful in consolidating a number of relevant theories into one overarching framework. In addition, it may be helpful for tailoring interventions that differentially target motivational/volitional variables based on our knowledge of IIOC offenders from the literature as well as the phase of the model that a particular offender inhabits. For example, research shows that it is not uncommon for IIOC offenders to commit suicide shortly after arrest (Key et al., 2017), indicating that this group may transition from the motivation phase of the model to the volitional phase very rapidly. This highlights the importance of addressing moderators that might influence suicide risk at this stage, such as the approach authorities take to the arrest or the response offenders receive from those around them (Hoffer et al., 2010). A particular strength of the IMV model is that it considers how different factors might be protective in minimising risk of suicide. For example, it has been argued that resiliency (an individual's degree of resourcefulness) may moderate risk of suicide in IIOC offenders, with more resilient individuals better able to manage feelings of shame and helplessness occurring in response to arrest (Hoffer et al., 2010).

### ***The Three-Step Theory***



As with the IPT and IMV model, Klonsky and May's (2015) Three-Step Theory (3ST) proposes that different processes underpin the development of suicidal ideation versus the transition to suicidal behaviour. The 3ST explains suicide phenomena according to four factors; pain, hopelessness, connectedness, and suicide capacity. In Step 1, an individual experiences emotional pain to the extent that the act of living becomes akin to being punished. As a result, they experience decreased desire to live, increasing likelihood of suicidal ideation. Ideation is considered to occur only when, in addition to pain, hopelessness is also present. Step 2 is based on connectedness (to other people/a specific role/a particular project, etc.); if both pain and hopelessness are present and exceed the individual's connectedness, then suicidal ideation intensifies. Step 3 is based on the concept of acquired capability (Joiner, 2005), and assumes that in order to end his or her life, an individual must have experienced some habituation to pain, fear, and death. In addition, the model highlights the importance of other dispositional variables (e.g. blood phobia, pain sensitivity) and practical variables (e.g. access to means) in explaining the transition from intention to action.

In support of their model, Klonsky and May (2015) found that pain and hopelessness could account for variance in suicidal ideation in both men and women, across age groups. Connectedness was most protective against suicidal ideation in those with high pain and hopelessness, and suicide ideators could be robustly distinguished from attempters by considering suicide capacity. These findings have been replicated across other populations, including Chinese college students (Yang et al., 2019) and UK university students (Dhingra et al., 2019).

With regard to IIOC offender populations, Step 1 and 2 of the 3ST may be particularly helpful in aiding our understanding of suicide. Many offenders experience significant negative affect and feelings of hopelessness following arrest; Hoffer et al. (2010) describe how individuals *"may feel that the life [they] once had is gone, leaving [their]*

*future devoid of meaning and pleasure”* (p. 782). In addition to this initial reaction, IIOC offenders often face a lengthy prosecution and conviction process with extended periods of time spent living in the community (Key et al., 2017), often resulting in more chronic periods of stress. For many individuals this coincides with consequences such as loss of relationships and/or termination of employment, likely resulting in a state of diminished connectedness consistent with Step 2 of the model. This perhaps explains why some offenders commit suicide when others do not, and, as with the IPT theory of suicide, highlights the importance of positive relational ties as a potential protective factor following arrest.

### **Summary**

Models of suicide can be helpful in aiding our understanding of factors that can contribute to risk of suicide, including in the case of IIOC offenders. Whilst certain models have characteristics in common (e.g. the concept of ‘acquired capability’ first appeared in the IPT but was subsequently incorporated into the 3ST), in other ways these models appear somewhat unrelated to one another. A potential problem in applying models of suicide to IIOC offenders is that much of the research into suicide appears to be informed by studies of depression. In general, suicidality is often considered in the context of mental illness, and/or believed to develop over time in response to chronic circumstances. IIOC offender suicide is different, with suicidal ideation seeming to emerge quite suddenly once the offender’s behaviour comes to light and subsequently fluctuating in response to circumstances. One theme common to many models is the notion that suicide represents some form of escape, for example from unfavourable attitudes towards the self, a seemingly unbearable living situation, or overwhelming emotional pain. For someone recently arrested for IIOC offences, it seems likely that several of these experiences might occur simultaneously, and the idea that suicide may represent a general desire to ‘escape’ for these individuals therefore seems fitting.

In comparison to other models, the IPT of suicide appears to offer a particularly useful account of IIOC offender suicide, and, unlike most other theories, is explicitly referenced within the literature on IIOC offender suicide (Hoffer & Shelton, 2013). In addition to the arrest itself, the IPT explains how other processes occurring throughout an offender's life may increase their risk of suicide when their offences come to light, and places particular emphasis on the role of social factors in suicide, something overlooked by several other theories. In light of what we know about the demographic profile of IIOC offenders who commit suicide, the significance of perceived burdensomeness and thwarted belongingness appears crucial to understanding suicide in this population, and the IPT therefore appears valuable in informing our understanding of why IIOC offenders end their own lives.

### **Methodological Limitations**

Research into IIOC offending and suicide is difficult. Firstly, offender studies are typically only able to analyse small samples of individuals who have come into contact with the criminal justice system and it is therefore unclear whether results are representative of the general IIOC population, particularly as offences go undetected (Wortley & Smallbone, 2012). Additionally, where participants are recruited through sex offender treatment programmes results may reflect findings from a distinct group of more acquiescent offenders at varying stages of rehabilitation. Self-report data may be affected by use of cognitive distortions, and for those serving a prison sentence there may be perceived benefits in, for example, emphasising remorse or downplaying sexual interest in children. Whilst alternative methodologies have been utilised, for example polygraph (Buschman et al., 2010), phallometric (Seto & Lalumière, 2001), and Rorschach (Huprich et al., 2004) testing, the validity and reliability of these approaches is questionable (Ben-Shakhar, 2008; Lilienfeld et al., 2000; Marshall & Fernandez, 2000). In the case of suicide ideation/attempts, retrospective self-report accounts may be inaccurate due to poor recall

or reporting bias, and where an attempt is successful, it is generally not possible to obtain the individual's perspective following the event. It has also been argued that offender deaths occurring outside secure settings receive considerably less attention than those occurring in prison (Phillips et al., 2019), which may explain why studies of IIOC offender suicide in the community are scarce.

Secondly, results are inevitably influenced by the way in which constructs are defined and measured. Concepts such as 'entrapment' are potentially vague and difficult to operationalise, and thus there is likely to be some disparity in how these constructs are represented across studies. For example, it has been argued that 'suicidal ideation' can be either active or passive and that collapsing the two *"may lead to false positive identification of variables that distinguish between ideators and attempters"* (Burke & Alloy, 2016, p. 4). Similarly, research into IIOC offending does not always differentiate between type of internet offence (i.e. IIOC offending vs online solicitation) which complicates the process of interpreting results.

Third, comparing suicidal and non-suicidal individuals or IIOC offenders and contact offenders at a specific time point makes it difficult to differentiate causation from correlation. For example, whilst some offenders exhibit interpersonal and affective deficits, it is unclear whether these difficulties predispose someone to offend, arise as a result of offending, or co-occur with offending for another reason entirely. Similarly, it is often not possible to determine whether or not a variable has simply preceded suicidal ideation/behaviour or represents a distinct 'risk factor'. There is therefore a requirement for prospective studies that follow participants longitudinally in order to ascertain whether specific variables influence future behaviour.

Finally, despite the large body of research on suicide, the predictive power of models is limited (Barzilay & Cohen, 2017) and few studies have applied theories of suicide

specifically to IIOC offenders. Additional research is therefore required to develop models of suicide for this population that are both theoretically sound and clinically useful.

## **Conclusion**

The reviewed literature suggests that IIOC perpetrators are a distinct group of offenders; typically they lack the antisocial/criminal background of other offender groups and differ from these individuals across a range of demographic variables. However, it is also clear that IIOC offenders are not a homogeneous group; they are motivated by different incentives and progress along different pathways to offending. IIOC offenders appear at particularly high risk of suicide following arrest, which may be underpinned by various factors. There is evidence that IIOC offenders may utilise cognitive distortions to justify their behaviour, and the process of arrest and conviction may undermine these processes resulting in diminished self-worth and the emergence of suicidal ideation. Many IIOC offenders face a dramatic change in circumstances when their offences come to light, with the transition from respected family man one day to child sex offender the next resulting in significant loss and threatening someone's public and self-perception. Individuals may experience feelings of hopelessness and believe that they are a burden to others, and they may indeed be ostracised by partners, family members, and the wider community. The stress of this situation is likely exacerbated by lengthy trial processes, leading to a prolonged state of uncertainty and the view that suicide constitutes an escape. Whilst additional support and supervision may be put in place following arrest, IIOC offenders typically reside in the community during this period, facilitating access to means and increasing the likelihood of transitioning from ideation to action in the absence of appropriate support and supervision.

This review has identified several risk factors for IIOC offending and suicide that appear to overlap. IIOC offenders often exhibit difficulties with interpersonal and affective functioning and may be more likely to experience problems in their relationships, factors

that are also implicated in suicide risk. Suicidal thoughts and behaviours often occur in response to low mood which may also be present for IIOC offenders; in addition to arising in response to arrest, negative affect may also motivate offending. Other issues related to identity conflict, lack of belonging, formative experiences (e.g. child sexual abuse), and trait impulsivity may increase an individual's likelihood of both IIOC offending and suicide, and it is likely that suicide risk is influenced by various interactions occurring across these domains.

With regard to the implications of this review, it seems clear that the management of IIOC offenders should incorporate theory on suicide for this population and steps should be taken to be alert to and minimise risk following arrest. In addition, there is a need for preventative interventions that allow individuals with a self-identified sexual interest in children to obtain support in order to avoid offending and reduce risk of suicide. Reassuringly, this work is already underway (see Key et al., 2017). Whilst there is understandably a great deal of societal concern regarding the risk that IIOC offenders pose, they should not be denied help. As noted, the factors that underpin risk of suicide in this population also contribute to offending behaviour, and reducing risk of suicide in this group will likely result in decreased incidences of offending. Further research is required to fully understand the factors that may contribute to suicide risk for different subtypes of IIOC offender and establish IIOC-offender specific models of suicide that guide intervention.

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**Part II**  
**Empirical Paper**

**Indecent Images of Children Offending and  
Suicide: An Interpretative Phenomenological  
Analysis of Partners' Perspectives**

## Abstract

**Aims:** Indecent images of children (IIOC) offences have become increasingly common. Many IIOC offenders are married and have children of their own; in many cases, IIOC offenders' partners are unaware of their offending prior to arrest, and experience various difficulties once the offences come to light. In comparison to other offender populations, IIOC offenders are at heightened risk of developing suicidal ideation and ending their lives, which may result in specific and substantial difficulties for partners. The primary aim of the present study was to capture the experience of partners of IIOC offenders. The secondary aim was to understand how women in this position attribute meaning to their partners' suicidal experiences and behaviours and how they cope with the situation themselves.

**Method:** This was a qualitative study, using Interpretative Phenomenological Analysis to analyse six semi-structured interviews conducted with female partners of male IIOC offenders who had either committed suicide (n=1), attempted suicide (n=2), or experienced suicidal ideation (n=3) following their offences coming to light. Participants were recruited via the Lucy Faithfull Foundation (LFF), a charitable organisation which aims to tackle child sexual abuse.

**Results:** Three superordinate themes were identified from the data; *A Living Nightmare*, *Something Needs to Change*, and *Adjustment & Adaptation*.

**Conclusions:** Participants faced considerable practical and emotional difficulties, both in relation to their partners' offending and their partners' experiences of suicidal ideation and/or suicide/suicide attempts. There was a consensus that change was needed at various levels to manage risk of suicide in IIOC offenders and reduce the impact on partners and families in the aftermath of arrest. Participants experienced acclimatisation and accommodation in the months following their partners' arrests, with meaning-making key to

this process. Results have implications for the way that IIOC offences are responded to by law enforcement, health and social care services, and the British media.

## **Introduction**

### **Indecent Images of Children Offending**

Indecent images of children (IIOC) offences refers to the possession, distribution, production/taking of and/or sharing of indecent photographs or pseudo photographs of children (Protection of Children Act, 1978; Criminal Justice Act, 1988). In recent years there has been a dramatic increase in these offences; the National Crime Agency (2020) reported that over eight million first generation images were added to the Child Abuse Image Database between January 2015 and March 2019, and over 100,000 URLs were found to contain images of child sexual abuse in 2018 (Internet Watch Foundation, 2018). Arrests of IIOC offenders increased by 184% in England between 2010 and 2015 (Key et al., 2017) and there is evidence that approximately 50,000 men in the UK may have viewed IIOC online (Jütte, 2016).

Research into this group of offenders suggests that they may differ demographically from other offenders. Many are working in positions of trust, come from a higher socioeconomic background, have no significant history of criminal behaviour, and are married (Brown & Bricknell, 2018; Prat & Jonas, 2013).

### **The Impact on Partners**

It is not uncommon for IIOC offenders' partners to remain unaware of their offending behaviour prior to arrest, and many experience substantial difficulties after their male partners' offences come to light (Stubley, 2015). They may wonder whether they 'should have known' about the offences, and therefore experience feelings of guilt related to the offending (Hoffer et al., 2010). Cahalane & Duff (2017) analysed therapeutic letters written by non-offending partners of child sex offenders (including IIOC offenders) after attending a psychoeducation group programme, with participants describing "*significant, wide-ranging and enduring*" (p. 75) consequences which persisted years after the offences came to light. While discovering that a partner has been involved in any form of sexual

offending is likely to cause extreme distress (Cahalane et al., 2013), the notion of sex offending against children is especially emotive and may therefore cause partners additional hardship. Philpot (2008) collated first-person accounts of several female partners of child sex offenders. Themes identified across cases included significant emotional distress, confusion regarding what to believe, conflicting feelings, and the additional impact of feeling scrutinised by services. Subsequent studies have further highlighted the adverse impact on partners, with partners encountering intrusion into family life, anticipating negative judgement from others, and experiencing difficulties with day-to-day functioning (Stubbley, 2015). In the media, sex offenders are depicted as 'the lowest of the low' (Griffin & West, 2006), and studies suggest that the public views people who abuse a child sexually more negatively than they do any other offender, including murderers (Caputo & Brodsky, 2004). In contrast, partners of those involved in child sex offences have a multidimensional view of the offender, and may therefore find it difficult to come to terms with the way their partner is portrayed when the offences come to light (Hoffer et al., 2010). Partners of child sex offenders may also experience 'courtesy stigma', whereby they become treated 'as one' with the offender by wider society (Goffman, 1963). In the US, where it is common for society to be made aware of a registered sex offender's identity, relatives frequently report high levels of isolation, fear, shame, and victimisation. Property damage is common, often resulting in forced residential relocation (Tewksbury & Levenson, 2009).

It has been argued that partners of IIOC offenders should be "*treated as clients with specific needs in their own right*" (Shannon et al., 2013, p. 36) and in recent years attempts have been made to increase support available to partners and relatives of child sex offenders (e.g. Duff et al., 2017). Nevertheless, there is evidence that in many cases these individuals' difficulties remain concealed and undiscussed (Kotova, 2017).

## **IIOC Offender Suicide**

Individuals who come into contact with the law enforcement system in relation to child sex offences represent a group at increased risk of suicide in comparison to other offender groups and the general population (Key et al., 2017). While estimates vary, there is evidence to suggest that men under investigation for child sex offences may be as much as 230 times more likely to commit suicide than males in the general population (Brophy, 2003), with risk highest when the crime first comes to light, and during trial (Pritchard & King, 2005). In keeping with this, IIOC offenders are also at heightened risk of suicide, and may represent a particularly vulnerable group. Of the 750 individuals arrested for IIOC offences in 2014 as part of Operation NOTARISE, 24 (3.2%) committed suicide, and, in a review by the Equality & Human Rights Commission, people under investigation for IIOC offences accounted for 28.3% of suicides following law enforcement contact (Phillips et al., 2016).

Several factors may mitigate the risk of an individual committing suicide when under investigation for IIOC offences, such as personality, background, and coping skills (Hoffer et al., 2010). Hoffer & Shelton (2013) suggest that child sex offenders who commit suicide may exhibit features in keeping with the Interpersonal-Psychological Theory of suicide (Joiner, 2005). Namely, they display 'acquired capability' (they may have experienced painful events themselves in the past, contributing to reduced fear of death), 'thwarted belongingness' (they may know their offences make them different to others, and are likely to feel isolated from others once their offences come to light), and a sense of 'burdensomeness' (they may see themselves as a burden to their family and consider that their offences will negatively impact their family members further). IIOC offenders with children of their own typically face being unable to see their children for some time following arrest, and may encounter rejection from spouses and/or other family members.

As such, the social context of an offender's experience may play a significant role in their risk of suicide.

### **The Impact of Suicide on Partners**

The impact of losing someone to suicide can be both impactful and enduring; Van Dongen (1988) proposes that *"a suicidal death leaves behind psychological sequelae in the survivors that may burden them for the rest of their lives"* (p. 9). People who lose someone to suicide are more likely to experience complex grief reactions than those who lose someone from natural causes, and may be at heightened risk of committing suicide themselves in future (Mitchell et al., 2004). Based on their analysis of partners bereaved by suicide, Cain and Fast (1966) suggested that emotions such as guilt, shame, and denial common in such circumstances may distort the usual grieving process, resulting in more pathological reactions to the death of a partner by suicide than by other means.

In addition to considering the outcome of suicide on individuals, research has also investigated the impact of suicide on the family system in the aftermath of the event. From their 2008 review, Cerel et al. suggest that families that lose someone to suicide are more likely to experience 'communicational distortions' following the death (e.g. blaming one another, or attempting to conceal the circumstances surrounding the death from wider social networks), which can impact on family functioning and contribute to further distress.

### **IIOC Offender Suicide and the Impact on Partners**

The emotional impact for partners of people who commit suicide after committing IIOC offences may prove particularly complicated as a result of conflicting attitudes towards the deceased (Hoffer et al., 2010). While some individuals may harbour anger towards law enforcement for the way their partner was treated, others may feel angry towards the offender for ending their life. In some cases, partners may be faced with the decision of whether (and how) to disclose the circumstances surrounding their partner's offences, resulting in further turmoil (Hoffer & Shelton, 2013).



## **Rationale & Aims**

It is not uncommon for IIOC offenders to experience suicidal ideation in the weeks after their offences first come to light or during trial. Risk of suicide appears to be mitigated by a number of factors, including social aspects, such as sense of belonging and anticipated impact on family members. Partners of IIOC offenders are likely to experience complex emotional reactions, which may be complicated by the offender developing suicidal ideation or attempting/committing suicide. However, research in these areas is limited and, as such, it is unclear what support these individuals need in order to help them make sense of and cope with such experiences.

The primary aim of the present study was to develop a better understanding of the experience of female partners of male IIOC offenders. The secondary aim was to understand how female partners of male IIOC offenders attribute meaning to their partners' suicidal experiences and behaviours following arrest and how they cope with this situation themselves.

## **Method**

### **Research Setting and Recruitment**

This study used purposive sampling in order to recruit participants based on the objective of the study. Inclusion criteria were developed based on the research question, whilst being mindful of potential risk to participants given the sensitive nature of the interview.

