STOP IT NOW!

A Scoping Study on Implementation in Australia

January 2019

the men's project

A Jesuit Social Services initiative

Jesuit Social Services

Building a Just Society

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Glossary

child exploitation material (CEM) is defined slightly differently in different jurisdictions, but generally means material that describes or depicts a child (or someone who appears to be a child) in a sexual context (including engaging in a sexual activity), in an offensive or demeaning context, or being subjected to abuse, cruelty or torture.[1] Also called child abuse material (eg in Victorian legislation) or child pornography, although the latter term is discouraged due to the implication it is a legitimate subset of adult pornography.[2]

child sex abuse (CSA) – is defined by the World Health Organisation as the involvement of a child or an adolescent 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 and cannot give consent, or that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility or trust or power over the victim.[3]

child sex abuser – a person who engages in child sexual abuse, regardless of the reason (ie could be for reasons other than sexual interest).

Online offending – encompasses any offending over the internet including using, possession and distribution of CEM and grooming of minors.

paedophile - a person who has a sexual interest in pre-pubescent children (who may or may not act on these feelings - a sexual attraction in itself does not mean a person will offend).[4]

potential perpetrator in the context of CSA means any person at risk of perpetrating CSA and includes those who have concerning thoughts or pose a sexual threat to children but have not yet offended, those who have already perpetrated abuse and are known to justice authorities (detected abusers) and those who have already perpetrated abuse but are not known to authorities (undetected abusers). The term is sometimes used more loosely in this report to include young people with harmful sexual behaviours who might access a *Stop It Now!* service.

primary prevention – universal prevention initiatives aimed at the entire community.[5]

secondary prevention – prevention targeted at at-risk groups, including (in the CSA context) both those at risk of being victimised and those at risk of perpetrating offences.[6]

tertiary prevention – prevention targeting affected populations.[7]

young person with harmful sexual behaviour – in this context "harmful sexual behaviour" covers a broad spectrum of behaviours. They can range from those that are developmentally inappropriate and harm only the child exhibiting the behaviours, such as compulsive masturbation or inappropriate nudity, to criminal behaviours such as sexual assault.

[1]Eg Crimes Act (Vic) s51A; Criminal Code (Qld) s228D; See further discussion in Prichard, J. & Spiranovic, C. (2014). Child Exploitation Material in the Context of Institutional Child Sexual Abuse - Report for the Royal Commission into Institutional Responses to Child Sexual Abuse. Accessed https://www.childabuseroyalcommission.gov.au/sites/default/files/file-list/Research%20Report%20-%20Child%20Exploitation%20Material%20in%20the%20Context%20of%20Institutional%20Child%20Sexual%20Abuse%20-%20Causes.pdf

[2]Prichard, J. & Spiranovic, C. (2014). Ibid.

[3]World Health Organisation (2017). Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization. Accessed http://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf;jsessionid=C9517F528FFBA80A2D6E1BB00B7E5387?sequence=1.

[4]Ward, T., & Siegert, R. (2002). Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime, and Law*, 9, 319–351.

[5]McKibbin, G., Humphreys, C., & Hamilton, B. (2017). "Talking about child sexual abuse would have helped me": Young people who sexually abused reflect on preventing harmful sexual behavior. *Child Abuse & Neglect* 70, 210-221.

[6]McKibbin et al (2017). Ibid.

[7]McKibbin et al (2017). Ibid.

Executive Summary

There are currently no national early interventions in Australia for adults, children and young people who are worried about their sexual thoughts or behaviours in relation to children.[8] The gap in preventative interventions for potential perpetrators was identified by the *Royal Commission into Institutional Responses to Child Sexual Abuse*, and *Stop It Now!* was highlighted as a potential model to adopt in the recommended national child sexual abuse prevention strategy.[9]

Stop It Now! is an early intervention program that operates in North America, the United Kingdom and Ireland, and the Netherlands, and has also previously operated on a small scale in Queensland, Australia. The program has been positively evaluated in both the UK and the Netherlands (Brown et al (2014)[10] and Van Horn et al (2015)[11]). *Stop It Now!*'s key feature is a confidential phone helpline that provides information and support for people who are worried about their own sexual thoughts and behaviours, as well as parents, family-members, and professionals who are concerned about actual or potential child sexual abuse.

This scoping study assesses the feasibility of delivering the successful Stop It Now! program in Victoria and other jurisdictions in order to fill a gap in interventions focused on preventing child sexual abuse ('CSA'). Our study comprised a literature review; interviews with experts in the field including Stop It Now! providers in the US, UK and Netherlands; and consultation sessions with stakeholders and other interested parties.

Our external engagement included discussions with a number of government and non-government participants, including Forensicare, the Department of Health and Human Services (Victoria), the Department of Justice and Regulation (Victoria), the Department of Social Services (Commonwealth), Victoria Police, Google, On the Line, and Kids Helpline. We acknowledge and thank them for giving their time in relation to this project. We would like to particular thank Donald Findlater, Director of Stop it Now! UK, for reviewing and providing feedback on a draft of this report. Throughout this work we were guided by an expert Advisory Group.

We note that there was strong support for a Stop It Now! program in Australia, while also noting a number of challenging aspects to address and questions specific to how the program would operate in the Australian context. From our research and consultation, we have identified a number of key issues that should be considered in developing this program in Australia, including the scope of the program and who it is targeted to, governance, integration and partnership with services in different jurisdictions, staff capability, legal issues, and resourcing.

This report outlines a recommended approach for delivering the model that addresses these issues. We provide details on how an Australian *Stop It Now!* service could operate, including referral pathways into the service, and exit/referral pathways out. Key features of an Australian service are that it will:

- Be anonymous and accessible on a number of levels:
  - a phone helpline and text contact facility
  - a website with advice and guidance, links to support or response agencies, and fact sheets
- Target people in a position to influence child safety, including potential perpetrators of sexual abuse, their parents and family members, friends, colleagues and associates.
- Cater for calls from children and young people as well as adults; given the different needs across these groups, relative to a service for adults, provision of service to children / young people will require a different service response and practice framework including consideration of engagement with parents / caregivers. We are exploring these issues through the Worried About Sex and Porn Project for young people (WASAPP).
- Provide information, safety planning and referrals.
- Be staffed by a small but highly skilled team drawn from backgrounds including mental health, law enforcement and working with perpetrators or victims of sexual abuse.
- Be supported by a network of partner organisations who refer to and accept referrals from the service.
- Be established with clear protocols and communication relating to reporting obligations; highly skilled and trained specialist staff; and a practice framework containing core principles for working with callers, comprehensive risk assessment and management processes, and compliance with legal and mandatory reporting obligations.

[8]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). *Final Report- Chapter 6*. Retrieved from https://www.childabuseroyalcommission.gov.au/final-report

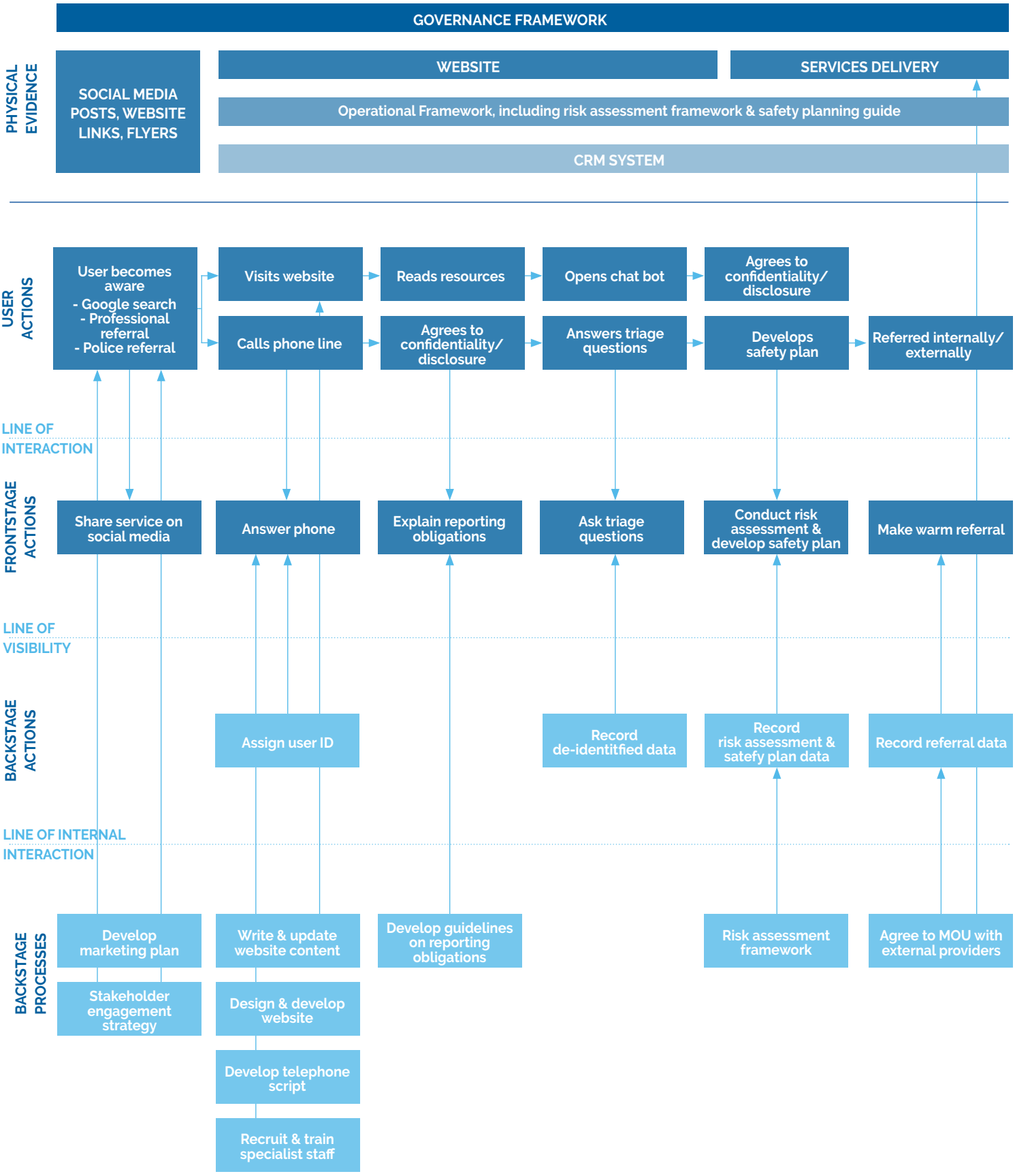
[9]Royal Commission into Institutional Responses to Child Sexual Abuse. (2017b). Ibid

[10]Brown, A., Jago, N., Kerr, J., McNaughton-Nicholls, C., Paskell, C., & Webster, S. (2014). Call to keep children safe from sexual abuse: A study of the use and effects of the *Stop It Now!* UK and Ireland Helpline. London: NatCen Social Research. Retrieved from http://www.scie-socialcareonline.org.uk/call-to-keep-children-safe-from-sexual--abuse-a-study-of-the-use-and-effects-of-the-stop-it-now-uk-and-ireland-helpline/r/a11G0000005lTG4IAM

[11]Van Horn, J., Eisenberg, M., McNaughton Nicholls, C., Mulder, J., Webster, S, Paskell, C., Brown, A., Stam, J, Kerr, J., and Jago, N. (2015). *Stop It Now!* A Pilot Study Into the Limits and Benefits of a Free Helpline Preventing Child Sexual Abuse, *Journal of Child Sexual Abuse*, 24:8, pp853-872, DOI: 10.1080/10538712.2015.1088914

- The service will not deliver interventions beyond the phoneline and website, however it will maintain a directory of services for referring callers on to and where possible have formal referral pathways with these services.
- It is proposed that the service is situated outside of government but that the governance framework promote partnership with law enforcement agencies, services working with offenders, technology companies, and victims and/or the services that work with them.

Stop it Now! Preliminary Model



Recommendations

Recommendation 1: In line with the recommendations of the Royal Commission to establish help-seeking services to support people who are concerned they may be at risk of sexually abusing children and, following extensive consultation with stakeholders, we recommend the establishment of *Stop It Now!* in Australia, using the framework set out in sections 3.2-3.9 of this report.

Recommendation 2: The aims and outcomes of the proposed Australian *Stop It Now!* service should reflect the intent of the service as a secondary prevention program focused on reducing the risks and incidence of child sex abuse and offending involving child exploitation material. However, it should be linked to wider primary prevention efforts delivered under the recommended National Child Sexual Abuse Prevention Strategy. The program model should ensure appropriate referral to mental health supports where this is clinically indicated.

Recommendation 3: Consistent with the proposed aims and outcomes, the intended users of the service are potential perpetrators of child sex abuse (including offences involving child exploitation material), and young people with harmful sexual behaviours, as well as their family, friends and professionals.

Recommendation 4: The service will require a tailored service response and practice framework needs to be developed for children and young people aged 10-18 with harmful sexual thoughts and behaviours, as well as their parents/family and professionals, as they are intended users of this program. We are beginning this work through the Worried About Sex and Porn Project for young people (WASAPP). The aim of the project is to explore an online early intervention for children and young people with problematic sexual behaviours. The response to children and young people would sit alongside the Stop it Now!

Recommendation 5: Key elements of the *Stop It Now! Australia* program are a phoneline and website, which should provide information, advice, safety planning and referrals. During the initial period of operation, the phoneline service should be limited to the core features that are common across all *Stop It Now!* phonelines. Over time, and informed by service user data, related programs and services might be developed that are integrated with the operation of the phoneline. It is recommended that potential for a live chat facility be explored to complement the phoneline.

Recommendation 6: The operating hours of the *Stop It Now!* Australia phoneline should be 11am – 7pm, seven days per week. Outside of these hours, systems should be put in place for callers to access immediate support if in crisis or to call the service back during operating hours. Patterns of calls and demand should be closely monitored to determine whether changes to operational hours are needed.

Recommendation 7: A *Stop It Now! Australia* website should be developed with easy-to-use tools and resources for the target cohorts. Future consideration of other forms of online communication include live chat and the use of emerging communications technology, such as chatbots.

Recommendation 8: An engagement and promotional plan for *Stop It Now! Australia* should be developed that identifies key actions to build self-referral, direct referral and indirect referral pathways for intended users to access the service. Action should include mapping, engaging and building relationships with law enforcement and services that may promote or refer to *Stop It Now! Australia.* This engagement and promotional activity should complement other primary prevention activity in the National Child Abuse Prevention Strategy.

Recommendation 9: A local service directory for referrals should be developed and maintained for each jurisdiction/area that is covered by *Stop It Now! Australia*, and referral relationships established with organisation in this directory.

Recommendation 10: Data on referral pathways out of *Stop It Now! Australia* should be closely monitored to identify gaps and any demand issues that require further action to address.

Recommendation 11: All staff working on the helplines should be trained professionals with qualifications and experience in child protection, psychology, police (sexual/child abuse field) or offender management.

Recommendation 12: A specific *Stop It Now!* training package should be developed and delivered to all staff and be complemented by continuous staff development, reflective practice, and a supervision framework. Training should include input from victim survivors.

Recommendation 13: At least two staff should be available for the phoneline at any time, with one able to perform a supervisory role and provide secondary consultation on cases.

Recommendation 14: A Practice Framework should be developed for *Stop It Now! Australia*, identifying the principles and key features of the phoneline intervention, and including a focus on engagement, reducing the likelihood of offending, and avoiding collusion.

Recommendation 15: The Practice Framework should include a tailored approach for responding to young people with harmful sexual behaviours, and also consider the important influences of gender and intersectionality.

Recommendation 16: The Practice Framework should be complemented by tools to assist staff in identifying and assessing risks and supporting callers, to guide responses, and outline minimum standards including protocols for confidentiality and mandatory reporting.

Recommendation 17: Based on legal advice on confidentiality and reporting obligations, a compliance framework and policies should be developed to guide practice and systems around mandatory reporting, confidentiality and information sharing.

Recommendation 18: Information and data management systems should be put in place, including a client record management (CRM) system and tools for recording the data of service users. An ongoing evaluation framework should be created – this will influence the data that must be collected.

Recommendation 19: *Stop It Now! Australia* should include a single national helpline in one location, with co-ordinators appointed for particular jurisdictions/regions.

Recommendation 20: The *Stop It Now! Australia* program should be established outside of government and sit with an existing service provider, or partnership of providers, with relevant capability, infrastructure and expertise. The phoneline and website should be established as standalone programs during the development and pilot phase, but this structure should be reviewed as part of the evaluation.

Recommendation 21: The operator/s of the program should build partnerships between sectors. Governance mechanisms will provide one way to do this, and a Project Control Board with representatives from law enforcement, victims services, child protection and other key stakeholders should be established.

Recommendation 22: A *Stop It Now!* program in Australia should be developed, delivered and evaluated over a four-year pilot project phase.

Recommendation 23: A four year pilot phase of a *Stop It Now!* program in Australia should be funded by Commonwealth and State/Territory Governments.

Part 1: Context And Background

1.1 The issue – child sexual abuse

What is child sexual abuse?

Many definitions of child sexual abuse have been used over the years, and subtle distinctions may be made based on prevailing laws in a particular jurisdiction. However, the World Health Organisation's (WHO) definition is helpful in describing in layman's terms what is generally understood by the term. The WHO defines child sexual abuse as:

> *" .... the involvement of a child or an adolescent 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 and cannot give consent, or that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility or trust or power over the victim."* [12]

The prevalence of child sex abuse

Child sexual abuse is a significant problem in Australia, as elsewhere worldwide. Two notable global meta-analyses since 2009 provide some guidance on the prevalence of child sexual abuse victimisation. The first was undertaken by Pereda and colleagues who analysed 65 studies across 22 countries and found that 19.7% of girls and 7.9% of boys had suffered child sexual abuse before the age of 18 years.[13] The second meta-analysis by Stoltenborgh and colleagues analysed 217 papers across six continents and the authors found that 18.0% of girls and 7.6% of boys had been victims of child sexual abuse.[14]

Specific research regarding the situation in Australia includes work done by the Australian Institute of Family Studies, which estimated in 2017 that 1.4-7.5% of boys and 4-12% of girls experience penetrative sexual abuse, with those numbers rising to 5.2-12% and 14-26.8% respectively for non-penetrative abuse such as molestation or exposure to pornography.[15] Even without absolutely consistent figures, numerous studies suggest a worrying prevalence, and there is widespread concern that low reporting levels mean the problem is more likely to be under-estimated than exaggerated.[16]

These issues around reporting levels and the time taken to report were noted by the Royal Commission into Institutional Responses to Child Sexual Abuse (the "Royal Commission"). The Royal Commission reported that survivors giving evidence to the Commission in private session took, on average, 23.9 years to tell someone about the abuse. Nearly three in five did not disclose the abuse until they reached adulthood.[17] This corresponds with studies from the UK and US. For example, a 2011 UK study found that in 34% of cases of sexual assault by an adult and 82.7% of cases of sexual assault by a peer, the child victim did not disclose the abuse.[18] A 2006 US study found that approximately half of a sample of 290 adult women had never disclosed the abuse they had suffered as children.[19]

The profile of perpetrators

Males account for the vast majority of sex offences, with research prepared for the Royal Commission estimating they accounted for approximately 89–94% of offences[20]. In the US, it is estimated that about 3–5% of the male population has paedophilic disorder.[21] It is important to note that the terms "paedophile" and "child sex abuser" are commonly confused as having the same meaning. The term paedophile indicates a person who has a primary sexual interest in pre-pubescent children[22] (who may or may not act on these feelings - a sexual attraction in itself does not mean a person will offend), while it is possible that an offender may sexually abuse a child for reasons other than sexual interest[23].

