



Stop it Now! Evaluation
EUROPE
Preventing Child Sexual Abuse



With financial support
from Daphne III programme
of the European Union

Stop it Now! Helpline Netherlands: **A study** **of its use and effects** **– English summary**

Mara Eisenberg, Jules Mulder, Joan van Horn and
Jeantine Stam

De Waag

May 2014

1. Introduction

Stop it Now! NL is an innovative programme that aims at primary and secondary prevention of child sexual abuse, by increasing society's knowledge about child sexual abuse and paedophilia and by bringing about behaviour change in those who sexually abuse children or threaten to.¹

The programme offers people with sexual feelings for children, as well as those in their social network, the opportunity to receive free and anonymous advice, support and information. In the Netherlands, people – often men – with sexual feelings for children can be seen as occupying two categories: those with sexual feelings for children who have not acted upon these feelings (non-abusing paedophiles); and those with sexual feelings for children who have acted upon these feelings (abusers). Abuse can be defined as hands-on sexual acts or hands-off sexual acts such as downloading child pornography. In this report we will refer to the two groups with the single term (potential) abusers.

In Europe two Stop it Now! programmes are in operation: Stop it Now! United Kingdom and Ireland has been in operation for over a decade; Stop it Now! Netherlands was launched in April 2012. Comparison of the Stop it Now! programmes and impact had not yet been made.

The aim of this study was to evaluate the Stop it Now! UK and Netherlands programmes and to combine knowledge about the prevention of child sexual abuse in other European countries with knowledge obtained from the implementation of Stop it Now! in the UK and Netherlands.

The evaluation was conducted by de Waag and the British research agency NatCen. Save the Children (Finland) and Dunkelfeld (Germany) participated in later phases of the evaluation.² Both are active in fighting child sexual abuse but in different ways to Stop it Now! Netherlands and Stop it Now! UK.

The research was financially supported by the Daphne III programme of the European Union.³

This summary answers the questions as formulated in the research proposal, covering:

- Which professional stakeholders Stop it Now! NL helps, and in what ways;
- Which aspects of Stop it Now! NL contribute to the help it offers;
- What a single contact with Stop it Now! NL costs;
- How users hear about Stop it Now! NL;
- How Stop it Now! NL can be shown to be effective;
- What the success factors of Stop it Now! NL are.

¹ Further information on Stop it Now! NL (in Dutch): <http://www.dewaagnederland.nl/verwijzers/stop-it-now/> and about de Waag (in English): <http://www.dewaagnederland.nl/english>

² Link to each: <http://www.natcen.ac.uk>; <http://www.pelastakaalapset.fi/en/>; <https://www.dont-offend.org>

³ Further information online: http://ec.europa.eu/justice/grants/programmes/daphne/index_en.htm

2. Stakeholders of Stop it Now! NL

First research question: Who are the most important (potential) stakeholders of Stop it Now! NL and in which manner does the Helpline support their work?

In this report stakeholders are defined as interested parties of the following sectors: Ministries and local government, criminal law (police force, Public Prosecution Service, Dutch confederation for probation officers and criminal law lawyers), (forensic) psychiatric care providers and experts by personal experience. Helpline users are also stakeholders, but since they are the most important focus of the evaluation they are described as a separate group.

Stakeholders from the above mentioned sectors were approached as informers for the evaluation of Stop it Now! NL because of their involvement with the Helpline (financial, in set up and development process of the Helpline content).

Stakeholders differ in their involvement with the Helpline and therefore the degree to which Stop it Now! NL supports their work differs. The Ministries of Safety and Justice and of Health, Welfare and Sport and the municipality of Amsterdam are especially financially involved with the Helpline, motivated by a social responsibility to contribute to the prevention of child sexual abuse.

The support of Stop it Now! NL to the ministries and municipality can be shown in the effectiveness of the Helpline in reducing child sexual abuse. The results from this study will show to some degree the effect of the Helpline, it is impossible to prove an absolute reduction of child sexual abuse. However, it is possible to determine if the target groups of (potential) abusers are reached.

The expanded scope of Stop it Now! NL is shown in the effort of the INDOGO-project of the Public Prosecution Service and the police force, who handed out the brochures of the Helpline to men (and their social network) who are suspected of downloading child pornography.

The Dutch confederation for probation officers and criminal lawyers are less involved with Stop it Now! NL because they are unknown with Stop it Now! NL or the people they encounter are known (suspected) abusers and therefore will be directly referred to offender treatment facilities. Strikingly, Stop it Now! NL is also unknown at Victim Support the Netherlands. Although supporting victims is their primary aim they support the initiative of Stop it Now! NL (helping potential abusers) because it prevents more children from becoming new victims.

