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of Justice

Participant views of the Healthy Sex Programme: findings from a qualitative research study

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The author[s]

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1. Summary

For the past two decades, His Majesty's Prison and Probation Service (HMPPS) in England and Wales have delivered an accredited offending behaviour programme aimed at adult males (and transgender females) with sexual convictions who present with offence-related (paraphilic) sexual interests. It is called the Healthy Sex Programme (HSP). HSP is based on a biopsychosocial model of change and draws on a variety of intervention procedures from across a wide spectrum clinical practice in applied psychology. The programme is open to those with and without learning disability and challenges (LDC) and is typically accessed following the completion of a primary accredited programme. It provides 12 to 30 hours of one-to-one therapeutic time, split across five modules of clinical content, and is designed to increase safe sexual self-regulation, to strengthen social capacities for prosocial change and motivation to desist from crime through its eight aims set out below.

1. Understand healthy and unhealthy sex.
2. Identify and regulate triggers to arousal to healthy and unhealthy sex.
3. Increase arousal to healthy sex and reduce arousal to unhealthy sex.
4. Increase behavioural control over sexual thoughts and urges.
5. Strengthen skills for adult intimacy.
6. Strengthen a compassionate self with intention and skills to be helpful not harmful.
7. Clarify personal values and ensure values dignify learning skills for change.
8. Update Relapse Prevention plans.

The Qualitative Evaluation

The Centre for Applied Social Sciences, Policy, Practice, and Research (CASSPPR) at the University of Derby was commissioned by the Ministry of Justice (MoJ) to conduct a qualitative evaluation of the HSP. To date, two quantitative research projects have been carried using HSP data. One provided indicative evidence of participants' pre-to-post change on several programme targets and the other reported actual versus predicted sexual reoffending rates for a small sample of individuals who had attended HSP.

However, there has so far been no published research that has focused on individuals' experiences of the programme. Using a broad and inclusive sample, this research aimed to focus on:

- Understanding and exploring the lived experience of HSP participants, including their perspectives on the relevancy of their learning to their individual needs.
- Exploring the perceived effectiveness of HSP, particularly focusing on several of the cognitive-behavioural procedures used (behavioural modification, interpersonal/intimacy skills practice, compassion exercises and mindfulness),
- Participants' experiences of therapeutic alliance with their therapist and the support they received; and,
- Participants' confidence in (or concerns about), applying the skills they had learnt on HSP in routine daily life.

Methodology

This study was a relatively large-scale multi-prison qualitative evaluation of HSP. Data was collected from 34 in-depth face-to-face interviews with male and transgender female adults who had completed the programme. Purposive quota sampling was used, meaning selection was based on pre-defined criteria and quotas to ensure good representation of participants. The interviews were semi-structured across five prisons in England and Wales and lasted approximately one hour. Interviews were audio-recorded and transcribed. They explored participants' pre-programme expectations, motivations and experiences, on-programme learning and experiences of specific HSP content, the nature and quality of their relationships with their therapist and perception of self-identity pre-, during and post-HSP.

Interview data were analysed using a phenomenologically-oriented thematic analysis, which involved detailed readings and familiarisation of the transcripts, initial and systematic coding, generating initial themes, and then reviewing and labelling themes ensuring they were consistent with the coding and grounded in the interview data. Inter-coder agreement was used to verify the consistency and plausibility of the coding, enhancing the robustness of the research.

Methodological limitations and interpreting findings

Several methodological limitations were noted and should be considered when interpreting findings. The key ones are set out below.

- The purposive quota sampling may have led to non-representative HSP participant cohort and, therefore, a degree of caution should be applied when interpreting findings.
- Most study participants were of White British ethnicity, and although this was reflective of the broader composition of programme participants, findings may not be culturally representative for all ethnic groups.
- The focus on lower security prisons may mean that findings do not represent how HSP was delivered and received across the high secure estate.

Key Findings

The qualitative analysis highlighted four main themes, which are set out below.

- **Programme with a difference:** Participants noted several features of HSP that positively distinguished it from other accredited offending behaviour programmes, including helpful qualities of the therapist and their therapists' efforts to tailor the programme to them as individuals. Participants also highlighted the importance of HSP being holistically focused, providing the opportunity for whole-life learning beyond healthy sex. Participants further described how HSP drew upon familiar elements from previous programmes that they had experienced, which provided an opportunity for them to build upon their prior learning, whilst a smaller subset found this quality limited the novelty of HSP.
- **Developing sexual self and sexual self-regulation:** Through completing HSP, participants expressed a greater understanding of their sexual self. This led to participants feeling they had gained greater insight into which skills and techniques would be most appropriate for them to manage their thoughts, feelings and behaviours. A greater understanding of their sexual selves appeared to enable participants to identify and effectively manage their triggers, become more open and comfortable with their sexuality and reduce feelings of shame. Reflecting on past experiences and relationships played a valuable role in participants' ability to

develop an understanding of their sexual selves. Mindfulness skills and behaviour modification techniques were highlighted as useful self-regulation strategies.

- **Relational growth:** Most participants articulated that HSP had helped them foster healthy relationships, not only with others but also with themselves. New understandings of healthy sex and healthy relationships were developed alongside building an awareness of harmful forms of sex and unhealthy relationships. Participants expressed that they were now able to be more trusting and open with others, particularly their therapists and wider prison staff, something which they had struggled with prior to HSP. Additionally, HSP's focus on cultivating compassion also appeared to allow for internal relational growth with many participants able to develop a greater understanding of, and skills for managing, high levels of internalised shame (self-criticism).
- **Not a silver bullet:** Despite participants describing many positive experiences and outcomes associated with HSP, they recognised that the programme was not a "cure" and, (in line with wider evidence on the efficacy of the therapeutic techniques used on the programme), participants recognised the need for ongoing practice of skills, particularly as they move back into the community. Participants also identified various barriers within the wider prison which can impact progress, for example, some participants reported long waiting lists, limited pre-programme information, shared accommodation (lacking privacy), medication and prison as an artificial testing ground for practicing self-regulation skills.

Conclusion

This evaluation has provided an in-depth qualitative exploration of the lived experiences of 34 HSP graduates, capturing both key benefits and areas for development. The findings must be considered in light of the limitations set out above. The report highlights the following points for consideration:

1. **Therapeutic relationships and alliance:** Therapists should continue to focus on building compassionate, non-judgmental, genuine, and sensitive relationships with participants to create a safe environment that allows for trust and openness whilst being flexible to participants' unique needs.

2. Holistic and compassion-oriented approach: The HSP's whole-person approach to supporting growth, compassion, building healthy adaptive sexual identities, and capacities for healthier sex are powerful qualities of the programme.

3. Addressing barriers: To address potential barriers that were identified in this study, attention should be given to strengthening the quality of pre-programme information provided to participants, ensuring single cell occupancy during the programme, and increasing opportunities for skills practice whilst in prison.

4. Post-programme and post-release support: Programme graduates would benefit from continual professional support following HSP, for example through structured conversations as part of supervision, or refreshers which keep them engaged with their goals, and practicing the self-regulation skills they have learned. For many, this would alleviate apprehensions about life post-release.

Overall, these qualitative findings show that HSP can equip participants with valuable knowledge, skills and techniques for future healthy relationships and safe management of their paraphilic interests, urges and behaviours.

2. Introduction

For the past two decades, His Majesty's Prison and Probation Service (HMPPS) in England and Wales has delivered an accredited¹ offending behaviour programme for people in prison who present with offence-related sexual interests. This programme is called the 'Healthy Sex Programme' (HSP). Offence-related sexual interests are referred to clinically as 'paraphilias'. They are defined as recurring patterns of arousal to unusual sexual desires involving harmful, abusive or illegal activities. Common examples include arousal to sexual activity with prepubescent children (paedophilia), or inflicting pain, humiliation, and suffering on others (sexual sadism). Certain paraphilias such as paedophilia are reasonably stable across a person's life and for some people, they may cause distress, impairment or harmful acts. In such cases, a clinical diagnosis is often applicable. However, it is important to clarify that many people convicted of a sexual offence do not present with a strongly manifest paraphilia. In many cases their risk profiles reflect a range of other factors relevant to nonsexual offending. As such, only a small proportion of people in prison with convictions for sexual offences are suited to the HSP. Participants who access HSP must be either experiencing current arousal to paraphilic thoughts and urges or acknowledge a paraphilia that is in remission. In both cases, they must also be motivated to learn new skills through participation in the programme.

The HSP was introduced in prisons in 2004, having been recommended for HMPPS accreditation by an independent group of experts called the Correctional Service Advice and Accreditation Panel (CSAAP) (see Appendix 1 for further details). This original version of the intervention was called the 'Healthy Sexual Functioning' (HSF) programme. It centred on the use of behaviour therapy procedures including functional analysis and behaviour modification to help people explore, manage and modify their arousal patterns. The HSF programme was designed for those assessed as medium or above risk of sexual

¹ Accredited offending behaviour programmes aim to change the thinking, attitudes and behaviours which may lead people to reoffend. They are delivered in groups or one-to-one and typically use cognitive-behavioural techniques to encourage prosocial attitudes and goals for the future and are designed to help people develop new skills to stop their offending. Further details about accredited offending behaviour programmes can be found here: [Ministry of Justice and HMPPS: Offending behaviour programmes and interventions](#)

reoffending with active arousal to paraphilic thoughts. It was designed as a secondary programme to be accessed following completion of a group programme(s). The HSF programme originally comprised 15 one-to-one sessions lasting between 60 and 90 minutes delivered by a registered psychologist, qualified probation officer or psychologist in training and was later increased to 20 sessions. Early qualitative research (Dean & Barnett, 2010) revealed that therapists delivering the programme experienced positive and negative changes in how they viewed themselves, others and their therapeutic relationships, with changes in their professional development being a particularly positive impact of the work. The current version of the programme (HSP) has a variety of support structures in place to ensure the wellbeing of therapists is supported (see Hanley *in press*, for a description).

The HSF programme was revised and reaccredited in 2013 and renamed the 'Healthy Sex Programme'. A key benefit of the revision was its adaptation to meet the needs of people with borderline intellectual functioning and social adaptive difficulties, termed "learning disability and challenges" (LDC). In addition, because paraphilic arousal can enter a remission-like state, the eligibility criteria were changed so that those whose arousal was not presently manifest (but who still possessed an underlying paraphilic interest) could access the programme, providing they saw benefit in learning skills to manage that interest in the future. The flexibility of the programme was also increased to provide 12 to 30 hours across five modules focused on: (1) engagement, (2) formulation and planning, (3) skills for sexual self-regulation, (4) sexual psychoeducation and intimacy skills practice, and (5) relapse prevention. In addition, the underpinning theory was updated to a biopsychosocial model which builds upon existing theories for rehabilitation, including the Risk, Need, Responsivity (RNR) framework (Andrews & Bonta, 2006), the Good Lives Model (GLM) (Ward & Laws, 2010), and desistance theory. The model comprises two components outlined initially by Mann and Carter (2012). The first component explains the biological, psychological and social origins of dynamic characteristics associated with sexual reoffending, including paraphilia. The second component provides a set of organising principles for programme design, which articulate a range of cognitive and behavioural procedures for strengthening people's biological, psychological, and social capacities for prosocial change, and motivation to desist from crime.

The HSP was revised and reaccredited again in 2019. This revision reflects the current design of the programme (see Walton, 2021a for a description). The HSP continues to provide 12 to 30 hours of contact time, split across five modules of curriculum content based on a biopsychosocial model of change. The programme is delivered individually (therapist to participant), and, at the time of this study, was accessed following the completion of one of four primary group programmes², designed for people with or without LDC who are assessed as medium or above risk of sexual reoffending. Such programmes have been described several times (see Walton et al. 2017; Ramsey, Carter & Walton, 2020; Ramsey 2020). Most exercises in each HSP module are adaptable and optional, meaning that content can be flexibly tailored and sequenced to provide a bespoke intervention plan that meets the needs of each participant in line with the programme aims. In its current format, the HSP contains eight aims as set out below:

1. Understand healthy and unhealthy sex.
2. Identify and regulate triggers to arousal to healthy and unhealthy sex.
3. Increase arousal to healthy sex and reduce arousal to unhealthy sex.
4. Increase behavioural control over sexual thoughts and urges.
5. Strengthen skills for adult intimacy.
6. Strengthen a compassionate self with intention and skills to be helpful not harmful.
7. Clarify personal values and ensure values dignify learning skills for change.
8. Update Relapse Prevention plans.

Progress towards each aim is made through selecting specific exercises from each module. Whilst there are core exercises that all participants complete, there is a large selection of over 40 optional exercises available to selected collaboratively depending on the individual's needs and personal goals for safe sexual self-regulation. At least half of an individual's journey through HSP must be selected from the modules (three and four) related to developing skills for safe sexual self-regulation, sexual psychoeducation and appropriate intimacy with adults. Most exercises are based on the use of one or more

² High risk of reoffending men without LDC who show strong needs across antisocial attitude, relationship, and self-regulation domains access HSP following completion of 'Kaizen', whilst those with LDC access HSP following completion of a programme called 'Becoming New Me plus' (BNM+). Medium and high-risk of reoffending men exhibiting more skills and prosocial strengths access HSP following a less intensive programme, called 'Horizon', and those with LDC following a comparable programme 'New Me Strengths' (NMS).

cognitive-behavioural therapy (CBT) procedures that form the basis of general clinical practice in applied psychology. They include behaviour modification, functional analysis and self-management, cognitive reappraisal, mindfulness, values clarification, compassion training, urge management and interpersonal skills practice (see Walton, 2021a). In particular, the latest revision of the programme increased the options for structured work on mindfulness and personal values and introduced a menu of exercises to support therapists and participants work with the effects of adversity, trauma and shame, particularly by developing the capacities of a compassionate self, and abilities for affiliative relationships. HSP was most recently reaccredited by HMPPS in 2025. There were no major changes to the curriculum content and available materials.

