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Child sexual exploitation perpetrators
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Interventions for perpetrators of online child sexual exploitation

A scoping review and gap analysis

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About the Centre of expertise on child sexual abuse

The Centre of expertise on child sexual abuse has been established to help bring about significant and system-wide change in how child sexual abuse is responded to locally and nationally.

We do this by identifying, generating and sharing high-quality evidence of what works to prevent and tackle child sexual abuse (including child sexual exploitation), to inform both policy and practice.

The Centre is funded by the Home Office and led by Barnardo’s, and works closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector.

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Summary

Technology has become a primary medium for child sexual abuse and exploitation. Like offline behaviour, technology-facilitated abuse and exploitation can take many forms, such as the recording of the sexual assault of a child or communicating with a child via mobile devices. Online and offline spaces are not always clearly distinguishable: abuse and exploitation can start in one space and move to the other.

In this report, we describe sexually abusive activities towards a child or young person as ‘online child sexual abuse’ (OCSA) – or, where there are gains beyond sexual gratification, ‘online child sexual exploitation’ (OCSE) – if they are carried out via technology.

Various interventions for perpetrators of OCSA and OCSE are available, ranging from one-to-one sessions to manualised treatment groups. Little is known about the effectiveness of existing interventions, and whether there are gaps in the current intervention response.

To improve knowledge of treatment in these areas, this scoping review obtained information from three sources:

- online searches – a literature review and enquiries to service providers in relation to existing interventions
- an online survey of experts and stakeholders
- in-depth interviews drawn from the survey participants.

These yielded information about the different interventions currently provided for perpetrators of OCSA/E, their effectiveness (where known), gaps within current interventions, and forthcoming challenges in the field.

Key messages from the research

Lack of evaluation and research

Law enforcement, offender management and child protection services have had to be responsive to the urgent and growing issue of OCSA/E, despite limited evidence on the underlying psychological models of OCSA/E

behaviour. Responding to need has, understandably, outrun the collection of scientific evidence, and there has been a lack of systematic evaluation of interventions’ effectiveness.

Sense of being overwhelmed

Whilst professionals involved in this area felt strongly about the positive impact of their work, they also communicated a sense of feeling overwhelmed with regard to the high numbers of OCSA/E perpetrators, the lack of funding available for their services, and the need for specific training for professionals involved in this area.

Need to increase knowledge generation and exchange

Professionals expressed a desire for enhanced knowledge generation and exchange, especially with regard to increasing the empirical knowledge base on the risks and needs presented by the perpetrators of OCSA/E, and the lack of professional tools to assist with decision-making regarding risk and treatment.

Enhance existing intervention response

Interventions for perpetrators of OCSA/E remain limited and are largely similar in their client focus, scope and funding approach. They predominantly focus on psychoeducation and addressing psychological markers of offending behaviour, are provided for adult males known to the criminal justice system, and are paid for by the client or as part of court-ordered or mandatory interventions.

Early intervention focus

The scoping review also identified a demand for a shift towards preventative approaches – to increase public awareness and targeted at young people through educational resources. Sex education, including internet safety and pornography use, was highlighted by professionals as needing to be an integral part of the school curriculum. Professionals

also discussed the implications of providing interventions for OCSA/E perpetrators not known to the criminal justice system, and for non-offending individuals who may be concerned about their sexual interest.

Characteristics of existing interventions

Online offending has become a focus in interventions provided for people with a sexual conviction and their victims. This scoping review identified 48 services or agencies that contribute to interventions for OCSA/E offending by providing interventions themselves, commissioning or conducting relevant research, and providing knowledge exchange events for professionals. This included eight UK-based services that directly provide interventions for perpetrators of OCSA/E.

Most interventions are focused on adult male perpetrators (predominantly those known to the criminal justice system), with limited support provided for adolescents, female perpetrators, or the perpetrator's support network such as family members or friends.

The reviewed intervention services typically provide psychological assessments and individual or group treatment. A key difference between UK and some international providers is the ability of the latter to work with perpetrators without the requirement for statutory disclosure to the criminal justice system on matters that would require disclosure in the UK (for example in respect of specific information on past unprosecuted offences).

Quality control in relation to the provided interventions is variable. The empirical research on which they are based is not always up to date or specific to the offender subgroup. Service evaluations mainly comprise qualitative feedback from service users rather than more multifaceted pre-post treatment assessments.

Implications from the research

The scoping review highlighted a number of areas for future development and professional practice:

- ▶ Intervene earlier and more broadly. This includes offence-prevention strategies such as public education about the nature of OCSA/E and their legal classification, enhancing service provisions for non-offending individuals attracted to children, and reducing access to sexually exploitative material of children and young people.
- ▶ Enhance the treatment response for (known) offenders. This may include expanding the existing client target group, increasing accessibility of services and increasing staff support. It may also include staying up to date on emergent issues in the field, such as new opportunities for OCSA/E arising with novel technologies.
- ▶ Generate and share knowledge. This may include OCSA/E-specific training for professionals working in the field, support for research engagement, and knowledge exchange and collaboration between professionals and partner agencies. A key research need is to conduct systematic intervention evaluations.



Interventions for perpetrators of OCSA/E remain limited and are largely similar in their client focus, scope and funding approach.



1. Introduction

Technology has become a primary medium for child sexual abuse (CSA) and child sexual exploitation (CSE). In 2016, the Internet Watch Foundation found 57,335 webpages worldwide containing ‘child sexual abuse images or videos’; 60% of the content was hosted in Europe – an increase of 19 percentage points from the previous year – with the UK hosting 0.1% of the global total (Internet Watch Foundation, 2017). In 2015/16, there was an increase in offences relating to indecent images across every nation of the UK, with more than 12,000 police-recorded cases of indecent images in England and Wales (Bentley et al, 2017).

Like offline behaviour, technology-facilitated abuse and exploitation can take many forms, such as the recording of the sexual assault of a child or communicating with a child via mobile devices. In this report, we describe sexually abusive activities towards a child or young person as ‘online child sexual abuse’ (OCSA) – or, where there are gains beyond sexual gratification, ‘online child sexual exploitation’ (OCSE) – if they are carried out via technology.

The scale of OCSA and OCSE is such that intervention providers are challenged to respond effectively to the number of perpetrators. In addition, there is evidence that large numbers of online perpetrators are not identified by the criminal justice system (Beier et al, 2009; 2015).

This report describes the scope and availability of existing interventions for perpetrators of OCSA/E, with the principal aim of highlighting existing practice and areas for further development.

1.1. Definitions

CSA and CSE involve a young person under 18 years being coerced, manipulated, or deceived into any sexual activity. CSA and CSE can involve (penetrative or non-penetrative) contact or non-contact sexual activities (e.g. forcing a child to watch pornographic material).

The Government’s definition of CSA in England, as set out by the Department for Education (2015:93), is as follows:

‘[CSA] involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).’

The definition of CSE, as set out by the Department for Education (2017:5), is:

‘Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.’

What sets CSE apart from CSA is the element of exchange between perpetrator and child, in which the perpetrator takes advantage of an imbalance of power for the satisfaction of a need beyond sexual gratification and exercises power and control (e.g. financial gain, increase in status) to exploit the child’s needs (e.g. for affection, safety) (Greijer and Doek, 2016).

CSA can take many different forms. Technology may or may not play a role in any of these, and its function may differ between each type of offending, considering the social and technological affordances that the internet offers – for example, concerning sexual grooming and solicitation, child sex tourism or sexting (Seto, 2017; see also Cooper et al, 2016; Schulz et al, 2015).

Following on from the NSPCC’s definition of online abuse (Bentley et al, 2017), OCSA can be described as CSA ‘facilitated by technology’ – that is, taking place via the Internet and/or mobile devices (e.g. through social media, online games, or other channels of digital communication). Hence, most activities that could fall under the heading of ‘offline’ CSA are classified as OCSA if they are performed via technology: for example, the recording of the sexual assault of a child, or sexual communication with a child via mobile devices.

It should be noted that online and offline spaces are not always clearly distinguishable: CSA can start online and move into offline spaces (for example, the commission of sexual abuse following a period of online grooming), or vice versa.

There is an ongoing professional debate about whether OCSA and OCSE can be considered a subtype of contact sex offending against a child, or whether they are distinct types of offending behaviour that require a different understanding and therefore different intervention responses (Greijer and Doek, 2016).

One noteworthy difference may be the emotionally distancing effect of technology on the psychological perception of the child/young person: perpetrators may regard their victims as somehow less human or less harmed, owing to the geographical or emotional distance between them. In practice, multiple (personal, social, and legal) factors, associated with the perpetrator, victim, and the situation, influence the nature of the sexually abusive act against the child and hence how it should be tackled in treatment and/or risk management.

1.2. Who are the perpetrators of OCSA/E?

For the purpose of this review, a perpetrator is an individual who has committed acts of OCSA/E; this is independent of their legal status and describes individuals of any age, at

any stage of the judicial process or without any judicial involvement. For perpetrators known to the criminal justice system, the term ‘offender’ is used interchangeably.

A body of research has emerged concerning offending behaviour that involves illegal images of children; this reflects the vast increase in the number of these offences (McManus and Almond, 2014; Wolak et al, 2012), and the particular role that the internet environment plays for this offending behaviour (Krone, 2004).

Results from comparison studies have indicated that perpetrators of OCSA/E differ from offline contact sex offenders in respect to certain demographic, psychological and offence-related characteristics. For instance, child sexual exploitation material (CSEM) offenders – those who access indecent images of children – display higher levels of victim empathy and generally lower rates of reoffending, but also higher levels of sexual interest in children and more sexuality problems compared to offline offenders (Babchishin et al, 2015; Hanson and Morton-Bourgeon, 2005; Jung et al, 2013; Seto et al, 2011; Seto et al, 2012).

Online offenders tend to have higher levels of education than contact sex offenders, and are more likely to have never lived with a partner or with children, to be single at the time of the offence and to generally have less access to children (Jung et al, 2013; Seto et al, 2012). CSEM offenders also appear to endorse fewer or different offence-supportive beliefs than offline sex offenders, very often denying the harm (or level of harm) done and distancing themselves from the label ‘sex offender’ (Babchishin, et al, 2015; Elliott et al, 2013; Kettleborough and Merdian, 2017; Neutze et al, 2011; Merdian et al, 2014; Winder and Gough, 2010; Winder et al, 2015).

The research evidence also shows that perpetrators of OCSA/E are a very heterogeneous group, not only in their types of offending behaviour but also in their motivations and offence-facilitative factors (Babchishin et al, 2015; Bartels and Merdian, 2016; Craven et al, 2006; DeHart et al, 2017; Merdian, Curtis et al, 2013; Merdian et al, 2014; Seto et al, 2011; Winters et al, 2017).

For example, whilst some CSEM offenders view this material for sexual gratification, others have expressed a desire to ‘shock themselves’ or said they gain satisfaction from the collection

behaviour itself (Lanning, 2001; Merdian, Wilson et al, 2013; Quayle and Taylor, 2001).

It is important to note here that existing research is focused on detected offenders, who may not be representative of all such offenders.

There are currently two complementary models which help make sense of the identified differences between online and offline offenders, and the different types of OCSA/E:

- ▶ The *Motivation-Facilitation Model* (Seto, 2013) postulates that contact sex offending is the result of two processes: a person's underlying motivation (such as a sexual interest in children) and factors that facilitate their likelihood to act on that motivation (such as a belief that children enjoy sexual activity with adults). Perpetrators of OCSA/E seem to have higher motivational factors (e.g. sexual deviance) but fewer facilitative factors, which are thought to counteract their potential to commit contact offences.
- ▶ The second model differentiates *fantasy-driven* and *contact-driven* perpetrators of OCSA/E. This distinction has been found both for perpetrators of solicitation through online chats (Briggs et al, 2011) and for users of illegal images of children (Merdian, Curtis et al, 2013). Contact-driven offenders are motivated to directly offend against a child, and OCSA/E is considered to be a substitute for contact offending behaviour. They have a similar profile to contact sex offenders, and score higher on both the motivational and facilitative factors outlined above (Merdian et al, 2016). Fantasy-driven offenders, in contrast, appear to restrict their offending to the online environment.

Each of the above conceptualisations provides a structure to characterise offender types along a number of dimensions, and point to the need for appropriately targeted treatment interventions.

As this area is still developing, there is currently no validated actuarial risk assessment tool for OCSA/E, as there are for contact sex offending. Seto and Eke (2015) developed the Child Pornography Risk Tool (CPORT) to address this. Results to date shown that its ability to predict reoffending occurs only if those being assessed have a contact offence as well as OCSA/E offending in their histories.