Offenders come from all segments of society including different socio-economic groups and professions.[24] People who sexually abuse children have diverse motivations and behaviours that can change over time.[25] There is no typical offender age, marital status or profession. A recent survey of users of child exploitation material (CEM) found police reported offenders of all ages in their investigations. The most common age was between 20 and 50 years old, which mirrors the general demographics in the US, Europe and Australia.[26]

The Royal Commission also considered the age of perpetrators in its examination of child abuse in institutional contexts. While the age of perpetrators varied, the Commission noted that some age ranges were more common. A literature review commissioned by the Royal Commission found that many adults first commit sexual abuse offences when they are in their late twenties or early thirties.[27] Other research suggests that, while some perpetrators of child sexual abuse may begin offending in adolescence and early adulthood, a substantial number of perpetrators start sexually offending in their mid to late thirties.[28]

Perpetrators are often aware of their attraction to children for some time before they come to the attention of justice system or seek treatment. Studies have revealed that most minor-attracted persons become aware of their sexual interests in early adolescence.[29] Another study suggested about half of sex offenders against children report the appearance of their sexual interest in children occurring before age 20.[30] Research estimates a time frame of almost a decade between the onset of sexual fantasies and the time of the first arrest.[31]

There are, however, some identified risk factors. These include a strong sexual attraction towards children; a preoccupation with sex; and a history of unhealthy relationships, including promiscuity, difficulties with intimacy, difficulties in trusting others, fear of rejection, and addiction problems.[32] The Royal Commission also identified adverse experiences in childhood, (such as physical, emotional and sexual abuse and neglect), distorted beliefs and 'thinking errors' that may facilitate child sexual abuse, and indirect influences (such as contextual or 'trigger' factors) as further risk indicators.[33]

Finkelhor's model (1984)[34] indicates that there are four preconditions which must be satisfied for an individual to perpetrate child sexual abuse: being motivated to sexually abuse a child; overcoming internal inhibitors; overcoming external inhibitors; and overcoming the child's resistance. For example, an abuser may experience sexual attraction to children which motivates him to sexually abuse a child. He may then create a narrative about how children enjoy having sex with adults or about how he is entitled to abuse children because of his inability to have age-appropriate sexual relationships. He may also form social networks with other abusers that function to reinforce narratives supportive of child sexual abuse.

The abuser may then actively seek opportunities to be in contact with vulnerable children. This could involve seeking out employment involving children or engaging the attentions of sole-parent mothers. The perpetrator may then groom a vulnerable child for a period of time before sexually abusing that child. For example, an abuser may single out a child for special attention in a school environment. The abuser might give the child gifts and organise events so that he has one-on-one time with the child. The perpetrator might then start to desensitise the child to touch by playing rough-and-tumble games or offering to give the child a massage. The abuser may transition from non-sexual touching to sexual touching, and then use threats to harm or emotional blackmail to prevent the child from disclosing the abuse (Finkelhor, 1984).

The impacts and cost of Child Sexual Abuse

The impact on the community of child sex abuse is huge, both in the trauma suffered by victims and their families, and in the cost of trying and imprisoning perpetrators. Suffering abuse as a child can have lifelong consequences[35] – including depression, self-harm, relationship and social engagement difficulties, sexual dysfunction, substance abuse, physical health issues and criminal and antisocial behaviour. These consequences can extend to entire families and communities.[36] The impact is further magnified by the fact that being abused as a child may trigger offending behaviour later in life.[37]

Efforts have been made to quantify the cost to the community of childhood abuse (sexual, emotional and physical) and the value of interventions. Kezelman, Hossack, Stavropoulos and Burley (2015) suggested that addressing child sexual, emotional and physical abuse could lead to a potential minimum gain of $6.8 billion for combined Federal, State and Territory Government budgets.[38] This figure relates mainly to costs impacting on taxation and government spending, and does not include intangible costs such as the pain and suffering experienced by adult survivors and the flow-on impact on others. Adding these intangible costs would further increase the overall benefit of comprehensive action to prevent childhood trauma and abuse.[39]

An earlier study that also looked at all forms of child abuse estimated that the lifetime costs for the population of children reportedly abused for the first time in 2007 would be $6 billion, with the burden of disease - a measure of lifetime costs of fear, mental anguish and pain relating to child abuse and neglect - representing a further $7.7 billion.[40]

International studies have also considered the societal financial costs of child sexual abuse specifically. During the 2012–2013 period in the United Kingdom, the economic costs of child sexual abuse was put at £3.2 billion[41], while in Canada, researchers estimated $3.6 billion annually when health, justice, education, and employment impacts were considered.[42] The alleviation of these individual and economic costs provides the impetus to understand and act to prevent child sexual abuse.

Myths about child sexual abuse

A particular challenge in relation to sexual offences is low levels of understanding of the nature of this offending, coupled with widespread misconceptions that are often shaped by high profile and horrific, but not necessarily representative, crimes.

Contrary to public perception, recidivism levels are lower for sex offences than crimes more generally.[43] As noted by Gelb (2007):

> *"Although sexual offences have very low rates of reporting to police (and thus any studies of recidivism of sexual offences will necessarily represent an under-count of offending behaviour), research based on both official reports of offending and self-reports of offenders shows that sex offenders typically have lower rates of recidivism than do other kinds of offender and that these rates vary for different sub-groups of sex offender."*[44]

The different "sub-groups" that Gelb refers to means that findings regarding sex offender recidivism can vary significantly depending on the group assessed – for example type of offence (adult rape cf child abuse; seriousness of offence; contact offenders vs users of CEM; underlying cause of offending etc). In the US, Riser et al (2013) puts adolescent sexual recidivism at 3–14% and adult sexual recidivism at around 20%.[45] By contrast, the latest statistics suggest the general recidivism rate for adults in Victoria is 43.6% (returning to prison within two years)[46] while for those in the youth justice system, 61% of 10-17 year old Victorians charged and sentenced in the Children's Court go on to re-offend within six years.[47]

Another feature of child sexual offending that differs from popular perceptions is the fact that most offences are perpetrated by someone the victim knows. This flies in the face of the "stranger danger" mantra often taught to children. One study suggests one third of child sexual abuse cases are perpetrated by a family member and two thirds by someone the victim knows.[48] Other adults in a child's home and social environment are therefore in a unique position to influence risk factors and act to protect against child offending.

The proliferation of image based abuse

Online forms of child sexual abuse are a particular category that is proliferating, including in Australia, with the Australian Federal Police receiving 11,000 online child sexual exploitation reports in 2015 and 194 Australian children being identified in child sexual exploitation material in 2016[49]. CEM offenders are becoming increasingly technologically sophisticated, especially around encryption and hiding their online activity.[50]

Previously, significant numbers of people viewing child exploitation material (CEM) were automatically involved in contact offences as a result of having created the material. Wortley and Smallbone (2012) estimated that, before the expansion of the internet, between a third and a fifth of those arrested for possessing child exploitation material were also involved in contact child sexual exploitation.[51]

However, online access to images has changed this picture. The ubiquity of the internet now enables casual users to engage experimentally with CEM,[52] and Anti-Slavery Australia suggests the online exploitation of children is "increasing in levels which can be described as a pandemic".[53] In the United Kingdom, a single operation against online CEM offenders led to the arrest of 660 suspects in June 2014.[54] Of these 660, only 39 (5.9%) were registered sex offenders - the majority of those arrested had not previously come to police attention.

While users of CEM are now less likely to have been involved in the creation of the material they are using, there remain significant concerns around a connection between viewing CEM and contact child sexual abuse. There is some evidence that CEM offenders and contact offenders overlap.[55] There are some opposing points of view to this, including that viewing CEM acts as a substitute for contact offences and therefore decreases their likelihood,[56] but this view seems less supported by experts.

What is increasingly clear is that the volume and growth of CEM offences means adopting only a law enforcement approach is insufficient. Rather, preventative action must form a part of any strategy. It is also widely recognised that the proliferation of CEM means child sexual abuse is a global problem and therefore solutions need to be applied internationally.[57]

The growth and influence of pornography

The section above discusses the impact of viewing CEM on a user's behaviour towards children. Another area receiving increasing attention is the impact of viewing adult pornography on behaviour, including sexually aggressive behaviour, including where the pornography is viewed in childhood.

A recent meta-analysis raised concerns about links between viewing pornography and offending. Wright et al (2016) considered the correlation between consuming pornography and committing acts of sexual aggression, and examined 22 studies from seven different countries. Wright et al found consumption was associated with sexual aggression in the United States and internationally, among males and females, and in crosssectional and longitudinal studies. Associations were stronger for verbal than physical sexual aggression, although both were significant. The authors concluded that the general pattern of results suggested that violent content may be an exacerbating factor in acts of sexual aggression.[58]

A study by Bravehearts, updated in 2017, noted that *"Recognising and understanding any direct connections between viewing pornography as a child, pre-teen or teenager and actually committing a sexual offence are integral to creating a safer community for young people"*. The report found "inconsistency in this area of research", suggesting contributing factors to this included the diverse range of methods used by researchers, the difficulty in conducting research, cultural diversity in attitudes toward sexual abuse and ethical dilemmas.

Nevertheless, the authors concluded: "... there is enough evidence to cause concern as to the links between sexually offending and viewing pornography."[59] The Bravehearts report cites a number of studies into the past pornography use of sexual offenders, the findings of which included:

- viewing pornography as a young person (or at any age) has been identified as a common trend among sexual offenders (including teenage male offenders), especially extremely explicit material;
- sexual offenders have been found to find pornographic material more arousing and are likely to engage in a sexual act after viewing (Harris & Barlett, 2009);
- sexual offenders claimed having viewed pornography prior to committing a sexual offence or had used it to help plan their attack (one study found that 41% of sexual crimes investigated by the Michigan State Police Department had involved the use or imitation of pornographic material).

The authors also found there was an alarmingly wide range of uses that pornography had for the sexual offender, including learning how to carry out their crime, scouting for victims online, grooming young victims and creating pornographic material featuring the victim.

The relevance of pornography (adult and child) to child sexual abuse is clearly an area that warrants further attention.

[12]World Health Organisation (2017) Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization. 2017.
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1.2 The problem – lack of early intervention with potential perpetrators

The lack of early intervention services for potential perpetrators of child sexual abuse was identified as an issue by the Royal Commission[62], and action to address this was included in the final report.

> Recommendation 6.1 - recommended the Australian Government develop a national strategy to prevent child sexual abuse
>
> Recommendation 6.2 - recommended that the national strategy to prevent child sexual abuse should encompass a number of complementary initiatives, including:
>
> *"information and help-seeking services to support people who are concerned they may be at risk of sexually abusing children. The design of these services should be informed by the Stop It Now! model implemented in Ireland and the United Kingdom."* (6.2(g))[62]
>
> Refer to Appendix J for the full text of these recommendations

Research and evidence considered by the Royal Commission

Research and evidence considered by the Royal Commission outlined shortcomings in efforts to prevent child sexual abuse. Issues that were identified included a lack of awareness among parents and community members about the concepts and dynamics of child abuse, and an under-confidence about how to recognise and respond to concerns about abuse. The same research also found many professionals, parents and community members believe that child sexual abuse is not readily preventable, and highlighted the need to challenge this perception.[64]

Very few resources focus on preventing child sexual abuse in the first place, particularly in the case of those potential perpetrators who have not as yet offended (and are therefore likely not known to justice authorities). Much of the existing response to child sexual abuse focuses on punishment, and to a lesser extent rehabilitation, of perpetrators.

Although telephone and online support services have been provided in Australia for many years for perpetrators and people experiencing a wide range of other social problems, including family violence, gambling, substance abuse and mental illness, there are no national early interventions in Australia for adults, children and young people who are worried about their sexual thoughts or behaviours in relation to children.[65]

This group of potential perpetrators presents a clear opportunity for preventative action. As Saunders & McCarthur noted in research for the Royal Commission:

> *"This research draws attention to the significant gap in the availability of services and support for individuals with problematic sexual thoughts towards children. Although treatment services and models are available to those who have offended, these services do not receive funding to support individuals who have not offended or who have offended but not been charged….There is no helpline that provides this kind of specialist support, and there are few widely advertised or accessible external services that offer longer-term support. Providing support services to individuals with problematic sexual thoughts is critical in preventing child sexual abuse."*

The Royal Commission noted in its report that staff from several national helplines had received calls from potential perpetrators who were concerned they might sexually abuse a child, and believed this occurred often enough to demonstrate a demand for such a service.[66] The Royal Commission's own call centre also received calls from people who were concerned they might perpetrate abuse.[67]

A public health approach

A public health approach to preventing child sexual abuse adopts a broader approach aimed at providing maximum benefit for the largest number of people.[68] The framework shifts responsibility from specific groups (such as victims or law enforcement) to the whole community. [69] The World Health Organization has lent support to the idea that a public health approach may contribute to a reduction in rates of child sexual abuse.[70]

A PUBLIC HEALTH APPROACH

"The public health approach aims to prevent future occurrences of CSA through collective action involving communities, professionals, and organizations working across a range of disciplines. It provides a framework within which different strategies are combined to create a comprehensive effort focused both on preventing abuse and reducing the risk of reoffending."

Source: Van Horn et al (2015)

A public health approach tends to implement prevention strategies at three levels:

- primary – aimed at preventing abuse before it occurs through population level strategies that address causes and enhance protective factors.[71]
- secondary - programs targeted groups at greatest risk of being perpetrators/victims
- tertiary - identified groups including victims and perpetrators where abuse has already occurred.[72]

The final report of the Royal Commission focused on a public health approach to preventing child sexual abuse. This is supported by research including Tabachnick J, McKartan K and Panaro R (2016), who argue that responses to child sexual abuse which focus exclusively on a justice solution or even on changing individual behaviours are unlikely to have a significant impact on the problem. Instead, a more comprehensive approach to sexual violence that includes prevention (eg strategies to educate communities and change the very circumstances that allow perpetration of sexual abuse) will be successful in addressing this global problem.[73]

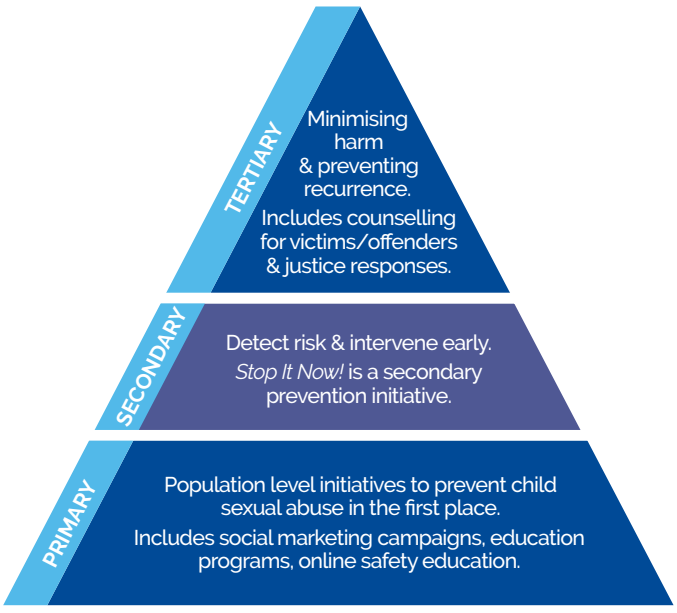
At a primary prevention level, awareness-raising programs target children[74] but many also now target parents, families and other adults who may be in a position to intervene. Such programs are typically implemented in school or family contexts and include awareness about child sexual abuse, the signs to look out for, sources of information, advice and support; as well as what children can do in response.[75]

Tertiary prevention measures in the CSA context include sexual offender treatment services (such as programs run in prison or for offenders upon release), while young people who have displayed sexually harmful behaviour might be engaged with trauma-informed treatment models including family systems therapy and cognitive behavioural therapy.[76]

There is secondary prevention work being done in the CSA context that includes recognising groups most at risk of victimisation, such as those in out-of-home care. Such measures include implementation of out-of-home care sexual health policies and the introduction of child-safe standards for institutions delivering services to children and young people.[77]

However, Saunders & McArthur undertook a service-mapping exercise and found there were no relevant programs or services available that regularly supported family members of individuals who identified as having problematic sexual thoughts towards children. Nor, as the Royal Commission highlighted, are there appropriate early intervention services for potential perpetrators of child sexual abuse who might seek help to avoid offending.

Stop It Now! is an example of a secondary prevention program that addresses both these gaps although may, in some instances, serve as a tertiary prevention program such as when callers have already abused a child. *Stop It Now!* considers the issue of child abuse holistically, seeking to raise awareness around danger signs and equip individuals and communities with the skills to protect themselves and others, while also supporting potential perpetrators to change their behaviour.



THE HISTORY AND DEVELOPMENT OF *STOP IT NOW!*

Stop It Now! was established in the United States 26 years ago, in 1992, by Fran Henry, a survivor of childhood sexual abuse who recognised that prevailing approaches to keeping children safe were inadequate. She argued that the sexual abuse of children should be treated as a preventable public health problem, and that adults (parents, survivors, family members, law enforcement, professionals and even potential perpetrators) needed to take more responsibility for preventing sexual abuse of children. *Stop It Now!* is founded on the belief that:

1. **Adults will act to prevent abuse**, if they have access to accurate information, practical tools, guidance and support; and
2. **Communities will mobilize around prevention initiatives**, including efforts that address the complexities of abuse closer to home; and
3. **People who might sexually abuse a child** have an important role to play in prevention.

Stop It Now! uses a combination of research-based public education materials, media messages, counselling support and training tools to change the social climate (primary intervention) and foster the prevention of child sexual abuse, including through engaging with potential and actual perpetrators (secondary and tertiary intervention). The program takes a public health approach to preventing child sexual abuse, aiming to prevent occurrences through collective action involving communities, professionals and organisations working across a range of disciplines.[78]

Central to the program is an anonymous and free helpline for people who are concerned about their thoughts and feelings towards children (regardless of whether they have acted on those feelings), or who are concerned about the behaviour or safety of others.

In 2002, the program was adopted and implemented in the UK and Ireland (run separately as *Stop It Now! UK*, and including a presence in Scotland [since 2008] and Wales). A boost to funding in early 2019 from the Home Office has provided for significant expansion of operator capacity as well as development of *Get Help* and *Get Support* online self-help resources. These have been provided since 2002 by the Lucy Faithfull Foundation, a child protection organisation working to reduce sexual abuse of children that views engagement with perpetrators as a key element of the work. For example, the Foundation was behind the adoption of Circles of Support and Accountability in the UK to assist sex offenders to reintegrate into the community following prison and reduce the likelihood of their reoffending.

In 2006 *Stop It Now!* was launched in Bundaberg, Australia, as an initiative of *Stop It Now! UK* in collaboration with local social services organisation Phoenix House. The then director of Phoenix House, Kathryn Prentice, had a particular interest in the program, having studied it as part of a Churchill Fellowship. Phoenix House successfully ran *Stop It Now!* for around 10 years in the Bundaberg region, with a phone-in service and off-site counselling.[79] The program was run on a very tight budget, due to a lack of philanthropic or government funding, but those involved were confident that the initiative had an impact in reducing offending.[80] The Phoenix House experience also showed that men with concerning thoughts *would* approach an organisation for assistance and that there was a clear market for both the helpline and counselling services for this group.[81] The Phoenix House program ceased operating in recent years.