2.1 Previous Research

Recent systematic evidence reviews of methodologically sound research suggest sexual offending behaviour programmes can be effective at reducing reoffending, with high-risk individuals typically showing most benefit (Holper et al., 2024; Schmucker & Lösel, 2017). Amongst individuals with sexual convictions, those who are suitable for the HSP represent a small subgroup of highly paraphilic individuals, and their relative infrequency in the prison population is reflected in the low annual throughput figures for the programme. The latest government statistics for example, show that between March 2023 and March 2024, 5,383 people started a HMPPS accredited programme in prison of which 96 were for the HSP (MoJ, 2024a). Such low volume programme participation alongside other challenges, including low proven reoffending base rates, make large-scale research projects that use robust impact evaluation designs very difficult to implement for the HSP. It is well recognised however that conclusions regarding programme effectiveness are unlikely to be drawn from one investigation, and two studies involving HSP participants have been undertaken so far, both using quantitative methods. The two studies are limited by methodological design features and overall provide indicative evidence.

The first study analysed changes in the pre-to-post-programme psychometric scores of 95 men who completed the HSP between 2013 and 2016 (Freel & Wakeling, 2023). Statistically significant reliable change was found on 9 out of 13 psychometric scales,

many of which were linked to the aims of the programme. The greatest proportion of participants reported scores that were classified as “already okay” and within a functional range prior to starting the HSP. For many others however, their post-programme scores had indicated a clinically reliable change from a non-functional score to a functional score which was indicative of clinically meaningful improvement. Overall, whilst prone to socially desirable responding and limited by the obvious lack of a control group, the results of this psychometric study provided initial indicative evidence of short-term change in several areas of functioning targeted by the programme.

The second study observed the proven sexual reoffending rates of 112 participants who completed HSP between 2015 and 2018 and had been followed-up for an average of 16-months (Elliott & Martin, 2023). Of the 112 HSP participants, 7% were convicted for a further sexual offence, 3% were reconvicted for a nonsexual offence, and 20% were recalled to prison for breaching the conditions of their licence. These rates were not statistically significantly higher or lower than those predicted based on actuarial risk assessment. As noted by Elliott and Martin, this study is not to be considered an evaluation of HSP, nor are the findings to be used to draw conclusions about an association between completing HSP and subsequent reconviction or recall rates. They do however provide descriptive data on the post-release outcomes for a subset of paraphilic individuals taken from the national HSP caseload. In that light, given the fact that HSP participants are a highly paraphilic subgroup, and given paraphilia are a robust criminogenic factor (Mann et al. 2010; McPhail et al. 2018), it was noted by Elliott and Martin that the sample did not reoffend at a higher rate than would be expected for the wider population of (largely non-paraphilic) men convicted of sexual offending.

2.2 The current evaluation

This is the first qualitative evaluation that focuses on participants’ experiences of the HSP. The aim was to explore participants’ experiences of the programme and their perspectives on its relevancy to their needs. However, we took a particular focus on several of the cognitive-behavioural procedures used. Of interest were the more conventional procedures such as behavioural modification (i.e., arousal reconditioning techniques), and

interpersonal / intimacy skills practice, as well as those that are relatively novel to the programme such as compassion training and mindfulness. In addition, we were interested in participants' experiences of therapeutic alliance with their therapist and the support they received. Finally, we also aimed to understand how confident (or concerned) participants felt about applying the skills they had learnt on the HSP in their future lives.

3. Methodology

3.1 Study sample and interviews

Interviews were conducted with 34 adult prisoners (32 Male, 2 Transgender Female), aged 26-68 (*mean* = 47.50, *standard deviation*= 12.42), who had completed the HSP up to 24 months prior (see Table 1 for overview of demographics). They were recruited from five prisons across England and Wales in the public (HMPPS) and private estate (see Table 2 in Appendix 2). Whilst participants may seem older than other intervention populations, they are typical for the wider HSP cohort and in line with previous research. For example, the sample in Elliott and Martin's (2023) study were aged between 21 to 78 years, with a mean age of 47.9. Likewise, Freel and Wakeling (2023) reported on a sample aged 26 to 75, with a mean age of 53.

In this study, purposive quota sampling (see Winitzer et al, 2013), a strategy where participants are selected based on pre-defined criteria and quotas, was used to ensure good representation of participants with and without learning disability and challenges (LDC). This led to a balance of 26 participants without LDC (76%), and 8 (24%) with LDC. This was vital to explore how and whether the HSP is perceived to cater to the needs of participants with a variety of learning disability needs and/or other forms of neurodivergence. Although attempts were made to recruit diversely, the sample was predominantly White British. Again, this reflects the wider HSP cohort and is similar to Elliott and Martin's sample, 99.2% of which were classified as "White – North European", and Freel and Wakeling's sample, 90% of which identified as "White British".

Table 1. Frequency table reporting HSP study participant demographic characteristics	
Demographic	Number in sample and percentage (%)
Gender	
Male	32 (94%)
Transgender Female	2 (6%)
Age group	

20-30 years old	2 (6%)
31-40 years old	11 (32%)
41-50 years old	6 (18%)
51-60 years old	9 (26%)
≥61 years old	6 (18%)
LDC status	
No LDC	26 (76%)
LDC	8 (24%)
Risk of reoffending level (OSP-C)*	
Very High	6 (18%)
High	15 (44%)
Medium	11 (32%)
Low	2 (6%)
Ethnicity	
White British	33 (97%)
Black British	1 (3%)

**Risk levels were confirmed by on-site contacts in each prison site, based on existing OASys Sexual Reoffending Predictor-Contact (OSP-C) information.*

The participants were all serving prison sentences for a variety of proven offences and/or actual or attempted breaches of prevention orders or registration requirements. Table A.3 (see Appendix 2) provides information on all offending behaviour in participants' histories (i.e. not just index offences). Many had convictions for multiple offences and offence types. In total, the 34 participants had a combined offence tally of 89 sexual convictions. Amongst these, the most frequently observed offences were Child Sexual Exploitation Material (CSEM) offences (12 or 35%), rape of a child (11 or 32%), indecent or sexual assault against a child (14 or 41%), and gross indecency and/or inciting or attempting sexual activity with a child (13 or 38%).

Prior to HSP, participants in this study had engaged with a variety of predominantly group-based accredited programmes (see Table A.4 in Appendix 2). Some had completed more

than one programme prior to accessing HSP, the most common of which being the Sex Offender Treatment Programme³ (18, 53%), the Thinking Skills Programme (10, 29%), the Becoming New Me plus programme (11, 32%), and Kaizen (9, 26%).

3.2 Data collection and analysis

Participants' experiences of the HSP were explored through in-depth one-to-one, semi-structured interviews, conducted by two members of the research team (first and second authors) between March 2024 and October 2024. Interviews were guided by a semi-structured topic guide, comprised of open-ended questions and prompts (see Appendix 3). These interviews explored: initial pre-programme expectations, motivations and experiences; on-programme learning and experiences of specific HSP content (e.g., behaviour modification practices, mindfulness (Here and Now) skills, compassion exercises, intimacy and relationship work); the nature and quality of their relationship with their HSP therapist; and self-identity pre-, during and post-HSP. Interviews lasted approximately one hour, were audio-recorded onto encrypted recording devices, and were transcribed verbatim by the research team in preparation for analysis. Data were analysed using a phenomenologically-oriented thematic analysis (Braun & Clarke, 2006, 2021). The final themes identified represented coherent patterns evidenced across participants' interviews (see Table 4). Further details on the sample, data collection and analytical procedure for this study can be found in Appendix 2.

³ Note: the SOTP (Sex Offender Treatment Programme) was decommissioned in 2017 following the publication of a reoffending impact evaluation report (Mews et al., 2017). Further details about the current suite of accredited offending behaviour programmes can be found here: [HMPPS Accredited Programmes.docx](#)

Table 4. Main themes and sub-themes identified through Thematic Analysis	
Main Themes	Sub-Themes
1. Programme with a difference(?)	1.1. Entirely tailored to me 1.2. Holistically focused 1.3. Building on prior learning
2. Developing sexual self and sexual self-regulation	2.1. Understanding sexual self 2.2. Making sense of my story / looking backwards to move forward 2.3. Managing thoughts and emotions
3. Relational growth	3.1. Reconstructing healthy sex and relationships 3.2. Learning to trust and be open 3.3. Developing compassionate me and overcoming the inner critic
4. Not a silver bullet	4.1. Rocky beginnings 4.2. Confounding factors 4.3. Artificial testing ground

3.3 Study limitations and interpreting findings

Although every effort was made to collect data from a diverse sample, the research did not select study participants at random through a probability-based sampling approach and did not incorporate non-completers. These could introduce important limitations, as the sample may not be fully representative of all HSP participants' views and experiences, and/or it may miss some useful insights into reasons for attrition. That said, it is important to note that HSP has a very low attrition rate. For example, the latest government statistics show that between March 2023 and March 2024, of the 96 individuals who started the HSP, 91 (95%) were recorded as completing (MoJ, 2024).

Similarly, with respect to ethnicity, the sample was not very diverse, with participants predominantly originating from a white British background, and may therefore contain some cultural bias with respect to the findings. Nevertheless, as outlined above, this reflects the general demographic profile of the wider HSP cohort and is comparable to that of other HSP research samples (see Freel & Wakeling 2023; Elliott & Martin 2023). Also, it is important to note that whilst data collection exclusively took place in Category C prison sites (see Table A.2 in Appendix 2), the HSP is also delivered in HMPPS' Long Term High Secure Estate (LTHSE). As such, this research may not have captured nuances associated with experiencing the programme in a high-secure prison. It may also have been useful to explore therapists' views, to complement HSP participants' perspectives, and to generate richer, more holistic insight into how the programme is experienced.

Nevertheless, this evaluation presents an in-depth analysis of a relatively large sample of qualitative interviews, with active efforts to include different ages, neurotypes and geographical prison locations. It therefore represents a significant contribution in terms of breadth, diversity, and volume of underlying data. This level of scope is unusual for a qualitative study, particularly amongst British interview-based research with highly paraphilic individuals (e.g., Blagden et al. 2018; Walton & Duff, 2017). Like other recent multi-site qualitative evaluations of accredited programmes (e.g., Blagden et al. 2025), it presents relevant advantages for the robustness of findings, as the saturation of themes could be checked across a large group. Qualitative studies tend to provide intensive analysis of individual situations from a smaller sample; in this case, due to scope and sampling methods, it is reasonable to assume that findings could, to a degree, be transferable across the wider prison population eligible for HSP, particularly in Category C prisons.

4. Main Theme 1. Programme with a difference(?)

This theme captures how those who took part in the study experienced the HSP relative to other accredited offending behaviour programmes they had attended. Within this theme, participants outlined several features of HSP that they felt positively distinguished it from those other programmes, as well as ways in which it overlapped with them, building upon prior learning in their wider rehabilitation journey.

4.1 Sub-theme 1.1: Entirely tailored to me

Across interviews, it was evident that each participant's journey through the HSP was relatively unique, with the five HSP modules covered in different ways according to individual needs. This makes sense given the optional nature of many exercises on HSP (as already noted), and the flexibility with which they can be sequenced to create a bespoke intervention plan. Related to this, most participants celebrated the person-centred, one-to-one delivery format as a pivotal strength of the programme. Participants seemed to derive a more meaningful experience of the HSP, because they felt that they were able to collaboratively work with their therapist to specifically tailor the programme to their individual needs and preferences, in a safe therapeutic setting. This was frequently contrasted with reported experiences of group-based programmes, which participants had felt were more general and manual-driven, attempting to maximise the learning of a larger group, sometimes at the cost of an individual and their unique needs. For example, here, Participant 10 describes how they felt that a key benefit of the HSP was its dedication to them and their needs:

“It's more focused on you and you know it's dealing with your issues (...) whereas with the SOTP, like, you could do one session, and you'd talk about you and then it could be like a week later you're, you know, talking about your problems again”

[Participant 10]

Beyond the programme design, almost unanimously, participants praised their HSP therapists for their noticeable consistent efforts to tailor content and delivery to their learning preferences, communication style and emotional needs. This often began in initial sessions, where space was provided for participants to convey their needs and learning preferences. At this stage, participants were empowered to work collaboratively with the therapist to explore how their needs could be integrated into and shape the planned delivery and foci of their time on the programme. Participants reflected positively on the opportunity to have a voice in and co-produce the design of their HSP journey, collaboratively reaching an agreement with the therapist on areas to focus on:

“She helped me to choose some of those bits she gave me the option of choosing, and then she came up with the other bits the all the all the er – obviously the core – the ones you have to do but all the extra ones she then let me choose... it was nice to get the option of doing what you wanted to do specifically rather than just doing the core things.” [Participant 5] (LDC)

“If I was a little bit concerned about certain areas I’d then say to [my HSP therapist] ‘can we have a couple sessions on that?’ or ‘can we work on that?’ and she was more than willing to you know engage.” [Participant 11]

This was frequently contrasted with experiences of group-based programmes. For example, Participant 21 compared the more flexible HSP design against the Kaizen programme, which they characterised as more rigid and fixed:

“One of the good things about HSP it was one-to-one, because Kaizen, it was group-based... if I was at them low points there wasn’t much they could do because I had to be there keep up to speed with everyone else... the biggest thing was the whole one-to-one nature of it [HSP] being so flexible, it wasn’t one strict rule, you have to do this, this, this, this, in this way, we can work around it, and try to fit who you are, fit with like how you work and stuff... she’d know the difference between when to push and when to praise type of thing and yeah that really helped me come along through it.” [Participant 21]

Within the subsample of those with LDC specifically, participants cited several neuroinclusive adaptations that their therapists made, which maximised their ability to

engage. The adjustments reported by participants here echo existing literature on the adaptation of offending behaviour interventions to neurodivergent participants (Kandola & Walton, 2024; Vinter et al., 2023). They also provided confirmatory support for the way HSP therapists apply the responsivity principle of the programme which is to adopt a multi-modal (brain-friendly) approach to learning that is broadly appealing to different neurotypes (Walton, 2021a). In this study, adaptations included matching the pacing of content coverage to a tolerant level for participants, simplifying or reframing language to be more accessible, translating abstract concepts into more concrete forms (e.g., clear listing of guidelines and parameters for appropriate behaviours and relationships), and using alternative modes of delivery to more effectively convey learning points (e.g., visual aids). In the extracts below, participants describe a variety of adaptations that their therapists made to accommodate their unique learning and communication styles.

