



North Wales Safeguarding Children Board

Joint Protocol in relation to safeguarding children and young people affected by adults viewing indecent images of children

Multi Agency Practitioners

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Purpose

The aim of this guidance is to

- Outline child protection processes for practitioners and to provide practice guidance to support practitioners working with children and families affected by adults viewing child sexual abuse images - particularly via the Internet;
- Identify key principles to help inform assessments;
- Improve Joint Working between Agencies
- Consider some of the practice implications;
- Provide an overview of current messages from research and underpinning knowledge

Throughout this document an adult involved in viewing child sexual abuse images is referred to in the male gender. The perpetrator's partner is referred to in the female gender. This is for ease of reference and reflects the current position that it is mostly men who are known to be involved in this behaviour. Women do commit sexual offences against children, however current research and experience suggests that the numbers are very small.

Various words or phrases are used in this document to best describe behaviours or features of sex and sexuality (e.g. sexual deviance, deviant material on the Internet, pornography) and are not intended to represent any value or moral judgements. Care has been taken to try and use suitable expressions that are likely to be widely understood, but inevitably these may be open to interpretation.

Its prime focus is on adult perpetrators. Young people who present sexually harmful behaviour require an approach that integrates their needs as young people with the harmful behaviour.

As with any other child protection assessment, the practitioner must use all tools in the assessment framework and not rely only on one source of evidence about risk.

Scope

Practitioners in the Social Care and Criminal Justice fields are faced with ever increasing requests for the assessment of risk posed by individuals who have been caught in possession of child sexual abuse images, either in hard copy form (photos, videos, audio tapes), and/or more commonly today in digital form (e.g. images downloaded into the computer from the Internet, CD-ROMS, scanned photos, digital camera etc).

The key question for practitioners: *Is this type of offender likely to commit/has already committed contact sexual offences with a child or children?*

This protocol looks at the assessment process around this issue

Responsibilities

It will be the responsibility of multi agencies practitioners to work together to ensure the best outcomes for children and young people



Abbreviations

CP – Child Protection
CIN – Child in Need

Equalities

The Equalities policy must be applied to ensure there is no discrimination on the basis of race and ethnicity, disability, age, gender, sexual orientation, religion and belief, language or human rights.

Related Documents:

Assessment Framework guidance – appendix 2
Asset Guidance – appendix 3
OASys guidance – appendix 4

Children Act 1989 Section 17

Children Act 1989 Section 47

All Wales Child Protection Procedures

Obscene Publications Act 1959

Protection of Children Act 1978

Criminal Justice Act 1988 Section 160

Criminal Justice and Court Services Act 2000

Sexual Offences Act 2003 Section 15: Meeting a child following sexual grooming
Sexual Offences Act 2003 Section 48: Causing or inciting child prostitution or pornography

Sexual Offences Act 2003 Section 49: Controlling a child prostitute or a child involved in pornography

Sexual Offences Act 2003 Section 50: Arranging or facilitating child prostitution or pornography

The **Sexual Offences Act 2003** includes a number of offences related to child abuse online.

Under the Act, it is an offence to take, make, permit to take, distribute, show, possess with intent to distribute or to advertise indecent photographs of children under 18. This offence does not apply where the parties are married or living together, consent was given and no one else is shown in the photograph.

The Act sets out a series of new offences covering child prostitution and pornography including causing or inciting a child into prostitution or pornography in any part of the world, controlling a child involved in prostitution or pornography and arranging or facilitating child pornography.

There are also new orders in relation to managing offenders who pose a risk of sexual harm including Risk of Sexual Harm Order and Sexual Offences Prevention Order.





- 2.3. There is a presumption that all referrals to Children's services regarding the assessment of children living in a household (or having contact) with an adult, who has been viewing child sexual abuse images, will trigger a **Section 47 Enquiry**.

NB. Please note: where a computer or other equipment has been seized by the Police it may take many months for this to be analysed and the results will not be known within 35 days for a Core Assessment.

3.0. Initial Assessment/ S47 enquiry

- 3.1. Having initiated a Section 47 Enquiry, the Strategy Meeting is crucial to planning the assessment. The Strategy Meeting will need to consider:

- All the children in the household;
- Children in the extended family and social networks with whom the alleged perpetrator has contact;
- Any contact the alleged perpetrator has with children and young people in their work or voluntary activities (if so refer to CP Coordinator);
- The safety of children in the images found.

- 3.2. All investigations should be jointly investigated by Social Services and the Police wherever possible. At the strategy meeting **all relevant professionals** should be in attendance

- 3.3. The police investigation will usually be lengthy (e.g. due to the time needed to examine the files on the hard drive) and may not involve a prosecution at conclusion.

- 3.4. Some key factors may determine the risk of **Significant Harm** at an early stage:

- Previous history (known to Children's Services for abuse or neglect);
- Previous contact abuse of other children;
- Images of own children;
- The Initial Assessment of partner's capacity to protect indicates the children's welfare is likely to be significantly compromised;
- Absence of cooperation;
- Understanding concerns that own child may be at risk;
- Presence of risk factors associated with abuse or neglect;
- Known criminal lifestyle.
- Non contact offenders have greater likelihood of committing a contact offence

- 3.5. If any of these risk factors are present, the meeting must consider whether the alleged offender should be asked to leave the home during the assessment or if not, how the risks will be managed, including the use of a written agreement.

(See work by Turnell & Essex, which may be helpful expanding on this area)



- 3.6. In some circumstances it will be possible to reduce the risks and reunite the family after an Initial Assessment or an Initial Child Protection Conference (with a **Child Protection Plan**). A written agreement is essential to cover such matters as supervised contact, entry into children's rooms, sleep-overs etc.
- 3.7. People who look at these images may do so because they have a sexual interest in children. They have already acted on that sexual interest by looking at children being abused. Some will go on to contact abuse, others won't, but all situations will need to be carefully assessed. Safeguards need to be put in place at the start of your work until you are able to determine that the children are safe - not the other way round.
- 3.8. Best practice is to conduct the Initial Assessment/ S47 enquiry on the day of arrest or referral
- 3.9. Where there are children and a partner, the assessment involving the partner should be the first priority.
- 3.10. Where possible an interview should be conducted with the alleged perpetrator at an early stage, but after the partner has been interviewed.
- 3.11. Where the alleged perpetrator is living with a child or children, or has regular contact with a child or children, a Child Protection Conference should be convened - unless there are significant factors noted against that course of action.
- 3.12. A more thorough assessment will need to follow and this will take time. These cases should not await the outcome of the police investigation before sound safeguarding action is taken.

4.0. Outcome of s47 investigation

- 4.1 The Section 47 Enquiry (Child Protection Enquiry) will result in one of four possible outcomes:
1. Child Protection concerns are substantiated and the child/ren is/are considered to be at continuing risk of Significant Harm.
 2. Child Protection concerns are substantiated but the child is not judged to be at continuing risk of Significant Harm.
 3. Child Protection concerns are not substantiated but enquiries have revealed the child is In Need for which services are required.
 4. Child Protection concerns are not substantiated and enquiries have revealed no Children In Need services are required.
- 4.2. In cases where child protection concerns are substantiated and the children are at continuing risk, the social worker will need to arrange an initial case conference. The social worker will complete the initial case conference report. Partner agencies will also need to complete reports for conference.
- 4.3. In cases where child protection concerns are substantiated but the decision at conference is the child is not judged to be at risk of significant harm and support is to be provided via CIN planning (this is where the perpetrator is serving a custodial sentence) arrangements must be made to complete planning and assessment process to ensure appropriate



arrangements are in place for when the perpetrator is released. The case may well need to be presented back at conference prior to the perpetrator's release.

5.0. Disclosure Visit

- 5.1. One of the decisions of the strategy outcomes meeting is that a disclosure visit is undertaken by the social worker regarding the offence/ historical offences/information presented committed by one of the adults within the household. In some cases it is important for other relevant family members to be present (e.g. grandparents) as part of the future assessment work will include family members who can provide support to protect the children.

