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# Navigating Unconditional Positive Regard: Counsellors' Perspectives on Client Disclosures of Child Sexual Abuse Offending

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**Received:** 5 November 2024 | **Revised:** 9 March 2026 | **Accepted:** 2 April 2026

**Keywords:** child sex offenders | counselling | interviews | qualitative research | therapeutic relationship | unconditional positive regard

## ABSTRACT

**Objective:** This study explores counsellors' perceptions of working with clients who disclose thoughts regarding, or experience of perpetrating, sexual abuse of a child. Counselling of such clients is often framed as emotionally draining, distressing and a challenge for the core conditions of a productive therapeutic relationship, specifically unconditional positive regard (UPR).

**Method:** In-depth semi-structured interviews were conducted with 12 counsellors working privately or within the National Health Service within the United Kingdom. Interviews were recorded and transcribed verbatim and the data were explored using reflexive thematic analysis.

**Results:** Findings highlighted three themes: (1) The capacity to offer UPR is limited, highlighting the perceived limitations of working with UPR for counsellors, including issues such as incongruence and values conflict; (2) We have a duty of care to clients and victims, illustrating the motivations for working with this client group, including a feeling of duty to both the client and potential future victims; and (3) Working with 'the hurt person underneath', which illustrates how counsellors facilitate their ability to adhere to core conditions through the ways in which they view and position these clients.

**Conclusion:** While encounters may be uncommon, these findings illustrate a need to support therapists working with this population within routine therapeutic practice. This support is needed to overcome barriers to UPR and to build and maintain effective therapeutic relationships for this client group.

## 1 | Introduction

Sexual abuse of children is defined as sexual contact between an adult and a minor (Stoltenborgh et al. 2011). Child sexual abuse is often conflated with the concept of paedophilia (Harper et al. 2022), which is defined as a persistent and recurrent sexual interest in prepubertal children (Seto 2018). Estimates suggest prevalence of paedophilia may be between 3% and 5% of the general population (Seto 2009); however, only around 20%–50% of child sex offenders are classified as paedophiles (Schmidt et al. 2013) and not all paedophiles commit sexual abuse of children (Seto 2018). Some professions and workplaces in the United Kingdom (UK; e.g., schools and the National Health Service [NHS]) have a mandatory duty to report cases of abuse. However, there is currently no statutory obligation to report abuse in England (Department for Education 2024) and counsellors and psychotherapists working in private practice must make an ethical decision

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**Implications**

- Practice Implications
  - Counsellors may have personal histories that influence their responses to disclosures of child sexual abuse. Training providers should support trainees to examine their values and experiences and reflect on how this may influence their future interactions with clients.
  - Counsellors must engage in ongoing unconscious bias examination to help them identify the assumptions and beliefs which may influence their work with sex offenders as clients.
  - Accessible and high-quality supervision is needed for anyone working with a client who reveals thoughts or perpetration of child sexual abuse regardless of the setting in which the counsellor is working.
- Policy Implications
  - There is a need for increased opportunities to access supervision regarding child sex offending by practitioners working in private practice and non-specialist settings where clients reporting child sexual offences are not standard practice. Professional and registering bodies should lead on making these opportunities available to their membership.

regarding disclosure. Choices about whether to breach confidentiality in these instances are informed by the safeguarding principles reflected in professional body (e.g., British Association for Counselling and Psychotherapy [BACP], United Kingdom Council for Psychotherapy [UKCP], British Psychological Society [BPS]) ethical frameworks, with practitioners duty bound to act in the interests of children who may be at risk of significant harm. Ethical decision making is complex, and how principles are applied is influenced by individual counsellor therapeutic orientation, personality and previous professional training (Brown 2006). This may soon change with current calls for the introduction of mandatory reporting of child sexual abuse and the proposal that non-reporting should become a criminal offence in England (Foster 2026).

His Majesty's Prison and Probation Service (HMPPS) produce evidence-based guidelines on the rehabilitation strategies to be used with those convicted of a sexual offence (HM Prison and Probation Service 2024). For some serious offenders at medium or above risk of reoffending as judged by the RoSH guidance (HM Prison and Probation Service 2023), the pathway will include an accredited programme of rehabilitation. These programmes are grounded in a biopsychosocial strengths-based framework. This means that interventions aim to strengthen individuals' capability to desist through biological (e.g., recognition that brains can change throughout life), psychological (e.g., by addressing thinking and attitudes), and social (e.g., by targeting relationship skills like assertiveness, negotiation and problem solving) mechanisms. Delivery of these approaches is achieved through in-prison or community moderate intensity programmes (HM Prison and Probation Service 2024). HMPPS interventions are developed for sex offender rehabilitation; however, National Institute for Health and Care Excellence (NICE) guidance has indicated more research is needed to identify suitable interventions for people with paraphilic disorders which involve sexual arousal by atypical targets, including children, as the evidence for the effectiveness of existing interventions when used with these individuals is limited (National Institute for Health and Care Excellence 2017).

There is insufficient evidence that paedophilia can be changed and therefore interventions aim to support control of sexual arousal and teach management techniques (Seto 2009, 2018). There are many unanswered questions regarding the origins and causes of paedophilia; however, some theories propose risk factors linked to issues during prenatal development (e.g., pathogen exposure, pregnancy complications or maternal illness), brain abnormalities, and own experiences of childhood sexual abuse (Seto 2018). There is clearer insight into the origin of the enactment of sexual abuse of children, where behaviours are often linked to risk factors for other forms of crime (Seto 2018) and factors such as lacking the social skills to maintain emotionally healthy relationships with adults and using a child as a 'surrogate' sexual partner (Harper et al. 2022). Regardless of motivation, when therapy is mandated for child sex offenders this can create barriers to therapeutic alliance (Dowling et al. 2018).

