



Stop it Now! Evaluation
EUROPE
Preventing Child Sexual Abuse



With financial support
from Daphne III programme
of the European Union

NatCen
Social Research



Call to keep children safe from sexual abuse: A study of the use and effects of the Stop it Now! UK and Ireland Helpline

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June 2014

Acknowledgements

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

The authors would like to thank each of the partner organisations for their contribution to the full Stop it Now! research programme of which this UK-focused report forms a part:

- Stop it Now! UK and Ireland
- Lucy Faithfull Foundation, UK
- De Waag, Netherlands
- Prevention Project Dunkelfeld, Germany
- Save the Children, Finland

In particular, the authors would like to thank Stop it Now! UK and Lucy Faithfull Foundation staff members for their considerable input to the research presented in this report. It was a project which required extensive collaboration, with the provision of monitoring data, with NatCen researchers spending time at the Stop it Now! UK offices to conduct the anonymous interviews, and Stop it Now! UK Helpline operators and practitioners taking time to explain and facilitate service users' involvement in the interviews, focus groups and questionnaire.

We would like to thank all those who supported the study, especially Sue Ball, Deborah Denis, Hilary Eldridge, Donald Findlater, Tom Squire and Hannah Whitehead.

Lastly, we would like to thank each of the Stop it Now! UK Helpline users who engaged with the research, we greatly appreciate the time and thought that you gave to it.

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ISBN No. 978-1-907236-31-0

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Terminology

- The research defines **‘child sexual abuse’** as any act that involves the sexual abuse of a child, following the World Health Organisation’s definition of child sexual abuse as: *the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society. Children can be sexually abused by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust, or power over the victim.* (World Health Organisation, 2006: 10)
- We refer to **‘child sexual abuse images’**, not ‘indecent images’ or ‘child pornography’, to reflect the fact that viewing and sharing these images is a form of child sexual abuse and an offence. A significant proportion of images used by sexual offenders are self-produced by children and young people, uploaded to young people-oriented websites or shared with friends, and their production may not have been abusive, but their use remains an offence. Other images are not only abusive in how they are used but also in their production, with children being abused online or offline to create them.
- **‘Call operators’** take the Helpline calls. **‘Practitioners’** answer the Helpline emails and give more in-depth advice and support to Helpline users by telephone or face-to-face.
- We collectively refer to those who had used Stop it Now! and took part in the research as **‘participants’**, but where possible we specify if they took part in the questionnaire or interviews/focus groups.
- **‘Paedophilia’** refers to a sexual preference for pre-pubescent children. **‘Hebephilia’** or **‘ephebophilia’** refers to a sexual preference for pubescent children.
- **‘People concerned about themselves / about their own sexual feelings, thoughts or behaviour towards children’** is used as a collective term to refer to people who might present a risk of sexual harm to children and young people. This includes people who may pose a risk but who have not acted, undetected abusers and abusers who are known to the authorities.
- **‘People concerned about another person’** is used as a collective term to refer to people concerned about the sexual feelings, thoughts or behaviour of another adult, child or young person.
- **‘People concerned a child may be at risk / concerned for a child’** is used as a collective term to refer to adults concerned about children or young people who have been or may be at risk of sexual abuse.
- **‘Potential abuser’** refers to adults who may pose a sexual threat to children but who have not committed abuse. We include ‘non-acting’ adults who may be identified in terms of paedophilia or hebephilia, or who may have concerns about their own sexual thoughts or behaviour towards children.
- A **‘public health approach’** is a comprehensive set of responses to a problem affecting the wellbeing of a population, such as the perpetration of child sexual abuse. A public health approach encourages collective action across disciplines. It shifts responsibility for responding to this abuse from specific groups in society (such as victims/survivors and advocates) to the community (Centres for Disease Control and Prevention: 2004). The approach involves primary, secondary and tertiary level prevention interventions.

1. Executive Summary

Child sexual abuse is recognised by policy makers and the general public as a significant threat to the safety and long-term wellbeing of children. Alongside revelations about ‘historical’ abuse, there is evidence about the ongoing prevalence of sexual abuse committed by adults and between children themselves. Research, interventions and prosecutions all illuminate the scale and significant harm of child sexual abuse – showing the many ways it can occur and the widespread effort and vigilance which are required to keep children safe.

Responses to child sexual abuse focus on child protection and offender management. These are essential elements of any comprehensive response, but there is also growing interest in a broader ‘public health’ approach to prevention. Responding to child sexual abuse as a public health matter highlights the role that can be played by a much wider set of agencies and individuals, making child protection something to which all adults can contribute.

This report presents findings from research conducted on a project (run by the Lucy Faithfull Foundation) which takes a public health approach to preventing child sexual abuse: Stop it Now! UK and Ireland. It sets out the research on the Stop it Now! UK Helpline, which provides free information, advice, guidance and support to people concerned about child sexual abuse, and is delivered over the telephone and by email. The research assessed its operation and impacts on three sets of users who can play a key role in protecting children:

- adults concerned about their sexual thoughts, feelings or behaviour towards children;
- adults concerned about other people posing a sexual risk towards children;
- professionals.

The research involved qualitative research and a feedback questionnaire with Helpline users, investigating use of the service and its ability to protect children from sexual abuse. It received ethical approval from the NatCen Research Ethics Committee, in line with ethics requirements of the Economic and Social Research Council and Government Social Research Unit Research.

The study was part of a wider research project examining how the Stop it Now! programmes in the UK and in the Netherlands can contribute to protecting children from sexual abuse. The research was financially supported by the Daphne III programme of the European Union¹ and was conducted by NatCen Social Research in the UK and by de Waag in the Netherlands. There were four components to the research project:

- Assessing the operation of the Stop it Now! UK and Stop it Now! Netherlands Helplines
- Identifying the potential of these Stop it Now! Helplines to change behaviour of actual and potential abusers, and to contribute to protecting children from sexual abuse.
- Presenting an economic analysis of Stop it Now! UK and Stop it Now! Netherlands.
- Providing a ‘toolkit’ for developing and implementing a child sexual abuse prevention Helpline in other European countries.

¹ http://ec.europa.eu/justice/grants/programmes/daphne/index_en.htm

The research reports and the Toolkit are available at: <http://www.stopitnow-evaluation.co.uk/>

Stop it Now! UK Helpline operation

- Child sexual abuse is an emotive issue and so promoting the Helpline brings particular challenges. Nevertheless, over 31,000 calls were taken between 2002 and 2013, from a diverse range of users. In 2012/13, 48 per cent of callers had committed a sexual offence, and 8 per cent were potential abusers. This shows the need to understand how this latter group can be engaged before a sexual offence is committed.
- Different approaches to promoting the Helpline were taken. The police were the main source of information about it, which may explain the high number of detected offenders using the service. Recent promotion attempts included routing from online searches for child abuse images to the Helpline via 'splash' pages and adverts.
- Participants identified internal and external barriers to accessing the Helpline. Key blocks to access and support were a sense of shame, fear of how they would be treated or judged, and concerns regarding confidentiality. The catalyst for making contact was usually described as a period of intense turmoil, following their own or their partner's arrest for a sexual offence.
- Feedback regarding the service was overwhelmingly positive from all user groups in the study. Emphasis was placed on the nature and quality of information, and skills, empathy and attitude of the staff (including their ability to challenge callers).

[The Helpline provides] very practical, very straightforward, sometimes difficult-to-hear advice ... I have to say that it's not always been the easiest things that I've heard. It's been quite upsetting, some of the things that I've heard and quite scary but ... because they tell you the truth and say things as it is. Where they can't give you practical advice or say 'We're, we're not sure what, what will happen', they're very clear on what they can and can't do to help you. (User who had committed a child sexual abuse offence)

Helpline impacts

- The impacts identified by all participant groups aligned closely with the intended aims of Stop it Now! These impacts were the enhanced ability to:
 - Recognise behaviour as risky or problematic. For example, acknowledging that viewing child abuse images is an offence and harmful.
 - Understand that this behaviour is dynamic; it can change and be addressed. For example, gain better understanding of the triggers for viewing child abuse images.
 - Implement techniques and advice on challenging and changing this behaviour. This includes: how to protect individual children from risks posed by an adult; how to assist young people in reducing their risk of sexually harmful behaviour; and how to can manage their own risks for engaging in risky or abusive behaviour.

-
- In addition, for users concerned about their own or other people's behaviour, levels of wellbeing and resilience were reported to have improved following contact with the Helpline. These improvements in turn supported their ability to recognise and address problematic behaviour and assist in preventing further sexual abuse of children.
 - Taken collectively the effects identified in this research align with the strengthening of recognised protective factors that may aid desistance from child sexual abuse.

I'm not saying I'm ever going to be cured, but the strategies are in place to stop me re-offending now. (User who had committed a child sexual abuse offence)

Economic analysis of the service

- The economic analysis conducted as part of the wider study^[1] involved cost-benefit modelling and showed that the financial benefits to the taxpayer of the Helpline and Stop! service outweighed its costs – even without considering the wider cost of child sexual abuse to society.

Developing the service further

- The key challenge remains how to promote the Helpline further whilst ensuring the internal and external barriers users identified in this research can be overcome:
 - Routes to access, such as 'splash' pages, implemented before an offence occurs are a promising development. However the message about what the service offers and who it can assist must be clear in order for engagement to be most effective.
 - It may also be inevitable, given the strategies sexual offenders use to minimise their actions, that detection will be the catalyst for action to address this.
 - Finally, given that demand already outstrips call-handling capacity, additional resources are required to respond effectively to this acute public health challenge.

^[1] Bowles, R. (2014) Economic Analysis of the UK and NL Stop it Now! Programmes: Summary Report. <http://www.stopitnow-evaluation.co.uk/>

2. Research and policy context

This chapter provides a brief overview of the research subject, purpose and structure. It then outlines the issue of child sexual abuse and key policy responses in the UK and at the European and global level. Finally, it introduces the public health approach on which the Stop it Now! programmes are based.

2.1 Overview

Child sexual abuse is recognised as a major threat to the wellbeing and long-term outcomes of children.² The prevalence and severe impact of victimisation is increasingly acknowledged both at national and international level, with the United Nations, the Council of Europe, the UK and all three of the UK devolved nations' governments prioritising the issue within the last decade.

Responses tend to cluster around two areas of statutory activity: child protection and offender management. These are key components, but there is a broader approach which considers all adults as having a role in addressing child sexual abuse: the public health approach.³ Taking a public health approach enables the response, and responsibility, to be shared across the whole community – and provides a framework within which different strategies combine to create a comprehensive effort focused both on preventing abuse and reducing the risk of re-offending.

The Stop it Now! programmes operating in the UK and in the Netherlands, and which originate in the US, take a public health approach to the prevention of child sexual abuse.⁴ At the core of their operation is an anonymous helpline, delivered by telephone and email, which offers information, advice, support and guidance to anyone concerned about child sexual abuse. The Helpline can link its users to other services delivered by Stop it Now! or by the respective founding organisations – the Lucy Faithfull Foundation in the UK and de Waag clinic in the Netherlands⁵ – but the Helpline is the focus of this research.

This study was conducted to inform and enhance efforts to tackle child sexual abuse. Looking at the Stop it Now! Helplines and associated services in the UK and in the Netherlands provides insight into whether and how such programmes can assist in protecting children and reducing the risks posed by people who have sexual thoughts, feelings and behaviour towards children.

The study was financially supported by the Daphne III programme of the European Union⁶, and conducted by NatCen Social Research in the UK and de Waag in the Netherlands. It also drew on the perspectives and experience of Save the Children, Finland, which runs a hotline tackling online child abuse images, and the Prevention Project Dunkelfeld, Germany, which gives free therapeutic support to adults with sexual preference disorder (sexual preference for children).⁷

² See section 'Effect of child sexual abuse' below.

³ A fuller discussion of the public health approach is provided later in the report.

⁴ Links to each: <http://www.stopitnow.org.uk>; <https://www.stopitnow.nl>; and <http://www.stopitnow.org/>

⁵ Links to each: <http://lucyfaithfull.org>; <http://www.dewaagnederland.nl/english>

⁶ Further information online: http://ec.europa.eu/justice/grants/programmes/daphne/index_en.htm

⁷ Link to each: <http://www.natcen.ac.uk>; <http://www.pelastakaalapset.fi/en/>; <https://www.dont-offend.org>

2.2 Child sexual abuse in the UK

Definition

The constituent nations of the UK have their own specific definitions of child sexual abuse, but all share the core notion that it involves a child or young person in sexual activity to which they have not or cannot (for example because of their age) give informed consent, or which is a sexual offence in itself.⁸ The abusive activity may or may not involve contact, may be committed within the family or beyond (by someone known to the child or a stranger), can be conducted online, and may include preparatory behaviours such as grooming. Child sexual exploitation, in which a child is involved in sexual activity in ‘exchange’ for something (e.g. shelter, food, money, gifts or affection) is a sub-set of child sexual abuse. The term ‘sexual violence’ is also used to refer to child sexual abuse alongside sexual offending against adults.

As this research spanned the UK and the Netherlands, and has international resonance, it has used the World Health Organisation’s definition of child sexual abuse:

the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society. Children can be sexually abused by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust, or power over the victim. (World Health Organisation, 2006: 10)

Prevalence

There is increasing public, professional and policy acknowledgement of the prevalence of child sexual abuse. Revelations about ‘historical abuse’, especially conducted within institutions or by celebrities, have alerted people to the scale, and long-term severe impacts, of sexual abuse during childhood (Gray & Watt, 2013). The charity Rape Crisis observes that “around 65% of women who contact Rape Crisis centres are adult survivors of childhood sexual abuse”.⁹ The Adult Psychiatric Morbidity Survey (the UK’s largest representative dataset on mental health, which also asks about experience of abuse) found that 10.3 percent of the adult population reported experiencing ‘uncomfortable sexual talk’ and 8.2 percent, ‘unwanted sexual touching’, before the age of 16 (Bebbington et al, 2011a).

Far from being a historical aberration, it is evident that large numbers of children are still being sexually abused. An estimate derived from aggregated research evidence is that one in five children in Europe has been a victim of sexual abuse (Council of Europe, 2010). In England and Wales in 2012/13, the police recorded 22,654 sexual crimes against children under 18 (NSPCC, 2014) – and of the 6,932 sexual offences for which adults were sentenced in 2011, at least 35 percent were against children¹⁰ (Sentencing Council, 2011). However, it is well-established that sexual offences against children are under-reported, to the authorities or to other people. One large-scale study conducted for the NSPCC¹¹ revealed that only one in four sexually abused

⁸ The different national definitions are given in Appendix A

⁹ Rape Crisis: <http://www.rapecrisis.org.uk/childsexualabuse2.php> (accessed May 2014)

¹⁰ Of all sexual offences for which adults were sentenced, 21 percent were for ‘indecent images of children’, 10 percent for ‘sexual activity with a child’ and 4 percent for ‘sexual assault of a child’.

¹¹ The National Society for the Prevention of Cruelty to Children: www.nspcc.org.uk

children told someone about their abuse (Cawson et al, 2000: 17). Another more recent study found that one in 20 children aged 11 to 17 had experienced contact sexual abuse, and that 34 percent of children abused by an adult, and 82 percent of those abused by a peer, did not tell anyone (Radford et al, 2011).

Almost all (93%) of young people aged 6-17 in the European Union used the internet by 2010 (Livingstone et al, 2011) and a significant amount of work has started to take place in Europe looking at the prevalence of sexual victimisation online, as well as offline. In a general population survey of 16 year-olds in Northern Ireland, one in nine of 786 respondents reported an adult having tried to groom them (just over a quarter were approached first online) (Beckett, 2011).¹² An online survey of 2,267 children aged under 16 in Finland found that a third (33 percent overall, 46 percent of girls and 13 percent of boys) had received sexually harassing messages, photos or videos over the internet from someone clearly older than them (Save the Children Finland, 2012). A large-scale study of 21 European Union member states found that across Europe 15 percent of 11 to 16 year-olds (22 percent of those aged 15 or 16) had received a sexual message online – and within the UK, 28 percent of 11 to 16 year-olds had met someone in person after first meeting them online (Livingstone et al, 2011). The prevalence of sexual abuse among specific groups of children can be even higher; for example, rates are found to be higher among children with disabilities than for the general population.¹³

The prevalence of child sexual abuse is even less well evidenced in terms of who offends. It is clear that people who sexually offend against a child form a substantial minority of all convicted sexual offenders. Data obtained from the Ministry of Justice under a Freedom of Information request shows that 29,837 of the 61,937 offenders on the Sex Offender Register in 2012 were registered for having committed sexual offences against children (NSPCC, 2012a). The prevalence of people who engage in online sexual offending against children is particularly unclear, although it appears that this form of sexual offending is increasing (CEOP, 2013). What research does make clear is that sexual offenders are not a homogeneous group. There is significant diversity with regard to their demographic characteristics, motivation, victim target group and modus operandi (Ward, Polascheck & Beech, 2006; Smallbone, Marshall & Wortley, 2008; Seto, 2013). This is discussed further in the next chapter.

Now a part of the National Crime Agency, the Child Exploitation and Online Protection Centre (CEOP) estimated that at least 50,000 known individuals in the UK downloaded or produced child abuse images during 2012 (CEOP, 2013). An emerging risk of cyber harm is the sharp rise in self-taken indecent or inappropriate images of young people. The Child Exploitation and Online Protection Centre also report that one in five 'indecent' images of young people are self-taken (CEOP, 2012), with images identified as having been used by offenders for 'pleasure' and blackmail, or by peers to bully or intimidate a young victim. The Internet Watch Foundation reported that 88% of indecent images in offenders' collections have been taken from their original source (often websites for young people) and uploaded to pornographic websites (IWF, 2012).

¹² The research included questions in the 2010 ARK Young Life and Times (YLT) Survey

¹³ http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexual_abuse_home_wda80201.html

Effect of child sexual abuse

Whilst estimating the true prevalence of child sexual abuse remains complicated – influenced as it is by the measurements and definitions used, not to mention under-reporting – numerous studies have found associations between childhood sexual abuse and negative long term effects. This includes mental, emotional and behavioural difficulties, including increased psychosis, depression, anxiety, self-harm, suicide attempts, low self-esteem, feelings of self-blame, difficulties with sexual relationships in adulthood, and substance misuse (Brown & Finkelhor, 1986; Roesler & McKenzie, 1994; Banyard, 2001; Murthi & Espelage, 2005; Bebbington et al, 2011a/b; Salter & Richters, 2012; Scott et al, 2013). The long-term outcomes described above could also negatively influence the life trajectory of victims, such as ability to engage in training and employment.

This is alongside the potential immediate trauma, and substantial negative effect sexual offences have been described as having on the lives and wellbeing of not only the victim, but also those around them, such as parents and siblings (McNaughton Nicholls et al, 2012).

Bebbington and colleagues (2011b: 35) have posited that one pathway to understanding the relationship between child sexual abuse and these effects on psychological wellbeing is that *'childhood sexual abuse sets up fundamental but dysfunctional schemas about oneself and the world – that the world is a dangerous place, that one is blameworthy or has no one to help.'* Most of the studies cited above, given they tend to retrospectively ask adults about their experiences of abuse as a child, are likely to have mainly or entirely included forms of contact abuse. The immediate and long-term effects of internet mediated sexual abuse, a newer, emerging risk, remains under researched.

2.3 Policy context

Policy initiatives have been implemented at national and European level to tackle various forms of sexual violence against children (among other groups, including vulnerable adults).

International expectations

At the supranational level, the United Nations, the European Union and the Council of Europe have devised agreements binding signatories to the protection of children from sexual abuse.

International agreements related to ending violence against women and girls include the United Nations Convention on the Elimination of all forms of Discrimination against Women (1979) and United Nations Declaration on the Elimination of Violence against Women (1993). The United Nations Conventions on the Rights of the Child (1989) focuses specifically on protecting the rights of children and young people. Article 34 of this convention requires governments to protect children and young people from sexual abuse and exploitation. Signatories to the Optional Protocol to the Convention on the Rights of the Child (2002) on the sale of children, child prostitution and child pornography are required to implement additional measures to safeguard the welfare of children and young people and protect them from specific forms of sexual abuse.

The United Nations has also produced a number of guidelines focused on violence prevention. For example, the World Health Organisation (WHO) – an agency of the United Nations – has produced non-binding guidance for actions at local, national and international level to prevent all forms of violence including sexual abuse (WHO, 2002). The recommendations follow a public health approach to violence reduction and include a focus on preventing abuse before it occurs as well as developing effective responses for victims of violence.

The Council of Europe has adopted three conventions related to addressing sexual violence against children: the Convention on Cybercrime (2001); the Convention on Action against Trafficking in Human Beings (2005); and the Convention on the Protection of Children Against Sexual Exploitation and Sexual Abuse (2007). The UK has signed and ratified the first two, and has signed but not yet ratified the Convention on Sexual Abuse.¹⁴

The Convention on Cybercrime obliges states to criminalise certain computer-based sexually harmful behaviours such as possessing online child sexual abuse images. The Convention on Action against Trafficking in Human Beings requires signatories to take measures to prevent trafficking, including the trafficking of children for sexual abuse. The Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse requires signatories to screen and train professionals working with children; to raise children’s awareness of risks and safety strategies; to regularly review the preventative effect of interventions aimed at abusers and potential abusers; and to establish telephone and internet helplines to provide advice.

In addition, the Convention on the Protection of Children Against Sexual Exploitation and Sexual Abuse (2007) the Council of Europe highlighted the need for awareness raising programmes for children and called for telephone and internet helplines to be established, alongside regular monitoring of intervention measures for both offenders and potential offenders aimed at preventing sexual offences against children.

Tackling the sexual abuse of children and young people is a central aspect of European Union policy. In 2011, the European Parliament and Council adopted Directive 2011/93/EU on combating sexual abuse and sexual exploitation of children, and child pornography.¹⁵ This directive builds on aspects of the Council of Europe Conventions, covering issues including harmonising laws across Europe; establishing minimum sentences for child sexual offences; and requiring action to combat online child abuse images and sex tourism. Aspects of this directive have been implemented in England and Wales via The Special Measures for Child Witnesses (Sexual Offences) Regulations 2013.