The interviewees emphasized their appreciation for the fact that Stop it Now! NL enables people to talk openly about taboos like having sexual feelings for children. The Helpline, speaks sensibly and rationally against aggression and demonising of (potential) abusers. Nevertheless the Helpline has a world to overcome to reach as many people as possible. The central theme in the recommendations of all sectors is that Stop it Now! NL should invest in a vast publicity campaign aimed at creating a broad public and political support for offering help to people with sexual feelings for children so child sexual abuse will be prevented.

3. Internal processes of Stop it Now! NL

Second research question: Which internal processes contribute to the help Stop it Now! NL offers?

Stop it Now! NL offers anonymous help in two phases: 1) first contact with the Helpline staff members and 2) specialised forensic therapy from therapists of de Waag centre for forensic outpatient treatment. At the first stage the focus is on establishing contact with the caller, staff members listen and give advice to everyone with questions or concerns about child sexual abuse. In the second phase, the conversations are aimed at teaching the caller to cope with his sexual feelings for children. After initial steps within the second phase of Stop it Now! NL, a regular forensic therapy can be started, this concludes the activities of Stop it Now! NL.

At each stage the users - if appropriate - are encouraged to take the step to the next phase. This applies especially to (potential) abusers. Open communication means the collaboration between staff members of the first phase and therapists of the second phase runs smoothly. This phased treatment supports Stop it Now! NL in reaching its target groups for whom the step to seek regular forensic treatment is (still) too difficult.

Interviews with Helpline staff members and therapists shows that the elements of the Helpline which make it easier for people call are it being approachable, free of charge and, especially, anonymous. At every stage measures are in place to guarantee anonymity. In the first and second phase of Stop it Now! NL 'nicknames' are used for the callers. In writing up the reports and transferring the information from the first phase to the second phase, staff and therapists are extremely careful so they can guarantee anonymity. From the moment that users start regular forensic treatment they end their anonymity because it will become known to their general practitioner and their medical insurance they are in treatment at a forensic outpatient treatment centre.⁴

The same care is also taken in the contact between staff members/therapists and the most important target group of Stop it Now! NL: (potential) abusers. The group can be characterized as suspicious and anxious, most find it difficult to talk openly about their feelings. The neutral and open attitude of the staff members reassures users. Staff members were trained in preparation of working at the Helpline and at regular intervals their skills are kept up to date specifically to become better at working with these scared callers. During peer meetings and meetings under supervision of an experienced forensic therapist, experiences are shared and expertise is developed. Extra support is provided by the use of conversation protocols.

To conclude, internal processes such as guaranteeing anonymity, accessibility and a respectful approach to callers contribute most to the success of Stop it Now! NL. Forensic experience can be beneficial to staff members in the first phase, in light of the target group characteristics. This could be taken into account in developing policy for recruitment of new staff members.

⁴ In the Netherlands, laws around patient-doctor confidentiality protect the patient from disclosure of any previous offences to the authorities. The treatment is paid from the patient's private health insurance, as for other forms of health treatment.

A downside of the guaranteed anonymity is that it hampered the data collection in this study. Depending on the type of information, the percentage missing information fluctuated between 20% (specifying the relation to (potential) abuser) up to 80% (specifying the age group of the user). Because of the missing data less powerful conclusions can be drawn concerning the impact of Stop it Now! NL, and the description of the target group characteristics.

4. Cost of Stop it Now! NL

Third research question: Which costs are involved in a single contact with Stop it Now! NL?

Based on data of the period April 2012 - April 2013 it is estimated that annually €102,599.57 is necessary to keep the Helpline running. Based on the 310 contacts in this period, the costs of a single contact are €330.97. The costs are relatively high because staff time available in phase I was not entirely utilized. The expectation is that these costs will decrease to €97.47 per contact if the available time were to be utilized fully. These costs per call include staff time, material costs and costs taken up by staff meetings and supervision meetings with an experienced therapist.

To run Stop it Now! NL a minimum €100,000 will be necessary, especially in the first few years.

5. Routes of users to Stop it Now! NL

Fourth research question: By which routes are the users referred to Stop it Now! NL?

Answering this involved the following data: reports of calls with 254 users of the Helpline; an online questionnaire, completed by only three users; and depth interviews with 11 users. The interviews were held with men who had started regular forensic treatment at de Waag.

The request to users of the Helpline to participate in the evaluation study was secondary in its importance to the help which Stop it Now! NL provided, and this resulted in a relatively long search for ways to guarantee the anonymity and the confidentiality of the study information. For instance the use of an online questionnaire seems an easy and fast solution to reach many respondents, but it takes quite some time to guarantee anonymity. Therefore it was decided to make the aims of the study secondary to the aims of Stop it Now! NL. Consequently staff members only asked a caller to participate in the study if they were not too scared or distressed. Eventually only users who were already in contact with a therapist in the second phase of Stop it Now! NL participated in the study. This will have caused a selection effect.