6.0. Child Protection Conference /Initial Core group meeting

- 6.1. The initial child protection conference will be attended by all relevant multi agencies and if the decision is to place the child's name on the child protection register than an outline child protection plan is produced at conference.
- 6.2. The outline Child Protection Plan should:
- identify factors associated with the likelihood of the child suffering Significant Harm and ways in which the child can be safeguarded through an inter-agency plan based on the current findings from the assessment, including information held by agencies on any previous involvement with the child and family
 - identify who will work on the multi agency Core Assessment
 - identify whether any specialist assessments are required to make further judgements on how to safeguard the child, including adoption support
 - establish short and longer term aims and objectives linked to preventing the child suffering harm or a recurrence of the harm suffered, meeting the child's developmental needs and promoting the child's welfare, including contact with family members
 - establish responsibility for actions - including actions by family members - and specify timescales
 - outline how progress will be monitored and evaluated against the planned outcomes set out in the plan
 - be clear about which professional is responsible for checking that the required changes have taken place, and what action will be taken, by whom, and when they have not
 - referral to the Lucy Faithfull parenting protect plus course
- 6.3. At the initial core group the outline child protection plan will be further developed. Membership of the Core Group will be agreed at the Initial Child Protection Conference, and will include the Lead Social Worker, who chairs the Core Group, the child where appropriate, parents, carers or other significant family members as appropriate and professionals who have direct contact with the family.
- 6.4. Although the Lead Social Worker has lead responsibility for the formulation and implementation of the Child Protection Plan, all members of the Core Group are jointly responsible for carrying out these tasks, refining the Plan as needed and monitoring progress against the planned outcomes set out in the Plan.



- 6.5. It is therefore important that agencies involved, and in particular Core Group members, ensure that Core Groups are well attended in order that this joint responsibility for the Child Protection Plan is effective and meaningful. Agencies should ensure that members of the Core Group undertake their roles and responsibilities effectively in accordance with the agreed Child Protection Plan

7.0. Core Assessment

- 7.1. At the core group meeting, the social worker will set out the schedule for completing the core assessment documentation. Partner agencies will also be responsible for completing the assessment. It is important that partner agencies share any previous assessments completed on the family e.g. pre- sentence report
- 7.2. Alongside the core assessment document which will need to be completed within statutory timescales the core group will need to agree the timescales for the **Assessment of Potential Protective Carers**
- 7.3. The expectation is that by the first review conference the following documents and assessments are completed:
- Multi agency core assessment
 - Assessment of potential protective carers
 - In addition any specialists assessments should be identified by the first review conference
- 7.4. The following information is important for the practitioners to obtain as soon as possible from the police and from their own enquiries.
- Any information about the nature of the images (Levels 1 - 5) age or gender of children?
 - What is known about the source of the images - a commercial site, home-made images, newsboards or chat rooms? Is there evidence of trading?
 - What additional material was discovered at the property when the computer hard drive was taken away? E.g. disks, videos, printed out images, written material? Were they hidden?
 - What other technology was present in the home e.g. web cam, digital camera, video camera, X-Box?
 - If there are no children resident in the home, are there toys or child-centred objects?
 - Is there any indication that children were present while the material was being viewed or that the material features children or adults known to the alleged perpetrator?
 - Is there evidence of heavy alcohol use or disinhibiting drugs e.g. cannabis?
 - Was adult pornography present as well as child abusive images? (Adult pornography material may or may not be illegal, but is likely to be relevant to the assessment);
 - How does the alleged perpetrator initially present himself or herself? (If possible, explore the background history e.g. previous partners and children, significant life events);
 - Is there any known previous relevant professional involvement?



- Is there any evidence of obsessive/compulsive behaviour in the alleged perpetrator?
- Is there a history of domestic abuse?
- How does the non-offending partner initially react to the situation?
- How do the children of the household present themselves and react to the situation?
- Who are the wider group of significant people in the lives of the children?
- Are there any initial indicators of abuse or neglect?
- Is there any prior criminal history?
- Do other agencies have any concerns?
- What are the protective factors in the situation?
- What are the characteristics of the daily family routines, particularly with regard to intimate care and bedtime routines?
- What social and community support is available to the family? Are they socially isolated?
- What contact does the alleged perpetrator have with children and young people beyond their immediate family? Consider the contact with the extended family and local community;
- Does the alleged perpetrator work in a capacity with children (including voluntary work)? If so refer to CP Coordinator.

7.5. The Core Assessment will gather information from a variety of sources. **Guidance for assessment of potentially protective carers section, Interviews with children in contact with the alleged perpetrator section and Interviewing the alleged perpetrator and partner section** should provide useful models for gathering information from the family members. These interviews will not necessarily happen in a set order and it is likely that several sessions will be needed to cover all the relevant questions and areas for any particular case.

7.6. Having gathered the information from the various sources, check the available material against the indicators in Appendix 1. These provide a comprehensive set of indicators which will help to determine whether:

- A non-abusing parent/carer is less able or more able to protect;
- A couple's relationship is likely to increase or lower risk;
- Parenting styles increase or lower risk;
- The child or children's circumstances increases or decreases their vulnerability.

7.7. Both the passage of time and the assessment process itself will affect a parent's response. An important part of the assessment process is an assessment of the capacity to change.



8.0. Specialist Assessment

- 8.1. At the end of the core assessment a recommendation can/will be made that a further specialist/ risk assessment is undertaken. Discussion should take place at the core group regarding the lead professional for undertaking the specialist assessment.
- 8.2. In certain cases the lead professional will be the probation officer or the social worker. A clear timescale must be set for completion of the specialist assessment and must be completed before the second review case conference (9 months stage)
- 8.3. In cases where the social worker/ probation officer is the lead professional for completing a specialist/risk assessment the social worker/ probation officer can request assistance from partner agencies that are not involved within the case but are able to offer guidance
- 8.4. There are three, overlapping stages in the **specialist assessment process**
 - a. Information gathering - using the **Assessment Framework** and the other models provided in this guidance;
 - b. Analysis of information - considering:
 - **The severity of the known or believed harm. Severity** refers to the type and degree of harm that has been or is likely to be suffered and its impact on the child. It takes into account the pattern of past harm (as relevant) to the estimation of severity of any believed future harm;
 - **The child's vulnerability to harm. Vulnerability** refers to factors relating to the age and aspects of the child or young person's development or functioning, as well as the opportunity for further exposure to harm or for protection and the parental capacity for change;
 - **The likelihood of known or believed harm being repeated, continuing or cumulating. Likelihood** refers to those factors that increase the probability of harm, such as patterns of abuse or neglect towards the child or other children in the family, attachment and quality of relationships, attitudes of the parents to harm, and complicating factors;
 - **The degree of safety for the child. Safety** refers to the capacity of a parent, other family members or significant adults to protect and care, the child's own capacity to gain protection (depending on their age and development) and the isolation of the family from support. Strengths are positive attributes in relationships, skills and personality. These attributes are considered as they act to support, enhance or develop capacity, motivation or competence to protect.
 - c) **Judgement of risk** - to reach a judgement on the level of risk and whether the local authority should intervene and how to safeguard and promote a child's welfare in the immediate or long term, the assessment of risk process needs to determine:

What are the harm consequences for the child or young person? Are the harm consequences extreme, serious or concerning? And

What are the factors that increase and decrease the probability of harm? Is the probability of harm highly likely, likely or unlikely?



- 8.4. The conclusion of the judgement will need to set out what the likely impact of the proposed intervention will be on the child, their family and significant others including potential care proceedings.

9.0. Good Practice Guidelines

- 9.1. The following sections are good practice guidance in relation to the following:

- Guidance for the assessment of potential protective carers
- Interview with Children in Contact with Alleged Perpetrator
- Interviewing the alleged perpetrator and the partner
- Implications for Practitioners

10.0. Guidance for the Assessment of Potential Protective Carers

- 10.1. This guidance is not a replacement for the Assessment Framework. It consists of additional information, which comes from the experience and learning by practitioners dealing with Internet abuse.
- 10.2. Discovering that your partner has been accessing child abuse images on the Internet will, for many partners, come as a terrible shock. It is a natural reaction to psychological shock to deny the seriousness of the behaviour, to minimise responsibility or even to not believe that it happened at all. Denial is a defence mechanism that protects the self from overwhelming fear and trauma. Responses such as "it's only looking at stuff", "he must have come across the pictures by accident" or "he wouldn't do anything to his own children" are natural reactions to a very distressing situation. The distress can be compounded by the partner's experience of the arrest of her partner - sometimes after a raid in the early hours by police and fear of the consequences; "will I lose my children?"
- 10.3. The partner may go through a process very similar to bereavement, with the recognised stages of numbness, denial, anger and depression.
- 10.4. It is important to remember that people's initial reaction can be a poor predictor of their long-term ability to protect.
- 10.5. The anger and confusion experienced by partners can be projected onto child protection workers and unless the initial stages of contact with partners is carefully handled, this can lead to a very hostile and antagonistic relationship developing between the partner and statutory safeguarding services. This can be very difficult to break out of once established and can seriously mitigate against achieving good outcomes for children.
- 10.6. Style of intervention:
- Starting from where she is, not where you would like her to be;
 - Be straightforward and honest with her;
 - Acknowledge that he may not be all bad. She loved him and may still love him. If people describe him as a 'monster' or something similar, what does that say about her?
 - Accept that she may need to maintain a certain level of denial and minimisation to enable her to continue in the relationship and this doesn't necessarily mean that she is less protective;



- Relay that working in partnership is likely to have considerable benefits and ensure that her children are protected from harm. Let her know that we have knowledge and understanding we can share which can help her and the family in a very difficult situation;
- Keep focussed on the issue of safeguarding the children in the family and don't let your own agenda intrude. The idea of anyone looking at child sexual abuse images may appal you and you might feel revulsion.