National commitments

In the UK, government policy on child sexual abuse is sited within its commitments to address violence (including sexual violence) against women and girls, to tackle sexual violence against children and vulnerable adults and to safeguard children. The devolved nations’ governments

¹⁴ The Convention on Cybercrime was signed in 2001 and ratified in 2011. The Convention on Trafficking was signed in 2007 and ratified in 2008. The Convention on Protecting Children Against Sexual Abuse was signed in 2008 but not yet ratified, and so is not in force in the UK. Further information available at <http://conventions.coe.int/>

¹⁵ For further information, link to Directive 2011/93/EU online: <http://eur-lex.europa.eu/homepage.html>

share these broad commitments, and also have identified priorities which supplement these. Scotland's National Strategy for Adult Survivors of Childhood Abuse, for example, has catalysed awareness raising and public education efforts (Scottish Executive, 2005).

The specific focus of efforts to tackle child sexual abuse can vary, with particular attention in the UK recently to child sexual exploitation (specifically in its more organised forms) and sexual abuse within institutions such as schools and, it has been argued, less to familial sexual abuse. In addition, there has also been increasing attention to internet-enabled sexual abuse, with the creation of the UK-US Taskforce to Counter Online Child Exploitation in December 2013.¹⁶

Taken as a whole, however, there is recognition that tackling the sexual abuse of children will require multiple strategies, including protecting children from risk, improving the detection of and response to offenders, and supporting victims/survivors from re-victimisation and towards recovery. The Ending Violence Against Women and Girls Strategy¹⁷ and its updated action plan (Home Office, 2014a) and the cross-departmental National Group on Sexual Violence against Children and Vulnerable People¹⁸ and its action plan (Home Office, 2014b; update planned for Summer 2014) both highlight the need for action across multiple strands. In the devolved nations likewise, government policy and action is premised on the understanding that no single sector or cluster of agencies can in themselves be effective in tackling child sexual abuse.

Comprehensive action: A public health approach

Despite the clear policy acknowledgement that this abuse requires a multi-faceted response, responsibility for preventing and responding to child sexual abuse remains largely clustered in two sectors: child protection and offender management. The statutory agencies which deliver these activities – social services, health services and schools, police and probation services – are at the core of any effective response, but other agencies and individuals can be understood as having a key role to play in keeping children safe and people from offending.

There is a growing understanding of the contribution which can be made by awareness-raising programmes for children, families and communities (see, for example, Finkelhor, 2009). The idea that child sexual abuse requires the integration of the wider community in a broader, comprehensive approach to prevention is at the core of the public health model for tackling it – an approach for which there is growing support.

Public health is concerned with promoting the health of a population by encouraging collective action involving individuals, communities, professionals and organisations working across a range of disciplines, and the state. The public health framework shifts responsibility for responding to child sexual abuse from specific groups in society (such as victims/survivors and advocates) to the whole community (Centres for Disease Control and Prevention, 2004).

The World Health Organisation, among others, believes that such an approach may contribute to a reduction in rates of child sexual abuse (World Health Organisation, 2002). The NSPCC has

¹⁶ <https://www.gov.uk/government/news/uk-and-us-launch-taskforce-to-tackle-child-abuse>

¹⁷ <https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk>

¹⁸ <https://www.gov.uk/government/publications/sexual-violence-against-children-and-vulnerable-people-national-group>

also asserted that adopting a public health model to tackling child sexual abuse would now be the most effective approach (NSPCC, 2012b).

Prevention is central to the public health approach and takes place at three levels: primary, secondary and tertiary prevention. Primary prevention includes initiatives targeted at the general population which aim to stop child sexual abuse from occurring in the first place. Secondary prevention initiatives also aim to stop abuse from occurring but are targeted at specific groups who are known to be at greater risk of becoming a perpetrator or victim of child sexual abuse. Tertiary level initiatives are used when sexual abuse has already happened and are targeted at groups including perpetrators, victims/survivors, families and communities (Smallbone et al, 2008; NSPCC, 2011). These initiatives aim to reduce the consequences of child sexual abuse and to prevent it from reoccurring. This includes services for victims/survivors of child sexual abuse, but can also include work aimed at helping abusers to manage their own behaviour and not offend again.

An evidence-based approach to prevention is central to public health. This requires understanding the origins of sexual offending and identifying the elements that increase or decrease the likelihood that an individual will perpetrate or become a victim/survivor of sexual abuse. Using this information to raise awareness of how to prevent abuse and capacity to do so is at the core of the public health approach to child sexual abuse.

3. Stop it Now! programme and study

This chapter introduces the Stop it Now! UK Helpline on which this study focused. It then explains the study aims, methodology and limitations. The chapter sets out this report's focus on users' experiences of the Helpline and finally outlines the report structure.

3.1 Stop it Now!

Stop it Now! is a model of sexual abuse prevention developed in the United States in 1992 by a survivor of child sexual abuse, Fran Henry. The original programme seeks to “mobilize adults, families and communities to take actions that protect children before they are harmed.” The two European programmes that have been established since are likewise underpinned by the belief that all adults are responsible for preventing child sexual abuse and can be supported to do so with information, advice and guidance – whether they are professionals, parents/carers, people who pose a sexual risk to children or people who have committed child sexual offences.

Stop it Now! UK and Ireland was established in 2002 by the Lucy Faithfull Foundation (LFF).¹⁹ It is managed by the LFF with guidance from Stop it Now! UK Advisory Council of representatives from key governmental and non-governmental stakeholders.²⁰ Stop it Now! Netherlands was launched in the Netherlands in 2012, and is managed by de Waag in co-operation with Meldpunt Kinderporno (a pre-existing hotline for tackling online child abuse images and part of the INHOPE network).

This report focuses on Stop it Now! UK and Ireland and specifically on its Helpline. Other study outputs, including a summary of the Stop it Now! Netherlands research, an economic analysis of the Stop it Now! UK and Stop it Now! Netherlands Helplines, and the Toolkit outlining key issues in establishing a helpline, are available at: <http://www.stopitnow-evaluation.co.uk/>

Stop it Now! UK and Ireland

Theory of change

Stop it Now! UK and Ireland is underpinned by a theory of change²¹. Its overarching aim is to prevent child sexual abuse through three areas of activity:

- Raising adults' awareness of child sexual abuse
- Encouraging adults worried about their own behaviour or the behaviour of others to seek help
- Helping adults challenge or change behaviour

¹⁹ The Lucy Faithfull Foundation specialises in the prevention of child sexual abuse and operates a broad range of activities to meet this objective.

²⁰ Stakeholders include the National Offender Management Service, leading children's charities, survivors charities and faith groups.

²¹ Prepared for Lucy Faithfull Foundation by New Philanthropy Capital (NPC) in 2009. The NPC also conducted a full report on LFF in 2007, see: <http://www.thinknpc.org/publications/charity-analysis-lucy-faithfull-foundation/>

The intended outcomes of Stop it Now! are threefold:

- Behaviour which might present a risk of sexual harm to children and young people is identified.
- Adults seek help to change or challenge behaviour which might present a risk of sexual harm to children and young people.
- Adults challenge or change behaviour which might present a risk of sexual harm to children and young people. This may include adults managing their own behaviour as well as adults strengthening measures around children who may be at risk of sexual harm or around adults and young people who pose a risk of sexual harm to children or young people.

Activities

In the UK and (when funding allows) the Republic of Ireland, Stop it Now! (hereafter Stop! UK) combines campaigning and other activities. The campaign involves media promotion and public discussions to promote greater awareness and understanding of child sexual abuse and of how to prevent it and respond. Other activities aim more directly at protecting children and reducing the risk posed by those with sexual thoughts, feelings and behaviour towards them.

Stop! UK's key audiences are people concerned that a child is at risk, those concerned about another person's behaviour, those concerned about their own risk to children, people who have survived child sexual abuse and professionals looking for advice in relation to others.

The activities are tailored to the regional and national context in England, Scotland and Wales, with national campaign managers for Wales and Scotland.²² Activities include the delivery of Parents Protect! child sexual abuse awareness courses in schools and communities to ensure parents/carers are best placed to protect. Sessions are supported by materials on a website, www.parentsprotect.co.uk, which can also be used on its own. Courses were also developed and delivered to minority ethnic communities, as Parents Protect Across Communities.

Stop! UK also runs psycho-educational courses for people who have been identified as committing online abuse offences (Inform Plus) or for their families/partners (Inform). These courses are led by senior practitioners, and involve ten weekly face-to-face group sessions.

In addition, Stop! UK also has access to a computer monitoring software programme for people who have engaged in online abuse (Securus). It can be installed to support people in avoiding online abuse images and discussions, at the direction of the police or the request of an individual.²³

Finally, Stop! UK has printed and online resources for a range of audiences on how to spot signs of child sexual abuse, keep children safe and help people manage their sexual behaviour.

These other aspects of the Stop! UK provision are not the focus of this research, but will be referenced as they relate to the operation of the helpline and experience of its service users.

²² In 2013 and 2014, a lack of funding constrained activity in Northern Ireland and the Republic of Ireland. England also had a Campaign Manager until Department for Education funding ended in April 2013.

²³ Securus can identify text which may indicate a child protection issue or a cause for concern.

3.2 Stop it Now! Helpline

At the core of the Stop it Now! model is a helpline, delivered by telephone and email, which is free to access and offers anonymous, confidential information, advice, guidance and support.²⁴ The Stop it Now! Helpline (hereafter 'the Helpline') links to resources available on the Stop it Now!, Parents Protect! and LFF websites, and is devised to act both as a stand-alone service and as a gateway to other resources and services provided by Stop!, LFF and other agencies.

The Helpline seeks to support adults in protecting children from sexual abuse. It is available to anyone who is concerned about child sexual abuse (child/teenage callers may be redirected to ChildLine) but has six principal target groups:

- *People concerned about themselves*: this group includes 'actual abusers', who have sexually abused children (online, non-contact or contact offences) and 'potential abusers', who have not yet offended but are concerned they pose a risk to children
- *People concerned about other adults*: this group includes anyone concerned about another adult's sexual thoughts, feelings or behaviour towards children, but could be particularly relevant to the partner, family and friends of actual or potential abusers
- *People concerned about a child/young person with worrying sexual behaviour*: this group may be especially relevant to parents or carers of children who have abused or pose a risk to others
- *People concerned about a child being abused*: this group includes anyone concerned that a child has been abused or may be at risk of sexual abuse
- *Professionals*: this group includes professionals who are concerned about someone with whom they are working with directly, or indirectly through their colleagues/team
- *Survivors*: this group includes older teenagers and adults who have experienced child sexual abuse

The Helpline is staffed by a combination of experienced, trained sessional staff, specialist child protection professionals and practitioners experienced in work with victims/survivors of child sexual abuse, sexual offenders and the families of both victims and offenders. It is overseen by a Coordinator, with guidance and supervision from senior Lucy Faithfull Foundation staff.

The Helpline is structured into two stages of support. The 'first line' sets out the confidentiality and anonymity caveats of the service and then discusses the users' reasons for calling. Calls or email replies offer information and guidance and conclude with advice on 'next steps' to take to reduce the risk, understand/acknowledge what is/has happened and address the situation – callers are asked to agree to implement one or more protective actions. Helpline users may be encouraged to call/email again to discuss progress or other aspects of the situation. Where the issues are especially complex, users may be referred to the 'second line'.

²⁴ "The Helpline is confidential. We will not ask for your name or any details, but if you do give us any information that identifies a child who has been, is being, or is at risk of being abused, we will pass this information on to the appropriate agencies. We will also pass on details of any criminal offence that has been committed" Stop it Now! UK

The 'second line' provides short-term, targeted support to callers experiencing particularly complex or challenging issues. This support is delivered over the telephone ('call backs') or face to face, by specialist staff members.

The telephone Helpline is free from landlines and is available from 9am to 9pm Mondays to Thursdays and from 9am to 5pm on Fridays. The Helpline has two dedicated telephone lines, staffed by two telephone operators working in four hour shifts. Alternatively the Helpline can be accessed using an anonymous email service.

3.3 Study aims and approach

Research aims

The objective of this research, co-funded by the Daphne III programme of the European Union, was to support prevention of child sexual abuse by improving understanding of the operation and impact of two Helplines: Stop it Now! UK, and Stop it Now! Netherlands.²⁵

The research had four specific aims:

- Assess the implementation of the UK and Netherlands Stop! programmes with a focus on the (telephone and email) Helpline.
- Identify the potential impact of Stop! in terms of affecting behaviour change among actual and potential abusers and the contribution of the Helpline to protecting children from sexual abuse.
- Provide an economic analysis of Stop it Now! UK and Stop it Now! Netherlands.
- Provide a model for developing and implementing a child sexual abuse prevention Helpline in other European countries.

Four strands of activity were delivered in the UK and the Netherlands to meet these aims:

- Scoping work (Interim Report of the Stop it Now! UK and Netherlands Research, 2013).
- Economic analysis of the costs involved in running the Helpline in the UK and the Netherlands, and a proposed model for assessing the cost-benefits of delivering such a service, based on the savings associated with preventing child sexual abuse.
- Qualitative research and a feedback questionnaire with Helpline users, investigating use of the service and its impact on their ability to protect children from abuse.
- A Toolkit outlining the key questions to be considered in establishing and operating child sexual abuse prevention helplines in other nations across Europe; it does not assume the Stop it Now! model would be the most appropriate form in all contexts.

²⁵ Other helplines also address child sexual abuse, but whilst many provide assistance to children or address this among other issues, Stop it Now! Helplines have a broader audience and focus on child sexual abuse, in particular its prevention. Child Helpline International lists helplines by nation: <http://www.childhelplineinternational.org>

The research findings were launched at an event in London on 15th May 2014. The research reports, the Toolkit and briefings are available at <http://www.stopitnow-evaluation.co.uk>

This paper presents the findings from one aspect of the research: the user experience of and impacts from the Stop it Now! UK Helpline. In assessing the Helpline's impacts, the research made reference to the Stop it Now! theory of change (set out above). As a theory of change sets out how a programme should operate to meet its specific and overarching aims, it offers a framework for assessing its activities and intended outcomes and the research instruments for this study were designed around these. Specifically, this paper sets out what the study found about whether and how the Helpline encourages adults to seek help if they are worried about their own or other people's behaviour, and assists adults to challenge or change behaviour.

Methodology

The findings presented in this paper are drawn from interviews with 47 Helpline users (32 one-to-one interviews and 2 focus groups with 15 adults) and questionnaire responses from 112 people who had used the Stop! UK Helpline and other resources and services.

The highly sensitive nature of the research and the potential vulnerability of those using the service raised a number of ethical considerations, which are detailed in Appendix B. The study was approved by NatCen's Research Ethics Committee (REC), which includes members from external professional experts and senior NatCen staff. This ethics governance procedure is in line with the requirements of the Economic and Social Research Council (ESRC, 2005) and Government Social Research Unit Research Ethics Frameworks (GSRU, 2005).

Research participants were recruited in three ways. First, by Helpline operators or call-back staff asking service users who called during the qualitative study period (June-December 2013). Second, by service users who also engaged with other Stop! services being informed about the research, e.g. members of the Inform/Inform-Plus support groups. Third, through the dedicated study website being linked from the Stop! website and search engines returning the link under searches for Stop it Now!; the study website hosted the feedback questionnaire.

Interviews were conducted by telephone; focus groups were carried out face-to-face; and the feedback questionnaire was completed online or on paper. All three methods focused on the users' experiences of accessing and using the Helpline as well as their perceptions of how the Helpline contributes to preventing child sexual abuse, in their own case and in general.

Data from the interviews and focus groups were managed using the Framework approach which involves summarising every transcript or field note using a thematic matrix (charting). The final analytic stage involved working through the charted data, drawing out the range of experiences and views, identifying similarities and differences and interrogating the data to explain emergent patterns and findings (Ritchie, Lewis, McNaughton Nicholls and Ormston, 2014). Questionnaire data was analysed using the Statistical Package for Social Sciences (PASW Statistics 18) to examine the frequency of responses across participant groups.

Full details of the research methodology are given in Appendix B.

Limitations

All research has limitations and it is important these are acknowledged so readers can appraise the extent to which findings can be generalised and replicated (Spencer et al, 2003). This research has two main limitations that relate to scope and sample coverage.

Research scope

Stop it Now! delivers a number of initiatives for a range of target groups. It was not possible within the scope of the research to assess all the resources and services it provides. Therefore a decision was made to focus on the Helpline and in particular on how it engages and impacts on potential/actual abusers and adults concerned about the risk posed by another person. As a consequence, this research identifies some but not all of the ways in which the Helpline and Stop it Now! protects children from harm.

Sample coverage

An opt-in recruitment approach was used for ethical and practical reasons. This may mean that some perspectives are missing from the research as the profile of Helpline users who agreed to participate may differ in some important respects from those who did not. In practice, only people who had been detected by the authorities for child sexual offences agreed to participate in interviews and focus groups and the majority had committed internet offences. Similarly, the majority of questionnaire participants who had concerns about their own behaviour had already been detected by the authorities. However, monitoring data collected by the Helpline shows that it serves a broader group including potential abusers; undetected abusers and abusers who have committed different forms of abuse.

The evidence also shows that the Helpline takes calls from a wide range of adults concerned about the behaviour of another person. However, those who agreed to take part in interviews and focus groups were largely from a sub-group: the relatives of detected internet offenders. Interviews were also conducted with adults concerned about another adult or young person and children at potential risk, and the questionnaire was completed by other people, including those who identified as survivors and professionals. However it is likely that some perspectives are missing due to the small number of people from other groups who agreed to take part in the research.

3.4 Structure of report

The report is divided into four main chapters. **Chapter four** outlines current evidence on why people sexually abuse children, their diversity and pathways to desistence, factors that frame the research findings. **Chapter five** sets out the research findings on how users accessed and experienced the Helpline: who is using the UK Helpline, how those taking part in the study had heard of it, catalysts for making contact and experiences of using it including key features identified by participants. **Chapter six** describes what the research found about the Helpline's impacts on research participants, and specifically their ability and motivation to prevent child sexual abuse. **Chapter seven** summarises whether and how the Helpline is contributing to child sexual abuse prevention, and what the research indicated could be done in addition. It concludes by drawing out implications of the research findings for a public health approach.

4. Tracing the causes of child sexual abuse

Efforts to prevent child sexual abuse are enhanced by understanding the form and foundations of the problem. Not all child sexual abusers have a sexual preference for children (i.e. can be categorised as paedophiles or hebephiles²⁶) and adults who are sexually attracted to children may not act on these feelings (Richard, 2011). This chapter sets out empirical evidence of why adults sexually abuse children, explaining the diversity of those who abuse children or who pose a sexual risk and outlining what the evidence shows about pathways to desistance. The insights into why people abuse, and how they can deter themselves or be encouraged to desist, inform what the study findings show about the current and potential contribution of the Helpline to preventing child sexual abuse.

4.1 Overview

In their excellent text on theories of sexual offending, Ward and colleagues ask a series of key questions (Ward, Polascheck & Beech, 2006). Why would an adolescent or adult man want to sexually abuse a child? Does this sexual interest in children relate to a preference grounded in biological factors or is it a misplaced attempt at seeking intimacy? In addition, how do people who commit sexual abuse against children reconcile the distress of the child when meeting their own needs? Finally, why would an adult man in a consenting and stable relationship with an adult partner want to develop a relationship with a child? These are challenging questions, with complicated and nuanced answers. But to effectively prevent child sexual abuse it is important to understand why and how this abuse occurs.

This section describes the influential theories and research evidence that have attempted to explain sexual offending against children. In doing so it provides important context to the findings presented throughout this report. It is however beyond the remit of this report to provide a comprehensive overview of fifty years of research evidence in this area. For a review of offline sexual offending theory we refer readers to Smallbone and colleagues (Smallbone, Marshall & Wortley, 2008) and Ward and colleagues (Ward, Polascheck & Beech, 2006). Seto (2013) provides excellent coverage of online sexual abuse evidence.

Research to date suggests that different etiological models may be required to explain contact, offline and online child sexual abuse (Seto, 2013). To that end the section begins by reviewing literature in relation to offline sexual abuse and then describes recent research that has explored the online sexual abuse of children. However, online and offline sexual offenders do not always form convenient mutually exclusive groups (Webster et al, 2012; Webster, Davidson & Bifulco, 2014). So whilst this chapter presents offline and online literature separately to support a clear and coherent presentation of the evidence, the section will also draw out and discuss conceptual overlap where relevant.

²⁶ Paedophiles are people who have a sexual preference for pre-pubescent children. Hebephiles are people who have a sexual preference for pubescent children/young people.

4.2 Theories of contact/offline sexual abuse

Broadly speaking, attempts to explain child sexual abuse have taken three approaches. One: proposing a biological basis or foundation to sexual offending. Two: psychological approaches looking at early childhood experience and cognitive, effective and behavioural models. Three: theories that have integrated biological, sociological and psychological thought. These will be briefly described in turn.

Biological foundations

The main premise of biological approaches is that brain and/or hormone impairment can influence sexual offending behaviour. Recent research in this area has found basal fronto-temporal problems among sexual offenders (Joyal, Black & Dassylva, 2007). Joyal and colleagues state that in their research looking at sexual offender subgroups, paedophiles were more consistently and severely impaired than rapists of adults. However, Joyal and colleagues are very clear to highlight that this neurological profile is not characteristic of sexual deviance. That is, this patterning has also been reported to be associated with delinquency and criminality generally. Cantor and colleagues have also looked at the brain matter volumes of the temporal and parietal lobes amongst paedophiles and report significantly less white matter volumes of the temporal and parietal lobes in paedophiles (Cantor, Kabani, Christensen, Zipursky, Barbaree, Dickey et al, 2008).

Studies focusing on testosterone levels in male sexual offenders assume that unusually high levels of the hormone prompt sexual abuse (Lanyon, 1991; Rada, Laws & Kellner, 1976). Yet the evidence in this area appears contradictory and inconclusive. Berlin and Hopkins (1981) reported higher testosterone levels in a large number of child sexual abusers, whilst Rada and colleagues reported that abusers' testosterone levels were similar to non-abusers (Rada, Laws & Kellner 1976). Hucker and Bain (1990) state that the majority of such studies should be treated with caution as the broad generalisations made are in fact based on very small clinical samples and findings are often incomplete or inconclusive.

It seems hard to imagine how looking at biological features alone would help enhance the prevention effort of Stop it Now!, particularly from the perspective of its helpline support. However, coverage of this literature is warranted here as the biological basis for sexual offending does feature in influential integrated theories described in the section below.