1.3. Interventions

'Interventions' are activities aimed at reducing behaviours of concern. With regards to OCSA/E, the literature differentiates between three intervention levels (Smallbone et al, 2008):

- (1) Primary prevention: Targeting a wide population with the goal of preventing the occurrence of offending in the first place through tackling the underlying causes of OCSA/E offending in the realms of family, social, educational, mental health issues etc.
- (2) Secondary prevention: Focusing on early detection of at-risk individuals (e.g. people who display one or more risk factors associated with OCSA/E offending). Secondary prevention presents major practical and ethical issues of which groups to target for preventative measures, and how to target them (McCarten et al, 2017).
- (3) Tertiary prevention: Intervening with individuals who have already been identified as offenders (e.g. by being convicted or cautioned). Tertiary interventions seek to reduce offending by reducing known offenders' risks of reoffending – this involves identifying and intervening with factors associated with their offending, e.g. managing sexual urges or developing problem-solving skills.

To provide an effective and comprehensive response to OCSA/E offending, it is vital to assess 'what works' in the current intervention responses to perpetrators of OCSA/E. In addition, the online environment is ever-changing; novel technological developments such as the rise of immersive online environments will shape the future nature of OCSA/E. It is therefore critical that existing interventions are targeted and equipped to respond effectively to these issues.

1.4. Measuring the effectiveness of interventions

Interventions should be evidence-based and rooted in relevant theory and research (Bracken and Thomas, 2005). Evaluation research can be assessed against the hierarchy of evidence in clinical psychology (see Table 1), ranging from qualitative evaluations to randomised controlled trials. According to this model, higher-level methods generate evaluations that are less prone to

Table 1. Effectiveness rating based on hierarchy of evidence in clinical psychology

Method	Type of evaluation
Randomised controlled trials	Interventions are evaluated through random allocation of individuals to either an intervention or a control group and systematic measurement of treatment changes
Controlled cohort studies	Interventions are evaluated through pre-post measures and comparison with an alternative intervention group or waiting list
Uncontrolled cohort studies	Interventions are evaluated through pre-post measures
Case studies and case series, Qualitative and descriptive studies, Implementation of evidence-based practice, Quality improvement projects	Interventions are designed with reference to relevant research and theory; evaluation is based on qualitative interviews or exit/treatment completion surveys
Expert opinion/no evaluation	Interventions are not evaluated

Adapted from Louw (2009).

bias and provide more generalisable results. Ideally, treatment effectiveness is assessed by comparing a specific intervention to an alternative intervention or against a non-treatment group (American Psychiatric Association, 2013).

Conducting effectiveness research is a difficult task (see Saw et al, 2013, for example). Most forensic interventions face additional challenges concerning appropriate follow-up periods, lack of comparable groups, or ethical objections to withholding treatment from the comparison group (Furby et al, 1989; Marshall and Marshall, 2007).

Despite these issues, effectiveness research can be conducted, and is highly informative. In an evaluation study of the community-based Inform Plus group programme for acknowledged CSEM offenders (Dervley et al, 2017), the researchers conducted interviews with group participants, members of their social network and treatment facilitators to identify perceived changes in thoughts, feelings and behaviours related to online sex offending. Without controlled evaluation research, it is not clear how far identified changes were related to the intervention itself or to other factors (such as time spent within

a supportive group, or the desire to report a positive change.) Moreover, without a follow-up period it cannot be known whether the intervention was effective in reducing future offending behaviour. Nevertheless, this method provided a high level of insight into perceived personal markers of change.

In summary, it is useful to know if and how existing interventions for perpetrators of OCSA/E are evaluated in terms of their treatment effectiveness: different methodologies are available, dependent on the research question.

1.5. Aims of the scoping review

Based on a survey and interviews with professionals in the field, this scoping review aimed to identify and describe:

1. the types of interventions currently provided for perpetrators of OCSA/E
2. the types of effectiveness research currently being undertaken
3. gaps within the existing interventions
4. forthcoming challenges in the field.

2. Method

The scoping review was conducted in three stages, with information from all three combined to provide an overview, identify common points of learning and inform about service gaps in the response to current and forthcoming challenges.

2.1. Overview of existing interventions for perpetrators of OCSA/E

Information was drawn from a literature review, online searches, and direct enquiries to identified intervention providers; Appendix A sets out the method of the search strategy and information synthesis.

To obtain a comprehensive understanding of the range of intervention responses, the review was expanded to include academic and non-academic research centres and international stakeholders from comparable legal frameworks (including Europe, North America and Australia/ New Zealand).

For those services that work directly with perpetrators of OCSA/E, information was gathered on the type of interventions provided and where possible, whether the service engages in evaluation of its intervention response.

Whilst the review aimed to provide an overview of interventions for perpetrators of OCSA/E across a wide range of governmental and charitable service providers, and the professional context in which these interventions occur, it does not claim to be comprehensive or exclusive. In addition, we cannot assume that information from websites in languages other than English was correctly and concisely translated, and we may not have been able to identify and/or access evaluation research published in journals in other languages.

2.2. An online survey of intervention providers

The aim of the online survey was to identify 'service gaps', broader challenges faced in the field (e.g. communication and collaboration between services, issues concerning the funding landscape), and expected future developments.

The final survey consisted of 30 questions, separated into two sections related to:

- the respondent's own organisation, the client population they work with and the service they provide
- broader issues concerning the management and prevention of OCSE.

The majority of questions were open-ended, with a limited number asking participants to rank-order given responses; see Appendix B for the full list of questions and response modes in the survey.

Overall, 51 professionals engaged with the survey, but three did not consent to the research and a further 10 did not provide any responses throughout the survey (and so were excluded from the data set). One participant identified as a researcher and was also removed from the data set, to retain a focus on intervention providers.

The final sample consisted of 37 respondents (a 27.4% drop-out rate) from a range of professions and service providers, including child protection agencies, private and public treatment services, governmental offender management and policing bodies. Four respondents identified themselves as being from outside the UK; there might therefore have been some differences in the legal and social context of their responses.

2.3. In-depth interviews

Six interviews were conducted with professionals drawn from the survey sample, in order to provide additional depth and context to the survey findings. A structured but adaptive interview guide was developed, based on the findings from the previous two stages; Appendix C outlines the method of the interviews.

The interviewees worked in different professional settings:

- an intervention provider for identified perpetrators of sexual harm (UK)
- a community service for self-identified users of CSEM (UK)
- criminal justice social work (UK)
- a preventative project working with undetected offenders (Germany)

- psychotherapy in private practice (USA)
- an assessment and intervention service for victims and young perpetrators (Ireland).

Each participant was assigned a letter (A–F), the order of which does not reflect the above order.

2.4. Research limitations

The current study was produced in a three-month timeframe, which limited the depth and comprehensiveness of the research. One of the most significant limitations is the absence of a service user voice. A second consideration is that survey and interview responses may have been biased by service providers' local agendas; however, the study remains an informative source of needs and gaps in the area.

There were further specific limitations in each research stage:

- One of the more substantial limitations of the background search is that it was not comprehensive or exclusive, and there were gaps in some of the information provided. Particularly, we cannot assume that information from websites in languages other than English was correctly and concisely translated. In addition, we may not have been able to identify and/or access evaluation research published in journals in other languages.
- The online survey had a high drop-out rate of respondents. Additionally, as only 37 professionals completed it, there were limited numbers of representatives across the relevant sectors: only two services dedicated exclusively to OCSA/E, one of which was based outside the UK, were represented.
- Whilst the follow-up interviews enabled greater depth of questioning, this came at the cost of limited generalisability of the findings.

2.5. Ethical issues

This research adhered to the ethical principles of conducting psychological research, as outlined by the *Code of Ethics and Conduct* of the British Psychological Society (2009), and was approved by the Ethics Committee of School of Psychology, University of Lincoln. There were two main areas of concern when considering the ethical issues of this project.

Experience and wellbeing of the participants

All participants were in positions of professional capacity concerning CSE (such as policing, perpetrator treatment, online safety and child protection), and all provided informed consent to participate in the study. All data were collected anonymously and confidentially (where appropriate) and stored securely.

As all the participants were used to working with CSE issues and as the questions were not of a sensitive nature, the research was assessed to be at low risk of creating psychological harm. However, safeguarding measures were in place: participants were briefed clearly about the nature and content of their engagement, and provided with debrief information about support available for personal reflection on the survey. A key potential impact on the participants' wellbeing was that they were asked to reflect critically on the nature of the service they provide, which some may have found cathartic but others disillusioning. It was also possible (although unlikely given the nature of the research) that organisations might not support participants to disclose their views.

Both concerns for harm were addressed through the measures for informed consent and data withdrawal; in addition, the brief clearly stated not to disclose any protected information and to seek a line manager's approval, if considered appropriate, prior to participation.

Wider implications of this research

This research was commissioned to inform about existing services to prevent OCSE and about the existing service gaps. This is the first type of research of that kind, and so is likely to have practical implications for future developments, specifically with regards to the work conducted or commissioned by the Centre of expertise itself.

We therefore aimed to provide a balanced view of the presented outcomes by triangulating the presented information through information provided about services online and in the professional literature, and clearly highlighting the limitations of our findings, including the above concerns. Most notable is the absence of the service user voice in this report.

3. Interventions for perpetrators of OCSA/E: an overview

The range and scope of existing interventions for perpetrators of OCSA/E was explored via background search and an online survey. There are a limited number of specialised interventions services for OCSA/E perpetrators, embedded within a range of associated services from wider intervention providers, government agencies and research consultancies. Most interventions for OCSA/E perpetrators are focused on adult males, and are located at a secondary/tertiary prevention level.

3.1. Background search findings: identified interventions

The background search was a first attempt to gather necessary information which is usually spread over countries and only accessible via multiple websites, academic papers and individual consultations with professionals. The findings are not considered to be comprehensive or exclusive, but are aimed at providing an overview of the current intervention response.

We identified 48 professional services or agencies which offer, or are linked to interventions for perpetrators of OCSA/E; 28 were based in the UK and 21 overseas (with one – Circles of Support and Accountability – having a UK organisation alongside others internationally). A summary of these is provided in Appendix D.

3.1.1 Direct interventions

Of the 28 services identified in the UK, eight directly provide interventions for identified perpetrators or individuals who have concerns about their sexual fantasies or thoughts relevant to OCSA/E. (Circles of Accountability and Support (COSA) and Stop it Now! operate both in the UK and abroad).

In reviewing their scope, availability/ accessibility, and advertising and funding strategies, the majority of these interventions appear to be focused on adult males who are already identified by the criminal justice

system, or who self-refer as an at-risk population (secondary/tertiary interventions).

They are self-funded, unless paid by a referring agency such as the HM Prison and Probation Service, and are:

- advertised mostly online, and therefore dependent on the individual's active search behaviour, or
- based on referral from other agencies, such as the police, and therefore dependent on the individual previously having had contact with those agencies.

Whilst the majority of these services work with identified offenders, five of them – Freedom Psychology Ltd, StopSO, STAR Therapy, the Safer Living Foundation and the Lucy Faithfull Foundation's Inform Plus and Stop it Now! services – also state that they work with individuals struggling with inappropriate sexual thoughts.

Only the Stop it Now! Programme is linked to broader interventions, such as deterrence campaigns, and expanding its work towards primary prevention; it is also the only one appearing to provide a fully confidential service if contacted online or via phone.

The Lucy Faithfull Foundation now also has an online 'Get Help' service for members of the public, as well as for professionals, concerned about sexual interest in children (www.lucyfaithfull.org.uk/get-help-support-for-internet-offenders-and-their-families.htm). The similar, recently introduced 'Troubled Desire' website (www.troubled-desire.com) is part of Project Prevent Dunkelfeld in Germany.

The eight services providing interventions for OCSA/E perpetrators and/or potential perpetrators use different terms when referring to OCSA/E and related presentations. Some providers' websites continue to refer to online CSEM as 'child pornography', which, whilst generally avoided in the scientific literature, may well be a term in more common usage and have advantages in that respect. (This perhaps highlights the need for generating awareness of the negative impact and consequences of using that term amongst

professionals and the general public, and for establishing more appropriate terminology.)

In addition, providers use a range of phrases such as ‘inappropriate sexual thoughts’ to describe sexual fantasies or thoughts about children; such phrases may not be specific enough for a potential client, and may not be picked up in online searches. It may be that some services were missed in the current review due to a lack of specificity.

The service descriptions provided in Table 2 are correct as of January 2018, but readers are advised to check for any subsequent changes or developments.