The study initially intended to focus specifically on IIOC offender suicide, and therefore planned to recruit participants whose partners had committed suicide. Due to a lack of suitable cases, it was necessary to broaden criteria to include individuals whose partners had experienced suicidal ideation or attempted suicide. As a result, the study became focused primarily on understanding participants' experiences of their partners

being arrested for IIOC offences, with a secondary aim of understanding how they made sense of and responded to their partners displaying suicidal behaviours.

This study was also initially planning to recruit partners, family members, and close friends of IIOC offenders, but the decision was later made to focus exclusively on partners. This was based on the fact that only one participant was not a partner of an IIOC offender, and the recommendation that a relatively homogenous sample is best when using phenomenological approaches (Smith & Osborn, 2008). One participant, the mother of an IIOC offender, was interviewed but her data were later excluded. The revised inclusion criteria were as follows:

1. Female partners of male IIOC offenders who had either committed suicide, attempted suicide, or expressed suicidal ideation after their offences came to light.
2. Aged eighteen years or older.
3. In cases of completed suicide or suicide attempt requiring hospitalisation, at least three months to have passed since incident.
4. Deemed low risk (i.e. able to manage distress arising from discussing experiences).

The decision was made to focus on partners of male offenders in order to maintain sample homogeneity. Statistically speaking, it is also much rarer for females to commit such offences (Martellozzo et al., 2010). Participants were recruited via the Lucy Faithfull Foundation (LFF), a charitable organisation which aims to tackle child sexual abuse by working with perpetrators and their families. Individuals who had made use of either their Stop It Now! helpline or their Inform course<sup>1</sup> and met criteria for the study were initially contacted by a member of staff from LFF and provided with information about the study. Those that consented to their name and phone number being provided to the researcher

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<sup>1</sup> The Stop It Now! helpline provides confidential advice to people concerned about their own behaviour or the behaviour of others, in relation to child sexual abuse. The Inform course is a five-week programme for groups of up to 6 partners/relatives/friends of IIOC offenders which provides psychoeducation and support.

were later contacted and the study was discussed in more detail. Potential participants who were still interested at this stage were sent the information sheet (Appendix A) and consent form (Appendix B) via email. Those who signed and returned the consent form were then contacted to arrange the interview.

### **Interviews**

The interview schedule (Appendix C) was drafted in line with a protocol used by similar research investigating IIOC offender suicide more broadly (Key et al., 2017), which had informed the current study. This interview schedule was adapted to be used with partners and refined in keeping with the new research questions. It intended to obtain information on participants' experiences of their partners being arrested and exhibiting suicidal behaviour, their use of coping strategies, their support needs, and barriers to accessing support. It also enquired about risk and protective factors for IIOC offender suicide from the perspective of partners, and encouraged participants to consider what (if any) support they felt should be offered to their partners. In line with a phenomenological approach, the interview schedule followed a semi-structured format and questions were developed with the aim of understanding the meaning participants attributed to their experiences. This allowed for flexibility in terms of the order of questions and permitted further exploration of pertinent themes (Smith et al., 2009). The interview schedule intended to account for the sensitive nature of the study, with questions phrased in a delicate way. The document was developed in consultation with research supervisors and LFF staff, who provided feedback and supported in ensuring the questions were worded in a sensitive manner. One pilot interview was conducted with an acquaintance of the researcher and adapted slightly in response to feedback received.

Due to Covid-19 all interviews took place remotely using video conferencing. Interviews lasted between 75 and 151 minutes (mean length 108 minutes) which included time for briefing and debriefing. In particular, participants were encouraged to spend time

reflecting on the interview process at the end of the interview, and in many cases, signposted to support services. Despite the emotive nature of interviews and the fact that all participants exhibited distress, most reflected positively on the process and several stated that they had found it therapeutic. Interviews were recorded with the participant's consent, using an electronic recording device, and transcribed by the researcher.

### **Participant Characteristics**

Of the seven partners who consented to being contacted by the researcher, five agreed to participate and completed the interview, one initially agreed to participate but did not proceed further, and one was non-contactable. One additional participant contacted the researcher directly, having heard about the study from a friend who had participated. Once her details were verified with LFF, she too took part in the interview. The resulting sample size of six participants was within the intended range of five to ten participants, and is in keeping with the suggestion that a sample size of between four and ten is sufficient for a doctoral thesis (Smith et al., 2009). All participants were female and married to their partners when the offences came to light; participant characteristics are outlined in Table 1.

Table 1  
*Participant Demographic Information*

<b>Participant</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Family Circumstances</b>	<b>IIOC Offender Suicide Status</b>
P1	51-60	White British	Widowed with child(ren) from previous relationship	Completed
P2	31-40	White British	Divorced with child(ren)	Attempted
P3	31-40	White British	Married with child(ren)	Ideation
P4	31-40	White British	Married with child(ren) from previous relationship	Attempted
P5	31-40	White British	Married with child(ren)	Ideation
P6	21-30	White British	Divorced	Ideation

## **Ethical Approval**

Primary ethical approval for this study was obtained from the University College London Research Ethics Committee (Appendix D). A separate ethics proposal was approved by the LFF research subgroup.

## **Researcher Perspective**

In order to enhance the validity of a study, it is important for a researcher to disclose their position and perspective in relation to their research (Caelli et al., 2003).

I am a white British female in my early thirties and I conducted this research as part of a Doctorate in Clinical Psychology. Prior to training I worked in a medium secure hospital for nearly four years, which brought me into contact with sex offender populations including IIOC offenders. As part of the research process I made efforts to gain an understanding of the work carried out by LFF, and on one occasion I attended their premises and met several members of staff.

From a personal perspective, I am not aware of anyone close to me being involved in the production of IIOC content or engaging in IIOC offending behaviour. It is perhaps relevant that that I am in a long-term relationship. I also became pregnant and gave birth to my first child part way through the research process. This occurred after I had chosen this project, but before I began conducting interviews.

In the interests of transparency, my personal opinion is that offering support to individuals at risk of IIOC offending is important in tackling child sexual abuse. At a societal level, whilst I understand the desire to distance ourselves from thinking about child sex offences, I believe that in some cases this can be detrimental. I consider suicide prevention part of my professional and personal responsibility. Finally, I believe the way in which people respond to their partner committing IIOC offences is a matter of personal choice. Having never been in this situation, I do not know how I would personally respond.

During the research process I attempted to 'bracket' my previous personal and professional experiences. I discussed my reflections with my research supervisor and kept a reflective journal, which included recording my thoughts and assumptions following each interview. Nevertheless, it is inevitable that my experiences and opinions will have influenced the way in which I collected, analysed, and interpreted data, hence why I have stated them here so explicitly.

### **Analysis**

Data was analysed using principles of Interpretative Phenomenological Analysis (IPA; Smith et al., 2009). IPA is a phenomenological approach to thematic analysis, and it has been described as systematic, accessible, and practical (Barker et al., 2016). It is typically used to explore how a particular phenomenon is experienced by particular individuals, within a specific context, and it has been widely used in psychological research. It was deemed appropriate for the present study largely due to its suitability in addressing open research questions (Larkin & Thompson, 2011). Based on the lack of previous research with this population, the exploratory nature of the study, and the fact that there were no preformulated hypotheses, IPA's commitment to accessing the lived experience of participants was considered beneficial (Alase, 2017). IPA was also deemed suitable given the sensitive nature of the present study and its suitability for exploring emotionally laden areas of research (Peat et al., 2019); several previous studies investigating the impact of suicide on family members have used IPA methodology (e.g. Lee et al., 2015).

Each interview transcription was read several times in order to become familiar with the data and gain an understanding of each participant's perspective. In addition, each transcript was read whilst listening to the corresponding audio recording to ensure that the notation was accurate and made sense within context. Transcripts were then analysed individually and in-depth. Initially, relevant words and phrases were highlighted, and any questions and comments arising for the researcher were noted in the left-hand margin.

Transcripts were then re-read alongside these notes, and emergent subthemes resulting from this process were recorded in the right-hand margin (see Appendix E for examples). These subthemes were subsequently listed in a separate document alongside corresponding transcript extracts, before being condensed and clustered into preliminary superordinate themes. After this had been done for each interview, a master table of themes was developed by comparing and refining across cases. Throughout this process it became apparent that, rather than representing discrete concepts, each of the superordinate themes and many of the subthemes were closely interlinked. With this in mind, a final process of 'mind-mapping' was undertaken in order to reintroduce some of the more relevant lower-level themes and provide a visual representation of the way in which different concepts related to one another.

Credibility checks were undertaken throughout the research process. Firstly, subthemes generated from two of the six transcripts were compared with those identified by another trainee clinical psychologist acting as an independent researcher. Secondly, the primary research supervisor checked the master table of themes and mindmap against corresponding transcript extracts. Finally, the master table of themes and accompanying mindmap were shared with two of the original participants and amended slightly in response to their feedback.

## **Results**

### **Overview of Themes**

Figure 1 is a mindmap of the main themes and subthemes that were generated from the data, with Table 2 demonstrating how these themes were endorsed across participants. As mentioned, many of the themes and subthemes appeared interrelated; see Appendix F for an annotated version of Figure 1 which elaborates upon how processes occurring in one area affected women's experiences in other domains.

Figure 1  
Mindmap of Superordinate Themes and Subthemes

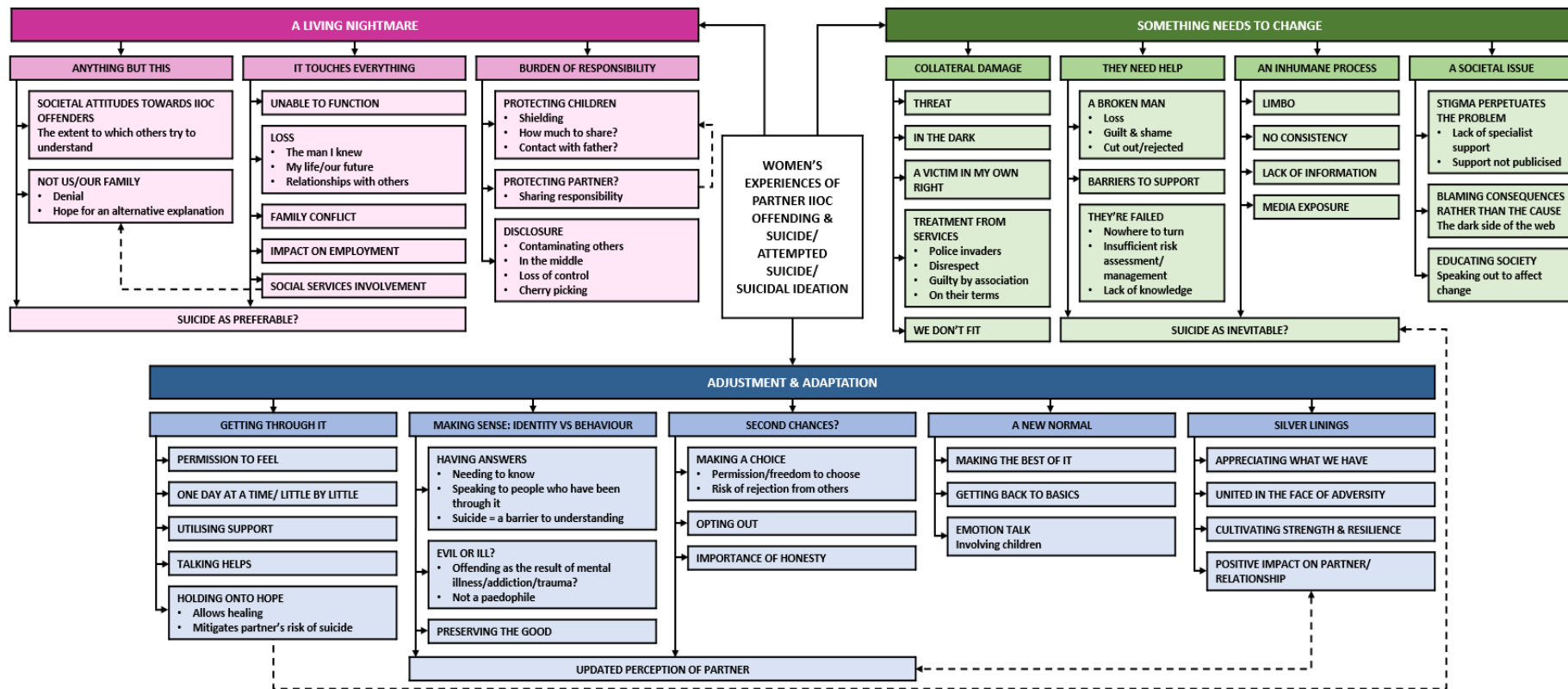




Table 2  
*Master Table of Themes*

<b>Superordinate Theme</b>	<b>Subtheme</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>	<b>P5</b>	<b>P6</b>
<b>A Living Nightmare</b>	Anything but This		♦	♦	♦	♦	
	It Touches Everything	♦	♦	♦	♦	♦	♦
	Burden of Responsibility	♦	♦	♦	♦	♦	♦
<b>Something Needs to Change</b>	Collateral Damage	♦	♦	♦	♦	♦	♦
	They Need Help	♦	♦	♦	♦		
	An Inhumane Process	♦		♦	♦	♦	♦
	A Societal Issue	♦	♦	♦	♦	♦	
<b>Adjustment &amp; Adaptation</b>	Getting Through It	♦	♦	♦	♦	♦	♦
	Making Sense: Identity Vs Behaviour	♦	♦	♦	♦	♦	♦
	Second Chances?		♦	♦	♦	♦	♦
	A New Normal		♦	♦	♦	♦	
	Silver Linings			♦	♦		

Each theme is discussed below and illustrated using extracts from interview transcripts. Ellipses (...) indicate omitted sections of transcript.

### **A Living Nightmare**

This superordinate theme refers to the feelings of shock and anguish experienced by participants both when their partners' offences first came to light and in the weeks and months that followed. Participants described a sense of life having suddenly changed; of entering a world they did not want to know and being put in a position where they had to make impossible choices. For all participants this involved some degree of responsibility related to their partner's risk of suicide, and for Participant 1 this was compounded by the loss of her husband after he ended his life. Subthemes include; *Anything but This*, *It Touches Everything*, and *Burden of Responsibility*.

### ***Anything but This***

Whilst all participants described feeling distressed when they learned of their partners' offences, four of the six participants described how almost anything else would have been preferable to their partner committing offences of this nature:

*So he handed me a piece of paper which said a warrant had been issued to search for devices to do with indecent images of children...initially I went to the dining room...and I said... 'what the hell is this about?' I said, 'is this to do with your work?'...I thought 'it's fraud, he's done something to do with money'. Now I wish to bloody God it was.*

Participant 3: Page 5/6; Lines 253-261

This extract conveys a sense of initial confusion followed by an attempt to make sense of what was happening. Despite being informed that the police were seizing devices in relation to IIOC content, Participant 3 considered fraud a more likely explanation for their presence. Whilst she immediately confronted her husband, the sense is that she was angry at him for his involvement in something of a criminal nature; it seemed almost incomprehensible that he might have accessed IIOC. Her concluding remark conveys how, whilst she might have initially been appalled at the thought of her husband engaging in fraud, once she was aware of the actual nature of his offences, fraud would have been far preferable. Other participants described a similar process whereby initial conviction that their partners were innocent became replaced by a desperate search for an alternative explanation as more information came to light.

It was common for participants to report that their partner either denied the offences or minimised their involvement. In these cases, the initial shock of the arrest was followed by a sense of horror when their partner's culpability became apparent. Participant 4 was initially convinced her husband was innocent; when he later admitted his

involvement, her reaction was one of dread regarding the risk he might have posed to her child:

*His dad was in the house, and he heard what I screamed at him. It was just 'get away from me'...you know, my thing was, there's got to be an attraction there, 'you've lived with my child for the last 10 years, nearly 10 years, get away from me'.*

Participant 4: Page 5/6; Lines 251-256

The impression that Participant 4 gave of wanting to distance herself from her husband physically conveys a sense of anger and rejection. Her first thought was that due to the nature of the offences her husband must be attracted to children, which led her to question the risk to her child. Within this context, her reference to 'ten years' may suggest concern at the window of risk for her child. However, it perhaps also speaks to a sense of betrayal in response to the revelation that someone she knew so well could keep this from her, a perspective echoed in other accounts.

At times participants spoke about IIOC offences in terms of their own attitudes, for example referring to the offences as '*one of the worst crimes*' (Participant 2), whilst on other occasions this was discussed in the context of how child sex offences are viewed by society. Participants described sex offences against children, issues with the police, and social services involvement, as completely alien to their families prior to their partners' arrests. Several reported that they considered the situation as one that affected 'other' families, or likened it to the plotline of a television programme:

*I quite regularly felt like I was in a BBC drama [laughter]. I just felt like, this doesn't happen to real people, so this isn't actually real...this is something that you watch, and you go, 'wow, that's shit isn't it?' You know, 'God, that poor woman' [tearful laughter].*

Participant 2: Page 33; Lines 1644-1648

The sense here is that the situation the participant found herself in was both surreal and detached from how she perceived her own life. In the context of what she knew about her life, being an 'observer' of someone else's experience was far more relatable than the position she found herself in. There is a sense that under normal circumstances she would have been able to express compassion, and perhaps even a sense of pity, for someone in this situation, safe in the knowledge it would never happen to her. The tearful laughter expressed at the end of the passage seems to communicate a sense of irony experienced by the participant as she reflected on this perspective in light of what she later learned.

### ***It Touches Everything***

All six participants reported a severe and significant impact on their lives once their partners' offences came to light, as well as considerable ramifications for them and their families. For women with children, the nature of the offences led to social services involvement and their partners having to live elsewhere. All spoke of experiencing some sense of loss, and two likened finding out about the offences to experiencing a bereavement. Several spoke of losing the person they thought they knew, and/or the future they had envisaged. Participant 1 described how losing her husband to suicide under these circumstances resulted in the development of post-traumatic stress disorder and affected every aspect of her life:

*It's just a massive impact, I just, I just felt like I was, like, on the sea and the waves were crashing from behind me as well as from the front, it just...it wasn't just why he died, it was the way he died. It was that, it was the house, the children all splitting up, it hurt his family, you know, and everything was just bang bang bang bang bang bang. And, and, just like, I couldn't function. I just absolutely couldn't function...so I just like, didn't know where I was, you know.*

Participant 1: Page 22; Lines 1077-1085

Use of imagery gives the impression of someone being relentlessly 'battered' from every angle as the participant spoke of how various areas of her life were affected by the circumstances of her husband's death. Her repetition of the word 'bang' suggests an experience characterised by repeated blows, and she conveyed a sense of becoming almost paralysed in response to the trauma of her ordeal. Her account of 'not knowing where she was' suggests a state of confusion and communicates the debilitating quality of her experience.

Other participants mirrored this sense of their lives being turned upside down in various ways. Several spoke of implications for their own employment; Participant 6 recalled how, whilst her partner did not have to disclose his offences to his employer and was able to continue working following arrest, she had to engage in multiple interviews before she could return to work. Other participants faced losing their partner's income if he was unable to work during the investigation, and all reported some degree of impact on their relationships with friends or family, including their own children:

*I think it was about the third night or something, I'd just put them in the bath and he was asking when Daddy was coming home and I was like 'he's not, he's at Nanny's house, he's, he's staying at Nanny's, you'll be able to see him soon, but he's gotta sort himself out and he's gotta think about things'. And he turned round and went 'I'm gonna hate you forever if you don't let Daddy come home'...I was literally, like, on the floor.*

Participant 5: Page 19; Lines 955-961

This passage conveys the difficulties faced by those with children. Understandably, most of the mothers interviewed had chosen not to disclose the circumstances of their partners leaving, particularly in cases where their children were very young. For this participant, her son had concluded that she must be responsible for his father's absence and expressed anger towards her. Her description of being 'floored' reflects a sense of

being blindsided and highlights the pain of her experience. This is juxtaposed against the normality of bathing her children before bed, and gives a sense of a woman doing all that she could to hold things together whilst unable to escape the awfulness of what had happened.