Forty percent of the information in the questionnaires and interviews was missing. As a result, the insight into the referral routes to Stop it Now! NL remains incomplete. From the obtained information (files, interview and questionnaires) it seems that most users of Stop it Now! NL sought contact with the Helpline after reading national newspaper articles or television programmes concerning the Helpline and paedophilia.

In spite of the uncertainty with respect to the most important referral routes to the Helpline, it can be determined that the media (especially radio and TV) play an important role much more than the brochures and posters spread by Stop it Now! NL.

6. Effectiveness of Stop it Now! NL

Fifth research question: What proves that Stop it Now! NL protects children against sexual abuse, stops potential abusers from abusing children and brings behaviour change and/or contributes to realizing secondary and tertiary impact on Helpline users and their families?

Proving the effectiveness of Stop it Now! NL is difficult. It can be hard to quantify its impact on preventing child sexual abuse, and this is made more difficult by the relatively large percentage of missing data in the evaluation study. Nevertheless the results from this study show that Stop it Now! NL reaches its target group, the (potential) abusers.

Furthermore, an increase in the number of contacts from other user groups is also visible, especially family members and other people associated with (potential) abusers (referred to here as associates). Stop it Now! NL probably increases awareness of child sexual abuse and treatment possibilities by having contact with these groups. In other words, secondary impact (through family) and tertiary impact (through associates) can be assumed present in terms of advising them how to cope with the sexual feelings of men for children and their own emotional reactions caused by this. Involvement of network (family and associates) can offer an increased protection of potential victims, as in the Circles of Support and Accountability community-based support (COSA). However, it remains important to increase the strength and self-regulation of (potential) abusers, because the loss of a support network is a risk factor.

Contacts with the Helpline were rated positively by the (potential) abusers. They experienced more control over their own feelings, behaviour and situation, mainly because they were finally able to share their secret. After the anonymous sessions with a therapist, they had a better understanding of their problems and had learned better coping strategies. Of the 59 men, 57.5% gave up their anonymity and went into regular forensic treatment.

7. Success factors of Stop it Now! NL

Sixth research question: What are the successful components of Stop it Now! NL?

Stop it Now! NL was launched in April 2012 and grew steadily, with 290 contacts within its first 15 months. Approximately 40 percent of people (254 individuals) who contacted the Helpline were men with sexual feelings for children. Over half of these were non-abusing paedophiles. The other men were abusers, specifically men who had downloaded child pornography. Some men had committed hands-on offences in the past and asked for help to prevent them from reoffending. These findings confirm the central objective of the Helpline, namely being active

in the prevention of child sexual abuse by reaching out to the group of men who have not yet committed child sexual abuse.

The most important factors contributing to the successful launch and implementation of Stop it Now! NL are outlined below:

- In spite of the sometimes strong emotional reactions in society concerning some well-known cases of child sexual abuse, the Netherlands can be considered relatively tolerant towards non-abusing paedophiles. The notion grows that not all people with sexual feelings for children will become abusers of children. A large group of men who struggle with their feelings actively seek and accept help. This is proven by the large number of non-abusing paedophiles who contacted the Helpline.
- The recruitment and selection of staff members with an affinity for the target group and their problems is very important for the success of the Helpline. Staff members should be non-judgemental in the first contact and should be able to anticipate the extreme fear and reluctance of the users.
- The phased structure of Helpline (first phase) giving easy access and anonymous contact to more specialised forensic therapy (second phase) appears to be a good way to reach and refer the correct target groups, namely (potential) abusers. The support can range from a single conversation up to offering regular (forensic) treatment.
- Men with sexual feelings for children who contact Stop it Now! NL can be characterized as fearful and distrustful. Motivating this group to accept support by conversations requires (continuous) education (i.e. motivational discussions over the telephone) by staff members of the Helpline and the forensic therapists. Training and supervision are essential components of the work of all Stop it Now! NL staff members.
- Close contact between Helpline staff members and the forensic therapists is an essential component of the success of the Helpline.
- Stop it Now! NL is a service which is free of charge and for this reason has increasing numbers of users. Without the financial support from the government, the Helpline would no longer exist after the first year.
- A central figure, a standard-bearer, who leads the publicity campaign for Stop it Now! NL and functions as a sparring partner in social and political debates concerning help for paedophiles, was seen as essential for the success of the Helpline.

For further information and the full research report (in Dutch) please visit Stop it Now! NL
<https://www.stopitnow.nl/>

The full research programme and other research outputs are available on the study site at
<http://www.stopitnow-evaluation.co.uk/>