It is estimated that there are around 3.1 million adult victims and survivors of child abuse in England and Wales, which represents around 5% of the total population (Home Office 2025). This suggests there is a high level of perpetration and therefore, while rare, individuals expressing a sexual interest in children can be encountered in any therapeutic setting, including those outside of mandated therapy. Person-centred therapy is commonly used by counsellors and aims to support clients with process-oriented work to become more aware of their patterns of experience (McLeod 2009). The first principle in person-centred therapy is that practitioners should aim to develop a relationship with their client through offering the core conditions of congruence, empathy, and unconditional positive regard (UPR; Rogers 1957). UPR is non-judgemental, non-possessive caring and is a key component of the relationship between a person-centred counsellor and their client (Rogers 1957). When a client brings a feeling or an element of their personality to therapy that the counsellor is unable to accept, due to their morals and self-beliefs, this can cause a rift in the therapeutic relationship (Rogers 1961). Maintaining the therapeutic alliance may be challenging for many counsellors when a client reveals that they have, or intend to, sexually abuse a child.

Discussion of sexual abuse poses challenges for UPR due to the nature of the behaviour, with members of the public often having negative perceptions of sexual offenders (Willis et al. 2013). Child sex offenders are frequently portrayed in a solely negative light, frequently lacking any complexity or recognition of their potential for rehabilitation (Harkins and Beech 2007). In addition, children's perceived innocence and vulnerability may trigger strong protective instincts in



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many people, as the age of the victim is known to influence perceptions of perpetrator blame (e.g., Rogers et al. 2007). Counsellors may find it difficult to keep these influences and feelings of sadness, anger or disgust (Costigliacci 2008) out of the client-therapist relationship, which may make it difficult to offer non-judgmental support. Although adhering to the condition of congruence, clients may disengage from the support and further disclosures if they feel judged in the relationship. In addition, working with this client group is mentally, physically, and emotionally draining (Chassman et al. 2010) and child sexual abusers can be difficult to work with due to a reluctance to engage with therapy and the use of excuse-making and denial (Brown 2013).

Caring professionals often show a reluctance to work with child sex offenders (Jahnke et al. 2015; Stiels-Glenn 2010) and self-care and good supervision are essential for ensuring counsellors working with these clients are appropriately supported to reduce the risk of burnout or vicarious trauma (Evans and Ward 2019). Despite the risks and perceptions, training about child sex offenders can foster motivation to work with these clients (Levenson and Grady 2019). Much of the focus on therapist perceptions of child sexual offenders has highlighted the negative impacts; however, there is also a call for more qualitative exploration of the potential for positives of working with child sex offenders, such as counsellor satisfaction, which may be achieved from rehabilitating offenders (Hardeberg Bach and Demuth 2018).

The aim of this study was to explore counsellor perceptions and experiences and address the question: 'What are the perceived barriers and facilitators to UPR when working with clients disclosing thoughts about, or perpetration of, child sexual abuse?'

## 2 | Methods

### 2.1 | Research Design

Ethical approval for this research was granted by the Univeristy of Staffordshire Psychology departmental ethics committee. A qualitative design was used, employing in-depth one-to-one interviews (Kvale and Brinkmann 2009) and reflexive thematic analysis (RTA; Braun and Clarke 2022).

### 2.2 | Researcher Characteristics

The first author is a 27-year-old undergraduate psychology student. They have previously completed a placement where they encountered child sexual offenders, which was the catalyst for their interest in this topic. The second author is a qualified cognitive behavioural therapist and supervisor of more than 10 years, with experience of forensic services including working with adults who had been convicted of child sexual offences. The research supervisor and third author is a Health and Care Professionals registered Health Psychologist with a postgraduate certificate in counselling. The first author conducted all interviews, and all authors contributed to the analysis and report writing.

### 2.3 | Participants

Participants were recruited through posters shared on counselling forum pages, university mailing lists and through snowball sampling (Braun and Clarke 2013). To participate, individuals needed to be over 18 years old, and either a trainee or qualified counsellor. The term 'counsellor' is not considered a protected title in the UK at present (Gov.UK 2025) and no definition of 'counsellor' was provided in recruitment materials. Participation was therefore open to any therapist who self-identified with this role. While relatively rare, it is possible for non-specialist counsellors to encounter disclosures of child sexual abuse perpetration and this can occur at any point in an individual's career, regardless of prior training or expertise; therefore, participants did not need to have experience of working with a client who had committed sexual abuse of a child as the research interest was in perceptions of the client group and what it might be like to work with them if encountered.

Twelve counsellors were recruited in line with sample size recommendations for small interview studies using RTA (Braun and Clarke 2013). Participant ages ranged between 29 and 54 years; 10 identified as female and two as male. Participants had a range of specialisms, including bereavement, domestic abuse and/or violence, addiction, mental disorders, and sexual crime, and all had at least 4 years of experience within the counselling sector, as a trainee or qualified. Places of work included NHS therapeutic services and private counselling practices. Further details and each participant's individual definition of UPR can be seen in Table 1.

### 2.4 | Procedure

Recruitment posters advised interested participants to contact the first author for further information. After contact was made, an information sheet and consent form were shared via email detailing the aims of the research. Participants returned written consent and were then contacted to arrange a mutually convenient interview time. Interview questions were developed through discussion between the first and last authors and consideration of the literature. The first author drafted the questions based on their understanding and engagement with research literature in this area. They then discussed an initial draft of the interview questions with the last author through a process of supervision. Feedback was given by the last author, and questions were adapted to be open and flexible to enable the participant to lead the discussions. Questions included:

- With what type of client issues may you find unconditional positive regard difficult?
- What do you think the barriers may be to unconditional positive regard for that type of client?