Psychological approaches

Current psychological research which has attempted to explain child sexual abuse has looked at four broad factors (Ward & Beech, 2006).

First are **historical or static risk factors** such as problematic developmental experiences, age and prior criminal history (Hanson & Harris, 2001; Thornton, Mann, Webster, Blud, Travers, Friendship & Erikson, 2003).

Second are **dynamic (or changeable)** risk factors (Thornton, 2002). Sexual offenders' dynamic risk factors are well supported in the meta-analytic risk prediction literature (Hanson & Morton-Bourgon, 2005) and tend to be clustered in a number of 'domains' as follows:

- Deviant sexual interests such as a sexual preference for children, interest in sexualised violence, etc (Webster, Mann, Carter, Long, Milner, O'Brien, Wakeling & Ray (2006).
- Offence distortions/dysfunctional schemas that include child abuse supportive beliefs and a sense of sexual entitlement (Mann, Webster, Wakeling & Marshall, 2007; Hanson, Gizzarelli & Scott, 1994)
- Social and emotional challenges such as feelings of inadequacy (Webster, Mann, Thornton & Wakeling, 2007), a distorted intimacy balance (Underhill, Wakeling, Mann & Webster, 2008) and problematic attachment (Ward, Hudson & Marshall, 1996)
- Self-management problems that can include lifestyle impulsiveness, poor emotional control and poor problem solving (Wakeling, 2007).

Third are **contextual antecedents** such as criminogenic needs and lack of positive social support (Ward & Beech, 2006).

Fourth are **clinical issues** such as victim access behaviours, rejection of supervision or support, substance abuse, emotional collapse and sexual preoccupations (Hanson & Harris, 2001). Ward and Beech (2005) suggest that clinical factors can be viewed as expressions of underlying vulnerabilities that can be triggered by situational events.

Although all the factors cited by Ward & Beech (2006) are helpful in explaining child sexual abuse, identifying and responding to acute clinical issues seems to have significant relevance for practitioners working on the helpline. However, it seems sensible to suggest that the four broad factors identified do not operate in isolation from one another. In the next section is a brief review of theories that have attempted to integrate this body of knowledge.

Models and integrated theories

Perhaps one of the most influential theories of child sexual abuse is Finkelhor's (1984) four preconditions model. According to Finkelhor (1984), four conditions need to be present for child sexual abuse to take place: an individual must be motivated to sexually abuse a child; the potential abuser must overcome internal barriers to abuse; the potential abuser must overcome external barriers to abuse; and the potential abuser must overcome the child's resistance. Krivacska (1989) develops this model further to suggest that child sexual abuse occurs when an individual's motivation to have sexual contact with a child is greater than the strength of the internal and external (including child-related) barriers which protect against abuse. The implications of this model are that children can be protected from harm by decreasing the motivation to abuse as well as by strengthening the internal and external conditions which prevent abuse from occurring.

Ward and Siegert (2002) propose a pathways model to contact sexual offending. The main premise of the pathways model is that there are multiple pathways leading to the sexual abuse of a child. Each pathway involves a core set of dysfunctional psychological mechanisms. Here mechanisms are psychological processes that can cause specific outcomes and clinical issues. Ward and Siegert argue that these mechanisms are vulnerability features influenced by factors that include learning events, biological, cultural and environmental factors. The four hypothesised pathways are: intimacy and social skill deficits (insecure attachment, poor social skills and so on); distorted sexual scripts (for example equating sex with intimacy); emotional dysregulation (impulsivity, using sex as a coping strategy, linking sex with emotional well being and so on); and antisocial cognitions (for example disregarding norms about sex with children).

Ward and Siegert (2002) argue that each pathway will have different psychological and behavioural profiles. A key advantage of this model when compared to Finkelhor's work is that it does not see men with a sexual interest as a homogeneous group. Instead these people are viewed as individuals with specific needs and goals grounded in the context of their lives early and later lives. To that end the model supports the evidence-led risk, need, responsibility approach to intervention with sexual offenders (Andrews & Bonta, 2006) described below.

The final model presented here is the Ward and Beech (2006) Integrated Theory of Sexual Offending (ITSO). Drawing on the biological and psychological research presented in this section the ITSO proposes the following features to explain child sexual abuse:

- Biological functioning (in particular brain development, evolution and genetics).
- Ecological niche: proximal and distal (social and cultural environment; personal circumstances; physical environment).
- Neuropsychological functioning (motivation/emotional system; action selection and control system; perception and memory system).
- Clinical symptomology (emotional problems: impulsivity, poor emotion control, etc; social difficulties: emotional loneliness, low self-esteem, suspiciousness, cognitive distortions and passive victim stance; and dysfunctional schemas: problematic sexual interests).
- Maintenance and escalations factors: here it is proposed that sexual offending is maintained/escalated by the impact of the abuse on the ecology of the offender and his interpersonal functioning. For example, Ward and Beech (2006: 57) state that the sexual abuse of a child may 'result in a person becoming further isolated from his normal social supports and lessen his chances of forming appropriate intimate relationships'.

Ward and Beech (2006) propose that these five features interact to trigger, maintain and escalate child sexual abuse, as shown in Figure 4.1.

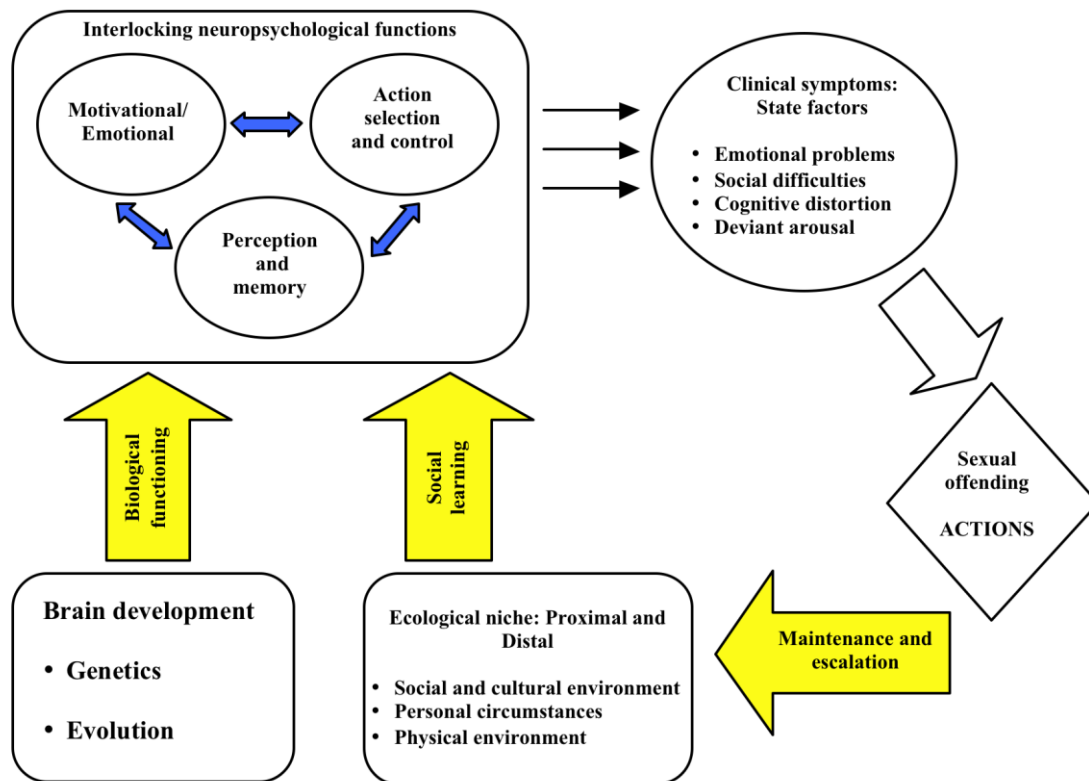


Figure 4.1: The Ward and Beech Integrated Model of Sexual Offending (2006). Reprinted from *Theories of Sexual Offending* by T. Ward, D.L.L. Polascheck, & A.R. Beech, 2006, West Sussex, England: John Wiley & Sons. Copyright 2006 by John Wiley & Sons. Reprinted with permission.

An advantage of this framework is the application of neuropsychological theory to support psychological explanations of abuse. In terms of relevance to the Helpline, the focus on environmental and ecological features is welcome, in particular for men who offend online using indecent images of children. The role of the online environment as a maintenance factor is described further in the next section. However, to our knowledge this comprehensive theory has not been independently tested or validated (although the individual components do have strong empirical support).

4.3 Theories of online sexual abuse

Seto (2013) states that within the online offending behaviour domain there is a differentiation between those who access abuse images of children and those who groom or 'solicit' children online. However, the challenge for practitioner prevention such as the Stop! Helpline is the extent to which users of indecent abuse images and those who attempt to 'solicit' and groom young people online form mutually exclusive groups (Webster, Davidson & Bifulco, 2014).

This section provides brief coverage of evidence about online child sexual abuse. It is pertinent to note however that research in the online sexual abuse area is in its infancy relative to other areas of criminology and forensic psychology. Online technology is outpacing research and this will remain a challenge for practitioners who are attempting to ground prevention efforts in the research evidence.

Given the excellent progress that has been made explaining contact/offline child sexual abuse, researchers have looked at the applicability of contact sexual abuse models to online sexual offenders. The Ward and Siegert (2002) pathways model described in the section above has received some attention. For example Middleton and colleagues examined the extent to which the Ward and Siegert model could be applied to a sample of 72 internet offenders (Middleton, Elliott, Mandeville-Norden & Beech, 2006). Results showed some support for the emotional dysregulation and intimacy deficits pathways, but half the sample could not be assigned to one of the Ward and Siegert pathways. Further work by Middleton (2009) tested the model on a larger sample of 213 internet offenders compared with 191 contact sexual offenders against children. The intimacy deficits and emotion dysregulation pathways were dominant for both contact sexual offenders and men that had committed online sexual offences.

Moving away from validation of existing models of child sexual abuse, Elliott, Beech Mandeville-Norden and Hayes (2009) examined the psychological profiles of 505 internet sexual offenders (who had downloaded indecent images of children) compared to 526 contact sexual offenders. Internet offenders were found to have higher identification with fictional characters than contact offenders, with higher scores on measures of fantasy, under-assertiveness and impulsivity.

As noted above Seto argues for a differentiation between indecent image users and those soliciting/grooming young people online. Research with this latter group is in its infancy. However an influential study by Briggs, Simon and Simonsen (2011) examined a sample of online groomers and distinguished between fantasy-driven and contact-driven offenders. Fantasy-driven offenders were characterised by online activities that could be classed as 'cybersex' with young people. For example, sexually explicit chat, masturbation in front of a webcam and so on. In contrast, the contact-driven offenders are described as having briefer online activities that were all geared towards meeting with a child offline.

Webster and colleagues (2012) conducted qualitative research with a sample of men convicted of online grooming in the UK, Belgium and Norway. In contrast to the Briggs et al research, it was not possible to differentiate fantasy driven and contact-driven groomers. That is, there were men in the sample who described both behaviours as part of their online offending modus operandi. Webster and colleagues also found that some online groomers also had significant collections of child abuse images. This then challenges the position that online offenders can be differentiated according to indecent image use and online solicitation.

The Webster et al research produced three types of online groomer. First was **intimacy-seeking**: Men in this group had offence supportive beliefs that involved seeing contact with the young person as a '*consenting relationship*'. As such, they did not change their identity in any way as they had a desire to be liked for who they were, and did not get involved in other online behaviours that indicated to them, and others, that they were sexually offending. Consequently, men within this group did not have any indecent images of children and they did not have any contact with any other sexual offenders online. All men in this group met with the victim to develop or further the '*intimate relationship*'. This concept of online sexual offenders with intimacy deficits supports previous research and theory described above.

The second type was the **adaptable online groomer**. Here offence supportive beliefs involved their own needs and viewed the victim as mature and capable. Unlike the intimacy-seeking offenders, they did not seem to have discussed the encounter in terms of a relationship. Some men in this group had collections of indecent images of children. The key characteristic of men in this group is that they were adept at adapting their identity and grooming style according to how the young person presented online, and reacted to their initial contact.

The third type contained a **hyper-sexualised** group of men. These people were characterised by extensive indecent image collections of children and significant online contact with other sexual offenders or offender groups. Their contacts with young people were highly sexualised and escalated very quickly. Their offence supportive beliefs involved 'dehumanising' young people. In this group, meetings were less prevalent than the adaptable and intimacy seeking groomers.

Elliot and Beech (2009) suggest that online sexual abuse is another manifestation of the same factors which explain contact or offline child sexual abuse, but the context is different. Looking at the context or environment within which online offending occurs speaks to the Ward and Beech (2006) dimension of the 'ecological niche' in their integrated theory of child sexual abuse. Webster and colleagues research with online groomers showed that the online environment was a very influential *maintenance* factor supporting online abuse (be that the acquisition of indecent images of children and/or the grooming of young people online). Here Webster and colleagues set their findings in the context of Suler's (2004) theory of online disinhibition effect.

Suler's theory contains three dimensions that describe the influence of online space on behaviour that may help develop understanding of online sexual offenders behaviour and so improve enhance front line prevention effort. The first dimension, *dissociative anonymity* refers to the internet providing people with the opportunity to separate their actions from their real world identity, making them feel less vulnerable about opening up. Suler argues that individuals believe that whatever they say or do online cannot be directly linked to the rest of their lives. Consequently individuals do not have to own their behaviour by acknowledging it within the full context of who they really are.

Invisibility refers to the online individual not being physically seen, with many people unaware that the individual is there at all. Suler argues that invisibility gives people the courage to go to places and do things that they otherwise would not. Although there is clear overlap with anonymity, Suler suggests that with the user physically invisible, the disinhibition effect is amplified. That is, unlike in face-to-face interaction, invisible individuals do not have to worry about looking or sounding foolish and do not have to attend to other accepted conversational norms indicating displeasure or disinterest such as a frown or shake of the head.

Dissociative imagination refers to the belief that the online persona along with online others live in a make-believe dimension, separate and apart from the demands and responsibilities of the real world. Here individuals dissociate online fiction from offline fact, whereby online life consists of games, rules and norms that do not apply in actual living. As such, Suler states that

once the computer is turned off and daily life returned to, individuals believe they can leave that online game behaviour and their game-identity behind.

We suggest that understanding the environment and context within which online (and offline) child abuse takes place is critical for effective frontline prevention effort conducted by the Stop! Helpline. The Ward and Beech (2006) integrated theory of sexual offending supports this argument. In addition this summary of research shows that people with a problematic sexual interest in young people are not a homogeneous group. There is wide diversity of motivations and behaviours. Understanding these differential needs and reacting appropriately is vitally important for front-line child protection work. Such an approach will also be congruent with the risk-need-responsivity model (Andrews & Bonta, 1990) that has shown to support effective intervention effort with sexual offenders (Seto, 2013). Here, the principle of risk determines the degree or intensity of intervention the offender requires. This involves assessment of criminological needs or dynamic (changeable) risk factors directly related to criminological behaviours. The responsivity principle identifies the relevant type of intervention.

Having outlined theory and research that has attempted to explain how and why child sexual abuse occurs, the next section turns to the evidence on actual or potential factors related to desistance from sexual offending.

4.4 Encouraging desistance from sexual offending

The literature on sexual offender risk assessment has moved from a focus of what causes risk (Hanson & Harris, 2001), to a more positive narrative about what services can do to strengthen protective risk factors (De Vries Robbe, Mann, Maruna & Thornton, 2013). Protective factors can be understood as ‘a feature of a person that lowers the risk of reoffending’. The literature on desistance indicates that both internal (e.g. psychological features) and external conditions such as an individual’s interpersonal relationships, circumstances and environment can protect against re-offending. The Ward and Beech integrated theory of sexual offending described in the preceding section supports this view. More specifically, it has been proposed that eight potential protective factors may support desistance from sexual offending:

- Healthy sexual interests
- Capacity for emotional intimacy and satisfying relationships with other adults
- Constructive social and professional support network
- Capacity to set goals and work towards their achievement
- Good problem solving
- Engagement in constructive and rewarding employment or other activities
- Abstention from drug/alcohol misuse
- Hopeful, optimistic, and motivated attitude to desistance.

These factors are also dynamic – that is to say the degree to which an individual may exhibit them will wane and strengthen over their lifetime, and be affected by internal and external

influences. They therefore are likely to be at a low ebb when risk of offending is highest, but there is capacity to strengthen them again over time, and with it reduce risk. We assert that the protective factors outlined above provide a helpful framework for assessing the contribution of the helpline to supporting desistance from sexual offending. However, it is important to acknowledge that these protective factors have yet to be fully tested and validated (De Vries Robbe et al, 2013).

The idea that offenders can be assisted to reduce their own risk is also at the core of policing responses to people who have been convicted of and served sentences for sexual offences, as explained in this policing guidance on Multi-Agency Public Protection Arrangements:

All offenders are responsible for their own behaviour and can make a critical contribution towards changing their offending behaviour and taking responsibility for not reoffending. Current MAPPA Guidance encourages agencies in MAPPA to work with the offender to reinforce their capacity to control themselves and manage their own risk. This could involve, for example, using a combination of agency responses to help the offender to identify triggers that increase their likelihood of offending, and teaching tactics to avoid risky situations. Not all offenders will be responsive to this approach and they should be assessed and judged on an individual basis, taking into account all available information. (ACPO/NPIA, 2010: 21)

It is this understanding that informs the research on the Helpline, though it is acknowledged that there are a range of different user groups, not confined to perpetrators. Further, even those who access the Helpline and are at risk of becoming perpetrators, may not share the same characteristics as those perpetrators the current evidence is derived from, who tended to be identified and convicted sexual offenders. Rather we present the evidence in this chapter to provide a theoretical framework with which to understand the routes into and through such offending which could inform the experiences of users of the Helpline, with a particular focus on the protective factors listed above.

5. Using the helpline

This chapter sets out what the research found about service users' routes to and experiences of using the Stop it Now! UK Helpline. It draws on three data sources: Helpline monitoring data from Stop it Now! UK; interviews and focus groups; and a feedback questionnaire.

The chapter begins by drawing on monitoring data from Stop it Now! UK to show the overall profile of use, before focusing in on the groups at the core of this study: people concerned about someone else; people concerned about themselves; and professionals. It presents the findings on how research participants had heard about the Helpline, the internal and external barriers they faced in accessing it, and why they decided to use it. The second half of the chapter sets out participants' experiences of using the Helpline: which mode they used, their views of the service and which aspects they viewed as most helpful. Throughout, references to concern about sexual 'behaviour' also include concerns about sexual thoughts and/or feelings.

5.1 Promoting the helpline

One of the primary challenges of operating a child sexual abuse prevention helpline is enabling adults concerned about themselves or others to overcome cultural and practical barriers to seeking help. People who have a sexual interest in children will be under no illusion about how society views this behaviour. There is barely a week without a mainstream media story about an online or offline sexual offence – and the commentary can be punitive and inflammatory. Consequently the stigma associated with people who sexually abuse children is likely to prove an obstacle to raising awareness of the helpline.

'Demonisation' of those who commit child sexual abuse can be a significant barrier to engaging adults who may pose risk of sexual harm to children and young people. Reaching out to other adults who can play a role in protecting children from harm is also likely to be challenging as they may not see themselves as responsible for preventing sexual abuse or may be deterred from seeking help due to lack of awareness and understanding of child sexual abuse as well as by shame or embarrassment.

Given the challenges inherent in promoting child sexual abuse prevention services to the public and engaging adults concerned about their own or another person's behaviour, this section begins by outlining the levels and the profile of Helpline usage, before describing users' routes to the Helpline.

Profile of Helpline users

Tables 5.1 and 5.2 below show that over the course of its operation, and recently, the Helpline has engaged a broad range of groups, with particular uptake from adults concerned about the behaviour of other adults and from adults concerned about their own behaviour. However in this latter group some sub-groups have been more challenging to reach, such as potential abusers. Barriers to engaging people concerned about themselves are discussed later, and the final chapter reflects on what this research suggests for the Helpline in targeting its work.

Table 5.1: Calls/emails and callers/emailers to the Helpline by user group, 2002-2012

User groups	Calls		Callers	
	N	%	N	%
Principal target groups				
Adults concerned about their own behaviour (includes both actual and potential abusers)	17,051	54	5,539	38
Adults concerned about another adult's behaviour	7,425	24	3,883	27
Parents and carers concerned about a child or young person's sexual behaviour	1,380	4	831	6
Additional target groups				
Adults concerned about a child who may have been abused (offline or online)	1,195	4	754	5
Professionals	2,168	7	1,918	13
Survivors of child abuse	807	3	599	4
Other callers	1,288	4	1,000	7
Total	31,314		14,524	1.5

Table 5.2: Calls/emails and callers/emailers to the Helpline by user group, 2012/13

User group	Calls		Callers	
	N	%	N	%
Adults concerned about their own behaviour	3493	56	1229	38
Actual abusers	3,023	48	1,000	31
Potential abusers	470	8	229	7
Adults concerned about another adult's behaviour	1432	23	917	28
Adults concerned about a child or young person's sexual behaviour	273	4	192	6
Adults concerned about a child who may have been abused (offline or online)	236	4	200	6
Professionals	331	5	302	9
Survivors of child sexual abuse	156	2	124	4
Other callers	357	6	301	9

This section of the chapter now explores Helpline access from the perspective of service users. Again, it outlines monitoring data from Stop it Now! and then describes how study participants became aware of the service, their barriers to accessing it and the triggers for making contact.

Informing people about the Helpline

Ensuring a service is well promoted, so potential users are aware of it and what it offers is essential to its uptake and impact. There are various ways in which people may hear of Stop it Now! and its Helpline. These can be direct or indirect, and can be clustered into four sets, each underpinned by promotional efforts from Stop it Now!

Through awareness-raising activities:

Stop it Now! is a campaigning organisation as well as a support service, and it delivers a range of activities to promote people's awareness of child sexual abuse and understanding of how to protect children.

Stop it Now! combines broad and targeted promotional and awareness-raising activities. It uses print media, TV and radio broadcasting to promote the issue and its work to the general public. Its more targeted activities include its Parents Protect! programme, offering awareness-raising to parents/carers in school and community settings, which will include promotion of the Helpline.