### ***Burden of Responsibility***

All six participants described experiencing unwanted responsibility in relation to their partners' offences and subsequent suicide/attempts/ideation. Whilst none of the participants with children expressed concerns that their partners posed a risk of contact offending at the point of being interviewed, all were worried that their children might be adversely affected in some way, for example due to disruption to family life or the stigma of the offences. All had taken steps to mitigate the impact on their children, for example taking them out of the house whilst police were present, 'putting on a brave face' for the sake of their children, and, for one participant, changing her children's surnames. It was common for participants to feel torn between wanting to establish open channels of communication with their children whilst simultaneously shielding them from what was happening:

*There were obviously times, and I had to be open about it, my son would just find me crying, and he just said 'is it because you miss Daddy?' And we could do it together. So it was, I could do it because I had to be open with him...he needed to understand it's okay to cry and to feel. So I was able to do it that way. But I also had to rein it in because I couldn't spend an entire day crying...because that's too much and it's not fair for him.*

Participant 2: Page 34; Lines 1679-1687

Whilst crying in front of her son initially placed this participant in a difficult position, it also appears to have opened up communication. Due to the magnitude of the situation she was unable to entirely protect her son from her own distress, but in another

way this facilitated an opportunity to reflect on what had happened 'together'. There appears to have been a delicate balance between protecting her son whilst also normalising emotional expression, and a sense of the participant having to adapt her own emotional response in keeping with the needs of her children.

All participants expressed concern regarding the mental health of their partners, and most described some degree of responsibility in relation to their risk of suicide, particularly where children were involved. For women in this position, concerns regarding risk of suicide equated to concerns that their children might grow up fatherless. This was typically complicated by feelings of anger and resentment related to the offences, and several participants had sacrificed their own needs within the relationship in order to protect their partners:

*Just being like, 'you know, you've ruined, you've ruined our lives, you know, being a family' and all of that. It was very difficult speaking to him cause he was at his lowest I've ever known him to be at. And there'd been a couple of times where I'd had to ring his parents after and say 'can you just go and check that he hasn't done something stupid'.*

Participant 5: Page 7; Lines 351-354

In the context of the overall interview, this paints a picture of someone who was painfully aware that their partner was struggling, but, in light of circumstances, was finding it hard to summon the compassion that would usually come so naturally. Participant 5 described the difficulty of expressing the pain and anger she felt towards her husband because of how fragile she perceived him to be, and spoke of taking steps to mitigate risk on occasions that she had voiced how she was feeling. This concept of involving others in order to 'share' responsibility was common across interviews, with several participants asking others to support their partners when they felt unable to.

Another source of responsibility arose from the fact that, in the majority of cases, participants were the first to learn of the offences and therefore became responsible for informing others. Participants referred to the 'ripple effect' that occurred as others became aware, and spoke of a sense of having contributing to this through being 'the bearer of bad news':

*R: How did his parents react when you told them?*

*P: D'you know what, it was so hard. I felt like I'd, I felt like I'd put a knife through their hearts, I really did [tearful]. Like...he's their world. They absolutely, there's nothing they wouldn't do for him, you know, there's nothing they wouldn't do for any of us [tearful]...so, I just basically told them, 'he's been arrested for this', and, his dad just put his head in his hands and went 'no, no, not my son' [tearful].*

Participant 3: Page 7; Lines 345-356

The imagery of 'putting a knife through their hearts' is violent in nature, and suggests a sense of culpability experienced by the participant in inflicting pain on her partner's family. This was emphasised as she went on to describe how supportive his parents were, not only of their son, but of her and, presumably, her children. She spoke of her father-in-law's despair as he learnt of the offences, and conveyed the impression that, given everything they had invested, she felt her in-laws deserved more.

A number of participants reported that they were placed in a difficult position when it came to decisions around disclosure. For example, Participant 6 described being confronted by members of her ex-partner's family who were unaware of his offending, after he suggested to them that she had ended the relationship for no apparent reason. Participant 1 explained how the initial heartache of informing her husband's family of his suicide was followed by difficult decisions regarding disclosure of his offences:

*His two sons came to see me...and they sat me down and they said to me 'we want to know why our dad killed himself'...so they're, they're grown men,*



*you know, they're not like kids...and I thought, 'well I've got no right to keep that from them', you know, I didn't feel like it was my right.*

Participant 1: Page 12; Lines 574-581

Whilst perhaps not planning to volunteer the information, when confronted by her husband's children, Participant 1 chose to disclose the circumstances surrounding his death. In addition to considering the age of his children, this decision seems to have been informed by a sense of moral obligation. She spoke of other similar situations during the interview, for example the dilemma she faced when a friend asked to keep some of her husband's ashes. In the majority of such cases she felt compelled to disclose the offences, in spite of concerns that people would view her late husband negatively and she might be rejected as a result.

More broadly, all participants described facing difficult decisions when it came to choosing if and how to discuss their partners' offences with wider social networks, and a sense of responsibility regarding the consequences of these decisions. Many referred to the play-off between obtaining support from those around them whilst wanting to protect their families, resulting in a process of 'cherry picking' confidants based on their apparent trustworthiness, their anticipated response, and their perceived capacity to tolerate the nature of the disclosure.

### **Something Needs to Change**

The second superordinate theme emerged in response to anxiety, frustration, disappointment, and injustice expressed across interviews. Participants reported that their own needs were frequently dismissed, and they described a sense that they (and in some cases their partners) had been let down by the system. There was a suggestion that change was needed at multiple levels, and participants spoke of the importance of society 'opening its eyes' to the issue of IIOC offending. Subthemes include; *Collateral Damage, They Need Help, An Inhumane Process, and A Societal Issue.*

### ***Collateral Damage***

All six participants felt there had been a lack of consideration regarding their own needs, typically beginning at the point of arrest. Many described initial search procedures as intrusive and heavy-handed, and felt dismissed, interrogated, and in some cases disrespected, by the police:

*I know they're only doing their job and they're doing a really important job, but, it, it felt very much like they were questioning me...it was 'well, confirm his email address, have you heard about this app on his phone?' 'No'. And, I remember asking a question, 'could it, could his phone or could the internet, I don't know, could it have been hacked in any way?'...I remember one of the officers actually smirking and laughing, and went, 'well, do you?' And I was like 'I'm, I, I, I don't, I don't know'.*

Participant 5: Page 4; Lines 187-194

Whilst Participant 5 could recognise the importance of their role, the way in which the police spoke to her made her feel uncomfortable. When she began to question whether her partner's phone or the internet could have been hacked, she reported feeling almost mocked by the officer. There is a sense that, in her mind, her efforts to make sense of an unfamiliar and overwhelming situation were met with contempt. She later described feeling 'punished' by the way in which professionals interacted with her throughout the process, which she believed was due to the nature of her partner's offending.

Participants also described feeling 'kept in the dark' around matters occurring in their own families, with many reporting that information was withheld from them that they felt they had a right to know, and a sense of having to fight for information. Participant 1 had to make repeated phone calls with various services before she was eventually informed her husband had been arrested; when she phoned the following day she was told he was no longer in custody but it was not until some time later that she was informed he had committed suicide. Above all, participants described how processes following their

partners' arrests left them completely dependent on service professionals, who they felt were often not prioritising their needs:

*Because, you contact social services, you can wait two weeks for a phone call back. If I'm honest, yet again, quite useless, you know. We, we've stuck to all our end and done everything we need to, but they don't do their business, they don't do (inaudible), you know, we've got a good one now, but prior to that it was, it was shocking...so it's constantly having to fight this without getting the help back.*

Participant 4: Page 13; Lines 630-635

This extract communicates the frustration experienced by the participant in response to the way in which things were dealt with. She described finding it unfair that, despite doing everything that had been asked of her, professionals were unresponsive to her needs. Her use of the words 'useless' and 'shocking', and the reference to them 'not doing their business' suggests that, for this participant, there was an expected standard which social services failed to meet, presumably made worse by the severity of the situation and the implications for her and her family. In the context of the wider system, her attempts to resolve the situation for her family felt futile.

All participants expressed some degree of concern in relation to the threat of being targeted as a result of what their partners had done, often causing them to feel unsafe in their own homes. Participants desperately wanted to feel protected by police and treated as victims in their own right, but most felt that services did not respond accordingly. Participant 3 described being referred to as a 'perpetrator's partner' by professionals and informed that 'we don't protect partners, we protect victims'. She, along with another participant, felt that people in their position should have access to a victim liaison officer:

*I said, 'look, what support is there for me and the kids? Like, do I get a police liaison officer to support us or anything?' 'Oh no, we don't put anything like that in place. That's only in child murder cases'. And I was like, I was*

*distraught about the media, it was, you know, I was terrified it'd go in the papers then, after the arrest...I didn't know if me and the kids needed to get out of the house.*

Participant 3; Page 27/28; Lines 1365-1371

The first part of this extract describes someone desperate for support. There is a sense of her questions being met with a response that was almost flippant in nature and minimised the enormity of what she was going through. This is accentuated by the remainder of the passage which reflects how scared she was; in spite of feeling under threat, the implication was that she was not entitled to protection.

In addition to feeling unprotected, it was common for participants to feel unsupported by services in other ways, with several expressing frustration that despite IIOC offences becoming increasingly prevalent, there was still a lack of specialist service provision for families affected. Participants were given the impression that they 'did not fit' and left clueless as to where they could obtain support. This was particularly evident for Participant 1, who was left feeling she had nowhere to turn with her grief:

*P: There's nothing...nothing. And then I went to [name of service], which is suicide bereavement, for people who are left behind, and I was, I couldn't, I, I can't open up here, I, I couldn't open up there.*

*R: What made it difficult to open up there?*

*P: Well sometimes in there, there's people who've been abused...and they've killed themselves cause they can't cope with that. And I thought 'well I'm, here's me, bringing this'. So I couldn't open up there really.*

Participant 1: Page 10; Lines 501-509

For this participant, the specific circumstances surrounding her husband's suicide made her feel uncomfortable seeking support from bereavement services. She was concerned that other group members might struggle to empathise with her position in light

of their own, and that she would be viewed negatively as a result. Again, there is a sense that due to her husband's offences, she would be seen as less deserving of support. Whilst Participant 1 had eventually sought support from LFF and found this beneficial, she described how up until this point she contacted various services only to be informed they were not equipped to help her.

### ***They Need Help***

Four of the six participants reported that they felt their partners required and/or deserved more support than they were offered, either in relation to their offending or in mitigating their risk of suicide. Most viewed the offences as reflective of mental illness or addiction; several felt that their partners had suffered as a result of having nowhere to turn, which they believed had prolonged the offending. Some spoke of cultural attitudes surrounding masculinity and mental health, which they felt had made it harder for their partners to get help.

Participants commonly identified 'the knock'<sup>2</sup> as the point their partners were forced to confront the reality of their actions, having previously experienced some degree of denial or detachment from their offending. They spoke of how 'broken' their partners were following arrest, and several reported that given the circumstances and lack of support, suicide seemed almost inevitable:

*If they have everything stripped away from them...and told, 'you can't have this, you can't have that', there is no hope. They're gonna want out of life, if they haven't got a life to live...and wouldn't we all? If we hadn't got our family, we weren't allowed to do anything, anyone is at risk of feeling like that...and that's where they're failed. You know, let's face it, what the police do is dump a leaflet on your table...and that's it, that's all you get from the police.*

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<sup>2</sup> 'The knock' refers to the moment that police arrive at a residence with a search warrant to seize devices; it is often the point at which an IIOC offender's partner first becomes aware of the offences.

For this participant, suicidal ideation was considered a natural consequence of deprivation and loss faced by IIOC offenders. She felt that it was unethical to deprive IIOC offenders of their basic needs, and she believed they should be offered support. Her use of the term 'we' seems to bridge the gap between 'us' and 'them', and is in opposition to dominant discourses regarding IIOC offending; rather than viewing IIOC offenders as monsters inherently different to the rest of humanity, they are depicted as human beings deserving of support. Her view that men in this situation are 'failed' was echoed by several other participants who felt that the support offered to their partners by services was in many cases insufficient and/or ineffective.

Three participants reported that, in their opinion, their partner's mental health status and risk of suicide was either improperly assessed or managed by police and/or healthcare professionals. This appeared in part related to the specific circumstances, with a sense that professionals were perhaps ill-equipped to support people who had developed suicidal ideation in response to their situation rather than in the context of a mental health diagnosis. This resulted in some participants feeling they had to 'fight' for this risk to be taken seriously, whilst Participant 1 was convinced that her husband would still be alive if things had been handled differently:

*And the, the duty of care for him, they've failed him...to leave him with no phone or, to leave him in the middle of, you know, with all that going through his head...I know he would've got help if he'd been given that leaflet, even though his life was gonna fall apart...and they said 'oh we do a mental health assessment when they come in, we do a mental health assessment when they go'. I said 'he's not gonna tell you...'I'll go out and hang myself'...is he now, he's not gonna do that, he's just gonna go and go 'I'm fine', and he's gonna go and do it'.*

For this participant, the belief that her husband's death could have been prevented was accompanied by a sense of sorrow at the notion that something as simple as being given a leaflet<sup>3</sup> might have resulted in a different outcome. Again, she believed her husband was failed, and her reference to a 'duty of care' suggests she felt services did not fulfil their legal and moral obligation to protect her husband from harm. She portrayed her husband as vulnerable and there is a sense that, given his situation, a more assertive approach was required by police to prevent her husband leaving custody when he might have been at risk of committing suicide. She perhaps also felt that police were not best-placed to conduct this risk assessment; the fact she felt her husband would have sought help from LFF had he been given a leaflet suggests that, in her mind at least, there was something about the role of police or the approach of officers that made it difficult for him to disclose how he was feeling. Other participants also spoke about the provision of services in making it harder or easier for their partners to seek help. Participant 6 described how her ex-husband's anxiety around making phone calls left her feeling powerless, and suggested that some sort of messaging service would have been more accessible. She, along with two other participants, felt that it would have been helpful for professionals to reach out rather than responsibility for contact residing with their partners.

### ***An Inhumane Process***

Five of the six participants felt that legal procedures and protocols surrounding IIOC offending were unethical and inhumane, with this negatively impacting upon their well-being and making it more likely their partners would commit suicide. All spoke of a sense of 'limbo' surrounding their partners' situations, reporting that they had no idea what to expect in terms of their partners' court cases or sentencing:

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<sup>3</sup> The participant is referring to a leaflet developed by LFF, which contains information on how to seek support following arrest. These leaflets are often given to offenders by police at the point of arrest, in part to address suicide risk.

*Just such a long process, and I think that really, is really really damaging...I think that's the bit that really, I think, is probably really really damaging to both sides. His, mine, and surrounding people, because you can't move on, you can't start to change your life really, until you know what needs to be changed.*

Participant 6: Page 16; Lines 776-784

Repeated use of the word 'damaging' emphasises how harmful this participant considered the process to be for everyone involved. Despite having divorced her husband, she could not move on until the trial was over. This was common across interviews, with several participants reporting that it would have been helpful to have some guidance on what to expect following arrest.

The delay between arrest and trial also meant that participants frequently spent long periods with no knowledge of exactly what police had found, which was perhaps particularly difficult for those with children:

*You're stuck in this limbo land for anything from a couple of months to a couple years, and you can't move on with your life. We don't even know, social services won't assess him to come home because we don't even know what the charges are yet, we don't know what he's being charged with...you know, he's, we know ultimately he'll end up on the register and stuff like that, but we've absolutely no idea when that's gonna be.*

Participant 3: Page 16; Lines 773-779

For this participant there was a feeling of 'stuckness' associated with her situation, with several barriers inhibiting adjustment for her and her family. These barriers appeared largely entwined, such that progress in one area was dependent on that in another. In her case, this meant she had no idea if and when her husband would be able to live in the family home, placing her family in a state of purgatory with no obvious end in sight.



As is evident from the previous extract, there was a sense across interviews that a lack of consistency in the way cases were dealt with made things all the more confusing, with many participants reporting that attempts to obtain information through speaking to women in a similar situation left them feeling more confused by variation in outcomes. Those with children commonly felt that service professionals had adopted an overly rigid approach in dictating conditions following arrest. Participant 3 reported that, whilst she understood the need for risk to be adequately assessed, there appeared to be a discrepancy between degree of risk and the response from services:

*And I think that the statistics of, you know, two percent of these offenders go on to commit a contact offence, I think something like three to four percent reoffend. The statistics, and the way things are dealt with, there's no correlation between the two. It's like, 'this is what the research shows, but this is how we deal with it...let's treat all these men like they're contact offenders, even though statistically we know that 90 percent of these men will never harm a child'. Well, there's no correlation between the two.*

Participant 3: Page 35; Lines 1723-1730

This extract conveys a feeling of frustration as the participant reflected on the discrepancy between what she knew of reoffending rates and the way her husband's case had been managed. Several other participants were of a similar opinion that in order to 'tick boxes' regarding risk assessment, social workers had imposed restrictions which, in many cases, caused more harm than good. In most cases, participants perceived social care staff to be well-meaning but uninformed regarding IIOC offences, and many felt that the conditions imposed were influenced by a lack of understanding of the relationship between IIOC and contact offending. Most participants had been educated on IIOC reoffending rates as a result of attending the Inform course (see page 58), and several suggested that service professionals should attend something similar as part of their training.

The issue of media coverage arose on a number of occasions, with participants considering it unreasonable and unnecessary for their partners' offences to be publicised. This appeared in part related to the belief that this perpetuated unhelpful and often inaccurate attitudes towards IIOC offenders, but of particular concern was the consequence of exposure for them and their families. Several participants expressed the concern that media coverage might result in them being targeted by vigilantes, or their children being victimised by peers. Participant 3 described her husband's offences being covered by the media as her 'biggest fear', and Participant 1 faced the possibility of people learning of the circumstances surrounding her husband's death:

*Well there was, they, they did say to me when the inquest comes, there might be a reporter there. But that was like, 'ah please, no, I can't cope with that'...praise God that there wasn't, you know...they did say that they can, they've got the right to go in and sit there and listen...I had that hanging over me, somebody coming into his inquest.*

Participant 1: Page 20; Lines 999-1014

This extract communicates the anxiety faced by the participant in response to the uncertainty of whether her husband's case would become public. Her use of the phrase 'hanging over me' suggests that the 'not knowing' was part of what made her situation so difficult, and it is clear that she experienced immense relief when no reporters attended. Whilst she was informed that reporters 'had a right' to attend the inquest, there is a sense that her own needs were overlooked, placing her in an extremely powerless position.

