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Sexual fulfilment, wellbeing and risk considerations for people with sexual attractions to children

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Abstract

Research focused on understanding the experiences of individuals with sexual attractions to children and their pursuit of sexual fulfilment faces notable limitations, primarily stemming from ethical and legal challenges, and pervasive social stigma. This review paper explores these challenges and outlines the connections between sexual fulfilment, treatment goals and overall wellbeing. We consider the importance of sexual satisfaction in promoting mental and physical health, and its potential role in reducing the risk of sexually abusive behaviors.

Recognizing that promoting healthier and more fulfilling lives extends beyond risk mitigation, the paper highlights future research avenues such as exploring the conceptualization and achievement of sexual satisfaction. In examining alternative perspectives, including the potential risk enhancement associated with achieving sexual fulfilment, we also argue the need for an evidence-based approach and robust research agenda to inform and guide interventions. Through these considerations, the paper aims to encourage a more informed and compassionate understanding of sexual fulfilment for people with sexual attractions to children.

Keywords: pedophilia; sexual fulfilment; treatment goals; wellbeing; sexual abuse prevention

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Introduction

Exploring the experiences of people with sexual attractions to children is a topic of increasing research attention, yet our understanding of sexual frustration and sexual satisfaction within this population remains limited. In this paper, we begin by defining attractions to children and illustrate the challenges faced by people with such attractions. We provide an overview of what is understood about their help-seeking behaviors, exploring the barriers to accessing support and the potential misalignment of treatment goals between service users and health professionals. The concept of practice frameworks is then discussed alongside the importance of the therapeutic alliance in fostering effective treatment outcomes. In focusing our discussion, we then explore what is currently known about the achievement of sexual fulfilment and addressing sexual frustration among people with attractions to children, the protective role this may play, and differentiations between ‘legal’ and illegal outlets. The framework of the Good Lives Model (GLM; Ward & Marshall, 2004) is used to illustrate these ideas, highlighting the model's strengths-based approach in promoting overall wellbeing and reducing risk. This leads to a discussion on how sexual fulfilment could act as risk-enhancing, considering desensitization and the interplay between material consumption and offense-supportive beliefs as potentially increasing the likelihood of harmful behaviors. Our work culminates in setting out a research agenda to address critical gaps in our knowledge, urging future studies to explore the impact of supporting individuals with sexual attractions to children in addressing sexual frustration.

Understanding how individuals who are attracted to children address sexual frustration, and the implications for their wellbeing, is essential for developing informed therapeutic interventions. The exploration of legal and illegal outlets provides insights into societal norms and individual behaviors, which can inform policies and clinical practices aimed at promoting healthier outcomes, both in terms of reducing risk and improving intrapersonal

wellbeing among people with attractions to children. We also illustrate the significance of the components of good therapeutic alliance (e.g., trust, empathy, and collaboration) in achieving positive therapeutic outcomes. Our novel approach to understanding sexual satisfaction and sexual frustration will thus contribute to the development of more ethical and evidence-informed clinical practices.

Defining Attractions to Children

The topic of attractions to children has received increasing amounts of both social and academic attention over the last decade. Although commonly referred to as ‘pedophilia’ in social discussions (see Feelgood & Hoyer, 2008; Seto, 2018), attractions to children span a range of different target ages. Formalizing this idea, Seto’s notion of chronophilias discusses discrete, yet often overlapping, patterns of sexual attraction to specific development groups (Seto, 2012, 2017). These patterns, related to sexual and physical maturity rather than chronological age, are predominantly grounded in data derived from clinical and forensic samples. While acknowledging the potential for preferences within these chronophilias to shift to some extent (longitudinal research has yet to comprehensively explore this; Seto, 2018), the prevailing belief suggests that sexual attraction, in general, tends to remain stable over time (Seto, 2012). The categorization of chronophilias includes *nepiophilia* (i.e., attractions to young infants/toddlers), *pedophilia* (i.e., attractions to prepubescent children), *hebephilia* (i.e., attractions to pubescent children), and *ephebophilia* (i.e., attractions to post-pubescent or older teenagers). Notably, attractions within these categories may be exclusive, where an individual is attracted solely to children, or non-exclusive, where an individual is attracted to both adults and children, with this distinction potentially leading to profound differences in the experience of sexuality, as well as in support needs and levels of sexual risk. Research into the personality profiles of people with sexual attractions to children reveals some common traits and patterns, including emotional dysregulation and cognitive