In 2012 the Netherlands began running the program. *Stop It Now! NL* was set up by Meldpunt Kinderporno, which already ran a hotline tackling online child abuse images, working with the Dutch police and de Waag, a forensic outpatient centre in the Netherlands with specialist expertise treating child sexual abusers.[82]

In the course of this scoping study we have spoken with representatives of past and present programs operating in the UK (including the Scotland presence given its similar size to Victoria), the US, Bundaberg, and the Netherlands. The observations from these discussions are included throughout this report and documented further in Appendix A. The programs vary slightly according to prevailing attitudes and legal environments. As examined by the Royal Commission the UK model offers the most guidance to a proposed program in Victoria/Australia. Accordingly, this study refers most frequently to aspects of that model, but also draws on overseas variations as appropriate. Reference is also made to German prevention program Prevention Project Dunkelfeld which has many parallels with *Stop It Now!*

[62]Saunders, J. & McArthur, M. (2017). *Help-seeking needs and gaps for preventing child sexual abuse.* Institute of Child Protection Studies.
[63]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). Op cit. See Report Executive Summary - https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_preface_and_executive_summary.pdf - and Chapter 6 of the Report (Making Institutions Safe) - https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_6_making_institutions_child_safe.pdf
[64]Saunders & McArthur (2017). Op cit.
[65]McKibbin et al (2017). Op cit.
[66]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). Op cit. Since none of the helplines collected data on the reasons for these calls, the demand cannot be quantified.
[67]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). Op cit at p94
[68]Quadara, A., Nagy, V., Higgins, D., & Siegel, N. (2015). Conceptualising the prevention of child sexual abuse: Final report. Research report, 33. Melbourne, Victoria: Australian Institute of Family Studies.
[69]Paskell et al. (nd). Op cit.
[70]World Health Organization. (2006). Defining sexual health: report of a technical consultation on sexual health, Geneva; Letourneau, E., Eaton, W, Bass, J., Berlin, F and Moore, S (2014). The Need for a Comprehensive Public Health Approach to Preventing Child Sexual Abuse. *Public Health Reports* 129: 3, 222–228.
[71]Quadara, A., et al. (2015), op cit.
[72]Van Horn et al (2015). Op cit.
[73]Lee et al (2007) and Nation (2003) cited in Tabachnick J, McKartan K and Panaro R (2016) Op cit.
[74]Hudson K (2018), Op cit, citing Finkelhor(2009), Tabachnick (2013), Walsh Brandon & Chirio (2012)
[75]McKibbin et al (2017)
[76]McKibbin, et al (2017) ibid.
[77]McKibbin, et al (2017) ibid.
[78]Van Horn et al (2015). Ibid.
[79]Phoenix House also ran victim support programs, so it was important to keep *Stop It Now!* counselling geographically separate.
[80]Conversation with Kathryn Prentice, former Director of Phoenix House, on 8 March 2018
[81]Conversation with Kathryn Prentice, former Director of Phoenix House, on 8 March 2018
[82]van Horn (2015) op cit

1.3 About this study

Following discussions with experts and practitioners in the field of child sex abuse, in late 2017 The Men's Project initiative at Jesuit Social Services embarked on a scoping study for *Stop It Now!* in Australia.

The aim of this project was to assess the feasibility and develop a model for delivering the successful *Stop It Now!* program in Australia. This will provide a basis for governments and or philanthropic funders to make informed decisions about the implementation of this initiative.

The Men's Project has been responsible for the development, management and delivery of this scoping study. Ethics approval for this project was obtained through Jesuit Social Services Ethics Committee. In addition to the Jesuit Social Services governance and project management processes, the project has been supported by academics from the University of Melbourne and an expert Advisory Group who have provided oversight and advice to the project.

A Project framework has guided the different stages and key actions taken in this scoping study. This includes: a desktop review of key literature; interviews with *Stop It Now!* providers in the US, UK/Ireland, and the Netherlands; two stakeholder feedback sessions; and individual consultations with experts in this field.

Following a literature review, and after feedback from the Advisory Group, we clarified the focus of this scoping study to the secondary prevention (phone line and website) elements of *Stop It Now!*. The primary prevention components of the international programs are important, and there is a need to complement the *Stop It Now!* service with primary prevention activities delivered as part of the recommended national child abuse prevention strategy.

Our stakeholder engagement included discussions with a number of government and non-government participants, including Forensicare, the Department of Health and Human Services, the Department of Justice and Regulation, Victoria Police, Google, On the Line, and Kids Helpline. We also kept in mind the perspective of those who would be calling the service. While we did not speak directly with any people convicted of sexual abuse of children, due to limitations on the ethics scope of the study, we considered their feedback as given to other *Stop It Now!* services.

1.4 Why Jesuit Social Services?

Jesuit Social Services is a social change organisation working to build a just society where all people can live to their full potential. For over 40 years we have worked with people on the margins of society, including those involved in the criminal justice system. This includes supporting serious violent and sex offenders on their release from prison.

Drawing from this experience, the Men's Project has been established to provide leadership and to develop new approaches to reduce violence and other harmful behaviours prevalent among boys and men, to build new approaches to improve their wellbeing, and to keep families and communities safe.

Part 2: Operation Of *Stop It Now!*

2.1 Scope of the Service

As noted, *Stop It Now!* is an early intervention program founded on the principle that all adults are responsible for protecting children from child sexual abuse. The service makes appropriate support readily available to those who might harm children, and to their families and professionals. The aim at all times is to prevent future abuse of children.

The key elements of *Stop It Now!* are:

- a helpline service;
- a website;
- provision of materials (via a website or through physical distribution) and programs to raise awareness around child abuse and/or seek to prevent its occurrence.

As noted previously, this scoping study focused particularly on the *Stop It Now!* helpline and the provision of information and support via a dedicated website, although some discussion around associated materials, awareness-raising and programs is included later in this section.

2.2 The Helpline

The *Stop It Now!* helpline provides information and support for adults and young people who are worried about their own sexual thoughts and behaviours around children online or in real life, as well as to parents worried about children and young people, other family-members, and professionals and others who come across child sexual abuse and sexually abusive behaviour.[83]

The helpline offers support at two levels:

1. Information and guidance is given via telephone or email (thought is currently being given to introducing online chat, while online self-directed modules have also been introduced). Each live contact concludes with safety planning and advice on the "next steps" to take. Callers are asked to agree to implement one or more protective actions. Helpline users may also be encouraged to contact the helpline again to discuss their progress or other aspects of the situation.
2. When the issues are especially complex, users may be referred to the second "call-back" phase.[84] Short-term, targeted support is offered for people who are experiencing complex or challenging issues.

Call-backs involve the caller reconnecting with the service on a particular number at a designated time, and allow for more specialised support over the phone (or email). Call-backs may be arranged whether the caller is concerned about himself or others, and allow an expert trained in the particular problem, whether internet or sexual contact offences, to engage with the caller at a more in-depth level.

Callers may also be referred to relevant external organisations. The UK service frequently connects callers with Sex Addicts Anonymous, survivor networks, mental health helplines and Childline.[85] The US service most frequently refers to the Association for Treatment of Sexual Abusers.[86]

In both the UK and the Netherlands, calls follow a basic structure as follows:

- the caller is welcomed;
- confidentiality is discussed;
- the staff member encourages the caller to share their concerns and helps to clarify the problem;
- information is given, followed by advice on further actions to consider;
- the Helpline agrees one or more protective actions the caller will take; and
- the caller is thanked for their call and welcomed to call again if they wish.

Types of actions which may be suggested include: implementing measures to manage their own behaviour or to strengthen protective factors and reduce risk factors around children or adults who pose a sexual risk; accessing relevant online or printed resources; and accessing the second phase of the Helpline or a service provided by the Helpline organisation or another agency.

Source: Paskell et al (nd)

Some *Stop It Now!* programs also provide face-to-face sessions in circumstances where the caller is prepared to waive anonymity. In the case of *Stop It Now! UK*, any face-to-face meetings (which will require the participant to waive their anonymity) are dealt with through other programs run by the Lucy Faithfull Foundation.[87] This is a fee-paying service.

In the Netherlands, face-to-face meetings are more common as a counsellor's primary obligation is one of client confidentiality, even where an offence has been committed,[88] so maintaining anonymity is less of an issue for the caller. Dutch callers can access up to six free therapeutic treatment sessions with a specialist forensic therapist through the *Stop It Now!* program.[89]

The following case study is a sample call with *Stop It Now! UK*. Further examples can be found in Appendix B.

Call Example

CALLER: JOHN

HELPLINE OPERATOR: BRIDGET

SOURCE OF HELPLINE NUMBER:
METRO NEWSPAPER

Call Details:

John, a middle-aged man, contacted the Helpline with concerns about his feelings towards his friend's teenage daughter, Laura. During the past few years, John has developed a close relationship with Laura's mother who has been through a difficult divorce. He described his relationship with Laura's mother as platonic; neither is interested in a sexual relationship. He thinks Laura sees him as a father figure, but he has begun to develop sexual feelings towards her. He is appalled by his thoughts and has never acted on them. John recently started seeing a therapist but has not spoken about his feelings for Laura because he fears repercussions. He uses the sessions to help manage his feelings of depression which he believes are partly related to his current situation.

John does not have any children of his own and does not come into contact with any during his working hours as an office manager. He wants help to manage his inappropriate thoughts.

Discussion and Advice:

- We said that John had taken proactive steps by contacting the Helpline and by referring himself to a therapist. We encouraged him to continue seeing the therapist to discuss his mental health and general sexual concerns, and that he be as honest as possible with the Helpline about his attraction to Laura.
- We discussed the importance of John never being alone with Laura or putting himself in situations that were risky. Was it possible to meet her mother by herself, or outside of the home, or to consider ending the relationship altogether?
- We discussed the importance of John not reinforcing his inappropriate thoughts with masturbation. We explored a number of techniques that John might try to manage his fantasies such as removing himself from the risky environment and distracting himself with tasks that were mentally absorbing. We discussed the negative consequences for Laura should he act on his thoughts and suggested John reflect on these.
- John was close to his sister, so we suggested he consider telling her about the situation.

Actions agreed with John:

- To implement immediate child protection measures by never allowing himself to be alone with Laura.
- To focus on managing his fantasies using the techniques discussed.
- To continue to use the Helpline.
- To consider disclosing to his sister and to pass the Helpline number on to her if he does this.
- To continue accessing help from the therapist.

Outcome

John called the Helpline five times over a four-month period. He began to spend less time with Laura's mother and saw Laura less often. In order to occupy his mind, he started an adult education class through which he met some new friends. He found this helped to increase his self-esteem and in the management of his fantasies. He continued to use his therapist for support. He also disclosed to his sister. Although initially shocked, she was able to offer support.

[83]Brown et al (2014)
[84]Van Horn et al (2015). Op Cit.
[85]Conversation with Donald Findlater, consultant to *Stop It Now! UK*, on 13 June 2018
[86]Conversation with Jenny Coleman, Director of *Stop It Now! US*, on 14 June 2018
[87]The Inform Plus programme is a ten-week course for groups of 6-10 individuals, who have been arrested, cautioned or convicted for internet offences involving indecent images of children. Facilitated by specialist staff, it provides an opportunity for participants to explore their offending behaviour in a structured but supportive environment, and to devise strategies for avoiding future internet offending. (see https://www.lucyfaithfull.org.uk/inform-plus-for-internet-offenders.htm).
The Inform Programme is a course for partners, relatives and friends of anyone who has been accessing indecent images of children online. It offers a safe space in which people who are struggling with the emotional and practical impact of Internet offending can bring their questions and anxieties and begin to explore them in a supportive environment. Each group typically has up to six members, who meet for five sessions. (see https://www.lucyfaithfull.org.uk/inform.htm)
[88]van Horn et al (2015). Op cit.
[89]van Horn et al (2015). Ibid.

2.3 Who accesses *Stop It Now!*

Potential perpetrators

The *Stop It Now!* program assumes that there are potential perpetrators of child sexual abuse who not only recognise that their thoughts towards children are unacceptable, they are also motivated to do something about this.

Evidence suggests this assumption is correct.[90] Encouragingly, evaluations of overseas programs suggest a significant number of potential perpetrators are getting in touch before an offence has been committed. While there are challenges in proving such contact with *Stop It Now!* results directly in reduced offending, it is likely that there is some impact.

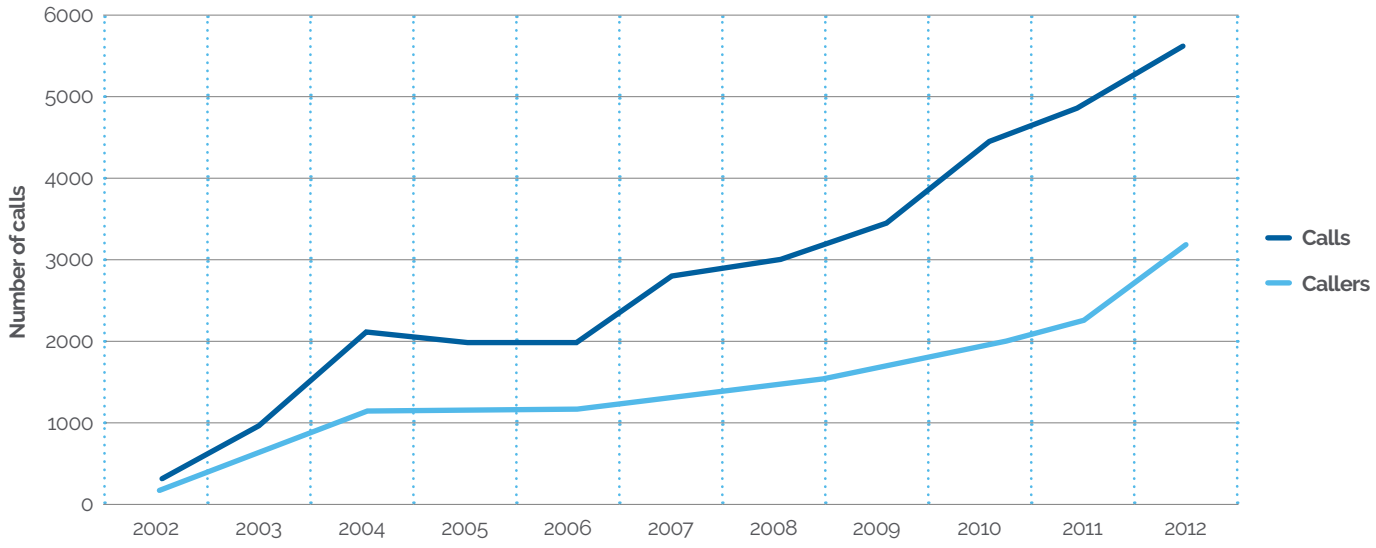
In the context of this study, the term "potential perpetrators" may include:

- Those who have concerning thoughts or pose a sexual threat to children but have not yet offended
- Those who have already perpetrated abuse and are known to justice authorities (detected abusers)
- Those who have already perpetrated abuse but are not known to authorities (undetected abusers)

A ten-year evaluation of *Stop It Now! UK* from 2002 – 2012 reported that of the 5,539 callers over the period, 61% (3,398) were concerned about their Internet behaviour and the remaining 39% (2,141) were concerned about their "offline" thoughts and behaviour. Of the "offline" group, 42% had not abused a child and wanted help to manage their thoughts.[91] The evaluation concluded that the Helpline was therefore providing a crucial service in the prevention of child abuse.

Both *Stop It Now! UK* and another intervention operating in Germany, Prevention Project Dunkelfeld, have seen a steady increase in numbers of potential perpetrators accessing support, confirming that there is demand for help-seeking services targeting this group.[92] The graph below illustrates the overall growth in the UK program (including calls from potential perpetrators, family, friends and others) over 10 years to 2012. An evaluation of the UK service suggested the growth would be significantly higher if the organisation had more funds available to allocate to advertising.[93]

Graph 1 All calls and new callers to the Helpline, 2002-2012



**The number representing 2002 comprises figures from June to December*
Source: *Dennis & Whitehead*

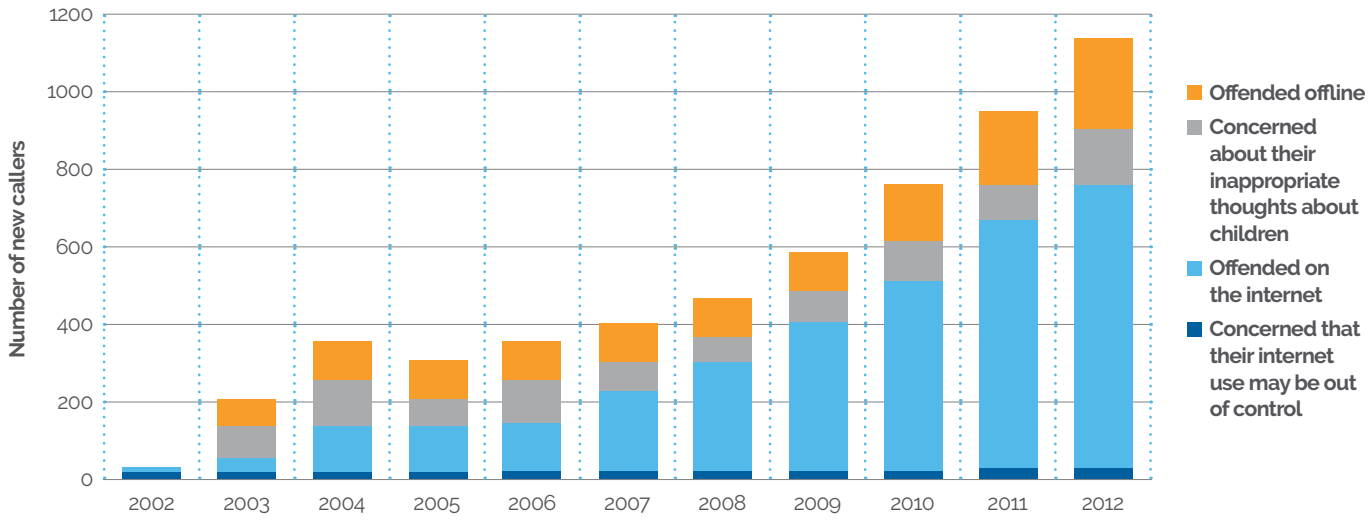
In total, 31,314 calls were handled by the Helpline between June 2002 and 31 December 2012, from 14,524 callers[94]. Of these calls, 54% involved adults concerned about their own behaviour[95], 24% came from family, friends and adults concerned about the behaviour of another adult, and 4% came from parents and carers concerned about a child or young person's sexual behaviour. The remaining calls came from professionals, survivors of child sexual abuse and from adults concerned about children who may have been abused, as well as other general requests for information.

This information demonstrates a diversity of callers needing help and advice around issues of child sexual abuse, each in a position to have an impact on child safety.