“[My therapist] took the time to explain things that I needed to, didn’t rush – didn’t rush me... all her wording was nice, it was simple, and she isn’t used to MOJ type of language she’d done it herself... She did all the writing for me I didn’t have to do any writing she did all the writing. And she did all my brainstorming sessions, and she did a couple tasks on the floor.” [Participant 5] (LDC)

“On one or two of the sessions I was confused, and I explained that to him, if you know what I mean? And he explained it to me in another way so I could understand better. Yeah, it worked perfectly fine because I struggle when people use the same words for two different things. Yeah, so he explained that by using two different words for me, so it would be easier for me to understand.” [Participant 27] (LDC)

“With my history, they have to write things down on the board, because of my learning difficulties, had to like explain more with like pictures or words to help me.” [Participant 8] (LDC)

These adaptations were not exclusively beneficial to neurodivergent participants. The simplification of language, use of visual delivery modes, and the flexible reframing of key concepts were also perceived to be beneficial to a substantial number of HSP participants without LDC.

“I’m one of these people that are a bit slower at picking up on things, you know, in the sense of if you can explain something to me what’s and I didn’t understand it, she was well aware of that and would explain it in a different way so I could understand it sort of thing.” [Participant 4]

This demonstrates the universal value of integrating neuroinclusive delivery practices, with recognition that adherence to neuroinclusive approaches supports the flourishing of all neurotypes, not just neurodivergent individuals (Josefson, 2024).

This individual tailoring of HSP content was described as particularly positive when it was perceived to be fluid and ongoing throughout a participant’s programme experience. The most effective therapists were said to be characterised as active in their responsivity efforts, dynamically discovering and quickly adapting to new and emerging specific responsivity factors throughout a participant’s HSP journey (see Jung & Dowker, 2016). For example, Participant 16 provided an example of how their therapist went ‘above and beyond’ to adapt to their needs, through a combination of trial and error, and supplementary research about their unique circumstances.

“In the past I’ve been more of a visual learner, or a hands on learner... obviously you can’t get really hands on with HSP, but the way she delivered it with regards to like the visual side of things, you know, drawing diagrams and then explaining afterwards that works... so it does work, they do tailor it to you as a person, if something doesn’t work for you let’s change it up and deliver it in another aspect... she was a fantastic therapist, she actually listened, and actually done a bit of research into my disability and brought that what she had learned into it to make it easier for me and things so... she was absolutely fantastic.” [Participant 16] (LDC)

Beyond learning and communication needs, other examples provided by participants included therapists’ sensitivity to their mood in session, therapists’ capacity to accurately judge and respect their limits and removing pressure to engage with a session if a participant was not in a good headspace on the day. This was typically supported through therapists actively checking in on participants before each HSP session commenced, during the session itself, and again at the end.

“She [my therapist] knew there’d be times where I wouldn’t be feeling great and she was able to alter the sessions, so if I was feeling quite low, then we’d get out a ball to throw things that we were working on. She also had a car that you’d pull back and let go, things like that, so we did things like that that got me doing something other than just concentrating on the coursework.” [Participant 15] (LDC)

This noticeable and continuous effort to ‘adapt’ to participants’ needs during the HSP, (e.g., offering short ‘brain breaks’), was experienced as particularly powerful and meaningful by participants, as it symbolised that their therapists genuinely listened to, cared about and were invested in them as individuals. This was solidified through therapist’s bespoke praise and feedback, which was typically described as much more personalised than that experienced on previous programmes.

“I think for me it [therapist feedback] actually felt more personal because in group most people tend to say the generic thing you’ve done well you’ve done this but I think especially on some of the ones I did compassionate me letter and [my HSP therapist] said at the end of that she was nearly in tears when she was actually reading it I don’t think I’ve ever heard a facilitator say that previously that’s exactly how I felt at the time of writing it but just to have someone say she was almost in tears.” [Participant 18]

Although the HSP was largely characterised as an exemplar of responsiveness in practice, this was not absolute for all participants interviewed. A minority highlighted that there was space for the HSP to be further tailored to their needs. Typically, this was discussed with reference to the length of HSP sessions (ranging between 30 – 90 minutes) or the programme dose (range between 12 – 30 hours), with some participants wishing for more HSP time to cover or fully express everything they felt was important to them, without it being ‘cut short’.

“It did seem a little short sometimes, you could’ve done with a little bit longer on sessions. Most were about an hour, but sometimes you go into an hour and a half, sometimes you could’ve just done with a little bit longer... it’s nice to be able to just finish off what you wanna say... even if it just meant you had a shorter session on one of the others.” [Participant 18]

Relatedly, a smaller isolated minority of participants felt that they had missed out on some content or coverage of topics that would have been helpful for them. Most often, this seemed to stem from a disconnect between what the participant had believed to be a crucial area of work related to their offending and what the HSP therapist (or programme remit) typically focussed on.

“There was a moment where I did mention to the facilitator, I feel that myself, that I have an addiction to a pornography, and that’s one of the key paths that led me down to committing an offence. And their response was ‘we understand what you’re saying. However, we haven’t got the time to look into that’... so for me, being on the programme, which is meant to be individualised, sort of, sort of put a bit of a dampener on things.” [Participant 25]

Ultimately, this minority divergence in participants’ perspectives further emphasises the heterogeneity of individuals and their respective experiences of the HSP. As previously highlighted, owing to the wide array of optional content allowing for a highly tailorable intervention plan, there was no clear reported singular ‘HSP experience’, and participant’s needs, experiences and learning from the programme were fundamentally diverse. Group programme formats are commonly advocated in the rehabilitation of people with sexual convictions (Serran et al., 2013) and both group (Gannon et al., 2019) and mixed (group-individual) formats (Schmucker & Losel, 2017) have been shown to yield larger effects on sexual reoffending. This theme however suggests that there can be great therapeutic value in using an individualised, one-to-one programme such as HSP, particularly for working with complex highly paraphilic individuals who vary in neurotype.

4.2 Sub-theme 1.2: Holistically focussed / Not just about sex

By design, the HSP is a uniquely multi-faceted programme, based on a biopsychosocial model of paraphilia and an intervention approach that aims to address a variety of individual needs to support people to lead more fulfilling, offence-free lives (Walton, 2021a). This aim was echoed by participants in this study. When articulating the most meaningful aspects of their HSP experience and key learning, participants often highlighted the holistic focus. Although participants acknowledged that understanding and

managing their paraphilic interests were key underpinnings to the HSP, they found that the programme provided the opportunity for whole-life learning and development beyond healthy sex.

“It’s helpful for other areas as well, cos, your skills, it’s not just for your sex problem or your attraction problem, it’s for everyday life.” [Participant 24]

“It’s not just about sex, it’s also to do with understanding your life, help you build better relationships.” [Participant 3]

Within this, participants felt that therapists were able to work with them as a *whole person*, recognising and supporting a multitude of their unique needs. Specifically, most participants referred to ways in which their HSP therapists were sensitive to, and supportive of, their general mental health, psychological well-being, and everyday life during HSP sessions. This could be as simple as providing an initial space at the beginning of a session to explore how the participant was feeling and whether there were any wider life issues that warranted help before engaging in the main session content.

“If I came into session with a lot on me mind and, you know, I just needed to talk about something, she would take 10, 15 minutes to talk about what was going on and, you know, we could digest what’s gone on and how we could essentially resolve that situation which I thought was really good.” [Participant 10]

Participants praised this therapeutic approach, conveying a sense of fullness in the support they had received from their therapist. To have help so readily available from another person, without limited parameters on the remit of that help, was a particularly powerful aspect of many participant’s HSP experience. This helped to solidify a sense of trust, security and openness with their therapists, and a feeling that the therapist was genuinely invested in them. Ultimately, it encouraged participants to reciprocate the gesture with their own personal investment in participating in the programme. Moreover, it implicitly reinforced the notion that asking for help is ‘okay’, and that help is available, which echoes the compassionate messaging embedded in the programme design. Such positive experiences of the therapist are consistent with the most positive accounts reported in a recent review of the therapeutic experiences of individuals with paedophilia (Chronos et al. 2024).

In addition to the therapeutic approach, many participants identified a variety of benefits from the HSP that had applicability to their lives more broadly, beyond the 'healthy sex' domain of life. For example, whilst instrumental for many to manage their sexual thoughts, urges and behaviours, some of the skills taught on the HSP were frequently cited as having broader utility for supporting a participant's emotional well-being. There was a common emphasis on the value of the HSP in how it has supported participants to more effectively introspect, notice and identify specific emotional states, and respond to those states in a healthy, prosocial way.

"Towards the end I found it a lot easier to talk about the emotions and identify them and stuff and work through some of the stuff yeah." [Participant 21] (LDC)

Participants cited several examples of HSP skills that they had put into practice to great effect in their daily lives, to address broader life issues beyond sex. The most frequently noted were mindfulness skills (called 'Here and Now'), building capacities for expressing compassion toward self and others (called 'Compassionate Me'), and values clarification work (see Walton, 2021a for descriptions on these intervention procedures). For example, Participant 27 highlighted the value of applying relevant skills in a work environment.

"The skills that they brought in were brilliant because they taught me things like breathing techniques and err, just clearing my head, generally, for situations where I was stressed... I can now relax a bit more especially at work, if I'm in a stressful situation, I can just hum a tune, relax a bit and then sort the information I need to sort out." [Participant 27]

"Yeah, when I have felt low and stuff, I have been able to kind of like use the skills I've taken from that to bring me up a bit so I'm not as low it doesn't bring me all the way up but it brings me a bit so I can guess recover a bit quicker" [Participant 21] (LDC)

Participants frequently cited examples of where learning from the HSP had enhanced their daily lives. This was often associated with broader improvements to feelings of self-efficacy in handling life's tribulations, recognition of personal strengths, improved capability to identify support, and greater comfort and confidence in the social arena; all of which appear to contribute to a more fulfilling life after the programme.

“After doing HSP, it started during, but, and expanded afterwards, but now I can, I can feel comfortable to just talk and shoot the breeze, talk about nothing of any consequence with people as and when, when I bump into them.” [Participant 26]

“I’ve noticed I’ve got more support than what I thought I had, so, which I actually learned in HSP... that’s from family from friends and just, my mentality is the biggest support I’ve got and then it’s my family so.” [Participant 16]

“The therapist helps and says ‘well, okay, look, you’ve got this, you’ve got family support, so that’s something, and you’ve got this, and you’ve also got that’, so, you know, I didn’t really believe it... that’s great for me because it gives me a confidence boost when talking to people, strangers, new people, you know, so it’s not just a massive boost for me to know that.” [Participant 13]

Many participants suggested that the holistic focus and benefits of the HSP should be captured more clearly in how it is advertised in prison. Participants felt this was particularly important to quash the problematic rumour-based preconceptions of HSP (linked to the inclusion of behaviour modification using masturbatory reconditioning techniques), which had caused them some apprehension prior to starting.

“You go into it, yes... gonna be talking about sex, this, that, and the other - but a bit more of yes, you might be talking about that, but be prepared, you could be talking about stuff about yourself that’s not sexual stuff like that...” [Participant 2]

Participants believed that if others were aware of the more accurate representation of what HSP involves and how it can benefit an individual’s broader life, it would reduce the in-prison stigma associated with the programme and others would be more inclined to engage with it. This may support the need for greater clarity in how the HSP is promoted in prisons, as well as perhaps the value of integrating HSP graduates’ voices into how the proposed benefits of the programme are conveyed to prospective participants.

Overall, the more holistic, ‘whole-life’ focus and benefits of the HSP seemed to have supported participants to develop a greater subjective sense of confidence, self-assurance, and, crucially, *hope* for their futures.

“It gave me a little bit of hope, you know that maybe I could be helped, cause I was convinced that you know that I was doomed and I was beyond help and I couldn’t change my ways.” [Participant 10]

Given that a lack of hope can often be present among individuals with sexual convictions (Levins & Reimer, 2024) and act as a barrier to seeking support among paedophilic men (Chronos et al. 2024), as well as the important role that hope can play in an individual’s desistance from crime (Farmer et al., 2015; Göbbels et al., 2012), the finding that the experience in this sample was that HSP could inspire or revive hope in such a profound way is important and powerful. Resonating with the Good Lives Model (Purvis et al., 2011; Ward et al., 2007), this finding potentially supports the value of an increasingly holistic approach to designing and implementing accredited programmes, to facilitate a more personally meaningful intervention experience for participants, and to support their broader path towards desistance from crime.

4.3 Sub-theme 1.3: Building on prior learning

Comparing and contrasting the HSP against other programme experiences became a recurring feature across most participants’ interviews. As such, many of those who participated in this study said they contextualised the learning that they had acquired on the HSP by referencing how and whether it built upon their learning from previous accredited programmes, most frequently Kaizen, Horizon, Becoming New Me+ (BNM+) and/or, most historically, the Sexual Offender Treatment Programme (SOTP⁴). The HSP uses a core set of concepts, which feature across Kaizen, Horizon, and BNM+ as well as another accredited programme called New Me Strengths (see Walton et al. 2017; Ramsey, 2020 for programme descriptions). These concepts facilitate a common language and allow for continuous learning for HSP participants (who, as outlined above, are typically graduates from one of those programmes). In line with this, many participants in our sample characterised HSP as a “booster” (P23) programme, and an opportunity to expand

⁴ Following a reoffending impact evaluation (Mews et al., 2017), SOTP was withdrawn from use in 2017 and replaced with Horizon and Kaizen.

upon and enrich pre-existing learning from earlier programmes in a more focussed, elaborate or tailored manner - “re-igniting what was already there” (P16).