The schedule was piloted with one participant and minor modifications were made to the ordering of questions used with the remaining participants. Interviews lasted between 20 and 45 min, took place virtually using video messaging services and were audio recorded. Recordings were transcribed



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**TABLE 1** | Participant characteristics.

| ID | Therapeutic specialisms | Worked with clients who have committed child sexual abuse? | Personal definition of UPR |
|---|---|---|---|
| Alex | Domestic and sexual abuse, NHS staff, bereavement | No | 'This is their lived experience and valuing what they feel and what they think and just not judging people. You know as much as you can, and sometimes it takes a little bit and is difficult. It's trying to push my morals and values and beliefs aside and just being in the room with the client and just taking them at face value' |
| Billy | Bereavement, trauma, child sexual exploitation | Yes | 'Unconditional positive regard is about me being willing to accept that person for who they are. Umm and try to. Open my mind a little bit about where they're coming from. It's for me. Unconditional positive regard is less about saying what's wrong with you and more about asking what happened to you' |
| Chris | Public talking therapy service | Yes | 'We always try to make sure that we put our own, I suppose beliefs and life experiences to one side and try and consider [the client] on an individual basis and trying to see the world from their perspective and in that sense almost trying to step alongside them. and so we're not actually wearing their shoes. We are working alongside them and seeing what it's like to, I suppose, walk side by side in their shoes, but without necessarily trying to put our own input into it' |
| Dylan | Domestic abuse, sexual assault | Yes | 'As many of us counsellors say, it's about being able to walk in other people's shoes but leave your socks on. It's about finding out what's going on internally with these people so then we can find the trigger and help them using UPR' |
| Ellis | Domestic abuse, bereavement | Yes | '[I achieve UPR] By putting any bias or prejudices I may have aside and focusing on how can I help this type of individual. How can I help them move forward in a positive way in their life? How can I prevent them from committing crimes again' |
| Finn | Autism, Paranoia, Addiction | Yes | '[I achieve UPR] By trying to show understanding and have a heart towards these people, trying to pinpoint their root cause of what led them down their life story path and why they are where they are now and what can help them move forward. Nearly all cases show that the individual has been through something traumatic in their life ermm prior to their visit to me' |
| Gene | Sexual abuse, Paedophilia, bereavement, depression and anxiety | Yes | '[I achieve UPR] by being patient constructing the right questions and initially discussing points to the client to help them start revealing their issues to help them get on the right track to err rehabilitation. Ermm I just listen to them, but I try not to be too intrusive too soon and just show UPR as otherwise they will back off and just close the door on treatment' |
| Harper | Abortion, Miscarriage and Still-birth | Yes | 'By showing upmost compassion towards them, in my field especially it is so err sensitive, and must be treated with the respect and sensitivity it deserves regarding loss of a baby. Treated with dignity. And * pauses* I, I think like with any client, UPR should be given to all as everyone is going through something that led them to feel the need to seek counsel in the err first place' |

(Continues)



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**TABLE 1** | (Continued)

| ID | Therapeutic specialisms | Worked with clients who have committed child sexual abuse? | Personal definition of UPR |
|---|---|---|---|
| Ira | Mental Disorders, Depression, Domestic Abuse | Yes | 'By developing techniques to get them to open up I have been very well trained and my teaching tells me to be aaaa very good listener and to observe what the client is suggesting in their body language as well as what they share to me. I then use UPR to help them share more to help get to the root of their problems' |
| Jessie | Trainee, Addiction, Alcoholism, PTSD, Autism, Depression | No | 'I am very understanding anyway and with my ongoing training I use UPR to show understanding and to listen to the client so that they know I care for them to help get them on the right track to full treatment' |
| Kelly | Student issues, stress, depression, sexual assault | Yes | 'By taking the time to listen to what they have to share and their concerns. By um focusing on the roots of the problems that they stemmed from that led them to me in the first place, but er I think I use unconditional positive regard by showing understanding and support no matter how hard it is for what they share' |
| Lou | Student issues, stress, sexual assault, finance | No | 'By always showing understanding and support to them no matter what they say and to listen even if my own beliefs differ to err their own. Showing compassion despite saying something that could be difficult to hear' |

verbatim and, to preserve anonymity, all participant names were removed, and pseudonyms allocated. Non-gendered pseudonyms were used to further protect the identity of participants.

### 2.5 | Data Analysis

RTA was conducted from a critical realist perspective, which acknowledges that external reality exists for everyone, but that direct understanding of individual realities is not achievable and therefore perspectives on realities are only accessible through an interpretative process (Braun and Clarke 2022). The analysis process was guided by the phases outlined by Braun and Clarke (2022). Firstly, the first author immersed themselves within the data by re-reading transcripts several times to establish familiarisation. The first author then coded the data by annotating and labelling sections of the transcripts which were of interest; these codes reflected both semantic and potential latent ideas within the data. Initial themes were then generated by the first author, and these were developed and reviewed in collaboration with the third author. A table of themes was created, containing all quote examples for each theme. This table was reviewed by the first and third author to refine, define and name the themes. For each theme, a title was chosen and a short summary of the content of the theme and relevance to addressing the research question were produced. The analysis followed an iterative process, moving between the data, coding and theme development until the final themes were developed. A narrative account of the findings was produced by the first author and then reviewed and edited by the third author and agreed by all authors.