As noted above, the largest group of calls to *Stop It Now UK!* over a ten-year period were made by adults concerned about their own behaviour. The graph below shows that many of these callers had already offended, with particular increases around offending online. *Stop It Now! UK* explains that the increase is largely due to an increased profile with Police and Probation – police now give the *Stop It Now!* helpline number to arrested offenders to help them manage future behaviour.[96]

Germany's Prevention Project Dunkelfeld (a German CSA prevention program offering free therapeutic support to adults sexually interested in children – see Appendix I for more information) found that many people making contact with the service were doing so in the hope of avoiding offending. In a 2009 study, nearly half of the 358 participants interviewed had never had sexual contact with a minor.[97] An evaluation of the program found that primary prevention using a media campaign can successfully reach potential perpetrators of child sexual abuse. The study showed that a significant number of paedophiles (having a sexual attraction to children only) and hebephiles (attracted to adolescent children) who were never involved with the criminal justice system were motivated to participate in a treatment program designed to prevent child abuse.[98] It is important to note they would only take part if they felt they could trust the operators of the program and when confidentiality was guaranteed.[99] A follow-up study the next year interviewed men who had not committed child sexual abuse but might be at risk of doing so (potential offenders) and undetected child sexual abuse offenders with a sexual interest in children (Dunkelfeld or "dark field" offenders).[100] It concluded that these groups were "ideal target groups for prevention of child sexual abuse: they are at-risk individuals, some of whom are motivated for treatment due to distress and reachable."

Graph 2 Adults concerned about their own behaviour - number of new callers by year



**The bar representing 2002 comprises figures from June to December*
Source: *Dennis & Whitehead*

The level of likely demand for a service such as *Stop It Now!* in Australia is not known. However, the Phoenix House experience in Bundaberg over the course of a decade suggests that a *Stop It Now!* service in Australia would be both useful and well-used. Phoenix House experienced more demand for its service in the Bundaberg region than it was able to meet,[101] including from people the organisation first made contact with while they were in prison and who later exited detention. Further anecdotal information suggesting a service would be used in Australia is provided by the Royal Commission which noted in its report that staff from several national helplines had received calls from potential perpetrators who were concerned they might sexually abuse a child, and believed this occurred often enough to demonstrate a demand for such a service.[102] The Royal Commission's own call centre also received calls from people who were concerned they might perpetrate abuse.[103]

Young People with Harmful Sexual Behaviours

Stakeholder input to this scoping study strongly suggests a *Stop It Now!* service in Australia should also target young people with harmful sexual behaviours. This is discussed in Part 3 of this report. Existing *Stop It Now!* services appear not to target this group although they do receive an occasional call from a young person with harmful sexual behaviours. The manager of the Netherlands program felt call operators were equipped to take these calls through their general training. However, the UK program has identified these young people as a particular group requiring specialist attention. It is actively considering how to adapt the program to better service this group, but funding and resources needs are slowing this process.[104]

Family/friends/colleagues of potential perpetrators

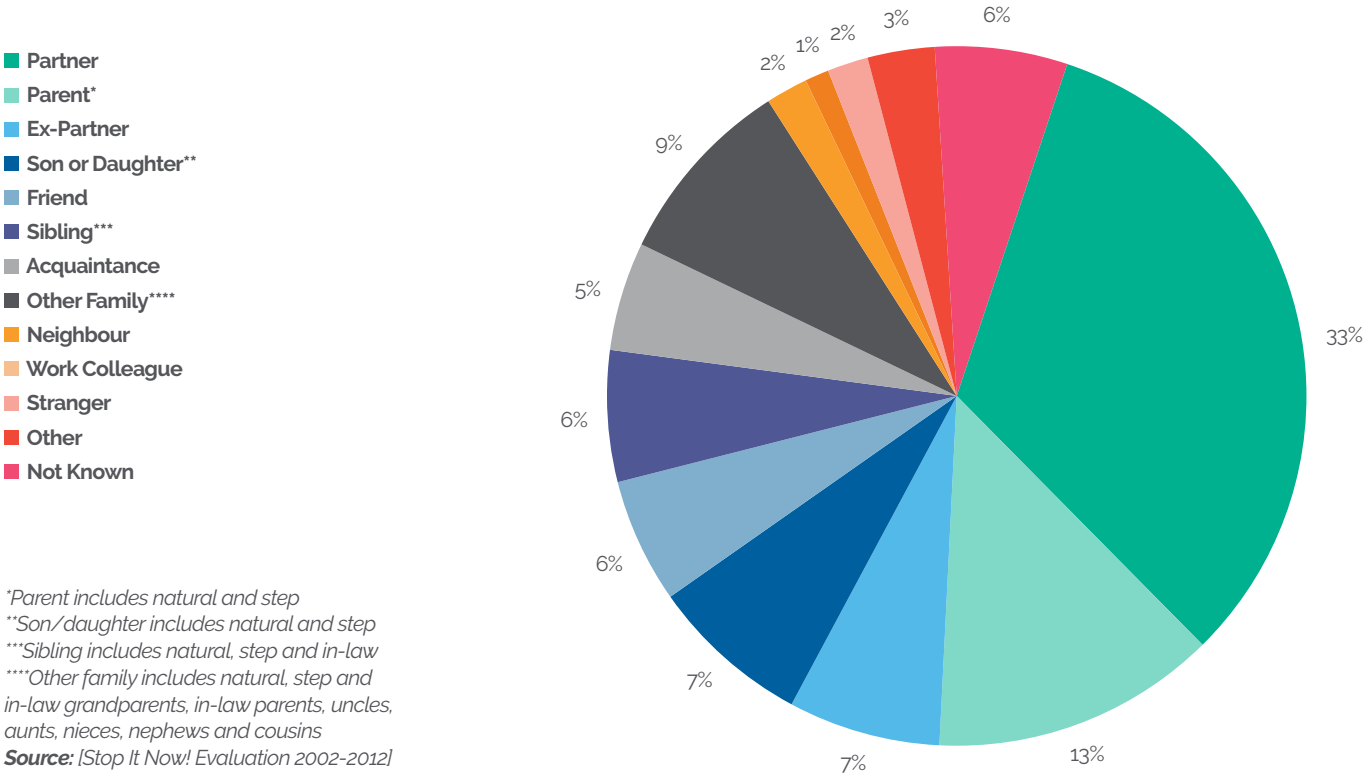
Reflecting the principle that all adults have a role in preventing child sexual abuse, *Stop It Now!* also provides important support to those concerned about another adult's behaviour. Figures show that these people represent the second largest group of callers to the UK service.

This group, particularly those who are related to the adult showing problematic behaviour, are in a difficult position, with their concern for children as well as their relationship with a family member. A confidential helpline is able to address their concerns, and provide support and appropriate advice on keeping children safe.

The UK saw an increase in calls of this nature from 151 per year in 2003 to 785 in 2012,[105] and 79% of the callers were women. The following graph shows the relationship to the adult of concern.

Family and friends of potential perpetrators are in a unique position to observe worrying behaviour. Despite common perceptions around "stranger danger" it is widely recognised that most perpetrators of child sexual abuse are known to the victim. Data gathered by the Australian Bureau of Statistics in a past Person Safety Survey[106] reveals the following picture, with a total of 91.5% of offenders known to the victim.

Graph 4 Relationship of caller to person who is causing concern



**Parent includes natural and step*
***Son/daughter includes natural and step*
****Sibling includes natural, step and in-law*
*****Other family includes natural, step and in-law grandparents, in-law parents, uncles, aunts, nieces, nephews and cousins*
Source: *[Stop It Now! Evaluation 2002-2012]*

The following case study is a sample call with *Stop It Now! UK*, from a concerned family member about another adult.

Call Example

CALLER: MARION

HELPLINE OPERATOR: JENNY

SOURCE OF HELPLINE NUMBER: FRIEND

Call Details:

Marion called with concerns about her sister Julie's husband, Tom. She is concerned about his behaviour towards his sons - her nephews - aged 13 and 10, but has no specific evidence of abuse and doesn't know what to do. Marion has noticed that Tom always insists his 10 year old son sits on his knee, despite his son's apparent reluctance. Marion also feels Tom is more tactile with his sons than she feels he needs to be. She has also noticed her older nephew become increasingly withdrawn, and Julie recently commented to Marion that her youngest son has become quite 'clingy' and started wetting the bed. Marion told the Helpline operator that two years ago Tom was accused of acting sexually inappropriately towards two 12 year old boys during a trip away with a local football club. However, no formal complaint was made.

Discussion and Advice:

- Marion's fears of hyper-vigilance were discussed, as her ex-husband abused her own daughters. However, it was acknowledged that there did appear to be a number of causes for concern in this situation with her brother-in–law
- Marion was reluctant to press her fears and suspicions too persistently with her sister, as she did not want to ruin her close relationship with her sister and nephews. She thinks her regular presence in the home provides a measure of protection
- The potential role of Children's Services was discussed. While it would be better to involve statutory agencies before harm is done, Marion was concerned that there may be no real substance to her concerns and that she may make matters worse

Actions agreed with Marion:

It was recommended that Marion should ideally involve her sister in the decision making around what to do - child protection measures needed to be put in place to keep the children safe. It was agreed that Marion should write a chronology of all of the concerning incidents she has witnessed, and to continue to monitor the situation. Marion was advised to pass the Helpline number to her sister, so she could also seek advice and support. It was suggested that, where possible, Tom should not be allowed unsupervised access to his sons. Marion was also asked to consider whether he has access to any other children. Marion was advised to visit the Parents Protect website for more information around how she and other family members can protect the children in the family from sexual abuse.

Outcome

Marion contacted the Helpline again advising that she had spoken to her sister about her concerns. Whilst defensive and upset at first, her sister admitted to being worried about her husband's behaviour toward her sons. Both Marion and Julie accessed the Parents Protect website which provided some ideas and guidance about how to monitor the situation and safeguard the children. Julie had also talked to the boys about keeping themselves safe, advising them that they could talk to her if they had any concerns.

Professionals

Stop It Now! UK has also demonstrated its usefulness to professionals seeking specific sex offender knowledge and expertise to strengthen their practice. Almost half the professional callers seeking support and advice were from Children's Services.

[90]Van Horn et al. (2015). Ibid
[91]Dennis, D. and Whitehead, H. (2013). *Stop it Now! UK* & Ireland Helpline and Campaign Report 2002-2012, accessed https://www.stopitnow.org.uk/files/stop_it_now_helpline_campaign_10_year_report_2013.pdf - this group is represented by the purple bar in the chart on the next page.
[92]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017). Op cit.
[93]Dennis & Whitehead (2013). Ibid.
[94]Many callers phoned more than once. On average, each adult concerned about their own behaviour called three times.
[95]Note this is 38% of callers as many in this group call more than once
[96]Dennis & Whitehead (2013). Op cit. at p12
[97]Beier, K., Neutze, J., Mundt, I., Ahlers, C., Goecker, D., Konrad, A., & Schaefer, G. (2009). Encouraging self-identified pedophiles and hebephiles to seek professional help: First results of the Prevention Project Dunkelfeld (PPD). Child Abuse & Neglect, 33:8, 545-549.
[98]Van Horn et al. (2015). Op cit.
[99]Beier et al. (2009). Op cit.
[100]Schaefer et al. (2010). Op cit.
[101]Conversation with Kathryn Prentice, former Director of Phoenix House, on 8 March 2018.
[102]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). Op cit. (see footnote 390). Since none of the helplines collected data on the reasons for these calls, the demand cannot be quantified.
[103]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). Op cit at p94.
[104]Correspondence with Tom Squire, helpline manager, *Stop It Now! UK*, 19 September 2018.
[105]Dennis & Whitehead (2013). Op cit. at 16.
[106]Australian Bureau of Statistics 2005. Personal safety survey: Australia. ABS cat. no. 4906.0. Canberra: ABS. http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/47CFB28DF1A634C9CA257C3D000DB727?opendocument. Note that this same question was not included in the later 2012 survey.
[107]Taken from *Stop It Now! UK* ten-year evaluation - Dennis, D. and Whitehead, H. (2013). *Stop it Now! UK* & Ireland Helpline and Campaign Report 2002-2012, accessed https://www.stopitnow.org.uk/files/stop_it_now_helpline_campaign_10_year_report_2013.pdf
[108]Dennis & Whitehead (2013). Op cit. at p26.

2.4 *Stop It Now!* Websites

With the evolution of technology and changes in ways people access information, the websites of *Stop It Now!* programs have become an essential platform to identify and respond to concerns around child sexual abuse. Some members of the public may prefer to initially seek information without making telephone contact, while the website also serves as an important back up if callers are unable to get through to a helpline operator due to excess demand or during times of the day when the helpline isn't operating.

Different *Stop It Now!* program websites provide a variety of information ranging from fact-sheets and safety strategies to referral details of other relevant organisations and services. For example the website of *Stop It Now! UK* includes fact sheets covering issues such as: distinguishing between normal and concerning sexual behaviours in young people; how to identify warning signs around inappropriate behaviour; and how to talk to children about adults who show signs of sexual interest in children. The fact sheets challenge stereotypes about the characteristics of perpetrators and provide a more accurate portrayal of their offending,[109] and are informed by research showing that public perceptions of sexual offending are frequently inaccurate and stereotyped.[110] Accurate understanding of the issues and awareness of risk indicators are likely to support family members in acting on suspicions.[111]

Stop It Now! UK has also developed a separate online platform providing information and support for users of illegal online images and those around them called *Get Help*. *Get Help* contains information, self-help resources, videos, and confidential peer support forums for friends and family. At February 2019, 93,000 people visited / engaged with this website, which is integrated with the wider *Stop It Now! UK* program.

2.5 Awareness-Raising Initiatives/Programs

In the UK, US and Netherlands, the *Stop It Now!* helpline is complemented with awareness raising initiatives, including running community programs and the distribution of information.[112]

Awareness-raising programs are delivered in daycare centres, schools, children's charities, justice authorities and social service organisations. Programs range from internet safety to the sexual development of children.[113] As with information provided via the website, the programs are designed to counter myths around child sexual abuse and equip participants with accurate information and knowledge that promotes child safety.

> *"The innovative approach of the Stop it Now! Helpline allows people who are concerned about any aspect of child sexual abuse to talk about it in confidence. For families and friends, people working in the field of child sexual abuse and offenders, this is an invaluable resource."*

Research conducted by *Stop It Now!* programs reports that this awareness raising work contributes to protecting children, particularly when offered in tandem with a helpline service:

- The first *Stop It Now!* program in the US state of Vermont undertook an initial assessment of attitudes, awareness, knowledge, and policies to identify facilitators and barriers to the prevention of child sexual abuse. These included predisposing factors (50% of residents did not know the characteristics of an abuser), enabling factors (60% of residents did not know where to refer someone who may have sexual behaviour problems), and reinforcing factors (when focus group participants knew an abuser, they were less likely to take action). This assessment guided a broad-based media campaign; a one-to-one communications strategy; and a systems change strategy designed to educate decision-makers and leaders. An analysis after the program had been running for two years indicated an increased public awareness and understanding about child

[109]Hudson K (2018). Op cit.
[110]Olver & Barlow 2010, cited in Hudson K (2018). Op cit.
[111]Kemshall H. and Moulden, H. (2017) Communicating about child sexual abuse with the public: learning the lessons from public awareness campaigns, Journal of Sexual Aggression, 23:2, 124-138, DOI: 10.1080/13552600.2016.1222004 citing *Stop It Now!* Minnesota. (2009). *Stop It Now!* Minnesota bystander research report. Retrieved from http://www.stopitnow.org/sites/default/files/documents/files/BystanderResearchReportFinal010709.pdf) see also Tabachnick, J. (2009). Engaging bystanders in sexual violence prevention. Pennsylvania, USA: National Sexual Violence Resource Center. Retrieved from http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Booklets_Engaging-Bystanders-in-Sexual-Violence-Prevention.pdf]).

"I'm not saying I'm ever going to be cured, but the strategies are in place to stop me reoffending now."

Survey respondent quoted in van Horn et al (2015) evaluation

sexual abuse, while the number of helpline calls suggested that, given the opportunity, abusers and family members would call for help.[114]

- *Prevent Child Abuse Georgia* collaborated with *Stop It Now!* to develop materials and workshops relating to child sexual abuse that were branded "*Stop It Now! Georgia*". The goal was to train adults to recognise behavioural warning signs associated with the perpetration of child sexual abuse and to take action before the abuse occurred. A 2011 study focused on this work found that over five years of the program, instances of child abuse fell in four of those years, although it is difficult to isolate exact causes.[115]
- *Stop It Now! Minnesota*, a regional offshoot of the US program, found that understanding warning signs was critical in facilitating parents acting on suspicions, and that targeting "clusters" such as parents, church leaders, religious counsellors, and counselling professionals was likely to be most effective.[116]

As the Royal Commission noted, there are a range of opportunities to embed the awareness raising elements of *Stop It Now!* programs within existing programs and systems. For example, brochures or other materials could be distributed in conjunction with the Working With Children Check system, ensuring that they reach those most likely to have contact with children and young people.[117]

2.6 Evaluations and effectiveness

Evaluations of *Stop It Now!* programs have been encouraging.[118] A recent evaluation of the UK helpline service found that it was an effective child sexual abuse prevention strategy, while an analysis of both the Dutch and UK helplines found that "helpline activities such as providing advice, support/guidance, and information can enhance protective factors and reduce risk factors."[119]

In terms of impacts on the behaviour of potential perpetrators, evaluations from both the UK and Netherlands found potential perpetrators were better at recognising and addressing their problematic behaviour, acknowledging that viewing child exploitation material is harmful, accepting referrals to other support services such as psychology, and remaining in employment, all protective factors against the perpetration of CSA.[120]

These programs had also assisted people to overcome their internal barriers to seeking help.[121] Callers to the Netherlands service reported having more control over their feelings, behaviour and situation, "mainly because they were finally able to share their secret".[122]

A recent UK and Ireland *Stop It Now!* campaign focused specifically on reducing online offending through accessing child exploitation material has shown positive results. Results of the program, which increases public awareness and encourages CEM users to seek help, suggest that if people are aware help is available they will take up that offer. Average time spent on the site was 7.5 minutes and one-third of users returned to view the site again.[123] At February 2019 the *Get Help* online campaign had attracted 93,000 visitors to the website.[124]

"The Stop It Now! Helpline is invaluable to those who need help, advice and support with really difficult issues which people find hard to face up to and cope with. Undoubtedly it's contributed a huge amount ...(and) fulfils a vital role in the child protection and child sexual abuse prevention landscape."

Susie Hargreaves, CEO, Internet Watch Foundation, on *Stop It Now! UK* website

[112]Telephone discussions with Jenny Coleman, *Stop It Now! US* on 14 June 2018 and Donald Findlater, consultant to *Stop It Now! UK*, on 13 June 2018.
[113]Hudson K (2018). Op cit.
[114]Chasan-Taber L. & Tabachnick, J., (1999) 'Evaluation of a child sexual abuse prevention program', Sexual Abuse: A Journal of Research and Treatment, 11:4 279, 282–3, 288–9.
[115]Schober D, Fawcett B, Thigpen S, Curtis A and Wright R. (2011),.An empirical case study off a child sexual prevention initiative in Georgia. Health Education Journal, 71:3, 291.
[116]Kemshall & Moulden (2017) Op cit. See also Tabachnick, J. (2009). Op Cit.
[117]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). Op cit.
[118]Saunders & McArthur (2017). Op Cit.
[119]Van Horn et al (2015). Op cit.
[120]Brown et al (2014). Op cit.; Van Horn et al (2015). Op cit. at 866. Brown et al (2014). Op cit.
[121]Brown et al (2014). Op cit.
[122]M Eisenberg, J Mulder, J van Horn & J Stam (2014), *Stop It Now!* Helpline Netherlands: a study of its use and effects – English summary, De Waag, Utrecht, 2014, p6
[123]King, D. (2017). Results of Child Sexual Abuse Prevention Campaign Very Encouraging. The Scotsman. 15 December 2017. Accessed https://www.scotsman.com/news/results-of-child-sexual-abuse-prevention-campaign-very-encouraging-1-4640147
[124]Conversation with Stuart Allardyce, manager of *Stop It Now!* in Scotland, 14 August 2018

2.7 Key elements to success of *Stop It Now!* programs

Anonymous and confidential

Crucial to the success of the helpline is that it is anonymous, protecting the confidentiality of potential perpetrators, who fear stigma and justice consequences, and also for their family and friends who may otherwise be reluctant to seek help given the potential consequences for their loved one.