“HSP sort of builds on what you learn in Horizon the great eight skills and things like that and they take it further... Horizon sort of started ‘if you get into this situation what about thinking about it like this rather than like that’ and HSP was like it’s like going from senior school to university.” [Participant 15] (LDC)

“The majority of the coursework I already knew from previous programmes they were just reinforcing things... it was basically a top-up from what I already knew from what I’ve learned regarding other treatment programmes that I’d done... I’ve done quite a lot of the cognitive behavioural thinking side of things, so I knew of that structure, and it’s that structure within the [HSP] programme, so I kinda knew it was gonna be based on that sort of thing.” [Participant 23]

For some participants, coverage of certain skills and concepts on earlier programmes had equipped them with a provisional general understanding. This foundational grasp became helpful when revisiting these familiar concepts on the HSP, and it enabled them to elaborate on and deepen their understanding in a more advanced and individualised way. For other participants, having an existing understanding of some familiar concepts allowed them to focus more of their energy on the new concepts presented in the programme.

“We brushed on it [Here and Now] in HSP, only because we had done quite a lot of it in Kaizen already, so some of HSP we’d already covered extensively on Kaizen, so we were able to kind of not so much skip it, but go light on it, and work heavier on something that was completely new.” [Participant 21] (LDC)

However, though many participants framed the ‘booster’ quality of HSP as positive, a smaller subset of participants expressed indifference towards this quality. These participants were more likely to suggest that the HSP was repetitive of prior learning (typically referring to the re-emergence of core concepts such as the ‘Great Eight Tactics’ and the ‘Success Wheel’, see Walton et al. 2017; Ramsey, 2020), and/or they felt that the HSP was limited with regards to additional novel learning that they did not already possess. These participants typically regarded HSP more as an opportunity for revisiting content, rather than deepening or adding to their repertoire of skills and insight.

“I mean a lot of it... I thought it was just going over old stuff that I’d done previously with therapists... it was mainly just going over what I’d learned in previous therapies... I think that’s mainly what the HSP was for, just more in depth on things like that, there wasn’t really anything massively new I learned.” [Participant 16]

Similarly, beyond previous programme learning, some participants felt that the HSP built on or complemented existing knowledge and skills from other areas of their lives. For example, individuals who were of Pagan or Buddhist faith often linked aspects of the HSP (e.g., Here and Now mindfulness skills) to their religious practices (e.g., meditation). This synergy between the HSP and their life more generally provided them with a sense of preliminary mastery and confidence over some of these skills, contributing to a greater meaning for some, and for others a sense that they did not need to focus too heavily on those areas during HSP.

“So, I mean, I do a lot of mindfulness work already, and meditation work already, before I started any of the programme. It’s just part of my faith as a Pagan, so that stuff was very easy to grasp for me when we came up to it, but because I had such an understanding of it then it also became slightly boring, which is why, in HSP, we were able to just brush over it. The facilitator knew me from Kaizen, and was able to kind of, like, go well I already know you’ve got quite an understanding of this, we’ll just quickly touch on it and then move onto the next thing.” [Participant 21] (LDC)

Overall, this theme suggests that to some extent, the synergy between HSP and prior learning can be a force for good, serving as a useful stepping-stone in an individual’s growth and journey toward prosocial change. However, for some individuals, this can be a double-edged sword, whereby HSP loses an important sense of novelty, and can be experienced as less enriching, repeating what an individual feels they already know. This reinforces the importance of tailoring to the individual (see subtheme 1.1.), matching the HSP to an individual’s needs, and clearly communicating how HSP fits in the broader suite of programmes that an individual may have already experienced.

Finally, several participants felt that the HSP’s one-to-one format facilitated a safer and more confidential environment for them to truly open up and more deeply explore issues pertinent to them, as compared to previous group-based programmes. This was

particularly salient for many participants, who had deeply entrenched feelings of shame associated with themselves, their sexual interests, and their past offending behaviour that had collectively contributed towards hesitancy to fully engage with group programmes.

“I can talk more about me offence [in HSP] and in the group I couldn’t talk much about it, sort of, too ashamed to.” [Participant 8]

“It was completely different to any of the other groups I’ve done and that was because as I say it was one to one I think for me that was a huge difference, because, before, you’re used to being in a group of eight or nine people sort of thing, and when you’re in a group you’re always that little bit more tentative to say stuff because you’re kind of like ‘well how will my peers gonna judge this if I say this?’ or ‘if I say that, how are they gonna view me?’ sort of thing. Whereas, not having that, just having the facilitator, whatever you were saying that was gonna be taken as said sort of thing, so just being able to be fully open and honest about stuff, stuff that you haven’t probably talked about in other groups, and that was a massive impact for me... I think the biggest thing for me was actually being fully open and honest that’s probably the first time I’ve actually done that with anyone.” [Participant 18]

For Participant 18 (above), this was a particularly powerful feature of the HSP. Unlike his past experiences of group programmes, he felt that the HSP provided a truly private space to honestly disclose information about his inner world (e.g., sexual thoughts), to authentically reflect on his offending, and felt reassured that what he shared with the therapist would not leave that space. During the interview, Participant 18 succinctly captured the transformative effect that this had on him: “I think the biggest thing for me was actually being fully open and honest that’s probably the first time I’ve actually done that with anyone”. This resonated across many other participants in the sample, who felt that the bespoke, one-to-one format was refreshing and revolutionary in enabling their therapeutic engagement. Not only does this provide evidence of the value of one-to-one programmes for individuals with sexual convictions, but it also implicitly reemphasises the need for more focus on how feelings of safety and security can be enhanced on group programmes too.

5. Main Theme 2: Developing sexual self and sexual self-regulation

5.1 Sub-theme 2.1: Understanding Sexual Self

Reflective psychoeducation about what defines healthy and unhealthy (offence-related) sex permeates a wide range of HSP activity and is particularly important as preparatory work for behaviour modification, and self-management procedures on the programme (Walton, 2021a). For many participants in this study, such sensitive work had typically led to reconsiderations about unhealthy fantasies and behaviours, and a greater understanding of their sexual self. Through this greater understanding participants were able to gain insights into how to manage their sexual interests and urges.

“Through doing HSP, I can now understand.... going back to the psychological side of it, the old me fantasies, I can understand what was driving them... for me personally, it wasn't about the end sex in the fantasy. It was about having control over the person.” [Participant 26]

“Understand more about myself because with me being autistic I have really quite rigid thinking... So, it teaches you more about yourself and how you think and things like that, helped me to be able to understand myself and how I was acting in the past because I mean we went through a lot of things.” [Participant 15] (LDC)

Interestingly for Participant 15, as an autistic individual who had previously struggled with self-reflection, HSP allowed for understanding and self-reflection of their sexual self, which in turn enabled them (and other participants) to more effectively understand and manage their triggers. Participants discussed how HSP allowed an insight into understanding their sexual thoughts, fantasies and behaviours.

“I didn't like myself when I started HSP, I was still very much on the I don't really care about myself, and I've been like that for years. But now, it's, it's brought me to a point where still there are times where I don't like myself, but it's brought me to a point where I have something to offer... I've managed to just not think about the

sexual thoughts at that time [morning – trigger for participant], and since then it's reduced the whole range of sexual thoughts I used to have." [Participant 15] (LDC)

Understanding their sexual self, enabled participants to identify behavioural response patterns to triggers that had previously gone unnoticed. Through this identification, participants were able to work on enhancing their sexual self-regulation skills, recognising their triggers and managing their thoughts, feelings and behaviour. This focus on strengthening skills to 'change' one's ability to successfully self-regulate (rather than the opaquer aim of 'changing' or eliminating paraphilia per se), is directly in-step with the theoretical ethos of the programme (Walton 2021a), as well as the dimensional model of paraphilia (Hanson, 2010).

For some participants understanding the sexual self was about accepting and becoming comfortable with being gay and moving away from associating their sexuality with a sense of shame.

"Being more comfortable and open about my sexuality (...) It's always been my dirty little secret but it's not anymore..." [Participant 3]

"I'm more open now I'm not ashamed to tell people what I am... I'm gay you see... all my life I've struggled with it you see...I struggled to tell them on HSP [Participant 8] (LDC)

"From an early age I knew I was bisexual it wasn't until HSP that you actually you can sort of define where you were I consider myself as pansexual now, I think I was sort of confused before." [Participant 18]

For others, it was about separating their sexual identity as a prosocial gay man from one that was sexually attracted to underage boys and would cause harm by enacting that attraction. As Participant 4 highlights, these identities were often intertwined before HSP.

"That experience has taught me that there's nothing wrong with being gay and there's a big difference between being gay and being a paedophile and doing something with somebody younger, that always clashed for me. HSP separated that for me." [Participant 4]

For some participants, HSP also allowed for an exploration of the shame that is associated with a sexual interest in young boys, and the shame that can be experienced in being a gay man. This helped some men to realise that having a sexual interest in children was not something they had consciously chosen (Levenson, Grady & Morin, 2020; Walton, 2021a), and that being attracted to same-sex adults is a healthy normative sexual orientation. Interestingly, research has found that therapy which focuses on self-acceptance by promoting authenticity and embracing sexual identity can help with intervention gains and motivation (Levenson et al., 2020).

The biopsychosocial model underpinning the HSP implies that the biological, psychological and social processes which influence the manifestation of paraphilia are rarely, if ever, chosen. This central de-shaming message runs through the programme, as a basis for empowering participants to take responsibility for developing the skills necessary to manage themselves safely and successfully such that they do not bring harm to themselves or others (Walton 2021a). Related to this, many participants discussed how an aspect of understanding their sexual self was about accepting their sexual interest, reducing the shame, and building techniques for safer, and better lives through managing their sexual thoughts and urges.

“It's never going gonna go away you just have to try and deal with it in the best way you can, so don't be avoidant just try to address it.” [Participant 27] (LDC)

“To a degree yeah but like I say you can never change your preference. You're stuck with it you just gotta manage it that's what I mean.” [Participant 24]

“There was a slogan in it that helped me a lot and it was something he said to me it was erm it's okay to have improper thoughts it's how you deal with them that matters okay and that was the sexual side, but I also took it and transferred it into other situations.” [Participant 3]

For all participants in this study, there was both a recognition and acceptance of their paraphilic interest. As with other research that has found support for a taxonomic interpretation of paedophilia (Blagden et al., 2017; Cantor, 2014; Schmidt et al., 2013),

participants tended to subscribe to the notion that their paedophilic interest was unlikely to change. There was an emerging feeling of responsibility from most participants insofar as they had come to accept their sexual interest but felt more accountable to its safe management so that they ‘don’t go on to re-offend’. Importantly, this sense of acceptance, was not a passive ‘giving in’ to how things are. Instead (as is consistent with therapists’ efforts to clarify a participant’s values on the programme), it was more of a willingness to experience the challenges that may continue to arise and to respond in ways that are aligned with what really matters in life (Walton & Hocken, 2020). Indeed, the general sense was that participants in this study were not subscribing to pessimist notions of acceptance as if that is ‘just the way things are’. Instead, aligned with the aims of HSP towards safe sexual self-regulation, they were predominantly motivated to accept and successfully manage their sexual interest in the safest ways they could without further harm and offending.

“The unhealthy thoughts are always going to be there it’s just about managing those unhealthy thoughts in a positive way, so you don’t go on to reoffend on the outside.”
[Participant 10]

“I know unhealthy sexual thoughts are not okay and if I keep on doing this, I’m going to end up reoffending and I don’t want that I don’t ever want to create another victim ever again.” [Participant 14]

Managing paraphilic thoughts in prosocial ways, by accepting they can arise and taking responsibility to actively regulate behaviour (rather than suppressing, avoiding or actively engaging) was a central strategy for most participants, with the common underpinning motivation being to *not* create “another victim”. In short, aligned with the ethos and aims of HSP, it would seem that supporting individuals to manage their paraphilic thoughts and arousal (rather than trying to eliminate or fundamentally change paraphilic interests altogether), is an effective intervention approach (Beier, 2016; Berlin, 2019; Canter, 2018; Seto, 2018; Walton 2021a; though see Federoff 2018 for an alternative view).

5.2 Sub-theme 2.2: Making sense of my story / looking backwards to move forward

As a key prerequisite step in their journey towards understanding their sexual self and greater self-compassion through the HSP, many participants referred to the importance of turning a microscopic gaze into their pasts. More specifically, the opportunity to craft a life map (called a 'love and sex' life map on the HSP), and engage in a guided deep dive into their past offence-related and risky sexual experiences, relationships, beliefs and senses of self (often termed "Old Me") was highlighted as particularly valuable and cathartic. The act of externalising their life story to date as an annotated diagram on paper allowed participants to take a third-person perspective to explore their past in a way that they had not done to the same degree previously.

"Using that [life map] for the purposes of, you know, looking at where high points are, and low points are, that helped. Being able to map it, put it pen to paper and map it, that's helped massively... using a map, but then look at it from another person's view, sort of, looking down onto it saying 'okay, this could've been done this way, could've been done that way', you know for both you know good and bad stuff... I kind of knew what my sexual interests were, and my sexual fantasies were, but I didn't know the root cause of why, you know. HSP did look into that, and I got the time to look into that from detail... I identified in life maps what was going on, that helped pinpoint, you know, what it was, why it was I've got that interest."

[Participant 13]

"Realising, especially through the life map, where I wouldn't have thought it's gone wrong, I'd have ignored it, but it's actually learning the different parts where you was up and down and reflecting how that, like, say, something happened in 2000 is also affecting something in 2008, so you see a pattern." [Participant 20]

This type of retrospective mapping activity on the HSP helped participants to more clearly make sense of past experiences, clarifying who they were (e.g., sexual identity, values clarification), and who they did not have to be (e.g., harmful, undeserving). It also helped participants to discover problematic patterns that emerged in life (e.g., relationships, chronic threat system activation, triggers etc.), the roots or reinforcers of their paraphilia

(e.g., traumatic experiences), the functions of their problematic coping behaviours (e.g., avoidance strategies), and to identify where opportunities for help, support or alternative solutions could have been accessed. For example, Participant 18 described an epiphany-like turning point that he had experienced during his time on HSP, which provided him with a sense of clarity in relation to his sexuality.