### 2.6 | Quality

The conduct and reporting of this research have been guided by Yardley's (2000) criteria for the conduct of high-quality qualitative research. To ensure *sensitivity to context,* the literature review situates this research within the broader literature, an open-ended and flexible interview schedule has been employed, and detail is provided regarding the demographic and situational context of the participants. *Commitment and rigour* have been achieved through the recruitment of a medium-sized sample for interview research (Braun and Clarke 2013), including participants from a range of ages and disciplines. This has also been supported by the involvement of three researchers with varying expertise in the analysis process. *Coherence and transparency* are illustrated through the provision of a detailed description of the analysis process and interrogation of developing themes by the research team and the inclusion of a range of quotes to support each theme (with further evidence provided in the Supporting Information). The *impact and importance* of the findings are drawn out in the discussion, where exploration of the findings is accompanied by clear implications for future research and practice.

## 3 | Results

Three themes were developed from the data:

1. Capacity to offer UPR is limited, with subthemes 'This is my boundary' and 'Their lack of admittance to fault or any remorse is a barrier'.



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2. We have a duty of care to clients and victims, with the subthemes 'I want to help them, it's my job' and 'How can I prevent them from committing crimes again?'
3. Working with 'the hurt person underneath'.

A summary of the themes and subthemes can be seen in Table 2.

### 3.1 | Capacity to Offer Unconditional Positive Regard Is Limited

UPR was recognised as a central component of the therapeutic relationship. The participant definitions of the concept emphasised taking an open and non-judgemental stance, putting own beliefs to one side, trying to see the world from the client's perspective and accepting the client for who they are (Table 1). The participants depicted relationship building as essential for therapeutic alliance but also acknowledged there were times when UPR could be challenging, describing this as their 'limit'.

These challenges were presented in two ways. Firstly, the subtheme 'This is my boundary' explores how UPR could be challenged when counsellors' values were confronted by the admittance of child sexual abuse and sometimes exacerbated by their own personal or close experiences. Secondly, the subtheme 'Lack of admittance to fault or any remorse is a barrier' illustrates how establishing a therapeutic relationship might be difficult when clients are not remorseful or are reluctant to engage with therapy.

#### 3.1.1 | 'This is my boundary'

The participants discussed how they constructed their own boundaries. Some behaviours were positioned beyond these boundaries and were therefore perceived to impact on their UPR. To explain this, some counsellors highlighted how certain behaviours conflicted with their own values and beliefs, meaning they did not feel they could remain judgement free and congruent if these behaviours were revealed by a client.

For example, Alex, who had not worked with this client group, had clear boundaries about the type of client they were willing to work with. Alex acknowledged the importance of reflecting on this and had explored their boundaries in clinical supervision. However, the boundaries remained and acted as a guide for who they were prepared to work with:

> I've explored this quite a lot in clinical supervision. This is my boundary. I really couldn't work with the client [if] he's committed any kind of offence towards child I just couldn't, I, I'm just aware that is my, from everything that I've reflected on over the years, I just know that this is my boundary. This is my limitation. It's just they aren't somebody that I could work with.
>
> (Alex)

Another participant explained how UPR was difficult due to close personal experience, asserting that they did their best to accept all clients, but in some cases, this would not be possible:

> Those who have committed rape, bestiality, child sex crimes, anything in that category is hard to offer UPR to. I have in some particular cases refused to help them as they hit too close to home from a personal experience in my family. But nine times out of ten I will do my best to accept every client.
>
> (Finn)

In both examples, we see the need to explain and justify. Alex legitimises their choice through drawing on the use of supervision and portraying an attempt to examine their boundaries, while Finn asserts their willingness to work with all clients, regardless of behaviours, but tempers this with the suggestion that 1 out of 10 clients would be beyond their boundaries.

Other participants did not openly express that they would choose not to work with such clients. Instead, they constructed the idea that listening to accounts of these behaviours would be emotionally challenging:

> [what] I do find quite difficult is, because of the gravity of sexual offences, particularly towards children, but just sexual offences in general it's hard to hear. It's very difficult to put that to one side for myself because it goes against my values, particularly as children are vulnerable and they are very dependent on adults and when that is then being taken advantage of in very inappropriate and exploitation, exploitative ways, and I find it really hard to grasp somebody's decision to do that deliberately towards children in particular. (Chris)

> I'd probably say [UPR is hard with] those who have shared they have committed a crime such as sexual assault, rape or even worse to paedophiles, as no person, let alone a child, should go through such abuse at such an innocent age. (Lou)

In these examples, the gravity of the offence presented a challenge. The participants reflected on the victim in the scenarios, with children being portrayed as innocent and in need of protection. Accepting a willingness to abuse a child contradicted their own values and they found it too challenging to refrain from judgement of these clients. Some participants also suggested that if a client had committed sexual abuse of a child, there was an enhanced need to protect their own boundaries to remain safe as a therapist. These participants constructed such clients as dangerous and manipulative:

> [child sexual abusers] will have, you know will be very good at grooming and they might try and perpetrate that on you. They might try and groom you and get you on their side. And because you want to show compassion to them and empathy and UPR towards them you, there runs that risk of getting pulled into something that you don't realize you're



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**TABLE 2** | Summary of themes and subthemes.