Stop it Now! has also developed and distributed materials to help adults to tackle child sexual abuse and to raise awareness of the support it can offer, including the Helpline. The resources include posters, business cards and specific written materials for:

- parents/carers on the warning signs of child sexual abuse and what to do;
- parents/carers on specific issues such as preventing child sexual exploitation and keeping children safe online;
- parents/carers recognising harmful sexual behaviour in children and young people;
- people concerned about someone else's sexual thoughts or behaviour towards children;
- partners/families of people who have committed internet child sexual abuse offences;
- people who have accessed child sexual abuse images online.

Through searching for information on child sexual abuse:

The Helpline itself may be returned in searches for information and advice. The Stop it Now!, Parents Protect! and Lucy Faithfull Foundation (LFF) websites can also be identified as sources of information through online searches, and can thereby direct people to the Helpline.

Stop it Now! uses Google Adwords to promote its service within searches for information and advice on child sexual abuse, and related terms. This is in addition to its use of other Google Adwords and online strategies to flag its services to people searching for child sexual abuse images and other forms of online sexual abuse (see section '*Through engaging in behaviour related to child sexual abuse*' below).

Through other agencies:

Stop it Now! and LFF promote the support that they can offer across education, health, social services, police, probation, charities, faith and community groups and other sectors. Through these agencies, individual professionals may hear about the Helpline for their own reference, and mention it to clients and others with whom they work. This may include parents/carers of children who have been abused or are at risk, parents/carers of children who may pose a risk to others, and people who are known to have abused or are thought to pose a risk to children.

Through criminal justice and other enforcement strategies:

Stop it Now! provides its resources for distribution by police and probation services in England, Scotland and Wales. These resources include a leaflet about its services for people arrested for child sexual abuse offences. As Stop it Now! promotes its work among professionals who work with offenders as well as those who work with victims, police may also direct those they arrest (and their families) to Stop it Now! and the Helpline, even without the resources.

As mentioned above, Stop it Now! uses Google Adwords to promote its services, especially its Helpline. The Stop it Now! website and Helpline number may also be returned by internet search engines if someone searches for terms closely related to child sexual abuse.

In addition, the website and Helpline number may also show up in a 'splash page' if people try to access a webpage identified by the IWF as containing child sexual abuse images. A splash page is an 'error' or '404' page which returns with a statement that child sexual abuse is illegal. It may include a link to Stop it Now! and the Helpline number. Splash pages were more widely introduced from July 2013, when the government called for efforts to seek out, block and remove online child sexual abuse images. The UK's leading search engines agreed to introduce 'splash pages', warning that child sexual abuse is illegal and directing people to Stop it Now!

Sources of information about the Helpline

The 2012 monitoring data collected by Stop! shows how all its users had heard of the Helpline. This is shown in Table 5.3 and provides insights into which promotional strategies proved most effective in engaging people with the service, and which could be developed further.

Table 5.3: Source by which users heard about Stop it Now! UK in 2013

Access Route	Callers	
	N	%
Police	1047	33.7
Website (Stop! and Parents Protect)	590	19.0
Family/friend/colleague/acquaintance	270	8.7
Other helpline/support agency/charity	179	5.6
Search engine	116	3.7
Social Services	66	2.1
Other LFF/ Stop! service or literature	51	1.6
Health (GPs, hospitals and counsellor)	45	1.5
Solicitor	42	1.4
Probation and prison	33	1.1
Media	23	0.7
Children's Services, schools, internet safety seminar	11	0.4
Other	121	3.9
Not given	517	16.6
Total	3111	100

Table 5.3 shows that police were the most common source of information about Stop! and its Helpline. Over a third of users (34%) reported hearing about it from police. This indicates some success with the service's concerted effort to raise awareness among police forces in Scotland, England and Wales, which included encouraging police to give Stop! leaflets to people arrested for child sexual offences.

The second most widely reported information source was the combined Stop! and Parents Protect! websites, with almost a fifth of users (19%) reporting they heard about the Helpline through one or other. This indicates that a sizeable group of people who contact Stop it Now! have actively looked for information on sources of support and highlights the value of online promotion through strategies such as Google Adwords.

The role played by other individuals or agencies in signposting people to the service is clear, with one in five users reporting hearing about it in this way (20.4%). There is a broad range of sources, with no single agency or sector identified as signposting more than a few percent.

Media coverage had served to inform less than one per cent of users about the existence of the Helpline in 2013. This may be related to the limited resources available for media work on the campaign. It may also reflect the challenges of engaging the media in promoting the work of such a broad form of child sexual abuse prevention, given its tendency to focus on specific offences or offenders, as noted in the introduction to this section.

The research was broadly in line with the evidence provided by this monitoring data, but also contributed some additional insights into how users had heard of the Helpline.

The questionnaire illuminated the role played by professionals working in criminal justice, child protection and related fields in signposting clients to the Helpline. Of the 24 professionals who answered, 18 said that they had told someone about the Helpline; the number of clients they had told ranged from one to forty. Explaining why they told clients about it, professionals working with offenders described it as providing extra information and support, particularly outside office hours, and as a form of ongoing support when the involvement of statutory services was ending. Additionally, professionals noted mentioning Stop! to colleagues who required further information or advice about preventing child sexual abuse.

The interviews and focus groups highlighted four sources of information about the Helpline, with some differences between those who contacted it due to concerns about themselves and about others:

- *Through other agencies:*
 - As with the monitoring data, police were identified as a key information source for people concerned about themselves. Other criminal justice agencies and solicitors had also informed participants about Stop! This may also reflect the fact that most of the research participants concerned about themselves had already been detected by the authorities before contacting Stop!

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- Police, solicitors and social services were identified as key information sources for people concerned about others (following the arrest of a relative for child sexual abuse image offences).
 - However, there were also users who reported that the police had been unable to suggest any support when asked by people concerned about themselves or others, or signposted relatives to services which were not designed to meet their needs e.g. domestic violence services.
 - Other helpline services were identified as a source of information; for example a parent calling about a child displaying sexually inappropriate behaviour was directed to the Helpline by ChildLine.
 - *Through searching for information on child sexual abuse*
 - Participants who contacted Stop! concerned about themselves identified the role of family members in actively searching for help, finding the Helpline via the Stop! website and informing the participant about Stop!
 - Participants who contacted Stop! concerned about other people (following the arrest of a relative for online sexual offences, for example) identified the role of web searches in finding the Helpline
 - *Through awareness-raising activities*
 - Media coverage of the Helpline was also reported as a source of information for people contacting the service concerned about others.
 - *Through online promotion strategies aimed at abusers*
 - No participants had accessed Stop it Now! via online promotion such as splash pages or warning banners, as the study predated the implementation of these.
 - However, participants were asked what they thought about these strategies. Whilst there were contrasting views about their potential, some participants did see them as having relevance to preventing people from accessing child sexual abuse images and in motivating people to access support.
 - Specifically, these strategies were thought capable of challenging the belief that online abusers will not be detected by the authorities; challenging denial or minimisation of the offence; and prompting people to get help by greater recognition of the need to get help, and information about where to turn.
 - It was thought, however, that online promotion to potential/actual abusers will be most successful where the person recognises to some degree that what they are doing is wrong, and has some motivation and capacity to take action and where the ‘advert’ is encountered before offending becomes established.

5.2 Barriers to access

Understanding what may inhibit prospective users' access can enhance the Helpline's ability to engage those who need its services. This section notes barriers to accessing the Helpline which were identified by the participants. These can be categorised as external and internal barriers. External barriers are practical, procedural or presentational matters which may inhibit access. Internal barriers relate to prospective users' own attitudes, beliefs and fears.

External barriers

External barriers to accessing the Helpline fall into three cross-cutting categories: awareness; profile; and resources.

- **Awareness:** Lack of awareness of Stop it Now! was identified by participants as a key barrier to the service being taken up in greater numbers by its target groups, and in particular as inhibiting people who pose a risk to children from seeking help earlier. Participants acknowledged that child sexual abuse is a complex and emotive issue and recognised that promoting the service needs to take account of this, although even the most sensitive promotional strategies were expected to be met with resistance by the public and some professionals:

"at first we found it quite difficult to talk [about their relative's sexual offending] ... It's sort of like a stigma, isn't it. And you think, 'Well, it's incredible that there's help for people that are on the other side of it, as well as on the receiving end', but there will probably be a cross-section of people that would not want to see adverts offering help to people like us or [people concerned about their behaviour]." (User and relative of person concerned about their behaviour)

- **Profile:** Participants who actively looked for help included those who had difficulty in finding information about Stop it Now! UK on the internet. In addition, once participants did hear of it, there were those who delayed making contact with the Helpline due to misunderstanding its purpose and/or knowing with whom it would work:

"I did have some reservations, I suppose one of my hesitations with Lucy Faithfull was, was the flyer talks much more about internet offending in relation to images...but that didn't matter... [LFF] were prepared to let me talk and, and follow that through." (User concerned about their behaviour)

Participants saw referral from other agencies as key to facilitating access to the helpline. However, it was also recognised that this would be dependent upon other agencies' procedures, and so beyond the remit of Stop it Now!

- **Resources:** Participants could find it difficult to get through on the telephone once they had found the Helpline and decided to access help. This suggests that demand exceeds the capacity to take calls, and prospective users may be dissuaded from calling again. It was recognised that promotional activities were dependent upon resources and mass marketing/promotional activities such as TV advertising were expected to be costly.

The report will conclude with reflections on how addressing these barriers may serve to assist the overall child protection objective of Stop it Now!

Internal barriers

Internal barriers can be divided into three: those which affect people who are concerned over others; those which prevent people from seeking help before they offend or sexual offending is known to the authorities; and those which inhibit access after offending has been detected.

Barriers which affect people concerned about or for others include anxiety that they may be blamed for not having identified the risk posed by someone with whom they live or engage closely, and the sense that they will be judged for wanting to sustain some contact with the person whose behaviour causes concern.

Participants who had committed a child sexual offence identified four key barriers as having prevented them from accessing the Helpline before they committed an offence or before they were detected by the authorities:

- *Denial/minimisation.* The concept of denial and offence supportive beliefs operating as barriers to desistance are well validated in the literature for online and contact sexual offending (Ward & Beech 2006; Mann et al, 2007; O'Brien & Webster, 2007; Seto, 2013). For example, in the O'Brien and Webster (2007) research some participants who had been convicted for looking at child sexual abuse images said they had never considered seeking help because they minimised the abuse and may not have considered it illegal/harmful.
- *Feelings of shame and guilt* were a recurrent theme from the Mann et al (2012) study of how sexual offenders conceptualise their sexual interest in children. In this study these feelings also deterred participants from disclosing to someone else or seeking formal support.
- *Believing they had no-where to turn for help.* Participants who had proactively looked for help said they had been unable to identify appropriate services, while others said they had assumed that no such service existed:

"if I'd have known of something that could stop it I'd have probably would have used it. So no, nothing that jumped out. Nothing, I mean I'd never heard of this charity before."
(User who had committed non internet offences)

This finding was also a theme in the Mann et al (2012) study and so represents a challenge for prevention efforts regarding maximising service access. In the Webster et al (2012) study the authors present sexual offending as a public health concern, and promoting the Helpline with such a profile may help alleviate this barrier to access.

- *Fear of consequences of disclosing.* There were participants who had gone as far as visiting their GP with the intention of disclosing but had not gone through with it due to fearing the legal and personal consequences.

Participants identified internal barriers which can prevent or delay people in contacting the Helpline once abuse has been detected by the authorities:

- *Eligibility:* Participants who had committed child sexual abuse said they did not believe they were eligible for specialist services for sexual offenders while under police investigation and would not have actively looked for help if they had not been told about the Helpline by someone else.
- *Detection:* Participants concerned about another person's behaviour or a child at potential risk may have hesitated in looking for services on the internet because they were concerned their search terms may be flagged as inappropriate and raise cause for concern.
- *Response from staff:* Some participants who had committed a child sexual offence and the relatives of people who had accessed child sexual abuse images delayed contacting the Helpline due to fear of being stigmatised or unfairly judged by staff. However, in practice, no one reported this actually occurring when they made contact. There is perhaps then a message for new promotional material to be clear in reassuring prospective callers that staff will be empathic and non-judgemental.

5.3 Catalysing use

Given these substantial barriers to hearing about the Helpline, being clear about its purpose and confident about access, what does prompt the decision to use it? This section describes participants' circumstances before contacting the Helpline and the triggers for their decision to seek help. Having a better understanding of these factors can help tailor promotional activities to engaging potential/actual abusers, their families and others concerned about someone else or people concerned about a child being at risk.

Adults concerned about their own behaviour

Mainstream media portrayals of child sexual offenders will often present such people as acting without conscience. However, research with men convicted of sexual offences against children showed they were acutely aware of the impact of their behaviour and extremely concerned by it (Mann, Webster, Blagden, Lee & Williams, 2012). That study by Mann and colleagues indicated that efforts to desist from offending were undermined by feelings of shame and fear. In addition, participants in that study also saw little hope of leading a 'good' or offence-free life and in a sense they were 'doomed to deviance'.

For interviewees in the current research, the catalyst for accessing the Helpline was their arrest by the police for child sexual abuse offences (often internet offences such as viewing child sexual abuse images).

Participants described feeling acutely distressed, ashamed and isolated following their arrest. This was the trigger for seeking support from Stop! They could report having thoughts about self-harm or suicide, lasting for an extended period. Participants also described being in a state of shock and confusion, feeling extremely anxious about the future and how those close to

them may respond as well as being concerned about the involvement of social services and the restrictions which could be placed on contact with their children. They also had to face up to the fact that their actions were illegal and harmful:

“feeling very disgusted and disappointed in myself, very depressed and a very low state, almost suicidal, I would say. And ashamed - being ashamed that I should actually...be at this position.”
(User who had offended online)

Whilst arrest threw participants’ lives ‘into turmoil’ it also appeared to remove some barriers to accessing the services. Participants described how being arrested and in some cases charged with child sexual offences forced them to begin to confront their behaviour and recognise the opportunity to seek help. Some participants also described feeling ‘relieved’ the offending had been detected as it meant they no longer had to keep it a ‘secret’ and could now talk honestly about their sexual feelings and behaviour.

In contrast, those taking part in the research reported having been deterred from seeking help earlier because, while they recognised the behaviour was harmful, they were terrified of the potential repercussions of disclosing the abuse. A contrasting view expressed by participants was that they had not considered seeking help when undetected because they did not think what they were doing was illegal or they had been closed off to the significant harm caused by looking at child sexual abuse images.

A range of circumstances underpinned their decision to make first contact with the helpline.

- *Motivated to address behaviour:* These participants contacted the Helpline at the first opportunity following their arrest. They were aware their sexual behaviour/interest was problematic and motivated to seek advice on how to change it as soon as possible.
- *Struggling to cope with aftermath of arrest:* These participants also contacted the Helpline as soon as they heard about the service. Participants described being in turmoil following their arrest and how this had led them to turn to the Helpline for help to get through a dark period in their life.
- *Weighing up their options:* The final group of participants had taken longer to contact the Helpline compared with the other two groups. Participants in this group were inhibited from seeking help due to feeling low, anxious and confused, due to fear of how they may be treated by staff or misunderstanding who the service was for and how it may be able to help. Participants were enabled to eventually seek help when their circumstances changed for the better e.g. their mental health improved or as a result of becoming better informed about the work of Stop it Now!

In retrospect, participants felt it was advantageous to contact the helpline immediately following their arrest and could see no advantage of waiting to do so. They felt this contact could support them to begin addressing the behaviour, reduce their risk of abusing, and help maintain a relationship with their family (an important protective factor). Increasing early take up of the Helpline requires efforts to be made to address barriers which may prevent or delay

the service being taken up. Participant recommendations for raising awareness of and facilitating access to the Helpline are outlined at the end of the report.

Other adults who can play a role in preventing child sexual abuse

Work by De Vries Robbe and colleagues highlights that protective factors which can support desistance from sexual offending may not sit only with the person with a problematic sexual interest (De Vries Robbe, Mann, Maruna & Thornton, 2013). This means that by focusing on protective factors the responsibility for preventing child sexual abuse rests with all adults and is not limited to people who may pose a risk of sexual harm and professionals working with abusers or children and their families. Specific groups who can play a key role in protecting children from harm include parents, carers or other adults worried about a child who may be at risk and the family of people who have committed child sexual offences as well as other adults concerned about another person.

This section describes other adult's circumstances before engaging with the Helpline and what triggered their decision to seek help. In doing this, it contributes to the evidence on how other adults can be mobilised to seek help to protect children and prevent abuse from occurring.

Relatives of people who had accessed child sexual abuse images

Relatives of people who commit child sexual offences can represent a victim group. They can also be negatively affected by the offender's actions – indeed an offence may have been committed against another family member. There is a dearth of research looking at the experience and needs of families of perpetrators or of victims of offences. A key contribution of this research is that it provides helpful evidence of how Stop it Now! and other services can understand and meet these needs.

Relatives who took part in the research described how the arrest of a family member for child sexual offences had served as the catalyst for contacting the Helpline. They described going through the 'most challenging' period of their lives and feeling 'shell-shocked', confused and frightened. Relatives said they had struggled to understand why their loved one had looked at child sexual abuse images and felt anxious about the involvement of Children's Services as well as the impending investigation and potential court case. Relatives also talked about feeling isolated and alone because they perceived they were the only one in the situation, were deterred by shame or embarrassment from disclosing to friends or family or found it difficult to identify supportive professionals:

"I must say I was quite disappointed when I went to my GP. My husband had tried to commit suicide immediately after he had been arrested, and... my daughter went [to the GP] as well, she was so distressed by it all. And I went, I suppose really to close the loop somehow, just to see how they would care for the family, this was affecting all members of the immediate family. And it was just, 'Well here's some sleeping pills'. Sorry but sleeping pills won't sort things, you know something more. So I haven't been back to my GP." (User and relative of an internet offender)

The partners of people who had committed child sexual offences also grappled with complex and sometimes contradictory ideas. Those with children were critical of their own parenting skills and questioned their capacity to make sound judgments. At the same time, the love they felt for the person who committed the abuse was not extinguished overnight and concerns for the person's welfare remained in spite of finding the offending behaviour abhorrent.

Relatives who participated in the research were seeking emotional and/or practical support from the Helpline including information on why people access child sexual abuse images, the criminal justice process and the involvement of child protection agencies and the implications for their family. Relatives also described the importance of having a 'safe' space to explore their own response to their loved one's behaviour and to find a way to move on in their lives.

Adults concerned about a child at risk or concerned about another person's behaviour

As discussed, parents/carers and other adults are a key focus for prevention efforts due to the role they can play in identifying children who may be at risk of abuse and keeping them safe from harm – as well as raising concerns about people who may pose a risk to children, whether they are adults or children/young people who are exhibiting sexually harmful behaviour.

Participants said they were prompted to contact the Helpline in order to protect a child at risk and to minimise the risk posed by an adult with concerning behaviour. They described feeling 'physically sick', stressed and anxious as well as also questioning whether their concerns were well founded and believing they were 'going mad'. These participants contacted the Helpline to explore and discuss their concerns with an expert as well as for advice and guidance on actions to take to prevent child sexual abuse.

A final group of participants contacted the Helpline after reporting a child or young person displaying sexually harmful behaviour to the authorities. These participants also described feeling deeply confused about what led to the offending, guilty over the decision to disclose the abuse to the authorities and anxious about the implications of their actions for the child/young person. Participants were seeking information and support to enable them to begin to understand the young person's behaviour; advice about how to work with other agencies such as Children's Services; and guidance on how to support the young person through the criminal justice process as well as measures to take to prevent re-offending:

"I phoned Stop it Now! after the police interview [with their child who was considered to be displaying sexually harmful behaviour]...Because... I was finding it very difficult to know what to say to [the young person] 'cause [they] didn't want to talk to me about it... I didn't want to make it worse but [the young person] didn't seem to understand how serious the consequences of this could be. And I wanted some help with trying to explain to [them] without freaking them out." (Parent of a young person displaying sexually harmful behaviour)

5.4 Structure of use

The second half of the chapter sets out participants' experiences of using the Helpline. This part outlines the two modes used and then sets out other aspects of the structure of their use, such as links to other Stop! and LFF services.

Mode of contact

This section provides an indication of the level of demand for the telephone and email access offered by the Helpline. Understanding levels of demand for different access routes can assist in ensuring that resource is directed appropriately by the service in the future.

Telephone

The questionnaire provided an indication of the regularity with which users call the telephone Helpline. Fifty participants who answered the questionnaire had used the telephone helpline. Within this group, 27 had telephoned it four times or more, 19 had telephoned it two or three times, and four had called it once.

The telephone Helpline is available from 9am to 9pm Mondays to Thursdays and from 9am to 5pm on Fridays. The Helpline has two dedicated lines, staffed by two operators working in four hour shifts. The Helpline is constrained by resource limitations from taking a greater number of calls during its current opening hours and from opening after 9pm on weekdays (or 5pm on a Friday) or over the weekend. Participants appreciated the Helpline being open daily and having the option to call on weekdays as well as evenings. However, some participants found it challenging for the Helpline to be closed over the weekend because it was the time when they had the greatest need for support or saw this as the most convenient time to access help.

Interviewee and focus group participants reported calls being unanswered and of 50 users who answered this part of the questionnaire, 16 reported not being able to get through on one to over ten occasions. The length of time before the line was free varied considerably and made it very difficult for Helpline users to predict how long they would wait to speak to an operator. Participants reported times when the Helpline was engaged for several hours or all day.

The research shows that demand for the Helpline can exceed the service's call handling capacity. This finding is congruent with feedback from other sexual abuse support services, such as NAPAC²⁷ and Rape Crisis, particularly following publicity of Operation Yewtree (Gray & Watt, 2013). It is also in line with the monitoring data captured by the service itself, shared with the researchers at the conclusion of the study – and set out in Table 4.4 below. The table shows the high average levels of missed calls during the financial year 2013/14 – an average of 2199 calls went unanswered in a month. In addition, data analysed for the new financial year indicates that the missed call levels have increased still further: with 3,676 missed calls in April.