distortions (Babchishin et al., 2011; Blagden et al., 2016), though it is essential to approach this topic with sensitivity and an understanding of the complexity and variability among individuals. Of particular importance, it should be acknowledged that work in the field typically uses people with sexual convictions as research participants. This may mean that the traits listed above related to a propensity for sexual interest-related offending, as opposed to representing a typical profile of people with attractions to children more broadly.

People with sexual attractions to children face significant stigmatization (Imhoff & Jahnke, 2018; Jahnke, 2018; Lehmann et al., 2021), making it difficult to ascertain an accurate idea of prevalence among the general population. Estimates reveal that about 5% of adult men's sexual fantasies involve children (Dombert et al., 2016), and community sample data suggests that between 3 and 9% of adults experience some form of sexual attraction to children (Wurtele et al., 2014). In research exploring sexual interest in online chat rooms, approximately 25% of men continued to sexualize a conversation with an impersonated child – a much greater percentage than estimates taken from self-report research (Bergen et al., 2013). Understanding these complexities also requires consideration of the historical and cultural contexts where relationships between adults and minors have been normalized. For instance, in the United States, legal exceptions such as parental consent or judicial approval have allowed thousands of minors to marry adults each year (Koski & Heymann, 2018). Similarly, in Europe, although most countries set the minimum marriage age at 18, exceptions still allow child marriage under certain circumstances, and Central Asia shows varying prevalence due to its diverse cultural and socio-economic landscape (Nguyen & Wodon, 2015; Siddiqi & Greene, 2022). Such practices are often rooted in norms that historically condoned early marriage for economic survival, familial alliances, or preserving honor. Acknowledging that this attraction exists and exploring the complexities around it is essential for fostering informed discussions about service provision in health and abuse

prevention contexts. Shaping a more public health-focused societal response and implementing effective interventions is crucial, irrespective of the challenges in understanding the full extent of sexual attractions to children (Harper et al., 2022; Lievesley & Harper, 2021; Stelzmann et al., 2020).

As outlined in the Diagnostic and Statistical Manual of Mental Disorders (5th ed., text revision; DSM-5-TR; *Diagnostic and Statistical Manual of Mental Disorders*, 2022) pedophilic disorder is characterized by recurrent and intense sexually arousing fantasies, urges, or behaviors involving sexual activity with children typically aged 13 years or younger, persisting for a minimum of six months. To be diagnosed with pedophilic disorder, an individual must have either acted on these sexual urges or have experienced significant distress and interpersonal difficulties because of them. The DSM-5-TR also specifies that patients seeking a diagnosis should be 16 years or older, and the target of their sexual fantasies should be at least 5 years younger than the individual. Although these criteria serve as a guideline for mental health professionals in the accurate identification and diagnosis of pedophilic disorder within the context of clinical assessment and treatment planning, it is important to note that not every person attracted to children would necessarily meet these requirements. For example, many individuals may not act on their sexual urges or experience significant distress and interpersonal difficulties – attractions may be successfully managed without engaging in harmful behaviors or experiencing distress (Cantor & McPhail, 2016; Lievesley, Harper, Swaby, et al., 2023). Some may also experience a range of attractions, including non-exclusive attractions to adults, making it challenging to meet the specific diagnostic requirements in a clear-cut manner. Variations in age preferences might also mean a person's attractions do not align with the criterion that the target should be at least 5 years younger than the individual, with younger people acknowledging attractions to children often struggling to find support (Shields et al., 2020).