10.7. The first interview should be focused on developing a rapport with the carer and acknowledging the emotional and practical consequences of the arrest of their partner.

10.8. Information can be provided about the process that is likely to take place. People in distress can only absorb a limited amount of information and their attention span may be very short. Never underestimate the profound shock that overwhelms many partners initially.

10.9. If the family is stable with no significant forensic history, then it is unlikely that the children will be immediately at risk of significant harm. Factors that would be of concern would include:

- The offender has a previous sexual conviction or credible allegations of sexual assault;
- Current significant substance abuse (results in criminal convictions, medical intervention or concerns about children affected by substance misuse);
- Offender has convictions for non-sexual violence, domestic burglary or shows significant criminal versatility;
- History of domestic abuse;
- Family (current or previous) known to social services - particularly a history concerns regarding neglect or abuse of children in the household or in previous families;
- Offender is living in the household but is not the children's father or mother's partner;
- Recent boyfriend;
- Mother/carers has history of serial partners/unstable relationships;
- Mother/carers has history of sexual abuse herself, poor parenting herself or history of being in care;
- Carer has mental health problems;
- Carer has a learning disability;
- Children who have a physical disability, learning disability, developmental delay or communication problems.

10.10. In subsequent interviews a more detailed picture can be built-up:

10.11. **Obtain a detailed background history**

- How they met;
- Friends/family/hobbies;



- Ethnic, cultural and religious issues;
- Own childhood experiences especially any history of sexual abuse and attachment issues;
- Finances and who has control;
- Power within the relationship;
- Relationships outside the family;
- Employment and working hours;
- Time spent on computer and technical knowledge of computer systems;
- Any evidence of grooming behaviour. This needs to be treated with caution. In the past, anything that an offender did with a potential victim that was nurturing was interpreted as "grooming". Most sexual abuse occurs within the context of established nurturing relationships and it is important not to over-interpret behaviour and ascribe sinister motives to what might be quite normal and innocent interaction between a carer and a child;
- Has he or she lost interest in their sex life or withdrawn from social relationships?

10.12. The nature of their sexual relationships, "normal" or "ok" will not suffice because what's normal to them may not be considered safe practice in a house with children in it e.g. 'swinging' (partner swapping), accessible pornography and lack of appropriate boundaries. So, information about the nature of sexual interests and experiences in terms of gender, age, frequency, unusual practices that are actually or potentially harmful or humiliating (e.g. sadomasochistic sex, animal involvement) may all help establish relevant information.

10.13. Key qualities of a "good enough" protective parenting:

- Understands and accepts what her partner did, that it was wrong and that it raises legitimate concerns on the part of agencies about the safety of her children, even if she does not believe that her partner would harm them;
- Has good self-esteem;
- Has internal focus of control - believes that she can shape events;
- Can provide appropriate attachment. Is emotionally warm, available and able to understand the children's inner worlds and put the needs of her children before her own;
- Has good social support and has a confidant outside the immediate family. Is well connected with friends and family members who know what has happened and can offer support;
- Is not financially or psychologically dependant on her partner and can contemplate a life separate from him;
- Is cooperative with child safeguarding agencies and able to work through negative feelings engendered by their intrusion into her life and does not get stuck in an oppositional stance toward agencies



11.0. **Interview with Children in Contact with Alleged Perpetrator**

11.1. Consider if and at what stage children should be interviewed, - this should be agreed at the strategy meeting and subsequent planning meetings.

11.2. Consider what children will be told and who will do this.

- Children should be given information in an age-appropriate manner, agreed with the protective carer, about what is happening and about the social worker's role;
- There may be a temptation to avoid discussing anything with the child because it seems too difficult. This will not be helpful in the long run. Children should be told something, but not everything and by saying a measured amount of information to children we will be opening up the opportunity for disclosure about past events and/or in the future. By not mentioning anything we run the risk of children feeling that they can't speak and they must keep quiet. They may also become confused/anxious that something is going on ... "I think I'm at risk of something, but no one's telling me!" "Has daddy done something bad?" "Have I done something bad?"
- We have to be careful that we don't end up mirroring the possible secretive and deceptive behaviour of caring adults in these situations. Colluding with "let's keep it quiet" may lead to families continuing with codes of secrecy. It may also result in professionals being put under pressure to check everything out with the parents before their children are spoken with;
- This may have to include the reasons why the perpetrator is leaving home for a while;
- If there is a written agreement in place, consider whether the child needs to be informed and have information about what to do if the agreement is breached;
- They may have been present during the police search early in the morning and have become very anxious by it;
- They may know about "rude pictures" on the Internet - even at quite a young age. This may be part of the current common usage of the Internet by children and not associated with the adult viewing child sexual abuse images;
- Appropriate generic materials are available for helping children to express their wishes and feelings; what is happening in their lives; if anything is troubling them; assessing their knowledge about safe and not-safe touch; assessing signs of grooming or significant harm;
- Babies and very young children should be observed with the potentially protective carer - and with the alleged perpetrator if contact is continuing;
- Older children and young people should be offered time on their own with the practitioners;
- Depending on the age of the child, there should be a focus on safety planning.

12.0. **Interviewing the alleged perpetrator and the partner**

12.1. It is important to consider who is the most appropriate person to interview the alleged perpetrator. Good practice suggests that two people should undertake such assessments.



This ensures that assessments remain child focused and minimize the risk of those involved being groomed by the alleged perpetrator. It is important to remember that information gathered might not include honest answers and care needs to be taken in ensuring any analysis is evidence based. Where this is not possible supervision is important in helping with the analysis of information gathered for the assessment.

The timing of when assessments need to be carried out is important and it may be important to seek advice regarding this in relation to any proceedings.

Some or all of the following questions can be used when interviewing alleged users of child abusive images. The questions with this symbol (Ø) can be also asked of and cross checked with partners as part of the assessment of risk to children in the household.

- What is the number of total hours that the individual spends on-line in any one week, and the proportion of this time that was spent in contact with others sexually interested in children or in downloading images?
- What has been the level of general disruption in their lives that being on-line has played, particularly in relation to work or real-life social relationship?
- Has there been a reduction (where appropriate) in sexual interest with their partner?
- Has there been emotional withdrawal from family members or friends?
- What are the person's existing social networks and levels of emotional support?
- What level of social isolation is present?
- Is there a preoccupation with accessing the Internet such that there are ongoing difficulties in concentrating?
- How many Internet media are being accessed (Web sites, chat rooms, e-mail, newsgroups)?
- What do they do with each and what level of pleasure is associated with these activities?
- What nicknames are used and what do they mean to the person?
- How is material retrieved from the Internet saved and organised (in particular, how is it stored, how are files labelled, what changes are made to existing file names)?
- How much time is spent off-line with collected material, either editing and sorting, or for use as an aid to masturbation?
- Have images been exchanged with others (how has this been done, what volume and what purpose did this serve)?
- Have images been created through scanning from existing pictures or by digital camera?
- Have any fantasies been acted out with real children (which may or may not be of an explicitly sexual nature)?
- Has there been any contact in real life with people (adults or children) met on-line?
- What level of preoccupation is there with regard to 're-living' past experiences?