Anonymity is especially important given the service hopes to engage undetected abusers or those who have never acted on their thoughts and therefore are not known to authorities. A recent UK study of past offenders against children highlighted the principal barrier to seeking help: a fear of the consequences, including the risk of prison and the likelihood of being labelled a "sex offender" and ostracised.[125]

Confidentiality and trust are crucial in encouraging people to access such prevention services,[126] and to enable honest and open discussion about a caller's sexual thoughts and behaviour, or their concerns about other people. In situations where callers are already known to authorities, as is the case for a significant number in the UK, they may be more prepared to waive this confidentiality.

These can be controversial elements of *Stop It Now!* – with rightful community concern in ensuring perpetrators are accountable for their behaviour. It is, of course, important to ensure that anonymity does not enable collusion. *Stop It Now!* programs place limits on anonymity and confidentiality to ensure this and to also comply with legal requirements around disclosure of offending and child abuse. Men's behaviour change programs can provide valuable guidance on avoiding collusion – their experience and expertise in this area could assist in developing the practice framework and playbook for an Australian *Stop It Now!* program.

Helplines make their position on confidentiality and anonymity clear to staff and users. It is outlined at the start of all calls, as well as stated in promotional materials and on the website. Callers who contact *Stop It Now! UK*, for example, are told that they do not need to give their name and that their call can remain anonymous, but they are also made aware of reporting obligations. They are told:

> *"The Helpline is confidential and you don't have to give us your full name or any other details that will identify you. But if you do, and then give us information that identifies a child who has been - or is at risk of being - abused, or any information which may suggest that any other person is at risk of harm, then we will pass that information on to the appropriate agencies. We will also pass on details of any criminal offence committed."*[127]

The limits of anonymity and confidentiality will vary depending on the jurisdiction in which the program operates. *Stop It Now!* in the Netherlands does not have the same reporting framework around past abuse; patient–doctor confidentiality protects callers from disclosure of previous offences to the authorities.[128] Similarly, German practitioners working for Prevention Project Dunkelfield would be breaching confidentiality obligations if they reported a committed or planned offence revealed during confidential sessions with clients.[129]

Appendix F reproduces advice from the *Stop It Now!* toolkit (Paskell et al) on issues that should be addressed in a policy manual on reporting obligations.

The right response at the right time

Sexual offenders also cite challenges in finding competent therapists as a key barrier to accessing support and treatment.[130] Despite wanting help from a mental health professional, most potential perpetrators reported that they were reluctant to seek services due to beliefs that they would be treated disrespectfully or judgmentally, fears of unethical treatment or breaches of confidentiality, and apprehension that counsellors would not have a knowledgeable understanding of minor-attraction.[131]

It is essential that any service delivers on its promise to provide support and guidance. UK evidence suggests that close to half of past offenders against children sought help of some sort before offending (from police, family, medical professionals and counsellors) and the lack of adequate response fed into feelings of helplessness and distrust.[132] Responses ranged from assessments without treatment, to *"I'm sorry but until you commit an offence there's nothing we can do."* As one participant commented: *"I thought then, they can't believe me. … Do I actually have to do something to prove that…I need help."* Another said *"If early on I'd been able to go to someone and say look I got these feelings, I got these problematic attractions. Help me. Then, I feel like I wouldn't of ended up going down the paths I did subsequently."*[133]

As part of ensuring an adequate response it is essential that the *Stop It Now!* helpline and website are backed up with access to specialised counselling and supports.

Stop It Now! seeks a difficult balance between treating potential perpetrators with dignity and respect while ensuring there is no collusion and that a caller's unacceptable behaviour is challenged. As part of ensuring an adequate response, all calls end with a safety plan that adresses issues raised by the caller and, where necessary, further consultation is arranged or encouraged, including face-to-face counselling where appropriate and possible. The *Stop It Now!* offering has also evolved over the years to reflect apparent needs. For example the UK service has developed a number of online safety tools that callers can implement to moderate/restrict their internet use and disallow access to certain sites.

> *"The [study] findings underline the strength of the public health approach to prevention efforts. More specifically, benefits reported by helpline users are shown to correspond with the aims of the helplines. A number of factors were reported by users that helped them modify their own or others' actions to minimize risk of abuse. However, a challenge that remains is ensuring that helplines are accessible to those most in need."*
>
> **Source: Van Horn et al (2015)**

Trained and Qualified Staff

A service that does not effectively engage with a caller is a missed opportunity to deter abuse. It is important that staff have appropriate skills levels and training to deal with complex and diverse calls, whether they come from potential perpetrators, family or colleagues or, on occasion, from other caller categories such as victims and children (both victims and children with harmful sexual behaviours), and whether the call concerns online or contact offending. There is significant responsibility given the caller might directly harm a child or have the potential to protect a child.

Callers are often themselves in a fragile mental state, with suicide ideation, an issue that frequently arises. It is important that a helpline operator is able to balance empathy with accountability, while also avoiding collusion. It is common for users of CEM, for example, to seek to justify their behaviour. They tell themselves that "many others are doing the same thing"; "these images have been viewed by many others"; and, "it's just an image."[134] These justifications must be rejected and the helpline operator must make it clear that the behaviour is unacceptable, although the caller is taking a positive step in seeking help.

It is for this reason that *Stop It Now!* programs in the UK and US programs have avoided using volunteers in their service and instead focus on professionals such as psychologists, social workers, counsellors, ex-police and ex-probation officers with significant experience dealing with sex offenders or working in child sexual abuse prevention.[135]

The UK program recruits its helpline staff from a broad range of related professional backgrounds including the police, probation, social work, and psychology. Having a diverse team of call operators working on the helpline is considered beneficial, as this keeps the service well placed to provide advice and support to diverse caller groups on a wide range of specialised issues.[136]

All operators in both the UK and the Netherlands have knowledge and awareness regarding CSA prevention and are experienced in working with sexual abusers.[137] Relevant training for staff includes: understanding sexually harmful behaviour, why it occurs and the risk factors to look out for; call handling techniques (what types of behaviour management can be effective; providing support in an empathetic and non-judgmental way; motivating people who are typically fearful and distrustful to accept support etc; and the practicalities of operating the helpline); and the legal context (especially mandatory reporting and child sexual abuse crimes). All *Stop It Now! UK* and Ireland Helpline staff attend a two day in-house training programme which is classroom based, followed by an induction period.[138] Appendix E includes an overview of training given to staff of *Stop It Now! UK*.

Regular supervision, debriefing, and also the capacity to utilise or consult with highly skilled practitioners for specialist advice are other common features across *Stop It Now!* programs. Overseas operators reported that staff frequently call on one another's specialist expertise, given the diversity in both staff backgrounds and caller types. This peer support and oversight is crucial to service quality and should be appropriately funded to ensure program success.

An economic analysis of the UK program in 2014 noted that the telephone line was staffed by operators who worked in pairs on four-hour shifts. In addition, there was a pool of psychology/practitioner staff responsible for "call-backs" with users who needed

specialist advice and for face-to-face meetings. A senior practitioner (not taking calls) occupied the role of helpline coordinator, overseeing operations and advising staff and call operators.[139] Senior practitioners within the *Lucy Faithfull Foundation* were also available for guidance and to take calls.

Stop It Now! NL is run by five operators and one coordinator.[140] Three of them also work at the Meldpunt Kinderporno hotline. Several employees are psychologists with experience working with sex offenders or working at a helpline.[141]

Appropriate Resources

The experience of overseas operators of *Stop It Now!* is that they are unable to meet demand, and this means that many calls go unanswered.[142] A 2014 study cited *Stop It Now! UK* data showing the high average levels of missed calls during the financial year 2013/14. An average of 2,199 calls went unanswered each month, often more than four times the number of calls answered, and this figure is on an upward trajectory. By April 2014 the number of missed calls was 3,676.[143]

According to the same evaluation, 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.[144]

Given this frustration and the potential consequences, it is important that callers have other options for instant engagement with information and referral through *Stop It Now!* This could be through information and materials included on the website or there is potential to consider (limited) automated responses using chatbots.

Partnerships

A collaborative response is key to addressing child sexual abuse. This is true both at the global level, where international criminal agencies co-operate to identify paedophile rings and identify child victims, and at the local level where organisations operating in a range of fields including mental health, education and justice can share expertise and resources to invest in abuse prevention and in support for both victims and potential perpetrators.

Partnerships and collaboration are also crucial to referral pathways in and out of *Stop It Now!* programs. All *Stop It Now!* services we spoke to as part of this scoping study had arrangements in place for referrals to relevant external organisations. The UK service frequently connects callers with Sex Addicts Anonymous, survivor networks, mental health helplines and Childline.[145] The US service most frequently refers to the Association for Treatment of Sexual Abusers.[146] These relationships have developed and evolved over time.

Stop It Now! programs have also built partnerships focused more broadly on the prevention of child sexual abuse, and particularly CEM. *Stop It Now! US* has a partnership with Thorn, a child protection charity focused on CEM offences. The partnership involves a deterrent project using recognition software that aims to deter first-time offenders. When CEM material is accessed, a non-judgmental deterrent page appears that points out the behaviour is illegal and could result in arrest. *Stop It Now! US* also benefits from a Google Adwords grant which means the service shows up when certain terms are searched. *Stop It Now! UK* has a partnership with the Home Office to invest in CEM deterrence, and through this has developed and delivered the *Get Help* program.

[125]Elliott et all (2016). Op cit.
[126]Beier et al (2009). Op cit.
[127]*Stop It Now!* UK website, www.stopitnow.org.uk
[128]Eisenberg et al (2014). Op cit.
[129]See Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). Op cit
[130]Levenson et al (2017). Op Cit.
[131]Levenson et al (2017) ibid; B4UAct. (2011b). Youth, suicidality, and seeking care. Retrieved from http://www.b4uact.org/research/survey-results/youth-suicidality-and-seeking-care/ [Google Scholar])
[132]Elliott et al (2016). Op cit.
[133]Elliott et al (2016). Ibid.
[134]Allen, E. (2018). Op cit.
[135]Calls with UK and US
[136]Van Horn et al (2015). Op cit.
[137]van Horn et al (2015). Op cit.
[138]Paskell et al (nd). Op cit.
[139]Bowles R (2014), "Economic analysis of the *Stop It Now! UK* and *Stop It Now!* Netherlands Helplines", NatCen Social Research
[140]The Limits and Benefits of *Stop It Now!* 857
Downloaded by [Joan van Horn] at 04:18 15 January 2016
[141]van Horn et al (2015). Op cit.
[142]Conversation with Kathryn Prentice, former Director of Phoenix House, on 8 March 2018), Donald Findlater, consultant to *Stop It Now! UK*, on 13 June 2018and Jenny Coleman, director of *Stop It Now! US* on 14 June 2018.
[143]Brown et al (2014). Op cit.
[144]Brown et al (2014). Ibid.
[145]Conversation with Donald Findlater, consultant to *Stop It Now! UK*, on 13 June 2018
[146]Conversation with Jenny Coleman, Director of *Stop It Now! US*, on 14 June 2018. This scoping study has included some consultation with some members of the Australian and New Zealand Association for the Treatment of Sexual Abuse (www.anzatsa.org). Further engagement should occur during any implementation phase when designing referral pathways.

2.8 Key Differences in Overseas Models

Much of this report so far highlights the similarities of current *Stop It Now!* models and the challenges they share. But while the models operating in the US, UK and the Netherlands show strong similarities, from our interviews with providers and research, we have also identified some subtle but important differences. These could be summarised as:

- Extent of Service – the helpline is a common feature across all *Stop It Now!* programs, however in the UK and Netherlands the programs also have the capacity to deliver more intensive and face-to-face interventions with service users.
- Organisational Structure – a main difference here is between the national standalone *Stop It Now!* program in the US and *Stop It Now! UK* which has regional programs in Scotland and Wales and also sits within a suite of related programs provided by the Lucy Faithfull Foundation.
- Mandatory Reporting environment – the mandatory reporting environment and limits on confidentiality are tighter in the US and UK compared to continental Europe, which influences the extent of services that are provided. That is, because obligations to report are triggered more easily in the UK and the US, providing face-to-face counselling is more difficult given the possible legal consequences.
- Relationship with Police – *Stop It Now! UK* has formal partnerships with police and receives significant referrals from them. A number of former police officers have been managers of the helpline. In contrast, the US program does not have close relationships with police.
- Funding source – European *Stop It Now!* program attract government funding, while the US program relies entirely on fundraising to sustain its operations.

Stop It Now! US

The original service is, perhaps surprisingly, not the largest *Stop It Now!* service. With only four permanent staff, the organisation is not as widely known amongst community and government agencies, and does not have a close relationship with police. *Stop It Now! US* supports callers and refers them to other relevant services such as the Association for Treatment of Sexual Abusers. There is a single helpline location. A recent partnership with child protection charity Thorn has seen significant expansion in its work relating to online child exploitation material. *Stop It Now! US* receives no government support.

Stop It Now! UK

Stop It Now! UK has expanded rapidly since its establishment in 2002. While the helpline service is centralised in Epsom, Surrey, there is a separate number than can be called in Scotland and/or Ireland that is shared with callers who contact the organisation from these areas. *Stop It Now! UK* employed an ex-police officer as its first helpline manager and this helped establish a relationship with the police, building credibility that *Stop It Now! UK* was a trustworthy organisation and not just a group of "do-gooders". Two of the three helpline managers have been ex-police. This historic and strong relationship with police produces a major referral pathway for perpetrators who have offended and been arrested. The relationship with police is a collaborative one that recognises a holistic approach is needed to addressing child sexual abuse, especially given the proliferation of online offending.

The organisation operates as an arm of the Lucy Faithfull Foundation, providing it with established referral pathways to other Lucy Faithfull Foundation programs where appropriate. *Stop It Now! UK* receives some government funding (Home Office). As with *Stop It Now! US*, there is a growing attention to CEM offences and the organisation is currently running an indecent images deterrence program – *Get Help*.

Stop It Now! Netherlands

Stop It Now! NL exists in a very different reporting environment where the duty of client confidentiality is primary. Counsellors are bound not to disclose confidential discussions with clients, even where these reveal instances of past sexual offending. This means clients are more likely to engage in face-to-face counselling, confident that their identity will not be revealed to justice authorities or the wider community. Such counselling sessions form a key part of the service and are subsidised and free to the user.

In an analysis of 2012–13 call data, the percentage of callers in the Netherlands who were potential perpetrators was 52%, compared with 17% in the UK and Ireland. This suggests that men in the Netherlands were prepared to seek help at a much earlier point in their "offending pathway" than in the UK and Ireland.[147]

Anecdotally, Dutch society is also more accepting of the notion that sex offenders can be supported to change their behaviour. This has an impact on the way the service is promoted, which has been undertaken through television advertisements which might be considered more confronting in a UK or US environment.

The primary source of funding for the Netherlands program is the Netherlands' Ministry of Health.

[147]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017). Op cit.

2.9 Other early intervention approaches

While we do not examine them in this report, it should be noted that a number of other prevention programs are operating in different jurisdictions including:

- The *Nettivihje* hotline tackling online child abuse images, run by Save the Children, Finland;
- *Kein Taeter Werden/Don't Offend*, German program www.dontoffend.org, which has evolved from *Prevention Project Dunkelfeld*[148]. The program provides free therapeutic support including cognitive behavioural therapy and other treatments to adults sexually interested in children who volunteer for the program.[149];
- *Forio*, Swiss, www.forio.ch;
- Online support groups for non-offending paedophiles (e.g. Virtuous Pedophiles[150] and the Shadows Project[151]).

[148]www.dont-offend.org
[149]See Richards K (2015) "We Need to support paedophiles to prevent child sex offending", The Conversation, December 8 2015, accessed http://theconversation.com/we-need-to-support-paedophiles-to-prevent-child-sex-offending-44845.
[150]www.virped.org
[151]www.shadowsproject.net

Part 3: *Stop It Now!* In Australia

3.1 The case for *Stop It Now!* in Australia

Child sexual abuse is an extensive and costly social problem in Australia and elsewhere internationally. Over recent years, and most notably as a result of the Royal Commission, the extent of this problem has been uncovered and the terrible harm it causes has become apparent.

The Royal Commission identified the clear need to focus on preventing child sexual abuse from happening in the first place and to intervene with potential perpetrators as part of this. Evidence shows that child sexual abuse can be prevented by working directly with some people who pose a threat to children, as well as by improving protective factors around children.[152]

There are no dedicated national services currently available in Australia for potential perpetrators of child sexual abuse to help prevent them offending for the first time.[153] Apart from a small number of private psychologists with specific expertise, there is little available support for people troubled by their own thoughts in relation to children or about the behaviour of others.[154]

The Royal Commission sought the views of child safety stakeholders and operators of services in related fields such as mental health and child protection, who noted this gap in prevention services for potential perpetrators of child sexual abuse. Recommendation 6.2 identified the *Stop It Now!* program as a program to inform responses of this type in the recommended national child sexual abuse prevention strategy.

The *Stop It Now!* program, and its core features of a telephone helpline and website offer expert information, advice, safety planning and referrals for potential perpetrators of child sexual offending, and their families and professionals. Given the stigma associated with perpetration of CSA or having a sexual attraction to children, anonymity and confidentiality are crucial to removing barriers to accessing the service.

Telephone and online support services already exist in Australia for people experiencing a variety of other social problems such as family violence and mental illness. These helplines benefit from these same elements of anonymity, accessibility and cost-effectiveness, and are seen as providing a vital service. There is good reason to believe a *Stop It Now!* service could be similarly beneficial to the community, and demand for a service has already been demonstrated by evidence presented to the Royal Commission[155] and the experience of overseas operators of *Stop It Now!*

A number of evaluations have been carried out on the UK, US and Netherlands *Stop It Now!* services. They show the helplines are in strong and growing demand. Qualitative research suggests users have found the helpline helpful in supporting their behaviour change or enabling them to better protect children.[156]

The cost to individuals and the community more generally from instances of child sexual abuse are enormous. An investment in a service such as *Stop It Now!* involves comparatively minimal resources, while evidence suggests such a service can make a real difference to child safety.

Operators of existing *Stop It Now!* services are confident that they are having a positive impact on child safety. Many Australian community and government stakeholders consulted in the course of this scoping study were also strongly supportive of investment in a *Stop It Now!* service here. Given the potential benefit, and the relatively low investment when compared to the financial and non-financial costs of instances of child sexual abuse, we recommend a pilot *Stop It Now!* program be established as soon as possible.