“I think that came in when we were actually doing the love and sex map, when we’re actually sitting talking about that. I can remember the first time that I fancied a guy, I was about sixteen, but all I thought about was my uncle at that point, so that brought flashbacks and everything else and that just threw me all over the place- ‘blimey, what’s going on, I like men, but I like women!’. Just being able to sit down with [my HSP therapist] and go through that, the lightbulb sort of went on, hang on, yeah, it’s not just about, it’s about the person, not the gender of the person. That’s when that clarity kicked in and I was going ‘oh blimey!’” [Participant 18]

“I had from my childhood and right through early adulthood, I had a lot of, umm, negative put downs, constantly telling me, that effectively, I'm worthless. I don't amount to anything, I don't deserve anything. And after a while, you start to believe it. Umm, the result of that, combined with umm, a perceived, what I perceived as people abandoning me, people umm, rejecting me... I tended to be a loner... despite the fact that I wanted the friendships... I started, umm, going on self-defence, if I don't let anybody close, they can't hurt me, and, umm, that would get me depressed. I would end up having fantasies, trying to make myself a little feel just that little bit [better], a very short time after the fantasy, I'm feeling even worse... vicious cycle” [Participant 26]

Echoing a narrative psychological perspective (Crossley, 2000; Murray, 2015), participants described how making sense of their life story was a means of making sense of themselves in the present and who they wanted to be in the future. Critically dissecting the highs and lows in their past in a balanced way, with the guidance of their HSP therapist, allowed them to more clearly parse out the varied aspects of themselves and their behaviours, to inform the shaping of a realistic “New Me” identity. For example, Participant 18 was one participant who had found the life map exercise on HSP particularly enlightening. Beyond the clarity with respect to his sexuality discussed earlier in this

theme, he was able to learn which dimensions of his sexual behaviours could be personally risky (e.g., bondage), and where there was an opportunity to still pursue “positive relationships and positive sex”. Other participants described similar realisations of how past reflections helped them to distinguish healthy and unhealthy aspects of their sexual identities moving forward.

“Before I did HSP, I thought of myself as a sexual predator towards little girls, and now I don’t... I am a convicted paedophile, and that will always be the case, but now I see myself as being able to be a normal sexual person, you know, I can have normal and healthy sexual relations with people, you know, which I think is really positive.” [Participant 10]

Fundamentally, although some participants noted that they had engaged in analogous retrospective re-evaluations of their past actions and life events previously (e.g., through life mapping exercises on the Horizon programme, and red/green flag identification on the Thinking Skills Programme), the focal depth and individualised guidance on HSP was a distinguishing feature. This richer, tailored exploration was framed as more personally meaningful and useful in identifying strategies for healthier, more prosocial living. Indeed, this was evidenced during interviews, where, unprompted, some participants enthusiastically exhibited physical copies of their ‘love and sex’ life maps as part of the broader portfolio of paperwork that they had accumulated during their time on the HSP, conveying a sense of pride in what they had achieved.

5.3 Sub-theme 2.3: Managing Thoughts and Emotions

The foci of the subthemes so far have been on aspects of psychosexual identity, such as understanding the sexual self, participant reflections, and reconstructions of healthy sex and relationships. By contrast, this subtheme details the more practical, skills-based, techniques participants acquired during the programme to manage paraphilic thoughts, feelings and behaviours. Many of the skills that participants found useful, especially in-the-moment, were mindfulness-based.

“Previously, if I had inappropriate thoughts, I would have focused on them, because that’s what I got sexual arousal from. You know, that’s what helped me to de stress. So, because I was so focused on them, they would stay in my mind for a while, obviously a vicious circle would start to appear, but now I just let them go. Essentially, it’s that leaf on the stream thing at the inappropriate thought. So just let it, let it do its thing, and then it’ll just go, which it does.” [Participant 25]

“Surf the urge and stuff that’ll definitely help because I have had tendency in the past to lose my cool really quickly not like violently or anything just being angry so it’ll help with that and stuff yeah the here and now always gonna meditate and do the mindful stuff.” [Participant 21] (LDC)

These extracts highlight the mindfulness skills which were most present in participants’ interview data including urge surfing, and psychological acceptance exercises (e.g., imagining that an inappropriate thought is a leaf on a stream, observing it, and allowing it to drift away). For the former, breathing techniques and increased emotion regulation skills allowed for urge surfing, while meditation skills (including breath control and imagery) assisted with letting go of destructive thoughts and uncomfortable feelings. These were often referred to as ‘Here and Now’ skills by participants. ‘Here and Now’ as used in the HSP focuses on the interrelating processes of present-moment awareness, acceptance and defusion (Walton, 2021a). Together these processes aim to change the way a participant relates to their internal experiences (thoughts and feelings) and for some participants, these skills were having a positive impact. For example, defusion techniques (i.e., creating figurative distance between oneself and one’s thoughts) using simple practices such as ‘labelling thoughts’ can help reduce the functional ‘control’ cognition has on behaviour (Walton & Hocken, 2020), and this was clearly reported for some participants.

“When things get trapped in here and you speak them, they lose their strength, and literally, I’d probably say, before the end of the session, I was free of that thought and it had no control of me anymore.” [Participant 28]

For other participants more traditional behaviour modification (i.e., arousal reconditioning) techniques assisted with the management of sexual thoughts and triggers. These included

‘directed masturbation’ (i.e., rewarding progressively healthier fantasies with masturbatory-induced pleasure thereby steadily shaping arousal to prosocial themes) and ‘modified covert sensitisation’ or ‘ammonia aversion’, where participants consciously apply either aversive imagery or inhale ammonia in sequence with their paraphilic thoughts as a basis for decreasing their frequency and/or providing a sudden sensory distraction. Only a minority of participants were introduced to ammonia aversion (using ammonia smelling salts). However, their reflections on its effects and the inconspicuous nature of the small ammonia bottle, highlighted the practical utility of this technique, and contribute to a small volume of case study research (e.g., Campbell-Fuller & Craig, 2009) on its clinical value (see Marshall, O’Brian & Marshall, 2009 for a wider discussion).

“Sniffing salts w’ll be good cos you’d be able to take them round with you, and people wouldn’t assume it’s oh you’re thinking about kids you’re thinking about this you’re thinking about that because a lot of people use smelling salts just to clear their nose.” [Participant 24]

“And I’ve got they give me like smelling salts...Every time you know like erm urges anything like that I take it...sort of sniff and it’s like urgh it’s a big shock isn’t it...just takes my mind off it I can’t explain it it just takes your mind off it.” [Participant 8] (LDC)

Whether it was contemporary or conventional procedures (and aligned with the behaviour learning principles which underpin the HSP), there was a recognition from participants that they needed to continue practicing their skills to continuously maintain (i.e., reinforce) the benefits they stood to gain.

“It’s getting rid of that and if that thought comes back again it should go away quicker every time you’re challenging it it will go say first time you’re there for five minutes you’ve challenged it it’s gone months later it’s come back again you’ve challenged it again may only be there for two minutes.” [Participant 20]

“It’s like keeping up a skill you’ve got to keep at it constantly and if you don’t that skill deteriorates that type of thing.” [Participant 21] (LDC)

However, it is worthwhile noting here that most participants were relatively new graduates having recently completed the programme. We noted that for some participants, reflecting on the longevity of HSP skills and accurately recalling learning was more challenging.

6. Main Theme 3: Relational Growth

In this theme, participants highlighted the ways in which HSP helped them to grow and foster relationships with not only others, but also themselves. Specifically, the majority of participants positively described how they had developed the ability to be more trusting and open with others through HSP, and over half also gave positive examples where they had learnt to be kinder to themselves.

6.1 Sub-Theme 3.1: Reconstructing healthy sex and relationships

While everyone had their own journey through HSP, a key theme across the data was the way in which participants had reconstructed their understanding of healthy sex and healthy intimate relationships.

“So, something that we did, something that me and my therapist did in one of the sessions was actually define what is unhealthy, what is... what features, what, you know, what types of people, what groups of people, you know, what falls under that, what’s unhealthy for me. And obviously that looks back at a lot of my offending. On the flip side to that, [we] look at what’s healthy, what do I find attractive in a woman?” [Participant 16] (LDC)

Here participant 16 states that through mapping out and defining healthy and unhealthy sex in clearer terms, they were able to acquire a new understanding of both.

“For me healthy sex is having an appropriate relationship with someone either my own age or within a certain range that’s appropriate, but managing to, I’m not saying that fantasies and roleplay can’t be part, but it has to be explored in a way that’s appropriate for me and her, so it’s not you know it’s not one sided. It’s not all me me me it’s an equal balance between the both and then how to put ground rules in place.” [Participant 13]

“So, healthy relationships for me now would be someone who’s old enough and consensual, you know what I mean, so, you’re not as a dominant figure or they’re

not obliged to say yes...Someone you can talk to about your problems and stuff, you know, someone who's gonna commit, you gotta be able to communicate with them, let them know about your sexual problems. I think half of me problem was I always wanted sex and I used people for my needs." [Participant 24]

For some participants, reconstruing healthy sex and healthy relationships was about considering others, and the desire to have an equitable partnership that catered for the needs of both them and their partner. This was a new idea for some, such as Participant 24, who had previously only considered their own needs and their desire to be dominant in a sexual relationship. Many participants regarded their time on HSP as being pivotal to helping them evolve from being preoccupied with their own needs to valuing safer and more reciprocal, supportive relationships.

"Healthy relationship is being with someone to spend your life with them and just... enjoying life for it. And being part of something. (...) being open to your partner understanding where your pressures are where your danger zones are and telling it. So that way you can lean on that person to support you too" [Participant 7]

"Before when I was just oh I'll just go and seek sex mainly but now I want to sit down have a chat with someone (...) I know it doesn't all have to be about sex any more, and things, it's about the time you spend with each other it's not all about that, so I mean like I said I'm more of an intimate person anyway so I like to cuddle and stuff" [Participant 24]

Participants often articulated how they had reconstrued healthy relationships and healthy sex, and were considering other forms of intimacy, based on the view that a relationship "doesn't all have to be about sex" to be fulfilling. This is important because intimacy problems are characterised by a lack of meaningful long-term relationships or even dysfunctional relationships. As such a lack of capacity for adult intimacy is associated with an increased risk of sexual reoffending (see Mann et al, 2010; Seto et al, 2023), and negotiating, maintaining, and sustaining healthy emotionally intimate adult relationships has often been a source of considerable challenge for many who commit sexual offences. However, in our sample, there was a clear theme of (at least cognitively), participants desiring close adult intimate relationships – often for the first time for many.

6.2 Sub-Theme 3.2: Learning to trust and be open

Most participants discussed how much of an impact their relationship with their therapist had on their ability to develop trust and openness. Trust plays a crucial role in the process of change, with its development often leading to individuals openly sharing their thoughts and feelings (Beaton & Thielking, 2020). Several participants described experiencing difficulties in trusting others before they engaged with HSP:

“I’ve had trust issues so they said it would help with everything.” [Participant 20]

“I’ve got trust problems which is why I’ve got that small circle of friends.” [Participant 21] (LDC)

Despite having difficulties trusting others in the past, participants reported they were able to overcome these feelings of distrust and begin to trust and open up to their therapist:

“I felt really supported I felt like I could trust him.” [Participant 8] (LDC)

“I couldn't quite put my finger on what it was about him but I felt comfortable I felt like I could be open I could let it all out.” [Participant 26]

The development of trust and openness is particularly important for the therapeutic process as it promotes disclosure of information relating to treatment needs, mental well-being and reductions in self-harm and suicidal behaviours (Jahnke, Blagden et al, 2023; Trotter, 2022; Mackenzie et al., 2015). These disclosures are crucial for protecting both the participants and the public, and therefore it is important to create a comfortable climate where participants feel safe and supported to disclose (Ireland & Berg, 2008; Clark et al., 2006; Chronos et al. 2024). Several participants described the ways in which their therapist built a safe environment, where they were able to develop their ability to trust and be open, through building rapport and a non-judgemental climate.

“Usually if you tell that you know instantly that they’re gonna judge you and you can tell by their facial expressions and stuff but with X there was none of that you know she was accepting and that was that was it was such a relief.” [Participant 10]

“From the beginning it was a bit like you know introducing ourselves to one another hobbies interests getting an idea basically you know the basics of someone.”

[Participant 13]

Despite almost all participants feeling as though they were able to build a trusting relationship with their therapist, there was a recognition that the process was gradual, especially given the nature of HSP.

“You don’t just offload straightaway how what your struggles are (...) Everything starts building up slowly” [Participant 7]

“It was embarrassing because you were talking about sexual stuff in front of a female... [over time] I have my open and honest opinion on what was going on at the time...then I got a lot more support” [Participant 18]

These extracts highlight the process of therapeutic alliance, the tensions of speaking about the most shame-inducing aspect of themselves, and so, without rapport, individuals are less willing to discuss personal matters (Kolodziejczak & Sinclair, 2018), which can impact intervention outcomes. One participant discussed how 12 weeks was not long enough to establish rapport in HSP. Another felt concerned that their therapist might share information with the parole board which could negatively impact them and so actively impression managed.

“I wouldn’t mesh with other people in the process because I’m not going to be there long the course is only twelve week” [Participant 29]

“If I said, like, I wank four times a day does that then get reported, and I go to parole and say, you know, they’re like a sex addict, I dunno, and so I just generally went for like two wanks a week whatever two three wanks a week different times, I said mostly going to bed and just relax” [Participant 22]

Participant 29 found that the length of HSP was not sufficient to be able to build a trusting relationship with their therapist. Despite this issue being marginal in the study, it is important to highlight as it is a central responsivity issue for individuals in prison, who are

often likely to approach their release with limited skills related to forming trusting and open relationships as well as having fewer social contacts (Shingler & Purvis, 2023).