- How much time is spent thinking about their latest Internet experience (chat or image), or planning the next?
- Are details of other on-line people kept and reflected on?
- Does the person keep making promises to stop going on-line and then breaking them?
- Does the individual take risks in terms of accessing the material (either because of others in the house or same room) or storing it?
- Have images been downloaded while children were in the room or in close proximity?
- Have images been shared with others off-line (work colleagues, children)?
- Is there a sense of excitement in anticipation of going on-line, or a sense of frustration or irritation when blocked from doing so?
- Does the person chat to others about real or imaged sexual encounters with children?
- Is there self-representation as other individuals (either same or other sex or age)?
- What attempts have been made to contact children through the Internet?
- What level of masturbation is associated with on-line activities?
- Does masturbation take place on or off-line?
- What has been the increase or change in sexual activities since accessing the Internet?
- Does the individual engage in virtual sexual relationships with others (adults or children);
- Has there been a change in the kinds of text or images accessed (age or other characteristics of the child, types of images and level of victimisation)?
- Does arousal happen to other non-child images

13.0. **Implications for Practitioners**

- 13.1 It is important that we do not exaggerate the negative aspects of sexual expression on the Internet, either in terms of its extent or its level of pathological expression. Cooper et al. (1999) have identified a number of positive aspects that the Internet may play in sexual relationships, including a reduction in the role that physical attributes play in the initial decision to pursue a relationship. However, in the context of people with a sexual interest in children, the Internet can play a very powerful role in justifying extreme levels of engagement with material that is based on the sexual abuse of children (Quayle et al., 2000). The relationship between justifying the production of and access to such images and the commission of a contact offence is unclear.
- 13.2. Existing models of offending behaviour have yet to examine the relationship between the offender and the Internet and how that relationship facilitates sexual behaviour, both on-line and off-line. An analysis of interviews with thirteen men convicted of downloading child pornography (Quayle and Taylor. 20002) would suggest that while some offenders use such material as a substitute for contact offences, there are others who express a strong wish to engage physically with a child and for whom pornography on the Internet may act as a blue print or stimulus for offending. There is also a real possibility that sex offenders

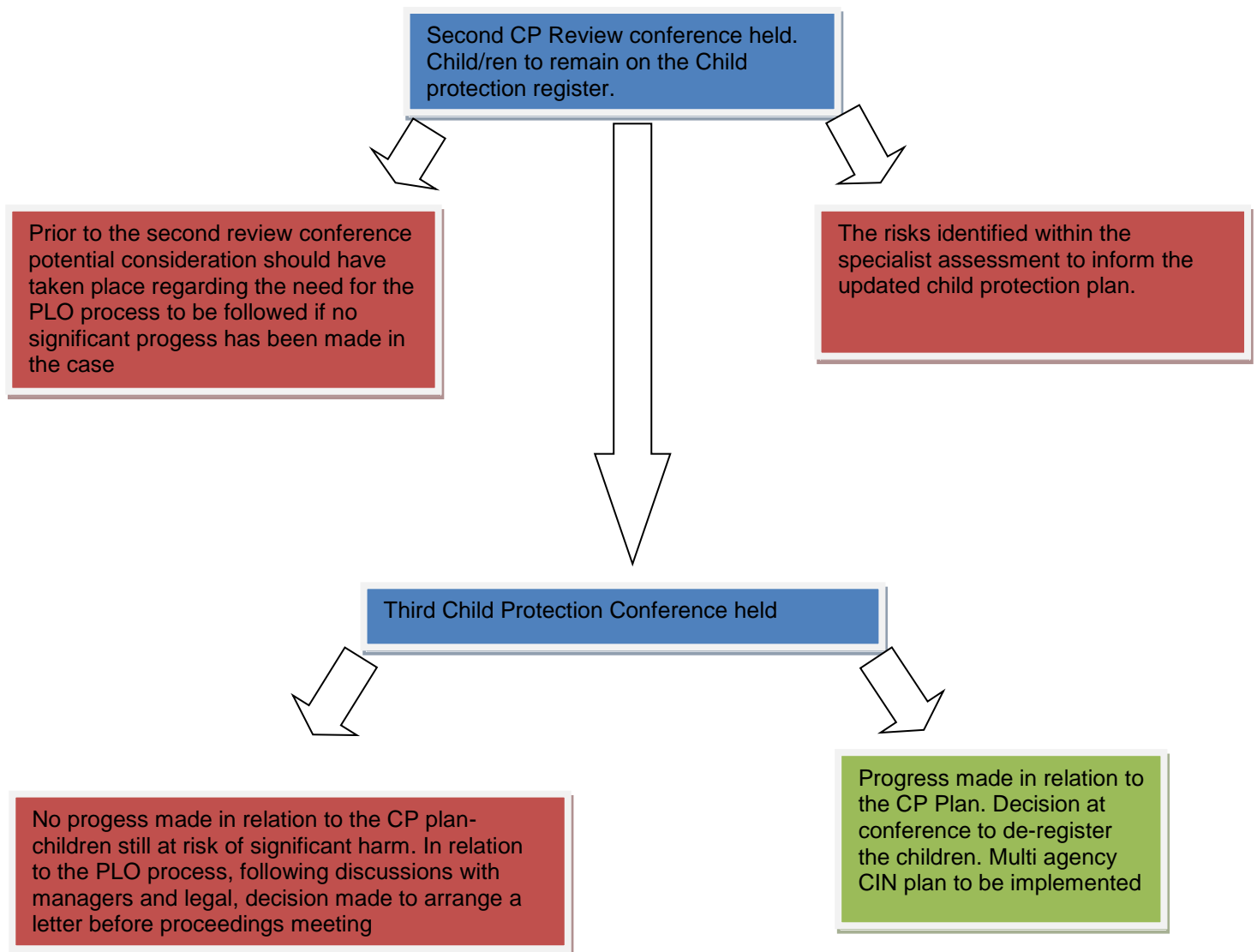


are changed by and subsequently contribute to change in others through the Internet, in relation to beliefs, values and cognitive styles.

- 13.3. The justification that these are victimless crimes, in that the offender may not have engaged in actual sexual contact with a child (Taylor, Quayle & Holland 2001), is spurious as those who access it are willing participants in an abusive situation.
- 13.4. The challenge to practitioners is to try and understand the role that the Internet may play in offending behaviour and in particular, accessing and distribution of pictures depicting child sexual abuse. In order to do so, it is necessary to understand how offenders use the Internet and for practitioners to be confident about its assessment. As yet, the relationship between the collecting of child pornographic material and the commission of a contact offence remains unclear. Until practitioners include questions about pornography and the Internet in their assessment, which ultimately informs research, there is little hope of bringing clarity to this complex area. Practitioners will increasingly be faced with problems that relate to the interface of people with the Internet, and an understanding of the latter is central to working with such clients



Process for children remaining on the Child Protection Register beyond the second review



Appendix 1- Assessment of the capacity to Protect- Promising and Compromising signs

Non-abusing parent/carer

Both the passage of time and the assessment process itself will affect a parent's response. The worker has a responsibility to make available to the non-abusing parent relevant information concerning sexual offending behaviour and the sexual abuse of children. An important part of the assessment process is an assessment of the capacity to change.

Less able to protect

- Attempted concealment at point of disclosure. Suspected of active participation in the abuse;
- Minimising events or over-simplifying explanation for the abuse;
- Denial of possible future risk;
- Indiscriminate in sharing of information about the abuse;
- Has not told extended family about the abuse;
- Continued antagonism to Social Services Department either overt or covert;
- Emotionally and financially dependent on the perpetrator;
- History of former relationships with abusing partners;
- Antagonistic and blaming towards the victim including extended family disbelief of the victim and continued involvement with the perpetrator;
- Emotionally distant from children;
- Pre-occupied with own needs which may relate to own abuse history;
- Low self-esteem;
- Mental health problems such as psychosis, chronic depression, eating disorders which make a parent unavailable or distant to children;
- Substance misuse both drugs and alcohol;
- Poor physical health or disability or communication problems;
- Uses religious beliefs to absolve responsibility or to deny possible future risks.

More able to protect

- Brought concern to the attention;
- Knows full history and details of abuse and given appropriate explanation to family/friends;
- Working in partnership with professionals;



- Co-operation with professionals, but willing also to take responsibility for actions;
- Understood 'grooming' process;
- Willing to seek advice;
- Owns responsibility for allowing abuser home;
- Believes child and has supported throughout disclosure and therapy, or has demonstrated a change in belief and attitude over time, or acknowledges ambivalent feelings;
- Good relationship with children;
- 'Good enough' parenting skills. Able to empathise with the child and usually puts the child's needs first;
- Strong personality - able to act independently;
- Able to challenge future suspicious behaviour of offender;
- Own abuse history previously disclosed, but has worked out own resolution including self-protection;
- Continuing network of support from family/friends who will provide a degree of vigilance, share information and promote child safety;
- Keeps appointments with relevant agencies e.g. Health Visitor, GP.

Couple relationship

Both adults must be interviewed separately and together. Workers need to show sensitivity to race, cultural background and class.