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The service descriptions provided in Table 2 are correct as of January 2018, but readers are advised to check for any subsequent changes or developments.

Among the 21 international services and networks identified in the background search, eight directly provide interventions for perpetrators of OCSA/E; these are reviewed briefly in section 5.2.

Table 2. UK intervention providers for perpetrators of OCSA/E

Service name	Scope of service	Availability/ accessibility	Advertising and funding strategy
Coastal Child and Adult Therapeutic Service (CCATS) www.ccats.org.uk	<p>Psychological assessments and treatment services for children, adolescents and their families, offered within a multidisciplinary team. Residential care and fostering services for young people are also offered.</p> <p>The focus is on children and adolescents who have been removed from home for a variety of reasons, such as engagement in harmful sexual behaviour, suffering neglect within the family, and/or being at risk of CSE.</p> <p>Services are available for both victims and offenders. Interventions are described as being adapted to the individual’s needs, and often involve multisystem psychological work.</p> <p>Collaboration takes place with other services, e.g. social care, NHS, youth offending teams, schools, legal practice and GPs.</p>	Accessed via self-referral and referrals from relevant agencies.	Independent service. CCATS’s website offers information about its services, staff, research activities and policies.
Corbett Rehabilitation Network, including the Safer Living Foundation www.saferlivingfoundation.org	<p>The network facilitates post-imprisonment community rehabilitation and reintegration through a range of activities from employment assistance to sex offender treatments. It includes the Mitie Foundation, Chrysalis Programme and the Safer Living Foundation.</p> <p>The Safer Living Foundation (SLF) was founded in February 2014 as a joint venture between HMP Whatton and Nottingham Trent University, and is supported by the National Probation Service (East Midlands) and Nottinghamshire Police. It adopts a multi-agency approach with a strong research component, the SLF is focused on reducing sexual offending and re-offending through rehabilitative and preventative initiatives.</p>	A free helpline, email service and online consultation is offered. Services accessed via Prison and Probation services	Government and charitable funding collaborations.

Service name	Scope of service	Availability/ accessibility	Advertising and funding strategy
<p>Freedom Psychology Ltd. freedompsychology.co.uk</p>	<p>Provides therapy by experienced psychologists to aid clients in recognising the origins of their unwanted sexual thoughts and feelings, teaching skills for managing these, with the aim of continuing an offence-free life.</p> <p>The service does not specifically state that it works with perpetrators of OCSA/E, as it does not work with offenders (meaning those arrested, charged, or convicted); however, it works with individuals struggling with their thoughts and feelings, some of whom may therefore be at risk of engaging in OCSA/E.</p>	<p>Self-referral. Appointments are offered in the evenings or at weekends, with clients typically having between 8-30 weekly sessions.</p>	<p>Independent service. Freedom Psychology's services are advertised via its website.</p>
<p>HM Prison and Probation Services (HMPPS) www.justice.gov.uk/offenders/before-after-release/obp</p>	<p>HMPPS is an executive agency of the Ministry of Justice, responsible for HM Prison Service, the National Probation Service (NPS) and rehabilitation services for those leaving prison.</p> <p>Its interventions aim to be broad in scope, managing offenders from first contact with correctional services to supervision via the NPS following release from prison.</p> <p>The previously provided 'internet - Sex Offender Treatment Programme' (i-SOPT) used a cognitive-behavioural approach, and aimed to develop realistic relapse prevention strategies amongst other interpersonal skills. It was available to adult CSEM offenders on probation.</p> <p>[Please note that HMPPS is currently restructuring its sex offender treatment programmes, including i-SOTP.]</p>	<p>HMPPS works with a range of independent agencies, organisations and providers, as well as other government departments, to provide health, education and training services. Independent service.</p>	<p>Government agency.</p>

Service name	Scope of service	Availability/ accessibility	Advertising and funding strategy
<p>Lucy Faithfull Foundation (LFF)</p> <p>www.lucyfaithfull.org.uk/services.htm</p>	<p>LFF provides a range of services, including interventions for adult male and female sexual abusers, young people with inappropriate sexual behaviours, victims of abuse, members of its clients' networks (such as family and friends), and provides training and advice for a range of professionals.</p> <p>LFF provides a specialised intervention for adult CSEM users called Inform Plus: this is a ten-week course for groups of 6-10 individuals, who have been arrested, cautioned or convicted for internet offences involving indecent images of children. It provides an opportunity for participants to explore their offending behaviour in a structured but supportive environment, and to devise strategies for avoiding future internet offending.</p> <p>There is an accompanying group (Inform), for partners, family members or acquaintances of Inform Plus attendees. It offers a safe space in which people who are struggling with the emotional and practical impact of Internet offending can explore this in a supportive environment.</p> <p>LFF also runs Inform Young People, which provides sessions for children and young people who display problematic sexual behaviour in both online or offline contexts.</p> <p>Services for online CSEM users further include the administration of monitoring software on client computers; the provision of self-help material and a confidential helpline (via Stop it Now! – see below); the provision of internet safety seminars for potential victims, and an online 'Get Help' website – providing help for people who are concerned about their online viewing of child sexual images of children, as well as for their families and friends, and professionals who work with OCSA/E.</p>	<p>Accessed via self-referral and referrals from relevant agencies.</p>	<p>Independent service, supported by government grants and charitable grants.</p> <p>The Foundation's services are advertised via its website, splash pages on specific web search content, referrals (e.g. probation, police, social services) and media coverage (e.g. articles, interviews).</p>

Service name	Scope of service	Availability/ accessibility	Advertising and funding strategy
<p>Sex Offender Treatment, Awareness and Rehabilitation Therapy (STAR Therapy)</p> <p>www.star1therapy.co.uk</p>	<p>Specialised service providing sex offender treatment programmes, both in custody and community. It offers cognitive-behavioural interventions, behaviour modification and relapse prevention with men who have committed contact or online offences, or who have not offended but struggle to manage inappropriate thoughts, in groups or one-to-one therapy. It also provides treatment for intellectually disabled offenders and deaf offenders.</p>	<p>Referrals accepted from a range of professionals, partner agencies and statutory organisations.</p>	<p>Independent service. STAR Therapy advertises its service via its website.</p>
<p>Specialist Treatment Organisation for the Prevention of Sexual Offending (StopSO)</p> <p>www.stopso.org.uk</p>	<p>StopSO UK is an independent network of qualified and experienced therapists across the UK who work therapeutically with sex offenders, or those concerned about their sexual thoughts and behaviour. They also provide individual therapy for a client's partner, as well as couples therapy.</p> <p>Additionally, the StopSO website provides information for professionals (therapists, psychologists and doctors) who are willing, qualified and able to work with StopSO's client group. The website offers an online support group for any professional working with this client group, to facilitate professional exchange.</p>	<p>Self-referral.</p>	<p>StopSO advertises its service via its website and media engagement</p> <p>It is an independent service; has received funding from public and private sources, and accepts donations and support funding.</p>

Service name	Scope of service	Availability/ accessibility	Advertising and funding strategy
<p>Stop it Now! UK and Ireland</p> <p>(Stop it Now! is also available in other countries).</p> <p>www.stopitnow.org.uk</p>	<p>Stop it Now! (a major intervention provided by the Lucy Faithfull Foundation) is a CSA prevention service. It provides support to adults via information, education, training and a free confidential helpline.</p> <p>The helpline aims to assist callers in identifying the nature and seriousness of their concerns, provides information and support, and explores the options available to callers (including referrals to their own services, e.g. Inform Plus, or another agency).</p> <p>The service is principally targeted at adult abusers or those concerned about their own sexual thoughts or behaviour (including online behaviour) towards children. Individuals concerned about the behaviour of other adults, young people or children can also contact the helpline.</p> <p>Stop it Now! has launched on Online Deterrence Campaign, a public awareness campaign aimed at tackling online CSEM. The campaign aims to deter and prevent individuals from accessing online CSEM by highlighting the legal and social consequences of doing so, and directs those accessing such content to confidential and anonymous help. Their films No Justification and Very Real Consequences highlight the law regarding online CSEM offending and explain the consequences for those who continue accessing such images.</p>	<p>Accessed via self-referral and referrals from relevant agencies.</p>	<p>The Stop it Now! UK and Ireland helpline receives its core funding from the Public Protection and Mental Health Group of the Ministry of Justice. The Lucy Faithfull Foundation subsidises a third telephone line for caller follow-up support. Donations are also sought from the general public, alongside funding from charitable sources.</p> <p>Stop it Now! Is advertised via its website, splash pages on specific web search content, referrals (e.g. probation, police, social services) and media coverage.</p>

3.1.2 Other UK and international services and networks

Of the 20 services in the UK that do not directly provide interventions for OSCE perpetrators, 11 contribute towards primary prevention through situational prevention, policing, or victim safeguarding and public education; only one service is exclusively focused on tertiary prevention. Nine services indirectly contribute to interventions provided for perpetrators of OCSA/E, through the generation of relevant research, professional training, and/or public education.

The background search identified 13 international services and networks that do not directly provide interventions for OSCE

perpetrators. Ten of these were identified for their contribution to primary prevention, such as removal of illegal online content, and the generation of research and professional training and development. The other three are international collaborations on child safeguarding matters: End Child Prostitution in Asian Tourism International, the European Financial Coalition and the European Strategy for a Better Internet for Children.

Table 3 highlights the wider context of UK and international professional services that influence (or have the potential to influence) the intervention response to OCSA/E, with reference to the three intervention levels set out in section 1.3.

Table 3. Wider context of intervention providers

Prevention level	Activity	Service providers
Primary prevention	Situational prevention, such as removal of illegal online content	<i>UK:</i> Internet Watch Foundation <i>International:</i> INHOPE; Virtual Global Taskforce (VGT)
	Policing	<i>UK:</i> Child Exploitation and Online Protection Centre (CEOP) <i>International:</i> Canadian Centre for Child Protection; National Center for Missing and Exploited Children; VGT
	Victim safeguarding and public education	<i>UK:</i> Barnardo's; CEOP; the Children's Society; How to Be Safety Centre; National Association for People Abused in Childhood; NSPCC; One in Four UK and Ireland; Rape Crisis; The Survivors Trust
	Information provision for mental health professionals or those aware of their sexual interest in children	<i>International:</i> B4U-ACT
Tertiary prevention	Provision of community support for the reintegration of sex offenders	Circles of Support and Accountability (supported by Circles UK) and their related services (<i>UK and international</i>), the Safer Living Foundation
N/A	Generation of relevant research, professional training, and/or public education	<i>UK:</i> IICSA; the International Centre, University of Bedfordshire; Ipsos MORI; NACRO; NatGen Social Research; National Organisation for the Treatment of Abusers; onlinePROTECT; the Sex Offender Treatment Services Collaborative; the Sexual Offences, Crime and Misconduct Research Unit <i>International:</i> Association for the Treatment of Sexual Abusers; Australian and New Zealand Association for the Treatment of Sexual Abuse; International Association for the Treatment of Sexual Offenders; Moore Center for the Prevention of Child Sexual Abuse

3.2. Online survey: a window on current practice

A more detailed picture of interventions for perpetrators of OCSA/E was provided by the 32 survey responses from individuals working for UK-based intervention providers. Only one of these providers was dedicated exclusively to perpetrators of OCSA/E.

Scope of existing intervention providers

The 32 respondents worked in different sectors relating to OCSA/E:

- ▶ Four worked with services that focus predominantly on working with victims of sexual abuse but may assess perpetrators as part of a safeguarding assessment (*direct child protection*).
- ▶ Three worked with youth perpetrators (*youth offender management*).
- ▶ Sixteen worked in public services dedicated to offender management (*public offender management*), three of which are residential services.
- ▶ Three worked in private or charity-based community offender management services (*other offender management*).
- ▶ Six worked in *policing*.

By the nature of the methodology deployed, these respondents are not proportionally representative of their service categories but provide a useful range of content for the scoping.

Ten respondents reported that their service was currently undergoing change, concerning either the provision or development of specific intervention programmes, a shift in focus from reducing reoffending to prevention efforts; or growth with regards to public education or policing efforts.

Most respondents said their service collaborated with other agencies; of the 18 participants who responded to this question, only two (both working for community offender treatment services) stated that they did not do so. Typical collaborators were:

- ▶ government and local authorities (e.g. social work departments, child and family agencies, police/Gardaí and wider law enforcement, national offender management services, youth justice, mental health services, and agencies involved in Multiagency Public Protection Arrangements)
- ▶ contact points in the wider network of the service or a client (e.g. GPs, voluntary bodies/charities, safer internet centres, schools and the scientific community).