Through developing a trusting relationship with their therapist, participants were subsequently able to develop trusting relationships with wider prison staff. Research has consistently shown that people in prison can have an almost automatic distrust and hostility towards prison officers, particularly in climates where prison officers are characterised as abusive, authoritarian and neglectful (Crewe, 2009). This can foster an “us vs them” mentality, where people in prison view prison officers as part of a system designed to punish them as opposed to helping and supporting them (Crewe, 2009). However, in our sample, participants often indicated that the ways in which they viewed and interacted with wider prison staff differed after HSP:

“Now I know I’m open and I can go to anybody I can speak to anybody of authority... I’d certainly go to a member of staff and I would say listen this is what I’ve been thinking this is what I need to work on.” [Participant 4]

“I wouldn’t have gone out of my way to speak to staff I wouldn’t play snooker or pool with staff but again that’s obviously changed now I play a lot of snooker with one of the staff members on the wing he’s pretty good at snooker and I quite enjoy it when I beat him so again that’s changed the dynamics of how I actually speak to a lot of the staff now.” [Participant 18]

Participant 4 discusses how since completing HSP he *would* now actively seek help from the wider prison staff in a way that was open, honest and appropriate. Similarly, Participant 18 discusses how previously he would have refrained from interacting with staff, but now actively engages with them recreationally and finds the experience enjoyable. In short, by developing trust and openness, many participants were able to develop meaningful professional relationships with prison staff, which, given the stability of several paraphilia is likely to be important in enabling HSP participants to make daily progress (Walton 2021b) and has been shown to help facilitate change (Blagden et al., 2016).

6.3 Sub-Theme 3.3: Developing Compassionate Me and Overcoming the Inner Critic

While relationships with the therapist were important for relational growth, particularly in terms of participants being more open and trusting socially, HSP's focus on compassion also allowed for internal relational growth. Indebted to the wider work on human compassion by Paul Gilbert (Gilbert, 2010), the HSP aims to support two qualities of compassion, namely: (1) to engage with the suffering of self and others; and (2), to build skills for taking helpful (not harmful) action in preventing and alleviating it. The work toward building these qualities is called 'Compassionate Me', and it requires a range of skills and capacities that command focus and effortful practice (see Walton, 2021a; 2021b; Hanley, *in press* for descriptions of how compassion work is approached in HSP). In line with this, a focus for all almost participants in their HSP journey was working on developing a more compassionate version of self, and perhaps unsurprisingly, given the prevalence of internalised shame, adversity and trauma amongst many people who access the programme, the majority of participants in our sample reported some elements of challenge with the work, particularly with applying self-compassion and working with self-criticism.

"HSP brought things that are, are tough for me, like compassion for myself, it also taught me about the inner critic more, that I did not know about, yeah, because I've been classed as a self-loather, I didn't really think of an inner critic as much...the inner critic in my early years was quite powerful in my early years in prison I couldn't leave my cell, and I had trouble working and that...it helped me understand that the inner critic's always going to be there...It's just down to me to manage the, the inner critic and because of that, it has gotten a lot easier in the last six months, for me"
[Participant 27] (LDC)

This extract was reflective of the pervasive self-loathing and internal criticism experienced by most participants. This self-loathing manifested itself in retreating behaviours, hiding away and avoiding social interaction.

“I’ve always thought that I am a bad person, you know, this is old me critic kicking in and old me critic has been so strong and throughout of me all of my life that it’s been so hard to you know let compassionate me in” [Participant 10]

Most participants experienced their inner critic deeply, and developing a compassionate sense of self represented a key challenge. It is well-known within general psychology that development of self-compassion can lead to more positive self-concept (Wong, 2021). Similarly, in this study, as self-compassion increased and the inner critic’s grasp loosened, many participants had begun to engage more helpfully with their thoughts and emotions.

“I then started working on it every day so like if I got a negative thought in the pad or during the day I’d challenge that negative thought with a positive thought so like if I said for example oh I’m never gonna change, you know, compassionate me would say but you are gonna change you’re changing now you’re doing all these things to better yourself, and then – it’s like you’d have an argument between yourself” [Participant 10]

“Having old me in the background but not letting it to come to the front again, so new me will always win against... it’s like the old me critic is there but never letting it win so I talk to myself about I’m better than what I used to be” [Participant 8] (LDC)

Participants 10 and 8 highlight the struggle of overcoming their inner critic as something akin to a meta-conversational “argument” with self and ensuring that their “old me critic” does not win. Through the struggle in developing a compassionate self, participants were able to forge a new compassionate identity. Developing self-compassion is important and there is a growing body of research demonstrating the positive effects it can have on mental health, as well as on regulating healthy behaviours (Petrocchi et al., 2024; Sirois et al., 2015; Wong, 2021; Zessin et al., 2015).

“I don’t want to reoffend that’s not what I want. That’s not what I want. I very much feel like I’ve - I want to say reinvented myself...I’ve faced, what’s troubled me, what I’ve struggled with what’s, you know, got me to this place, and as much as I regret everything that I did, I can’t go back and change any of it. So, moving forward, you know, I have to be, I have to be a different person...I’ve learned how to be

compassionate to myself, how to be kind to myself, umm, to give myself praise.”

[Participant 28]

“That was with my self-loathing and my inner me critic, and I should have been able to handle I could have handled it a lot better realizing it now I could have handled it a lot better, but with the course that I've done, HSP has come... helped me to realize about the avoidance and seeking help more” [Participant 27] (LDC)

“I'm kinder on myself, I'm working on myself, my self-esteem, working on myself, seeing myself, and because of that, I'm far more social on the wing. I have a more positive view of myself, which allows me to open up a bit more, which allows me to talk to people” [Participant 26]

The above extracts highlight how HSP helped participants cultivate self-compassion, which in turn helped them become less avoidant and engage in prosocial behaviours. For some, the increase in self-compassion allowed for qualitative shifts in identity and a better understanding and management of their self-critic. Self-reinvention and discovery through therapeutic programmes have been linked to desistance and, in particular, self-compassion interventions have been shown to positively impact anti-social thinking in male prisoners (Rezapour Mirsaleh et al., 2021).

“I used to be a prolific self-harmer and obviously I think it was like three weeks ago I was feeling like shit I was feeling really down and I was having some really negative thoughts. And I used my compassionate side of myself to essentially be the person that I want to be and essentially make myself feel a lot better” [Participant 10]

Again, linked with previous extracts, the development of self-compassion provided mechanisms within which participants could manage difficult thoughts and feelings. Binder et al. (2019) found that developing self-compassion and recognising times when individuals treat themselves harshly in difficult situations allows people to better cope with everyday pressures and challenges. These are important findings that connect well with participants' narratives in our sample.

In general, the data highlighted that participants had been able to develop a more compassionate self. However, a significant minority of participants, mostly those with LDC, struggled with understanding the conceptual aspects of compassion generally

“I didn’t get it at first. I didn’t understand it I said well why do I have to be compassionate to myself when I can be compassionate to other people anyway, and then it was all explained to me, but I still didn’t get it” [Participant 15] (LDC)

As Participant 15 highlights some participants struggled to comprehend compassion and why it was important, even after repeated explanations and adaptations which simplify the skills and concepts involved. This confusion meant that for some this important aim of HSP did not resonate. Whilst it may be tempting to draw a conclusion that the various skills associated with compassion are inaccessible for participants with LDC (e.g., Participant 15, above), it is important to note that case research has demonstrated that compassion work of this kind can be meaningfully adapted for people with intellectual disabilities (see Clapton, 2016). This was supported earlier in this theme by other participants with LDC who demonstrated competent application of compassion work (e.g., Participant 27). As such, it is possible that this ‘compassionate confusion’ reflected individual specific responsivity issues, where some therapists perhaps did not adapt the content in a way that was accessible enough for some participants, rather than it representing an inaccessible facet of HSP.

7. Main Theme 4: Not a Silver Bullet

Although participants in this study described many positive experiences and outcomes associated with the HSP, these did not come without caveats. This theme captures the caveats which relate mostly to operational issues but nevertheless contributed to the more limiting features of participants' HSP experience, from factors that impacted their full engagement, to their views on the programmes' longer-term effectiveness.

7.1 Sub-Theme 4.1: Rocky Beginnings

For many, challenges initially arose prior to commencing the programme. Some participants described logistical issues associated with long waiting lists and delays, whilst others highlighted sequencing problems feeling they started the HSP too soon after an prior programme. Most felt the information about the HSP was limited, which was exacerbated by pervasive unsettling rumours about what was included in the programme itself. Collectively, these types of issues served to shape initial negative attitudes and apprehensive engagement at the start of some participants' HSP journeys. Participants reflected on the disparity of start times for the HSP, with some starting quickly, and others experiencing delays.

"I actually started it two weeks after I got to this prison (...) compared to a lot of people waiting a long time to do." [Participant 6]

"The prison I previously came from didn't offer it well they did but the waiting list was huge." [Participant 13]

The limited clear information about what to expect from HSP was a deterrent for several participants, prior to formally commencing the programme. Information provided was typically characterised as somewhat "vague" (P10) or sometimes absent altogether.

“Information is kind of scattered sparse... if I wanted the information you had to search and talk to the right people” [Participant 23]

“We didn’t know anything about it, no information whatsoever” [Participant 29]

“I didn’t know much about it really I thought it’s just gonna be same thing covering the same thing we done in SOTP... it’s prison they treat you like mushrooms feed you and keep you in the dark.” [Participant 2]]

As alluded to by Participant 23, some participants actively sought to address the information gap, by seeking it out from others. Whilst this could be fairly beneficial for some, for instance those who had an opportunity to discuss the HSP with a member of staff, others turned to fellow prisoners. However, because HSP graduates are sometimes moved to different sites soon after completing the programme, there can be limited opportunity for them to interact with and inform others about the programme. This absence of accessible information allowed rumours to proliferate in most prison sites.

“The prison, you know, rumours... it’s all, you know, it’s probes and wires, and it’s intense, you know... so you know all the rumours and the stirred up from other prisoners who’ve probably never done it you know thinking oh I don’t need to do that.” [Participant 9]

These unhelpful (and oftentimes stigmatising) rumours contributed to a series of apprehensions and concerns for participants, which had negatively impacted their initial desire to engage with the programme.

This theme suggests that there could be value in revising the quantity and quality of HSP information made available to prospective participants. To address rumours and potential stigmas associated with HSP, broader climate-focused work could be beneficial, perhaps with more HSP graduate-led advocacy and advertising of the programme. Overall, this may serve to improve the mindset of prospective participants’, settling apprehensions and anxieties, and promoting better engagement from the outset.

7.2 Sub-Theme 4.2: Confounding factors

The HSP is delivered in prisons that should adhere to protocols which support safe access to the programme for participants (Hanley, *in press*). Ensuring psychological and physical safety is a priority for HSP Treatment Managers who should raise awareness amongst prison staff around the sensitivities of the programme, and the type of work involved (including behaviour modification work, and the use of sexual thought diaries to monitor triggers, behavioural patterns and use of self-management skills). However, some participants outlined several operational issues to do with the prison environment which meant their experiences of HSP departed from these expected standards and constrained their ability to fully participate in the programme as designed. For example, given the intensity of the HSP and the sensitive nature of between-session tasks (e.g., behaviour modification techniques), HSP participants ought to be moved to a single occupancy prison cell for the duration of the programme. Whilst this had been the case for many in our sample, there were several participants in one prison for whom this had not been operationally feasible, and who were instead required to share a double cell with another prisoner. This was associated with several specific challenges.

“They kept saying have you done any, have you done any, erm, like, logs, it was like no, I’m not gonna do that whilst I’m padded up with someone.” [Participant 6]

“I’m in a double cell, so I share a cell with somebody else, and out of respect for other people you don’t do any stuff like that while you’re in a double cell.”

[Participant 2]

Essentially the participants who shared prison cells were not able to fully practice behaviour modification techniques and engage in other sensitive work between sessions due to a lack of privacy. These privacy concerns extended to the completion of sensitive sexual thought diaries, where several participants who had accessed HSP whilst residing in a shared cell expressed concern that another prisoner or member of staff may discover and read the content.

“You’re always a bit cautious when you’re doing a diary because you’re like what happens if staff come in and read it” [Participant 18]

Beyond the sensitive nature of the diaries, some participants were additionally concerned that others outside the HSP may misconstrue their purpose “out of context” (P26). These participants were often fearful that misinterpretations could have severe consequences, such as endangering their personal safety, risking penalisation, or being traumatic to the reader/listener, causing unintended harm.

Another contextual factor that inhibited some participants from fully engaging was medication to manage problematic sexual arousal (MMPSA). MMPSA is a separate service provided under the care of a specialist psychiatrist. HSP therapists are aware of the various types of medications that can be used, their effects and potential side-effects, and if a participant is being prescribed MMPSA, they may consult and work collaboratively to understand whether it would be helpful to increase, reduce or maintain the dose whilst they attend HSP.

Although the provision of MMPSA was often regarded as a positive (e.g., addressing challenges associated with a high libido, and compulsive urges to act on unhealthy sexual thoughts), it was also highlighted as an inhibitor to participation in some exercises that may have otherwise been helpful for those participants.

“I weren’t having any thoughts or nothing about it, you see, because of me taking these meds, takes your mind off it and your urges” [Participant 8] (LDC)

“Masturbation, I don’t do it, because I can’t do it, anyway, the medication won’t allow me to.” [Participant 4]

It is important to note however that whilst MMPSA inhibited participation in some exercises, it also enabled some participants to engage more effectively with other aspects of the programme.

“[MMPSA] massively helped me at the time, I will say that, like I, went from masturbating every night to maybe twice a month [*snaps fingers*] like that, just really

quick, really easy, made me able to think about other things and concentrate more”
[Participant 16]

Considered collectively, participants’ reflections reveal some of the inherent strengths and limitations of using MMPSA to support rehabilitative work with individuals with paraphilic interests (Lievesley et al., 2014, 2024). An important point to note is that the therapeutic effects of pharmacological therapies such as MMPSA, and psychological interventions such as behaviour modification or mindfulness are dependent on a participant’s continued efforts and adherence. Were a participant to stop taking their medication or practicing a specific skills-based technique, the therapeutic effect (be it suppressed or reconditioned arousal, or better mindful/functional control) would likely fade. In general, the maintenance of the therapeutic effects of most intervention relies on continued engagement.