Risk increased if:

- Joint participation in drug/alcohol abuse, sadomasochism/violence;
- Perpetrator takes charge of personal/intimate care of children;
- Denial of any problems with marriage;
- Poor marital relationship;
- Each partner is 'secretive', anger/anxieties not voiced;
- Intimacy/sexual relations problem;
- History of domestic violence;
- Unstable lifestyle evidenced by work pattern;
- Poor communication - lack of empathy between partners;
- Overt use of pornography/'sexualised' atmosphere in home.

Risk lowered if (including protective factors):

- Each partner has sought help;



- Caring tasks negotiated and house rules agreed;
- Evidence of ability to discuss the abuse and no minimisation/denial;
- 'Mature' couple, good support from extended family with no collusion;
- Appropriate affection and physical contact;
- Able to discuss sexual matters openly;
- Draws appropriate boundaries around adult talk and behaviour.

Parenting styles

Risk increased if:

- Rigid role definition;
- Social isolation;
- Perpetrator makes decisions and rules concerning family members.

Risk lowered if:

- Children aware of boundaries, listened to and heard by both parents;
- Appropriate use of community;
- Family working openly and with professionals on rehabilitation plan.

Siblings

Each child to be listened to and spoken with separately in a safe, private place. Their needs and vulnerabilities must each be assessed as individuals in their own right.

Increased vulnerability

- History of the abuse and consequences have only been half-told and are kept secret;
- Are subject to or have been subject to a Child Protection Plan in any category;
- View victim as 'naughty' or 'indifferent' in other ways - scapegoat victim/disbelieve or blame;
- Have no adult whom they trust;
- Poor educational record;
- Disability/communication problems;
- Concerns about possible neglect/physical abuse/failure to thrive/emotional harm.

Risk increased if:

- Over compliant, non-assertive personalities;
- Feels 'less-favoured' in the family;
- Poor eye contact/self image;



- Feels discriminated against because of race, culture or class.

Lowered vulnerability

- Are age-appropriately aware of abuse and consequences;
- Have been interviewed and given time to talk with trusted adult outside the family;
- Understand nature of 'therapy' offered to victim;
- Strong, assertive personality;
- Family rules have been established regarding privacy, personal care etc.;
- Protection/preventative strategies discussed;
- Age appropriate sex education. Can identify appropriate adults who are safe and can be trusted.

The above factors should also be considered in relation to children in extended family or children who are frequent visitors to the household.

Victim or potential victim

Increased vulnerability

- Regarded by non-abusing parent as a 'rival' or blamed in some way;
- Continues to show highly sexualised behaviour (age inappropriate);
- Few friends or trusted adult or 'safe' extended family;
- Disability/communication difficulties;
- Physical health poor;
- Learning difficulties and low educational achievement;
- Low self-image, poor eye contact;
- Non-assertive body language;
- Mental health rating indicating depression;
- Over compliant;
- Maintains or seeks to maintain relationship with abuser;
- Feels discriminated against because of race, culture, religion or class;
- Unable to express feelings relating to abuse.

Lowered vulnerability (Protective factors)

- Strong loving relationship with non-abusing parent;
- Has engaged in therapy and supported in this by family;
- Has learnt 'preventative' strategies and age appropriate sex education;



- Positive experience of education and/or safe activities outside of home;
- Able to express wishes and feelings to trusted adult;
- Privacy rules established in house;
- Positive self-regard and confident;
- Been able to voice ambivalence towards abuser. Shown this by willingness to make statement or has claimed compensation;
- Positive and stable friendship network with peers;
- Are, or who have been subject of a **Child Protection Plan** in any category.

Source: Morrison, T, Erooga, M. & Becket R.C. Sexual Offending Against Children 1994

APPENDIX 2 - FRAMEWORK FOR THE ASSESSMENT OF CHILDREN IN NEED AND THEIR FAMILIES

1. Introduction

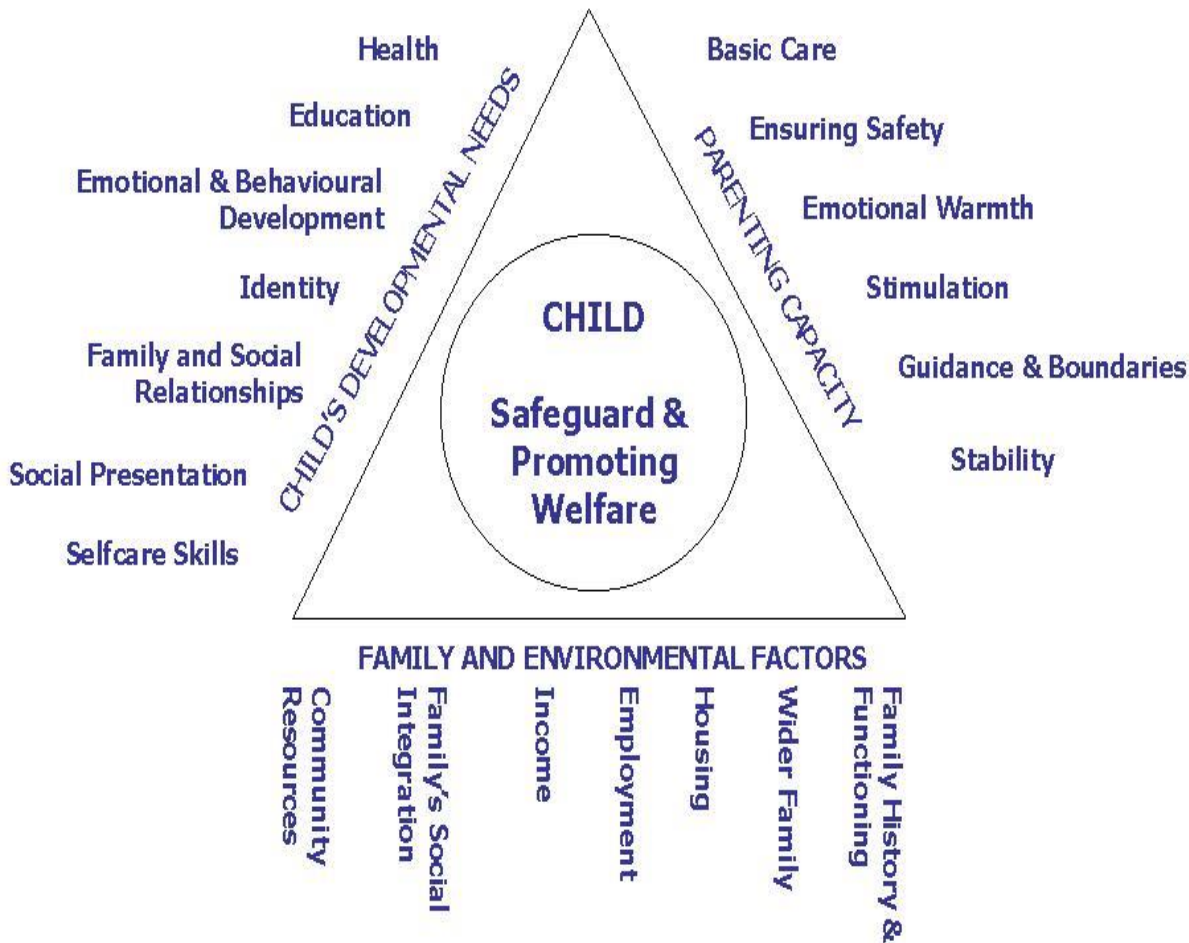
The *Framework for the Assessment of Children in Need and their Families* (outlined at Figure 1) provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of a child's developmental needs; the capacity of parents or caregivers to respond appropriately to those needs, including their capacity to keep the child safe from harm; and the impact of wider family and environmental factors on the parents and child. Each of the three main aspects of the framework – the child's developmental needs; parenting capacity; and wider family and environmental factors – is outlined in more detail in Boxes 1, 2 and 3 respectively.

The framework is to be used for the assessment of all children in need, including those where there are concerns that a child may be suffering significant harm. The process of engaging in an assessment should be viewed as being part of the range of services offered to children and families. Use of the framework should provide evidence to help, guide and inform judgements about children's welfare and safety from the first point of contact, through the processes of initial and more detailed core assessments, according to the nature and extent of the child's needs. The provision of appropriate services need not and should not wait until the end of the assessment process, but should be determined according to what is required, and when, to promote the welfare and safety of the child.