Although it is important to distinguish between individuals who experience sexual attractions to children and those who perpetrate child sexual abuse, the stigma often extends uniformly to both groups (Jara & Jeglic, 2021; Parr & Pearson, 2019). Sexual attractions to children can act as a risk factor in abuse perpetration (Seto, 2019) if they co-occur with facilitating factors, such as offense-supportive beliefs or antisocial personality traits. Other psychological risk factors can include past abuse, loneliness, and low self-esteem (Houtepen et al., 2016; Lee et al., 2002; Ward & Beech, 2006). With these potential links to mental wellbeing, psychological distress, and sexual offense risk all in mind, establishing ways to both encourage people with attractions to children into support services, and then to engage them effectively within those services, are vitally important endeavors. In doing so, it may be possible to cultivate an environment where individuals can openly discuss their challenges, enabling the development of effective prevention strategies and therapeutic interventions while maintaining a balance with the protection of potential victims.

Help-Seeking Behaviors and Treatment Goals

The barriers to people with sexual attractions to children seeking treatment are complex and varied, with fear of stigmatization from healthcare providers being a prominent obstacle (Grady et al., 2019; Levenson et al., 2020; Lievesley et al., 2020). Another significant barrier involves concerns related to mandatory reporting (Lievesley, Harper, Swaby, et al., 2023), where individuals may be hesitant to disclose their attractions due to potential legal implications. For instance, some professionals have indicated a willingness to report people with attractions to children even when there is no discernible safeguarding risk or offending behavior (Lievesley, Harper, Swaby, et al., 2023; Walker et al., 2022). Feelings of shame and a perceived lack of understanding from healthcare professionals can further contribute to the reluctance of seeking help (Grady et al., 2019). For those who do overcome these barriers and engage with services, effective identification and work towards treatment goals becomes

crucial for overall effectiveness (Levenson & Grady, 2019; Lievesley & Harper, 2021).

Lievesley, Harper, Swaby, et al., (2023) emphasize key treatment goals such as addressing mental health issues, navigating the challenges of living with stigma, and working towards controlling or changing attractions, highlighting the significance of a comprehensive and goal-oriented approach to therapeutic and clinical interventions.

The alignment of treatment goals between professionals and individuals seeking help for sexual attractions to children is a critical aspect of effective interventions (Lievesley, Harper, Swaby, et al., 2023; Parr & Pearson, 2019; Schmidt & Niehaus, 2022). Establishing common objectives ensures that therapeutic efforts are collaborative and tailored to the specific needs of the individual. In research exploring the self-identified treatment targets of people with sexual attractions to children, priorities surrounded addressing mental health concerns and navigating societal stigma (Lievesley, Harper, Swaby, et al., 2023). Lower levels of wellbeing and self-compassion were associated with prioritizing these targets, perhaps suggesting that developing a degree of self-acceptance to live a full life could be a key treatment objective for people with attractions to children. Notably, a rejection of treatment targets related to controlling or changing sexual attractions was observed among those with attractions to children, which aligns with prior work highlighting that primary concerns lie in emotional processing rather than altering their attractions (Dymond & Duff, 2020). However, clinicians reported all treatment targets to be of equal importance, highlighting potential confusion around the priorities of people accessing services (Lievesley, Harper, Swaby, et al., 2023). The research demonstrates the need to enhance professionals' competence and comfort in working with people with sexual attractions to children, advocating for collaborative training packages to bridge the knowledge gap and improve practice in contexts where such therapeutic relationships might emerge (see also Lievesley, Harper, Swaby, et al., 2023).

Practice Frameworks and the Therapeutic Alliance

When working in clinical settings, it is important to work within established frameworks and clinical pathways to enhance the evidence-based nature of therapeutic interventions and improve treatment efficacy. This is particularly important in contexts where service access is limited (e.g., for people with offense-related sexual attraction patterns; Swaby & Lievesley, 2023), and where there may be distrust of services among potential clients. Practice frameworks are structured sets of guidelines and principles that provide a foundation for professional practice by integrating theoretical knowledge with practical applications (Prujean et al., 2022; Ward & Durrant, 2022). By delineating clear pathways for interventions, assessments, and evaluations, practice frameworks help practitioners navigate complex situations with greater clarity and confidence, acting as a ‘bridging theory’ between the empirical evidence and the presenting clinical context (Ward & Durrant, 2021). These frameworks operate on three levels: core values and principles, which are often implicit but historically significant (Polaschek, 2019), knowledge-related assumptions, which focus on understanding offending causes and are shaped by core values (Ward & Durrant, 2021) and intervention guidelines, which dictate treatment approaches, focus areas, and implementation methods based on the values and assumptions from the first two levels.