### ***A Societal Issue***

Five participants spoke about their partners' offences in the context of society more generally. In line with the subtheme *They Need Help*, there was a sense that stigma surrounding IIOC offending meant there was nowhere for people to turn and therefore perpetuated offending behaviour. The impression was one of society 'burying its head in

the sand' in relation to issues of IIOC offending, which was considered understandable given the nature of the crime:

*No one, no one talks about it cause we're all too scared...it's a horrible crime. And it's, you know, porn alone, again, you saw me cringe at the beginning, it's a word we just don't like...no one talks about how much porn they watch in the first place...then adding in a child to that conversation, you know, and that's the sort of thing we're talking about. Everyone just goes 'whoah...let's shut that door'.*

Participant 2: Page 50; Lines 2498-2509

Whilst societal attitudes around talking about sex and pornography were seen to contribute to the reluctance to discuss IIOC offending, there was a sense that 'adding a child to that conversation' was what made these conversations particularly aversive. The participant's use of the word 'scared' communicates a sense of fear specific to conversations about sex that also involve children, and her reference to 'shutting that door' suggests the desire to avoid, something she considers to be a common experience shared by 'everyone'.

Whilst participants could understand others' reluctance to think about IIOC offending, most felt that this was unhelpful for both them and their partners. Several believed that society's refusal to understand the reality of IIOC offending had contributed to a lack of specialist services for IIOC offenders and their families, and those that did exist (including LFF) being poorly publicised. Most participants spoke of the importance of raising awareness of IIOC offending and educating society in order for change to occur. Participant 3 suggested that it should form the basis of a soap opera storyline, and Participant 1 spoke of wanting to place LFF leaflets in GP surgeries, hospitals, and police stations to prevent others from taking the same path as her husband. Participant 4 explained that she desperately wanted to write a book about her experiences in order to raise awareness, but felt she would be vilified for doing so.

For participants who viewed the offences in the context of pornography addiction, there was a sense that punishing men in this position enabled the legal system and wider society to ignore larger issues at play:

*Until they stop porn, the use of porn, this is gonna be the next one, you know. During lockdown, you hear that there's another three hundred men a month being arrested for it...it's gonna get worse. And the issue is that children are growing up with access to the internet, so it's just gonna get worse and worse and worse.*

Participant 4: Page 14; Lines 706-711

Participant 4 reported that, in her mind, her husband's offending was related to the accessibility of regular pornography. This is not to say she did not consider him responsible for his behaviour, but she was of the opinion that the internet was also to blame. The latter part of this extract conveys a sense of hopelessness and despair as the participant reflects on the impact of the internet on future generations. The 'dark side' of the internet was mentioned by several participants, who felt that police effort should be invested in identifying those responsible for creating and distributing IIOC content at source, rather than condemning men who may have viewed images in the context of a pornography addiction or problematic internet use.

### **Adjustment & Adaptation**

The third and final superordinate theme centres around the process of adjustment that occurred for participants in the days, months, and years following their partners' arrests. All participants spoke of experiencing some form of adaptation and acclimatisation, with different challenges to be overcome throughout this process. There was a sense of participants restructuring their lives in order to make space for what had happened; for some this involved making peace with their partners' offences and cultivating forgiveness, whilst for others this consisted of constructing a new life without their partners. Subthemes

include; *Getting Through It, Making Sense: Identity Vs Behaviour, Second Chances?, A New Normal*, and *Silver Linings*.

### ***Getting Through It***

All six participants reported that the period following their partners' arrests was initially focused on survival, with several reflecting that they were unsure how they had managed to withstand the stress of that time. All described having had to tolerate overwhelming distress, and many felt that it had been important to acknowledge and 'make space' for this in order to heal. Participants spoke of the importance of holding onto hope that things would improve; several also felt that hope had allowed their partners to tolerate high levels of distress, thereby reducing their risk of suicide. There was a sense that taking time to make decisions rather than acting on impulse was important, and several participants spoke of focusing on the present in order to manage the pain and anxiety associated with thinking about the future:

*My sister basically lived with me for about four weeks. She was incredible...she told me one day at a time. Every time, every day she told me that. One day at a time, because she knew, when she could see me spiralling...I'd go into, 'what happens in 20 years' time?'...she always told me one day at a time, just take it one day at a time. Don't even go to what's gonna happen tomorrow, don't even, don't think about what your, what your life's gonna be now, just think about what we need to do today, and we wrote a list every day, a list of the things we needed to do, and that's how she got me through the first bit.*

Participant 2: Page 33; Lines 1649-1663

For Participant 2, being prompted to focus on the present helped alleviate some of her anxiety about the future. There is a sense that her sister could see what was happening for her, perhaps due to the closeness of their relationship and the fact she was slightly more detached from the situation. The participant's reference to 'spiralling' communicates

how easy it was to become overwhelmed by panic, with being told to take 'one day at a time' seeming to pause this process, at least temporarily. Her reference to making lists suggests that she found a practical approach helpful for counteracting worry. This was echoed in other accounts, with several participants reporting that adopting a problem-solving mentality allowed them to establish a sense of control over a situation which otherwise left them feeling powerless. Participant 2 appeared to attribute 'getting through' the days and weeks following her husband's arrest in part to the support provided by her sister, with a sense that this was necessary given how paralysing she found the experience.

The importance of support arose across all interviews, with participants reporting that their experiences were hugely influenced by practical and emotional support offered by others. Several participants described finding it difficult to make use of this support initially, for example due to the stigma related to their partners' offences, or a reluctance to accept the position they found themselves in. Most had eventually spoken to friends or family, and/or sought support from LFF or accessed some form of counselling, and there was a sense that talking was important:

*Look after you, your own mental health, rather than concentrating on everybody else first. Have some time to yourself. You know, if you've got children, don't feel bad if you ask somebody to babysit them...before I would have gone no, it's a school night, it's a nursery night, he's gotta be in bed, but, you know, the support's there...have it. Find somebody that you can open up to. I don't know how people do it who don't have anybody to talk to.*

Participant 5: Page 25; Lines 1227-1239

For this participant, it seems to have taken effort to prioritise her own needs, particularly when this involved accepting help or deviating from her usual self-standards. Given the magnitude of the situation and how alien it was, she was forced to adapt her usual way of doing things in order to make space for self-care. She emphasised the

importance of making use of support available, including finding opportunities to 'open up', which she considered crucial for 'getting through it'. In addition to having time alone and talking to others, helpful coping strategies identified by other participants included using a journal, practicing mindfulness, keeping busy, connecting with faith, breathing exercises, focusing on work, and 'going with the flow' as to how they were feeling. Several participants also reflected how 'having a reason to get up in the morning' (e.g. children to care for, a pet to feed) had motivated them to persevere in the face of difficulties.

### ***Making Sense: Identity Vs Behaviour***

For all participants, there was a perceived disparity between what they knew of their partners and their partners' offences:

*I just, I just said to my daughters, I said 'I know this man', I said, 'I actually lived with this man'...you know, it was like, there was, I couldn't put, that, with, with him...I just couldn't, I couldn't, it was so surreal, I just can't. I couldn't put the two together...it was just [husband's name], it was just the man I was married to, it wasn't, it just didn't seem like the same person...You know, he was, he was, I just still couldn't make sense of it.*

Participant 1: Page 12; Lines 591-600

This extract conveys a sense of confusion as the participant struggled to reconcile her perception of her husband with the offences he had committed. Her description of her husband as 'just the man I was married to' suggests that prior to his arrest she perhaps had a fairly straightforward view of him, which was called into question when she became aware of his offences. There is a sense of her initially trying to convince others that, whilst she might have been unaware of her husband's offending, their connection was still genuine. This was evident throughout the interview, with her making several references to the quality of their relationship prior to his death.

A need to 'make sense' was echoed by other participants, who felt compelled to understand how the men they knew could be capable of such offences. This was typically achieved by conceptualising the behaviour as a response to, for example, mental health difficulties, pornography addiction, or a sexual abuse history, as opposed to a sexual interest in children. This process sometimes enabled an offender's behaviour to be reconciled with their identity in a way that allowed the participant to remain in the relationship, particularly when their prior experience of the relationship was positive and their partner accepted responsibility for his actions:

*What I, what I don't think people always get, Lauren, is that you're never gonna con-, forgive and condone that behaviour. It's about separating the person from that behaviour...because you accept somebody, doesn't mean that you're saying what they've done is okay...I'm never going to say that's okay. I've told him a hund-, a million times, 'this is never gonna be okay with me'. And he says 'it's never gonna be okay with me either'. He hates what he's done, he's disgusted by what he's done.*

Participant 3: Page 13; Lines 622-630

For this participant, in order to remain connected to her husband, it was necessary to make a distinction between the person she knew and his offending behaviour. She was keen to clarify that accepting him as a person did not mean she was condoning his behaviour, and there is a sense that this needed to be stated explicitly for fear that others might accuse her of minimising his offences. She described how this perspective was shared by her husband, and there is a feeling of them taking ownership of this position together. These ideas arose on several occasions throughout the interview, with the impression being that perhaps it was possible for someone to commit these offences whilst remaining an inherently 'good person' at heart. This concept also appeared important for offenders themselves, with several participants reporting that their partner was only able



to overcome the self-hatred they initially experienced by separating their actions from their identity.

For other participants, the nature of the offences irrevocably altered their view of their partner in a way that prevented reconciliation. For Participant 2 in particular, learning of her husband's behaviour made her question his entire identity and the history of the relationship, the result being that she was left feeling she was married to someone she did not know:

*The social workers kind of have to play devil's advocate...you know, 'do your children not need...are you sure some sort of contact wouldn't be good?' Well, in my mind, he's not his dad anymore, because he's not the same person.*

Participant 2: Page 26/27; Lines 1313-1327

This extract conveys how, for Participant 2, her husband's entire identity changed when he engaged in IIOC offending, with this altering her view of him as a husband. In addition, his offences led her to question his identity as a father, with this forming the basis of her decision to stop contact between him and their children. For participants in this position, there was a sense that being able to hold onto positive memories of the past was important. Participant 2 later described how, whilst her initial reaction was to 'trash' the entire relationship, she had come to realise that 'it wasn't all a lie', which had been an essential part of the healing process. Participant 1 described a similar process of initially struggling to grieve someone who, in many ways, felt like a stranger. She recalled her daughter advising her to 'just grieve the man you loved', which she felt had later allowed her to preserve positive memories and her sense of her husband outside of his offending.

All participants described a 'need to know' when their partners' offences came to light; in order to integrate their knowledge of their partners with the news of their offending, they needed answers. Often this involved questioning their partners directly

regarding the nature of the offences, or asking police what had been found on their partners' devices. Several participants had accessed support via LFF or accessed material on pornography addiction in an attempt to better understand IIOC offending. All spoke of how beneficial they had found speaking to other women in a similar situation, both in promoting solidarity and obtaining information.

### ***Second Chances?***

A common dilemma for participants in the aftermath of their partners' arrests related to making decisions around forgiveness and reconciliation. At the point of interview Participant 2 and Participant 6 had both divorced their partners and had limited contact, Participant 3 and Participant 4 were still with their partners, and Participant 5 was unclear about the future of the relationship but open to the idea of remaining married. All described having had to make painful and difficult decisions regarding the future of their relationships, with this process complicated by a range of factors. In keeping with the previous subtheme, there was a sense that forgiveness came easier for participants who had come to view their partners as 'good men who did bad things':

*P What made me stay? Is that what you're asking?*

*R Yeah, what made you stay?*

*P Because there is no better man for me. There is no better man as a, a father figure to my daughter...you know, everything he offers in life. Yes, he'd, he'd done this. But I don't believe that he's attracted, and if I did believe he was attracted it would be different.*

Participant 4: Page 8; Lines 380-386

For this participant, there is a sense that ending the relationship would be wasteful; whilst she acknowledged his offending, she felt he still had a lot to offer as a husband and father figure. There is almost a sense of a cost-benefit analysis being performed, with the implications of her partner's offending offset against his positive qualities. Crucial to this process was conceptualising his behaviour as the result of addiction rather than

paedophilia, with this permitting continuation of a relationship which would otherwise have ended shortly after his arrest.

Conversely, for participants who had come to question whether they really knew their partners and had doubts as to whether they were in fact 'good' people, reconciliation became more difficult. This also appeared influenced by offenders' reactions in the weeks and months following their arrests; whilst some participants reported that their partners were remorseful, others felt that they saw a different side to them:

*It was sort of like all those little things that sort of came out further and further along the line...so for me it was a lot of trust just constantly being broken I think. And, I think both of us finding out another side of him, as such. So like, how I've sort of viewed it is, there's a darker side to him, that's not really okay. And, the more he's acknowledged that, the less of who he was was there as such? So like, before he was really caring, kind, considerate, but I mean, it was months before he even asked how I was.*

Participant 6: Page 4; Lines 186-196

This extract conveys the betrayal experienced by Participant 6, not only at the point of her husband's arrest, but as more information came to light. From her perspective, the detachment he had experienced in relation to his offending behaviour became replaced with denial at the point of being arrested. There is a sense that this position became less workable as more information came to light; whilst he was eventually forced to confront his behaviour, it concerned her that he seemed unable or unwilling to take responsibility for what he had done. She paints a picture of the person she knew becoming gradually eroded as a 'darker side' became more prominent, with her husband almost surrendering to this position over time. She later reported that he blamed her for ending the relationship and him feeling suicidal as a result, which had reinforced her view that he was unable to accept responsibility for the consequences of his actions; whilst she was

invested in the relationship and took her marriage vows 'very seriously', she was left feeling that the relationship could no longer work.

The importance of honesty arose across interviews. Several participants reported that they were only able to forgive their partners because there were 'no nasty surprises' (Participant 4) from the point that they confessed, and others attributed the ending of the relationship at least in part to the fact that their partners were not immediately forthcoming at the point of arrest. Participant 2 reflected that she might have been able to forgive her husband if he had been honest when she first asked him if he was guilty of the offences, though she later concluded that this would probably have made no difference. Based on the nature of the offences he committed, she made the painful decision to end the relationship:

*That was the end of our 18 years together and it was massive. But yeah...it was just, it was devastating...[tearful] sorry...that was a really horrible moment...because although we were done before that, and we were done that day of the call, when I found him out, that was our last moment....it was the end of our fairy tale. And that was, it was just letting go of my life as I knew it...and letting go of this wonderful fairy tale we'd had, and that I'd never experience that same love again.*

Participant 2: Page 25/26; Lines 1262-1300

This extract conveys the heartache the participant experienced when recalling what she considered to be the 'last moment' of her and her husband's relationship. The participant's portrayal of the relationship as a 'fairy tale' and her reference to how long they had been together highlights the magnitude of the relationship ending. This participant described having to subsequently grieve not only the relationship, but the life that she knew, and the 'happily ever after' she had envisaged.

Whilst some participants were still with their partners and others had ended their relationships, Participant 5 was in a different position. For her, confusion and uncertainty

regarding the future of the relationship added to her sense of unease and left her feeling pulled in different directions. In keeping with other participants' accounts, there was a sense that this was made more difficult due to a fear of rejection from others:

*In my head, I, and I still am now, I'm battling, I think, what I want, what I think people expect me to do...I know it's my life, and it's easier said than done, when you say 'don't worry about what other people think', but it's...a lot harder when you're the one that's sat here thinking what could happen.*

Participant 5: Page 12; Lines 592-598

For this participant, making a choice about the future of the relationship resulted in an inner struggle, with the word 'battling' conveying the difficulty of this decision. Choosing to remain in the relationship meant risking negative judgement from others, perhaps making it more difficult to identify how she really felt about the situation. Whilst she could appreciate that the decision was ultimately up to her, she described how it was 'easier said than done' given potential repercussions. Towards the end of the interview she reported that she was hoping to become 'stronger' in order to put the opinions of others 'to the back of my head', again emphasising the role of social factors when making decisions about the relationship. Other participants who were perhaps further along this process described having navigated similar difficulties, with Participant 3 advising others in her position: 'don't let other people dictate, or make, you know, conditional offers of support...because, it's your life ultimately.'

### **A New Normal**

Four of the five participants spoke of having adapted their lives in order to accommodate what had happened. Whilst this was portrayed as a process which occurred over time, there was a sense that at some stage a 'new normal' had been established. For those remaining in relationships, this involved adapting elements of their partnerships and making practical changes, particularly where children were involved. Several participants

spoke of 'making the best of it', and there was a sense of trying to maintain as much normality as possible whilst having to accept that things had changed:

*When he was only seeing them, you know, twice a week or something like that, they, they packed a bag of books for him, and he would read them their bedtime story over WhatsApp, like, video call. So I would sit there with my phone and he'd be reading their story. Cause we would, yeah, even down to reading the bedtime story, the four of us would sit together and read it.*

Participant 5: Page 19; Lines 931-935

This participant described how she and her husband found ways of adapting their usual routine as a family in response to their newfound circumstances. Her reference to 'the four of us' conveys a sense of togetherness, which was maintained despite a very challenging situation and practical barriers to spending time as a family. This was only possible as a result of technology, which, in this case, appears to have facilitated connection and closeness between the participant, her husband, and their children.

Whilst participants commonly used technology to communicate with their partners in the wake of their arrests, several also described how, in light of their partners' offences, they had made a conscious effort to reduce the use of the internet and technology within their families. There was a sense of 'getting back to basics', with more time spent outside the home as a family:

*I think technology has had a big impact on, you know, people losing that emotional connection. Getting outdoors has been a massive thing. During the Summer we were going out every weekend, sometimes on days off and stuff, you know...going for walks, just getting fresh air. Nature. It's just been really lovely.*

Participant 3: Page 21; Lines 1042-1047

For this participant, technology was viewed as a barrier to people establishing a connection with one another. In contrast, 'getting outdoors' appears to have helped her to feel connected as a family, with her use of the word 'massive' communicating how important this was in the months following her husband's arrest. She gives the impression of having developed a newfound appreciation for everyday activities as technology began to play a less significant role within family life.

In line with the importance of emotional connection, several participants described how talking about emotion had become more commonplace within their families. This initially seemed purposeful and driven by concerns regarding the well-being of their children, and was often a necessary part of explaining how and why things had changed:

*We talk a lot about our feelings in the house now...we went down the line, along the lines that Daddy's brain wasn't healthy. As in, you know, you've got to, you've got to keep yourself busy, you've got to talk about how you're feeling so your brain doesn't get that sad, and that. So we said that, you know, Daddy needed somewhere where it was a bit quieter, and needed some time to go and find how he can make his brain happy and healthy again, and, that kind of, that kind of route. I think it's just become their norm now.*

Participant 5: Page 18/19; Lines 913-923

For Participant 5, talking more about emotion appears to have started as a result of speaking to her children about her husband's offences. Her reference to 'going down the line' and use of the term 'we' suggests that this way of describing what had happened was a conscious decision, presumably made in consultation with her husband. Whilst a difficult conversation to have, this appears to have presented an opportunity for educating her children around mental health, similar to the experience of Participant 2 (page 70). Whilst initially necessary in order to explain the absence of their partners, conversations of this nature appear to have become more embedded over time; there was a sense of a cultural

shift having occurred, with 'emotion talk' becoming a more prominent part of family life. At the end of the extract the participant mentioned how she felt the change in circumstances had become 'the norm' for her children. The idea of children coping with change was discussed on several occasions; some participants felt their children had adapted relatively well, whilst others had experienced difficulties in this domain.