Evidence about children's developmental progress – and their parents' capacity to respond appropriately to the child's needs within the wider family and environmental context – should underpin judgements about:

- The child's welfare and safety;
- Whether, and if so how, to provide help to children and family members;
- What form of intervention will bring about the best possible outcomes for the child;
- What the intended outcomes of intervention are.

ASSESSMENT FRAMEWORK



2. Dimensions of child's developmental needs

Health

Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment need to be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.



Education

Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and behavioural development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.

Identity

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and social relationships

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social presentation

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self care skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

3. Dimensions of parenting capacity

Basic care

Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring safety



Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

Emotional warmth

Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and boundaries

Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver/s in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

4. Family and environmental factors

Family history and functioning

Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family / household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.



Wider family

Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

Income

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's social integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.



Appendix 3- Asset – YOT assessment tool – to only be completed by YOT practitioners

Completion of *Asset* should be the basis for all assessments of potential risk. In particular, this should include:

- *Asset – Core Profile*;
- *What do you think? form*;
- *Asset – Risk of Serious Harm*.

Asset documents are available for download from <http://www.yjb.gov.uk/en-gb/practitioners/Assessment/Asset.htm>.

A key part of this process is using the evidence boxes in both the *Asset – Core Profile* and *Asset – Risk of Serious Harm* to explain the significance of the risk and protective factors identified.

Effective use of *Asset – Risk of Serious Harm* is essential in making assessments of risk of harm and assisting the court in assessing dangerousness. *Asset – Risk of Serious Harm* should draw together information and assessments from all the agencies with significant past or current involvement with the child, and should lead to a more detailed analysis of the possible risks of serious harm to others than is possible within *Asset – Core Profile*.

The 'indicators of serious harm' section of the *Asset – Core Profile* is being revised to specify that *Asset – Risk of Serious Harm* should normally be completed where:

- A child has been convicted of a serious specified offence;
- A child is being sentenced in the crown court for a specified offence;
- A youth court specifically requests that the risk assessment in a pre-sentence report should contribute to its assessment of dangerousness in order to determine whether to remit the case to the Crown Court for sentencing.

Risk factors

Section 1 of *Asset – Risk of Serious Harm* asks for evidence of previous "harm-related behaviour". This includes behaviour that has actually resulted in serious harm to others, but also behaviour that might very likely have led to serious harm. With an adult offender, there may be a long record of violent or sexual offending, which gives a strong indication of the possibility of further harmful behaviour. A child is less likely to have such an extensive record, however; and a risk assessment that only focused on their previous convictions would be very limited. This element of the assessment, therefore, also needs to consider any evidence regarding violence or sexual aggression within the home, school or peer group that may not have resulted in a conviction.

Section 2 of *Asset – Risk of Serious Harm* looks at a child's current circumstances. This enables the practitioner to do one of the following:

- Highlight factors about a current situation that might increase the risk of a child causing serious harm to others discuss factors which suggest that, although a child may previously have committed a violent or sexual offence, their circumstances may have changed such that the likelihood of further such behaviour is reduced.

Protective factors

In addition to identifying factors that indicate a risk of serious harm to others, an assessment also needs to consider the positive or protective factors which indicate how the risk can be reduced. These can include ability to impose internal self-control factors (e.g. in relation to anger) or external factors (e.g. increased boundary setting by parents).



protective factors should be identified in as much detail as possible (e.g. explaining how support from a family member will affect the child's behaviour, or specifying why a child is motivated to avoid further offending).

Future behaviour

Whilst knowledge of past behaviour is critical in making assessments about the likelihood of future behaviour, children can change. This is particularly relevant for children who may be experiencing a complex process of development. This has been highlighted in a recent judgment of the Court of Appeal stating that:

'It is still necessary, when sentencing young offenders, to bear in mind that, within a shorter time than adults, they may change and develop. This and their level of maturity may be highly pertinent when assessing what their future conduct may be and whether it may give rise to significant risk of serious harm'. (R v Lang, 2005)

Appendix 4 -Assessment of an adult: *Offender Assessment System (OASys)- to only be completed by Probation*

For sexual and violent offenders, the approved assessment tools used by the prison and probation services are OASys (Offender Assessment System) and Risk Matrix 2000 (see section 13.4.16 for details of Risk Matrix 2000). OASys is a comprehensive assessment tool that applies to all offenders but is particularly valuable for sexual and violent offenders as it incorporates both static and dynamic aspects of risk posed by offenders. OASys places offenders into levels of risk – very high risk, high, medium and low risk. It provides the assessment necessary for effective case management, targeting of intervention treatment programmes, referrals to partnerships, resource allocation and risk management.

OASys is designed to:

- Assess how likely an offender is to be re-convicted;
- Identify and classify offending related needs, including basic personality characteristics and cognitive behavioural problems;
- Assess risk of serious harm, risks to the individual and other risks;
- Assist with the management of the risk of harm;
- Link the assessment to the sentence plan;
- Indicate the need for further specialist assessments;
- Measure change during the period of supervision / sentence.

OASys assesses an offender's risk of re-offending by systematically examining up to 13 offending-related factors which include offending history; accommodation, education / training and employment possibilities; relationships; drug and alcohol misuse; and emotional well-being, thinking and behaviour.

The offender's self-assessment, which is also a part of OASys, is a useful for two reasons:

- It reflects the accuracy of the offender's self perception;
- It indicates the offender's likelihood of re-offending because re-offending is linked to the offender's ability to recognise their own problems.

OASys can only be used on offenders aged 18 years or over. Youth Offending Teams use Asset assessments for children. There are common elements between Asset and OASys so that when an offender reaches 18 years, information from Asset can be drawn across to complete OASys.

Levels of risk of harm

The levels of risk of harm used by OASys are as follows;

- Very high: there is an imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious;
- High: there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious;
- Medium: there are identifiable indicators of risk of serious harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances (e.g. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse);
- Low: no significant, current indicators of risk of serious harm.

The categorisation includes risks to:

- The public: either generally or a specific group such as the elderly, women or a minority ethnic group;
- Prisoners: within a custodial setting;
- A known adult: such as a previous victim or partner;
- Children: who may be vulnerable to harm of various kinds, including violent or sexual behaviour, emotional harm or neglect;
- Staff: anyone working with the offender whether from probation, prison, police or other agency. This relates to all forms of abuse, threats and assaults that arise out of their employment;
- Self: the possibility that the offender will commit suicide or self-harm.

OASys cannot provide in-depth assessment of all aspects, especially the specialist aspects of risk. It is designed to trigger further assessments in some areas relating, e.g. to sex offenders; violent offenders; basic skills, drugs and alcohol; mental health and dangerous and severe personality disorder; racially motivated offending and domestic violence.

Professionals must seek expert professional opinion when assessing the risk of sexual harm a child or adult poses to children.

RISK MATRIX 2000

Risk Matrix 2000 is an evidence-based actuarial risk assessment, used by probation and the police to measure risk of reconviction (rather than risk of serious harm to others) for sex offenders. It is triggered by and uses the same classifications of risk of reconviction as OASys, and where there is any disparity between the two assessment tools in respect of the likelihood of re-conviction, the *Risk Matrix 2000* risk level should be applied.

Other sources of risk assessment

The responsible authority may use other assessments or assessment tools to complement and critically inform the *OASys* assessment. The development and maintenance of close working relationships with other agencies in the MAPPA is essential to facilitate access to these assessments (e.g. from health, mental health or learning difficulties services, adults or LA children's social care, education, and housing services).

Multi-agency professional judgement must inform the assessment of risk of harm.

Appendix 5- Messages from Research- A note of caution

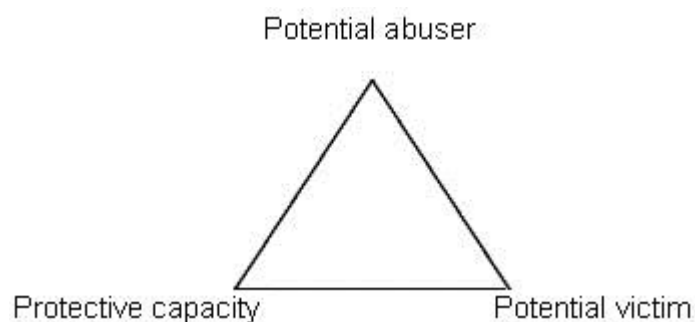
Practitioners in the Social Care and Criminal Justice fields are faced with ever increasing requests for the assessment of risk posed by individuals who have been caught in possession of child sexual abuse images, either in hard copy form (photos, videos, audio tapes), and/or more commonly today in digital form (e.g. images downloaded into the computer from the Internet, CD-ROMS, scanned photos, digital camera etc).