| Theme title | Subtheme | Example quote |
|---|---|---|
| Capacity to offer UPR is limited | This is my boundary | 'Those who have committed rape, bestiality, child sex crimes, anything in that category is hard to offer UPR too. I have in some particular cases refused to help them as they hit too close to home from a personal experience in my family.' (Finn) |
| | Lack of admittance to fault or any remorse is a barrier | 'I do also struggle sometimes when a client shows no remorse for any of their crime. Cause *pauses* at least if they show remorse they're showing understanding they've done wrong.' (Dylan) |
| We have a duty of care to clients and victims | I want to help them, it's my job | 'It is distressing to hear what they reveal to you as a counsellor, as like I say it is a concern when in conversation with paedophiles they justify what they do as if it is ok when it is not. And as a counsellor with my own beliefs I do struggle to hear it sometimes, but it is part of the role as a counsellor and my duty of being one.' (Gene) |
| | How can I prevent them from committing crimes again? | 'I am going to give them that unconditional positive regard and to be congruent *pauses* and in the sessions and to give them that space so that they feel listened to and heard, expressing their difficulties and maybe what led them to committing offences in the first place, which may be really helpful for them in the long run, and then you know you would hope that that would lead to chance of then healing and not necessarily committing anything like that again in the future.' (Chris) |
| Working with 'the hurt person underneath' | | 'I felt really unsettled and it really I really had to sit and sort of ask myself how I want to do this work. How am I gonna do it? And it was about me building empathy. You know, again reminding myself that there's a person under here who's hurt who's also experienced abuse very often. And they're sort of playing out whenever was perpetrated on them. So it's about me working with that person as opposed to and what they did. I'm working with who they are.' (Billy) |

> getting pulled into. So that's and that's where I think supervision is key. Talking about things with your supervisor and having your own personal therapy as well.
>
> (Billy)

> [You have to] always be cautious too as you never know if the client is trying to groom you also into thinking and feeling a type of way as the counsellor so it goes both ways... Open your mind up to help them offering UPR but always be mindful that they could manipulate you also into thinking their way of thinking.
>
> (Gene)

Both Billy and Gene had experience of working with child sexual offenders and these examples highlight pre-conceptions and potential biases regarding this type of client. These preconceptions lead to caution, and a felt need to protect themselves around these clients. In these examples, UPR is constructed as potentially dangerous, putting the counsellor in a position of vulnerability whereby the client may also do harm to them.

#### 3.1.2 | 'Lack of Admittance to Fault or Any Remorse is a Barrier'

The participants asserted that the expression of remorse by clients who had committed child sexual assault facilitated the therapeutic relationship. However, this was part of the perceived limits of UPR, as without expression of remorse and desire for change, the counsellor would find it challenging to work with the client. For example, Harper and Dylan explained:

> I think [it's hard to have UPR for] ones that have committed serious crimes that have caused harm to others and show lack of remorse. It's difficult offering UPR to someone who doesn't admit any fault in what they have done.
>
> (Harper)

> I do also struggle sometimes when a client shows no remorse for any of their crime. Cause at least if they show remorse, they're showing understanding they've done wrong.
>
> (Dylan)



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There was a perception that to move the client forward through therapeutic work then remorse was the first step. Once a client was remorseful, it facilitated the counsellor to accept them and be congruent in their interactions. There was also an acknowledgement that this remorse was not expected to be instant; however, there were limits to how long the client could remain unremorseful before it would push the counsellors' limit, as discussed in the first theme. Billy explained:

> I know it's very hard for them to do that [show remorse] in the very beginning. So, I'm not expecting them to come in straight off and be like, 'Yep, you know what I did was wrong? absolutely is my fault', but if I can see over a period of time, they show remorse I can deal with it better. But if there is an inability to admit fault and a lack of remorse about what they did, and I think that's when I, my UPR, has kind of reached its limit because it's showing a lack of regard.
>
> (Billy)

Billy reflected on the difference between a client who shows progress and starts to admit fault compared to one who, over time, remains unremorseful. While no deadline is set on the change of perspective, the participant is clear that there is a limit, after which point the therapeutic relationship is likely to be ruptured. Ellis, who was more experienced with such clients, highlighted how, with experience, the limits of offering UPR may be expanded. However, Ellis also acknowledged that working with clients who did not show remorse was difficult:

> At the beginning I found it deeply upsetting. In my first few clients like these, I struggled and had to take breaks after dealing with them, as it can get overwhelming to listen to especially when they speak terribly about it or show a lack of remorse for what they have done. As the victim's life will be changed forever due to what they've done. In our job our aim to prevent it from happening again. We have to put aside the wrongs and move forward to correct their behaviour and choices with no bias. Personal thoughts have to be lay aside.
>
> (Ellis)

Ellis also highlighted the importance of self-care for the counsellor when working with challenging clients. This was particularly important when behaviours had a victim. In this example, Ellis could see the incident from the victim's perspective, positioning them as another individual for whom they have a duty of care. This duty to both client and victim could be a strong motivator for working to build the relationship with these clients, as is discussed further in the next theme.

## 3.2 | We Have a Duty of Care to Clients and Victims

The participants reflected on the expectations of therapeutic practice and their duty of care to the client to explain motivations as facilitators of UPR. Firstly, the subtheme 'I want to help them, it's my job' highlights the ways in which counsellors constructed working with the client therapeutically as a duty within their role. For some, this was explained by becoming 'thick skinned' and hardened to admittance of socially unacceptable behaviours. Secondly, the subtheme 'How can I prevent them from committing crimes again?' illustrates a sense of duty to both the client and the victims to prevent future offending. These motivations were grounded in perceptions of the differences that could be achieved through rehabilitation. Counsellors saw reluctant clients as a challenge to be solved and recognised their unique position as a therapist to make a difference to both clients and their potential victims. The chance to remove the risk of future perpetrating was a strong motivator and could result in a feeling of fulfilment and satisfaction in their work.