²⁷ NAPAC is the National Association for People Abused in Childhood, and also operates a freephone support line for adults who suffered any form of abuse in childhood: <http://www.napac.org.uk/>

Table 5.4: Answered and missed call levels, 2013/14 (data: Stop it Now! UK and Ireland)

Year	Month	Number of answered calls	Number of missed calls
2013	April	490	810
	May	516	1,613
	June	465	1,983
	July	538	2,136
	August	515	2,576
	September	551	2,588
	October	564	2,811
	November	574	2,790
	December	456	2,476
	2014	January	545
February		520	1,544
March		488	2,963

Unanswered calls were a cause of frustration for Helpline users. Participants described how not being able to get through could compound existing feelings of stress and anxiety and that these feelings could become more acute with each unanswered call. Participants expressed concern that potential users may ‘give up’ on the Helpline if they find it difficult to get through:

Oh, I think sometimes I'd be dialling every five minutes and that [...] it's not a criticism but it's the only kind of thing that would be a barrier really, I think. I certainly wasn't gonna give up ... But perhaps some people might think "oh well, there's no point" I think because at that moment in time when it happens to you [a partner arrested for child sexual abuse offences], you feel like everybody walks away from you, everyone turns their back. And I don't think it would take much, ring a number a few times to think, "oh well, you know, they're [the helpline] not interested either" if you were in that frame of mind because it's really hard to believe that anybody wants to talk to you. (User whose partner had offended online)

While participants could find the process of accessing the telephone Helpline frustrating, they viewed its call handling capacity and operating hours as being affected by resource constraints.

Email

Enabling people to contact the helpline via email extends the range of routes into the service. However, whilst any email helpline offers greater flexibility of access, there may also be issues around the time taken to read and respond to emails, especially if they are sent out of helpline hours. Questionnaire participants were asked how many times they had used the email service. Fourteen people who answered the questionnaire had asked Stop! for advice via email. Of this group, twelve had used the email service one to three times and two reported using it four times or more. All but one person reported receiving a reply to the emails that they had sent, with the time taken to respond ranging from less than a day, to over a week.

Interview and focus group participants did not report any unanswered emails and were satisfied with the time taken to reply. These participants had used the email service as a first contact with Stop it Now! and were currently receiving support from the telephone service.

Regularity of contact and gateway to resources

The Helpline operates as a stand-alone service, with a first and second phase, and as a gateway to services provided by Stop!, LFF or other agencies. Research participants included users who had only just contacted the Helpline and those who had contacted it on a number of occasions, including some who had contacted it over an extended period. Where staff answering calls or emails considered it necessary, the user could be referred internally to the second phase of the service and receive a scheduled follow-up call or a face-to-face meeting with a practitioner. This phase of the Helpline is used short-term and to address complex or especially critical issues through more detailed discussions and targeted support.

Participants also described how the Helpline had acted as a gateway to other resources and support provided by the Lucy Faithfull Foundation. This is a critical finding as the Helpline can only go so far in preventing child sexual abuse. The findings are presented in the next chapter, but in summary the signposted resources included:

- Stop it Now! or Parents Protect websites;
- publications for people who have committed online offences;
- Inform or Inform Plus group programmes;
- health services (GPs and specialist mental health services).

The chapter closes by describing users' experiences of the Helpline, including an overview of the advice they valued, and their views of staff.

5.5 Experiences of use

The chapter now outlines participants' views of the Helpline, what participants said their use of the Helpline involved and which aspects they saw as central to its operation and impact.

Interview participants were overwhelmingly positive about the quality of service offered by the Helpline and other initiatives managed by Stop! This is also reflected in the responses of questionnaire participants: 69 of the 82 participants who answered the question²⁸ said they would use a Stop! service in the future.²⁹

Participants described several factors as being critical to the way in which the Helpline had provided them with effective information, advice or support:

- The quality of the information, advice and support.
- Confidentiality and anonymity
- Attitude, continuity and quality of staff

²⁸ We have not included people who participated in the questionnaire but did not answer this question.

²⁹ It is important to acknowledge that other participants may have said they would not use Stop! in the future because they did not expect they would have reason to do this.

Quality of information, advice and support

As discussed in Chapter 4, the mainstream media tend to have a narrative about child sexual abuse that can frame particular perceptions for callers. Child sexual abuse is an emotive social and public health issue so it is helpful to understand the extent to which the Helpline can empower people to identify and manage the issue by providing relevant information.

[It provides] very practical, very straightforward, sometimes difficult-to-hear advice... I have to say it's not always been the easiest things that I've, that I've heard. It's been quite upsetting, some of the things that I've heard and quite...scary but, but it's not because they've, they've, they've deliberately - but because it's, because it, they tell the truth and they, and they sort of, they say things as it is. Where they can't give you practical advice or, or say, 'We're, we're not sure what, what will happen', they're very clear on what they can and can't do to help you.

(User concerned about their behaviour)

The quality of the information, advice and support provided by the Helpline was described by interview participants as being sound, practical and relevant, and of 50 questionnaire participants who had called the Helpline, 46 reported the information received as being very or fairly helpful. Participants commented how important it had been for the Helpline to provide simple, accessible information and advice as complex information was easy to forget during a period of crisis. The service offered support around more complex issues through its second stage of the Helpline (call-backs and face-to-face meetings with practitioners). Table 5.5 below sets out examples of the advice that participants said they had found helpful.

Table 5.5 *Examples of types of advice and guidance provided by the Helpline, by caller group*

Advice provided: All caller groups

- Maintain emotional, psychological and physical health, by for example maintaining basic self-care; physical exercise; having a healthy diet; getting adequate rest.
- Importance of creating or maintaining a supportive network of peers, friends and family
- They can continue to access the Helpline and other resources and services such as Stop it Now!/ Parents Protect websites; Inform/ Inform Plus; health services

Advice provided: Adults concerned about their own behaviour

- How to reduce opportunities to offend, by for example restricting or modifying access to and use of internet or reducing contact with children
- How to engage in meaningful replacement activities such as employment, or non-sexual hobbies (identified as key protective factors in other studies: De Vries Robbe et al, 2013).
- To consider confiding in a close friend or relative about the situation

Advice provided: Adults concerned about the behaviour of another person/ child at risk.

- Speak to the person about their behaviour
- Strengthen protective measures around the person who poses a potential risk by reducing contact with children or modifying access to internet.
- Strengthen protective measures around children who may be at risk: talk to the child about inappropriate touching (in line with the NSPCC's Underwear Rule / Talk Pants child protection campaign); and involve other family members in keeping children safe
- Engage with agencies such as Children's Services

Confidentiality and anonymity

As child sexual abuse is an emotive issue it is critical that people feel they are accessing the service in a safe environment. Due to the shame and stigma surrounding child sexual abuse the Helpline's confidentiality policy was seen as essential to participants feeling able to make contact and then to talk openly and honestly about very sensitive issues. Those taking part in the research appreciated the need for there to be a limit on confidentiality³⁰ and felt the policy was appropriate given the nature of the Helpline. However, it was also recognised that a critical barrier to potential and undetected abusers making contact with services was rules on sharing information about offences or children at risk.

Staffing

First impressions tend to count when people make judgements about a service. Helpline staff are the first point of contact for callers and so this section examines participants' views of the call operators with whom they engaged. The attitude of Helpline staff was very important to participants' ability to engage with the information, advice and support offered. They described the following attributes as being particularly important aspects of Helpline staffing:

- Good knowledge and understanding of child sexual abuse perpetration and of child protection.
- Professional, non-judgmental and compassionate attitudes.
- Good active listening skills, and the ability to make callers feel comfortable, talk openly and honestly about sensitive and personal issues.
- Ability to communicate challenging messages without de-motivating callers.
- Responsive to user needs and able to adapt style accordingly.

Staff were said to have evidenced these attributes. Out of 46 questionnaire participants who answered, 44 agreed or strongly agreed that the staff member had listened to them, and had been non-judgmental, polite and professional:

'...this is something I'd say generally about all my personal interactions with the Lucy Faithfull and Stop it Now!... it was very professional. They explained very clearly ... what they needed to know, how they would refer things if they needed to refer things. And they also asked...me questions about how I was feeling, what had happened, what my situation was, what I wanted - how I wanted to move forward... the other thing that I would say that - with all my dealings with them I've been treated very much with - respect is probably the wrong word to use but, but I've never felt judged. (User concerned about their behaviour)

³⁰ Stop it Now! UK Helpline Confidentiality Statement: "Our telephone Helpline offers a confidential service for people seeking advice and support. This means that when contacting us you do not have to give any identifying information such as address, telephone number or last name. However, if you do give us identifying information and we are concerned that a child is at risk or a criminal offence has been committed which the police may not be aware of, we will have to pass on that information to the appropriate agencies."

Continuity was also important to participants and achieved by the Helpline either by working with the same member of staff over time, or by the service remaining consistent (with operators modelling similar call handling techniques) throughout the process.

Less positive experiences of call operators indicated the importance of taking an individual approach with callers: there were participants who said they benefited from ‘direct’ and ‘straight talking’ staff, and others who found this approach ‘cold’.

Summary

- Child sexual abuse is an emotive and taboo issue. As such promoting access to the Helpline brings particular challenges. Nevertheless, a diverse range of users have successfully been engaged, with over 31,314 calls taken between 2002 and 2013, across the different user groups. In 2012 – 2013, 48 percent of callers had committed an offence, against 8 percent that were potential abusers. This does highlight the need to explore further how this latter group can be engaged before an offence is committed.
- Different approaches to promoting the Helpline are taken. Recent attempts include routing people attempting to access child abuse images online to the Helpline via ‘splash’ pages. The police are currently the main sources of information about the Helpline, which may also explain the high number of detected offenders using the service.
- Participants identified a range of internal and external barriers to accessing the Helpline. Central to this was a sense of shame, fear of how they would be treated, and concerns regarding confidentiality. The catalyst for making contact was usually described as a period of intense turmoil, following the detection of an offence.
- Feedback regarding the service was overwhelmingly positive from all user groups included in the research. In particular the nature and quality of information, and skills, empathy and attitude of the staff (including their ability to challenge callers) was highlighted as effective.
- The key challenge therefore remains the ability to promote the Helpline effectively to the appropriate audience, ensuring the internal and external barriers they identified can be overcome:
 - Routes to access, such as ‘splash’ pages, implemented before an offence occurs are promising in this regard. However, the message regarding the nature of the service offered has to be effective for successful engagement.
 - It may also be inevitable, given the strategies offenders use to minimise their actions, that detection will be the catalyst for action to address this.
 - Finally, given that demand currently already outstrips call-handling capacity, additional resources are required to meet this need.

6. Effects of the Helpline

The overarching objective of Stop it Now! is to prevent child sexual abuse. This chapter sets out the research evidence on the extent to which this aim is being realised, by describing the effects of the Helpline reported by user groups. Before doing so, the limitations inherent to these findings are described.

6.1 The challenge of identifying the effect on users

Before presenting the impact of the service on users, it is important that the report sets out some methodological challenges to place the results in their appropriate context. The research faced three key challenges in examining the effects of the Helpline.

First, the anonymous nature of the service and the sensitivity of the research topic made it particularly challenging to engage users of the helpline in the study and to fully explore with every participant the ways in which the Helpline had supported them to manage their own behaviour, protect a child at risk, or reduce the risk posed by another person.

Secondly, future research with Helpline users with different characteristics from those who took part in this research would help to improve understanding of the different ways in which a helpline can contribute to protecting children from harm. For example, many of the parents who called concerned about another person's behaviour and engaged in the interviews had a professional grounding in child protection before contacting Stop! about their concerns, and so were already taking actions of which the general public may not be so aware.

Thirdly, attribution of cause and effect is challenging in all research. In analysing questionnaire responses it was not possible to disentangle the effects of the different services provided by Stop! However, findings based on interviews and focus groups differentiate as far as possible between the effects of different components of Stop it Now! Overall, however, attribution is not always clear as people may have multiple forms of information and support alongside the Helpline. Whilst contact with the Helpline may be credited with helping participants recognise child sexual abuse and act to prevent it, these effects cannot be disentangled completely from other contextual factors. There are three sets of factors which should be acknowledged as potentially contributing to or affecting the effects.

- The first set is the cluster of other formal and informal sources of support. For example, those concerned about their own behaviour and who had strong, supportive networks described how the help of family and friends was enabling them to manage the negative emotional and psychological effects of their behaviour and to move on in their lives.
- The second set is of personal factors. These include a user's motivation to desist from abuse or take protective action, their understanding of the form and impact of child sexual abuse, their knowledge of child protection issues and their capacity to variously manage their behaviour, to protect a child at risk or reduce the risk posed by others.

-
- The third set is of external constraints. Positive behavioural changes among those concerned about their own behaviour were also influenced by constraints set by the authorities, as well as being under police investigation and at risk of a custodial sentence.

With these factors in mind, the reported and identified effects of the Helpline are outlined in the sections below, beginning with effects on people concerned about themselves.

Overall, the Helpline and associated Stop it Now! services were seen as having a range of positive impacts including, crucially, effects on the protective factors which are established in the literature as reducing the risk of child sexual abuse. Most questionnaire participants (71 out of 83) either strongly agreed or agreed that Stop! helps to prevent child sex abuse.³¹ Interview and focus group participants were also positive about the role of Stop it Now! in preventing re-offending and protecting children at risk.

6.2 Effects on adults concerned about their own sexual thoughts, feelings and behaviour

The effects on adults who contacted Stop! with concerns about themselves are set out here in the following order, reflecting how participants explained they had experienced the effects³²:

- Improving users' emotional, psychological and physical wellbeing (and thereby enhancing their ability to manage their behaviour).
- Enabling users to recognise their behaviour as problematic.
- Enabling users to recognise that they can address their behaviour.
- Enabling users to manage their behaviour.

Where appropriate, the findings in this section are presented with reference to the risk and protective factors associated with sexual offending (as outlined in Chapter 2). However it is important to acknowledge that the literature these are drawn from focuses on identified abusers, and includes those who have offended against adults. It is also not yet clear the extent to which these risk and protective factors apply to internet offenders, although research in this area is developing (Seto, 2013). Given that the sample consisted mainly of internet offenders, this is an important consideration. Nevertheless we think these factors provide an evidence-based framework through which to assess the potential effect on participants of their interaction with Stop it Now! and thereby to understand how children might be protected from abuse.

Wellbeing

Improving the emotional and psychological state and physical health of child sexual abusers may not appear to be a priority, especially in a time of major resource constraints. However,

³¹ Eleven people neither agreed or disagreed, and one person disagreed.

³² The effects identified are based on interviews and focus groups with detected abusers who had largely committed internet offences and on the questionnaire responses of adults concerned about their own sexual thoughts and behaviours. The question may also have been answered by a very few people who did not identify as concerned about their own thoughts and behaviour.

the evidence base indicates that wellbeing can be associated with desistance and ability to self-manage, thereby contributing to protecting children from sexual abuse.

Participants who had committed a child sexual offence described how the Helpline had made a positive difference to their overall emotional, psychological and physical health – many having been extremely vulnerable when they initially contacted the Helpline.

Callers described feeling acutely distressed, ashamed and isolated and could report having thoughts about self-harm or suicide. Callers also described being in a state of shock and confusion, as well as feeling extremely anxious about their relationship with their partner and children, the implications for their employment and the potential outcomes of any court case. Being arrested by the police had a significant impact on the emotional and psychological health of those being investigated. The poor psychological and emotional state of callers contributed to problems with physical health such as stopping basic self-care (failing to gain adequate rest and to eat healthily, for example).

These findings are congruent with research by Mann et al (2013) which looked at how child sexual offenders lived with their problematic sexual interest, and evidence from the theoretical and risk literature about the self management challenges some actual/potential abusers can experience (Ward & Beech, 2006).

Questionnaire participants were asked about the difference Stop! had made to aspects of their wellbeing. Most who answered the questions said Stop! had made a positive difference:

- Most (28 out of 37 answering) said they felt more in control of their situation because of Stop!, eight neither agreed or disagreed and one strongly disagreed.
- Most (32 out of 36 answering) said Stop! had helped them to cope with a difficult situation, while three neither agreed or disagreed, and one disagreed.
- Most (27 out of 36 answering) reported feeling less isolated since they had used a Stop! service, with six people neither agreeing or disagreeing, and three people disagreeing.

Interview and focus group participants described similar effects of being more in control, less isolated and better able to cope with a difficult situation, including an ability to recognise the more positive facets of their character, and having better understanding and management of emotions. For example, participants who had just been detected by the police reported having originally felt suicidal, and noted that their suicidal thoughts had reduced since using the Helpline. Some thought that they would not be alive without the service:

I was definitely suicidal. I'd lost everything at that time and obviously I, I just, I was in a complete daze, I didn't know what I was doing, I was actually in a hotel for a couple of days before my wife asked me to go to my mother and father-in-law's. To be truthful I got, I don't think if I'd hadn't had someone to talk to initially, I, I don't think I would be here. I think I would definitely have committed suicide. (User who had committed an offence)

Finally, participants reported having less difficulty sleeping and being better able to take care of themselves by eating well and staying physically active:

I've started doing some kind of meditation, which really helps in terms of me managing my stress and my anxiety. ... And things like going to the gym, reading – and keeping myself busy so they've given me some practical advice on how I can manage my own emotions and my own fears. (User who had committed an offence)

The Helpline also provided information on the criminal justice process, enabling some callers to feel better prepared for the criminal investigation, court case and outcomes to follow.

Improved emotional and psychological wellbeing was viewed by those who had been detected by the police for child sexual offences as the first step in addressing their behaviour:

[The Helpline helped] me to calm down. Emotionally I really needed to have somebody who had some experience of this situation and who could impart some of their wisdom onto me sort of thing. And ... to help me reach a point where I could go on to then discover more about myself and my offending behaviour and control that. (User concerned about their behaviour)

Enabling users to recognise their behaviour as problematic

In the Mann et al (2012) study, people talked about how they had no one to discuss their problematic sexual interest with. This led to very low feelings of self efficacy and a lack of hope that they could have an offence free life. As has been noted throughout, social and emotional problems are dynamic risk factors for child sexual offending behaviours (Seto, 2013).

In this research, participants described how the Helpline had enabled them to begin discussing and exploring their sexual thoughts and behaviour for the first time. This included people who had struggled with sexual feelings towards children from a young age. Participants commonly described feeling deeply confused and struggled to comprehend what had led them to access child sexual abuse images or to offend in other ways such as committing sexual assault or voyeurism offences. The Mann et al (2012) study found remarkably similar experiences:

'It wasn't in my character to do that, it was out of character and I was totally ashamed of what I'd done and thought I'd lost everything that I valued in life.' (User concerned about their behaviour)

The Helpline staff enabled these people to begin a period of self-reflection, which empowered them to have a greater knowledge of the origins of their behaviour, as well as personal and environmental factors which placed them at risk of, or protected against future offending. Ward and Beech (2006) present an integrated theory of sexual offending where the 'ecological niche' is a risk factor for offending so these findings support that view.

Participants described other factors in their life that are also well embedded in the literature as being related to the risk of sexual offending. This included an intersection of issues such as difficulties in their intimate relationships (Ward & Siebert, 2002; Middleton et al, 2006; Webster et al, 2012); lacking a supportive network of friends (Ward & Beech, 2006); lack of job satisfaction or involvement in other fulfilling activities (Hanson & Harris, 2001); problematic

substance use (Hanson & Morton-Bourgon, 2005); historical unresolved trauma; and personal crisis (Hanson & Harris, 2001).

Participants described how face-to-face sessions with a practitioner, through the second phase of the Helpline, enabled them to talk even more openly and honestly about their feelings and behaviour and created an environment in which they could begin to explore the behaviour in depth and develop tools and strategies to keep themselves and others safe.

Case Study: understanding the causes of offending

A participant who had accessed child sexual abuse images described how the Helpline and Stop it Now! written resources had given them a better understanding of the factors which had contributed to their offending. The participant had come to see themselves as 'addicted' to viewing sexual images – as a consequence of a number of difficulties in their life, such as not having fulfilling adult sexual relationships. They also described their offending as being maintained by their 'selfish' attitude, failing to recognise the harm caused to victims.

Research on people with a problematic sexual interest shows that offence-supportive beliefs play a key role in facilitating and maintaining sexual abusive activity for contact and online offences (Hanson & Harris, 2001; Ward & Siegert, 2002; Ward & Beech 2005; O'Brien & Webster, 2007; Seto, 2013). For example, there is evidence that those who commit sexually abusive acts may minimise or rationalise their behaviour to reduce feelings of guilt and to enable them to continue with the abuse. The research conducted with Stop it Now! service users concerned about their own behaviour indicates that the helpline actively tackles these beliefs and assists in strengthening attitudes which can inhibit sexually abusive behaviour.

Recognition of significant harm caused by child sexual abuse images

Denial and minimisation of offending is a common characteristic of people who commit sexual offences (Marshall, Anderson & Fernandez, 1999). Reasons for denial include: to maintain self-esteem and a positive self-image; lack of insight; as well as fearing the consequences of accepting responsibility for their behaviour (Lord & Wilmot, 2004). Denial and minimisation of offending has been identified as a risk factor for future offending (Hanson & Harris, 2001). It may also be an obstacle to recovery and to establishing healthy relationships.

Participants who viewed child abuse images, or engaged children in sexual discussions or with sexual intent, could describe how they had not considered this to be illegal or abusive. They rationalised this through the nature of the images (e.g. the child/young person was clothed) or the idea that the young person could (and did) consent. This supports the Internet Behaviour and Attitudes Questionnaire's 'cognitive distortions' factor (O'Brien & Webster, 2007):

I didn't expect to be arrested. I'd always thought that I hadn't accessed indecent images, and so it came as a, very much as a shock to me. I was [hesitates] going to websites ... they were called teen modelling sites. And I was also involved in chats in chatrooms, like MSN chat, and Skype,

where people would send me some images. But I, I'd always thought that as long as the images weren't nude or, or semi-nude, that I was sort of on the right side of the law. But I, I realise now that I, I was completely wrong in that assumption. (User who had committed online offences)

Participants who had committed offences reported that whilst offending they could minimise the harm which their behaviour causes children, asserting that 'looking at pictures is harmless' and is 'different from physically abusing children'. Again O'Brien and Webster (2007) have also reported almost identical minimisations:

I'd convinced myself that, you know, the pictures I, I'd looked at, there was no victim. (User who had committed online offences)

My moral compass had been eroded slowly and surely over, over time. That, you know, went away which is why I was able to sort of justify looking at pictures because my moral compass was completely sort of screwed. (User who had committed online offences)

Participants discussed the role of Helpline operators in challenging denial or minimisation of internet offending. In particular this had helped them to recognise their behaviour had been abusive and to begin the difficult process of facing up to the impact of offences such as the creation, use and distribution of child sexual abuse images on victims/survivors.