7.3 Sub-Theme 4.3. Artificial testing ground

Many participants were positive about their future; however, most were clear to state they could not be sure of the true benefits and utility of HSP until release. Within this subtheme, participants frequently portrayed prison as an artificial testing ground, with limited opportunity to meaningfully practice some skills in a real-world context.

“Essentially, we have done theory. We’ve done what I want, what I hope to achieve, what I aim to achieve. To me, it feels very much hypothetical. I’m putting the plans in place.” [Participant 28]

“It’s great having all these skills here, and great having all these ways to deal with this stuff, but I’m in a controlled environment where none of that is really going to come into effect.” [Participant 21] (LDC)

Participants often recognised the face value of skills they had learned but were not sure about how and whether they would work outside of prison – a sentiment succinctly summarised by P21; “all the gear and no idea”. This often referred to issues associated with exploring healthy, appropriate intimate relationships and/or how well participants

thought they could manage their sexual interests, thoughts and urges when faced with a richer array of real-world triggers and challenges in the community.

Many participants described examples of more controlled, sanitised versions of these skills that they had put into practice during their sentence (e.g., exposure to triggers on the television, developing work colleague or friend-based relationships with others in the prison).

“I won’t be able to prove those skills have been learnt until I’m released because you can’t really show them in here- you *can* show them in here, but to a certain extent, how, how your thinking patterns are, how you deal with things, but like the relationship side, that’s more out in the community.” [Participant 6]

“Regarding masturbation side... that’s always ongoing... whatever I read, whatever I see on the TV will always be a trigger, so it stands for me to manage my trigger, erm, and how I deal with it, I’m doing alright (...) I know this is a sterile environment, where I’m not out there in the real world, where I’m actually seeing individuals (...) Relationships can only be done in the community except, for working relationships with your prison offender manager and community offender (...) but the relationships as an intimate thing, obviously, that will have to be done in the community, can’t really do anything in the prison environment. Erm, so yeah, there is some things I can do in the prison, which is ongoing, but a lot of it is now mainly when I go out in the community which is testing myself again” [Participant 23]

This ability to enact change is a common measure of programme success (Blagden & Perrin, 2016), but ultimately, participants in this study expressed some anxiety about how and whether they could apply these same skills when exposed to more tangible triggers upon release. It is important to note however that although this was a common concern expressed by participants, this was rarely framed pessimistically or as insurmountable, and participants did not negatively ruminate on their worries about this issue. Many participants described how they felt that the HSP had equipped them with an adequate toolbox containing a wide array of skills to select from when they are released. Feeling equipped in this way offered a sense of reassurance that they had everything they needed

with regards to skills and strategies to tackle life in the community, but that they could not be confident in their successful application until actually faced with that reality. Moreover, participants were frequently clear and measured in understanding that the HSP was not curative; it did not eliminate unhealthy sexual interests or thoughts but it could be helpful in managing them – even if life in the community will be fraught with uncertainties.

“I don’t know what’ll happen in the community, I can’t say that the thoughts won’t reappear, but I’ve now got the tools to work on them.” [Participant 11]

“I don’t think the thoughts will ever go away one hundred percent, they will always be something, you could be sitting there and something goes on the TV or someone says something as you’re passing, and you will automatically think an unhealthy thought, it’s just getting back your mind back on track, to basically get rid of it.” [Participant 20]

“There’s still other risks, and I’m a realist about that, I know that there’s always gonna be that risk there’s nothing I can ever do to eliminate that risk it’s just try to avoid it really so” [Participant 21] (LDC)

Some participants reflected on the availability of wider support post-programme and post-release as a potential mediator of future success. Whilst support was often (although not always) available in prison, and help-seeking was a key learning point for many participants, some were concerned about how and whether this would be available in the community after release, and what this might mean for their risk of reoffending. In particular, this worry of being abandoned and “set up to fail” (P7) was magnified when participants had experienced release and recall prior to their latest sentence.

“Going out on your own for the rest of your life is something different, you know. When you’re out there, you don’t have the support that you do whilst you’re in prison, you don’t have the people to talk to about incidents” [Participant 27] (LDC)

Participants’ concerns are not baseless, as existing literature indicates the numerous vulnerabilities that individuals with sexual convictions can experience post-release

(Blagden et al., 2023; Goode, 2010; Shingler & Stickney, 2023; Tovey et al., 2022). In particular, those with longer sentences (like the participants with Imprisonment for Public Protection (IPP) sentences in the present study) can experience more entrenched institutionalisation and de-skilling, which can compound the stresses of community re-entry (Stickney et al., 2023). To combat this, participants in the present study expressed a desire for greater continuity of clearly signposted throughcare support for their lives ‘on the outside’, to ensure that they had support when confronted with the novelties and nuances associated with applying their skills learnt on the HSP in ‘the real-world’.

“You won’t know, when you get released, what skills you need, and what problems you’re gonna find hard with, and then that’s just down to you to change and talk about it to someone. But you get a support on the outside hopefully, *hopefully*.”
[Participant 7]

“Even if it’s with only with members of staff, it’s still a point of confidence boosting. That will help, and it puts people in the real world.” [Participant 16]

Many felt unsure about how and whether they could access this support beyond the prison environment, but participants nevertheless provided specific recommendations, such as booster courses or sessions, a point of contact with a trusted professional, or supported re-exposure (e.g., supervised walks or encounters on Release on Temporary Licence [ROTL]). Research demonstrates the value that additional therapeutic and preventative support can have for individuals with paraphilic interests, when that help is clearly signposted and readily available (Chronos et al., 2024). Therefore, whilst HSP provides a solid potential toolbox of skills, its application remained untested. “Through the gate” support may be necessary to sustain behavioural change, and to maintain or build participants’ self-confidence in the community. The fact that probation practitioners can access guides for structuring supervision with programme-linked conversations is positive in this regard because for HSP participants, the relative stability of paraphilia likely means that the maintenance of self-regulation skills will be integral to their ongoing ability to lead a safe crime-free life.

8. Considerations for practice

This qualitative evaluation illuminated heterogeneity in the rehabilitative journeys of individuals convicted of sexual offences with paraphilic interests, and the transformative value that an individualised intervention like the HSP can have. Although the thematic analysis reported here identified some areas of convergence in participants' experiences, the diversity in those experiences and learning taken from the programme cannot be understated. As such, broad statements that infer the overall experience of HSP need to be avoided since they are likely to be too generalised and will not capture the unique nature of individual therapeutic journeys. Nevertheless, the findings did highlight several favourable features of the HSP and noteworthy benefits for participants. These included the reported benefits of integrating compassion-focussed elements, how vital a strong therapeutic relationship can be for those with sexual convictions, and equipping individuals with a broad range of skills pertinent to prosocial, offence-free living. These qualitative findings suggest several considerations for practice.

The first is the power of relationships. Whilst the importance of therapeutic alliance has not been overlooked in existing literature, the present study suggested that the therapist-client relationship is especially integral when working with individuals eligible for a programme like the HSP (who often present with entrenched feelings of shame, difficulties in help-seeking, and intimacy problems). In this evaluation, therapists were almost unanimously regarded as important for relational growth. Most often, this was based on the qualities they exhibited, that provided participants with a therapeutic space conducive to them feeling safe, unjudged, able to open up without repercussion, and, crucially, able to develop compassion towards themselves and others. Therapists who achieved this were typically framed as caring, non-judgemental, sensitive, flexible, and genuinely invested in the growth of those they had worked with. Consequently, these qualities may offer a useful template when considering the professional development of staff who deliver other rehabilitative interventions. Further research might focus on therapists' experience of HSP and evaluate whether the compassion focus helps buffer against the more sensitive elements of the programme. For instance, Crego et al, (2022) found the practice of self-

compassion by therapists had a positive impact on mental health and well-being, prevention of occupational stress, burnout, compassion fatigue, and secondary traumatisation. Hanley (in press) also provides an overview of how HSP therapists are trained to use these techniques themselves.

Another aspect of the power of relationships relates to the common experience among participants that HSP helped them foster healthy relationships with others and themselves. Participants articulated new understandings of healthy sex and relationships whilst also building an awareness of harmful sex and aspects of relationships that were related to risk. As well as developing a better understanding of relationships and intimacy with others, HSP's focus on compassion also allowed for internal relational growth with many participants feeling better able to manage shame, and states of discomfort. This is important as there is a growing body of research demonstrating the positive effect of self-compassion on mental health, as well as on regulating healthy behaviours (Wong, 2021; Zessin et al., 2015; Sirois et al, 2015).

A second consideration for practice is the benefit associated with taking a holistic and compassion-oriented approach to identifying and addressing individual needs. The HSP's multi-faceted, whole-person approach to encouraging growth, building healthy adaptive sexual identities, and understanding healthy sex are powerful qualities of the programme. This aligns with contemporary shifts in the rehabilitation of people convicted of sexual offending, which places emphasis on supporting skills for a fulfilling life and development of positive self-identities (McNeill, 2013; Perrin & Blagden, 2012). Given the apparent benefits of this holistic focus, there may be value of multi-disciplinary team (MDT) input into an individual's rehabilitation, beyond multi-disciplinary risk management (e.g., MAPPA). Moreover, this holistic focus and benefit may warrant some reconsideration of language used in the field, perhaps moving away from terminology such as 'offending behaviour programmes', which infer an exclusive offence-specific focus, onto something that better captures the holistic nature of programmes like HSP.

On the other hand, it was observed that for many participants, there appeared to be some difficulty articulating examples of using skills to manage their sexual thoughts and arousal. Although skills and insights were drawn out with targeted questions, it is important to

consider why this was the case. For example, it may be a programme responsivity issue, though this seems unlikely given the sizable evidence found for the way therapists had worked to adaptively tailor content to individual needs and learning abilities and this was so well received by participants. Another reason might be related to the issue of the ‘artificiality’ of the prison environment, and the difficulties some participant’s expressed in testing certain skills (to their fullest) in daily prison life. A more practical reason however, could simply be because the research interviews were too short for the research team to develop sufficient rapport with participants for them to feel able to talk more openly about what are unquestionably very sensitive areas, laden with shame, embarrassment and legal implications. Whilst this is the most likely reason, it does pose an interesting question for professional forums, where there is also very little time for legal, risk management and clinical specialists to strike up a rapport but where a participant is nevertheless required to talk openly about their paraphilia and ability to manage it, typically with use of examples, and often with large dependencies (including ongoing incarceration).

In general, participants discussed a greater understanding of their sexual self, leading to greater insights into which skills would be most appropriate for them to manage their thoughts, feelings and behaviours. ‘Here and Now’ (mindfulness) skills and behaviour modification techniques were highlighted as useful self-regulation strategies. Here and Now skills in particular seemed to allow for figurative defusion from thoughts, and the beneficial effects noted by participants adds to a small body of case studies and professional commentary detailing why teaching mindfulness techniques might be helpful for individuals with paraphilic interests (e.g., LoPiccolo, 1994, Paul et al. 1999; Quayle et al. 2006; Singh et al., 2011; Walton & Hocken 2020).

A third consideration for practice is to address implementation challenges noted by several participants, including the need for information that better explains the nature of the programme. In addition, providing single cell occupancy is of clear importance, because in our sample, those without it had reported a harder time fully participating in the programme and engaging in sensitive between session work.

Finally, this qualitative evaluation involved participants who had been in prison for some time and attended several prison-based programmes. Therefore, participants frequently

reflected on the HSP relative to those other programmes, and the conclusion typically reached was that all programmes are only one part of the broader journey of someone's rehabilitation. Participants made it clear that programmes can equip an individual with a degree of personal capital (e.g., skills, strategies and motivation), but throughcare support as someone transitions from prison to the community should not be overlooked. To allay apprehensions about post-release life, and to support HSP graduates in applying their new skills and understandings in novel situations in the community, the fourth consideration for practice therefore relates to the likely benefits of post-programme and post-release support. Various forms of support and social scaffolding could be provided according to individual need, to support reintegration back into the community. A standard provision could include ensuring probation supervision features conversations that focus on prosocial goals, and use of self-regulation skills. Other individuals may require more formal intervention, and access to other services including medication. Either way, for many, further avenues of support would alleviate apprehensions about life after a programme, and post-release.

9. Conclusion

To conclude, this study was a first of its kind, large-scale, multi-site qualitative evaluation of the HSP. It has provided an in-depth exploration of the lived experiences of 34 HSP graduates and has captured perceived key benefits and limitations of the programme. Whilst findings need to be considered in light of the methodological limitations set out earlier in the report, this evaluation has nevertheless identified features of the HSP that are subjectively experienced as beneficial and effective by those who have participated in it. The findings suggest that for individuals convicted of sexual offending, with paraphilic interests and complex needs, an in-depth, individualised, compassion-focussed intervention can be extremely meaningful and beneficial to elicit positive identity and behavioural change, moving people towards a desistance-conducive state. Overall, this qualitative evaluation finds that the HSP can enrich an individual's life more broadly. Not only can HSP equip individuals with valuable skills, knowledge and strategies for pursuing appropriate relationships and managing their offence-related sexual interests, urges, and behaviours - it is a whole-life programme.

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Appendix 1: The Correctional Services Advice and Accreditation Panel

The Correctional Services Accreditation and Advice Panel (CSAAP) comprises independent international academics and expert practitioners who advise HMPPS on accrediting programmes for use across prisons and probation. CSAAP also provide independent, evidence-based advice on programme development and practice. The Ministry of Justice uses accreditation to provide confidence that its offending behaviour programmes are designed based on the best available evidence, will be delivered as intended, and will be evaluated to show the outcomes that are being met. The HMPPS Rehabilitation Board accredit programmes for implementation across prisons and probation.

Once an accredited programme has been running for a sufficient amount of time, CSAAP considers the impact of the programme when deciding whether to recommend that the programme maintains accreditation. If CSAAP do not recommend that the programme maintains accreditation, HMPPS may consider withdrawing the programme.

Programmes are assessed using the evidence-based principles for effective interventions. The Accreditation Criteria are laid out below.