Accessibility and availability

Respondents reported that services can be accessed through a variety of means. Detailed comparisons between what type of intervention each service provides is not available. The most commonly named pathway was referral from other agencies (n = 13), whilst nine respondents stated their service accepts both external and self-referrals. Referrals from other agencies usually include social work departments, criminal justice agencies, attorneys, social services/child welfare agencies, and other clinicians/GPs.

Of the seven respondents who reported that clients can work with their service anonymously, only three (compared with the non-confidential services) provide interventions directly to perpetrators and/or men who self-identify as having a sexual interest in children. For those services, anonymity was ensured through strict database management which logs only anonymous details (e.g. a reference number) or keeps no logs; encrypted emails; or anonymous reporting channels.

Services that allow self-referral are advertised in a number of ways, such as word of mouth, media campaigns (including radio or TV advertisements), advertising in professional associations or brochures in partner agencies or schools, online advertisements, web presence (a website or social media presence), coverage in the national press, or in legal bills, but it is not possible to provide any systematic comment on the relative utility of these. Some agencies do not engage in any advertising, which might be related to the nature of their service (e.g. policing activity).

See Appendix E for detail of the survey responses concerning services' accessibility and availability.

Funding strategy

Sixteen respondents said that their service was a government agency (either criminal justice or health-related). Self-funded services were financed through the work they provide (e.g. payment by clients, their insurance, or referral source), through donations, or through grant funding. One service was funded by the internet industry.

See Appendix E for detail of the survey responses concerning services' funding strategies.

4. Effectiveness of interventions for perpetrators of OCSA/E

Evaluation of an intervention's effectiveness is based on both the power of the method used to evaluate and the relevance and detail of the information that is included in the evaluation. Overall, the effectiveness research on interventions for OCSA/E perpetrators shows limitations in both respects.

4.1. Types of effectiveness evidence in the public domain

Each of the eight UK-based intervention providers described in Table 2 (see section 3.1.1) was reviewed with regard to its evaluation method. The majority of services stated that their professional practice was rooted in psychological theory and research – for example, informed by the National Institute for Health and Care Excellence (NICE) guidelines – or existing assessment models. Most evaluation research consists of qualitative feedback, or observed changes on pre-post assessments of relevant outcome measures. Only two services were identified that had published treatment evaluation research in peer-reviewed journals; both also publish annual reports that allow scrutiny of their outcome data.

The available evaluation research was predominantly focused on measuring psychological markers potentially linked to reoffending behaviour rather than reoffending/desistance behaviour. Whilst this research is important and informative, such a narrow focus is problematic for at least two reasons:

- ▶ The research on offending pathways of OCSA/E perpetrators is still developing, so the existing evaluation research may miss other relevant contributors to offending behaviour.
- ▶ Interventions are not put to the test against their ultimate goal, of reducing CSE.

To date, only one controlled treatment comparison on perpetrators of OCSA/E has been conducted. For self-funded services, there might be a potential conflict between the publication of evaluation data and the need to attract future clients.

4.2. What do the professionals say?

A more detailed picture of the effectiveness of interventions for perpetrators of OCSA/E was provided by the 32 responses to the online survey from individuals who worked for UK-based intervention providers, and follow-up interviews with three professionals from UK-based intervention providers. Quality of interventions was assessed in two ways:

- ▶ whether a systematic assessment of effectiveness was conducted
- ▶ the respondents' perceptions of their services' effectiveness and strengths.

Two of the eight UK-based intervention providers were identified as having published treatment evaluation research in peer-reviewed journals.

Respondents generally felt positive about the effectiveness of their services, with a strong identification of their contribution to child protection. However, there was a lack of empirical evidence to measure and support this, with few intervention providers engaging in systematic intervention evaluations.

Assessments of effectiveness

Each survey respondent was asked to rate the effectiveness of their own service in reducing OSCA, from 0 = not at all effective to 10 = extremely effective (see Table 4). Private and charity-based offender management services (*other offender management*) received the highest effectiveness rating at 7. The lowest effectiveness rating, of 5, was given to the *direct child protection sector*.

Asked whether their service typically measured its effectiveness, almost two-thirds of the survey participants did not provide a response. Of the 12 who did respond, six said that their service was not currently conducting any evaluation of its effectiveness. The remaining services measured effectiveness through:

- ▶ empirical follow-up research with their clients
- ▶ internal evaluations based on feedback from intervention participants
- ▶ external change indicators such as a change in offending rate or illegal content hosted in the UK.

None of the participants reported service engagement in a treatment trial or controlled evaluation.

Identified strengths of existing interventions

Almost every survey respondent highlighted their own service's perceived contribution to child protection and focus on reducing reoffending risk as one of its key strengths. Those in *direct child protection* and *policing* also emphasised their active contribution to online safety (see Table 4).

The interviews with professionals provided an opportunity to obtain a more detailed insight into the perceived strengths of their services. Interviewees emphasised that their interventions were targeted, based on an understanding of an individual's risks and needs, their offending pathway and the context in which the offending occurred (including impact of online pornography, sexual arousal education, internet safety planning, and 'practical issues' such as who to disclose to). Clients could work with a broad range of therapists and skills, allowing for a flexible, client-centred approach. One interviewee highlighted the confidentiality of their service as a key strength.

The three professionals who were interviewed also commented on established collaborations with the criminal justice system (especially the police) as a key strength; each felt that their service returned their personal investment through staff support, active research engagement and ethical decision-making.



Respondents generally felt positive about the effectiveness of their services, with a strong identification of their contribution to child protection.



Table 4. Online survey respondents' evaluation of their services, by sector

Sector	N	Effectiveness self-rating ¹	What are the three strongest aspects [selected from a list] of your service?	Highest ranking	Lowest ranking
Direct child protection	3	5.0	<ul style="list-style-type: none"> ▶ contributes to child protection ▶ contributes to online safety ▶ works with perpetrators to reduce their risk of reoffending 	<ul style="list-style-type: none"> ▶ works to reduce reoffending ▶ has high staff wellbeing ▶ allows for professional development, e.g. attending workshops, conferences 	
Youth offender management	3	6.3	<ul style="list-style-type: none"> ▶ works with perpetrators to reduce their risk of reoffending ▶ provides risk assessments to assess individuals at risk of sexual offending ▶ works with victims 	<ul style="list-style-type: none"> ▶ works with other organisations ▶ has high staff wellbeing ▶ allows for professional development, e.g. attending workshops, conferences 	
Public service offender management	7	6.2	<ul style="list-style-type: none"> ▶ contributes to child protection ▶ works with perpetrators to reduce their risk of reoffending ▶ provides risk assessments to assess individuals at risk of sexual offending 	<ul style="list-style-type: none"> ▶ contributes to knowledge generation and exchange in the area of OCSE ▶ has high staff wellbeing ▶ allows for professional development, e.g. attending workshops, conferences 	
Other offender management	3	7.0	<ul style="list-style-type: none"> ▶ contributes to child protection ▶ works with perpetrators to reduce their risk of reoffending ▶ provides risk assessments to assess individuals at risk of sexual offending 	<ul style="list-style-type: none"> ▶ contributes to knowledge generation and exchange in the area of OCSE ▶ has high staff wellbeing ▶ allows for professional development, e.g. attending workshops, conferences 	
Policing	3	6.7	<ul style="list-style-type: none"> ▶ contributes to child protection ▶ contributes to online safety ▶ works with victims of sexual abuse 	<ul style="list-style-type: none"> ▶ works with partners/relatives of individuals at risk ▶ works with other organisations ▶ works to reduce reoffending ▶ allows for professional development, e.g. attending workshops, conferences 	

¹This is the average rating on 'In summary, is your service effective in the reduction of online child sexual abuse?', from 0 = not at all effective to 10 = extremely effective.

4.3. Factors hindering the effectiveness of identified interventions

Interview participants discussed service-specific aspects affecting the evaluation of their interventions. Two general themes emerged, highlighting obstacles to rigorous evaluation.

Issues of validity

Even though some services do engage in pre-post psychometric testing, the lack of specific measures (to either the offending behaviour or the specific client group) challenges the validity of the findings. Interviewees, especially those working with younger people, further highlighted the limitations of self-reports and said their services were considering alternatives, such as behavioural observations.

Linked to this is the issue of a self-selected treatment group, as most community interventions accept self-referrals alongside court referrals:

*“You pick out particularly the pro-social offenders, so it is different to the people that we get coming through the courts.”
(Participant E)*

Changes observed in self-referred individuals may not necessarily translate to individuals who were court-ordered to attend, and evaluations based on the former group may overestimate the effectiveness of interventions owing to the higher internal motivation of help-seeking individuals.

What constitutes ‘successful treatment’?

In the current context, a treatment may be considered successful if it enables changes in individual offenders that will carry over into their lives and reduce their risk of offending. Few services engaged in, or had the capacity to engage in, treatment evaluation research

in that sense; one that did was unable to identify any reduction in CSEM offending behaviour despite psychometrics identifying psychosocial changes in the desired direction. Others relied on a ‘positive response’ from attendees and/or collaborating authorities, or on the achievement of goals that the clients set for themselves.

A shared definition of what constitutes a ‘successful intervention’ would be useful:

*“Actually the impact of the programme is more about offering people some support, with all being in the same room, than what is actually in the programme.”
(Participant E)*

One interviewee raised the issue that, owing to the lack of a central offending database, it is impossible to carry out follow-up work with treatment completers and therefore measure long-term desistance and reoffending behaviour. A second, related issue was that it is unclear what aspects of the programme are ‘working’ and what is the appropriate treatment ‘dosage’.

These issues are common in clinical or forensic intervention programmes. There is often a pressure to provide treatment where there is a perceived need, which can run ahead of the necessary evidence base on appropriate treatments for particular populations and problems. This is especially challenging if the infrastructure is not in place to monitor the treatment and evaluate its success against desired outcomes – in forensic work, this ultimately being offence and harm reduction.

There is often a pressure to provide treatment where there is a perceived need, which can run ahead of the necessary evidence base.

5. Gaps in the existing interventions for perpetrators of OCSA/E

Gaps within the current intervention response for perpetrators of OCSA/E were established in four ways:

- (1) Key issues identified across the reviewed interventions as part of the background search.
- (2) An exploration of differences between UK-based and international providers.
- (3) Professionals' perception of the existing intervention response.
- (4) Self-identified gaps.

The background search identified the need to widen the understanding of OCSA/E and to enhance the scope and accessibility of existing interventions towards a more heterogeneous client group.

Lessons learned from international services referred to differences in the legal context (which in some cases may facilitate intervention provision without statutory disclosure, at the expense of victim safeguarding/policing response), the type of interventions used, an increased focus on youth perpetrators and early intervention approaches through relevant funding, and a more systematic research engagement.

Survey and interview participants from the UK expressed a high level of discontent with the current intervention response for perpetrators of OCSA/E, and with contextual issues such as legal processes or public awareness of OCSA/E.

Professional-identified gaps with existing interventions mirrored the issues highlighted above and referred to a need for enhanced resourcing and widening access, increased knowledge generation and exchange concerning OCSA, a shift towards prevention and public education, and legal changes.

These issues are considered in more detail below.

5.1. Findings from background search: key issues

Throughout the search of web material and the literature, a number of observations were made that may affect the accessibility and effectiveness of identified interventions.

Widening the understanding of OCSA/E

Intervention providers appeared focused on offending behaviour or used terms such as 'inappropriate sexual thoughts and behaviours'. The discussion surrounding OCSA/E could be enhanced to include the issue of sending 'sexts', the exploration of legal pornography use, and what 'appropriate sexual behaviour' looks like for digital natives (see also Prenksy, 2001). A wider research scope is needed to inform current intervention practice.

Widening the scope of interventions

There was a strong homogeneity between services in their identified target groups, with a near-absence of interventions targeted at perpetrating females. Whilst this may accurately reflect the offending landscape, it may also be that the style of advertising (for example, depictions of offenders and those

There was a strong homogeneity between services' identified target groups, with a near-absence of interventions targeted at perpetrating females.

troubled by their sexual interests being male) excludes and discourages non-representative individuals from coming forward.

In addition, services for young people need to be expanded in the UK: only one service was identified that focuses exclusively on youths presenting with problematic sexual behaviours regarding OCSA/E. However, it may also be that sexually harmful behaviour linked to (potential) OCSA/E is integrated within existing service provisions.

Increase accessibility of existing interventions

Currently, clients are either referred to services because of their engagement with the criminal justice system, or required to self-refer; the latter route is dependent on individuals seeking out (and finding) the available information, as well as having the resources to fund their treatment.