Participants identified this as one of the most challenging experiences of using the Helpline. It was likened by one participant to a 'bucket of cold water' which had made them see the reality of the situation:

There isn't a day goes by that I do not think about what I've done and the devastation I've caused, to loved ones especially. That was really, really, knocked home to me about how much devastation I'd caused. Um, but Lucy Faithfull ... were there not to judge you. They're there to help you. They're there to support you, um, and get you in the right frame of mind, give you the strategies to make sure that you don't do it again. (User who had committed an offence)

Similar effects were also described by questionnaire participants worried about their own feelings or behaviour. Of the 32 participants who answered the question, 21 agreed they were more aware of the negative effect of their behaviour since using Stop!

Among those who had engaged with the Helpline over a period, the effects described included greater capacity to manage their sexual thoughts and behaviour, and actual behaviour change.

Enabling users to recognise that they can address their behaviour

People who have committed a sexual offence may not believe it is possible to manage their behaviour. They may resign themselves to a vicious cycle of desistance and relapse. This is referred to as a 'doomed to deviance script' by Dean et al (2009), and recently reported by Mann et al (2012). Interview participants described the Helpline staff as having enabled them to understand that sexual abuse is avoidable rather than inevitable, and a new, more fulfilling life was obtainable. The realisation that '*life didn't have to be this way*' could be a significant and emotional turning point and it may be inferred it can be the first step towards recovery.

Case Study: Realisation that behaviour change is possible

A user who had committed an online offence contacted the Helpline 'for answers' about their behaviour. The information and support from the operator and the resources recommended by the Helpline gave them a better understanding of what had led them to offend and helped them to recognise the 'seriousness' of what they had been doing. The operator also supported the participant to realise that they were responsible for the behaviour and could desist from offending. The participant said that prior to this they had been fixated on their past behaviour and had not considered this was something they could manage. The participant planned to use the Helpline for emotional support and help to manage their behaviour in the longer term.

Participants said using the Helpline had enabled them to recognise they were not defined by their behaviour and to see themselves as someone with positive qualities they could work on, as well as deficits. This helped participants to experience fewer negative emotions and develop better self-esteem. These findings are critically important for a child protection agency. The service seems to be raising awareness and developing protective factors for some users (De Vries Robbe et al, 2013), and giving people hope that they are not 'doomed to deviance'.

Where I, where I've hit a really dark day and I have had, I have had suicidal thoughts. So, you know, I've driven off to a, a reservoir and sat on the reservoir wall, sitting there thinking that - and then I think about Lucy Faithfull. There is, there, there is someone to talk to, to say, 'Right, you know? There are steps you need to do to address these demons to - you know? You need to look after yourself.' (User who had committed an offence)

Given social and media narratives of child abusers as 'monsters', participants also found it helpful to learn that people who commit child sexual abuse may not conform to these stereotypes. The knowledge gained through the Helpline led those concerned about their own behaviour to recognise the importance of making positive changes in their lives, which could help them to manage their sexual thoughts or behaviour longer term. This is supported by the De Vries Robbe and colleagues (2013) conceptualisation of protective factors and shows the contribution the helpline is making to frontline child protection:

As a result of talking honestly about what led to my offending I am able to understand and control the emotions I was experiencing. That will allow me to avoid offending in the future. (User concerned about their behaviour)

It has made me refocus ... it's made me [sighs] look at what I've done and what I was doing, and how in the future I can look after, make sure I'm safe and everybody else around me is safe. (User concerned about their behaviour)

Participants also described how the more detailed, targeted sessions with practitioners offered to some through the second phase of the Helpline had helped improve their general wellbeing and continued to lead them to have a greater understanding of their own behaviour and the personal and environmental factors which put them at risk of (re)offending.

The pathway to desistance is often not a linear event, but more of a process. As such, people can take steps backwards and forwards as they attempt to lead a better life (Maruna, 1999). Supporting this, the Helpline increased some callers' motivation to desist from offending. One participant described how the call operator had helped them to recognise why they should take up the opportunity to address the behaviour and not to 'throw away' everything they had worked towards in their life:

By offering me the reassurance that there is a way out it's made me more positive to change my behaviour and to work within the mechanisms that are around. It might be that whatever the police do I'll accept that and work with it but I need my own self-worth, I need to change my behaviour and sort out my underlying issue. And Lucy Faithfull provided the starting block for that. (User who had committed online offences)

Callers who were already highly motivated to desist described how the Helpline had helped them to maintain a focus on addressing their behaviour and rebuilding their lives.

Enabling users to manage their behaviour

The Helpline offers a confidential space for people with a sexual interest in children to explore how to identify and manage these problematic sexual feelings or behaviour. This section sets out what the research identified about the role of the Helpline in strengthening potential or actual abusers' capacity to manage their own sexual thoughts and behaviour.

Empowering people with a problematic sexual interest to self-manage is a key prevention aim of Stop it Now! It is clear that helping adults who pose a risk to regulate and manage their behaviour has enormous benefits for society, as these are well established risk and protective factors (Hanson & Harris, 2001; Hanson & Morton-Bourgon, 2005; De Vries Robbe et al, 2013).

The Helpline provides advice to potential or actual abusers about actions to take to manage this behaviour. For example, participants who had committed internet offences such as accessing child sexual abuse images had talked with the Helpline about avoiding the internet in the short-term, while others were working with the operator to use the internet more responsibly. This supports the idea of approach goals in the setting of effective and enduring relapse prevention plans (Mann, Webster, Schofield & Marshall, 2004).

Measures that participants reported having discussed included installing the Securus computer monitoring software, which detects and records inappropriate words or images and notifies the software administrator, LFF. Advice given to those who had committed contact or voyeurism offences included to take up the opportunity to have a telephone 'call back' or face-to-face meeting with an LFF practitioner as well as encouragement to engage with other agencies such as the probation service. These services could in turn help to protect children by helping adults to manage their own behaviour. Some participants who took up the call back or face-to-face sessions described how the practitioner had influenced positive changes in their behaviour which helped them feel more in control:

I'm not saying I'm ever going to be cured, but the strategies are in place to stop me reoffending now. (User concerned about their behaviour)

Low self-efficacy is a challenge for some people with a sexual interest in children (Webster et al, 2007) and so empowering people with the tools to manage risk and solve problems is an important protective factor (De Vries Robbe et al, 2013). Participants described feeling better informed about how to keep safe which led them to feel in greater control of their behaviour. In other cases, the Helpline operator provided reassurance to participants that the strategies they were already implementing were sensible and appropriate and offered guidance on how they could improve what they were already doing. The reassurance provided by the Helpline enabled these participants to feel more confident they were doing the 'right things'; to have greater awareness of the most effective strategies; and increased motivation to take steps to keep themselves, and crucially others, safe:

If I said this is what I'm thinking about...they, they were able to say, 'Yeah, you know, that's, that's actually quite a good idea.... I can see you actually building on that and taking a look at it and doing this and this and this with it.' And that kind of gives me...a bit more diversity on how I can approach things, but also it gives...a bit more motivation and encouragement as you start to get enthusiastic about it, because you can go back and rework things and improve on it to make it more efficient, more effective. (User who had committed an offence)

A sexual interest in young people is a risk factor in the emerging literature on dynamic risk in online child sexual abuse (Elliot & Beech, 2009; Seto, 2013). It is a well established risk factor in the contact or offline literature (Hanson & Morton-Bourgon, 2005). Guiding people on how to manage their problematic sexual behaviour is a core component of the Helpline's advice and may in turn protect children from harm as well as enabling potential/actual abusers to live fulfilling and productive lives.

Of the 32 people concerned about themselves who answered this part of the questionnaire, 23 reported 'they felt more able to manage their sexual thoughts' and 20 felt 'more able to manage their sexual behaviour' since using Stop! The section below describes the role the Helpline played in strengthening the capacity of those who pose a sexual threat to children to manage their own sexual thoughts and behaviour.

Participants also reported having a greater knowledge and awareness of their emotions and were better able to manage difficult emotions, such as frustration, anger and anxiety, when they had arisen. Poor emotional control and emotional dysregulation is an established risk factor in the sexual offending literature for contact offences (Wakeling, 2007) and internet offences (Middleton et al, 2006; Middleton, 2009) so this is a very informative finding.

Facilitating positive behaviour change is a core objective for the Stop it Now! Helpline. Here the report sets out data on ways in which interview participants identified the Helpline as having assisted in making positive behaviour changes. The type of behaviour change that interview participants described are summarised below. Not all participants reported concrete examples but for those who did it was felt to be a very important aspect in supporting their desistance.

These participants described how the Helpline influenced positive behaviour changes through reducing their opportunity to offend and strengthening protective factors in their lives. Again,

it should be acknowledged that a range of external factors such as individual motivation; constraints imposed by the authorities; and the risk of criminal conviction were also influences on their behaviour.

Reducing opportunity to offend

As noted in the Introduction, the context or environment in which online offending takes place can be an important issue in maintaining online offending behaviour (Webster et al, 2012). This can be due to feelings of anonymity (Suler, 2004) leading to a sense that risk is reduced and/or the online behaviours becoming normalised. Importantly 25 out of 32 questionnaire participants who answered the question said they had changed their behaviour online because of the help received from Stop! Interview participants described a range of strategies which they had implemented including: avoiding the internet in the short-term; keeping the computer in a public room in the family home; and, installing the computer monitoring software provided by the Lucy Faithfull Foundation. Other measures which participants who had committed grooming offences said they had independently implemented included deleting social media profiles as well as deleting online contacts.

Case study: Referral to other resources and services

A participant contacted the Helpline after being arrested for sexual offences. The offences had taken place over a number of years. The participant described having tried unsuccessfully to desist on a number of occasions before the arrest. The participant was advised by the Helpline to access resources about the basis of child sexual abuse to help them understand why they had offended and re-offended. They were also advised to access health services for support around their mental health difficulties as well as other services provided by LFF. This led the participant to visit their GP, to take up psychiatric services available to them and to begin the process of accessing other LFF services.

Another participant contacted the Helpline after being arrested for accessing child sexual abuse images. The offences occurred over a period of around five years and were interspersed with periods of desistance. The participant explained that they had mental health needs and reported that specialist mental health services had been unwilling to work with them while the police investigation was ongoing, which frustrated them. The Helpline put the participant through to sessions with an LFF practitioner and to attend the Inform Plus course.

It can be inferred from these data that the Helpline contributes to protecting children from harm by signposting and referring callers to other resources and services which can meet their needs and tackle risk and strengthen protective factors.

Strengthening other protective factors

As noted in the introduction chapter, the risk assessment literature has moved from a focus on what causes risk (Hanson & Harris, 2001), to a more positive narrative about what services can do to strengthen protective factors (De Vries Robbe et al, 2013). Some of the effects already

explored in this chapter are considered protective factors, such as strategies to support goal orientated desistance. However, there are other day-to-day routines and relationships that also act as protective factors, explored below.

Social networks

Being part of a supportive social network is a recognized protective factor against the risk of recidivism among sex offenders (McCartan *et al*, 2014). Positive social networks and relationships can also help build resilience so that people with a sexual interest in children or harmful sexual behaviour may be better able to identify and manage this behaviour. Conversely social isolation can be a risk factor, increasing the risk of someone abusing (both offline and online). Some participants who took part in in-depth interviews described having a limited social group at the time of committing internet offences. For others, social isolation was a consequence of their behaviour being detected. Some participants described cutting themselves off from their peers and loved ones because of the shame they felt about their behaviour and others participants were required to do so by social services due to the risk they posed to family members.

Participants who were or had become socially isolated reported being helped by Stop! staff in a number of ways: they were reminded of the value of being part of a supportive network; helped to identify a friend or family member to whom they could turn; encouraged to disclose their situation to someone else; and were better prepared for this difficult conversation and therefore able to do so in a way likely to minimize the damage to their personal relationships such disclosure could create:

'I talked through with [the Helpline] about explaining to people that I love and that know me and they've given me some very much - again some practical information... that's meant that I've felt confident and when I'm ready I can tell people about what's happening. It's helped me a lot with my relationships but also just knowing that, if things are really bad, I can contact the helpline if want to.' (User concerned about their behaviour)

Intimate relationships

Having an appropriate emotionally and/or physically intimate personal relationship can be considered an element of a fulfilling life, and as such is a recognized protective factor, lowering the risk of sexual offenders' recidivism (Ward & Siegert, 2002; Ward & Beech, 2006; de Vries Robbe *et al*, 2013). However, such relationships were understandably put under strain when a partner was detected as posing a risk to children (such as viewing sexual abuse images).

In some cases, participants reported that the advice and guidance provided by Helpline staff had enabled such relationships to be maintained. Some participants also described how they were developing a more fulfilling relationship with their partner following Helpline advice.

Meaningful activity

Interview participants described how the Helpline had enabled them to strengthen aspects of their lives which could help protect against future offending. For example, the Helpline staff

encouraged participants to remain in employment following the arrest by helping them to recognise the value of spending their time productively as well as by providing practical advice on what to say to employers and co-workers about their arrest. Some participants were initially reluctant to act on the call operator's advice as they found it difficult to focus on anything other than their situation or were worried about how they would cope with the shame and stigma. However, these participants described the positive psychological and financial effects of remaining in employment as a secondary outcome of their contact with the Helpline:

"both the police and Lucy Faithfull said, 'Carry on with your work', which was very hard for my first ten days. Being self-employed, I actually found it - I almost fired myself as a business. I found it very hard to see someone. But everyone was like, 'You, you have to keep working; work will help distract you from your issues and, and give you a focus'. And [the Helpline operators] encouraged me to find other interests because when I look back at my life, I would work and then spend time on the internet and have no other interests." (User who offended online)

The Helpline also advised those concerned about their own behaviour about additional productive ways to spend their time. Of the 32 questionnaire participants who answered the questions, 23 said they had tried to engage in a positive non-sexual activity following advice from the staff. Interview participants who had committed internet offences similarly described increasing the amount of time spent on day-to-day tasks such as housework and pursuing hobbies such as reading, playing or watching sport and socialising with friends. While some participants had existing interests they could develop, other participants described taking up new, positive pursuits to replace time previously spent on the internet. This supports Mann et al (2004) showing the value of approach goals in relapse prevention plans.

Case study: Engaging in productive activities

A participant who had accessed child sexual abuse images and engaged in sexual discussions with young people online contacted the Helpline after being arrested by the police. At the time of their offending, the participant said that they spent all their time at work or on the internet and spent little time with family or friends or pursuing other interests.

The Helpline encouraged them to remain in employment as well as to spend their free time productively, and supported them to do so. The Helpline's advice and support had prompted them to take days out more often and to spend time watching sports and socialising with acquaintances. The participant viewed these activities as proving a helpful distraction from reflecting on their 'issues' and provided them with something more positive to focus on.

Participants who had not implemented some protective actions agreed with the Helpline attributed this to two factors. First, being constrained from acting by impositions from authorities, such as police restrictions on internet access negating the opportunity to conduct themselves appropriately online. Second, not feeling the need to act because the threat of criminal conviction and custodial sentence had already constrained their behaviour. Other

participants saw value in the actions advised by the Helpline, but at the point of their interview they did not feel that they were in a position to implement the advice. These participants were hopeful this would change as they continued to focus on their recovery. In addition, one participant reported having committed a further sexual offence since using the Helpline. The participant took full responsibility for the offence, which was known to the authorities and Stop it Now! They said they found it beneficial to continue using the Helpline and the operator has helped them to recognise the importance of seeking immediate help if they feel at risk of reoffending.

Case study: Reasons protective measures were not implemented

A user who had accessed child sexual abuse images discussed receiving information advice and support from the Helpline around why they had committed the offences and how to develop more fulfilling intimate relationships in the future, in order to prevent them from reoffending. The Helpline operator provided advice on strategies for limiting opportunities to offend such as moving their personal computer to a public space in the family home and installing the Securus computer monitoring software provided by LFF. The participant said they had decided not to follow the advice because they believed there were adequate protective measures in the threat of a custodial sentence, and the fact they were accessing sexual offender treatment.

What can be learned from these findings? Positive effects in these areas help to promote desistance, set the groundwork for enabling individuals to recognise, address and manage their sexual behaviour and ultimately reduce their risk of re-offending, and protect children from harm (De Vries Robbe et al, 2013).

6.3 Effect on other adults of accessing the Helpline

This section describes the reported effects of the Helpline on other adults using the service in a personal rather than professional capacity: people who had contacted it concerned about their partner/another adult, concerned about a child with sexually harmful behaviour, or concerned for a child. These groups can play a significant role in protecting children from harm and supporting other people in managing their behaviour, and so the research investigated whether and how the Helpline assisted them in these roles.

Participants from these groups described three sets of effects from the Helpline, which were similar to those experienced by people concerned about themselves. As in the previous section, they are discussed in the order in which they impacted on users:

- Enabling users to recognise the issues
- Enabling users to respond to the issues
- Improving users' wellbeing

Recognise the issues

Increasing awareness of how child sexual abuse occurs is vitally important to prevention. As with people concerned about themselves, these users reported feeling better informed about sexual offending and sexually harmful behaviour, the causes of child sexual abuse, the process of internet offending and the risk and protective factors relating to sexual offending. They also reported how the Helpline prioritised the need for child protection, whatever the situation:

I think it, it helps to achieve and I think certainly the Helpline will, when they're speaking to mums and people who are caring for children, because it's made very, very plain that, you know, children are at the centre of everything, you know? Someone like me can ring and say, 'Oh, my husband's suicidal, this, that and the other' and it's really quite irrelevant; it's, it's about the child. And it's about, you know, any potential children who may be victims and that's drummed home every time you ring. Obviously again I don't want to kind of say, oh well, I didn't need to know that because of my position. But what I'll say is lots of people need reminding of that. Lots of people do put partners first. Lots of people are willing to conceal and hide information and I think this charity really, really drives that home every time you ring. (Partner of an online offender)

People who had contacted Stop! concerned about a partner also described how they had been helped to recognise that they were not responsible for the abuse, and to be less critical of themselves for not having detected the abuse. Similar positive effects were also described by those concerned about a young person with sexually harmful behaviour. In particular, these participants said they felt more confident around their decision to disclose abuse to the authorities and could better accept they were not responsible for the repercussions.

Respond to the issues

Capacity to respond

The study identified impacts on people's ability to respond appropriately to the issues. Most interview participants in this group reported having good knowledge of protective actions even before contacting Stop it Now!³³ Despite this, they lacked confidence in their ability to protect a child at risk. For example, partners of internet abusers reported initially perceiving themselves as 'poor parents' for failing to detect that abuse had been occurring or because social services had been critical of their response:

I had no idea what my husband was up to at all but I think people don't really believe that and I think as a professional, I've often had that stance as well. I've thought there's no way she couldn't have known he was doing this, no way she couldn't have known he was doing that. But by god, I totally - I'm in the position, or was in the position, where I didn't have a clue and I felt like a bad parent. (Partner of an online offender)

³³ Most of the interview participants in this group reported having received child protection training within a role in teaching, social care and related settings. Stop it Now! monitoring data and the case file analysis conducted at the scoping stage indicate that the overall profile of users in this group is notably broader.

Helpline staff reassured participants that the actions they were taking or planned to take were sensible and appropriate, even when these had had a negative effect on the person who had committed the offence. Participants described how the Helpline's support and reassurance led them to feel more confident in their parenting skills and ability to protect, and thereby helped to strengthen the protective measures around children:

I was given a lot of reassurance about my kind of parenting and my involvement with it all and it made me feel 100 per cent better just in that one phone call. (Partner of an online offender)

Strategies to respond

Users described how the Helpline had assisted them in taking specific steps to protect a child and to strengthen prevention measures around those who pose a risk. Participants described being better informed about the child protection system, the role of agencies such as social services and school safeguarding systems, and how to engage with them. Some participants who used the second phase of the Helpline described feeling even better informed about how to protect children and more confident in their ability to do this. Participants reported having acted on the practitioner's advice and described how it had helped to protect children at risk.

Steps focused on a child who may be at risk included speaking to the child about appropriate and inappropriate touching, making other family members aware of the concern around the adult, and gaining these family members' support to implement protective measures such as avoiding unsupervised contact between children and the adult in question. Participants also described planning to disclose their concerns to the authorities on the advice of Helpline staff.

Case Study: Protecting a child at risk

A parent who was concerned their child may be at risk from an adult relative described having visited the Parents Protect website to gain information and advice on how to manage the risk. The parent then called the Helpline for personalised advice and to discuss their concerns. The Helpline provided both emotional and practical support to the parent. It helped them to manage their anxiety and stress as well as helping them to feel confident that the protective measures they planned to implement were appropriate. After the Helpline call, the parent took a number of measures to protect the child and reduce the risk posed by the adult. Measures included discussing concerns and protective strategies with family members and setting boundaries on the concerning adult's contact with children.

Steps focused on those who may pose a risk included: speaking to them about the behaviour, and strategies to reduce opportunities to offend such as preventing unsupervised contact with children. In some cases, these strategies involved other family members and people outside the family, such as school safeguarding and managerial staff. In relation to talking to the person themselves, participants described how helpful it was to have been advised by Helpline staff on what to say and how to support them to manage their own behaviour.

Case Study: Strengthening measures around adults with concerning feelings or behaviour

A caller spoke to another adult about their online sexual behaviour following the advice of the Helpline. The caller then reported that this had prompted the adult to seek professional support to address their risky behaviour and to impose restrictions on their online activity.

Wellbeing

Positive impacts on users' wellbeing are clearly beneficial in themselves, especially where they have experienced significant negative repercussions of an abuser's behaviour. However, there is also a potential dividend in terms of reinforcing their ability to prevent abuse.

Of the questionnaire participants in this group who answered the question, over half (10 out of 17) agreed or strongly agreed that they felt more in control of their situation because of Stop! Similarly, most participants (12 out of 18) reported feeling more able to cope with a difficult situation as well as feeling less isolated. Interview and focus group participants described similar effects from using the Helpline and the second phase of practitioner call-backs:

For me, the, the difference it made to me was in a time absolute desperation, no-one to talk to, not knowing who you can trust, who you can talk to - and my husband as well - it was a life saver. (Partner of an internet abuser)

People who were directly associated with an abuser described how the Helpline assisted in coming to terms with the complex and profound implications of their behaviour for the family, as well as receiving support to try to maintain the relationship, where appropriate.