> Recommendation 1: Consistent with the recommendations of the Royal Commission, and the views of stakeholders engaged with through this scoping study, a *Stop It Now!* service should be established in Australia.

[152] Paskell et al. (nd). Op cit.
[153] Royal Commission into Institutional Responses to Child Sexual Abuse, (2017). Op cit.
[154] Royal Commission into Institutional Responses to Child Sexual Abuse, (2017). Op cit.
[155] As already noted, staff from several national helplines told researchers for the Royal Commission they had received calls from potential perpetrators who were concerned they might sexually abuse a child. They felt this occurred often enough to demonstrate a demand for such a service
[156] Royal Commission into Institutional Responses to Child Sexual Abuse, (2017). Op cit. citing Brown et al (2014)

3.2 Scope of an Australian *Stop It Now!* program

Aims and outcomes

In establishing a *Stop It Now!* program in Australia, a key question is what change the service seeks to achieve. Being clear about this helps to identify the relevant target group(s), decide what form the service will take, assist in monitoring its activity and inform i ts development.

Following the conduct of stakeholder workshops and other external engagement, and in light of the findings of the Royal Commission, the initial aims of *Stop It Now! Australia* should be:

- reducing the progression of potential perpetrators to sexual offending involving children; and
- reducing offending involving child exploitation material (with a focus on the proliferating online offending);

and that this would be achieved working towards the following objectives:

- engaging potential abusers and assisting them to manage their behaviour and improve their access to support;
- providing advice and guidance to family/friends and professionals regarding child abuse risk indicators and implementing strategies to reduce the risk of abuse.

These aims and objectives reflect the intent of the proposed model as a secondary prevention program focused on reducing the risks of abuse and online offending by engaging potential perpetrators and their family, friends and professionals. This will guide a service offering focused on intervening earlier and before offending has taken place, and differs from an approach that targets individuals after they have offended. However, in some instances, the service may be working with people who have already abused a child to prevent further abuse.

Some of the issues involved with focusing the service on potential as opposed to confirmed child sex abusers are considered below. But this will also have implications for how the program is marketed and the partners who are engaged. There will need to be a strong relationship between Stop It Now! and primary prevention efforts in the national child sexual abuse prevention strategy, which might provide settings and opportunities to engage potential perpetrators and their family, friends and professionals.

One additional potential outcome from the program relates to the mental health needs of many callers. As noted, it is not uncommon for perpetrators of child sexual abuse to be deeply depressed or suicidal as a consequence of their thoughts and behaviours and the community response to such offenders generally. *Stop It Now!* is able to intervene with appropriate mental health supports and referrals.

> Recommendation 2: The aims and outcomes of the proposed Australian Stop It Now! service should reflect the intent of the service as a secondary prevention program focused on reducing the risks and incidence of child sex abuse and offending involving child exploitation material. However, it should be linked to wider primary prevention efforts delivered under the recommended National Child Sexual Abuse Prevention Strategy. The program model should ensure appropriate referral to mental health supports where this is clinically indicated.

Intended users

It is suggested the initial target groups are:

- *Potential* perpetrators of child sexual abuse:
  - both contact and non-contact offences
  - both children/young people and adults
  - whether acting alone or as part of a group/ network
  - whether or not known to authorities
  - including known offenders who may offend again, undetected abusers, and those who have never offended but are at risk of doing so
  - displaying any of a range of harmful behaviours such as sexual contact with a child, grooming, viewing child exploitation material or showing it to a child and engaging a child in sexual exploitation[157]
- The family/friends/professional healthcare providers/other contacts of actual and potential perpetrators

The focus on targeting potential as opposed to confirmed perpetrators reflects the aims of the program to prevent sexual abuse by reducing risks as opposed to supporting perpetrators who have already offended. All *Stop It Now!* programs have this focus, but also work with significant numbers of *confirmed* or *alleged* perpetrators. This is particularly evident in the UK, where a strong partnership with

police means many individuals are referred by police to the helpline at the point at which they are charged. These programs provide a useful intervention for these *alleged perpetrators*, but with our aim being to develop a secondary prevention intervention we recommend active targeting of *potential abusers*. Obviously, *confirmed perpetrators* may still access the website and make contact with the phoneline. The practice framework we develop (see below) would allow us to respond to this group of people consistent with legal obligations around reporting crimes and child abuse.

Participants in a stakeholder workshop convened by Jesuit Social Services in July 2018 were clear in their view that any helpline should include young people as a service target. Studies have revealed that most minor-attracted persons become aware of their unusual sexual interests in early adolescence.[158] Another study suggested about half of sex offenders against children report the appearance of their sexual interest in children occurring before age 20.[159] Research estimates a time frame of almost a decade between the onset of sexual fantasies and the time of the first arrest.[160] Early intervention could change this pathway to offending. This is particularly true given research suggests they are more likely to respond positively to treatment than adults, indicating that intervention with this group represents an excellent opportunity for prevention and intervention efforts.[161] A further compelling reason to include young people is that sexual offences often escalate in severity and frequency over time, which may indicate that adolescence and young adulthood are the important times to target intervention and prevention efforts.[162] Finally, Riser et al 2013 argue that a younger age at first offense predicts greater rates of recidivism, indicating that early intervention in juvenile sex offenders is essential to overall prevention of recidivistic sexual offending.[163] The Royal Commission recognised the importance of addressing issues around young people with harmful sexual behaviours, recommending this be included in the national strategy to prevent child sexual abuse (see recommendation 10.1, reproduced in Appendix H).

Including young people as a target group would represent an extension of what is currently offered by *Stop It Now!* operators overseas, and require the development of a specialised approach for working with young people including appropriate engagement with their parent or caregivers. The UK helpline is targeted at adults (18 and over), although it gets a few calls from 16 and 17 year olds (and very occasionally younger). When someone under 18 calls, *Stop It Now! UK*'s strategy is to try and also connect with an adult in their life (parent/carer/adult family member). If appropriate, they refer the young person to other helplines such as Childline. However, *Stop It Now! UK* is currently considering expanding its target user group to 16 and 17 year olds, possibly through 'online chat' or similar, and is in the process of assessing resource implications.[164]

By its nature, a helpline is widely accessible and *Stop It Now! Australia* cannot prevent anyone contacting the service. Experience of other services suggests calls are received from a broad range of groups beyond potential and actual perpetrators– including family members, victims, teachers, other medical/ counselling professionals and employers – and that the service catchment is not geographically constrained. Overseas operators have reported receiving calls from Asia and across Europe, both expats and local – the US operation, for example, receives around 10% of its calls from overseas (including UK, Canada, South Africa and the Philippines).[165] The legal and practical ramifications of such offshore calls need to be considered and prepared for.

While a service needs to be prepared to deal with all of these callers, and redirect to more appropriate services where required, having a clearly defined target user group linked to the programs aims and objectives will guide the approach taken in delivering the service, partnerships, and how the service is marketed. Once the helpline is established, it should monitor data on users who contact the service, and this may guide additional target groups to be included in the future. Certainly, the experience of the *Stop It Now!* services we spoke to suggest that over time, the helpline may adapt to respond to other identified needs.

Recommendation 3: Consistent with the proposed aims and outcomes, the intended users of the service are potential perpetrators of child sex abuse (including offences involving child exploitation material), and young people with harmful sexual behaviours, as well as their family, friends and professionals.

Recommendation 4: The service will require a tailored service response and practice framework needs to be developed for children and young people aged 10-18 with harmful sexual thoughts and behaviours, as well as their parents/family and professionals, as they are intended users of this program. We are beginning this work through the Worried About Sex and Porn Project for young people (WASAPP). The aim of the project is to explore an online early intervention for children and young people with problematic sexual behaviours. The response to children and young people would sit alongside the Stop it Now! Response to adults.

[157]These forms of harmful behaviour were identified as particular areas of potential focus in Paskell C, Brown A and MacNaughton C (). Preventing child sexual abuse by helping adults to manage their own behaviour: Establishing a Helpline. NatCen Social research.
[158]B4UAct. (2011). Youth, suicidality, and seeking care. Retrieved from http://www.b4uact.org/research/survey-results/youth-suicidality-and-seeking-care/ [Google Scholar]; Buckman, Ruzicka, & Shields, 2016 Buckman, C., Ruzicka, A., & Shields, R. T. (2016). Help Wanted: Lessons on prevention from non-offending young adult pedophiles. ATSA Forum Newsletter, 28(2). [Google Scholar]),
[159](Schaefer et al (2010) citing Abel et al., 1987)
[160]Elliott, H., Lievesley, ZR., Blagden, N., Winder, B., Briscoe, H. and Faulkner, J. (2016) "Resist not Desist. A retrospective exploration of viable prevention strategies – helping individuals to avoid committing their first sexual offence against a child." Sexual Offences, Crime and Misconduct Research Unit, accessed http://saferlivingfoundation.org/wp-content/uploads/2016/10/Resist-not-desist-IATSO-2016.pdf
[161]Waite, D., Keller, A., McGarvey, E. L., Wieckowski, E., Pinkerton, R. and Brown, G. L. (2005). Juvenile sex offender re-arrest rates for sexual, violent nonsexual, and property crimes: A 10-year follow-up. Sexual Abuse: A Journal of Research and Treatment, 17: 313–331; Riser, DK, Pegram, SE & Farley , JP. (2013), Adolescent and Young Adult Male Sex Offenders: Understanding the Role of Recidivism. Journal of Child Sexual Abuse, 22:1, 9-31, DOI: 10.1080/10538712.2013.735355
[162]Bischof, G., Stith, S. and Wilson, S. (1992). A comparison of the family systems of adolescent sexual offenders and nonsexual offending delinquents. Family Relations, 41: 318–323. doi:10.2307/585197; cited in Riser et al (2013) op cit.
[163]Riser et al (2013) op cit citing Boyd, N., Hagan, M. and Cho, M. 2000. Characteristics of adolescent sex offenders: A review of the research. Aggression and Violent Behavior, 5: 137–146. doi:10.1016/S1359-1789(98)00030-5
[164]Correspondence with Tom Squire, helpline manager, *Stop It Now! UK*, 11 September 2018.
[165]Conversation with Jenny Coleman, director of *Stop It Now! US*, on 14 June 2018.

3.3 Service approach

Nature of the service

Stop It Now! Australia will provide information, advice, safety planning and referrals through a phoneline and online resources. An overview of how these services will function is provided on p. 37.

Some core features of services provided through all *Stop It Now!* phonelines that are envisaged as part of *Stop It Now! Australia* include:

- A discussion on confidentiality and its limits;
- Callers share concerns and the problem is clarified;
- Information is provided, followed by advice on further actions to consider;
- One or more protective actions the caller will take are agreed to;
- The caller is able to call again if they wish.

The types of further actions the *Stop It Now!* phoneline might suggest include: implementing measures to manage their own behaviour or to strengthen protective factors and reduce risk factors around children or adults who pose a sexual risk; accessing online or printed resources; installing software on the caller's computer to prevent access to certain sites; having a discussion with family members/friends/GP; and guidance/referrals to further support or services.[166]

The major variation between *Stop It Now!* programs in different countries is the nature of further support and services that are available beyond the phoneline. This ranges from a more limited referral approach, as is the case with *Stop It Now! US*, to direct access to a range of other counselling and support services as is the case with the Lucy Faithfull Foundation in *Stop It Now! UK*, through to the provision of individual counselling, either face to face or over the phone by *Stop It Now! Netherlands*.

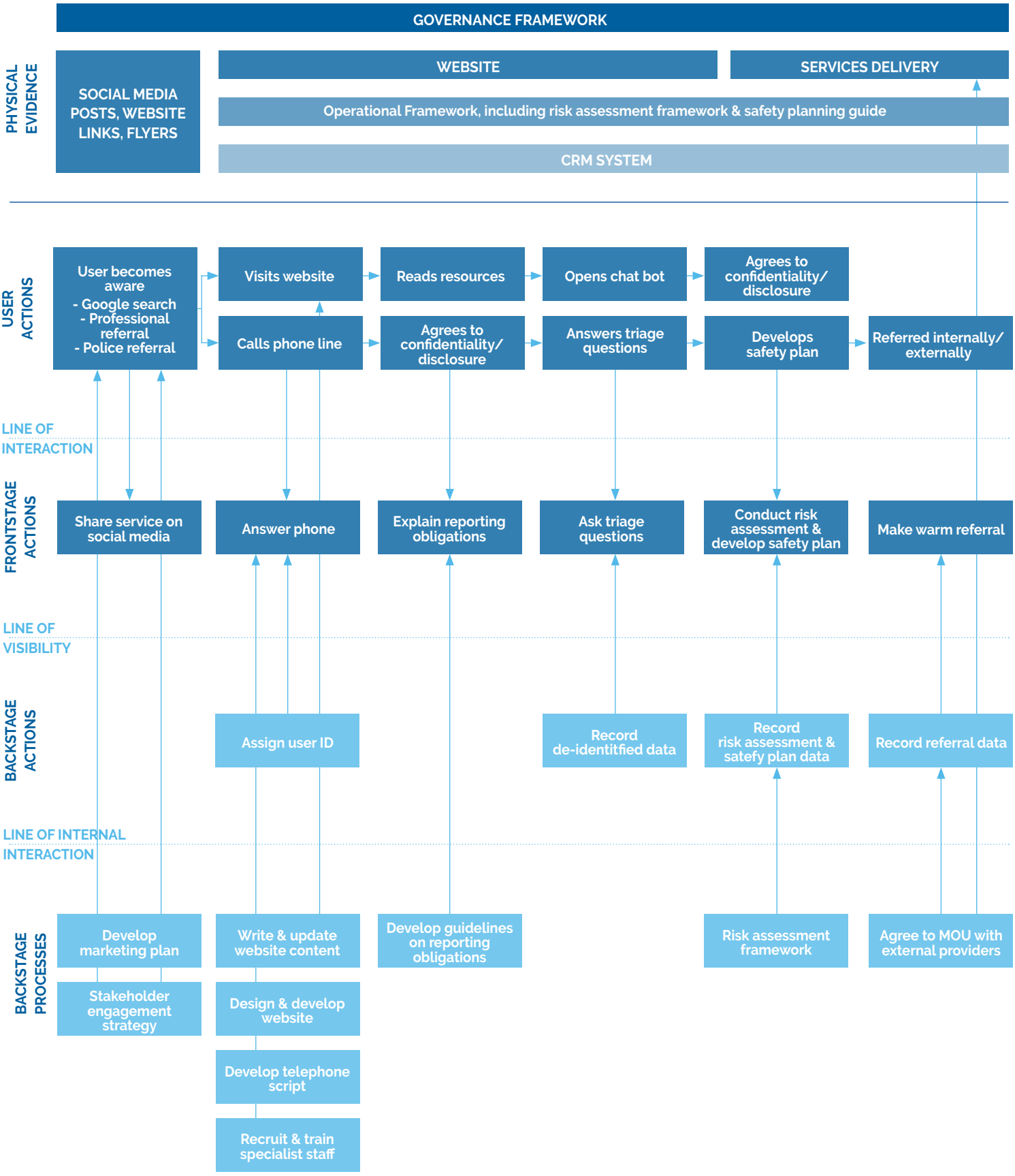
During its initial period of operation, we would envisage the *Stop It Now! Australia* phoneline delivering the core phoneline features and providing referrals to other services as is the case in the US. *Stop It Now! Australia* will need to establish a network of other agencies offering complementary services such as treatment, counselling or information and advice in particular specialist areas. Pathways to existing government services – which may involve expansion of the scope of those services – could also be explored given the limited pool of professionals with specialised expertise. Forensicare in Victoria is an example of such a service. The Sexually Abusive Treatment Services, which already work with children and young people with harmful sexual behaviours, is another.

There may be an opportunity for some sort of hybrid approach linking to other programs delivered by the phoneline provider, as is the case in the UK, but this would rely on the service being delivered by an organisation that offered these services and had capacity (or was funded) to meet the need.

This proposed approach is preferred as it will allow a dedicated focus on developing an effective response through the phoneline, and particularly in developing a youth-focused approach. Data collected for an evaluation should include service needs identified by callers and what referrals are made, in order to inform the development of related programs and services in the future, including options for face to face support.

> Recommendation 5: Key elements of the *Stop It Now! Australia* program are a phoneline and website, which should provide information, advice, safety planning and referrals. During the initial period of operation, the phoneline service should be limited to the core features that are common across all *Stop It Now!* phonelines. Over time, and informed by service user data, related programs and services might be developed that are integrated with the operation of the phoneline. It is recommended that potential for a live chat facility be explored to complement the phoneline.

Stop it Now! Preliminary Model

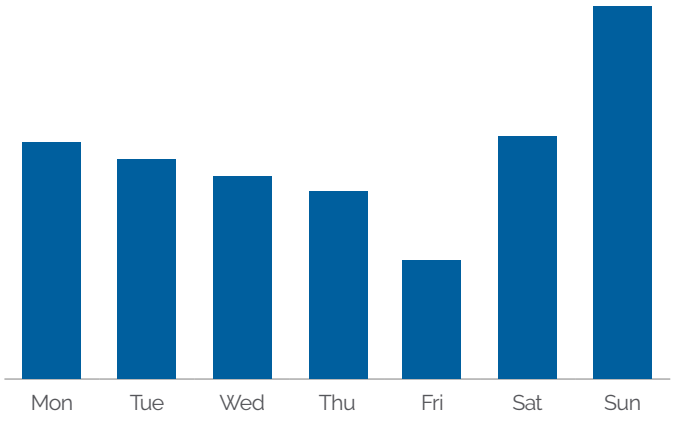


Phoneline operations

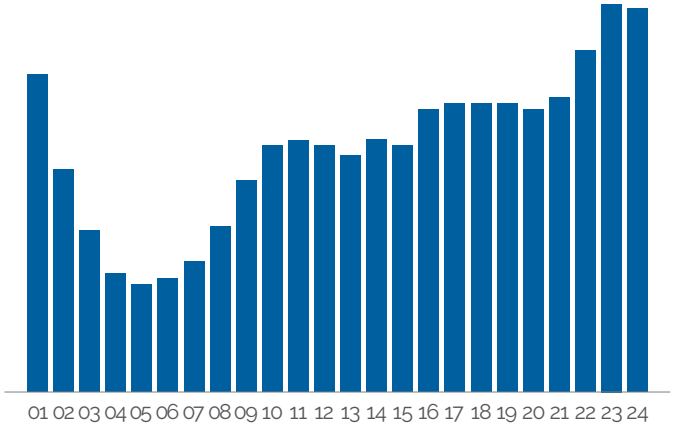
The operating hours of the phoneline and staffing should be informed by evidence of when demand is likely to exist for this service.

In terms of evidence for when issues relating to child abuse arise, one proxy could be internet searches for CEM. Research suggests that the highest rate of internet searches for CEM occurs on Sundays, after which the numbers start reducing, showing the lowest search rate on Fridays. On Saturdays the numbers start to climb again. Regarding time of day, the highest number of searches occurs in the evening and is at its lowest in the early morning.[167]

Searches for CSAM broken down over a week
Searches for sites known to contain CSAM, broken down over a week



Searches for CSAM broken down over 24 hours
Searches for sites known to contain CSAM, broken down over 24 hours



The charts show search patterns, not exact findings
Source: *NetClean (2017)*

Looking at the experience of services, *Stop It Now! UK* has found that there is no particular peak time for receiving calls, aside from Mondays (post-weekend when the helpline is closed). *Stop It Now! UK* has also found that day times are busier than evenings. As a result they have more staff/lines open in the day time than the evening (3 as opposed to 2), and, if possible, they have an extra line open on Monday lunchtime. Recent additional funding announced by the UK Home Office will allow them to dramatically expand this to six lines open rather than two or three.