In addition, access to community interventions could be enhanced. Further work could be undertaken with 'gatekeepers', such as general practitioners, to facilitate access to support.

5.2. International interventions for perpetrators of OCSA/E: key differences

The background search identified eight international services that provide interventions for perpetrators of OCSA/E. Whilst their approach generally appeared comparable to UK intervention providers, some key differences emerged.

Legal framework

The legal framework in other countries may permit services to work with perpetrators of OCSA/E without statutory disclosure to the criminal justice system. However, this may come at the expense of victim safeguarding and a policing response. In addition, funding structures may differ between countries: in one country, for example, the service provision was funded by health insurances. This may also have an impact on the research engagement of services.

Three of the international services are located in Germany. Owing to the lack of mandatory reporting law in Germany, interventions can be provided to perpetrators of OCSAE without



In some countries, services may be permitted to work with perpetrators without statutory disclosure to the criminal justice system. This may come at the expense of victim safeguarding.



statutory disclosure to the criminal justice system. However, this may come at the expense of victim safeguarding and a policing response.

Type of intervention approach

Three of the identified services (PPJ and PPD, both in Germany, and PrevenTell in Sweden) also provide pharmaceutical interventions to reduce arousal frequency and/or intensity. Only SAFE (New Zealand) explicitly mentions interventions targeted at different cultural client groups. PPJ and PPD have a strong primary prevention focus, with a wide-reaching media campaign.

Funding

Whilst all services are at least part-supported through government or public bodies, PPJ (Germany) and PreventTell (Sweden) are government-funded. PPD (Germany) was government funded until recently and is now funded through health insurances.

Working with young people

With one exception, all the international service providers focus on young people, either exclusively or alongside interventions for adult offenders. One service (Northside Inter-Agency Project, Ireland) particularly mentions female adolescents as one of its target groups.

Services vary in their involvement of the young person's wider network; one service emphasises the importance of allowing young people to seek support without a guardian's involvement (PPJ, Germany), whilst others propose mandatory involvement of the family and even education providers (Forio, Switzerland).

Table 5. Survey participants’ satisfaction with existing support and interventions

Sector (N)	In reflecting more broadly on OCSE, are you satisfied with the support and interventions available to...					
	victims of OCSA/E offences	perpetrators of OCSA/E offences	families/relatives of victims of OCSA/E offences	families/relatives of perpetrators of OCSA/E offences	online perpetrators who have not been identified yet	individuals who identify as having a sexual interest in children and have not acted on this
Direct child protection (3)	1.0	1.0	2.0	1.0	2.0	1.0
Youth offender management (3)	3.3	3.7	3.0	3.7	2.7	2.3
Public offender management (6)	1.8	2.7	1.8	2.4	1.7	2.0
Other offender management (3)	3.7	3.3	3.0	3.0	1.7	2.0
Policing (3)	2.0	2.7	2.0	2.3	2.0	3.0
Total	2.3	2.8	2.3	2.5	1.9	2.1

Scores indicate agreement from
 1 = extremely dissatisfied to
 7 = extremely satisfied

Systematic research engagement

Five of the services (PPJ, Germany; PPD, Germany; PreventTell, Sweden; Safe, New Zealand; and STOP/WellSTOP, New Zealand) have been or are engaged in systematic evaluation research, with PreventTell stating plans to start a clinical trial.

5.3. Evaluation of the ‘status quo’

The final part of the online survey asked respondents about their perception of the wider management and prevention of OCSA/E. Table 5 shows that, overall, respondents across all sectors expressed some level of dissatisfaction with existing procedures and interventions in place.

Participants showed 'moderate dissatisfaction' with regard to the support and interventions available for perpetrators of OCSA/E and their families, particularly interventions available to undetected perpetrators and to individuals who self-identify as having a sexual interest in children but who have not acted on it. There is a clear narrative developing in these findings towards a preventative management approach

to OCSA/E.

Table 6 shows the satisfaction levels recorded by survey respondents when invited to reflect more broadly on OCSA/E issues. Those from the *direct child protection* sector consistently provided the lowest or near-lowest satisfaction scores, except with regard to the current funding available (which was rated at 'slightly dissatisfied'). Respondents from youth offender management services provided the highest ratings overall, with the highest rating of 'slightly satisfied' for the current court decision-making process.



There was moderate dissatisfaction with the support and interventions available for perpetrators of OCSA/E and their families.



Table 6. Survey participants' satisfaction with broader OCSA/E issues

Sector (N)	Are you satisfied with...						
	the current legal classification of OCSA/E offences	media representations of online sex offending	public discussions surrounding online sex offending	the police investigation procedure	the court decision-making process	the current funding that is available to my organisation for the management of OCSA/E offending	The current funding that is made available from the government for the management of OCSA/E offending
Direct Child Protection (3)	2.7	1.0	2.0	1.7	1.7	3.3	1.3
Youth Offender Management (3)	4.0	3.7	4.0	4.0	4.7	2.7	2.7
Public Offender Management (6)	2.5	1.5	1.5	3.3	3.3	2.2	2.3
Other Offender Management (3)	2.7	2.7	3.0	3.7	3.7	3.0	2.7
Policing (3)	3.7	2.0	2.3	2.7	3.0	2.3	2.7
Total	3.0	2.1	2.4	3.1	3.3	2.6	2.3

Scores indicate agreement from 1 = extremely dissatisfied to 7 = extremely satisfied

Participants were 'moderately to slightly dissatisfied' with the current legal classification of OCSE offending behaviour, media representation and public discussion surrounding online sex offending, and the current funding available to intervention providers for OCSE management. The police investigation and court decision-making processes were rated slightly higher but remained at 'slightly dissatisfied'.

5.4. Professional-identified gaps in the current intervention response

Survey respondents were asked to identify gaps in the current intervention response, improvements they would like to see (to their own service and more broadly), and aspects of their service that they would future-invest in. Interviewees were asked which developments were missing in the existing services for OCSA/E perpetrators, and what they would invest in if provided with 'unlimited funding'.

Participants identified the four domains set out below; details of their responses are in Appendices F, G and H.

Need for enhanced resourcing and widening access

Respondents indicated a need for additional resources, with a focus on expanding existing services (moving away from "sticking plaster services"), expanding access for low-income clients, and increasing staff numbers to manage and expand existing services.

With regard to service expansion and enhanced accessibility, they highlighted the need to develop interventions for specific client groups (based on gender, age and intellectual functioning, for example), to increase the involvement of the client's network into provided interventions, and to enhance promotion of existing services.

A key theme was the need for enhanced staff development, in terms of training and personal/professional support. Respondents

further noted that police forces should be supported in order to deal with their high case load. One respondent noted that there cannot be an “acceptance of [their] status of being overwhelmed”. Respondents also felt that the government needed to take a stronger lead in dedicating financial resources towards protecting young people.

Increasing knowledge generation and exchange concerning OCSA/E

Participants advocated for a stronger evidence-base of current practice, and a grounding of existing services in psychological theory and research. They also raised the lack of a theoretical understanding of OCSA/E behaviour, which would facilitate targeted assessment and treatment planning.

“I think in the online stuff, we [have] not quite got there yet. I don’t think we know enough in terms of theory.” (Participant A)

An emerging sub-theme here was the lack of a comprehensive list of risk-related and protective factors. Participants stated that more research on risk factors was needed, including the validation of specifically developed risk assessment tools such as the Child Pornography Offender Risk Tool (CPORT) – see Seto and Eke (2015) – and the identification of higher-risk groups in order to focus resources.

Linked to this theme, participants felt they did not have enough information about contextual issues such as the function, topography and potential risks of legal pornography, or self-produced material.

“I mean, there are so many young people that engage in sexting or posting images of themselves online who aren’t aware that that actually that breaks the law.” (Participant F)

However, participants also mentioned the issues of conducting such research, such as the ethical issues surrounding control groups and the need to include hard-to-access groups:

“There are quite a few [potential victims] who are turning away from exploitation. So they are being approached but they are turning away from that and it is not

successful. Actually you’ve got a really interesting group there, so why is it not being successful with that group? You actually have some strength and some resilience in there.” (Participant A)

Participants further highlighted the need to learn more about victims of OCSA/E: for example, about the impact on children displayed in online sexual material. One participant said that there is a lack of definition and specificity with regard to the offending behaviour:

“The term ‘online’ is not great any more. [Potential OCSA/E perpetrators] are contacting [children] via their phones, via various snapchats. I think keeping with all the technology as well, that’s kind of the difficulty that you have.” (Participant A)

Respondents also called for increased collaboration with partner agencies and industry, and for clarity of responsibilities in partner collaborations. This could have secondary benefits, such as improved communication between organisations, safe and comprehensive client management, knowledge generation and transfer, and seeing the ‘bigger picture’. All of this is likely to contribute to generating a situation in which collaborative evaluation research, with shared definitions and larger sample sizes, could be conducted.

Participants advocated for a stronger evidence-base of current practice, and a grounding of existing services in psychological theory and research.

Shift towards prevention and public education

Participants suggested enhancing an early prevention focus in the current management of OCSA/E offending. One emerging theme referred to education about the impact of the offending behaviour, such as the legal education outlined above

Respondents recommended increased efforts to educate young people about the risks of social media and the possibility to collaborate with the pornography industry (such as “health warnings for people who watch “barely legal porn”[survey participant], and the risk of moving towards indecent/teen images. Here, participants pointed to the significant role the media could play in educating potential victims and perpetrators:

“I think a lot of this is particularly about younger women not feeling pressured and not getting in situations where they are not valuing themselves.” *(Participant E)*

Participants commented that sexual education, including issues of pornography use and internet safety, need to be integrated into the school curriculum:

“You have to understand that I’m not just talking about the biological sex education. Sex education in relation to intimacy, in how the body works about relations, about what is appropriate and normal sexual behaviour. So, most of them were only learning deviant sexual behaviour and a lot of them of them don’t even [...] realise this is actually not the norm, what you are seeing on the internet and what you do, this is not the norm!” *(Participant C)*

They also noted that parents need to address these issues at home:

“If you are sending your child to a playground or something, you would be checking where it is going. You would be checking if it is safe... [But with the internet] Where is your parenting?” *(Participant C)*

These comments related to a broader discussion about society’s attitude and perception of sexual topics:

“What is really interesting in that, that it’s the first time in the old men’s group that there is a higher percentage of offenders

who have offended on the internet [than] that I’ve ever worked with. So I’m beginning to wonder what’s going on for the older people now? [...] They’ve had completely different lives, worked professionally and had started to act in a [...] sexual deviant way and used the internet to do this so [...] I personally think it has something to do with the fact that we don’t talk about [...] sex. (...) It really has informed me sadly that all these years, we are still are not talking about normal sexual behaviour. I think it is really, really important. [...] What the young people spoke about, they want to have sex, they want to have safe sex. They want intimacy but nobody is talking to them or have condoms available.” *(Participant C)*

“We have social media, we have sexting, we have revenge porn, the whole issue around sexting is a bigger issue in terms of exploitation. I think [this refers to] people’s acceptance of what is normal [...], so is it okay to behave like this online or take a picture in this way? It is kind of re-educating people that it is not really acceptable sexual behaviour.” *(Participant A)*

Participants highlighted the need for anonymous interventions and support for individuals who seek out help prior to offending. The importance of early prevention services was underlined by one survey participant who said: “Very little is done until the police get involved”.

“There are loads of awareness campaigns about ages of alcohol and the ages of smoking. But there is also that part for young people that are thinking: ‘Something is happening with me when I look at this, and I’m getting aroused.’ To be able to talk about it with young people is what I would feel would be very important for them. *(Participant C)*

Others suggested enhancing public awareness of non-offending paedophiles:

“There was this recent study that showed that, if you gave participant stories of non-offending paedophiles, it reduces the stigmatizations of paedophiles. I think this is something that should be done more often. Media couldn’t report enough on it.” *(Participant B)*

“Whereas the people who come through our service are husbands, father, brothers, son, you know they are people that other people love and are close to. So just trying to educate more about that this isn’t a group of monsters, these are human beings who have engaged in inappropriate offending behaviour and actually we can all start to learn a bit more so that people can start protecting themselves and managing their own behaviour. And also other people could be aware of their concerns. So I think education [is the] bottom line for me.”
(Participant F)

Participants also suggested that the public could be better educated about the work that is actually done:

“Because when it came to the word ‘treatment’, many people kept in that awful ‘You can’t treat the bastards anyway, there is no treatment for them.’ So people got more head up on this is an illness or sickness, they should all be thrown away. So for me it’s very much, the whole [name removed] programme is based on risk management. We are coming after the car crash, it has already happened.” (Participant C)



The need was highlighted for anonymous interventions and support for individuals who seek help prior to offending.