### 3.2.1 | 'I Want to Help Them, It's My Job'

Many of the participants expressed that they perceived the nature of their role to be to work with clients regardless of the experiences they share during therapy. Participants drew on their duty as counsellors to commit to establishing a therapeutic relationship, and for this reason they would offer support to all clients:

> And in my job counselling, working with this type of client can be one of those things that are extremely difficult. But you have a role, and that role is to help treat the client and to stop them repeating such crime again and helping them. We have a duty to do so, morals aside, if we want it to stop then we must help them to stop.
>
> (Dylan)

Dylan spoke about the power of their role as a counsellor overriding their own beliefs and morals. This viewpoint was facilitated by their ability to build effective therapeutic relationships but was also motivated by the aim to help them to 'stop', which brought the work back to aligning with their own morals.

Other participants highlighted that there was a duty to help the client, even if they were not the one to do it. For example, Alex, who would not choose to work with such a client, explained:

> I would say, you know, I'll refer you to somebody else who will be able to work with you. I wouldn't kind of like leave that client high and dry.
>
> (Alex)

Some explained that they were not in the position to choose their clients within their role and therefore they needed to find ways to work with them. For Billy, this was rationalised through the role being possible regardless of how you feel about the client:

> Working with clients even in general is not about whether or not you like them. You can not like



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> somebody and still support them in a counselling relationship and vice versa.
>
> (Billy)

Where the participants had longer term experience of working with such clients, they could develop coping strategies and new perspectives that supported them to suspend their own beliefs and ensure UPR. Ira described this as developing a 'thick skin':

> I have had the experience for that many years working with all kinds of clients and I'd say you develop a thick skin towards general difficult things that are shared in the session. I am completely non-biased and non-judgemental now [...] Quite a few [clients] unfortunately have shared [committing child sexual abuse] to me in the past and they can be very extreme and complicated to help treat but if they disclose this to me it means that the counselling is working as they feel comfortable enough to share this with me. Professionally I have to help them regardless.
>
> (Ira)

For Ira, the repeated exposure to such clients seemed to have hardened them to hearing about difficult topics. This 'thick skin' was described as protective, sheltering them from some of the negative emotions and distress mentioned by other participants and supporting them to remain in their 'role' and embody the core conditions. This protection might also be implied through Ira's statement of being 'completely non-biased and non-judgemental', which is arguably an unachievable goal for all therapists, but serves here to reinforce Ira's commitment to working with all clients regardless of what they reveal. This approach was perceived to be justified and rewarded when they felt the client showed progress. Finn also explained the potential for reward and, like Ira, framed this by positioning themselves as having 'no bias':

> It is rewarding to help these types of clients, but it can be draining working on these cases and a break is necessary to be optimally working with them, so no bias is involved or any of my own self beliefs.
>
> (Finn)

Finn described their work as rewarding but draining. It was felt that it was only possible for them to continue to work with clients when they also took time for themselves to reflect, as without this time away from difficult clients, there was a risk of their own bias and self-beliefs becoming a barrier to UPR.

#### 3.2.2 | 'How Can I Prevent Them from Committing Crimes Again?'

In addition to seeing progress in a client being rewarding, the counsellors also spoke of the victims and the perception that by making a difference with the client they were also fulfilling their duty of care to potential future victims.

Often, the first encounter with a client who shared having sexually abused a child was portrayed as difficult and shocking. However, success and progress with these clients could also be a motivator, particularly when others may be reluctant to work with them, as was explored in theme 1. Dylan explained:

> I was in shock when I first came across this kind of client, but now after the experience of this, it motivates me more to try treat these people so that they never do it again. Nobody wants to help these type of people so if we can try prevent then I will.
>
> (Dylan)

Prevention was key for many of the counsellors and there was a strong belief that by offering the core conditions they could facilitate change and protect others in the future. For Gene, this motivation was particularly acute given that they were aware of the serious outcomes for the victim, including loss of life:

> In some cases, the victim unfortunately that has been that affected by their abuse, they have committed suicide ending their life due to the traumatic experience they have been through and that is extremely difficult as a counsellor to then help the individual who has caused such an experience on an innocent person. But I have to focus on the internal side of the client's problems that led them to committing such abuse and prevent this from ever happening to anybody else.
>
> (Gene)

Achieving the goal of protecting both client and future victims could be fulfilling, again highlighting some of the motivating factors that facilitated the commitment to building a therapeutic relationship with the client:

> I did struggle initially, but now the process of helping a child sex offender is actually weirdly fulfilling. I am satisfied in the process of making the client understand what they have done is wrong and not normal and when the client finally gets that and does their best to work on not doing anything like this again. it is fulfilling.
>
> (Harper)

Participants depicted uncovering and addressing the cause of the offence as them doing all in their power to facilitate change and remove risk of future offending. This was perceived to motivate them to work with UPR as it was through this relationship they believed that change could be achieved:

> I am going to give them that unconditional positive regard and to be congruent ... and in the sessions and



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> to give them that space so that they feel listened to and heard, expressing their difficulties and maybe what led them to committing offences in the first place, which may be really helpful for them in the long run, and then you know you would hope that that would lead to chance of then healing and not necessarily committing anything like that again in the future.
>
> (Chris)

Chris portrayed the motivation to help the client through facilitating healing and preventing future offending, but also highlighted the perception that the client themselves may be a victim. Relationship building and UPR was therefore perceived to facilitate exploration of the clients' own negative experiences, as discussed in the next theme.