Practice frameworks have a clear role in guiding practice tasks such as therapy, desistance and risk prediction. In therapy, frameworks such as the Good Lives Model (GLM; Ward & Gannon, 2006; Ward & Marshall, 2004), Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) can support health professionals in conducting thorough assessments, developing tailored treatment plans, and measuring service user progress (Berzins & Trestman, 2004; Evershed et al., 2003; Mitchell et al., 2018). These frameworks ensure that care is centered on the service user and goal-oriented, to address any issues whilst promoting healthier coping strategies by focusing on the individual's strengths and addressing

risk factors (Ward & Durrant, 2021). The core function of these frameworks is to ensure that interventions are consistent, effective, and tailored to the unique needs of those accessing support in community and forensic contexts, ultimately improving therapeutic outcomes and promoting community safety (Fox, 2022).

Core to the success of practice frameworks is a strong therapeutic alliance. The components of such an alliance include mutual trust, empathy, collaboration, and, as discussed previously, a shared understanding of treatment goals (Fonagy & Allison, 2014; Muran & Barber, 2011; Ribeiro et al., 2013). These issues are at the core of many of the sources of evidence related to effective treatment. That is, (1) research and theory should be used to identify the interventions most likely to be effective, (2) clinician expertise is essential in tailoring interventions to the specific needs of the service user, and (3) incorporating the service user's preferences, values, and associated psychological, social, and cultural characteristics ensures that the treatment is relevant and respectful of their identity and the context. We can see how developing a sense of therapeutic alliance is important in each of these areas. First, developing an alliance with a service user by collaborating on treatment goals is fundamental to designing an intervention plan that is both evidence-based and focuses on the goals of the client (Catty, 2004; Norcross & Lambert, 2011; Norcross & Wampold, 2011). Second, experienced clinicians use their skills to build rapport and trust, which is essential for working with service users who may have histories of trauma, mistrust, or resistance (Ackerman & Hilsenroth, 2001, 2003), which is common in populations who are attracted to children (Grady et al., 2019; Levenson & Grady, 2019) and/or who have committed sexual offenses (Pais, 2001). Third, ensuring the responsive design of interventions in a way that takes account of service user characteristics and preferences is known to lead to increased service engagement, and is theorized to contribute to reductions in risk among people who have committed (or may be at risk of committing) sexual offenses

(Bacha et al., 2020; Göbbels et al., 2012; Lambert & Barley, 2001). By integrating these components, a therapeutic alliance not only enhances the likelihood of desistance from offending behavior but also supports overall mental health and wellbeing, making it a cornerstone of effective treatment in forensic and correctional settings.

Achieving Sexual Fulfilment Using ‘Legal’ and Illegal Outlets

Addressing sexual frustration is another complex yet crucial aspect of treatment goals for individuals sexually attracted to children (Lievesley, Harper, Swaby, et al., 2023). Recognizing that heightened sexual arousal can stem from feelings of frustration, it is important to acknowledge the varying ways that frustration might manifest, both psychologically and behaviorally, among populations who are attracted to children. From a mental health perspective, it is plausible that a lack of ability to achieve a sense of fulfilment would be associated with reductions in mental wellbeing and psychosocial functioning, as the achievement of sexual satisfaction is a universal drive (Ward & Gannon, 2006; Ward & Marshall, 2004). From a risk perspective, it might also be that increasing levels of sexual frustration leads to a sense of desperation and impaired decision-making, and subsequently to an increase in propensities to seek out illegal avenues for achieving satisfaction (for a discussion of how such feelings of desperation can impair sexual decision-making, see Skakoon-Sparling et al., 2016). As such, disrupting any potential functional link between sexual interests, sexual frustration, and sexual offending has the potential to improve outcomes in numerous contexts.