Call for legal clarification

Participants highlighted some issues surrounding the clarity of the law – for example, legal definitions focusing on the harm caused by an offence, linking sentences to the individual risk level, and having flexibility and consistency in court processes and sentencing. One participant raised the need to reduce waiting times following arrest, which would also allow the management of other aspects of child protection (e.g. contact with children during a bail period) and assessment/treatment of clients during this time.

No specific suggestion was made as to how the law could be amended; this probably reflects the lack of respondents from a legal service in the current study.

6. Forthcoming developments and future challenges

Asked about the future key challenges for the management of OCSA/E, 20 survey respondents (both UK-based and international) and all the interviewees provided answers. They repeated key themes already raised, such as the importance of a strong evidence base, the need for appropriate risk assessment tools, the move towards prevention and education, and enhanced collaboration amongst services. Two additional themes emerged.

6.1. New threats to child protection and safeguarding

The primary issue related to new threats to child protection and safeguarding, as a consequence of increased access to technology at an ever-lower age; and the role played by technology in our society in general and in young people's identity in particular.

*“The need to ‘belong’ is strong – so more risk. Children will go along with things as not want to be left out.”
(survey participant)*

*“As each [young person] grows to adulthood, their own views of acceptable sexual practices are often warped by their experiences online.”
(survey participant)*

Participants pointed to the development of new routes for reaching young people (such as the use of games as a front for offenders) and the lack of appropriate supervision for young people.

A related challenge was professionals' lack of knowledge about technology and technological changes when working with this client group.

6.2. Increased opportunities for OCSA/E perpetrators

Survey participants referred to the rise of new technological developments, such as virtual reality depictions of child exploitation, with “more individuals using peer-to-peer file sharing and not understanding the process”, and the increase in “online anonymity, encryption and live stream of child abuse images” supported by an increase in the speed of technological growth.

They also referred to broader societal changes, such as a “public appetite for change” (for example, in what constitutes sought-after pornography), and “privacy issues”, relating to a rise in encryption of devices, the use of proxy servers, and other anonymising tools of online communication.

Some respondents had already experienced the challenges of technological change for offender management, such as “[Online chats] and its image evaporation will make evidence less easily available.” This is especially the case with regard to policing of the online sphere, in terms of both resource dedication and understanding the technological advances.

“What is [interesting] about the internet is that everybody can be anonymous. So maybe it would be good to somehow provide proof of identify in a way so that everyone can be easily identified and tracked down. I think this would really reduce some offensive behaviour but I don't know how to do this and this is difficult to do.” (Participant B)

“It is going to be massive issues to the police thing as people move more to Darknet and things which is almost impossible to police.” (Participant E)

Participants pointed to the need to adjust the legal response to emerging issues. Linked to this theme were the issues of managing internet access for detected offenders, and what monitoring solutions are available.

7. Conclusions and recommendations

The scale of OCSA/E is such that law enforcement, offender management and child protection services have had to be responsive to this urgent and growing issue, with limited evidence on underlying psychological models of OCSA/E behaviour and evaluations of interventions. Responding to this need has, understandably, outrun the collection of scientific evidence.

This review has summarised the range of intervention approaches for OCSA/E from the literature, and provided a ‘snapshot’ of current services available in the UK and internationally from the survey. The interventions reviewed varied in their points of access, their nature and duration, and the data collected to describe, monitor and evaluate them.

As the review has shown, intervention evaluations that have occurred are at the less impactful end of the evaluation spectrum. In the absence of robust treatment evaluation data, there is the risk of diverse services competing for funding without a strong evidence base showing which interventions (or combinations of interventions) are likely to be most cost-effective for different types of offender.

Interventions for perpetrators of OCSA/E appear similar in their client focus, scope and funding approach, with interventions predominantly:

- ▶ focusing on information-giving and targeting psychological markers of offending behaviour
- ▶ providing for adult males who are known to the criminal justice system
- ▶ being paid for either by the client or as part of court-ordered or mandatory interventions.

Professionals feel strongly about the positive impact of their work, and their active contribution towards child protection. In our online survey and interviews, they highlighted their client-centred, individualised approach as a key strength of their services.

Professionals felt overwhelmed with regard to issues such as the number of OCSA/E perpetrators, insufficient staff and a lack of decision-making tools.

However, they also communicated a sense of being overwhelmed with regard to the high numbers of OCSA/E perpetrators, the lack of funding, insufficient staff, the need for specific training, the lack of an empirical knowledge base on risks and needs presented by this client group, and a lack of professional decision-making tools.

Overall, the review highlighted a number of emerging issues in the current intervention landscape, leading to three broad recommendations outlined below.

7.1. Prevention, education and deterrence through awareness-raising

The lack of early intervention and prevention approaches was a key gap identified in the existing intervention response. There was a strong desire amongst professionals for a mainstream discussion about all aspects of OCSA/E, including legal issues, education, preventative efforts, desistance campaigns, and the therapeutic help available to support behavioural change towards desistance and help-seeking behaviour.

A number of deterrence campaigns have been developed, such as the Stop it Now! Online Deterrence Campaign (www.stopitnow.org.uk/)

online_campaign.htm). These media campaigns are aimed at deterring and preventing individuals from accessing online CSEM by highlighting the social and legal consequences of doing so, and by highlighting the victim's experience which is often dismissed in the offender's account (Dervley et al, 2017).

OCSA/E occurs within the broader context of all online sexual behaviour, some of it normative, some of it inappropriate, and some of it illegal.

We recommend that **services strengthen or develop educational resources targeted at young people**. Sex education, including internet safety and pornography use, was highlighted by professionals as needing to be an integral part of the school curriculum. Further, some professionals suggested raising awareness of and educating young people about the risks and consequences associated with youth-produced images or sexting within a framework of engaging in age-appropriate, consensual sexual activity.

Linked to this, we recommend **advocating for and promoting the use of specific and appropriate terminology**, both in the media and amongst professionals. As noted in section 3.1, some intervention providers' websites refer to online CSEM as 'child pornography'. To some, this may imply a sense of compliance and/or consent by the victim, and there is a need to generate awareness of the negative impact and consequences of using that term amongst both professionals and the general public, and for establishing appropriate terms for wider use. An example has been set by the Interagency Working Group in the *Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse* (Greijer and Doek, 2016).

Similarly in relation to appropriate terminology, phrases such as 'inappropriate sexual thoughts', used to describe sexual fantasies or thoughts about children, may not be specific enough for potential clients, and may not be picked up in online searches; it may be that some services were missed in the current review owing to a lack of such specificity.

7.2. Enhancing existing service provision

The research highlighted the need to enhance existing service provisions, both through the dedication of financial resources and through collaboration between agencies and organisations to increase effectiveness.

A desire for increased financial resources was expressed, to:

- ▶ widen the scope of existing services, with an enhanced focus on secondary and primary prevention efforts
- ▶ provide more targeted support, especially for youth offenders, females, members of the client's social network, and individuals with learning disabilities or cognitive impairments
- ▶ enhance service access – for example, through concessionary rates for low income clients, and through increased engagement with professionals such as GPs, social workers and school psychologists who may not directly work with (potential) OCSA/E perpetrators but who may be important 'gatekeepers' to services
- ▶ Increase support for staff via an increase in staffing levels, an increase in staff wellbeing and a decrease in pressure constraints, amongst other factors. The high demands on police forces was a particular issue raised here.

We therefore recommend that intervention providers **adopt a forward-looking approach in their engagement with and management of OCSA/E**, so they can respond to future developments and challenges. Existing interventions and services need to be prepared and equipped to respond effectively to novel technological developments which may create

We recommend promoting the use of specific and appropriate terminology, both in the media and amongst professionals.

new opportunities to offend, such as the rise of immersive online environments, the virtual reality depictions of OCSA/E, the risks associated with and/or facilitated by online gaming technologies, and the increasing use of the dark web by OCSA/E offenders.

We also recommend in this regard the development of **educational resource materials or training for parents, caregivers and professionals so that they can better understand and supervise children's use of technology**. A relevant development is the NSPCC-driven 'Right to Remove' (see Jütte, 2016), a process which allows young people to remove self-generated sexualised images of themselves at source.

7.3. Research and knowledge generation

Professionals highlighted the need for the continuous development of research on the theoretical understanding of OCSA/E and its wider context, and the translation of this into practice. We agree and recommend further research on:

- ▶ the **identification of risk factors** for OCSA/E and the development of **relevant assessment tools**.
- ▶ the investigation of **the impact of (legal) pornography** on young people's sexual and social behaviour and development, such as their understanding of relationships or intimacy
- ▶ the need for **evidence-based staff training and knowledge exchange** between professionals.
- ▶ increased **systematic intervention effectiveness research**, including definition of what constitutes a 'successful' or 'effective' service/intervention.

This work needs to be built upon information sharing amongst, and possible collaborations between, law enforcement, policy and service providers to establish shared definitions, agreed common measures of service impact, and shared codes of professional practice, from which robust, longer-term outcome evaluations can be developed and appropriately funded.



Interventions and services need to be prepared and equipped to respond to technological developments which may create new opportunities to offend.



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Appendix A: Method for literature review of interventions for perpetrators of OCSA/E

Search strategy

This review was predominantly informed by online searches and direct enquiries to any identified networks and intervention providers. The identified information was supported through a literature search on academic papers and publications released from these services, using Google Scholar and searches of academic publication databases accessed through the library services of the University of Lincoln.

Information synthesis

Based on the initial review of services, six markers of service description were identified, to allow for comparability between intervention providers:

1. Scope.
2. Availability.
3. Accessibility.
4. Advertising.
5. Funding strategy.
6. Effectiveness.

Any identified intervention provider was described with regards to the identified markers (where this could be assessed). Given the nature and scope of this procedure, the identified information is not considered to be comprehensive or exclusive, but is aimed to provide an overview of the available variety in nature and scope of existing services.

Appendix B: Method of online survey

Design and Item Catalogue of the Online Survey

An online survey was designed using the online research platform Qualtrics (www.qualtrics.com). Items were developed based on the findings and queries arising from Stage 1 of this project. The final survey consisted of 30 questions, separated into two sections:

1. Items relating to the respondent's own organisation, concerning the client population they work with and the service they provide.
2. Items relating to broader issues concerning the management and prevention of OCSE.

The majority of items were open-ended, with a limited number of items asking participants to rank-order item responses. See Table B1 for all items and response modes included in the online survey.

The aim of the survey was to enhance the initial findings from Stage 1 with an additional focus on identifying 'service gaps', broader challenges faced in the field (e.g. communication and collaboration between services, issues concerning the funding landscape), and expected future developments.