The key question for practitioners: *Is this type of offender likely to commit/has already committed contact sexual offences with a child or children?*

It must be borne in mind that the use of the Internet to access child abuse images is relatively recent (the first conviction in the UK for an Internet offence was in 1997) and therefore there has not been opportunity to conduct follow-up studies over a long period of time. The re-conviction rate for all types of sexual offending is also very low which compounds the limitations imposed by relatively short time periods available for longitudinal research. Consequently we have to be circumspect in drawing firm conclusions about future risk of "hands on" offending.

Whilst current research may suggest that the majority of men who view child sexual abuse images are at a relatively low level of risk of committing contact offences against children, one must bear in mind that statements about risk in large populations are not the same as discriminating individual levels of risk in specific child protection situations. It is the case that someone who is assessed as low risk to the general population may present an unacceptably high risk to children in specific circumstances.

Risk is dynamic and multi-factored. The risk that an individual presents must be assessed alongside the vulnerability of any potential victim and the quality of the protection that child is surrounded by - the so-called *triangle of risk*. All these factors are dynamic, can change over time and can influence each other.



Child sexual abuse images

It is now generally accepted that the term "child pornography" should not be used, because it conflates the images of child abuse (which constitute "child pornography") with adult pornography which may be perfectly legal. There are different opinions about this, but it has now become generally accepted that the term "child sexual abuse images" is more appropriate, and most agencies have adopted this practice in their written material. Some research material uses the older term and that usage is usually preserved in direct quotes



Pornography and sexual violence

The debate around the potential harmful effects of pornography and its link to sexual violence has raged for many decades. Many eminent researchers have compiled studies, which they claim both proves, and disproves, the impact of pornographic images on sexual offending.

Added to this complex debate is the question: *What material is pornographic?*

Moral, legal and subjective definitions exist throughout the world but vary depending on the country and the predominant belief systems therein.

For most social work practitioners in the U.K. however, it will suffice to say that involvement with individuals caught in possession of child abusive images will nearly always arise as a result of a police investigation and the seizure of images, possession of which is an offence under the Protection of Children Act 1978 - amended 1994. This states:

"It is an offence for a person....

- a. to take, or permit to be taken, or to make, any indecent photographs or pseudo-photographs of a child;*
- b. ... to distribute or show such indecent photographs or pseudo-photographs."*

Do Internet offenders commit contact offences?

There is little evidence to clearly identify a causal link between the downloading of child sexual abuse images and the propensity to commit contact offences of child sexual abuse.

The Internet has produced a massive change in the relationship between individuals and pornography, including child abuse images. Wortley & Smallbone (2006) suggest that 30% of child pornographers pre-Internet were involved in hands-on offending. The number of hits on sites accessing child abuse images is now huge (Smallbone cites one site receiving 1 million hits a month; the BT Cleanfeed ISP blocked 35,000 hits in its first week of operation in the UK).

The Internet offers what has been described as the "three A's", driving such massive use;

- *Anonymity* - it is an intensely private activity where an individual believes that their identity is secure;
- *Affordability* - it's cheap;
- *Accessibility* - it is a few clicks away on one's home computer (Cooper 2002).

In pre-Internet days obtaining child pornography was a much more risky, time consuming and expensive activity, with a greater perceived risk of exposure and required some knowledge or preparedness to seek out material in unfamiliar surroundings. It is likely that the merely curious would be deterred by these difficulties.

There is a lack of modern research about the base-line level of sexual deviance in the general population. However, it is probably the case that very many individuals are drawn to illegal material who do not present a risk of committing sexual assault on children or adults. The sheer number of hits on Internet pornography sites of all types would suggest that this is the case.



Messages from research

With the caveat in the Introduction in mind, some of the more recent and widely discussed research materials comment on the risk of future hands-on offending.

A study was conducted by Hernandez in the US of 90 volunteers from the Federal Bureau of Prisons Sex Offender Treatment Program (2000). This piece of research was originally embargoed by the Federal Bureau of Prisons and the study has been heavily criticised for methodological inconsistencies. It must always be borne in mind that self-report studies can be subject to unintentional sample bias and that participants in treatment programs can be encouraged to give answers that are seen as acceptable to the institutional setting or supportive of favourable outcomes for the subject.

Hernandez concluded that 76% of a sample of 62 child pornography offenders who did not have a previous conviction for contact offences disclosed, in treatment, that they had sexually assaulted a child. Hernandez says:

'It would be imprudent to conclude that a child pornography offender does not present a risk to the community just because his criminal history does not reflect a prior contact sexual crime against a minor'.

Although he also states:

'it is unclear why some child pornography offenders have contact sexual crimes and others appear not to have any'.

In their 2005 study, Seto and Eck studied 201 male child pornography offenders, of whom 25% had prior child contact offences and 15% prior child pornography offences. Over an average period of nearly 30 months when they could have committed further offences, it was found that 17% of the sample had re-offended. 9% of those with prior contact offences committed a further contact offence but only 1% of the child pornography-only offenders committed a further contact offence and 4% a further pornography offence.

Webb, Crassatti and Keen (2007) studied 190 subjects of whom 73 (38%) were Internet sex offenders and 117 (62%) were child molesters (contact offenders). No Internet offenders were convicted of a contact offence over an average of 18 months follow-up, one was convicted of a general offence and two for further Internet offences. 5% of the child molesters were convicted of a further violent or sexual offence. Webb et al also studied the level of failure of supervision (breach, recall etc) and found that the rate was significantly higher for child molesters at 17% but 0% for Internet offenders.

Both of the above studies support the view that Internet-only offenders present a low risk of direct sexual harm to children they are in contact with. Those Internet offenders who have a prior conviction for a hands-on offence are at significantly higher risk of further hands-on offending, as are those individuals with a general anti-social and criminal history. The question of whether Internet offenders are more vulnerable to contact sexual offences but have stronger inhibitions or whether they are a different type of offender is still open.

Some messages when conducting assessments on Internet offenders within the home

- Men convicted of accessing child abuse images who do not have previous sexual convictions; do not have general criminal histories and who are not anti-social (e.g.



histories of drink or drug use, domestic violence, sexually inappropriate behaviour) are at low risk of committing hands-on sexual assault;

- The issue of conducting an assessment of an offender found to be living in a home where children are present is extremely complex, more so when there are seemingly no other indicators or evidence of significant harm. Researchers in the field are divided about the extent of risk that such an individual poses;
- In the case of low-risk offenders, and providing adequate safeguards are in place, it may not be appropriate to ask the offender to leave the family home whilst a full assessment is undertaken;
- Low risk does not mean no risk and an offender who has been assessed as low risk for offender management purposes may present an unacceptably high risk to children in specific circumstances (David Thornton 2005);
- Some convicted offenders will have undergone treatment but the impact of treatment on risk in the case of Internet offenders is still unknown;
- Accessing indecent images of children through curiosity and a generalised interest in deviant sexual material is probably very widespread and there is little evidence that such behaviour increases an individual's risk of committing hands-on offences. However, there will inevitably be individuals who have committed contact offences who have not been caught, and who also use indecent images of children;
- If an Internet offender has previous convictions or credible allegations in the past, the use of child abuse images is indicative of increased current risk.

As in all areas of work it is important that all professionals continually update their knowledge. In this still relatively new area of work, evidence from research is emerging that provides new evidence based information to update our knowledge and inform practice.

Whilst research evidence increasingly supports the view that the majority of individuals who view deviant material on the Internet, including child abuse images, do not pose a significant risk of committing contact sexual offences, there will be individuals who do pose such a risk within the viewing population; who have, or who will, assault children. For this reason, where there are children at risk, holistic and in-depth assessment by skilled and experienced practitioners should be the norm.

John Carr (2001) wrote in his paper to the 2nd World congress on Commercial Sexual Exploitation of Children:

'..... while acknowledging that different studies show different levels of probability..... they establish beyond doubt what one's common sense also suggests: whenever the authorities uncover someone in possession of child pornography, they are also identifying someone who is potentially a real and active danger to children'.

Work undertaken now will inform future practice, and we have a duty to approach this work to the best of our abilities in our efforts to protect those children most at risk from exploitation and abuse by these individuals.

There is increasing concern amongst clinicians about the number of young people who are accessing highly deviant material on the Internet and for whom this behaviour appears to be compulsive, in some cases being described as addictive. Young people, whose sexuality is more labile and possibly more influenced by external experiences, may be at higher risk of developing



paraphilic behaviour as a result of exposure to deviant images than adults. Though there is little conclusive research in this area, it is something to be taken seriously by child protection agencies, when that young person is in a household where there are potential victims, and as a child protection issue for the young person concerned.