### 3.3 | Working With 'The Hurt Person Underneath'

Central to UPR is the ability to engage with the client as another human being. The counsellors rationalised the behaviours of child sex offenders by highlighting their humanity and often framing perpetrators as individuals who had also experienced trauma and were therefore deserving of therapeutic support just like any other client. By viewing their clients in this way, UPR could be facilitated.

Billy explained this by positioning the behaviour of child sex offenders as unnatural and therefore something to be explored and resolved:

> With perpetrators of abuse, I think. I believe that that is not a natural state. So, when I am working with somebody who is a paedophile or a sex offender, I'm asking what has led to that behaviour, what has how has that, and how has that behaviour escalated? Because very often in my experience, you know they don't go zero to 100, it's a slow, slow drip and a slow development. And so, my focus is actually on on staying grounded in remembering that there is a person under there still, and that's what the UPR is about to me what unconditional positive regard is. It doesn't mean I agree with what they did or I'm making excuses for that, but it's just remembering that there's a person underneath all of that, that is probably hurting and did probably experience something.
>
> (Billy)

Billy positioned these clients as victims of abuse, and this helped to connect with them therapeutically and stay grounded in their experience regardless of whether they condoned the actions of the client. Similarly, Dylan focussed on the potential for their client to also be a victim of child sexual abuse. Positioning the client as also a victim helped them to develop UPR:

> Most people think they are vile human beings and I don't blame them but social media impacts this massively as well as film and media a lot of the time takes the mick out of paedophiles calling people 'nonces' in say like the Afterlife with Rickey Gervais, they are made out to be losers and low lives straight from the get-go. When in reality those who commit child sexual-related crimes, come from a neglected childhood with many issues that lead them to this path. I am not saying it's right at all it isn't, but the media doesn't ever depict the causes of what makes these people commit such a crime.
>
> (Dylan)

Dylan disclaims repeatedly against condoning child sexual abuse but also justified and explained their willingness to work with the client through drawing on the stigma and negative social positioning of child sex abusers. Dylan hinted at a perception of danger that the clients faced in society and the risk this posed for future psychological damage and abuse which could perpetuate the cycle. These risks were also highlighted by Lou, who referred to the hateful responses to offenders which occur online and in the media:

> Most offenders have experienced trauma and hardship in their life and it's our job to help these individuals. There is so much hatred due to the media due to focusing on paedophiles especially online on social media and so nobody wants to help them which I do understand. But they have problems too.
>
> (Lou)

Like Dylan, Lou acknowledged the reasons why people may choose not to work with this client group, but through positioning them as a client with their own hardships and trauma, Lou was able to rationalise UPR. Harper also talked about such stereotypes and how developing knowledge about the causes of these behaviours could help to connect with the client and explore the potential trauma underlying their crimes:

> I think stereotypes and stigmas really affect how views on child sex offenders as we tend to judge that they are born to be child abusers and haven't experienced hardship but instead just an evil person. When in reality 9 times out of 10 they have too experienced abuse, neglect, or trauma in their life that led them to this path. Doesn't make it right, but it allows understanding of the client for us to then focus on to help them from prevention of committing a crime again.
>
> (Harper)

Harper portrayed the connection with the client and the ability to view their humanity as linked to the potential end goal of future offending and ultimate protection of the victim, as explored in the previous theme.



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## 4 | Discussion

This research aimed to explore counsellor perceptions of working with UPR when encountering clients who reveal sexual abuse of a child. Through RTA of interviews with counsellors, three themes were developed: (1) capacity to offer UPR is limited, (2) we have a duty of care to clients and victims, and (3) working with 'the hurt person underneath'.

The participants highlighted how UPR was not easy or sometimes even possible with all clients. For some, personal or close experiences meant that there were some client issues, including child sexual abuse, that they felt they could not work with. In these cases, core values and beliefs regarding these behaviours created barriers to UPR and for some counsellors influenced decisions about which clients they would work with. It has been reported that counsellors' preconceptions about offenders can influence how they experience working with them (Fuselier et al. 2002) and that many professionals may show a reluctance to work with this client group (Jahnke et al. 2015; Stiels-Glenn 2010). The findings of the present study illustrate the reasons for some of these decisions, including prior experience and personal values. In addition, some of the participants highlighted that they did not have choice over the clients they work with, and for these counsellors, working with clients who challenged their values could be particularly distressing, as has been reported in past research (Friedrich and Leiper 2006). Many participants also discussed how the client's response to therapy influenced their ability to form an effective therapeutic relationship. They portrayed a belief system in which a client who failed to admit guilt or show remorse could create a barrier to UPR. Conflictingly, this belief system presents a challenge for Rogers' UPR, which advocates there should be no conditions imposed on acceptance of the client (Rogers 1961).

Some participants drew on their duty of care to justify their work with clients who express thoughts or experiences of perpetrating child sexual abuse. This feeling of duty facilitated motivation to work with clients regardless of the counsellors' values and this in turn supported counsellors to build therapeutic relationships grounded in UPR. However, the accounts illustrated that this was not always easy, and many participants constructed working with such clients as a duty and part of their role rather than a choice. In addition, participants spoke about the potential reward for supporting a client to reduce the risk of offending and reflected on the benefit of preventing future abuse, and therefore protecting future victims, as a motivator for working with these clients. This resonates with a study by Scheela (2001), who also found that working with sex offender clients could be motivating, with participants explaining how they were excited to help rehabilitate and treat offenders. However, the feeling of responsibility to future victims, outside the scope of the therapeutic relationship, highlights a potential danger to counsellors' wellbeing given the already high risk of burnout posed by working with sex offenders (Kadambi and Truscott 2003). Participants also described the ways in which UPR was facilitated through taking a view of the client as a 'hurt individual' just like any other client in need of their support. The participants spoke about putting the behaviour to one side and focusing on the person underneath though connecting with what they perceived to be the pain and suffering of the client. This approach to focusing on the client rather than the crime is essential for building a successful relationship in which the client can move towards rehabilitation (Eldridge 2012). Furthermore, some participants highlighted how working with such clients, while initially challenging and shocking, could become easier over time, suggesting potential for repeated exposure, alongside supervision, to expand counsellors' willingness to engage. This aligns with evidence that clinical supervision can impact on counsellor self-efficacy (Lohani and Sharma 2023).