Comparing across interviews, it was evident that participants were at different stages with regards to whether or not some sort of normality had been achieved, with this evoking a range of responses. For example, Participant 5 was left questioning whether or not she was 'allowed to feel normal' when spending time with her husband and their children, reporting that this made her feel guilty. The impression was that for those further along the process, some kind of normality had resumed, although this had not necessarily been easy to achieve:

*My advice to other people in my situation with children, would be to continue to fight. For your family or for what you want...and have hope that it will return to normal, you know, you have to go through that transitional period of it not being normal life. But just fight for it.*

Participant 4: Page 18; Lines 907-911

For this participant normality seemed to represent one of the end goals, in a way constituting a reward for having navigated the 'transitional period'. There is a sense that she considered this particularly relevant when children were involved; within the context of the wider interview, this was likely related to her recognition of this as a complicating factor that made achieving normality more difficult. As mentioned, the importance of hope was discussed fairly frequently across interviews, with the impression here being that it helped motivate action. Repeated use of the word 'fight' indicates that, for this participant, achieving some semblance of normality required determination, courage, and strength.



### ***Silver Linings***

Despite finding the situation very difficult, two participants spoke of positive outcomes or 'silver linings' that they had experienced since their partners' arrests. For these women, the situation helped them appreciate 'the little things' previously taken for granted:

*I think everybody in life, you get so caught up with 'oh I'm going on holiday in three months' or, you know, 'it's Christmas in two months', and, it's all looking forward, looking forward. And sometimes people don't appreciate what they've got in the moment until it's all sort of took away, which it was with us [tearful]. And then it makes you go, you know, sometimes even going the park with the kids, it's just, it's not something I thought we'd ever be able to do again.*

Participant 3: Page 20; Lines 980-985

For this participant, the situation with her partner resulted in her recognising the value of seemingly everyday events. Something as simple as taking her children to the park with her husband took on new meaning having at one stage been faced with the prospect of this never happening again. Whilst there is a sense of gratitude associated with being able to appreciate what she had, there is also a feeling of sadness, perhaps in recognising the loss that led her to that point. There is almost a sense of the participant wishing to share what she had learned with others, with the message being to appreciate what one has in the present moment. This process of sharing knowledge was evident across interviews; participants often spoke of lessons they had learned in relation to their specific circumstances, before generalising them to other situations.

The same two participants also reported that they had noticed positive changes in their partners and their relationships. They felt that their partners had benefited from being forced to confront and address the issues underlying their offending, which had made them more available emotionally. Participant 3 described how this had resulted in

her relationship with her husband becoming 'much healthier', adding that other women she had spoken to had said they 'wouldn't change the version [of their husband] they have after the knock to the one they had before'. Participant 4 reflected positively on the progress her husband had made:

*He's doing good. Now. Where he's come, I'm, I'm proud of the man he's become. And how far he's come, from that...he's doing a wonderful job.*

Participant 4: Page 13; Lines 642-645

For this participant, looking back over the time since her husband's arrest allowed her to recognise the progress he had made, as she acknowledged 'how far he's come'. This appears to have been a long process, with a clear distinction made between who he was at the point of arrest and the man he had become. Her husband is portrayed as someone on an ongoing journey of growth and self-development, and the participant's reference to a 'wonderful job' suggests that she viewed this process as requiring effort, perhaps reinforcing her sense of pride at what he had achieved. She later described how she and her husband had 'to fight to be together', with a sense of them becoming united in the face of adversity.

## **Discussion**

The primary aim of this study was to investigate the experiences and perspectives of female partners of male IIOC offenders in order to develop a better understanding of how women in this position understand and respond to their partners' offences. In addition, it aimed to consider how women make sense of and react to their partners developing suicidal ideation, or attempting or committing suicide following arrest for IIOC offences.

Interview data from six current or previous partners of IIOC offenders was analysed using Interpretative Phenomenological Analysis (IPA). Three superordinate themes were

identified, including *A Living Nightmare*, *Something Needs to Change*, and *Adjustment & Adaptation*. Findings will be discussed in relation to the aims of the study and relevant literature, followed by an overview of limitations, implications, and research recommendations.

**Primary Aim: To develop a better understanding of the experience of female partners of male IIOC offenders.**

Participants were horrified to learn of their partners' offences, with this moment representing the point at which their lives permanently changed. For participants whose partners did not immediately confess to the extent of their offending, the stage at which they admitted culpability represented an additional moment of crisis. The implications of their partners' offences were far-reaching, and affected every aspect of their lives. These findings are in line with the subtheme 'legacy of partner's offending' identified by Cahalane & Duff (2017), whereby partners of child sex offenders described experiencing significant stress, emotional vulnerability, and the loss of family life as they knew it. All participants described conflicting feelings and a sense of losing the person they thought they knew, consistent with previous studies (e.g. Philpot, 2008).

The concept of responsibility arose across all interviews, with participants often responsible for informing others of their partners' arrests. The nature of the offences made it particularly difficult to discuss what had happened with their children, and telling people about the offences resulted in a feeling of having 'contaminated' others. Whilst it was necessary for women to disclose their partners' offences in order to obtain practical and emotional support, they were left at risk of judgement and rejection. Whilst studies of other 'problem' behaviours, such as gambling (Patford, 2009) and substance misuse (McCann & Lubman, 2018), have found that partners anticipate negative appraisal and therefore select their confidants carefully, results from the present study indicate that

societal attitudes towards IIOC offending made the process of confiding in others particularly difficult.

Participants frequently described having to make life-altering decisions which would inevitably affect everyone around them including their children. Often, these choices were time critical (e.g. deciding what to tell their children at the point of their partners' arrests), and had to be made with limited information, in the context of extreme confusion and distress. Whilst each of these decisions would ultimately have a significant impact on their future circumstances, the true magnitude of these early choices only became evident with hindsight. For example, Participant 4 explained how her initial decisions regarding disclosure were based on an assumption that her husband was innocent, with her regretting these decisions when she realised his involvement in the offences.

All participants described feeling unsupported, and in many cases, disrespected, by services. This is in line with results from a previous study by Cahalane et al. (2013), which found that female partners of child sex offenders expressed negative attitudes towards services ostensibly designed to offer support. In particular, participants described feeling blamed by social services, and it is perhaps discouraging that similar narratives have emerged from the present study almost a decade later. Crucially, participants in the present study believed that they were treated this way because professionals viewed them as complicit with their offending partner by association, whilst they considered themselves innocent bystanders deserving of support. In addition to feeling accused and undermined, participants felt that this discrepancy between their perception of the situation and the way they were viewed by professionals resulted in services overlooking their need for protection. Several felt that more should have been done to protect them and their families in the aftermath of their partners' arrests, and were left feeling vulnerable and alone as a result. Studies of the general population suggest that partners of child sex offenders are indeed viewed negatively as a result of their association with their offending

partner (Plogher et al., 2016; Martens & Stewart, 2020). Whilst there is a lack of research into how social workers view partners of IIOC offenders specifically, studies of social worker attitudes towards domestic violence cases suggest that female partners are often considered at least in part responsible for perpetrators' behaviour (Witt & Diaz, 2018).

In terms of support offered to IIOC offenders, all participants felt that more could have been done to help their partners. Most believed that the nature of their partners' offences had caused services to adopt a punitive approach, in part due to overestimating the risk their partners posed. Participants felt this was partly due to a lack of understanding within services; whilst they felt that factors such as mental illness and pornography addiction had underpinned their partners' offences, they reported that services treated their partners as paedophiles. While professional bodies such as police and social services have to make extremely difficult decisions and must take threat of risk seriously, research does show that IIOC offenders are at relatively low risk of reoffending, with recidivism rates of approximately 1% for contact child sexual offences and 3% for further IIOC offences over a follow-up period of six years (Seto et al., 2011). A meta-analysis combining IIOC offenders and child contact sex offenders also offers some support for the notion that an underlying sexual attraction to children is not sufficient in explaining all IIOC offences (Babchishin et al., 2015). In order to address the issues underlying their offending, all participants wanted their partners to receive support, with several having already started the Inform Plus course<sup>4</sup>. Research on psychoeducational programmes for this subgroup of offenders indicates promising results; in addition to targeting offence-specific processes, there is evidence that these programmes lead to improvements on mental health measures such as depression and anxiety (Gillespie et al., 2018), which were identified by all participants as having played a role in their partners' offending.

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<sup>4</sup> The Inform Plus programme is a 10-week course for groups of 6-10 individuals which aims to prevent further IIOC offending.

Participants identified inconsistencies in the way that IIOC offences were dealt with by the legal system as damaging for themselves and their partners, with the length of time between arrest and sentencing placing their families in a state of 'limbo'. In addition, they felt that the threat of media exposure was damaging for them and their partners, consistent with previous research (Key et al., 2017). There is evidence that the media influences public opinion of other sexual offences, with an over-representation of sexual crime and hostile reporting strategies exaggerating punitive reactions to sexual crime already existent within public thinking (Harper & Hogue, 2015). Participants in the present study feared that media coverage of their partners offending placed them and their children at risk from vigilantes, which is perhaps understandable given their circumstances (Tewksbury & Levenson, 2009). This remained the case for participants who had separated from their partners, suggesting that ending the relationship and distancing themselves from their partners did not prevent them feeling vulnerable.

Participants frequently described feeling they had nowhere to turn for support, highlighting a gap in service provision for people in their situation. Whilst they had benefited from contact with LFF, they described a lack of support from other services, consistent with previous research (Key et al., 2017). In terms of the support that was available, several participants described a need to 'fight' for their situation to be taken seriously by professionals. This in line with research by Brogden and Harkin (2000), which concluded that partners of child sex offenders represent '*unrecognised victims*' (p. 100), deserving of tailored support.

All participants described some form of adjustment and adaptation following their partners' arrests, whereby their lives were reconfigured in order to accommodate what had happened. Key to the early part of this process was approaching issues one at a time and making use of support available. In particular, all participants had benefited from speaking to other women in a similar situation, originally via a forum on the LFF website.

Not only had this provided somewhere to turn for support and information, but it facilitated a feeling of solidarity and understanding that could not be found elsewhere. This reinforces the benefit of peer support for people going through crisis (Loumpa, 2012), including partners of child sex offenders (Cahalane & Duff, 2017).

Whilst the behaviour itself is clearly very different, there were apparent parallels between participants' descriptions of their experiences and literature on how people respond to infidelity. From their interviews with individuals who had experienced infidelity in their relationships, Abrahamson (2012) found that initial turmoil was often followed by a decision-making process with regards to the future of the relationship, with meaning making key to this process. All participants described a process of 'sense making' in relation to their partner's offending, which was particularly difficult for Participant 1 because she was left with so many unanswered questions after her husband's suicide (Hoffer et al., 2010); for her, analysing her husband's suicide note was the equivalent of other participants questioning their partners. The majority of the sample concluded that their partners had accessed IIOC content as a result of pornography addiction, mental health difficulties, or situational factors, mirroring the accounts of IIOC offenders themselves (Winder et al., 2015). Being able to integrate their knowledge of *what their partner had done* and their sense of *who their partner was* appeared critical in order to process what had happened, particularly for women who chose to remain in the relationship. This is in line with the study by Cahalane & Duff (2017), which found that one of the main challenges for women was *"to come to terms with the fact that their partner was not the person they thought they had fallen in love with"* (p. 71). As in the present study, this was particularly challenging for women who reported a positive relationship with their partners prior to their arrests, presumably due to greater incongruence between their perceptions of their partners and the nature of their partners' offences. Participants reported that it was also important for their partners to be able to separate their sense of self from their behaviour;

whilst some denied their offences and others entered a state of extreme self-loathing, finding some way of reconciling their perceived identity with the reality of their offences was important. Participants who felt their partners had taken full responsibility for their offences reported that they appeared more motivated to make changes. This is in keeping with research suggesting that in order to overcome denial, sex offenders must establish a congruent sense of self which incorporates their offending behaviour (Blagden et al., 2011).

Whilst participants were confronted with a multitude of complicated choices in the aftermath of their partners' arrests, deciding whether or not to remain in the relationship proved particularly difficult. All participants viewed both their partners and their relationships positively prior to their partners' arrests, suggesting that this alone did not influence these decisions. In fact, although participants who chose to remain with their partners cited the quality of their relationships as a reason, so too did Participant 2, who chose to end the relationship. For some women, their positive experiences of the relationship made it worth fighting for; for her, it made her partner's offences too painful to forgive. The importance of honesty arose across all interviews, with participants better able to forgive their partners if they immediately disclosed their offences following arrest. This is consistent with evidence that romantic relationships are more likely to recover from one partner engaging in an extra-marital affair when the partner's disclosure is 'immediate and complete' as opposed to 'staggered' (Allen et al., 2005). As such, the way in which IIOC offenders reacted once their offences came to light appeared to have more bearing on the future of the relationship than the offences themselves. Whilst all participants ultimately appeared able to make decisions about the relationship based on their own beliefs and values, most described feeling influenced by the responses of others and one participant reported that her family had initially made 'conditional offers of support' (i.e. agreeing to support her only if she left her husband). Other transgressions such as domestic violence and infidelity can evoke similar reactions, with women in these situations sometimes



feeling judged for choosing to remain with their partners (Abrahamson et al., 2012; Sylaska & Edwards, 2014). What perhaps differentiates them from partners of IIOC offenders is that, whilst deemed unhelpful, this response is generally considered to have stemmed from concern. In contrast, participants in the current study felt that negative reactions they encountered were based on others' anger, revulsion, and, above all, a reluctance to attempt to understand. In several cases this resulted in participants feeling let down and rejected by people they would usually turn to for support.

Cahalane & Duff (2017) identified normality as a pertinent theme from their study of partners of child sex offenders, with half of their participants expressing a desire to return to 'normal' family life. Whilst participants in the present study also expressed a desire for things to return to normal, there was a sense that this was not always possible and a 'new normal' was constructed instead. Whilst not endorsed by all participants, some women actually felt that their relationships with their partners improved following their partners' arrests. In particular, there was a sense of increased emotional connection, perhaps in part related to having completed courses facilitated by LFF. Dervley et al. (2017) interviewed men who had completed the Inform Plus programme run by LFF (see page 101) along with their partners, with similar accounts of enhanced closeness reported by partners. Women in the present study also described positive changes they had experienced personally, such as increased strength and courage. These findings provide tentative support for a process akin to post-traumatic growth (Tedeschi & Calhoun, 1995), also noted by Cahalane & Duff (2017). This was most apparent for two women in the sample, both of whom had remained with their partners. In both cases, their partners had been arrested some time previously in comparison to other participants' partners; it is therefore possible that, regardless of relationship status, other participants might experience something similar in future following a longer period of adjustment.

**Secondary Aim: To understand how female partners of male IIOC offenders attribute meaning to their partners' suicidal experiences and behaviours following arrest and how they cope with the situation themselves.**

Participants in the present study typically considered that their partners had become suicidal as a result of having to confront their own behaviour, which was deemed 'out of character' and not in line with their partner's usual values. This was perceived to have resulted in significant shame for offenders, with suicidal ideation believed to have emerged as a consequence of both self-hatred and loss (e.g. of family life as they knew it, relationships, employment, status, etc.). In the same way that participants needed to find some way of reconciling what they knew of their partners with the offences they had committed, there was a sense that a similar process was necessary for offenders themselves. Accepting what they had done whilst remaining connected to the part of themselves which was 'good' was perceived to have enabled some form of self-forgiveness for offenders, thereby reducing their risk of suicide. Considered within the context of the Interpersonal-Psychological Theory (Joiner, 2005), this is in line with findings that self-forgiveness moderates the relation between perceived burdensomeness and suicidal ideation in non-offender samples (Cheavens et al., 2016). Most participants also mentioned the importance of hope in sustaining their partners following arrest, which is consistent with research that shows hope for a positive future negatively predicts suicidal ideation in other populations (Clement et al., 2020).

Most participants felt that their partners could have, and in many cases should have, been better supported by services in order to minimise risk of suicide once their offences came to light. The implication was that support that should have been offered was not provided at least in part because offenders were deemed undeserving as a result of the nature of their offences. Genuine and anticipated consequences of media involvement was also cited by participants as playing a role in their partners' suicidality, as was uncertainty

surrounding the legal process following arrest. This is consistent with the study by Key et al. (2017), which found that LFF helpline operators considered public exposure and 'limbo' surrounding sentencing as key risk factors for IIOC offender suicide. Whilst participants did not generally feel their partners' offences were related to a sexual interest in children, research into media portrayals of paedophilia indicate unrealistic and often unhelpful depictions of these individuals in a way that prevents them from seeking support and exacerbates their risk of suicide (Stelzmann et al., 2020). This was mentioned by several participants who felt that greater responsibility should be taken by the media when reporting IIOC offences.

All participants emphasised how difficult it was coping with their partners' suicidal behaviours in the context of already struggling to come to terms with the offences. One of the key challenges participants faced was feeling responsible for preventing their partners from acting on thoughts of suicide. Whilst family members of suicidal individuals often experience hypervigilance and a sense of burden in relation to their efforts to keep their relatives safe (McLaughlin et al., 2014), participants in the present study described how this was complicated by the negative feelings they were harbouring towards their partners as a result of their offending. Additionally, participants commonly felt that services were not assessing and/or managing suicide risk appropriately, placing them in a position where they felt they had to fight for this risk to be taken seriously.

Whilst only one participant in the current study had lost her partner to suicide, she provided a rich account of the difficulties faced when attempting to come to terms with her husband's offences at the same time as processing his death. Hoffer et al. (2010) suggest that the grief experienced by individuals who lose someone to suicide after arrest for child sex offences is complicated by unanswered questions and, in many cases, feelings of anger and/or guilt. This was clearly true for Participant 1, who described how feelings of confusion, regret, and devastation left her feeling paralysed. Bereavement as a result of

suicide carries its own stigma (e.g. Feigelman et al., 2009), which, for partners of IIOC offenders, is likely compounded by knowledge of their partners' offences. This was evident for Participant 1, who found seeking support in relation to her husband's death more difficult as a result. Given the general gaps in provision for people bereaved by suicide (Pitman et al., 2016), it makes sense that people in this position would feel especially unsupported with regards to their grief.

### **Limitations**

There are a number of limitations to this study, perhaps the most obvious being the small sample size. Initially, the study intended to recruit relatives of IIOC offenders as well as partners, and LFF anticipated that a larger sample would be attainable. Unfortunately, few of their clients were eligible, and of those that were deemed suitable several declined or were uncontactable. Data from one participant (the mother of an IIOC offender) was also excluded retrospectively in order to maintain sample homogeneity for the purpose of analysis. This participant's account also differed quite markedly, with her speaking about the role that undiagnosed autism may have played in her son's offending. Whilst this would have been an interesting avenue to explore, it was felt that including her data would make it difficult to generate coherent results because her focus was so different to that of other participants.

The concept of generalisation in qualitative research is much contested, and this study did not aim to arrive at an understanding that could be applied to all partners of IIOC offenders. However, it is important to determine the extent to which findings are relevant beyond the specific sample. Lewis et al. (2013) suggest considering findings from qualitative analysis in relation to different principles of generalisation, including representational and inferential generalisation.

Representational generalisation refers to the extent to which findings are considered equally true of the parent population; in this case, current or previous partners

of suicidal IIOC offenders who had received support from LFF. In qualitative research, this is the degree to which the nature and breadth of phenomena being investigated are reflected and conceptualised. This study initially planned to recruit participants whose partners had committed suicide, but inclusion criteria were broadened after it became apparent that it was going to be difficult to obtain an adequate sample. In hindsight, this appears to have allowed for a more comprehensive understanding of partners' perspectives across time, and hopefully the way in which themes were identified and organised provides a rich and coherent account of participants' experiences. Whilst this perhaps helps compensate for a smaller sample size, the fact that not all eligible participants agreed to participate means that the sample was comprised of women willing to discuss their experiences for research purposes. It is likely that this may have influenced results, for example around disclosure and the importance of raising awareness of IIOC offending.