It's such, it's such a frightening experience to be involved in or associated with. And I think, you know, the consequences for the people who are married or involved with the person that's committed...The crime, it leaves you, it's, it's such a shocking thing; it leaves you shell-shocked, in my opinion. (Partner of a person who offended online)

Partners and family members of an abuser also described how the Helpline assisted them in re-engaging with their support networks after 'cutting themselves off' due to feeling ashamed.

6.4 Effect on professionals of accessing the Helpline

Professionals working in a range of fields can play an important role in preventing child sexual abuse by supporting adults to manage their own behaviour or by strengthening protective measures around children who may be at risk. Professionals who completed the questionnaire were asked about how Stop! had helped them in their work. 19 out of 23 professionals agreed or strongly agreed that the information provided by Stop! had helped them in their work – for themselves directly and by providing sound information, advice and guidance to those seeking to operate similar prevention services in other contexts.

Professionals were also asked how Stop! had helped them in specific aspects of their work:

Identifying and protecting a child at risk of sexual abuse

Ten of the 23 professionals who answered the question felt more confident identifying children who may be at risk of sexual abuse (nine neither agreed or disagreed, and it did not apply to four participants). Professionals could also report being better able to protect a child at risk through using Stop! resources.

Identifying young people who pose a risk

14 of the 23 professionals who answered the question felt more confident identifying children who were at risk of committing child sexual abuse (six neither agreed or disagreed, two disagreed and it did not apply to one participant).

Supporting families of young people who pose a risk

Professionals could also report feeling better able to support the families of young people with sexually harmful behaviour. For example, a participant who passed on an information booklet produced by Stop! to the parents of a young person with sexually harmful behaviour said the family had found it informative as well as supporting them to 'come to terms' with the behaviour.

Managing risk from adults

12 of the 23 professionals who answered the question felt more confident managing risky behaviours in the people they worked with (eight neither agreed nor disagreed, one disagreed and it did not apply to two participants). This was attributed to two aspects of Stop! Professionals said the Helpline made them better informed about how to support adults who pose a sexual risk to children to manage their behaviour as well as more confident in their professional competency. Professionals working with abusers also reported using Stop! resources when conducting risk assessments or when delivering intervention work to address sexually harmful behaviour.

6.5 Indirect effects of the Helpline as a gateway to other services

In addition to the direct effects of the Helpline, the users who participated in this research reported it operating as a gateway to other forms of support. Some of the additional services were provided by Stop! or by the Lucy Faithfull Foundation (LFF) more broadly. Others were provided by specialist or mainstream agencies. This section sets out indirect effects identified by users concerned about themselves; and users concerned about others.

Users concerned about themselves

LFF services: Helpline users who had been arrested for accessing online child abuse images could be offered a space on the Inform Plus psycho-educational course of 10 group-based sessions, delivered by LFF. Participants who had attended it were overwhelmingly positive about the difference it had made to them. The face-to-face and group-based nature of the course was deemed a particularly successful means by which to engage and communicate key messages. Participants described sessions on the effects on child victims/ survivors as

extremely hard hitting and effective in tackling the idea of this behaviour as ‘victimless’. The course was also felt to provide strategies to manage their sexual behaviour in the longer-term. These findings indicate that access to face-to-face psycho-educational support such as this may be particularly helpful for some people in addressing their offending behaviour.

Other services: the Helpline also appeared to operate as an implicit and explicit gateway, triggering people to access other services such as GPs of their own accord or at the advice of Stop! The Helpline was identified as a catalyst for taking action to manage other problems, which may have contributed to or been compounded by the perpetration of child sexual abuse. These other issues are described as ‘contextual antecedents’ by Ward and Beech (2006) and addressing them may serve to reinforce protective factors.

Interview participants reported feeling better informed about other services which could assist with associated problems and just over half (23 out of the 40) of the questionnaire participants said Stop! had made them more aware of sources of help available. The cluster of issues identified included mental and physical health difficulties and forms of addiction. Enabling factors that promoted engagement with these services included callers trusting the advice provided by the Helpline, and call handlers providing encouragement to do so.

However, practical barriers also existed, for example some services would not work with people under investigation for offending. Lack of appropriate services in some parts of the country could also be an issue and participants could find it difficult to meet the costs of services which charged a fee such as private counselling services. Finally, some participants reported being concerned that other services, such as GPs, would not maintain confidentiality.

Users concerned about others

LFF services: Relatives of people arrested for having committed internet offences can be offered a place on the Inform programme of group-based sessions. Participants who had attended the course described it as having positive effects across a range of areas. These included descriptions of the course as having ‘saved their sanity’ and making them feel less isolated, as well as providing them with greater knowledge of child sexual abuse, understanding of the pathway into internet offending and of how it can be prevented from reoccurring. Participants described the course as helping them to ‘face up’ to what had happened, as well as having a less condemning attitude to the abuser. Partners who had made the decision to try to rebuild a relationship with the abuser said the course helped them to feel confident in their decision (e.g. confident that it was not increasing the risk posed to children) and strengthened their motivation to succeed – reinforcing this important protective factor.

Effects of the course were attributed to a number of factors. Participants described how beneficial it had been to meet others in a similar position and find them feeling and thinking the same things. The course also created a safe space to talk openly and honestly about the offending and things they were afraid to say to friends and family. Those attending the course also appreciated the emotional support provided within the group and by practitioners. Finally, participants highlighted sessions on the behaviour of internet offending as especially helpful and the materials for these sessions particularly informative.

Other services: The relatives of internet offenders noted how helpful they found it to be given information about sources of support for sexual offenders as well as for themselves. In contrast, some relatives felt they had been inappropriately judged by other agencies when they had asked for this information:

I was desperate; I had absolutely nobody to talk to about it. The police came down really hard on me, although it had nothing to do with me. They were kind of like, you know, making me out to, to feel really, really guilty as well. And every time I tried to ask for support for my husband from the police, that was then fed back to Social Services, who then came back to me said, 'Why are you defending him?' And I wasn't; I ultimately didn't want my little girl's dad to commit suicide. I needed to get some help for him. (Partner of a person who had offended online)

Of the 17 questionnaire participants who were concerned about another person or for a child, 12 said that Stop! had told them about another organisation. Similarly, most who answered the question (15 out of 18) agreed or strongly agreed that Stop! made them more aware of the sources of help available to them.

Summary

- The research found that across the user groups included in the study the same effects could be identified, which aligned closely with the aims of Stop it Now!
- These effects were the enhanced ability to:
 - Recognise behaviour as risky or problematic (for example, acknowledging viewing child abuse images is an offence and harmful).
 - Understand that this behaviour is dynamic; it can change and be addressed (for example, gaining better understanding of triggers for viewing child abuse images).
 - Implement techniques and advice on how to change this behaviour (for example, how to avoid the triggers, such as reducing time spent online, and engaging in non-sexual hobbies).
- In addition, for users concerned about their own or other people's behaviour, their sense of wellbeing and personal resilience was reported to have improved following contact with the Helpline. This effect supported their ability to be able to recognise and address problematic behaviour and with it, assist them to prevent the sexual abuse of children in the future.
- Taken collectively it has been theorised in this research that these effects also align with the strengthening of recognised protective factors which may aid desistance from child sexual abuse.

7 Conclusions and recommendations

Stop it Now! UK and Ireland aims to prevent child sexual abuse by improving adults' ability to protect children.³⁴ The research was conducted to assess whether and how its Helpline contributes to meeting this fundamental aim. This report forms part of the wider set of outputs which in combination illuminate how the public health model of helpline provision, exemplified by Stop it Now! UK and Stop it Now! NL, can contribute to tackling child sexual abuse.³⁵

Although the Helpline is open to anyone and has six target groups, the research focused on the Helpline's engagement with, and impacts on, three sets of users: those concerned about their own sexual thoughts, feelings and behaviour towards children; those concerned about others (about adults/children who may pose a risk or a child who may be at risk); and professionals.

This concluding chapter reflects on what the research found about these groups' access to and use of the Helpline, and its impacts on them and specifically on their ability to protect children from sexual abuse. It then outlines what these findings indicate about how Stop it Now! could reinforce and extend their contribution to preventing child sexual abuse. The chapter sets out a number of recommendations which emanate from the research, and which have relevance to Stop it Now! and beyond.

7.1 Current contribution to preventing child sexual abuse

Stop it Now! UK and Ireland aims to prevent child sexual abuse through three areas of activity:

- Raising adults' awareness of child sexual abuse;
- Encouraging adults worried about their own behaviour or the behaviour of others to seek help;
- Helping adults to challenge or change behaviour.

The intended outcomes of Stop it Now! are threefold:

- Behaviour which might present a risk of sexual harm to children and young people is identified;
- Adults seek help to change or challenge behaviour which might present a risk of sexual harm to children and young people;
- Adults challenge or change behaviour which might present a risk of sexual harm to children and young people. This may include adults managing their own behaviour as well as adults strengthening measures around children who may be at risk of sexual harm or around adults who pose a risk of sexual harm to children or young people.

³⁴ This includes protecting children from contact and non-contact sexual offences as well as internet-enabled offences, including the viewing of child abuse images, even where the image may be self-posted.

³⁵ The full set of outputs can be accessed here: <http://www.stopitnow-evaluation.co.uk/>

The research found evidence of the Helpline delivering effectively against each of the Stop it Now! aims and outcomes. We have posited that the effects user's experience can be further understood as supporting protective factors that promote desistance. The qualitative nature of the study did not seek to assess the extent of delivery but rather to examine how it facilitates adults' ability to seek help if they are worried about their own or other people's behaviour, and how it assists adults to challenge or change behaviour. It should also be acknowledged that a range of external factors could have been influencing the outlined effects, including personal, environmental and societal factors.

Enabling adults to seek help

The study identified a number of factors inhibiting people's ability to seek help: both external and internal barriers. External barriers included:

- low awareness of the provision;
- confusion over what it offered;
- resource-related constraints (e.g. opening hours).

Internal barriers included:

- abusers' shame about their offending;
- abusers' anxiety over being detected (before arrest) or seen as minimising their behaviour (after arrest);
- both for users concerned about themselves and for those concerned about others, an expectation that they could be judged by staff – whether for offending, for failing to identify abuse or for seeking to sustain a relationship with someone who had abused.

Despite these obstacles, the Helpline was viewed by study participants as playing a key role in enabling adults to seek help and advice when concerned about their own or others' behaviour, about a child who may be at risk, or in relation to their own work or to support colleagues.

Participants' pathways to the Helpline highlighted the impact of recent efforts to inform police about the service, the role of other agencies in signposting people to the service and the importance of the Stop it Now! and Parents Protect websites in directing people to it.

Before they engaged with the Helpline, participants concerned for themselves or others were unsure where else they could turn, or found that other prospective sources of information and support did not meet their needs. Professionals also saw the Helpline as providing forms of specialist assistance which could be in short supply elsewhere.

Key impact: Child sexual abuse is an emotive issue. The Helpline assists callers to overcome internal barriers to seeking help around their own or another's problematic behaviour.

Enabling adults to challenge or change behaviour

Once engaged with the Helpline, participants described a range of positive impacts including many which related directly to the aim of enabling users to challenge or change behaviour. The impacts affected users’:

- Ability to recognise behaviours as problematic (whether their own or other people’s).
- Understanding that they could act to prevent sexual abuse (again in relation to themselves or other people).
- Knowledge of how to act to manage their own behaviour or protect children from risk.

Research participants from each user group were positive about the role of Stop it Now! in preventing re-offending and protecting children. The specific ways that people identified Stop it Now! as contributing to the prevention of child sexual abuse are summarised below:

Adults concerned about their own behaviour

The Helpline contributed directly to preventing re-offending in four ways:

- Increasing abusers’ awareness that their behaviour was harmful.
- Catalysing and sustaining abusers’ capacity to manage their own behaviour.
- Guiding and supporting them in specific strategies to reduce risk.
- Promoting protective factors such as greater emotional and psychological wellbeing, close adult relationships and constructive activities.

The Helpline was also identified as acting as a gateway to other services such as the LFF’s Inform Plus programme, as well as prompting users to seek support for other issues which may have been associated with their risk of child sexual abuse.

Other adults who can play a role in protecting children

In addition, the Helpline protects children through its engagement with other adults. Specifically those concerned about another person, concerned a child was at risk, or people operating in a professional capacity. The Helpline:

- Increased other adults’ recognition and understanding of child sexual abuse.
- Enhanced people’s ability to keep children safe by being informed of clear strategies to manage and reduce the risk of sexually harmful behaviours.
- Assisted professionals in their own work and in supporting colleagues to prevent child sexual abuse.

Strengthening protective factors

The Helpline’s provision of support, advice, guidance and information is theorised in this research as activity that may enhance recognised protective factors for its users (De Vries Robbe, Mann, Maruna & Thornton, 2013). These factors, whilst not yet tested extensively due to their relative infancy in the sexual offending literature, are associated with desistance in the broader criminological evidence base. Both prior to offending and following it, participants described how such protective factors had become eroded. The Helpline supported users to become more aware of the importance of these factors in reducing their risk, and provided practical advice on how to sustain and reinforce these factors (as explored in Chapter 4). Examples of this are summarised below in Table 7.1:

Table 7.1 The Helpline’s contribution to evidenced protective factors

Evidenced protective factors	Impacts of Helpline on people concerned about their sexual thoughts or behaviour	How Helpline contributed to impacts
<ul style="list-style-type: none"> - Healthy sexual interests 	<ul style="list-style-type: none"> - Enabling users to recognise the significant harm caused by child sexual abuse - Enabling abusers to manage their behaviour 	<ul style="list-style-type: none"> - Challenging beliefs that can contribute to sexual offending - Guiding and supporting users in specific strategies to reduce risk such as putting restrictions on internet use or finding healthy replacement activities to masturbation - Directing users to relevant resources on internet offending
<ul style="list-style-type: none"> - Capacity for emotional intimacy and satisfying relationships with other adults 	<ul style="list-style-type: none"> - Strengthening relationships between abusers and non-abusing partners 	<ul style="list-style-type: none"> - Advising users on the importance of close relationships and of how to tell their partner about their offending - Suggesting partners contact the Helpline for support
<ul style="list-style-type: none"> - Constructive social and professional support network 	<ul style="list-style-type: none"> - Reducing the risk of social isolation 	<ul style="list-style-type: none"> - Helping identify one or two key people to turn to for support - Advising on when and how to disclose offending to others
<ul style="list-style-type: none"> - Engagement in constructive and rewarding employment or other activities 	<ul style="list-style-type: none"> - Increasing engagement in productive and fulfilling activities 	<ul style="list-style-type: none"> - Advising users to remain in employment - Advising users to increase time spent on activities such as reading; playing or watching sport; socialising with friends.
<ul style="list-style-type: none"> - Hopeful, optimistic, and motivated attitude to desistance 	<ul style="list-style-type: none"> - Improving emotional and psychological wellbeing - Enabling users to recognise that behaviour can be addressed - Strengthening motivation to desist 	<ul style="list-style-type: none"> - Guiding and supporting users in strategies to improve wellbeing - Helping users to recognise positive facets of their character - Recognising and highlighting positive achievements towards desistance - Explaining that users are responsible for their behaviour and that change is possible.

Key impact: The Helpline supports the prevention of child sexual abuse by strengthening protective factors to support desistance from offending or reinforce protection around a child.

The Helpline enables people at risk of committing child sexual abuse to realise that their behaviour is harmful but also that there are positive alternatives available to them – and it empowers them to reduce their risk of harm, by providing practical advice and information on how to understand and manage themselves.

The Helpline enables other people to recognise and respond appropriately to the risk or reality of child sexual abuse, improving awareness and giving clear strategies by which to intervene

7.2 Potential contribution to prevention: Promoting the Helpline

The results presented above show the success of the Helpline in supporting the prevention of child sexual abuse. However, the Helpline requires funding investment to prevent child sexual abuse on a larger scale. The sections below set out how this frontline child protection service could be enhanced.

Increased promotion

The research highlighted barriers to accessing the Helpline. Chief among these were barriers relating to public and professional knowledge of the Helpline and its role. Users described:

- having been unaware of where to turn;
- finding it difficult to search for the Helpline online;
- being confused over the Helpline’s role or their own eligibility for it.

Participants across the user groups identified ways in which they believed awareness of the Helpline could be improved. Here attention was focused on the need for general advertising that encompassed:

- posters in all GPs surgeries and in other public buildings;
- placing contact information in the same types of places as other sexual violence or domestic abuse services are advertised (i.e. so people can note it down in private);
- using billboard, newspaper and television adverts. These have been successfully deployed in the Netherlands and Germany and can simultaneously promote Helpline services for people concerned about themselves and people concerned about others.

Participants did also comment on the challenges of broad publicity, highlighting both the costs involved and the difficulty inherent in messaging the Helpline’s service appropriately, but emphasised the need for greater awareness and uptake – to deliver the same positive impacts they had experienced to others.

Television adverts have been produced by Stop it Now! NL and another partner in this research the Prevention Project Dunkelfeld in Germany. The adverts were both created with pro-bono support from specialist creative agencies, and opportunity to broadcast was either provided or extended by external financial support. The adverts, which can be seen online³⁶, are culturally specific and may not directly translate to the UK context. However, they show what might be possible, in terms of informing the broader audience of the Helpline's existence and support.

Development requirement: The Helpline supports the prevention of child sexual abuse. Participants were clear that increased promotion of the service will raise public awareness and further efforts to protect children and empower adults to manage their offending behaviour.

Increased capacity

Increasing awareness of the Helpline requires a commensurate increase in the capacity to respond to demand:

- Monitoring data for 2013 showed a high proportion of calls are currently being missed.
- It is clear that the call-handling capacity would need to be extended before substantial additional promotion was undertaken.
- The economic analysis conducted as part of the wider study³⁷ involved cost-benefit modelling and showed that the financial benefits to the taxpayer of the Helpline and Stop! service outweighed its costs – even without considering the wider cost of child sexual abuse to society.

Development requirement: The Helpline can further support the prevention of child sexual abuse with increased capacity to respond to telephone calls and emails. Evidence illustrates that the cost of this investment will be less than the cost to society of child sexual abuse.

7.3 Potential contribution to prevention: Engaging people before they abuse

The optimum goal of any sexual abuse prevention service is to stop the offending behaviour before it takes place:

- Users concerned about their own behaviour described having come to the Helpline late in their 'offending pathway'.
- Whilst users saw the Helpline as assisting them to desist from reoffending, it was evident that the Helpline had not played a role in preventing these people from offending in the first place³⁸.

More could be done to engage potential abusers with the help offered by Stop it Now!

³⁶ Link to the Prevention Project Dunkelfeld advert here: <https://www.dont-offend.org/story/10/3910.html> Link to the Stop it Now! Netherlands advert here: https://www.youtube.com/watch?v=C_Qy_CaLpNc

³⁷ Bowles, R. (2014) Economic Analysis of the UK and NL Stop it Now! Programmes: Summary report.

<http://www.stopitnow-evaluation.co.uk/>

³⁸ All participants in this group had already been detected by the police before contacting Stop!

- People were supportive of the online promotional strategies that were outlined at the start of the report. For example Google Adwords, splash screens and warning banners to notify people of Stop it Now! if they search for terms, or access websites, linked to child sexual abuse.
- The specific phrasing of the information was considered important. Here the need for a clear statement about the material/activity being illegal should be combined with a message that non-judgemental, specialist help is available for people.
- Beyond online promotion, participants advocated the Helpline forming part of a comprehensive child sexual abuse prevention strategy. This would include public awareness-raising initiatives about the issue of child sexual abuse and how to keep children safe and manage concerning behaviour.

For people concerned about their own behaviour, access to help may be constrained by the requirement of child protection legislation to pass identifying information about risk to the authorities.

- There is a wider policy discussion about how best to use reporting mechanisms to keep children safe. This would ensure that the need to help people before they abuse can be reconciled with the critically important role of other child protection strategies.

Development requirement: The Helpline has the potential to stop people from committing their first sexual offence against a child. Strategies for wider promotion of the Helpline, including statements that can reassure potential users, were advocated by participants.

Development requirement: A legislation debate is required that balances the clear need to keep children safe with the need to enable people at risk of committing child sexual abuse to seek support.

7.4 Conclusion: Contributing through a public health approach

The research has found that the Stop it Now! Helpline and its associated services contribute to protecting children from sexual abuse by:

- engaging a broad range of adults in the processes of understanding and managing risk and helping to strengthen protective factors that can promote desistance.
- providing a space in which users can talk honestly about their concerns and learn specific strategies for responding in appropriate ways.

The process of engaging with the Helpline has been identified as:

- promoting users' wellbeing;
- improving both their motivation and capacity to act to protect children from sexual abuse.

It is apparent that more could be done to engage potential abusers, and to inform the general public about the services provided by the Helpline.

- Participants highlighted the importance of the public health approach on which Stop it Now! is based and articulated that the Helpline should form part of a comprehensive, multi-faceted approach to preventing child sexual abuse.

It is proposed that this public health approach should include:

- education programmes for children and young people on healthy relationships;
- awareness-raising programmes for parents/carers and other adults on how to protect children and recognise the signs of abuse;
- promotion of safe and responsible internet use.

The research shows that the work of the Stop it Now! UK Helpline moves across organisational and interpersonal lines to strengthen resilience and attempts at desistance. In this way it is making a significant contribution to tackling the public health problem of child sexual abuse.

Its effort cannot operate in isolation, however, if it is to be fully effective. A comprehensive response to child sexual abuse requires a truly multi-agency approach, drawing voluntary and statutory agencies from across health, social care, education and criminal justice sectors. This should also incorporate the needs of survivors and their families, and the wider public, as well as work with potential or actual perpetrators – with the ultimate aim of preventing the enduring social and personal harm that sexual abuse can bring.