Internet and communications technology is constantly developing and evolving and this section is only intended to give an idea of the range of communications channels used by people to contact each other and exchange electronic data - including child abuse images.

For up to date information the following organisations have helpful websites:

- **Internet Watch foundation.**

The foundation was established in 1996 by the UK Internet industry to provide an Internet hotline for public and IT professionals to report potentially illegal online content with the intention of having offending material removed.

- **CEOP Child Exploitation and Online protection centre.**

The Child Exploitation and Online Protection (CEOP) Centre delivers a multi-agency service dedicated to tackling the exploitation of children. That means building intelligence around the risks, tracking and bringing offenders to account either directly or with local and international police forces and working with children and parents to deliver their ThinkuKnow Internet safety programme.

Web sites

Pornography of all types (including child abusive images) is available from numerous web sites, either for free or for a charge.

The success of the investigation (into the distribution of child abusive images) by the US Postal Inspection Service - Operation Avalanche in 1999 - was achieved by seizing the credit card details of approximately 250,000 individuals worldwide (7,000 in the UK) who had been paying for these images.

Usenet newsgroups and bulletin boards

Individuals with shared interests can post information and files containing images to a specific group that has an identifiable name, which generally indicates the nature of the subject matter (Carr 2001).

Bulletin boards have been called high tech party lines by which users can send and receive text, engage in conversations and both upload and download files (Durkin and Bryant 1995).

Community groups/on-line communities

These are more specialist communication tools of the Internet, which allows for groups to create invitation-only communities for special interest groups - such as paedophilia.



Internet relay chat (chat rooms)

Allows a person to chat in real time using text. Often used by children, they are used by child offenders as a means of seeking out potential child victims. These adults will often pose as children in order to elicit personal information including sexual orientation.

The offenders can also communicate with individuals who share their interests as a way of normalising their deviant beliefs.

Peer-to-peer/direct client to client

This process will allow a user to access the data drive of another user in order to upload and download files. Peer to peer or P2P software such as Lime Wire allows multiple users on the Internet to access each other's hard drives to share files. It is best known for allowing people to freely share and swap music files but it can also be used to share graphics files.

Paedophiles can therefore be invited to 'visit' somebody else's collection and take what material they want' (Quayle and Taylor, 2001).

Mobile Devices

Communication can be sent via computer direct to a mobile phone. Modern mobile phones can also be used to capture, send or receive images or video clips.

Multi-player games on line

Usage is increasingly popular with children and adults and has been used by offenders to contact children, often posing as children or young people themselves.

Social Networking

A **social network service** focuses on building **online communities** of people who share interests and/or activities, or who are interested in exploring the interests and activities of others. Most social network services are **web based** and provide a variety of ways for users to interact, such as **e-mail** and **instant messaging** services.

Social networking has encouraged new ways to communicate and share information. Social networking websites are being used regularly by millions of people for legitimate purposes. However they can of course be used by sex offenders to communicate with each other and fileshare and also to meet and groom potential victims.

The main types of social networking services are those which contain category divisions (such as former school-year or classmates), means to connect with friends (usually with self-description pages) and a recommendation system linked to trust. Popular methods now combine many of these, with **Facebook** widely used worldwide; other examples are **MySpace**, **Twitter**, **Bebo** and **Linked In** being among the most widely used but there are a many others.



Appendix 7- References

Carr, J (2001) Child Pornography. *Paper prepared for 2nd World Congress against Sexual Exploitation of Children, Yokohama Japan*

Cooper, A (2002). Sex and the Internet - A Guide for Clinicians

Durkin, K and Bryant, CD (1995) Log on to sex: some notes on the carnal computer and erotic cyberspace as an emerging research frontier, *Deviant Behaviour*, Vol 16, pp.179-200

Hernandez, AE. (2000) Self-Reported Contact Sexual Offences by Participants in the Federal Bureau of Prisons

Morrison, T, Erooga, M. & Becket R.C. 1994 Sexual Offending Against Children

Quayle, E and Taylor, M (2001). Paedophiles, Pornography and the Internet: Assessment Issues. *British Journal of Social Work* (2002) 32, 863-875

Seto M & Eke A. (2005) The criminal histories and later offending of child pornography offenders. *Sexual Abuse: A Journal of research and treatment* 17, 201 - 210

Smallbone S & Wortley R presentation; 10 Unhelpful Myths about Sexual Offenders Taylor M, Quayle, E and Holland G (2001). Child Pornography, the Internet and Offending.

Thornton D (2005) Personal communication. David Thornton developed Risk Matrix 2000, the standard actuarial risk assessment tool for sex offenders used by the UK police and probation service

Turnell A & Essex, S (Open University Press 2006). Working with 'Denied' Child Abuse: The Resolutions Approach

Utting, W et al. (1997). People Like Us. 9.16 p100 London: the Stationery Office

Webb I, Craissatti J & Keen S. (2007) Characteristics of child pornography offenders: a comparison with child molesters. *Sex Abuse; A Journal of research and treatment* 19, 449 - 465

Wortley, R., & Smallbone, S. (2006). Situational prevention of sexual offending



Appendix 8

ASSESSMENT OF INTERNET OFFENDERS

1. Details of Offender			
Name	DOB	Ethnicity	Address

2. Details of significant others				
Name	DOB	Ethnicity	Address	PR?

3. Key agencies and professionals who have contributed				
Name	Agency	Role	Contact Details	Date seen/spoken to

4. Details of Multi Agency Assessment		
Name of assessment model	Date completed	Attachments

5. Previous Reports / Assessment Used or Cited		
Title	Author	Date

6. Dates /family members seen		
Name of family member	Relationship to Offender	Date Seen

7. Reason for Assessment

8. Chronology (i)
<p>The purpose of a Chronology is to provide succinct and simple information to capture the event or concern in respect of the offender , It provides a vehicle through which historic information to present day can be shared and clearly illustrated.</p>

9. Social history (i) offender
<p>Assessment of his family and personal history. In terms of the development of sexually abusive behaviour, this family background is likely to give some clues as to the triggers for that person or causes of the development of any implicit theories</p>

10. Criminal Convictions – Offender

Criminal history

- Number of previous offences? (one of the best predictors of future abuse is the number of previous offences)
- A detailed exploration of his known offences and exactly what he is able to acknowledge about what he did.

11. Current family/ sources of support

12. Offender's issues including mental health, learning disabilities, domestic abuse, drugs and alcohol

Relationship history with current and former partners, examining issues of power and violence. This may give some ideas about the silencing of children and non abusing partners.

General health and psychiatric history, use of drugs and alcohol.

13. Offenders potential and motivation to change

The **Cycle of Offending Tool** provides clear guidance which should be followed when considering this issue.

- A detailed exploration of his known offences and exactly what he is able to acknowledge about what he did.
- A close examination of the patterns of his abusive behaviour, his ability to take responsibility for that behaviour, the levels of harm caused to his victim/s, the ability to empathise with that and the current level of risk he feels he any pose to children. (Referring to the models of Finkelhor, assault cycle and implicit theories).
- If he has been able to acknowledge any of the above and does he have in place a relapse prevention strategy?
- Wishes and feelings for the future.
- What he feels needs to change about his behaviour and how that can be sustained.
- What contact is he having with any children and in what context? Does he accept a need for it to be supervised and by whom?
- It maybe that some of the above has been covered by other workers in other assessments, such as attending community or prison group work programmes. It would be crucial to compare previous assessments as individuals clearly can make progress or regress in the intervening period.
- An assessment of past and current ability to engage with and co-operate with professionals

14. Analysis

Critical to the final report is a detailed and robust analysis. It is important to recognise that analysis is far more than a description or summary of the assessment. The aim of the assessment is to accurately identify the level of anticipated risk and look at whether this risk is manageable or not. (Calder, p.82 2008).

Social Care staff should use the framework for analysis – concern continuum

Key areas:

Likelihood of continuing to download?

Likelihood of becoming “hands on”?

Likelihood of causing emotional harm?

Impact of the behaviour on the family?

15. Conclusion

16. Recommendations

Finally the Assessment Report should make clear recommendations to aid future planning. It is these recommendations that will be considered by a Child Protection Case Conference and subsequent Core Group Meetings, a Child in Need Meeting or the Court.



17. Date of any future planning/ Review meetings

18. Name of Social Worker/ Multi Agency Professionals completing assessment