Despite the potential importance of working with people with attractions to children in addressing sexual fulfilment, this practice poses significant ethical and legal challenges. Research suggests that, for some, achieving sexual fulfilment through the use of outlets involves coping mechanisms like masturbation to fantasies, as identified by Houtepen et al., (2016). Fantasy thinking is considered a common strategy for managing these attractions

without engaging with victim-driven content and is a common behavior for many people who either experience paraphilic fantasies or who do not have access to consenting sexual partners to act out their sexual desires (Birnbaum et al., 2019; Lievesley, Harper, Swaby, et al., 2023; Santtila et al., 2007).

In addition to mental imagery, people with attractions to children may make use of fantasy sexual materials (FSM; Lievesley, Harper, Woodward, et al., 2023), including adult and child-like sex dolls, written fictional content, and artwork, to support their achievement of sexual satisfaction (Lievesley, Harper, Woodward, et al., 2023). The legality of such outlets varies depending on geographical location. In the UK, a stringent legal framework exists, rendering a broad spectrum of sexual content illegal to varying degrees (Attwood & Smith, 2010; Johnson, 2010). For example, the act of owning a child-like sex doll is not illegal, but the importation or shipping of a doll is a criminal offense. Other outlets, such as explicit fiction involving children and or photographs depicting young people that are generated using artificial intelligence (AI) are illegal under obscenity and indecent image laws (Protection of Children Act, 1978). Content laws across other areas of Europe are more varied, with liberal views being noted in some Western European countries and more conservative attitudes in others (Sorbán, 2023). In Japan, sexualized cartoons and anime are a prevalent aspect of popular culture. These differences highlight the complex legal landscape surrounding these practices, which need to be navigated by those with attractions to children. This becomes increasingly difficult when peer support forums and self-help advice are available online, which is inherently without firm jurisdictional boundaries in terms of content availability and access. Balancing the need for individuals to find lawful means of sexual expression with the need to prevent harm and protect potential victims, particularly in an increasingly hyper-connected digital environment, thus remains a challenging ethical debate with considerable practical challenges.

The landscape of sexual satisfaction has the potential to undergo a significant transformation with the development of technology, particularly in the realm of AI (Döring et al., 2021). Advancements have enabled the creation of photorealistic materials, raising ethical questions and concerns about the potential impact this may have on sexual experiences (Ratner, 2021; Sharpe & Mead, 2021). AI's capacity to generate hyper-realistic content, including images and videos, has introduced a new dimension to the discourse surrounding sexual satisfaction. Although some argue that these developments offer a virtual outlet for fantasies and desires, others express significant apprehension about the potential consequences, such as desensitization or the blurring of boundaries between reality and simulation (Gamage et al., 2022). As society navigates this overlap between technology and human sexuality, it becomes imperative to consider the ethical implications, potential societal effects, and the need for responsible use and regulation to ensure that technological developments enhance rather than detract from overall wellbeing.

For some people with sexual attractions to children, sexual satisfaction is achieved through the use of victim-driven materials. Child sexual exploitation material (CSEM) use, for example, can be categorized into fantasy-driven and contact-driven dimensions (Merdian et al., 2013). Within the domain of fantasy-driven CSEM, individuals may engage with explicit content solely for personal arousal and satisfaction of sexual fantasies without any intention or history of direct sexual contact with children. This type of material may also involve fictional or simulated depictions rather than actual instances of abuse. On the other hand, contact-driven CSEM involves materials produced through the direct exploitation and victimization of children. Individuals who consume contact-driven CSEM, compared to fantasy-driven users, actively use CSEM to re-live past contact offenses or to groom young people into future abusive scenarios (Merdian et al., 2013). Exploring how sexual satisfaction could instead be achieved through the use of victimless outlets may provide a vital alternative

to engaging with such content, directing away from harm to children and prioritizing the safety of potential victims.