Appendix A: Definitions of child sexual abuse in the UK nations

England

[Child sexual abuse] 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). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, 2013: 86)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf

Northern Ireland

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways (Co-operating to Safeguard Children, 2003: 13)

http://www.dhsspsni.gov.uk/co-operating_to_safeguard_children_may_2003.pdf

Scotland

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways. (National Guidance for Child Protection in Scotland, 2010: Part 1: Para 35)

<http://www.scotland.gov.uk/Publications/2010/12/09134441/3>

Wales

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. (All Wales Child Protection Procedures, 2008: 32)

<http://www.childreninwales.org.uk/areasofwork/safeguardingchildren/awcp/prg/proceduresandprotocols/index.html>

Appendix B: Methodology

This appendix gives further information about the study methodology. In total, 47 participants took part in an interview or focus group and 112 responded to the questionnaire.

Research sample

Stop it Now! does not collect identifiable information about Helpline users such as their names, addresses or telephone numbers. A sample frame was therefore generated for the study in two main ways. Firstly, information about the research was displayed on the Stop! website. Secondly, Helpline operators and other LFF staff identified potential participants who met the criteria for inclusion in the research and invited them to take part in the study. (See 'Recruitment')

Qualitative sampling approach

The qualitative element of the research used a purposive approach to sampling. In this approach, the rationale in selecting qualitative samples is to ensure diversity of coverage across certain key variables rather than to select a sample that is statistically representative of the wider population. The research team developed the purposive sampling strategy and provided Stop! with information about the types of Helpline users they were seeking to include in the research. The primary sampling criterion was an individual's reason for using the Helpline. The aim was for the sample to also be diverse with respect to age, gender and geographical location.

Questionnaire sampling approach

A non probability sampling approach was used for the questionnaire. The choice of sampling approach was informed by two key factors: the number of people completing the questionnaire was expected to be relatively low and the potential vulnerability of those using the Helpline meant it would have been inappropriate to select potential participants at random. While the sampling approach has its limitations, it offers a practical and ethical way to conduct exploratory research on a service which can be accessed anonymously. (See 'Interpreting the research findings')

Achieved sample

The sections below provide more detailed information about the achieved qualitative and questionnaire samples for each of the three main caller groups using the Helpline: adults concerned about their own sexual feelings/ behaviours; other adults who can play a role in preventing child sexual abuse; professionals and a small number of victims/survivors.

Participants from all four nations of the UK responded to the questionnaire.

Table B.1 below summarises the achieved sample by type of Helpline caller. Further details are provided in the sections which follow:

Table B.1 *Achieved sample by type of Helpline caller*

Type of caller	Focus groups/interview participants	Questionnaire participants
	N	N
Adults concerned about their own behaviour	32	50 ³⁹
Other adults who can play a role in preventing CSA	14	19
Victims/ survivors of CSA	0	4
Professionals	1	27
Reason for calling unknown	-	12
Total	47	112

Adults concerned about themselves

Thirty-two adults concerned about their own feelings/behaviour participated in an interview or focus group. All were known to the police, but were at different stages in the criminal justice process. The vast majority of individuals within this group were internet offenders (29 people). However the sample also included one contact offender and two people charged with voyeurism. All participants in this group were male and spanned the age groups (18-29 to 60+).

Fifty people (48 men and two women, aged from under 16 to over 60 years old) concerned about their own behaviour completed the questionnaire (see footnote 10). The table below describes why questionnaire participants were concerned about their own feelings/behaviour. 35 participants answered this question and were able to select more than one concern.

Table B.2 *Why questionnaire participants were concerned about their own feelings/behaviour*

Reasons	N
Accessed online CSA	28
Contacted a child online	1
Sexual feelings towards children or young person	7
Considering accessing online CSA	6
Concerned they may have sexual contact with a child	1
Other	4

³⁹ This category may include a very few people who did not actually identify as concerned about themselves; this is a result of a very few participants who completed paper questionnaires ticking both this box and other later boxes which indicated that they were not concerned about themselves.

Questionnaire participants who described themselves as contacting Stop it Now! because of concerns about themselves were also asked about whether they had been convicted of sexual offences. The responses are shown in the table below: 35 participants answered this question.

Table B.3 *Whether questionnaire participants had been convicted of a sexual offence*

<i>Status</i>	<i>N</i>
Convicted of a sexual offence	8
Case pending	15
Not convicted of a sexual offence	12

Other adults who can play a role in preventing child sexual abuse

Seven interviews and one focus group were carried out with other adults using the Helpline, involving a total of 14 people. Of these, 12 were relatives of people who had accessed child sexual abuse images. Other interviews were carried out with an adult concerned about a child being at risk and an adult concerned about a young person with sexually harmful behaviour.

Of the 112 people who responded to the questionnaire, 19 identified themselves as concerned about another person or that a child was at risk. Table B.4 shows why they used Stop it Now!⁴⁰

Table B.4 *Reasons given by other adults for contacting Stop it Now!*

<i>Reason</i>	<i>N</i>
Received information from a professional	7
Concerned about another adult	3
Concerned about a child who may have been abused	1
General information and advice	3
Looking for information and advice for someone I work with	1
Other	4

Other information about questionnaire participants

Participants who contacted Stop! about themselves or someone else were asked additional demographic questions. Of the 72 participants who gave their ethnicity, 65 said they were White. Of those who described their living arrangements, ten people lived alone and 34 lived with other people⁴¹: with a partner/spouse (18 participants), their parents (nine participants), other family members (five participants) or people outside their family (three participants). Four participants also reported that children aged under 16 were living in their household.

⁴⁰ Four people contacted Stop it Now! for another reason.

⁴¹ Five people preferred not to say and one person had exited the questionnaire at this point

An overview of the characteristics of questionnaire participants is shown in Table B.5 below.

Table B.5 *Sample demographics*

Gender	N	Age	N	Current Situation	N
Female	36	15 or younger	3	Working	63
Male	76	16 - 17	2	In education or training	8
		18-29	15	Looking for work	8
		30-39	22	Retired	8
		40-49	29	Unable to work as sick / disabled	4
		50-59	26	Looking after the home / family	4
		60+	10	Volunteering/ temporarily away from work	3
			Other / prefer not to say	8	

Interpreting the findings

The purpose of qualitative research is to map the range and diversity of views, experiences, attitudes and behaviours rather than to measure statistical significance. The numbers of people taking part in interviews and focus groups who held a particular view or described certain types of experiences are not included in this report because they are not considered meaningful as they do not provide an indication of the extent to which these views and experiences are held in the broader population of Helpline users (White et al: 2014).

Numbers have been reported for findings drawn from the questionnaire of Helpline/ Stop it Now! users. The questionnaire findings are indicative of user experience of Stop it Now! and provide important exploratory evidence. However, the numbers reported throughout are from questions with low bases, as the whole sample was 112 and not everyone who started a questionnaire completed it. The numerical findings have no statistical validity and are not representative of the wider population of individuals who use Stop it Now!

Recruitment

All potential participants were using or had previously used the Helpline because they were concerned about child sexual abuse. Users of the Helpline may access the service in the most challenging circumstances and so it was important that the recruitment approach was sensitive to the needs of Helpline users and avoided causing further distress or harm to people who were already potentially vulnerable. Taking this into account, two 'opt-in' recruitment approaches were used for the qualitative and questionnaire components of the research.

Helpline operators and LFF practitioners introduced the research to potential participants either by phone or in person, depending upon the mode of service delivery. Staff members (rather than the research team) made decisions about who was given information about the research based on their professional judgement and knowledge of individual's needs and circumstances. To avoid the risk of 'cherry picking', the research team and Stop it Now! senior

staff emphasised the importance of achieving a diverse sample and the characteristics of those participating in the study were monitored. Potential participants who were interested to hear more about the research and/ or taking part in the study were given information about how to anonymously contact the research team, or complete the online questionnaire. Where anonymity was not a requirement, potential participants could consent to their contact details being passed to NatCen. The research team could then contact the potential participant directly about the research.

A second way in which the research was advertised to users of Stop it Now! was via the Stop! website. Potential participants were provided with information about the purpose of the research, how to participate and how the information collected for the research would be used. Potential participants had the option of completing the questionnaire, or contacting the Helpline for further information about the study and/or to arrange to take part in the qualitative element.

As far as possible, participant characteristics were monitored throughout the process to ensure the sample was as diverse as possible. However, a number of issues impacted the quality of the sample. Firstly, fieldwork took place during the UK school summer holidays when the volume of calls to the helpline was lower thus reducing the pool of potential participants. Secondly, there were practical limitations on how much time Stop! staff could spend on recruitment as well as limitations on when interviews could be carried out due to the need to use a specialist phone line to preserve participant anonymity. Thirdly, particular types of callers were not approached for ethical reasons. This included: first time callers, callers experiencing acute distress, and those requiring on-going support with the most complex and challenging cases. (See 'Limitations').

Informed consent

It is essential that potential participants are provided with adequate information to help them make an informed decision about taking part, particularly where research focuses on sensitive issues and involves potentially vulnerable populations (Webster, Lewis & Brown, 2013).

In this study, information was provided to participants at recurrent points. Participants recruited through the Helpline or other LFF services were verbally informed about the research by a Stop!/ LFF staff member who had been briefed by the research team. This was followed up with written information provided in hard copy or via the study webpage. Those who expressed an interest in taking part in the study were given further information by the researcher at the point the interview was arranged and/ or prior to the start of the interview/ focus group. Participants who found out about the research via the study webpage or Stop it Now! website could access detailed written information about the study on these sites as well as having the option of calling the Helpline to have their questions answered.

Verbal consent was obtained from those taking part in interviews and focus groups prior to the start of data collection. Following data collection, participants were reminded of their right to withdraw from the study and how they could do this. Written consent was obtained from questionnaire participants.

Conduct of interviews and focus groups

Qualitative interviews were completed with 32 people by telephone at a convenient time for participants. Two focus groups were also carried out in private, quiet, comfortable venues. Interviews and focus groups lasted up to one and a half hours each. Due to the sensitivity of the subject it was particularly important participants could choose how data was recorded. In most cases participants were willing to have interviews and focus groups audio recorded, but detailed written notes were taken by a researcher when this was the participant's preference.

Interviews and focus groups were conducted using a topic guide to help ensure consistency of coverage across participants (See Appendix C). However, the research team used the guides in a way that was responsive and tailored to individual experiences. This meant that the topics covered and the order in which they were discussed varied. The interviews focused on three broad areas: accessing the Helpline; user experience of the Helpline; and perceptions of the difference made by the Helpline. Interviews and focus groups could include discussion of highly sensitive or distressing information and were conducted by experienced research staff with a track-record of qualitative research on sensitive issues and with vulnerable populations.

Questionnaires were completed either online or on paper. The questionnaire was hosted on the NatCen website and publicised on the research study webpage as well as on the Stop! website. Paper copies of the questionnaire were distributed by LFF staff delivering face-to-face services such as one-to-one support or group work. The questionnaire contained a combination of structured and open questions covering the same broad topic areas explored in qualitative interviews and focus groups.

Analysis

The first stage in the process of analysing the qualitative data was the creation of an analytical framework – a hierarchy of themes and sub-themes. The framework was developed by the research team after they had the reviewed transcripts and field notes to identify key topics relevant to the research questions. An analytical framework was then drawn up and a series of matrices were set up, each relating to a different thematic issue. The columns in each matrix represented the key sub-themes or topics and the rows represented individual participants. Data from each transcript or field note were then summarised into the appropriate cells.

This approach is supported in the software package NVivo 10, developed by QSR International in partnership with NatCen.⁴² This software enabled the summarised data to be linked to the verbatim transcript, and meant that each part of every transcript that related to a particular theme was noted, ordered and accessible. The final analytic stage involved working through the charted data, drawing out the range of experiences and views, identifying similarities and differences and interrogating the data to seek to explain emergent patterns and findings. Verbatim interview quotations are provided in this report to highlight themes and findings.

Questionnaire data was analysed in SPSS to look at the frequency of responses across participant groups.

⁴² http://www.qsrinternational.com/support_faqs_detail.aspx?view=1057

Ethics

This study was approved by NatCen's Research Ethics Committee (REC), which includes members from external professional experts and senior NatCen staff. This ethics governance procedure is in line with the requirements of the Economic and Social Research Council (ESRC, 2005) and Government Social Research Unit Research Ethics Frameworks (GSRU, 2005). The highly sensitive nature of the research and the potential vulnerability of those using the service raised a number of ethical considerations.

Recruitment

Potential participants were first approached about the research by Helpline operators and LFF practitioners as a sample frame of Helpline users was not available for use by the research team. As well as being practically necessary, the approach also helped ensure the selection of potential participants was informed by knowledge of the needs and circumstances of Helpline users. For example, Helpline operators could choose not to mention the research to people if they were concerned it may cause distress or prevent a caller from using the Helpline in the future.

It is particularly important when research focuses on sensitive topics such as child sexual abuse and there is an increased chance that information collected during the research may have to be disclosed outside the research team that potential participants are well informed about the research. In this study, potential participants could access written information (online or hard copy) about who was conducting the research and for what purpose, the types of issues likely to be raised in interviews, the limits to confidentiality and the potential consequences of disclosure, and how information would be stored and used. Additionally, potential participants could discuss the study with a member of the research team or a Stop/ LFF staff member prior to completing the questionnaire or participating in an interview or focus group.

Confidentiality and anonymity

Due to the nature of the research topic very careful consideration was given to confidentiality and anonymity and the specific circumstances in which information may have to be disclosed to a third party. The research team, in conjunction with LFF, specified in advance of fieldwork the types of sexual offences and the level of risk or harm which may result in disclosure as well as who was responsible for deciding whether disclosure was required and the process for sharing information with other organisations. It was decided that participant confidentiality would be maintained unless identifiable information was given and a crime was disclosed which was not already known to the authorities, or there was risk of serious harm to the participant or another person. Decisions about disclosure were made by senior NatCen staff in conjunction with the research team, unless immediate action was required. For every interview, focus group and questionnaire a written record was made of any issues which had arisen and the actions taken to address them. This was reviewed by a senior member of NatCen staff on a monthly basis.

Potential participants were informed of the confidentiality policy prior to taking part in the study. It was covered on the first page of the questionnaire and in the study information

leaflet. Prior to interviews and focus groups researchers took time to clearly explain the circumstances in which anonymity and confidentiality may be breached and checked this was understood by participants before data was collected. Participants were given the option of taking part in the research entirely anonymously to reduce the likelihood of disclosure and to help people feel comfortable discussing highly sensitive issues.

To avoid accidental breaches of confidentiality, interviews and focus groups were recorded on an encrypted audio recorder and field notes were digitised at the first opportunity and stored on a secure server. Audio files and transcripts were labelled with a serial number and stored separately from personal information.

Fieldwork

Fieldwork was conducted by experienced qualitative researchers who had previously worked on studies covering sensitive and challenging topics and with vulnerable groups. Prior to fieldwork the research team meet on a number of occasions to prepare for fieldwork and to refine fieldwork strategies. Qualitative research provided the flexibility for the interviewer to build rapport with the participant, allowed the participant to maintain control of the process and empowered them to tell their story in the way they want to tell it while minimising the psychological risks to the participant from taking part in the study.

Researcher wellbeing

Vicarious trauma is a risk for all researchers working in challenging areas.⁴³ A number of steps were taken to protect the research team from the potentially harmful consequences of conducting research on such a sensitive topic. For example, researchers were given the opportunity to 'opt-in' to the study and researchers were encouraged to informally de-brief with other members of the team and take up formal support.

Limitations

The research findings provide important exploratory evidence on the experiences of those using the Helpline and other LFF services and on the contribution of Stop it Now! to the prevention of child sexual abuse. However, as for any piece of research there are limitations, and it is important that these are acknowledged. An opt-in approach was used on the research and while every effort was made to achieve a diverse sample it may be the case that the profile of people who agreed to participate in the research may differ in some respects from those who did not. Further research would be particularly valuable with non-acting and undetected abusers; those who have committed 'contact' abuse; as well as other groups of adults using the Helpline other than the relatives of people who have accessed child sexual abuse images. Additionally, future research on the long-term effects of the Helpline would also help to aid understanding of the contribution it makes to preventing child sexual abuse.

⁴³ http://www.thepsychologist.org.uk/archive/archive_home.cfm/volumeID_20-editionID_151-ArticleID_1238-getfile_getPDF/thepsychologist/0907gree.pdf

Appendix C: Interview topic guide

The guide refers to Stop! UK services, meaning the website, information booklets and Helpline (the telephone and email service and call backs). Interviews should focus on participants' experience of the Helpline, but where participants have used the website, information booklet or accessed face-to-face support via LFF (individual or in groups), this should also be explored.

Introduction

- Thank participants for agreeing to speak to you, and explain background to and aim of research. Outline the interview process, anonymity and disclosure policy. Ask whether or not the participant is content for the interview to be audio recorded. Check: if they have any questions; if they are clear how we will use the research and store their data; and if they are happy to proceed with the interview.

Participant background

Aim: to gain brief information about the caller's circumstances and an overview of the types of services accessed and their level and frequency of use.

- If not already covered then ask about:
 - age, gender
 - what they do day-to-day
- Ask for a brief overview of Stop/ LFF service use
 - Helpline (phone / email)
 - Accessed website
 - Booklet or information leaflet
 - Face-to-face meeting
 - Group work such as Inform
 - Other
 - Single or multiple use
 - How regularly use services

Route into Stop!

Aim: to understand how the participant found out about Stop and their reasons for accessing it at that time. To identify anything which made it easier or more difficult for them to access support and any suggestions they have for how others could be helped to access services.

- Pathway to Stop!
 - How they heard about Stop/ LFF
 - When heard / did they contact immediately
 - Entry point (which service used first: website; booklet; help line; email etc)
 - Adequacy of information – clarity/ accessibility/ ease of accessing
 - Suggestions for raising awareness of Stop!
- Reason for accessing Stop. Explain that it is helpful context to understand a bit more about the nature of their concern, but we understand that this may be difficult for them and they can say as little or as much as they wish about:
 - What they were concerned about
 - Who was at risk
- Explore triggers for accessing support
 - Why they accessed support at that time
 - Why they used Stop! services specifically

- Anything that helped or made it difficult to access support
- Whether they had thought about accessing support previously
- Reasons for accessing/ not accessing support previously
- Anything which could be done to make it easier for them/ others to access support/ Stop
- Their views on use of 'splash pages' to direct people from sites where illegal images have been hosted to Stop it Now!
- Ease of accessing Stop
 - Was there ever a time when could not get through/ emails unanswered
 - How made them feel
 - What they did when they could not get through
 - Why they decided to try again

Experience of Stop! services (focusing on helpline and email)

Aim: to explore participants' experiences of using Stop! services, including what worked well/ less well and views on how the service could be improved.

- Explore experience of helpline/ email:
 - What was discussed
 - Anything which made it easier/ more difficult to share their concerns
 - How they felt at end of call (elaborate on their questionnaire answer – why did they feel this, etc)
 - Length of call
- What advice or support, if any, was offered
 - Nature of advice/ support provided
 - Views on advice/ support
 - How far they agreed with advice/ support , could act on it
 - Anything else they would have liked help/ support with
- Explore subsequent use of email/ helpline services/ practitioner call back (did they call again about same issue)
 - Any differences in experience/ quality of service over time
- Explore use of other services and ask for each:
 - Why accessed them
 - What worked well/less well
 - How the service could be improved
- Views on Stop! staff
 - Qualities sought in staff; how far these were met
 - What they did/ said which demonstrated this
 - Successes/ less successful aspects of relationship
 - Factors affecting relationship with staff
 - Suggestions for improving relationship

Difference made to them and others (Impact)

Aim: to explore what difference receiving support made to participant and others and what role, if any, it was thought to have played in contributing to prevention of child sex abuse.

- Explore the difference made by Stop they have already disclosed in more detail:
- What was the effect on them - knowledge, feelings, behavior
- Why they think it had the affect
- How able they felt to act on the advice/ guidance provided
- Anything which made this easier/ more difficult
- Anything that prevented Stop! having an impact
- Explore how far they expect benefits to be long term
 - Anything which will enforce/ undermine benefits
- Explore views on how far Stop! prevents child abuse

Allow participant to describe the affects of receiving support before prompting for impacts:

Concerned about own behaviour

- Awareness of sources support – informal/ formal
- Intention to take up support/ actual take up
- Awareness of impact of behavior and of consequences for them and others
- Awareness of how to keep themselves and others safe
- Emotional support
 - Feeling more in control
 - Better able to cope
 - Feeling less isolated/ alone
- Changes in behavior to keep themselves and others safe
 - Social Network – relationships with friend/ family
 - Intimate relationship
 - Employment or other productive activities
 - Commitment to pro social lifestyle/ having a pro social sense of who they are (e.g. the ‘sort’ of person who lives a pro social life.)
- Anything else

Internet safety

- Explore views on these measures generally and then specifically whether they think this would help them/make a difference to their access of image:
 - Views on ‘splash’ pages (noting sites are illegal only/ offering Stop it now helpline)
 - Search engines offering ‘no returns’ on searchers for indecent images of children (would other key words/sources be used to access these images. Extent to which measure seen as censorship or child protection)
 - Adult content filters applied by default when setting up a broadband account
- Explore views on
 - Expected effectiveness of measure (would they prevent viewing of indecent images or would images be accessed via alternative sources.)
 - Reasons measures would/ would not be effective (being told sites are illegal or being offered help)
 - How far the proposed measures balance ‘free speech’ and child protection

Concerned about another's behavior

- Awareness of sources support – informal/ formal
- Intention to take up support/ actual take up
- Challenging negative behavior (speaking to the person about their behavior)
 - Any affect this had on the person's behavior
- Taking action to keep themselves and others safe
 - Contacting police/ social services/ other
 - Reducing contact with children
- Emotional support
 - Feeling more in control
 - Better able to cope
 - Feeling less isolated/ alone
- Anything else

Professionals

- Awareness of sources of support for themselves/ for people they work with
- Intention to take up/ actual take up of support
 - Referral to Stop
- Confidence and ability to carry out role
- Identifying risk behavior and children at risk
- Managing risky behavior and safeguarding children

Other

- Awareness of sources of support
- Intention to update/ actual update of other services
- Emotional support
 - Feeling more in control
 - Better able to cope
 - Feeling less isolated/ alone

Summing up

- Overall views of Stop! service
 - Do they intend to use in future
 - Would they recommend to others
 - From your experience, how could we improve Stop it Now! services?
 - Anything else they would like to suggest/share

Thank participant for their time and contribution.

Ask if they have any questions

Re-iterate aim of evaluation and value of their contribution, and more information on project website <http://www.stopitnow-evaluation.co.uk/>

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