The requirements for accreditation state that programmes and services must demonstrate that they:

1. Are evidence-based and/or have a credible rationale
2. Address factors relevant to reoffending and desistance
3. Are targeted at appropriate participants

4. Develop new skills (as opposed to only raising awareness)
5. Motivate, engage, and retain participants
6. Are delivered as intended by staff with appropriate skills and quality assured, via:
 - a. a quality assurance plan,
 - b. by providing quality assurance findings
7. Are evaluated, via:
 - a. an evaluation plan, and
 - b. by providing results of evaluation

Appendix 2: HSP qualitative sample and data collection

HSP study sample

Table A.2 below sets out the five prison sites used for data collection in this study. Table A.3 provides an overview of the proven offences on participants' records, and Table A.4 outlines participants' previous accredited programme completions.

Table A.2. Prison sites used as sampling frames for study participant recruitment.		
Prison	Prison characteristics	N
PRISON A (Public)	Security Class: Category C Prisoner population: Adult males with sexual convictions	18 (53%)
PRISON B (Public)	Security Class: Category C Prisoner population: Adult males with sexual convictions	5 (15%)
PRISON C (Public)	Security Class: Category C Prisoner population: Adult male vulnerable prisoners	3 (9%)
PRISON D (Public)	Security Class: Category C Prisoner population: Adult males with sexual convictions	3 (9%)
PRISON E	Security Class: Category C	5 (15%)

(Private)	Prisoner population: Adult males with sexual convictions	
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Table A.3. Frequency table reporting HSP study participant proven offences

Offence	Number in sample and percentage (%)
Child sexual exploitation material (CSEM) offences (inc. making, possessing and/or distributing indecent photographs or pseudophotographs of children)	12 (35%)
Other image-based offences (inc. animal sex images)	1 (3%)
Rape (Adult victim)	6 (18%)
Rape (Child victim)	11 (32%)
Attempted Rape (Adult)	1 (3%)
Attempted Rape (Child)	1 (3%)
Indecent/Sexual Assault (Adult, inc. w & w/out penetration)	6 (18%)
Indecent/Sexual Assault (Child, inc. w & w/out penetration)	14 (41%)
Arrange/facilitate commission of child sexual offence	2 (6%)
Gross indecency and/or inciting/attempting sexual activity with a child (inc.	13 (38%)

communication, attempting to meet, grooming)	
Cause child to watch sex act	2 (6%)
Kidnapping and/or false imprisonment	2 (6%)
Observe private person act	1 (3%)
Non-sexual violent assault	3 (9%)
Possession of a weapon in public	2 (6%)
Theft	1 (3%)
Outraging public decency	1 (3%)
Breach of prevention order (e.g. SOPO ¹ , SHPO ²) and/or failure to comply with sex offender register	9 (26%)
Attempted breach of SOPO ¹ or SHPO ²	1 (3%)

Notes:

1. Sexual Offences Prevention Order (SOPO)
2. Sexual Harm Prevention Order (SHPO)

Table A.4. Frequency table reporting HSP study participants' past offending behaviour programme completions	
Programme	Number in sample and percentage (%)
Horizon	4 (12%)
Kaizen	9 (26%)
Becoming New Me (BNM)	1 (3%)
Becoming New Me + (BNM+)	11 (32%)

Living as New Me (LNM)	1 (3%)
Better Lives Booster (BLB)	5 (15%)
New Me Strengths (NMS)	2 (6%)
Thinking Skills Programme (TSP)	10 (29%)
Enhanced Thinking Skills (ETS)	5 (15%)
Sex Offender Treatment Programme (SOTP)	18 (53%)
Internet-SOTP (I-SOTP)	1 (3%)
Adapted SOTP	1 (3%)
Extended SOTP	6 (18%)
SOTP Booster	1 (3%)
Healthy Sexual Functioning (HSF)	1 (3%)
Controlling Anger and Learning to Manage it (CALM)	1 (3%)

Notes:

1. SOTP (Sex Offender Treatment Programme) was stopped during 2017.
2. Further details about the current suite of accredited offending behaviour programmes can be found here: [HMPPS Accredited Programmes.docx](#)

HSP study data collection

Before data collection took place, the project was subject to a Data Protection Impact Assessment (DPIA), and further ethical approvals were granted by the University of Derby College Research Ethics Committee and Ministry of Justice (MoJ). Key information about the research, what participation involved, data handling, risks and benefits of participation were summarised in a participant information document. Sensitive to the needs of participants with LDC and other neurodivergences, participant-facing documents (i.e.,

recruitment posters, information sheets and consent forms) were adapted to enhance accessibility. For example, documents utilised high-contrast text (i.e., black text on a pastel blue background), simplified language, increased line spacing and illustrative icons. Participants were further supported to read and understand these documents by on-site prison staff and members of the research team.

To recruit study participants, points of contact based in Psychology and Programmes departments at each prison site were approached via email and were asked to distribute recruitment posters and participant information documents to any individuals who had completed the HSP in the 24 months prior. Points of contact based in each prison arranged interview dates, times and spaces that were suitable for participants and the research team. In total, 36 potential participants expressed provisional interest in taking part, after which 34 individuals (94%) attended and completed interviews with the research team. There was no notable pattern in why some individuals opted to not attend interviews, and they were under no obligation to provide a specific reason.

Participants' experiences of the HSP were explored through in-depth one-to-one, semi-structured interviews, conducted by two members of the research team (authors 1 and 2) between March 2024 and October 2024. Interviews took place in each prison site, in quiet, private spaces used for programmes and/or one-to-one work. Owing to the sensitive subject matter of the interviews, researchers utilised rapport-building conversations upon participants' arrival to interview appointments, to ease them into the research process and to foster a safe, non-judgemental interview environment. To further encourage openness, participants were reassured that the research team were independent to HMPPS and MoJ, and that responses given during interviews would not impact their sentence. Participants were provided with a written and verbal outline of the research and the opportunity to ask questions, emphasising that the interviews were voluntary, and ensuring that participants understood their rights to withdrawal without repercussions. They were then asked to complete and sign an informed consent form before the interviews began, with additional final verbal confirmation of consent to the audio recording of interviews. Interviews were guided by a semi-structured topic guide, comprised of open-ended questions and prompts (see Appendix 3). These interviews explored: initial pre-programme expectations, motivations and experiences; on-programme learning and experiences of specific HSP

content (e.g., behaviour modification practices, mindfulness (Here and Now) skills, compassion exercises, intimacy and relationship work); the nature and quality of their relationship with their HSP therapist; and self-identity pre-, during and post-HSP. Interviews lasted approximately one hour, were audio-recorded onto encrypted recording devices, and were transcribed verbatim by the research team in preparation for analysis.

HSP study data analysis

Data were analysed using a phenomenologically-oriented thematic analysis (Braun & Clarke, 2006, 2021). In brief, thematic analysis (TA) is a widely used means of analysing and identifying coherent patterns in qualitative data. The phenomenological orientation of this analysis refers to the dual focus on capturing the practicalities of what participants had experienced and learned during the HSP, as well as dedicating focus on how participants subjectively made sense of their experiences and identities throughout their HSP journey. This more ideographic focus was particularly fitting given the individualised delivery format of the HSP.

Broadly adhering to Braun and Clarke's (2021) TA method, transcripts were coded and themed by a team of five researchers, with the first two authors overseeing the analysis of all transcripts. The analysis adhered to the phases of qualitative thematic analysis as outlined by Braun and Clarke (2006; 2021b), consisting of familiarization and detailed readings of the data collected, progressing to initial and systematic coding of the data, and then generating initial themes from the coded data. The final phases included labelling and reviewing themes, ensuring that they were consistent with the coding, that they were grounded in the interview data, and were truly representative of the sample, to avoid thematic drift (Braun & Clarke, 2006; Smith, 2015). In practical terms each transcript in the sample was coded by at least two authors. Each researcher independently coded and provisionally themed a subsample of transcripts, before meeting with the broader research team in data analysis sessions to share, compare and discuss interpretations. During these data analysis sessions, coders collaboratively discussed emerging themes, consistencies (convergence) and differences (divergence) in the data. This was necessary to dedicate sufficient time to explore each transcript in the rich interview dataset (equating to over 40 hours) in sufficient depth, represented a form of consensus coding, and inter-coder agreement was used as a verification procedure to check plausibility and

consistency of interpretation of the qualitative data (de Wet & Erasmus, 2005; Miles & Huberman, 1994). Ultimately, this rigorous dialogical process helped to safeguard against individual researcher biases, allowed for a greater probing and understanding of the data, and contributed towards the trustworthiness of the analysis (Lincoln & Guba, 1985; Nowell et al., 2017). In this evaluation, there were no substantial differences in the fundamental patterns of codes produced (other than semantic differences) and there was evident consistency in researchers' interpretations and themes emerging. The final themes identified through this robust analytical process represented coherent patterns evidenced across participants' interviews (see Table 4). It is important to note that the extracts utilised in the analysis are, as outlined by Clarke and Braun (2013) and Braun et al. (2016), illustrative of the theme rather than "proof" of the theme, due to the subjective nature of coding (Braun & Clarke, 2021a).

Appendix 3: HSP semi-structured interview schedule

HSP Evaluation

Semi-Structured Interview Schedule

[A] Early experiences and expectations for HSP

- How long has it been since you did the HSP programme?

Thinking back to the period before you started the HSP:

- Tell me a little about why you decided to do the HSP programme?
 - How did you find out about HSP?
- How did you feel about doing the HSP?
 - Initial expectations? Motivation levels? Assessment experiences?

[B] Programme experiences and personal relevance

Thinking about your experiences during the HSP programme:

- Tell us about your journey through the HSP programme.
 - What was it like for you?
 - What were the most important and/or personally relevant aspects?
 - Did your motivation change or develop during your HSP experience? What helped/hindered?
 - Did the prison context and/or staff outside of the programme impact your experiences of HSP? How?
- Do you feel that HSP was relevant to you and looked at problems that are important to you?

[C] Relationships with others during the programme

- How safe or secure did you feel to be able to talk about yourself, or your life and your experiences during the programme? (inc. disclosures about sexual interests and sexual self)

- How supported did you feel by the therapist in the programme sessions?
 - Did they support you to engage during the sessions?
 - How did they support you in other ways, for example outside of the sessions?
 - Do you feel that the HSP therapist matched the delivery of the course to your individual needs? Can you give an example? If no, what could have been done differently?
 - How did you feel about the feedback provided by your therapist?
 - Was there any other support you received (or needed) during the HSP that was important for you during your time on the HSP?

[D] Learning taken from the programme

- What learning did you take from the programme?
 - Did you learn any new skills, strategies and/or knowledge during the programme? If so, what did you learn?
 - How did your learning match up to what you expected to learn? Were there any positive surprises, or gaps?
 - Do you feel like you've been able to make any changes as a result of the HSP. Please tell us more....
- Did the programme help you to understand your own sexual/sexy thoughts and feelings?
- How do you think the HSP has helped you develop skills/tactics?
 - For example, for coping with sexual thoughts, relating to people, or dealing with strong thoughts and emotions that trigger sexual arousal linked to offending? What skills have you developed? What changes have you made since completing the HSP? Can you give an example of how this has happened....
 - What about Behaviour Modification, did you practice any of those skills with your therapist? Prompts: do you remember skills called 'masturbating to OK sexy thoughts', or 'what's happens to me?', 'making not okay sexy thoughts boring' or 'smelling salts'? Were these helpful? Do you still practice? If yes/no, why?
 - What about 'Here and Now', did you practice this skill/tactic? Prompts: e.g., watching your thoughts, and practicing sitting with and accepting strong

feelings rather than reacting to them Were these helpful? Do you still practice? If yes/no, why?

- What about skills/tactics for intimacy and relationships? Prompts: Did you talk about intimacy, connection and being well matched in relationships, or practice intimacy skills with your therapists? Did you talk about feeling close and connected with somebody, or perhaps about being a sexual person but staying safe and not offending when not in a relationship? Were these helpful? Has this been relevant since? How?
- Did you do any work on 'Compassionate Me' (LDC: Kind Me, Caring Me)? Prompts: Can you remember learning about emotions and the brain and the three circles? Can you remember practicing imagining a compassionate version of you, and practicing skills/tactics for compassion like using Here and Now, trying to show care for yourself? Did you learn about having a compassionate mind (toward self and others) and working helpfully with uncomfortable emotions and unwanted thoughts. How? What do you remember about these things? Examples of when you've used it
- What was most helpful to you overall from the programme in supporting you understand and manage your sexual (sexy) thoughts and feelings? Was there anything you'd like more of?
 - If so, what would you have liked more help with?
- Can you give me an example of how you've applied something you have learned from HSP to your life or a situation that you've recently experienced? [Talk through aspects of programme that have been applied]
 - Do you feel the prison gives you opportunities to practise skills or learning from the programme? In what ways? Could you give me an example?

Thinking about using HSP in future:

- Could you see yourself using the things you have learnt from HSP to help you in the future?
 - If yes, In what ways?
 - If no, why not?
- How do you feel about using what you have learned during the HSP in your life after release from prison?
 - Positive, confident, hopes

- Concerns, worries or potential barriers
- Will anything help you to use the HSP in life after prison?
- What support do you have post-programme? How has that been?
- What do you see as the main barriers and support factors to maintaining the changes/knowledge/skills you developed while on the programme?
 - Has there been anything in particular which has made it either easier or harder for you to continue practicing your skills after completing HSP?

[E] Self/self-identity

- Before HSP, what impact has your sexual interest had on your identity? How did this impact on relationships with others?
- How would you describe your sexual identity/self now? [this would include....]
- Has aspects of your sexual self-identity changed during the HSP.
 - How and in what ways i.e. in what way has your sexual identity changed?
 - What parts of the programme have helped you to understand yourself better? how has the programme helped you to think about yourself as a sexual being? What has been helpful? What has been not so helpful?
- Other aspects of identity/self that have changed?

[F] Wrapping up

- In your view and what you understand the aims of the HSP to be, how effective is the HSP in achieving its aims?
- Is there anything you would change about HSP?
- Is there anything else you would like to say about your experience on the HSP programme?