The participants also discussed their beliefs regarding client motivations which tended to assume that the client's past trauma was the cause of their current behaviours. These accounts indicate that some counsellors feel the need to search for something that justifies the offender's behaviour (Eisenman 2000) before UPR is possible. Counsellors may unconsciously make assumptions about some clients, a process which conflicts with UPR and the core conditions required for strong therapeutic relationships (Rogers 1961). Unconscious beliefs and stereotypes about the factors that may have led to the behaviour of a client commonly included assumptions about sexual or other abuse. While evidence suggests abuse and challenging upbringing is common in the histories of child sex offenders (Freund and Kuban 1994), caution should be taken to explore the individual client's story before conclusions are drawn. Additionally, stereotypical beliefs and assumptions regarding the personality and underlying motivations of these clients was also evident, with some counsellors being concerned about being groomed or put at risk when working with this type of client. Research is needed to explore this perception of clients by counsellors and how it might interact with the client-therapist relationship. Given participants varying views on their capacity and willingness to work with these clients, future research could examine counsellors' awareness of victimhood and the extent to which this shapes their decisions to accept or decline such cases.

Knowledge of factors which may contribute to committing abuse could also break down barriers to UPR, as past research has shown that experienced sex offender professionals tend to hold fewer negative stereotypes about sex offenders, hold more positive attitudes towards them, and have a greater level of knowledge regarding child abuse when compared to less experienced therapists (Sanghara and Wilson 2006). A lack of knowledge about child abuse may lead to increased stereotyping of potential child sex offenders, which appeared to be illustrated in this sample. Even in specialist services, there can be a perception that supervision and employer support when working with sex offenders is inadequate (Willis et al. 2018); those working in non-specialist services and private practice are likely to be even more at risk when encountering these clients. This highlights the need for accessible training and specialist supervision to help support counsellors in both public and private settings to work effectively with these clients and seek high-quality supervision when needed.

### 4.1 | Limitations

Context is important for the transferability of qualitative research findings. Participant demographics are provided in this study;



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however, no information was collected regarding the supervision access and experiences of the counsellors. Therefore, detailed exploration of how support and supervision facilitate UPR with these clients was not developed in this study. Future research should explore the supervision experiences of those working in non-specialist settings who encounter child sex offenders.

Some of the counsellors in this research had experience of working with this client group and others did not. Therefore, a range of perspectives is illustrated in the findings; however, these do not necessarily represent those working in mandated therapy. Future research exploring UPR with therapists working in mandated therapy settings for perpetrators of child sexual abuse would be a valuable contribution to the literature.

Like most other research in this area, it is worth noting that participants were all English-speaking counsellors. This limitation poses a challenge because our understanding of intergenerational sex is influenced by social factors that can vary across different cultural contexts. These contextual differences can significantly impact how counsellors perceive working with these clients and the predicted outcomes. As such, cultural sensitivity should be taken into consideration when conducting research in this area (Sue 1998) and exploration of a broader range of counsellor perceptions and experiences is needed. Furthermore, this research was conducted in the United Kingdom (UK), in which the legal age of consent for sexual activity is 16. Age of sexual consent varies substantially across countries from 11 to 21 years (Petroni et al. 2019). It would therefore be of value to explore perceptions of therapists working in other countries where age of consent differs to the UK.

Throughout the accounts, when justifying their work with these clients or their beliefs regarding the reasons for perpetration, participants frequently drew on extreme case formulations (Pomerantz 1986). For example, participants used statements like 'nobody wants to help these types of people' and 'I am completely non-biased and non-judgemental now', and '9 times out of 10'. The participants appeared to use these statements to justify to themselves and the interviewer their stance on working with clients who are often, in broader cultural narratives, portrayed as unworthy of help and support. Deconstruction of language use was not a key aim of the present research or essential for the analytic methodology employed. Future research employing discursive analytical approaches would add value through an examination of how language used constructs social reality and, in turn, the role this may play in therapeutic power dynamics and therapist identity.

## 5 | Conclusions

Working therapeutically with individuals who report thoughts about, or experience of, perpetrating child sexual abuse is difficult for those in helping professions. For some, this client group is beyond the limits of their perceived capacity to work with UPR. When encounters with these clients occur, counsellors draw on narratives regarding duty of care and clients as victims to bolster UPR and motivate themselves to offer support. However, these approaches also reveal potential unconscious assumptions and biases which should be carefully examined through supervision. Good supervision, ideally from a supervisor with knowledge and experience of working with sex offenders, is essential for counselling practice, particularly so when clients challenge a counsellor's values and beliefs. Counsellors working with clients who reveal thoughts about, or experience of, perpetrating child sexual abuse need support and appropriate supervision to examine their beliefs and biases and overcome potential barriers to UPR.


### Funding

The authors have nothing to report.


### Ethics Statement

Ethical approval for this research was obtained from the Staffordshire University Psychology departmental ethics committee (UG/AP/14.12.23/AB).

### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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## Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** Quotes by theme.



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