Inferential generalisation refers to the extent to which findings can be inferred to other settings or contexts; in this case, partners of suicidal IIOC offenders more generally. Recruiting via LFF means that the sample was perhaps weighted towards individuals more likely to seek support when compared to other partners of IIOC offenders, likely to hold specific attitudes around help-seeking not necessarily shared by other women in their situation. For example, there may be a link between how participants were recruited and the fact that most reported that they found talking to be a helpful coping strategy. It should also be noted that, in addition to accessing the Stop It Now! helpline, some participants had completed the Inform course (see page 58), and it is likely that this influenced their responses. Several participants also knew one another and Participant 4 expressed an interest in taking part having been informed of the study by a friend; it is therefore possible that personal relationships existing between participants limited the diversity of the sample.

Finally, results from this study should be considered within context. Interviews took place towards the end of 2020 in the midst of the Covid-19 pandemic, and several of the participants' partners had been arrested within the previous year. Issues pertaining to threat of illness, a national lockdown, and the impact on service provision may therefore have influenced accounts.

### **Implications & Research Recommendations**

There are several implications to this study. With regards to the primary aim, despite being extremely distraught following their partners' arrests, participants commonly felt disrespected by police, and/or felt social workers harboured negative attitudes towards them, did not understand IIOC offences, and were unaware of the support offered by LFF. Whilst the police and social services primarily have a duty to assess the risk that IIOC offenders pose to children, the impact on partners of IIOC offenders should not be overlooked. People in this position are extremely vulnerable and would benefit from being treated as indirect victims of their partners' offences, regardless of whether or not they remain in the relationship. Participants in this study could generally understand and appreciate the actions taken by authorities, and a respectful, honest, and transparent approach from professionals therefore seems most important. Future research could explore the attitudes that police and social workers harbour towards partners of IIOC offenders, as well as the role of organisational practices such as supervision and reflective practice in influencing their approach.

Participants in the present study had no knowledge of processes related to the criminal justice system or social services involvement following their partners' arrests, and frequently felt that they were signposted to individuals or services that were not equipped to help them. Partners of IIOC offenders require information on what they can expect with regards to the investigation so that they can seek support accordingly. Partners of IIOC offenders should have access to tailored input from professionals with specialist knowledge

of IIOC offending who can support them to process their experiences and make their own decisions. There currently appears to be a lack of such services, and those that do exist (such as LFF) require increased funding in order to meet demand. In addition to working with trained professionals, participants described how they had benefited from speaking to other women in their position. Whilst LFF facilitate a forum for family and friends of IIOC offenders, this can be viewed by anyone online and may therefore feel exposing. A support group would offer a safer, more intimate space for people in this position to connect; future research could evaluate such an intervention, perhaps facilitated alongside the Inform programme.

Given the extent to which participants felt they had benefited from support offered by LFF, increased awareness of LFF within society would be helpful for increasing accessibility of support. This may be particularly relevant for women who have limited contact with police and social services, such as those without children and those no longer in contact with their partners. Participants also felt that increased awareness of LFF at a societal level would enable IIOC offenders to seek help in relation to their offending behaviour, although the extent to which a lack of awareness of support is what prevents IIOC offenders from seeking help is unclear. Research suggests that IIOC offenders typically distance themselves from their offending behaviour using strategies such as denial, minimisation, and justification (Winder & Gough, 2010), which would suggest that increased awareness of support services alone would not be sufficient. Increased awareness of the consequences of IIOC offending (i.e. the fact it creates a market for sexual abuse of children) is perhaps more relevant, although this needs to be considered alongside research into the role of negative affect (including shame) both as a perpetuating factor in IIOC offending (De Almeida Neto et al., 2013) and a risk factor for suicide in this population (Key et al., 2017). Further research is therefore required to better understand barriers to support-seeking in this population in order to develop effective interventions for

preventing IIOC offending. Importantly, such studies should not combine those who commit IIOC offences specifically with individuals who commit both IIOC and contact offences against children, as results from the present study are in accordance with the notion that IIOC offenders who do not commit other offences represent a specific type of offender (Babchishin et al., 2015).

With regard to the secondary aim of the study, findings support the notion that law enforcement should be aware of IIOC offender suicide risk across the course of arrest, investigation, and sentencing. Previous research has shown that the weeks following arrest represent a particularly high-risk period for IIOC offender suicide and this was supported by the present study, with participants citing this period as the stage at which their partners appeared most at risk. Participants in the present study described how the losses experienced by their partners varied depending on factors such as the nature of the offences, the response from their families, and the implications for their employment. Future research should therefore aim to develop suicide risk assessment tools designed for IIOC offender populations, which account for these factors and can be used as part of a thorough clinical assessment by a trained professional. Participants felt that their partners had various reasons for not disclosing the extent of their suicidality to law enforcement, and risk assessment processes should therefore also account for this. There may be several reasons why offenders choose to withhold this information from police; those intent on committing suicide may not express suicidal ideation outwardly for fear that they will be prevented from ending their lives, whilst others may be concerned that disclosing suicidal ideation would be considered by police as akin to a confession. Findings from this study suggest that IIOC offenders may feel better able to disclose how they are feeling to professionals they deem to be 'on their side' and perhaps separate from the investigation, which has implications for the way that interviews are conducted following an offender's initial arrest. Participants felt that more could have been done to minimise risk of suicide,



and additional steps such as ensuring IIOC offenders have access to a mobile phone with relevant contact numbers (including the LFF helpline), escorting them home from custody, and supervising initial contact with LFF may be beneficial. Several participants reported that they and their partners had struggled to make use of support available, in part because they were not in a position to understand the information they were given. Simply being handed a leaflet at the point of arrest is unlikely to be helpful as offenders and their partners are typically in a state of extreme shock and are therefore unlikely to read the information provided. Participant accounts from the present study also indicate that NPCC operational guidance for suicide prevention and risk management in IIOC offenders was not always implemented, consistent with previous studies (Key et al., 2017). Additional research could investigate barriers to implementing this guidance from the perspective of police personnel, considering both practical factors (e.g. awareness, confidence discussing mental health, the impact of competing demands) as well as attitudinal factors (e.g. the extent to which officers feel IIOC offenders are deserving of support), in order to identify areas for intervention. All participants cited LFF as an extremely valuable resource, and law enforcement agencies may benefit from their input, for example in conducting research of this nature or providing training to members of staff.

Participants felt that, like themselves, their partners had no idea what to expect following arrest. Research investigating what information IIOC offenders deem most relevant would therefore be valuable in order to develop a set of tailored resources that could be given to IIOC offenders at the point of arrest with the aim of minimising suicide risk; based on the present study, this should include general guidance on what to expect over the course of investigation and sentencing. Whilst psychological therapy may not be suitable immediately following arrest, those deemed high-risk would likely benefit from support from their GP. Several participants felt that their partners had struggled to access support themselves and therefore required a more assertive approach from services.

Experiencing a healthcare professional make contact may challenge preconceptions around the impact of stigma on availability of support and open up avenues for seeking help. Furthermore, this would likely ease the burden of responsibility experienced by partners and provide them with a source of support. In addition to ensuring the partners of IIOC offenders who display suicidal ideation are supported, results from this study suggest that more could be done to support those bereaved by suicide of this nature, such as the implementation of specific bereavement support services for partners and family members affected by IIOC offender suicide.

Finally, participants described coverage of IIOC offending within the media as largely inflammatory and unhelpful, and, as with reporting on suicide, a framework of responsibility is required. Media guidelines should be updated in order to reduce the risk of IIOC offender suicide and minimise the impact on partners and their families. This represents a priority going forward.

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## **Part III**

### **Critical Appraisal**

#### **Conducting 'Sensitive' Research: Interviewing Partners of IIOC Offenders**

## **Introduction**

Several studies have documented the challenges of conducting research with child sex offender populations (e.g. Roberts, 2011), though few have addressed the issue of interviewing partners of IIOC offenders for research purposes. This section of the thesis offers an account of my experience conducting ‘sensitive’ research with this population, beginning with a discussion of what attracted me to this project. I then recount some of the key ethical issues I faced, including anonymity, confidentiality, and consent, managing participant distress during interviews and navigating the role of ‘researcher’, and addressing distribution of power. I conclude by discussing the role of reflexivity within research, and the importance of this to the present study.

## **Why This Project?**

My interest in this project came from having worked clinically in forensic services prior to training. Working in a hospital, I was used to considering people I worked with as ‘patients’ rather than ‘perpetrators’, and I often wondered how my view of clients might have been different had I worked in a prison rather than in healthcare. On occasions I was surprised how readily I could feel compassion for clients whose offences had been very serious. Whilst my general experience was that colleagues felt similarly, there was a sense that when it came to sex offences, and specifically sex offences against children, there were limits to this compassion. Likewise, there was a sense that clients themselves viewed these offences differently; where other crimes were deemed acceptable and in some cases even elicited respect from peers, sex offences against children were met with disgust, anger, and on occasions, violence. When I heard about the study I realised I had not really considered the impact of IIOC offences and associated stigma on family members, and I was interested in a project that afforded the opportunity to learn more about these processes.

Despite my interest in the study, I had several reservations about this project. I was aware it felt like a very ‘heavy’ topic to be focusing on alongside the other demands of

training and I was mindful of the impact on my own well-being. I was aware of the potential risk issues I might have to manage, and I was unsure exactly what sort of emotional response I would experience when conducting interviews. From an early stage I was also acutely aware of controversy surrounding the subject matter; I wondered about the reaction other people might have to me conducting research of this nature, and spent time considering the implications of this should I wish to publish results.

### **Anonymity, Confidentiality, and Consent**

Whilst adherence to research ethics is of course vital independent of the subject being examined, the importance of working ethically is underscored when conducting research into sensitive issues such as IIOC offending. Lee and Renzetti (1990) define a 'sensitive' research topic as one which *'potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data'* (p. 512). There are several circumstances when research becomes 'sensitive' in nature, one of which is when it *"intrudes into the private sphere or delves into some deeply personal experience"* (Lee & Renzetti, 1990, p. 512). This was clearly true of the present study, where participants were asked to reflect on and recount extremely personal aspects of their lives. Issues surrounding anonymity, confidentiality, and consent become even more important when conducting sensitive research, particularly in an area such as IIOC offending; as documented in the empirical paper, the participants I interviewed expressed anxiety in relation to the stigma of their partners' offences and potential threat to them and their families. The importance of participant protection therefore informed every aspect of the study, affecting decisions around the way in which participants were recruited and interviewed, and influencing data analysis and write-up. Procedures were revisited and revised over time, with particular focus applied to the vulnerability of the sample and potential risk to participants.

One of the early tasks when designing the study was determining how I would arrange to interview participants. A 'gatekeeping agency' can be defined as those with the power to control access to a research site and/or contact with potential participants (Kawulich, 2011), in this case a role assumed by LFF. Whilst LFF had already agreed to facilitate contact with participants, we had to decide how this would work given the need to maintain confidentiality, and we agreed that LFF staff would contact eligible clients in the first instance to explain the study and obtain consent for me to contact them. Whilst we had planned that at this stage I would be provided only with a first name and telephone number in order to maintain anonymity, this part of the protocol was adapted after it became apparent that there were other risks associated with having no background on cases when I contacted participants. Whilst I felt confident that LFF were aware of inclusion criteria and would provide me only with details of women likely to be suitable, I felt uncomfortable contacting participants with no knowledge of their circumstances. For example, asking potential participants whether or not their partners had committed suicide felt unsophisticated and insensitive. As a result, LFF staff began asking potential participants if they consented to me being provided with some brief background information whilst still maintaining their anonymity at this stage, which made the process a lot smoother.

Although none of the women I spoke to expressed concerns regarding the information I had access to as a researcher, several did voice concerns regarding anonymity and confidentiality when it came to being interviewed. My approach throughout was to be as transparent as possible regarding what was involved, and to ensure that participants had the opportunity to ask questions. Of particular importance was the need to discuss circumstances where confidentiality might be breached, for example in relation to issues of risk. I was aware of the potential for participants to disclose details relating to their partners' offences or risk of suicide that might require me to liaise with other professionals,

and I wished to be up front about this. Whilst this was not an issue I encountered, I found that developing a protocol for managing such contingencies was crucial; in addition to addressing ethical issues, it meant that I could conduct interviews confidently, safe in the knowledge that I had a plan of action should such a situation occur.

Whilst it is possible that concerns related to confidentiality and anonymity affected how candid participants were during interview, my sense was that once they had agreed to participate they were generally forthcoming in discussing their experiences. Some participants chose not to refer to their partners or children by name, although in many cases these sorts of disclosures occurred by accident, and these details were removed during the transcription process. Perhaps less straightforward was the process of handling data that revealed personal aspects of participants' stories in a less obvious way. For example, several participants provided in-depth descriptions of their family structures, or referred to aspects of their partners' occupations in a way that would make it easier for them to be identified. Although I included this information in the analysis, I took particular care to maintain anonymity in how I presented results in order to conceal personally identifiable information. Deciding what information to include as I wrote up the study for submission presented something of a play-off between presenting information that would be useful to the reader, whilst maintaining confidentiality. For example, whilst it would perhaps have been helpful to include additional demographic information that had been obtained regarding participants and their partners, this was omitted on ethical grounds.

### **Managing Participant Distress and Navigating the Role of 'Researcher'**

Conducting this study highlighted the importance of not only preparing for, but actively planning for, participant distress. During the design process, I made several decisions with the aim of minimising the emotional impact on participants and protecting those that might be vulnerable, such as adapting inclusion/exclusion criteria and requesting that LFF screen potential participants before I made contact. In terms of interviews, it is

perhaps unsurprising that all participants exhibited some degree of distress, most commonly when describing their partners' initial arrests and subsequent suicidality, when speaking about their children, and when reflecting on their relationships with their partners prior to offences being committed. Displays of emotion were conceptualised as a response to recollecting traumatic experiences and emotionally-charged memories, and reflecting on how their lives had changed, and were consistent with themes identified from the data. In an attempt to address concerns regarding the emotional consequences of participating, I debriefed participants at the end of the study and offered to arrange for a member of LFF helpline staff to contact them following the interview to provide more tailored clinical support.

I had anticipated that participants might become upset during the interview, but one of the challenges I faced was in deciding when, and to what extent, to intervene. I attempted to normalise expression of emotion at the beginning of the study and encouraged participants to let me know if they needed additional support during interviews, but there were points when it felt unethical to continue asking questions given the degree of distress a participant exhibited, and I was concerned about risk to participants in the aftermath of taking part. This dilemma is well-documented, and several protocols have been developed to address risk related to emotional distress within research. Whilst these instruments are intended to support researchers by providing a framework for risk assessment and management, they nonetheless rely on a process akin to clinical decision making. For example, a protocol devised by Draucker et al. (2009) requires the researcher to make their own judgements with regards to what constitutes 'acute emotional distress or a safety concern beyond what would be expected in an interview about a sensitive topic', which is of course open to interpretation. Whilst it was necessary to have a procedure in place to manage risks arising from participant distress, I found drawing on my clinical experience equally valuable. This allowed me to adopt a more

flexible approach; for example, in cases where participants did not feel it was necessary to have follow-up contact with LFF, I was able to support them in identifying self-help strategies as an alternative.

Whilst my clinical experience was perhaps beneficial in some respects, it did present other challenges. Although I had anticipated participant distress during interviews, I was less prepared for feeling drawn into a role of ‘therapist’, which occurred on several occasions, as evidenced by the following extract from my research journal:

*Participant was really tearful, has been through so much - felt so bad for her and at one point had to work hard not to become emotional. Found myself making interpretations and reflecting her experiences back to her as if she were a client. Tried to resist, but it felt so cold. Also struck by how little support she's had – couldn't help but think about what therapy she would benefit from – having to remind myself that that's not the point.*

In many ways I was surprised to feel so emotional during interviews as witnessing clients in distress is commonplace in my clinical role, which, on reflection, I think was probably related to feelings of powerlessness. As a therapist it is perhaps easier (and more appropriate) to offer a sense of hope to clients, and resisting the urge to do this for participants was difficult. In addition to wanting to maintaining boundaries for ethical reasons, I was worried that a more supportive stance would mean a departure from a position of objectivity. My main concern was that this might bias results, although the question of whether research can ever be truly objective is the subject of much debate. Whilst most qualitative researchers accept that some degree of subjectivity is inevitable within research, some believe that researchers should attempt to limit bias wherever possible, whilst others advocate for a more ‘involved’ approach where the researcher attempts to ‘get close’ to participants (Toma, 2000). I set out with the intention of

attempting to be objective, but this was difficult to maintain, perhaps in part because the subject being discussed was so emotive. I also wonder if factors such as age and gender may have resulted in me overidentifying with participants on occasion; I certainly felt able to relate to participants, which probably made a more neutral position difficult to uphold.

In spite of becoming upset during interviews, participants generally identified positive aspects of having taken part, in line with previous studies (Decker et al., 2011). Several described finding the experience therapeutic and expressed gratitude for being 'given a voice', something that they had felt deprived of previously. Most expressed that a desire to affect change was what had motivated them to participate, and my sense was that this helped them tolerate the distress that came from speaking about their experiences. Whilst there were definitely times when my role as a researcher perhaps became blurred with that of a therapist, I feel this was almost inevitable given my training background and the sensitive nature of the study. Although this will have influenced the material that was generated during interviews, I do not think this is necessarily negative; it is possible that feeling heard allowed participants to speak more openly about their experiences, and there were definitely times when my experience as a clinician helped me feel more confident managing risk issues.

### **Distribution of Power**

Another issue that arose whilst I was conducting this study was the concept of power within psychological research. Even when researchers act in line with codes of ethics, the nature of the researcher-participant relationship leaves participants vulnerable to exploitation (Wendler, 2020). Issues of power can be considered both in relation to my specific sample and the methods I employed. Whilst my sample did not represent a 'vulnerable' group in the strictest sense (i.e. participants could understand what it meant to participate and were able to provide informed consent), their specific circumstances made them vulnerable within a research setting (Brule & Eckstein, 2017). I was particularly



concerned that participants might feel obliged to participate due to being asked by a member of staff from an organisation that had offered them support. Whilst participants were reassured that choosing not to participate or withdrawing their consent would not affect their relationships with LFF, on reflection it would have perhaps been more appropriate to contact participants in writing and ask them to contact me directly if they wished to take part. The disadvantage of a less direct approach is that it would likely have resulted in a smaller sample size, but it may have helped to level the power distribution from the outset of the study.

Consideration of power became more important as it became apparent that participants harboured anxieties regarding the threat of exposure and had experienced feeling 'silenced' by professionals in the past. I was aware that the way I conducted the study had the potential to either perpetuate this perception, or perhaps offer an alternative, more helpful experience. Throughout the study I aimed to adopt a warm and empathic approach that was validating of participants' experiences. I adopted a qualitative approach to the study and chose to analyse data using Interpretative Phenomenological Analysis (IPA; Smith et al., 2009), in part due to its commitment to 'give voice' to participants (Larkin et al., 2006). I also cross-checked my results with two of the original participants and attempted to formulate findings and write up results in a manner that would help participants feel heard.