Table B1. Survey entitled 'Online sexual exploitation of children: Interventions for online sex offenders'

Q#	Item	Response Mode
1.	Which organisation do you currently work for? (optional)	STRING TEXT
The first section refers to your Client Population		
2.	Who is your target client population?	STRING TEXT
3.	What is the prime focus of your organisation?	STRING TEXT
4.	Does your service work with (tick all that apply):	4.1. Perpetrators of online child sexual exploitation 4.2. Perpetrators of offline child sexual exploitation 4.3. Victims of online child sexual exploitation 4.4. Victims of offline child sexual exploitation 4.5. Partners/Relatives/friends of perpetrators of online child sexual exploitation 4.6. Partners/Relatives/friends of victims of online child sexual exploitation 4.7. Individuals who self-identify as having a sexual interest in children

Q#	Item	Response Mode
5.	(If ticked 4.1 and/or 4.2. and/or 4.7) At what stage of the judicial process are your clients (tick all that apply):	<ul style="list-style-type: none"> ▸ No criminal justice involvement ▸ Pre-arrest ▸ Post-arrest and pre-conviction ▸ Post-conviction (institution) ▸ Post-conviction (community)
6.	Can clients work with you anonymously?	Yes/no
7.	(if yes) How is anonymity of your clients ensured?	STRING TEXT
The second section refers to the service your organisation provides		
8.	What services with regards to online sex offending does your organisation provide? (please be as detailed as possible; you are welcome to include links to online material)	STRING TEXT
9.	What is your strongest service point?	STRING TEXT
10.	Is your organisation currently changing or planning to change their service points concerning online sex offending?	Yes/no
11.	(if yes) Can you describe these changes?	STRING TEXT
12.	How do people know about your service (e.g. where is it advertised)?	STRING TEXT
13.	How can clients access your service? (tick all that apply)	<ul style="list-style-type: none"> ▸ Self-referral ▸ Referral from other organisations
14.	(if referral from other organisations is ticked) Which organisations do usually refer to your service?	STRING TEXT
15.	How is your service currently funded?	STRING TEXT
In this section, we like to learn a little more about the service your organisation provides		
16.	In reflecting on the work you provide, what would you consider the strengths of your service?	STRING TEXT
17.	Looking at the list below, what are the three strongest aspects of your service (please shift the three most suitable responses to the top of the list)	<p>My service:</p> <ul style="list-style-type: none"> ▸ contributes to child protection ▸ contributes to online safety ▸ works with perpetrators to reduce their risk of reoffending ▸ provides risk assessments to assess individuals at risk of sexual offending ▸ assesses individuals at risk of sexual offending ▸ works with victims of sexual abuse ▸ engages in preventative work with at-risk populations ▸ works with partners/relatives of perpetrators ▸ works with partners/relatives of individuals at risk ▸ works with other organisations ▸ contributes to knowledge generation and exchange in the area of online child sexual exploitation ▸ works to reduce reoffending ▸ has high staff wellbeing ▸ allows for professional development, e.g. attending workshops, conferences

Q#	Item	Response Mode
18.	In summary, is your service effective in the reduction of online child sexual abuse?	LIKERT SCALE 1-10 not at all effective to extremely effective
19.	(if score < 4) What evidence is available about the effectiveness of your service?	STRING TEXT
20.	Is effectiveness measured? If so, how? (feel free to add links, documents, publications to support)	STRING TEXT
21.	Are there any areas that you feel could be improved in your service?	STRING TEXT
22.	What are the three aspects you would future-invest in in your service?	Priority 1: STRING TEXT Priority 2: STRING TEXT Priority 3: STRING TEXT
23.	Do you collaborate with other services (e.g. research providers, interagency case collaborations, social services, GPs)?	Yes/no
24.	(If ticked yes) What services do you mainly work with (Please expand why, if appropriate)?	STRING TEXT
The last section ask about your perception of the management and prevention of online child sexual exploitation		
25.	In reflecting more broadly on online child sexual exploitation, are you satisfied with the support and interventions available to	LIKERT SCALE 1-7 extremely dissatisfied to extremely satisfied <ul style="list-style-type: none"> ▶ victims of online child sexual exploitation offences ▶ perpetrators of online child sexual exploitation offences ▶ families/relatives of victims of online child sexual exploitation offences ▶ families/relatives of perpetrators of online child sexual exploitation offences ▶ online perpetrators who have not been identified yet ▶ individuals who identify as having a sexual interest in children and have not acted on this
26.	In reflecting more broadly on online child sexual exploitation, are you satisfied with	LIKERT SCALE 1-7 extremely dissatisfied to extremely satisfied <ul style="list-style-type: none"> ▶ the current legal classification of online child sexual exploitation offences ▶ media representations of online sex offending ▶ public discussions surrounding online sex offending ▶ the police investigation procedure ▶ the court decision-making process ▶ the current funding that is available to my organisation for the management of online child sexual exploitation offending ▶ the current funding that is made available from the government for the management of online child sexual exploitation offending

Q#	Item	Response Mode
27.	If you provided a low rating on any of the above, could you please comment below what improvements you would like to see:	STRING TEXT
28.	In the work with perpetrators of online child sexual exploitation, what services are currently missing or should be expanded upon?	STRING TEXT
29.	Any technological and digital change will affect online offending behaviour. What do you consider the future key challenges in the area of online child sexual exploitation?	STRING TEXT
Many thanks for your support with this survey.		
30.	For this research, we aim to generate a comprehensive review of existing services for online perpetrators. Would you like to suggest any organisations or individuals (UK-based and internationally) that we should include?	STRING TEXT
31.	As part of this review, we would like to conduct interviews with professionals who currently work in the field. The interview will last about 20-40min and will be conducted per phone or phone software. We would be very grateful if we could contact you in this matter. If you are available for an interview, please click on the link below which will redirect you from you survey responses.	<ul style="list-style-type: none"> ▸ Yes, I'd like to participate in an interview ▸ No thank you.
32.	(If no thank you) Proceed to debrief Are you happy to be contacted in the future for a follow-up survey?	Yes /no
33.	(if yes to 32) Many thanks for your availability for future research. Please leave your email address below. Please note you have been redirected from the survey, so your details here cannot be linked to your responses:	Name Email
34.	(If yes to 31) Many thanks for your availability to participate in an interview. Please leave your details below and we will contact you to arrange a suitable timeslot. Please note you have been redirected from the survey, so your details here cannot be linked to your responses: THEN Proceed Q32	Name Email Phone

Procedure

A link to the survey was distributed to experts and stakeholders, through the network of the Centre, the research group, and the newsletter system provided by the National Organisation for the Treatment of Abusers (sent to all members) and the research collaboration onlinePROTECT (sent to subscribers). The survey was open for four weeks throughout January and February 2017. Due to the open distribution, it is not possible to provide a response rate.

Prior to consenting to the research, all participants were briefed about the content of the survey and data disclosure; at the end of the survey (which took about 20–30 minutes to complete), participants could either exit the survey or put their name forward for a follow-up interview and/or a follow-up survey. If they chose the latter, they were redirected to a second online survey in order to protect the anonymity of their initial responses.

Method of analysis

Given the open-ended nature of the items, the focus of the analysis was qualitative and descriptive. Response rates varied slightly throughout the survey.

Participants

Overall, $n = 51$ participants engaged in the survey; however, three did not consent to the research and 10 participants did not provide any responses throughout the survey and were thus excluded from the data-set. One participant identified as a researcher and was also removed from the data set, to retain a focus on intervention providers.

The final sample consisted of $n = 37$ participants (27.4% drop-out rate) from a range of professions and service providers, including child protection agencies, private and public treatment services, governmental offender management and policing bodies. Five participants identified themselves as respondents from outside the UK.

Appendix C: Method of expert interviews

Design and semi-structured interview guide

A semi-structured interview guide was devised, to further explore the areas addressed in the online survey. As with the survey, interview questions were developed based on the findings and queries arising from Stage 1 of this project but were flexible enough to respond individually to each interviewee. The semi-structured interview guide thus mirrored the two areas of interest highlighted in the service:

1. Current role and service of interviewee, specific service provision and areas of strength and improvement in one's service.
2. An evaluation of the current intervention 'landscape' in terms of gaps, funding priorities, public awareness, and future developments.

All of the items were open-ended (see Table C1). The aim of the interviews was to enhance and contextualise the responses received in Stage 2 through an in-depth understanding of an individual participant's perception.

Table C1. Semi-structured interview guide entitled 'Interventions for perpetrators of online child sexual exploitation – follow-up interview'

Prior to interview

Prior to the interview, participants receive a recruitment email including a Doodle link. They are asked to either book a slot or contact the research assistant per email or arrange an interview via phone. After scheduling, all participants will receive the consent form for the follow-up interview.

Interview process

Calling participants at agreed timeslot → Friendly greeting and thanking participant for the possibility of conducting an in-depth interview → Introducing of interviewer and short recap on the study → Talking about confidentiality and withdrawal from study and informing the participant that some questions could be repetitive to the online survey but helpful for a more specific discussion → Ask if any questions about process

Interview questions and topics of discussion might vary depending on the profession of participants. For example, police officers are not actively involved in treatment and therefore questions can be more related to how they deal with offenders from various stages within the criminal justice system (e.g. conviction, follow-up) or difficulties in

terms of handling the high case load.

Questions

1. Where are you currently working? What is your current role? Which service does your institution provide? (What exactly does your service do?)
2. For which (age) group are these services aimed? (may ask follow-up questions why a specific focus was chosen)
 - ▶ Adult group of perpetrators(online/offline)
 - ▶ Victims
 - ▶ Support network/Family
 - ▶ Young people

Do you think your service/intervention is unique? If not, which service works similar to you?

3. Does your service collaborate with other services? If yes, with which service/organisation?
 - ▶ How would you describe the information transfer between psychological services and the police/criminal justice system?

- ▶ What could be done to improve collaboration and to facilitate the work (case load) of police?
4. Every service or institution has particular strengths and areas that could be improved.
- ▶ What do you think works good at your service? Why?
 - ▶ What could be improved? Why?
 - ➔ Research assistant offers examples and discussion topics such as:
 - Affordability
 - Availability
 - Accessibility
 - Staff (training)
 - Research
 - Funding
 - Psychoeducation
 - Collaboration with other services
5. Within your service, do you make use assessment methods for your clients? If yes, which assessment methods do you use and why?
- Do you provide treatment? (if yes, asked to describe their content and focus)
- Are you satisfied with the method of assessment and treatment in your organisation/service?
6. Thinking about prevention, there are three different prevention levels currently differentiated (more information might be offered – see below). In which prevention category would you see your service? What impact do you think your organisation has on preventing sexual harm to children?
- ➔ Research assistant offers information about primary, secondary and tertiary prevention to start a discussion:
 - ▶ Primary prevention ➔ involving the targeting of a wide population with the goal of preventing the occurrence of offending in the first place.
 - ▶ Secondary prevention/early intervention ➔ focussing on early detection of at-risk individuals, for instance people who display one or more risk factors associated with online CSEM offending
 - ▶ Tertiary prevention ➔ targeting on individuals that have already been identified (e.g. convicted or cautioned) as displaying online CSEM offending behaviour. Tertiary prevention aims to prevent future harm and reoffending by offering help to an identified problem.
7. Within our research, we are also interested in how services see and evaluate their effectiveness:
- Does your institution/service evaluate the effectiveness of the provided intervention?
- ▶ If yes, how do you measure it?
 - ▶ If no, why not?
- How effective would you rate your service?
8. Thinking more broadly about interventions for online offenders, in your opinion, what is missing from the current ‘intervention landscape’?
- If yes, how could that be improved?
- ➔ If necessary, research assistant stimulates discussion by offering the following topics:
 - ▶ Interventions/services for
 - Young people/youth
 - Victims
 - Family/significant others
 - Females
 - ▶ Prevention (e.g. Dunkelfeld Germany)
 - ▶ Staff well-being/training
 - ▶ Confidentiality laws and regulations
 - ▶ Research
 - ▶ Funding
 - ▶ Psychoeducation
 - ▶ Collaboration with other services
 - ▶ Follow-up
 - ▶ Assessment
9. Assume the scenario of access to unlimited funding for:
- ▶ A research project on CSE offending: What would be your research question?
 - ▶ An intervention regarding the topic of online CSE offending: How would that intervention look like in terms of stage of intervention, target group and services?
 - ▶ Others: Staff, funding etc.
10. [comment that interview is coming to an end – some last questions] Do you think increasing public awareness about this topic is important?
- ▶ If yes, how would you increase the public awareness about online CSE offending?
 - ▶ If no, why not?
11. What would make us future-proof? What should be the primary focus in the upcoming 5 years in terms of interventions and prevention for online CSE offenders? How could that be achieved?
- ➔ Potentially prompt regarding:
 - What do you think about the role of modern technology (e.g. computers, mobile phones) in regard to online CSE offending? What do you think about access to internet for at-risk offenders or convicted (post-conviction) offenders?

Procedure

All participants who completed the survey from Stage 2 were invited to put their name forward for a follow-up interview (which yielded a 21.1% response rate). All participants who consented were then contacted per email with a detailed brief and an invitation to arrange a suitable interview time slot between the end of February and the beginning of March 2017. The majority of interviews were conducted on the phone or through electronic phone software, with one interview being conducted in person. On average, interviews took between 30 and 50 minutes.

At the start of the interviews, all participants were briefed about the content of the interview, data management and disclosure. At the end of the interview, participants were thanked for their time, all key information was repeated, and an opportunity was provided to ask questions or to withdraw consent.

Analysis

Given the open-ended nature of the items, the focus of the analysis is qualitative and descriptive. Thematic Analysis (Braun and Clark, 2006) was used to identify key themes emerging from the data.

Participants

Overall, eight participants consented to participate in an interview; however, one was one available within the interview timeframe and one did not respond to the initial emails. The final sample consisted of six participants, from six different professional backgrounds: a preventative project working with undetected offenders (Germany), criminal justice social work (Scotland), psychotherapy in private practice (USA), an assessment and intervention service directed for victims and young offenders (Ireland), an assessment and intervention serviced for offenders (UK), and a community service for self-identified users of CSEM (UK).