The experience of *Stop It Now! UK* differs somewhat from an Australian helpline operator we have spoken with, *On The Line*, which operates helplines specialising in men's mental health, anger management, and family violence. *On The Line* reported that mid-morning and after work are the busiest call times across their phone lines.[168]

Ideally, to minimise the risk of failing to engage with a potential perpetrator who is motivated to seek help, the helpline should be a 7 day service.[169] However, the viability of this will depend on financial resources and the initial level of demand. This is clear from overseas where *Stop It Now!* programs have differing operating hours:

- The UK service is open 9.00am - 9.00pm Monday to Thursday and 9.00am - 5.00pm on Fridays.
- The service in the Netherlands is staffed for only limited hours as follows: Monday 9am-12pm and 2-5pm, Tuesday 2-5pm, Wednesday 2-5pm and 6-9pm, Thursday 2-5pm, Friday 2-5pm and occasional hours on Saturdays.

Drawing on this evidence and the experience of other similar services, the initial operating hours of the *Stop It Now! Australia* phone line should be 11am - 7pm seven days per week.

Given the difficulties in calling the helpline from work, some after-hours availability is important. Demand may also vary according to the time of year; for example, there is heightened media interest in CSA on public holidays,[170] while call numbers can also be expected to jump after any advertising campaign. It will be important to monitor user data in the first months of the pilot to determine peak periods and whether changes to operational hours would be required.

In addition to this, an out-of-hours voicemail should be set up that clearly states:

- If someone is at risk of self-harm, they should call Lifeline;
- If someone is concerned about their own behaviour or that of someone else, they can visit the website, call back when the phone line opens or phone the police;
- The website provides access to online programs offered by *Stop It Now! UK*[171] which may be helpful in the meantime.

Call times should be monitored over time to determine whether any changes to operational hours is needed.

Program design should also anticipate a scenario where demand could outstrip resources, as is the case in the UK. A partial way to address the situation may be by enhancing the information available on the website so that passive support is available until callers are able to get through to a counsellor.

> Recommendation 6: The operating hours of the *Stop It Now! Australia* phoneline should be 11am – 7pm, seven days per week. Outside of these hours, systems should be put in place for callers to access immediate support if in crisis or to call the service back during operating hours. Patterns of calls and demand should be closely monitored to determine whether changes to operational hours are needed.

Website and online communications tools

When the first *Stop It Now!* helpline was established in 1992, telephone was the primary mode of contact, with face-to-face meetings possible where anonymity was waived. Technological advances now enable a broader range of ways for users to engage with the service, including by email, texting, and accessing information on a website. More broadly, online resources focused on engaging people are experimenting with news forms of communication, such as automated chatbots. Advertising and awareness raising is no longer limited to traditional media but can also be channelled via social media and online, including through the use of Google "flash" pages.

Stop It Now! programs have evolved in line with these changes, and there is now a broad and detailed range of online resources that form part of the program. As outlined above, this includes fact sheets covering issues such as how to distinguish between normal and concerning sexual behaviours in young people, how to identify warning signs around inappropriate behaviour, and how to talk to children about adults who show signs of sexual interest in children. *Stop It Now! UK* has also developed a separate online platform providing information and support for users of illegal online images and those around them called *Get Help*. *Get Help* contains information, self-help resources, videos, and confidential peer support forums for friends and family. In 2015, this website was viewed by 25,000 people in the United Kingdom.

A website, and other online communications tools will be critical elements of the proposed *Stop It Now! Australia* program. The website will be accessible at all times and should include simple, easy to access self-help resources. This content should be tailored to different user groups, and there may be opportunities to develop targeted online approaches to particular issues as has happened in the UK with *Get Help*. It should also include self-referral information, similar to the Reach Out website.

Over time and as resources permit, it would be beneficial to offer information in languages other than English. Material for younger people who might access the service should also be developed.

The website should have clear links and be integrated with the phoneline. The next step would be to explore developing complementary forms of online communication such as live chat. One area for future consideration is the use of chatbots to ensure that some form of interactive contact is available 24/7. However, there are risks around using a device that lacks human subtlety of both comprehension and delivery, so caution is urged in adopting this. If a chatbot is to be used, we recommend its scope be limited to directing users about where to find information and how/when to make contact with a trained counsellor.

An example of a chatbot in practice is "Hello Cass", a new web-based/app-based service launched in Australia in 2018[172]. "Hello Cass" offers localised information and support for people experiencing or affected by family and sexual violence. It serves as an early access point and has an extensive database of recommended counselling services. In addition to counselling contacts the chatbot offers information about the legal system, safety planning and how to help build stronger relationships. It is accessible via SMS, the messaging platform Telegram, WhatsApp, and www.hellocass.com.au. There are obvious resource implications given the need to ensure information remains current and this would need to be built into budget planning.

Recommendation 7: A StopItNow! Australia website should be developed with easy-to-use tools and resources for the target cohorts. Future consideration of other forms of online communication include live chat and the use of emerging communications technology such as chatbots.

[166]Paskell et al. (nd). Ibid.
[167]Allen, E. (2018). Op cit.
[168]Conversation with [], On The Line, [date]
[169]Elliott et al (2016)
[170]Paskell et al. (nd). Op cit.
[171]Subject to agreement from *Stop It Now! UK*.
[172]See www.hellocass.com.au

3.4 Pathways into the *Stop It Now! Australia* program

There are a number of pathways through which intended users may become aware of and then access *Stop It Now!* Programs. These include:

- self-referral – users become aware of the service through media, word of mouth, online signposting or another source, recognise they need assistance, and make contact directly;
- direct referral from an organisation or professional – for example after being given the details by their GP or by police;
- indirect referral from another agency (e.g. through a link on another organisation's website).

Referral pathways will vary according to the particular target user group (young perpetrators, adult perpetrators, parents of potential perpetrators, friends/colleagues of adult perpetrators etc). Specific pathways into the service may have to be adapted according to each user context.

A challenging aspect of operating a *Stop It Now!* service is promoting the program and the availability of help, whilst remaining sensitive to the needs of victims and the potential for public backlash. Founder of the original *Stop It Now!* program, Fran Henry faced these challenges when the program was initially established, with some opponents labelling it "offender-friendly" despite Ms Henry's own background as an abuse victim.[173] Strategies to build support for *Stop It Now!* programs that have been utilised elsewhere include:

- involving law enforcement, child protection and victims services from the outset and directly involving them in the development of the program – this has created supporters within these sectors and also led to some longstanding operational partnerships.
- targeted campaigns and promotional activity on issues of concern, particularly around combatting offending involving child exploitation material.

There are also likely to be some challenges in promoting a *Stop It Now!* service that relate to the reluctance of potential perpetrators to seek or receive treatment.[174] A number of reasons for this include emotional ones (shame, denial etc) and practical ones (avoiding justice consequences. Piche et al (2016) surveyed 100 convicted sex offenders and found that half reported the onset of their problematic sexual interests occurred five to 20-plus years prior to arrest, while only a minority (18%) had sought counselling for sexual problems or spoken to someone about their concerns. More than half said they were ashamed and did not know who to talk to about it. They said free therapy services, a telephone helpline, online counseling, or self-help books would have been beneficial resources for them prior to offending.[175] Community outreach efforts that encourage proactive help-seeking for this stigmatized group are crucial.[176]

Police referrals

Both the United Kingdom and Scotland services receive significant referrals via the police, and there is strong collaboration between the two agencies. The UK program appointed an ex-police person as its first director, establishing a firm relationship with police from the outset - three of the four directors of the UK operation have now been ex-police.[177] The organisation's six-person team in Scotland also includes two former police, which the current director says has been "incredibly helpful" in building the program's credibility with law enforcement.[178]

Engaging and working with police in developing the service will be an important factor of its success. It is important to note, however, that referral pathways from police may include significant numbers of people who have been charged with offences already. As a result, this referral pathway may not capture potential perpetrators who are concerned about their behaviour but have not yet acted on it. Given this, any referral pathways that are established with police should be monitored to ascertain the nature and circumstances of those who are referred to *Stop It Now!*

Professional referrals

Universal services, such as general practitioners and schools, provide opportunities to raise awareness of the service and have the potential to act as referrers.

GPs provide a good referral pathway but are unlikely to see many patients with these needs. Any awareness campaigns for GPs could be 'light touch', ensuring doctors are aware of the service, what it does and how their patients can contact it. Leaflets could also be left in GP offices for patients, and at social services (Centrelink/Medicare) offices. Primary Health Networks also offer promotion/referral opportunities.

The organisation should also strengthen relationships with organisations and practitioners acting in related fields (mental health, social work, police, schools), encouraging them to refer people who would benefit from contacting the helpline.

Referrals via existing phone based services is another avenue. Appropriate phone lines include Kids Helpline, Parentline, Headspace, On The Line, Mensline, 1800 RESPECT and Lifeline. Research,

including consultations undertaken for the Royal Commission reported that some of these phone lines had received calls from people concerned about their own thoughts and behaviours or the behaviour of others. From 2012-2017, Kids Helpline received 343 contacts from young people concerned about their own sexual thoughts or behaviours. Further, from 2013-2017, Parentline in Queensland and the Northern Territory, received 760 calls from parents who were concerned about their child's sexual development or behaviour.[179]

Engagement and promotion through the Internet and Social Media

Efforts to promote *Stop It Now!* must aim to overcome the social barriers, such as fear and uncertainty, to accessing the helpline for both potential perpetrators and concerned bystanders. Existing *Stop It Now!* programs undertake a range of promotional activities, and utilise the internet and social media as part of this. In Scotland, *Stop It Now!* advertises on Facebook, targeting its exposure to males aged 18-65, and also uses Google flash pages.[180] It has also had success with local media where data can be analysed by region, allowing it to tailor its campaign geographically.[181]

These existing examples and our consultations have made clear the importance of engagement and promotion through the internet and social media. This could occur through a number of different channels including:

- AdWords (with support through AdGrants), which displays Google advertisements when a user searches specific terms
- One Box, which displays a box at the top of the search results page directing users to the service
- Information and links on the Google Safety Centre, which provides information about how to use 'safe search' and other precautions. This may be particularly helpful for parents who are concerned about their child's behaviour.
- Advertisements on social media platforms including Facebook, Twitter and YouTube.
- Promotion on the websites of related services – *Stop It Now! UK*, for example, benefits from signposting via the NOTA website and through relationships with other non-profits such as InternetWatch.[182]

Evidence shows increased use of apps and chatrooms as a way of grooming victims,[183] and thought should be given to whether there is a way of promoting awareness amongst children of the dangers and amongst perpetrators of the availability of help in such media.

Other forms of marketing and promotion

Stop It Now! programs also undertake marketing and promotion through more traditional channels. *Stop It Now! UK* advertises on the sides of taxis and buses, and with posters at bus stops and elsewhere. The Dutch service runs television advertisements. Both services engage with mainstream media as a way of raising awareness of the service.

The Royal Commission pointed to the importance of a consistent brand to unify local, national and media initiatives, and the use of simple, clear, positive, universally appealing stories that challenged social norms and featured 'real' men rather than actors.[184] It also made recommendations for a number of awareness raising and marketing actions as part of the National Child Abuse Prevention Strategy. Wider marketing and promotion of *Stop It Now! Australia* should complement these activities.

Recommendation 8: An engagement and promotional plan for *StopItNow! Australia* should be developed that identifies key actions to build self-referral, direct referral and indirect referral pathways for intended users to access the service. Action should include mapping, engaging and building relationships with law enforcement and services that may promote or refer to *Stop It Now! Australia* This engagement and promotional activity should complement other primary prevention activity in the National Child Abuse Prevention Strategy.

[173]The Economist. (2016). Shedding Light on the Dark Field. 13 August 2016. Accessed https://www.economist.com/international/2016/08/13/shedding-light-on-the-dark-field
[174]Piché, Mathesius, Lussier, & Schweighofer, 2016 Piché, L., Mathesius, J., Lussier, P., & Schweighofer, A. (2016). Preventative services for sexual offenders. Sexual Abuse: A Journal of Research and Treatment. doi:10.1177/1079063216630749.
[175]Levenson et al (2017) ibid, citing (Piché et al., 2016 Piché, L., Mathesius, J., Lussier, P., & Schweighofer, A. (2016). Preventative services for sexual offenders. Sexual Abuse: A Journal of Research and Treatment. doi:10.1177/1079063216630749.
[176]Levenson (2017) op cit.
[177]Discussion with Donald Findlater, *Stop It Now! UK*/Lucy Faithfull Foundation, on 13 June 2018.
[178]Conversation with Stuart Allardyce, manager of *Stop It Now!* in Scotland, 14 August 2018
[179]Interviews conducted by Portable
[180]Conversation with Stuart Allardyce, manager of *Stop It Now!* in Scotland, 14 August 2018
[181]Conversation with Stuart Allardyce, manager of *Stop It Now!* in Scotland, 14 August 2018
[182]Conversation with Stuart Allardyce, manager of *Stop It Now!* in Scotland, 14 August 2018
[183]Allen, E. (2018). Op cit.
[184]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017) at p98

3.5 Pathways Out - Referrals from *Stop It Now!*

Ensuring that people who access *Stop It Now! Australia* get the right support at the right time includes being able to provide appropriate pathways from this service into other support and treatment services.

In line with other phone line services and to maintain anonymity (unless waived), "warm" referrals will not be necessary. Instead callers should be provided with contact information and encouraged to contact these services themselves. In some cases, referral elsewhere may not be possible or appropriate. A caller who wishes to remain anonymous may prefer to remain in contact with *Stop It Now!* rather than exploring alternatives that may require identification.

The nature of pathways out will depend on the circumstances of each case and their location but there are a range of relevant services and systems with which referral pathways will need to be established, including:

- Individual counsellors with specialist expertise;
- Potentially existing government-funded services such as Forensicare, where an expansion of their service has been agreed. (Forensicare already takes self-referrals of men with concerns about their sexual thoughts about or towards children, although mandatory reporting laws have restricted demand for this). A formal collaboration with *Stop It Now!* would need to involve funding to resource those referrals;
- Providers of services tailored for children and young people such as current providers of SABTS (Sexually Abusive Behaviours Treatment Service). SABTS (assessment and treatment) are provided throughout Victoria at no cost for children under the age of 15 who display harnmful sexual behaviour. Limited services are available for 15-17 year olds;
- Mental health services – including community mental health and individual counsellors specialising in these issues;
- Support services for family members - PartnerSpeak provides support for partners of people, but their forums are also used by other family members;
- Other helplines such as Lifeline, Mensline and Kids Helpline.

At a local level in different jurisdictions, further work should be done to determine what other services may be able to support *Stop It Now!* clients, particularly with reference to young people.

Another particular challenge in Australia, given its population distribution outside major cities, will be cost and the availability of services in remote/regional locations. Given this, it is important that referral pathways are validated and up-to-date.

Modern technology provides some opportunities for addressing the challenges of a dispersed population. Just as *Stop It Now!* can be accessed from any geographical location, the development of "virtual" clinical consultations also means that people can seek professional advice without the need to travel. One such service is Cyber Clinic,[185] which provides a platform for linking mental health and psychology patients with relevant qualified practitioners. Face-to-face consultations are conducted over the internet. While these consultations are not anonymous, they offer greater privacy for users based in small rural communities who might be reluctant to seek services locally, while also providing specialist expertise that may not otherwise be available to the user. Resources prepared by an Australian *Stop It Now!* service regarding referral pathways should include internet-enabled, more distant, services as well as local services.

> Recommendation 9: A local service directory for referrals should be developed and maintained for each jurisdiction/area that is covered by *Stop It Now! Australia*, and referral relationships established with organisation in this directory.

> Recommendation 10: Data on referral pathways out of *Stop It Now! Australia* should be closely monitored to identify gaps and any demand issues that require further action to address.

[185] See www.cyberclinic.com.au

3.6 Program enablers

Staffing

Stop It Now! programs in the UK and US have been staffed by professionals from a range of relevant backgrounds dealing with sex offenders or working in child sexual abuse prevention including psychologists, social workers, counsellors, ex-police and ex-probation.[186]

Drawing on this experience, it is envisaged that staff working on *Stop It Now! Australia* will be experienced professionals with backgrounds in law enforcement, mental health, or child protection. Where possible the staff team should come from a diverse range of backgrounds to ensure a wide range of skills and expertise for dealing with different target groups.

In addition to their existing qualifications and experience, staff will need to be trained specifically in the *Stop It Now!* model. Modelled on the two day training package from the UK, a specific training program for *Stop It Now! Australia* should be developed and delivered to all staff members. The training should involve input from victim survivors to ensure their voice helps shape the service – this is especially important to training around avoiding collusion, and helps generate public confidence that the service's chief aim is around protecting children and avoiding future victims.

This training needs to be backed up by continuous staff development, reflective practice, and supervision. Supervision and the ability to draw on professional support for challenging calls will be critical. We recommend that a supervisor be available at all times that the phoneline is operational to provide support and guidance to phoneline staff. A supervision framework will need to establish practices around ongoing evaluation of call responses, clear policies on when an issue should be escalated to the supervisor, regular debriefing and team meetings at which challenging calls can be discussed. The supervision framework should also stipulate minimum standards and requirements for individual and group supervision.

Recommendation 11: All staff working on the helplines should be trained professionals with qualifications and experience in child protection, psychology, police (sexual/child abuse fields) or offender management.

Recommendation 12: A specific *Stop It Now!* training package should be developed and delivered to all staff and be complemented by continuous staff development, reflective practice, and a supervision framework. Training should include input from victim survivors.

Recommendation 13: At least two staff should be available for the phoneline at any time, with one able to perform a supervisory role and provide secondary consultation on cases.

Practice framework

Our research and consultations with *Stop It Now!* providers and others with experience working on these issues in Australia have revealed the need for the phoneline to have clearly articulated principles and practices to guide the work of phoneline staff, to ensure that a consistent level of service is provided, to assess and manage risks, and to avoid collusion with callers.

There are a number of theoretical and practice models and tools utilised in work with perpetrators of sex abuse. This includes the *Risk Needs Responsivity* model, the *Self-Regulation* model and *Good Lives Model*.[187]

The *Good Lives Model* is already used by Corrections Victoria in other contexts. This model is a strengths-based approach that aims to promote desistance through building strengths and capabilities to reduce re-offending. Rather than simply managing problems and imposing restrictions to reduce re-offending, this approach also aims to improve an individual's capacity to build a meaningful and constructive life.[188] The model encourages seeing offenders as whole persons, not focusing only on the offender traits. It emphasises the relatedness of one person to another. This approach is believed to reduce the risk of marginalisation that can lead to offending.