Protective Functions of Sexual Fulfilment and the Good Lives Model

Sexual satisfaction can play a pivotal role in overall wellbeing, contributing to both physical and mental health (Davison et al., 2009; Jackson et al., 2019). The fulfilment of sexual needs and desires is thought to be closely linked to a sense of happiness, contentment, and life satisfaction (Buczak-Stec et al., 2019; Hull, 2008; Rausch & Rettenberger, 2021). Physiologically, sexual activity has been associated with various health benefits, including stress reduction, improved sleep, and enhanced immune functioning (Liu et al., 2016; Mollaioli et al., 2021). Beyond the physical aspect, sexual satisfaction is intricately tied to emotional intimacy and relationship quality between sexual partners (McNulty et al., 2016; Štulhofer et al., 2014). Positive sexual experiences can promote a sense of connection, intimacy, and communication between such partners, contributing to overall stability and satisfaction within a relationship. Moreover, a healthy and fulfilling sex life is often linked to improved mood and self-esteem (Carcedo et al., 2020; Hull, 2008). Recognizing and addressing sexual satisfaction as an important component of wellbeing is essential for promoting a holistic understanding of individual health, relationships, and overall quality of life.

These observations situate sexual satisfaction as a primary human good, as outlined in the Good Lives Model (GLM; Ward & Marshall, 2004). This is a strengths-based approach in the field of forensic psychology and rehabilitation that focuses on promoting the overall wellbeing and positive life experiences of individuals, especially those involved in the criminal justice system (Ward, Mann, et al., 2007; Ward & Gannon, 2006; Ward & Marshall, 2004). The model emphasizes the importance of identifying and enhancing the individual's fundamental needs, such as autonomy, competence, relatedness, and personal growth. The

model seeks to move beyond merely addressing risk factors and criminal behavior, instead aiming to help individuals build a life that is fulfilling and meaningful. By emphasizing the cultivation of what is referred to as a *good life*, the GLM provides a holistic framework for rehabilitation and future planning. It acknowledges the role of positive experiences and personal strengths in preventing reoffending and promoting successful reintegration into society.

The GLM encourages therapeutic interventions that empower individuals to develop a range of pro-social skills and values, fostering a positive, purposeful, and satisfying life (Ward, Mann, et al., 2007). A key argument of the model is that promoting the acquisition of primary human goods can reduce dynamic risk factors (Fortune & Ward, 2017; Ward & Fortune, 2016). Dynamic risk factors can change over time and may include sexual preoccupation, impulsivity and antisocial attitudes (Ward, 2016; Ward & Fortune, 2016). Unlike static risk factors, such as age, past criminal history or demographic characteristics, dynamic risk factors can be targeted through therapeutic interventions (Heffernan, Ward, et al., 2019; Heffernan, Wegerhoff, et al., 2019). Helping individuals to work towards personal goals, such as increased sexual wellbeing, can play a significant role in reducing the risk of re-offending. By addressing underlying issues related to sexual health and wellbeing, dynamic risk factors that may contribute to offending behavior can be mitigated (Heffernan & Ward, 2015; van den Berg et al., 2020). Providing education, therapy, and support can encourage healthier attitudes and behaviors, with this holistic approach aiding in personal development. By meeting these needs, individuals are less likely to seek maladaptive ways to fulfil them, thereby lowering the likelihood of offending or re-offending, and enhancing overall community safety.

It is not only in the prevention of re-offending among those who have already caused sexual harm that the GLM applies. In one novel application of such a framework, Lievesley

and Harper (2022) identified how the themes related to positive psychological approaches to sexual offending desistance can be adapted to the prevention context. Their model identifies a framework that privileges a wellbeing focus at the heart of preventative treatment for people with attractions to children. In doing so, adopting a more specific focus on this population's own identified treatment targets (Levenson & Grady, 2019; Lievesley, Harper, Swaby, et al., 2023) can lead to improvements in treatment access and engagement. This can be especially important in light of existing services typically being labelled as 'prevention' in nature (for discussions, see Beier et al., 2009, 2015).