Whilst I attempted to make decisions with the aim of empowering participants, and was pleased to hear that many perceived benefits to having taken part, there is ongoing debate surrounding the extent to which participating in research can genuinely be liberating to participants. Despite qualitative methods having been portrayed historically as perhaps more compassionate and validating of participants' experiences when compared to quantitative approaches, they are not immune to issues of power. Kvale (2006) describes several ways in which qualitative interviews are affected by differential power dynamics,

such as the fact that the researcher arranges the interview, sets the agenda, and 'maintains privilege' to interpret and report what is said. Qualitative interview techniques have also been criticised for their reliance on trust and empathy as a mechanism for eliciting candid responses (Burman, 1997), which perhaps paints my previous observations regarding the way I approached interviews in a slightly different light.

Although I did try to minimise the effects of differential power operating across the interviews, there were definitely points throughout the research process where this disparity became more evident. Perhaps the most obvious example of this was the difficult decision to exclude the data from the seventh participant in an attempt to maintain sample homogeneity. From a research perspective I felt excluding the data would ultimately be beneficial, but I was aware of the sacrifices the participant had made in speaking to me and I did not want this to be in vain. Whilst I therefore decided to share her feedback with staff from LFF and suggest this as an area for future research within their organisation, I regret that I was unable to find a place for this participant's account within the present study.

### **Reflexivity in Psychological Research**

Looking back at some of the issues that I encountered highlights the importance of reflexivity within psychological research. Lazard and McAvoy (2020) suggest that reflexivity is in fact "*central to the exercise of building knowledge*" (p. 173) and involves "*unpacking the partial and positioned perspectives we bring to research which often makes it difficult to see alternative interpretations of our work*" (p. 173). In an attempt to make connections between my 'self' and the study explicit, I included information on my perspective as a researcher (see page 61 of empirical paper). This detailed aspects of my professional and personal background and disclosed some of my thoughts on the subject matter, and it was one of the first parts of the thesis that I wrote. What has since become apparent is how influential the research process itself can be on challenging, and in some cases even

changing, these perspectives. Whilst what I wrote still applies, it now feels simplistic and dispassionate in light of my experiences since.

Previous research has documented how qualitative research can change the researcher, both personally and professionally (Grafanaki, 1996). One of the main challenges I encountered was the fact that my attitude towards the subject matter seemed to change frequently. This was particularly evident once I came to conduct interviews, where I regularly found myself feeling repositioned depending on the perspective of the participant. Initially this felt in part purposeful as I attempted to empathise with and validate the position of the person I was interviewing, but as time went on I began to feel that I was almost 'absorbing' the perspective of whomever it was I was speaking to. Whilst there were perhaps advantages to this process, in that I avoided becoming overly wedded to a specific perspective, it was disconcerting. It was at this stage of the research process I found reflecting on my own experiences most critical, primarily through writing in a research journal and meeting with my research supervisor.

Over time, and on reflection, I feel that the unease I experienced was related to the area of research and the emotions this elicited. Specifically, it felt uncomfortable to hold multiple (and perhaps even conflicting) perspectives about IIOC offending simultaneously. Utilising reflexivity has been invaluable in gaining a better understanding of how these perspectives 'played out' in how I conducted the research, and the effects they may have had at different points of the process. It also encouraged me to consider how societal factors may have influenced my attitudes, and the implications of this more broadly. For example, given the confusion I myself experienced during the research process, I can see the appeal in abandoning a more reflective position when it comes to considering issues of child sex offending, which was something participants had encountered from those around them. As such, reflexivity was not only valuable in considering how my perspective could influence the research, but afforded me insight into the subject under study.

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# **Appendix A**

## **Participant Information Sheet**

**Participant Information Sheet for Partners of People who Commit Suicide/Attempt Suicide/experience Suicidal Ideation following Arrest/Investigation for Indecent Images of Children (IIOC) Offences**

**UCL Research Ethics Committee Approval ID Number: 14997/001**

**YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET**

**Title of Study:** Exploring the Impact of Suicide, Attempted Suicide, and Suicidal Ideation of Indecent Images of Children (IIOC) Offenders on Partners

**Name and Contact Details of Principal Researcher:** Lauren Absalom (Trainee Clinical Psychologist); 1-19 Torrington Place, University College London (UCL), London, WC1E 6BT;



**You are being invited to take part in a research study. Before you decide whether or not to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. If there is anything that is unclear or if you would like more information, please ask. Your participation in this study is completely voluntary.**

**What is the purpose of this study?**

This study will form the basis of a doctoral thesis being undertaken by a trainee clinical psychologist at University College London (UCL). This project has arisen in conjunction with a wider research study developed by the NCA CEOP (National Crime Agency Child Exploitation and Online Protection Centre) Command and the Lucy Faithfull Foundation. The CEOP Command is a government department which works to protect children from harm, and the Lucy Faithfull Foundation is a charitable organisation that works with victims, perpetrators, and families affected by child sexual abuse. It is hoped this study will provide information on the needs of partners affected by the suicide/attempted suicide/suicidal ideation of someone under investigation/arrested for internet offences.

Research suggests that losing someone to suicide under any circumstances can have a huge impact on those close to them. We also know that when someone under investigation for internet offences commits suicide, attempts suicide, or experiences thoughts of suicide, the impact on partners can be even more complex. A number of studies have investigated the risk of suicide in people under investigation for internet offences. A recent study analysed interviews with helpline staff from the Lucy Faithfull foundation, police officers responsible for investigating internet offending, and people who had committed internet offences, in order to identify ways of reducing risk of suicide in this group and consider the support needs of service professionals. However, no study has so far explored the thoughts and experiences of partners. The current study seeks to understand factors that may contribute to or protect someone at risk of committing suicide, from the perspective of partners. In addition, we are interested in learning about the experiences of partners who lose someone to suicide in this way, or experience someone having thoughts of or attempting to end their own life. We hope to understand how partners make sense of these experiences, and learn more about their needs for support.

### **What does taking part involve?**

If you agree to take part, you will be asked to sign a consent form. This study involves participating in an interview, which we anticipate will last approximately 90 minutes. The interview will explore your experiences and allow you to voice any opinions, thoughts, and feelings you have about the impact of losing someone to suicide/experiencing someone voicing suicidal ideation or attempting to end their own life. We will also be asking you questions about coping and sources of support. The interview may be conducted in person, over the telephone, or via Skype. If required, it can take place over more than one session.

### **Why have I been chosen?**

We are recruiting partners of people who committed/attempted suicide/experienced suicidal ideation whilst being investigated for indecent images of children offences. We have invited participants who have used the Lucy Faithfull Foundation Stop it Now! helpline; any individual who has used the helpline or Lucy Faithfull services and has experienced the suicide/attempted suicide/suicidal ideation of a partner under investigation/arrest for internet offences may be asked to participate. Staff from the Lucy Faithfull Foundation have shared your contact details with us with your consent.

### **Will I be recorded and how will the recorded media be used?**

If you agree to take part, you will be asked for your consent for the interview to be recorded. Should you agree, only the researcher/interviewer will have access to the tape, and once the recording has been analysed, the tape will be destroyed. The recording will not be used for anything other than analysis and for illustration in the final thesis document and any associated presentations/publications. It will not be used for any other purpose without your written permission, and no one outside the project will be allowed access to the original recording.

### **What will happen to the results of the research project?**

The results of this study will be written up for thesis submission in Summer 2021. If you indicate that you would like a copy of the report this will be emailed to you after this time.

### **Confidentiality: What will happen to my information?**

This research study is being conducted by a trainee clinical psychologist, who will be interviewing you if you decide to participate.

Any information from the interview will only be accessible by the interviewer/researcher after all personal information/identifiers have been removed, and will remain completely anonymous. This means that no one, apart from the interviewer/researcher, can identify any individual who has taken part.

All information collected during the course of the study will be kept strictly confidential and stored securely subject to legal constraints and professional guidelines. Your contact details will be stored separately from the data collected. All information will be kept securely according to the requirements of the Data Protection Act 1998. The only exception to this rule is if you provide any information whatsoever that suggests either yourself or someone



else (including a child) is at risk of harm, or that a criminal offence has been committed which law enforcement may not be aware of. If this happens we will need to halt the interview process and may have to consider passing on that information to the appropriate agencies. We will aim to discuss this with you beforehand where possible.

It is possible that at some stage the **results** of this study will be published, but not details of participants. Your name would not appear on any publications or reports about this research and your participation will always (subject to the exceptions provided above) remain strictly confidential.

### **Do I have to take part?**

No. It is entirely up to you to decide whether or not to take part in this study. In other words, this is voluntary. If you *do not* take part, this will not affect your relationship with the Lucy Faithfull Foundation or your ability to make use of the Stop it Now! helpline. If you *do* decide to take part you are free to stop your participation at any time and have any research data withdrawn without providing a reason; you will be asked what you wish to happen to the data you have provided up to that point. If you decide to take part, you will be given this information sheet to keep and you will be asked to sign a consent form.

### **Are there any risks?**

There are very minimal risks in taking part in this study. As the interview will involve discussing your experience of a partner experiencing thoughts of suicide or committing or attempting suicide, there may be times when you may feel upset. If this is the case, please share your concerns with the interviewer, who will be able to offer support.

### **What are the benefits of this research?**

Although there are no immediate benefits for those people participating in the project, by taking part in this study you will help us to better understand the factors that may play a role in someone committing or attempting suicide while under investigation/arrest for internet offences. You will also help us gain a greater understanding of the needs of partners following such an event, which will help us in considering the support that should be offered to people in this group.

### **What if something goes wrong?**

If you have any concerns about any aspect of the way you have been approached or treated by researchers/other members of staff (e.g. at University College London, the Lucy Faithfull Foundation) due to your participation in the research, you are welcome to make a complaint. If you do not want to speak with the principal investigator who is interviewing you, you can contact either of the research supervisors (details below). If you feel your complaint has not been handled to your satisfaction you can contact the Chair of the UCL Research Ethics Committee at [REDACTED]. Please ask the interviewer if you would like more information on this.

### **If I have any concerns regarding my mental health**

If you are currently experiencing mental health difficulties (e.g. chronic/severe low mood, anxiety, suicidal thoughts) please see your GP. If you are worried about your ability to keep yourself safe, please contact your local Crisis Resolution and Home Treatment Team (CRHTT). This will not affect your anonymity in the research study.

**Local Data Protection Privacy Notice** - see next page for the UCL local data protection privacy notice.

**Contact details**

If you need any further information to help you decide whether to take part in the study, or if there is anything you do not understand, please ask the interviewer/researcher. Alternatively, you can contact the research supervisors:

**Dr Alan Underwood**

(North London Forensic Service)

Camlet One

Chase Farm Hospital

The Ridgeway

Enfield

EN2 8JL

Email: [REDACTED]

**Dr Amanda Williams**

451b, 1-19 Torrington Place

University College London

London

WC1E 6BT

Email: [REDACTED]

**Thank you for taking the time to read this information sheet**

## UCL LOCAL PRIVACY NOTICE

### Introduction

The Clinical, Education, and Health Psychology Department at UCL respects your privacy and is committed to protecting your personal data.

Please read this Privacy Notice carefully – it describes why and how we collect and use personal data and provides information about your rights. It applies to personal data provided to us, both by individuals themselves or by third parties.

We keep this Privacy Notice under regular review. It was last updated in July 2018.

### About us

The Clinical, Education, and Health Psychology Department is part of the Faculty of Brain Sciences at University College London (**UCL**).

UCL, a company incorporated by Royal Charter (number RC 000631), is the entity that determines how and why your personal data is processed. This means that UCL is the ‘controller’ of your personal data for the purposes of data protection law.

### Personal data that we collect about you

Personal data, or personal information, means any information about an individual from which that person can be identified. It does not include data where the identity has been removed (anonymous data).

We may collect, use, store and transfer different kinds of personal data about you. This may include:

- Your name and contact details
- ‘Special category’ data about you (this may include details about your race or ethnicity, religious or philosophical beliefs, sexual orientation, political opinions, trade union membership, information about your health etc.)
- The names and other details about third parties who are involved in the issues we are helping you with

### How we use your personal data

We will only use your personal data when the law allows us to. Most commonly, we will use your personal data in the following circumstances:

- **To register you as a client and to manage our relationship with you.**
- **To help you with your enquiry.** Depending on the circumstances, this may include special category personal data. Here, the processing of your information is carried out on the basis of your explicit consent

Where the processing is based on your consent, you have the right to withdraw your consent at any time by contacting us using the details set out below. Please note that this will not affect the lawfulness of processing based on consent before its withdrawal.

We may also use anonymised data, meaning data from which you cannot be identified, for the purposes of:

- Service evaluation
- Education and research
- Fundraising and promotional purposes.

Anonymised data may also be used in published reports or journals and at conferences.

### **Who we share your personal data with**

Your personal data will be collected and processed primarily by our staff and UCL. We may share your personal data with the Lucy Faithfull Foundation as a third party.

We require all third parties to respect the security of your personal data and to treat it in accordance with the law. We do not allow our third party service providers to use your personal data for their own purposes – we only permit them to process your personal data for specified purposes and in accordance with our instructions.

### **Lawful basis for processing**

Data Protection Legislation requires that we meet certain conditions before we are allowed to use your data in the manner described in this notice, including having a "lawful basis" for the processing. The basis for processing will be as follows:

- Consent. You have given us your consent for processing your personal data
- Contract. The processing is necessary for the performance of a contract or in order to take steps prior to entering into a contract
- Public task. The processing of your personal data may be necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in us
- Legitimate interests. The processing of your personal data may be necessary for the purposes of the legitimate interests pursued by us or by a third party, except where such interests are overridden by your interests or by fundamental rights and freedoms which require protection of personal data

For special category personal data, the following lawful bases for processing will be used:

### **Information security**

We have put in place appropriate security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. We have established procedures to deal with any suspected personal data breach and will notify you and any applicable regulator of a breach where we are legally required to do so.

### **Data retention**

We will only retain your personal data for as long as necessary to fulfil the purposes we collected it for, including for the purposes of satisfying any legal, accounting, or reporting requirements.

We will keep your personal data according to the [Records Retention Schedule](#).

### **Your rights**

Under certain circumstances, you may have the following rights under data protection legislation in relation to your personal data:

- Right to request access to your personal data;
- Right to request correction of your personal data;
- Right to request erasure of your personal data;
- Right to object to processing of your personal data;
- Right to request restriction of the processing your personal data;
- Right to request the transfer of your personal data; and
- Right to withdraw consent.

If you wish to exercise any of these rights, please contact the [Data Protection Officer](#).

### **Contacting us**

You can contact UCL by telephoning +44 (0)20 7679 2000 or by writing to: University College London, Gower Street, London WC1E 6BT.

Please note that UCL has appointed a Data Protection Officer. If you have any questions about this Privacy Notice, including any requests to exercise your legal rights, please contact our Data Protection Officer using the details set out below:

Data Protection & Freedom of Information Officer

████████████████████

### **Complaints**

If you wish to complain about our use of personal data, please send an email with the details of your complaint to the [Data Protection Officer](#) so that we can look into the issue and respond to you.

You also have the right to lodge a complaint with the Information Commissioner's Office (**ICO**) (the UK data protection regulator). For further information on your rights and how to complain to the ICO, please refer to the [ICO website](#).

**Appendix B**  
**Participant Consent Form**

**Consent Form for Partners of People who Commit Suicide/Attempt Suicide/Experience Suicidal Ideation following Arrest/Investigation for Indecent Images of Children (IIOC) Offences in Research**

Thank you for considering participating in this research. Prior to signing this form you should have read the participant information sheet. If you have any questions arising from the participant information sheet please ask the researcher before you decide whether or not to participate. You will be given a copy of this consent form.

**Title of Study:** Exploring the Impact of Suicide, Attempted Suicide, and Suicidal Ideation of Indecent Images of Children (IIOC) Offenders on Partners

**Name and Contact Details of Principal Researcher:** Lauren Absalom (Trainee Clinical Psychologist); 1-19 Torrington Place, University College London (UCL), London, WC1E 6BT;

████████████████████

**Name and Contact Details of the UCL Data Protection Officer:** Lee Shailer:

████████████████████

This study has been approved by the UCL Research Ethics Committee: Project ID Number: 14997/001

**I confirm that I understand that by ticking/initialling in each box below I am consenting this this element of the study. I understand that it will be assumed that an unticked/initialled box means that I DO NOT consent to this aspect of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.**

		Tick/initial to indicate consent
1	I confirm that I have read and understood the participant information sheet for this study. I have had an opportunity to consider the information and what participation in this study involved. I have had the opportunity to ask questions which have been answered to my satisfaction and would like to take part in an individual interview.	
2	I consent to participate in the study. I understand that my personal information (name, contact details, gender, ethnicity) will be used for the purposes explained to me. I understand that according to data protection legislation, 'public task' will be the lawful basis for processing.	
3	I consent to the interview being audio recorded; I understand that the recording will be stored on an encrypted USB stick and transcribed (typed up) in a way that means I cannot be personally identified. I am aware that the recording will be destroyed once it is no longer needed.	
4	I understand that all personal information will remain confidential and that efforts will be made to ensure I cannot be identified. I	

	understand that confidentiality will be maintained as far as possible. However I understand that, should the researcher hear something that causes them concern for my own/someone else's safety, it may be necessary for them to inform relevant agencies of this. I understand that my data gathered in this study will be stored anonymously and securely and it will not be possible to identify me in any publications.	
5	I understand that my information may be subject to review by responsible individuals from UCL for monitoring and audit purposes.	
6	I understand the potential risks of participating and I have been asked to inform the researcher if I feel distressed during the course of the study so that they can support me.	
7	I understand the direct/indirect benefits of participating.	
8	I understand my data will not be made available to any commercial organisations and is solely the responsibility of the researcher(s) undertaking this study.	
9	I understand that I will not benefit financially from this study.	
10	I understand that the information I have submitted will be written up as part of a doctoral thesis being undertaken by a trainee clinical psychologist at UCL. I wish to receive a copy of this report once completed (YES/NO).	
11	I understand that this report may subsequently be disseminated in other ways (i.e. through publication in peer-reviewed journal, presented at academic conferences, etc.).	
12	I confirm that I meet criteria outlined in the 'why have I been chosen?' part of the participant information sheet.	
13	I am aware of who else (besides the interviewer) I can contact if I have any concerns or would like to lodge a complaint.	
14	I understand that my personal data will be stored so long as it is required for this research project. I am aware that once names and contact details are no longer required, these will be deleted and all data will then become fully anonymised.	

Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Researcher: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# **Appendix C**

## **Interview Schedule**

## Interview Schedule

### Introduction

Hello, my name is X, and I am a trainee clinical psychologist studying at University College London. As part of my training I am undertaking a research project investigating the impact of suicide, attempted suicide, and thoughts of suicide in those suspected of and/or charged with internet offences relating to children. In particular, I am interested in understanding how partners are affected by such an event, and what support they require. I am hoping that this will give me an idea of how people in this group can be best-supported, and perhaps even allow me to make recommendations with this in mind.

For the purpose of this study, I am undertaking a series of informal interviews with partners of people who have committed suicide, attempted suicide, or had thoughts of suicide after coming into contact with the criminal justice system in relation to internet offences. This project is being conducted in collaboration with the Lucy Faithfull Foundation, who, with your consent, have provided me with your details as you meet criteria for the study. I will be asking you to discuss your experiences; however, it is up to you what information you choose to share with me. The interview should take no longer than 90 minutes of your time.