Appendix D: UK-based and international services

Intervention providers (UK-based)

- ▶ Coastal Child and Adult Therapeutic Service
- ▶ Corbett Rehabilitation Network, including the Safer Living Foundation
- ▶ Freedom Psychology UK
- ▶ HM Prison and Probation Services
- ▶ Lucy Faithfull Foundation
- ▶ Specialist Treatment Organisation for the Prevention of Sexual Offending (StopSO)
- ▶ Sex Offender Treatment, Awareness and Rehabilitation Therapy (STAR Therapy)
- ▶ Stop it Now! UK and Ireland

Wider UK-based services

- ▶ Child Exploitation and Online Protection Centre (CEOP)
- ▶ Circles of Support and Accountability UK
- ▶ Internet Watch Foundation
- ▶ Independent Inquiry into Child Sexual Abuse
- ▶ National Organisation for the Treatment of Abusers
- ▶ Barnardo's
- ▶ NSPCC
- ▶ How to Be Safety Centre
- ▶ One in Four UK and Ireland
- ▶ The Children's Society
- ▶ National Association for People Abused in Childhood
- ▶ The Survivors Trust
- ▶ Rape Crisis
- ▶ Sexual Offences, Crime and Misconduct Research Unit
- ▶ onlinePROTECT
- ▶ The International Centre, University of Bedfordshire
- ▶ Sex Offender Treatment Services Collaborative
- ▶ NatCen Social Research
- ▶ Nacro
- ▶ Ipsos MORI

Since the completion of this report, the Safer Living Foundation has started a preventative treatment programme (<http://saferlivingfoundation.org/prevention-project/>).

Intervention providers (international)

- ▶ Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (Germany)
- ▶ Forio (Switzerland)
- ▶ Northside Inter-Agency Project (Dublin, Ireland)
- ▶ Prävention Sexuellen Missbrauchs – Prevention of Sexual Abuse (Germany)
- ▶ Prevention Project Dunkelfeld (Germany)
- ▶ PrevenTell (Sweden)
- ▶ Safe Network (New Zealand)
- ▶ STOP/WellStop (New Zealand)

Wider international services

- ▶ B4U-ACT
- ▶ Canadian Centre for Child Protection
- ▶ End Child Prostitution in Asian Tourism International
- ▶ European Financial Coalition
- ▶ European Strategy for a Better Internet for Children
- ▶ INHOPE (international)
- ▶ International Association for the Treatment of Sexual Offenders
- ▶ Moore Center for the Prevention of Child Sexual Abuse (John Hopkins University, US)
- ▶ National Center for Missing and Exploited Children (US)
- ▶ Virtual Global Taskforce
- ▶ Association for the Treatment of Sexual Abusers
- ▶ Australian and New Zealand Association for the Treatment of Sexual Abuse
- ▶ Circles of Support and Accountability

Appendix E: Access, availability, and funding strategy (survey responses)

Sector	At what stage of the judicial process are your clients? (Tick all that apply)	How do people know about your service (e.g. where is it advertised)? (free text entry)	How can clients access your service? (Tick all that apply)	Which organisations do usually refer to your service? (free text entry) organisations do usually refer to your service? (free text entry)	How is your service currently funded? (free text entry)
Direct child protection (N=4)	Any	Social work departments Word of mouth National advertising School service	Self-referral Referral from other organisations	Social workers Schools/ youth clubs None specific	Government service Charitable Self-funded grant funding
Youth offender management (N=3)	Any	Online Other providers, such as local authorities, youth offending teams and other parts of criminal justice Contract with probation service Link to solicitors' firms service brochure in relevant offices	Self-referral Referral from other organisations	Local authority and criminal justice (such as youth offending teams) Probation Social services Private referrals Court and local authority	Privately funded business Charity
Public service offender management (N=16)	Mainly post-arrest and pre-conviction, Post-conviction (institution), Post-conviction (community) Two services also listed: no criminal justice involvement	Criminal justice system (courts, police, social services, other agencies) Internally and through academic publications	Referral from other organisations; only one listed: self-referral	Criminal justice system – courts, police, prison services Social services Medium secure psychiatric units, GPs, mental health services	Government (Home Office, Ministry of Justice, NHS) PCC money and charitable funders Funded by the referrer, CCG or local authority

Sector	At what stage of the judicial process are your clients? (Tick all that apply)	How do people know about your service (e.g. where is it advertised)? (free text entry)	How can clients access your service? (Tick all that apply)	Which organisations do usually refer to your service? (free text entry) organisations do usually refer to your service? (free text entry)	How is your service currently funded? (free text entry)
Other offender management (N=3)	No criminal justice involvement Pre-arrest Post-arrest and pre-conviction Post-conviction (community)	Listing with psychological association Referrals via other clinicians. Online, messages on social media, communication via other media such as radio Through the police Through other professions, i.e. solicitors, children's services Through own organisational advertising to other professionals	Self-referral Referral from other organisations	Community corrections HM Prison Service Independent psychologists working with the same clients, counsellors, NHS, other services offering help to men who sexually offend, probation officers. Police, probation, children's services, schools (education), solicitors, other helplines (Samaritans)	Paid by client or referring agency Government funding, grants for other bodies Fundraising, donations
Policing (N=5*)	Pre-arrest Post-arrest and pre-conviction Post-conviction (institution) Post-conviction (community)	Not advertised Able to access via search as and when required	Self-referral Referral from other organisations	Correctional, probation and treatment services Children services Educational institutes Charities	Government Internet industry membership (self-regulatory)

Note. Responses have been merged within sectors, and rephrased at times, to maintain the anonymity of responses.

*The sample originally contained 6 participants from this sector, but one did not complete all questions

Appendix F: Priorities for future service development (survey responses)

Sector	What are the three aspects you would future-invest in in your service?		
	Priority 1	Priority 2	Priority 3
Direct Child Protection (N = 2)	staff training	expand service	expand service (work with families)
	expand service (online materials)	staff increase	staff training
Youth Offender Management (N = 3)	staff training	research engagement	increased support for staff
	improve assessment (incorporating online environment in every assessment)	research engagement	N/A
	Collaboration not competition	expand service (Gender specific interventions)	staff training
Public Offender Management (N = 6)	Staff increase	expand service (Improved programmes)	increase collaboration
	increased support for staff	expand service (working with partners and families of perpetrators)	enhance prevention (public education)
	staff training	staff training	more resources
	More research/ evaluation	staff training	Long-term outcome research
	expand service (develop interventions)	improve assessment (incorporating online environment in every assessment)	staff training
	enhance prevention	expand service (more young people)	expand service (ID)
Other Offender Management (N = 3)	improve assessment (Finding efficient and economical method for assessing deviant sexual interest)	expand service (develop interventions)	N/A
	increase collaboration (with GPs)	staff increase	N/A
	staff increase	expand service (advertisement)	N/A
Policing (N = 2)	improve assessment (expand technology)	staff increase	increase collaboration (international)
	more resources	staff training	increased support for staff

Note. Phrasing has been reworded where needed to protect anonymity of responders.

Appendix G: Areas of strength and development identified by interviewees

Professionals from UK services

Identified strengths	Breadth of services. Established collaborations with the criminal justice system, especially the police. Anonymity/Confidentiality of service provision.
	Focus on understanding of individual's offending pathway. Inclusion of context of online offending, such as impact of online pornography, dopamine and the reward centre, sexual arousal education, internet safety planning, and 'practical issues', such as who to disclose to.
	Focus on understanding of individual's risks and needs and targeting treatment accordingly. Quick, responsive service due to lack of bureaucracy and hierarchy. Broad range of therapists and skills, which allows for a flexible, client-centred approach. High staff satisfaction and support. Ethical decision-making. Active research engagement.
Identified areas of development	The programme is purely psycho-educational. Psychological input could be expanded, such as concerning psychometrics or research engagement.
	More research needed to support professional decision-making and to identify specific treatment needs.
	Psychometrics that are targeted and validated to assess effectiveness and risk.

Professional from a US service

Identified strengths	Assessment anchored in evidence-base. Flexibility in response to individual's needs. Well-regarded treatment groups. Long-standing experience.
Identified areas of development	Issues with access; clients need to have private medical insurance or money in order to get involved with services (therefore, restricted client group, not full picture). Small service; access could be widened with additional staff who are fully qualified.

Professionals from European services

Identified strengths	Focus on holistic assessment and treatment that explores the function of an individual's offending behaviour within their specific contexts. Working directly with families.
	Focus on undetected offenders which provides access to services for a largely ignored client group (possible though lack of mandatory reporting in German law given certain circumstances).
Identified areas of development	Programme is in development and requires evaluation.
	More research on the treatment needs of non-offenders (with self-identified sexual interest in children but no related behaviours) and low risk online offenders as currently all treated through same approach. Focused assessment tools (currently use tools developed for contact sex offending).

Appendix H: Forthcoming challenges (survey responses)

Sector	'Any technological and digital change will affect online offending behaviour. What do you consider the future key challenges in the area of online child sexual exploitation?'
Direct Child Protection (N = 2)	<p>Creating awareness of the vulnerability of children in this area.</p> <p>Preventing an offender from accessing the very tool that provides the desire to offend. Monitoring solutions.</p>
Youth Offender Management (N = 3)	<p>The more varied and quick changing methods of accessing potential victims via technology – and keeping up to date with these as practitioners.</p> <p>Young people (i.e. <12) having increasing and unsupervised access to smart phones and other internet enabled devices and these children/their parents not having awareness of how to keep safe. Public appetite for change - the mainstream porn industry and media promotes/normalises sexualisation of youth (e.g. barely legal) – 'teen' being the most searched for category of porn.</p> <p>Controlling how young people use the internet - education required before access given.</p>
Public Offender Management (N = 6)	<p>My lack of understanding/expertise in the web, Dark Web & IT knowledge.</p> <p>Unsure.</p> <p>It is becoming more and more usual for younger children to have access via mobile phones and the need to 'belong' is strong so more risk children will go along with things as not want to be left out.</p> <p>Ever-increasing infiltration of child and adolescent phone-related social media, enabling exploitation of images and unwelcome/inappropriate contact with offenders. There may be an increase in the use of games as a front for offenders.</p> <p>The dark web making detection difficult.</p> <p>Keeping up with the changes/availability particularly of online pornography</p>
Other Offender Management (N = 2)	<p>Ubiquitous availability of virtual reality depictions of child exploitation.</p> <p>Continued use of software such as TOR, illegal images on mainstream websites, more individuals using peer-to-peer file sharing and not understanding the process, the increased use of social media by younger people.</p>
Policing (N = 3)	<p>Online anonymity, encryption and live stream of child abuse images.</p> <p>Anything that allow adults access to children online is open to abuse.</p> <p>There is a far greater use of the internet in general terms – access to the web has increased at a rate that is mind-blowing and beyond the capabilities of services to control and understand. There is a far greater awareness of 'privacy' issues, which has seen a rise in encryption of devices and communication as well as the use of proxy servers and other online anonymising tools. This is coupled with a growing youth population who are not properly educated about the risks – as each one grows to adulthood, their own view of acceptable sexual practices is often warped by their experiences online. There is not enough policing of the internet and the police service face difficult years ahead maintaining the current services, and understanding of the technological advances being made due to funding reductions. Who will protect the vulnerable? I don't know and this makes me very sad!</p>

Sector	'Any technological and digital change will affect online offending behaviour. What do you consider the future key challenges in the area of online child sexual exploitation?'
International Responders (N = 4)	I do not know.
	The speed at which it grows.
	Public clarification and discussion on consequences for victims.
	Possibly the impact of Snapchat and its image evaporation will make evidence less easily available. Increased sophistication in hiding CEM. Boundary blurring, specifically the use of technology is so pervasive in our culture that emerging trends are people viewing online images on their electronic devices whilst in public areas, particularly on public transport.

Reports in the child sexual exploitation perpetrators research programme:

1. *Young people who engage in child sexual exploitation behaviours: An exploratory study*
Simon Hackett, Durham University and Stephen Smith,
Durham Constabulary
2. *Characteristics and motivations of perpetrators of child sexual exploitation: A rapid evidence assessment of research*
Kate Walker, Claire Pillinger and Sarah Brown, Coventry University
3. *Characteristics and perspectives of adults who have sexually exploited children: Scoping research*
Kate Walker, Claire Pillinger and Sarah Brown, Coventry University
4. *Interventions for perpetrators of child sexual exploitation: A scoping study*
Caroline Drummond and Jessica Southgate, Nacro
5. *Interventions for perpetrators of online child sexual exploitation: A scoping review and gap analysis*
Derek Perkins, Royal Holloway University of London; Hannah Merdian,
University of Lincoln; Britta Schumacher, Maastricht University;
Hannah Bradshaw, University of Lincoln; and Jelena Stevanovic,
Maastricht University