By definition, centering this population's own treatment priorities would necessitate an exploration of the role of sexual fulfilment (Lievesley, Harper, Swaby, et al., 2023). Various elements of the GLM have relevance to the importance of supporting individuals with attractions to children in achieving sexual fulfilment. The aspect of friendship, including intimate, romantic, and family, within the model suggests that sexual satisfaction, or its absence, can significantly impact relationships (Ward, Mann, et al., 2007). A lack of sexual satisfaction may have negative implications for intimacy and connection within personal relationships. Moreover, the element of life, including healthy living and functioning, encompasses both physical wellbeing and the pursuit of pleasure, highlighting the importance of addressing sexual needs for a holistic approach to personal health. Considering that core motivational systems and their associated goals are closely tied, working towards sexual fulfilment goals is likely to be associated with other core needs and goals, such as forming and maintaining romantic relationships or emotional regulation (Del Giudice, 2023; Deyoung & Krueger, 2018; McAdams et al., 2018). For instance, somebody who feels sexually fulfilled might also experience greater emotional stability and a deeper connection with other people. The GLM recognizes that sexual goals, encompassing internal conditions such as thoughts and attitudes, as well as external conditions related to a supportive environment for

healthy sexual behaviors, are integral components of achieving a fulfilling and positive life (Ward & Brown, 2004; Ward & Gannon, 2006).

The GLM not only values psychological wellbeing but also upholds ethical values, emphasizing what is in the best interests of the community (Ward & Gannon, 2006). The ethical component of the model draws heavily from human rights ethical theory, arguing that the twin primary conceptual components of human rights, entitlements and obligations, correspond neatly to wellbeing enhancement and risk reduction (Ward, 2011; Ward, Gannon, et al., 2007; Ward & Birgden, 2007). Within this framework, the significance of sexual fulfilment becomes apparent as a potential protective factor for harm reduction. For individuals with sexual attractions to children, addressing sexual frustration through achieving a sense of satisfaction within legal and ethical boundaries could therefore serve as tool for harm prevention. A fulfilled sexual life may contribute to an overall sense of wellbeing, potentially reducing the likelihood of individuals seeking out more harmful or illegal sexual outlets. Addressing the construct of identity is equally crucial, especially for individuals with sexual attractions to children who may grapple with self-esteem issues and internalized stigmatization (Harper et al., 2018; Lievesley et al., 2020). Merely managing risk factors may prove less effective than supporting the development of a more holistic, healthy and happy personal identity, which could contribute to a healthier sense of self and reduce the likelihood of harmful behaviors. In forensic contexts, the model views the individual as an autonomous agent, highlighting the need for their active involvement in the decision-making process. This approach ensures that interventions respect individual autonomy while promoting a positive and adaptive path towards both personal wellbeing and community safety simultaneously (Ward & Gannon, 2006).

Focusing solely on risk management without due attention to wellbeing can potentially lead to a punitive approach when offering support, which may promote feelings of

disengagement and hostility (Krupnick et al., 2006; Rimondini et al., 2019; Sharf et al., 2010). An overly punitive stance can damage the therapeutic relationship, hindering the effectiveness of interventions (Catty, 2004). However, emphasizing wellbeing without considering important facilitating risk factors (e.g., offense-supportive cognition) may inadvertently increase the risk of engaging in abusive behaviors. It is crucial to recognize that a comprehensive approach could involve both mitigating risk factors and actively promoting the overall wellbeing of individuals.

Sexual Fulfilment as Risk Enhancing

Discussions around sexual satisfaction, particularly in the context of sexual attractions to children and the need to mitigate risk, often involves mentions of desensitization and increased tolerance to sexually explicit content. Some argue that exposure to certain materials allowing fulfilment can lead to feelings of desensitization, where individuals may become less responsive to the stimuli over time, seeking more extreme content to maintain the same level of sexual arousal (Seigfried-Spellar, 2016; Shor & Seida, 2019). This phenomenon is sometimes described using the "slippery slope" or "gateway" argument, suggesting that initial exposure to less explicit materials may act as a precursor to seeking more explicit or harmful content (Seigfried-Spellar & Rogers, 2013). However, it is important to note that the relationship between material consumption, desensitization, and subsequent behavior is not universally agreed upon within the academic and clinical communities (for conflicting accounts, see Ferguson & Hartley, 2022; Kohut et al., 2021; Malamuth, 2018).