I want to assure you that all information you provide during the interview will remain completely anonymous and you will not be identifiable from any report arising from this study. As explained in the participant information sheet, the only circumstance in which your confidentiality would be affected is if you disclose any information that suggests that you or someone else may be at risk. In addition, if I have reason to believe that a criminal offence has been committed which the police are not aware of I have a duty to report this to the authorities.

In order to ensure the information I have is accurate, I am requesting your permission to make an audio recording of our conversation. No one else will have access to the tape, and once the recording has been analysed, the tape will be destroyed.

It would be understandable for someone being interviewed about this topic to become upset while discussing their experiences, but please let me know if you feel distressed and would like to take a break from the interview. At the end of the interview I would like us to reflect on how you found the process and consider any support you might need as a result of taking part.

Do you have any queries or concerns you would like to discuss before we begin?

### Demographic Information:

#### SELF:

- Age
- Ethnicity
- Relationship to IIOC offender
- Mental health history
- Marital status and family situation
- Occupation

#### PARTNER/RELATIVE (AT TIME OF SUICIDE):

- Age
- Ethnicity
- Marital status and family situation
- Occupation

### **Background Information:**

***Can you tell me about the circumstances surrounding your partner's arrest?*** (Possible prompts: How did you become aware of your partner's offending? How did your partner react initially? Were they charged/convicted? Did they admit/deny the offences? What was their living situation like at the time?)

### **Partner Reaction to IIOC Offences:**

***How did you feel when you learned your partner was under investigation for these kinds of offences?*** (Possible prompts: Were you surprised? What was going through your mind?)

### **Suicide/Suicide Attempt:**

***Can you tell me about the circumstances surrounding the suicide/suicide attempt/suicidal thoughts?*** (Possible prompts: At what stage did it happen? What method was used? Was it expected or unexpected? Did they leave a note?)

### **Suicide Prevention:**

***(If applicable) How do you feel your partner's suicide/attempted suicide could have been prevented?*** (Possible prompts: Were they supported by services? Were there any warning signs? Was there media involvement? What do you think was the main reason they chose to end/attempt to end their life?)

### **The Aftermath:**

***How did you react to learning that your partner had committed/attempted suicide/was experiencing thoughts of suicide?*** (Possible prompts: How did you feel? Were you surprised? What was going through your mind? Would you have felt differently if they had died of natural causes? Do you think you felt differently towards their death/attempted suicide because of their offending?)

### **Disclosing Information:**

***How did you share the news of your partner's death/attempted suicide/thoughts of suicide with others?*** (Possible prompts: How did you tell those in the immediate family (including children?) Did you tell others that they attempted/died as a result of suicide? Did you tell others about the offending? How did you decide what information to share and with whom? How did you feel disclosing what had happened?)

### **Others' Reactions:**

***How did others react to the news?*** (Possible prompts: Were people supportive? What did people say? Do you feel people treated you differently as a result of the circumstances surrounding your partner's death? Did different people react differently (e.g. family, friends, colleagues, healthcare professionals)? Did people react as you would have expected them to?)

### **Coping:**

***How did you cope following what happened?*** (Possible prompts: Did you turn to others for support? Looking back, do you wish you had coped differently? Is there anything else that might have been helpful to you at that time?)

### **Support Seeking:**

***Did you seek support from family or friends?*** (Possible prompts: How easy was this? In what way did you seek support? Who supported you most?)

***Did you seek support from services, for example from your GP or a mental health professional?*** (Possible prompts: Who did you speak to? How easy was it to access support? What support was available/offered?)

***Did you seek support from anywhere else, for example online forums or support groups?*** (Possible prompts: What form did this take? What was your experience of this?)

### **Barriers to Support:**

***Did you encounter any barriers to accessing support?*** (Possible prompts: What kind? How did you make sense of this? Were you able to overcome these?)

### **Recommendations:**

***In light of your experience, what support do you think should be offered to people whose partner feels suicidal/commits suicide after being investigated for internet offences?*** (Possible prompts: What would make accessing services easier? What is specific about losing someone to suicide in this context? What would have helped you most at the time?)

### **Concluding Questions:**

***Thinking about the future, are there any particular experiences or advice you would want to share with people going through what you did?***

***Are there any other questions you think we should be asking you, or any areas to cover that we have not mentioned relating to this topic?***

***Is there anything else you would like to add?***

### **Ending/Debrief**

***How did you find the interview?***

***What did you think about the interview process? Is there anything that could be improved? Do you feel you had all the information you needed from the participant information sheet?***

***How are you feeling now?***

***What are your plans for the rest of the day?***

→ Provide with details of LFF, CRHT, Samaritans. LFF = 0808 1000 900; Samaritans = 116 123

**Appendix D**  
**UCL Notice of Ethics Approval**



12<sup>th</sup> June 2019

Dr Amanda Williams  
Research Department of Clinical, Educational and Health Psychology  
UCL

Cc: Lauren Absalom

Dear Dr Williams

**Notification of Ethics Approval with Provisos**

**Project ID/Title: 14997/001: Exploring the impact of suicide of indecent images of children offenders on partners, family and social support networks**

Further to your satisfactory responses to the Committee's comments, I am pleased to confirm in my capacity as Chair of the UCL Research Ethics Committee (REC) that your study has been ethically approved by the UCL REC until **12<sup>th</sup> June 2021**.

Ethical approval is subject to the following conditions:

**Notification of Amendments to the Research**

You must seek Chair's approval for proposed amendments (to include extensions to the duration of the project) to the research for which this approval has been given. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form'  
<http://ethics.grad.ucl.ac.uk/responsibilities.php>

**Adverse Event Reporting – Serious and Non-Serious**

It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator ([ethics@ucl.ac.uk](mailto:ethics@ucl.ac.uk)) immediately the incident occurs. Where the adverse incident is unexpected and serious, the Joint Chairs will decide whether the study should be terminated pending the opinion of an independent expert. For non-serious adverse events the Joint Chairs of the Ethics Committee should again be notified via the Ethics Committee Administrator within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Joint Chairs will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

**Final Report**

At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes in particular issues relating to the ethical implications of the research i.e. issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.

In addition, please:

- ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research: <https://www.ucl.ac.uk/srs/file/579>
- note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study.

With best wishes for the research.

Yours sincerely

**Professor Lynn Ang**  
Joint Chair, UCL Research Ethics Committee

# **Appendix E**

## **Example of Transcript Analysis**

<p>Phone contact. IIOC offences worse than anything else. Too much to overcome?</p>	P3	<p>You know, it's just, I think, I think I spent the first, every phone call, we, we cried and talked on the phone, and [tearful], I just, all I kept saying to him is 'anything but this, anything, I would've supported you, you know, just, I would have stuck by you if it was...', I work in, with [REDACTED]</p>	<p>IIOC offences = worst crime imaginable.</p>
<p>Considers as an addiction – but worse than/different to others? Pornography addiction not recognised. LFF – gave permission to choose.</p>	R	<p>Yeah.</p>	<p>Addiction as explanation.</p>
<p>Initially felt there was no choice. Angry, losing sleep. Wanting to distance herself.</p>	P3	<p>And he said, I realise this is probably more of a porn addiction, now...</p>	<p>Lack of awareness.</p>
<p>Shock at idea of SS involvement? - not part of their life.</p>	R	<p>Okay.</p>	<p>Support from specialist services. Freedom to choose.</p>
<p>Choice/control taken away.</p>	P3	<p>...which is not recognised, so I say to him 'any other addiction and I would have stuck by you'. But then Lucy Faithfull made me realise that I still have got a choice.</p>	<p>Support from specialist services. Freedom to choose.</p>
<p>Family encouraging her to leave? Supportive but opinionated? Contrasting own relationship to others in family. Strong marriage.</p>	R	<p>Yeah...</p>	<p>Betrayal → Anger.</p>
<p>Family providing support, but attempting to influence decision - need to be strong to counteract.</p>	P3	<p>I can...</p>	<p>Not my family.</p>
	R	<p>...did it feel like you didn't have a choice, initially, or...</p>	<p>No say.</p>
	P3	<p>Yeah.</p>	<p>Freedom to choose.</p>
	R	<p>Yeah.</p>	<p>Quality of relationship.</p>
	P3	<p>100 percent, no choice. It was, I mean, I was really angry. I didn't sleep the first few days. All I done was, I'm in the bedroom now, I was going round the bedroom packing his stuff up, and, don't want anything to do with him, how could he do this to us?</p>	<p>Conditional support?</p>
	R	<p>Yeah.</p>	<p>Pressure from others.</p>
	P3	<p>How could he do this? You know, and the police are saying social services are going to come around, my kids have never had social services involvement in their life, you know, there's never been any concerns like that. And, you know, he can't live in the family home even if I wanted him to, and all my family are telling me, [REDACTED]</p>	<p>Freedom to choose.</p>
	R	<p>Right.</p>	<p>Quality of relationship.</p>
	P3	<p>...and they're all quite feisty. So I had [REDACTED] [REDACTED] telling me, 'oh, you know, you'll get through this, we've, we've had relationships that broke down', like, [REDACTED] and me and [REDACTED] [REDACTED] were like the shining example of [tearful] happy family, strong and stable marriage.</p>	<p>Conditional support?</p>
	R	<p>Yeah.</p>	<p>Pressure from others.</p>
	P3	<p>And that's all they kept saying to me, 'you can do this, you can do this on your own, we'll support you, you know'. I told one of my friends in the early days...and she said to me 'your family', she said, 'I'm so glad you've got a strong head on your shoulders', she said, 'because, they'd have had your house sold and you divorced within the first two weeks of it happening'.</p>	<p>Pressure from others.</p>



<p>Emotional awareness – dealing with emotion. Talking – therapists and others in same situation.</p>	<p>P3</p>	<p>I'm very emotionally aware, I don't bottle my emotions up. If something's there, I let it out, and then I deal with it, and then it goes away, you know, I think I'm, a lot of people think if you don't acknowledge your emotions, they'll just go away. They won't. They'll just pile up and up and up, and I think having that self-awareness and talking, you know, to therapists and other women in the same situation has helped me to build that resilience.</p>	<p>Not bottling up emotion.</p>
<p>Cultivating resilience.</p>	<p>R</p>	<p>Yeah.</p>	<p>Talking helps.</p>
<p>Prioritising own needs above others'. Family unit includes husband.</p>	<p>P3</p>	<p>I think I've always been a person who's tried to please other people. And now I've realised that actually I've got to put my little family first. I've got to put me, myself, my kids, and my husband first.</p>	<p>Speaking to women in same situation.</p>
<p>Willing to risk displeasing family. 'Our life' (idea of collective family unit).</p>	<p>R</p>	<p>Yeah.</p>	<p>Prioritising own needs.</p>
<p>Different things help at different stages. Permission to wallow. Lockdown = helpful.</p>	<p>P3</p>	<p>There might, my family might not like me for it, you know, people might judge me for it, but you can't please everybody. This is our life.</p>	<p>Potential for rejection – acceptance.</p>
<p>Privacy helpful.</p>	<p>R</p>	<p>Yeah, exactly. And is there anything else, [REDACTED] that you've found helpful? So it sounds like the, the kind of meditation, the kind of taking each day as it comes, trying not to be too swayed by other people's opinions.</p>	
<p>Avoiding technology.</p>	<p>P3</p>	<p>Yeah.</p>	
<p>Being in the moment.</p>	<p>R</p>	<p>Is there anything else that you'd say has been helpful for kind of getting through this period?</p>	
<p>Technology as a barrier to emotional connection.</p>	<p>P3</p>	<p>Different things at different times, really. I think, sometimes it is about, sort of allowing yourself to wallow a little bit. And, you know, really, I think, actually, lockdown has helped a lot. I think a lot of people have said to me 'ah, this must be really tough', you know, with everything else, lockdown's going on. But actually, the fact that the world isn't sort of normal for anyone right now...</p>	<p>Permission to feel.</p>
<p>Getting outdoors, going out as a family.</p>	<p>R</p>	<p>Mmm.</p>	<p>Avoiding technology</p>
<p>Avoiding technology.</p>	<p>P3</p>	<p>...and things are a lot more behind closed doors, for me, one of the things I done is come off social media. Before this actually, during lockdown, I decided to come off Facebook. Staying away from that sort of, and staying away from technology a little bit...</p>	<p>Connecting with the present.</p>
<p>Being in the moment.</p>	<p>R</p>	<p>Mmm.</p>	<p>Costs of technology.</p>
<p>Technology as a barrier to emotional connection.</p>	<p>P3</p>	<p>...trying to be in the moment, trying to, you know, like I'm on a lot of different WhatsApp groups and stuff like that, like, giving them a little bit of a wide berth, and just trying to be in the moment. I think we're always, sort of distracted, as a society now, I think technology has had a big impact on, you know, people losing that emotional connection. Getting outdoors has been a massive thing. During the Summer we were going out every weekend, sometimes on days off and stuff, you know...</p>	<p>Back to basics.</p>

<p>Not spoken about. Seeking support from mum, tearful. Mum stopping her – too painful? Because of nature of offences? Something specific about circumstances that made it hard for mum to offer support?</p>	<p>P4 It's never, ever spoke about. I went to my mum's shortly afterwards and I said, 'Mum,' I says, 'I need to talk to you'. And as I started to cry, she put her hand up, she says [REDACTED] don't talk to me about this, I don't, I can't do this'.</p>	<p>Others shutting down.  IIOC offences = difficult to talk/think about.</p>
<p>Comparison to DV – but no awareness.</p>	<p>R Gosh.</p>	<p>Lack of awareness in comparison to other issues = shock if/when it happens.</p>
<p>Shock.</p>	<p>P4 My mum is a wonderful woman. She'll do anything for anybody. She is one of the best mums you could ever wish for. But she's just so closed off, she couldn't talk about that. You know, you have a leaflet pushed through the door every Christmas, you know, domestic violence, domestic violence.</p>	<p>Lack of awareness in comparison to other issues = shock if/when it happens.</p>
<p>Considers as an addiction – but worse than others?</p>	<p>R Mmm.</p>	<p>Lack of awareness in comparison to other issues = shock if/when it happens.</p>
<p>'The worse thing you can ever try and survive' – As a person? As a couple? 'Easy to leave' – active choice to stay? Having to fight to overcome.</p>	<p>P4 You don't have one pushed through the door if your husband's doing, having this behaviour, this behaviour and that behaviour. There's the chance that this could be going on. So it's an absolute shock.</p>	<p>Lack of awareness in comparison to other issues = shock if/when it happens.</p>
<p>No escaping. Explaining over and over (change of professionals). Different to other crimes – no end in sight.</p>	<p>R Yeah.</p>	<p>IIOC offences = biggest test of relationship.</p>
<p>No escape from thinking about it – hope that one day that will change.</p>	<p>P4 Apparently gambling addiction's worse than what this, apparently gambling will destroy (inaudible). I find that hard to believe.</p>	<p>Fighting to stay together.</p>
<p>Willing to wait - worth staying together.</p>	<p>R Yeah.</p>	<p>No escaping it.</p>
<p>No support.</p>	<p>P4 I find it hard to believe, I think it's the worst thing that you can ever try and survive. And it would have been easy for me to leave him. That sounds pretty bad, but it would have been much easier. You know, you have to fight to be together.</p>	<p>Different to other crimes.</p>
<p>No support.</p>	<p>R Yeah.</p>	<p>Hope for a more normal future.</p>
<p>No support.</p>	<p>P4 And there's no getting away from it, even now sentencing is done, you have to explain it again and again and again. New social worker, explain it again.</p>	<p>Worth the fight.</p>
<p>No support.</p>	<p>R Yeah.</p>	<p>Lack of support.</p>
<p>No support.</p>	<p>P4 New probation officer, explain it again. So, you normally do a crime, you serve your sentence, and it's done with.</p>	<p>Lack of support.</p>
<p>No support.</p>	<p>R Yeah.</p>	<p>Lack of support.</p>
<p>No support.</p>	<p>P4 This is never over. There's never a time that you don't have to think about it. And, I have said, that one day, you know, we will stand on the walls at [REDACTED] like we did on our honeymoon, and this will not enter our head. There will be a time that will come, but it's going to be years. Absolutely. So, but I accept that, and I'd still rather do that and him be in my life, than not.</p>	<p>Lack of support.</p>
<p>No support.</p>	<p>R Mmm.</p>	<p>Lack of support.</p>
<p>No support.</p>	<p>P4 But there is no support from anywhere.</p>	<p>Lack of support.</p>

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<p>Huge impact initially – shock?</p>	<p>P4 I didn't eat for 72 hours. I smoked 60 fags. And I was violently sick every ten minutes, so it, it wasn't a pretty state at all. But, life has become a lot better. And I dread to think, the conversations that you have with the ladies whose husbands were successful. You know, that, that must be really hard for them. And I find myself grateful, very grateful [REDACTED]</p>	<p>Magnitude of impact.</p>
<p>Life has improved.</p>	<p></p>	<p>Situation improved over time.</p>
<p>Gratitude attempt was unsuccessful.</p>	<p></p>	<p>Grateful he survived.</p>
<p>Knowing someone - disclosure decisions based on anticipated reaction (accepting, rejecting, judgemental).</p>	<p>[REDACTED] So, I dunno. But it's about knowing, you have to know who you're telling, that they're gonna, you try and gauge, well will they accept it?</p>	<p>Decisions re: disclosure.</p>
<p>People surprising her in their responses.</p>	<p>R Yeah.</p>	<p>Anticipating judgement.</p>
<p>Idea she will be judged regardless - no way of avoiding judgement.</p>	<p>P4 Are they judgemental? You know, I told my work colleague, and I was a bit worried he'd judge. He's very much [REDACTED] And he didn't. You know, because, and I told another work colleague, and I said to him, 'I'm going to', I was very close to him, I says, 'I'm going to be judged if I stay with him'. And he turned around, he says, 'look sweetheart, I've got news for you', he says, 'you'll be judged if you stay, you'll be judged if you leave', he says, 'because everybody has opinions'...</p>	<p>Judgement = unavoidable.</p>
<p>Turning to others for help making sense.</p>	<p>R Mmm.</p>	<p>Making sense.</p>
<p>Neighbours – proximity? 'Desperately'. Protecting children from stigma.</p>	<p>P4 ...he says, 'and everybody's opinion will be different', he says, 'there's no way of you avoiding that judgement'. It's pretty spot on. He's quite an intelligent man, but, he helped me make sense of it. But you couldn't tell anyone that you knew, or you thought, was gonna, it's like I wouldn't want my neighbours to know.</p>	<p>Threat.</p>
<p>Balancing risk with need for support. Idea = tell no one.</p>	<p>R Yeah.</p>	<p>Protecting children.</p>
<p>Taking mind off it. Not disclosing = questions. 'We've split up' as solution? – but no obvious answer.</p>	<p>P4 I desperately wouldn't want my neighbours to know. Because you have to protect your kids as well. (Inaudible), protect them from the stigma.</p> <p>R Yeah.</p> <p>P4 So, tell as little a people as possible and then get no support from anywhere. Is, is the way to do it, the ideal way. But, if you don't get support, I don't know what you'd do. You know, if you've got nothing to take your mind off it. People would ask questions, wouldn't they? 'Oh, where's, where's [REDACTED] The best thing would've been to turn around and say 'we've split up'. I dunno, I don't know.</p>	<p>Stigma.</p>
		<p>Play-off (support vs. threat).</p>
		<p>No obvious solution.</p>

**Appendix F**  
**Annotated Mindmap of Superordinate**  
**Themes and Subthemes**