Sexual satisfaction, when intertwined with offense-supportive beliefs, could pose as risk enhancing for individuals with sexual attractions to children. Offense-supportive beliefs are acknowledged as a significant risk factor for sexual offending, reflecting distorted attitudes that rationalize or justify engaging in sexually harmful behaviors (Bartels & Merdian, 2016; Helmus et al., 2013). Individuals holding such beliefs may downplay the

impact of their actions, assign blame externally, or normalize harmful behaviors (Mann & Hollin, 2007; Ward, 2000). These cognitive distortions create a framework that minimizes the perceived harm or consequences of sexual offenses, potentially increasing the risk of engaging in abusive behavior. With the possibility that promoting the achievement of sexual satisfaction could have risk enhancing outcomes, particularly if paired with such beliefs, research should explore these indices in more detail before fulfilment is worked towards as a treatment target in support settings.

Towards a Research Agenda for Studying Sexual Fulfilment as a Prevention Tool

Rigorous research is needed to determine the role of sexual fulfilment for people with sexual attractions to children. This may include exploring the following:

1. The conceptualization and achievement of sexual satisfaction for people with sexual attractions to children.
2. Associations between sexual fulfilment and indices of wellbeing and risk.
3. Clinician's perspectives on working with people with sexual attractions to children to achieve sexual fulfilment.

When proposing a research agenda to bridge the current gaps in our understanding of people with sexual attractions to children and their experiences of sexual fulfilment, we should firstly aim to understand how sexual satisfaction is conceptualized by those with attractions to children. Understanding how sexual satisfaction is, if at all, achieved necessitates an exploration into the use of sexual outlets to comprehend these processes more deeply. This could take the form of interviews with people sexually attracted to children, to obtain phenomenological accounts of their experiences, considering what has and has not supported their achievement of sexual satisfaction, and where support is lacking.

Moving forward, future research should also prioritize an exploration into the impact of supporting individuals with sexual attractions to children in achieving sexual fulfilment,

considering potential risks and contributions to wellbeing and the development of a positive self-identity. Investigating whether promoting legal and ethically acceptable outlets for sexual expression could serve as a protective factor is crucial. Understanding the relationship between sexual fulfilment, risk, and wellbeing is paramount for structuring more targeted support interventions for those accessing help related to sexual frustration. This exploration would not only inform preventative interventions to minimize the risk of sexual abuse perpetration but also contribute to enhancing the overall wellbeing of individuals with attractions to children.

Furthermore, gaining insights into clinicians' perspectives on working with this population to achieve sexual fulfilment adds an additional dimension to tailoring effective and compassionate treatment targets. Understanding how clinicians currently navigate the complexities of supporting individuals with sexual attractions to children in achieving sexual fulfilment could result in standardized practical guidance moving forward. In sum, future research should address these areas to offer a holistic understanding of sexual fulfilment, risk, and wellbeing, guiding the development of interventions that are both effective and ethically sound.

Conclusions

In this review, we have explored the arguments surrounding sexual attractions to children and sexual fulfilment, specifically exploring themes related to personal wellbeing and the prevention of child sexual abuse. We further sought to explore what is currently understood about the achievement of sexual satisfaction for individuals with sexual attractions to children, acknowledging the ethical challenges and legal considerations surrounding this. In doing so, we have highlighted what is currently known about the coping mechanisms individuals employ to achieve sexual fulfilment within current legal frameworks, emphasizing the need for a more nuanced understanding of these strategies to

scaffold effective support. We have presented some initial suggestions for a research program that further delves into the conceptualization and achievement of sexual satisfaction for this population, the potential risk and protective factors associated with this, and clinician's perspectives on working toward the goal of reducing sexual frustration. It is our hope that this exploration will encourage a more comprehensive understanding of the interplay between sexual wellbeing and the prevention of sexual offenses, contributing to the development of more informed approaches to support services and interventions.

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