Developing positive social capital – the networks of relationships that generate and support opportunities - is central to the desistance process.[189] Offenders who desist are more likely to maintain an offence-free life if communities acknowledge and reward the change through inclusion.[190]

Circles South East is an operator of the Circles of Support And Accountability program in the UK, a program based on the Good Lives Model that aims to prevent sex offenders from reoffending. Circles South East notes: "In general, the focus of most legislative attempts at sexual offender risk management is to increase offender accountability. However, the general criminological literature is clear in demonstrating that persons experiencing behavioural problems are more likely to show positive growth and a lessening of symptomatology with the application of human service (e.g., psychological programming, pro-social support and guidance, access to social service programs—see Andrews & Bonta, 2010). Simply put, contemporary approaches to sexual offender risk management have been all about accountability, but with very little focus on support. We contend that a successful risk management scheme must attend to both of these critical elements."

Risk-Need-Responsivity Model outlined by Andrews & Bonta (1998)[191] is based on three principles: 1) the *risk principle* asserts that criminal behaviour can be reliably predicted and that treatment should focus on the higher risk offenders; 2) the need principle highlights the importance of criminogenic needs in the design and delivery of treatment; and 3) the *responsivity principle* describes how the treatment should be provided.[192] The RNR model underlies some of the most widely used risk-needs offender assessments approaches and there is significant literature examining its basis and use.

The Self-Regulation model proposed by Ward & Hudson (1998)[193] is specific to sexual offenders and offenders and recognised that offenders present several reasons for committing sexual offenses. The model proposed four basic pathways for offending into which sex offenders could be categorized. The analysis of offending addresses both an individual's goals with respect to the offending behavior (approach versus avoidance) and the manner in which the individual attempts to achieve these goals (passive versus active), resulting in four hypothesized pathways to sexual offending. The model has had a significant impact on work with sex offenders.[194]

There are also influential approaches and tools that inform work with young people with problematic sexual behaviours. Influential approaches include developmental perspectives, ecological models, strengths-based and trauma-informed approaches.[195] The Royal Commission developed nine best practice principles for therapeutic intervention for children with harmful sexual behaviours and outlined these in its Recommendation 10.5 (reproduced in Appendix H).

Beyond these fields, the diversity of the intended service users of *Stop It Now!* means that other perspectives, approaches and tools should be considered in developing the practice framework and supporting tools; this should include gendered approaches and intersectional theories and approaches. It is also important the practice framework is trauma-informed and informed by the voices of victim survivors.

Looking at examples of tools to embed these approaches, *Stop It Now! UK*, has developed a "playbook" that provides guidance to helpline staff regarding calls from different caller groups around caller engagement, needs, risks, key questions to address, potential referral pathways and strategies. For example, a caller concerned about their own behaviour would be asked about their level of access to children, and whether it is unsupervised. A similar playbook should be developed for an Australian service. It would need to anticipate the different caller cohorts who might use the service (including children), and provide relevant guidance for these calls. The playbook would also highlight particular risk factors and issues to address regarding behaviour triggers. While more a reference tool than a rigid script, the playbook assists in promoting consistency in approach and ensure alignment with risk management policies.

Recommendation 14: A Practice Framework should be developed for *Stop It Now! Australia*, identifying the principles and key features of the phoneline intervention, and including a focus on engagement, reducing the likelihood of offending, and avoiding collusion.

Recommendation 15: The Practice Framework should include a tailored approach for responding to young people with harmful sexual behaviours, and also consider the important influences of gender and intersectionality.

Recommendation 16: The Practice Framework should be complemented by tools to assist staff in identifying and assessing risks and supporting callers, to guide responses, and outline minimum standards including protocols for confidentiality and mandatory reporting.

Compliance framework

Experience from other *Stop It Now!* programs shows that legal issues around confidentiality and anonymity are significant but not insurmountable. All of the services consulted for this study had clear understandings and processes in place to protect the anonymity and confidentiality of service users while also complying with relevant local legal requirements.

In Australia's states and territories, privacy law and mandatory reporting regimes around criminal behaviour and child abuse will place obligations on the *Stop It Now!* helpline to inform authorities of actual or reasonable suspicion that a child is likely to be abused.[196] While this scoping study has highlighted some of the legal issues relevant to implementation of *Stop It Now!*, further advice on the operation of these laws should be obtained and inform the development of a compliance and reporting framework. Close attention will need to be given to applicable laws in each jurisdiction and how that will impact on nationwide delivery of the program.

Consistent with other *Stop It Now!* programs, a disclaimer will need to be read by the staff member at the beginning of the conversation, informing callers about the reporting obligations. Any legal disclaimer at the beginning of the call should be kept brief, to avoid callers disengaging. The fact that callers have engaged in the phone line is a positive step, in and of itself. It is important that the caller is acknowledged for calling.

Recommendation 17: Based on legal advice on confidentiality and reporting obligations, a compliance framework and policies should be developed to guide practice and systems around mandatory reporting, confidentiality and information sharing.

Information management systems

Strong information and data management systems will be crucial for:

- monitoring performance and capacity
- ensuring service quality
- ensuring that the information of service users is appropriately recorded and that requirements around confidentiality are complied with;
- identifying particular areas of need and adapting the service as required;
- evaluating the success of the service; and
- advocating to funders around financial support and government around the policy and justice context including supplementary referral pathways and treatments.

An evaluation framework should be created to ensure the program is meeting needs. This framework will influence what data is collected. Logsheets should be developed to record relevant data during each call, including age, gender, manner of referral, relevant target group, nature of problem (including the potential abuser's relationship to the caller) and proposed safety plan or advice given. The number of contacts made by a particular caller and any anecdotal feedback will also be relevant when analysing the program's impact. In some calls it may not be possible to ascertain all of this data, but provision should be made to document it where available. The logsheet will also be important for context if the caller calls back. A sample logsheet, as used by Stop It Now! UK, is included at Appendix D.

Recommendation 18: Information and data management systems should be put in place, including a client record management (CRM) system and tools for recording the data of service users. An ongoing evaluation framework should be created – this will influence the data that must be collected.

[186]Telephone discussions with Jenny Coleman, *Stop It Now! US* on 14 June 2018 and Donald Findlater, consultant to *Stop It Now! UK*, on 13 June 2018.
[187]Yates, P. (2013),. Treatment of Sexual Offenders: Research, Best Practices, and Emerging Models, International Journal of Behavioral Consultation and Therapy, 8: 3-4, 89-95.
[188]Ward, T. & Maruna, S. (2007). Rehabilitation: Beyond the Risk Assessment Paradigm, London, UK Routledge.
[189]McNeill, F. (2012). Reciprocity and Desistance., In Williams D (ed) (2012) Circles South East Ten Years One Hundred Circles Community Safety - What Can Be Done: Ten Year Report April 2002 - March 2012, accessed http://circlessoutheast.org.uk/wp-content/uploads/2016/06/HTV-10-Year-Report.pdf
[190]McNeill, F. & Maruna, S. (2007). Giving up and giving back: Desistance, generativity and social work with offenders. In McIvor G. & Raynor, P. (Eds.), Developments in social work with offenders (pp. 224-239). Kingsley, London, England.
[191]Andrews, D and Bonta J. (1998). The psychology of criminal conduct (2nd. Ed.). Anderson. Cincinnati, USA.
[192]Eg see discussion at https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/index-en.aspx; https://www.correctiveservices.justice.nsw.gov.au/Documents/CSNSW%20Fact%20Sheets/Fact-sheet-Responsivity--accessible.pdf; http://assets.justice.vic.gov.au/corrections/resources/7f335849-1915-4f95-bb74-08f45792fb0f/omf_achievebalanceframework%28aug16%29.pdf
[193]Ward, T, & Hudson, S. (1998). A model of the relapse process in sexual offenders. Journal of Interpersonal Violence, 13, p700725
[194]See, eg, Yates, Pamela M., Prescott, David and Ward, Tony 2010, Applying the good lives and self-regulation models to sex offender treatment : a practical guide for clinicians, Safer Society Press, Brandon, Vt..
[195]El-Murr, A. (2017). Problem sexual behaviours and sexually abusive behaviours in Australian children and young people - A review of available literature. Australian Institute of Family Studies.
[196]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). Op cit. suggests this is the same in Qld and NSW but that in South Australia and Tasmania this obligation only extends to situations where the potential perpetrator is living with the child.

3.7 Governance

A national or separate state/territory programs

There will be a need to consider whether a helpline should be physically located in one office only, or should have more than one physical presence around Australia, with calls routed to the closest call centre. Given that a helpline is an expensive resource to establish, requiring expert staff supported through individual and group supervision and reflective practice, it is clearly most cost-effective to have a staff roster in one location only.

This was the approach initially adopted in the UK but which has evolved into a hybrid model, with helpline calls initially handled in Epsom, England, with callers from Scotland given a phone number connecting them directly with the Scottish office (although many calls from Scotland continue to be answered by Stop it Now! UK & Ireland). Answering calls from Scotland allows a more tailored service that draws on services available in Scotland.[197] This approach offers insights for Australia where resourcing issues mean a single helpline site is most feasible, but the geographical distance and difference in jurisdictions mean that a local presence for the program will be important. It is envisaged that a regional co-ordinator (possibly part-time through collaboration with another organisation) would be appointed for each state. These co-ordinators would undertake local promotion and service co-ordination, as well as develop relationships with peer organisations and potential referral organisations.

> Recommendation 19: *Stop It Now! Australia* should include a single national helpline in one location, with co-ordinators appointed for particular jurisdictions/regions.

Who is it delivered by?

A major governance issue is who should deliver the program. Should it be government or non-government? In either of these scenarios, who would be the best placed agency or organisation to develop and host the program?

A number of factors should be taken into account here. Looking first at the question of the role of Government, we note that no other *Stop It Now!* program is delivered by Government. Arguably, the fact that *Stop It Now!* programs operate outside of government is a factor that builds the confidence of potential perpetrators in coming forward to seek assistance. If the service sat with a law enforcement agency or child protection there is a risk that potential users would have concerns about approaching and accessing the service because of fear about the consequences of what they disclose. Sitting outside of Government has also allowed *Stop It Now!* programs to more easily adapt, evolve and, in the UK, to build partnerships with a range of different government and non-government organisations to respond to issues of particular concern.

Sitting outside of Government, a new organisation could be formed in Australia to run a *Stop It Now!* service, or it could be developed and delivered by an existing service provider. The complex nature of the issues being focused on, and the capacity needed to manage this type of program, would favour an existing service provider, or a partnership of providers, as was the case with *Stop It Now! UK* being established by the Lucy Faithfull Foundation.

Considerations for the organisation or organisations to be involved in this should include:

- expertise and demonstrated capacity to work with perpetrators/potential perpetrators of child sexual abuse, their families, and professionals;
- experience working under compliance frameworks involving mandatory reporting and information sharing;
- infrastructure and technical expertise to establish and operate a phoneline service and website;
- demonstrated experience in establishing and maintaining interagency collaboration and referral pathways;
- well developed staff recruitment, training, supervision and support systems and processes;
- ability to develop and manage multi-agency governance frameworks, and partnerships with other services at the local, state/territory and national level.

A final question is whether this program could be integrated into the work of an existing helpline. A list of existing helplines is contained in Appendix C. Although existing helplines have the benefit of existing infrastructure and systems, in establishing the *Stop It Now UK!* program it was decided the triaging through an existing helpline service would be too difficult, given the nature of the work and the caller group.

The recommendations of this scoping study make clear the significant amount of specialised work that needs to be completed to establish a *Stop It Now!* program. One option would be to develop a standalone helpline during the pilot phase and once the program is established, to consider transitioning it to an existing helpline.

Recommendation 20: The *Stop It Now! Australia* program should be established outside of government and sit with an existing service provider, or partnership of providers, with relevant capability, infrastructure and expertise. The phoneline and website should be established as standalone programs during the development and pilot phase, but this structure should be reviewed as part of the evaluation.

Multiagency approach

Governance, and the importance of multi-agency approaches, were key issues identified in consultation for this scoping study. An example of effective multi-agency working is *Stop It Now! UK* which has a strong and collaborative relationship with police, victims organisations, and children's services. This has had a major influence on the expansion of *Stop It Now! UK*, and has also enabled these different sectors to work together to address issues of shared concern.

While the structure of law enforcement and other services differs in Australia, including state-by-state variations, *Stop It Now! Australia* would benefit from involving key stakeholders in its governance structures. This has begun through engagement of key stakeholders during this scoping study.

Recommendation 21: The operator/s of the program should build partnerships between sectors. Governance mechanisms will provide one way to do this, and a Project Control Board with representatives from law enforcement, victims services, child protection and other key stakeholders should be established.

[197]In Scotland face-to-face counselling is provided free of charge and many callers progress to this level of support. With so many callers referred via police following arrest for accessing CEM online, anonymity is less of an issue and rehabilitative efforts may influence sentencing. (Conversation with Stuart Allardyce, manager of *Stop It Now!* in Scotland, 14 August 2018).

3.8 Process for establishing and evaluating *Stop It Now! Australia*

The Royal Commission has put a spotlight on the gap in interventions for potential perpetrators of CSA, and the current proliferation of online offending, and made a strong call for action to address this gap. The recommended National Child Sexual Abuse Prevention Strategy should include a commitment and funding to develop, pilot and evaluate a *Stop It Now! Australia* program.

It is estimated that the development of the program, an initial phase of service delivery and an evaluation of impact and success will take around four years. The evaluation should be independent and should consider the process of program establishment as well as measuring the initial impacts and outcomes of the program over the pilot period.

> Recommendation 22: *A Stop It Now!* program in Australia should be developed, delivered and evaluated over a four-year pilot project phase.

3.9 Funding

A strength of the *Stop It Now!* is its accessibility and relatively low cost compared with in-person programs. The Royal Commission noted that telephone and online interventions can be as effective as face-to-face services, are cost-effective, and can be accessed from regional and remote areas, in addition to the anonymity already mentioned.[198]

An important aspect of *Stop It Now!* in engaging callers is the fact that it involves no cost to callers. Financial support will therefore be required from elsewhere, whether that is through government or philanthropic channels.

In terms of funding sources, both the UK and Dutch services have benefitted from government support. *Stop It Now! UK* is run by the Lucy Faithfull Foundation, but the primary source of funding is the Ministry of Justice and the Home Office.[199] The primary source of funding for the Netherlands program is the Netherlands' Ministry of Health.[200] In contrast, *Stop It Now! US* is funded in part by philanthropic organisation the Oak Foundation, and in part through a partnership with Thorn, the child protection organisation founded by actor Ashton Kutcher.

The source of funding may influence the scope of the service. In the UK, for example, the work has evolved to have a focus on indecent images deterrent work. This is partly because of the relationship with the police and partly because of the interest of the Home Office in funding this work. Inevitably this evolving focus towards online offences has been somewhat at the cost of servicing other caller groups.[201]

A budget for the pilot phase of the proposed *Stop It Now! Australia* program has been developed as a separate Appendix to this scoping study. Factors influencing this budget include the program structure (integrated into existing helpline or stand-alone), its scope (one or more locations; in-house referrals to face-to-face counselling or helpline service and external referrals only) and the speed of take-up by callers. Resources required for the helpline will include office equipment, IT software, database systems, staff training, marketing costs and promotional material.[202] Ongoing costs include site rental, staff costs, training costs and general office costs.

> Recommendation 23: A four year pilot phase of a *Stop It Now!* program in Australia should be funded by Commonwealth and State/Territory Governments.

[198]Royal Commission into Institutional Responses to Child Sexual Abuse, (2017b). Op cit.
[199]Hurst, D. (2015). Can you stop a paedophile before they even start?, BBC, 4 February 2015, accessed http://www.bbc.com/news/magazine-31114106.
[200]Bowles, R. (2014). Op cit.
[201]Conversation with Donald Findlater, consultant to *Stop It Now! UK*, on 13 June 2018.
[202]Paskell et all. (nd). Op cit.

Conclusion

The Royal Commission clearly identified that more can be done to prevent child sexual abuse and that there is a specific unmet need for support and intervention for potential perpetrators of abuse.

Stop It Now! has proved itself successful in other jurisdictions and offers a significant opportunity to counter child sexual exploitation in Australia.

As noted in the NetClean Report (2017):

> *"By demonising and excluding offenders we risk entrenching their risky behaviour and marginalisation, leading to more children being abused. It might be controversial, however in order to make sure that we serve in the best interest of children we should offer support and counselling for offenders to ensure that they can move away from their negative behaviour."*[203]

In the course of this scoping study we have engaged across sectors, and sought the perspective of both victims and perpetrators of child sexual abuse, as well as those who work with them. The interest in and support for a *Stop It Now!* pilot in Australia has been significant. We believe now is the right time to introduce this service in Australia.

[203]Allen, E. (2018). Op cit.

Appendix A: Stakeholder Engagement For This Scoping Study

The following organisations/people were consulted with directly or participated in consultation workshops over the course of this scoping study:

Stop It Now! UK

Stop It Now! Scotland

Stop It Now! US

Stop It Now! Netherlands

STOPSO (Specialist Treatment Organisation for Prevention of Sexual Offending) UK

Kathryn Prentice, former Director of Phoenix House and former Manager of *Stop It Now!* in Bundaberg

Department of Justice & Regulation (Vic)/Corrections Victoria

Department of Health and Human Services (Vic)

Victoria Police

Department of Social Services (Cth), National Office for Child Safety

Australian Federal Police

Attorney-General's Department (Cth)

Department of Home Affairs (Cth)

Centre For Excellence in Child and Family Welfare

Kidsline

PartnerSpeak

The Gatehouse Centre

Google

Forensicare/ Centre for Forensic Behavioural Science, Swinburne University of Technology

Mensline (Ontheline)

Norton Rose Fulbright

Dr Gemma McKibbin, Research Fellow, Department of Social Work, University of Melbourne

Professor Cathy Humphreys, Professor of Social Work, University of Melbourne

Jesuit Social Services programs staff

Appendix B: Key Differences In Overseas Models

Stop It Now! US

Stop It Now! US began as a helpline specifically for Minor Attracted Adults (MAAs] in the 1990s. It is not a crisis line, but an information and support line, with contact available via email, fax and phone. It also has a social media presence. The helpline has evolved since the 1990s, and of 1500 contacts last year, only 12-14% of calls were regarding the caller's own behaviour. The current Director notes that the US does not have the same support from law enforcement as colleagues in the UK. There is a disbelief among authorities that people would reach out for help, and the line is seen by some as "offender-friendly".

The organisation has not done an evaluation for many years but is now in the middle of an analysis of its helpline. Preliminary results show a marked increase in callers over the last three years. This is partly due to its relationship with Thorn, founded by Hollywood celebrity Ashton Kutcher. Thorn seeks to reduce the amount of child exploitation material (CEM) online, and the partnership with *Stop It Now! US* is a deterrent program using recognition software – when CEM material is accessed a non-judgmental deterrent page appears that points out the behaviour is illegal and could result in arrest. It aims to deter first-time offenders. *Stop It Now! US* benefits from a Google Adwords grant which means the service shows up when certain terms are searched.

Although in the past the service has advertised with billboards and radio ads, it no longer does this, partly due to budget. Referrals are received from peer organisations around the country.

The helpline operates nationwide but also receives 10% of its calls from overseas (including UK, Canada, South Africa and the Philippines). "Our goal is to provide education, awareness, resources and work out where to connect people." The service most frequently refers callers to the Association for Treatment of Sexual Abusers.

"We will talk in general about where to find a therapist, available self-help programs…People are welcome to call us back if they are still struggling." Safety planning is done as part of the call – callers are encouraged to find a therapist but in addition, helpline staff will discuss trigger events, people the caller can reach out to, how to ask for help etc. "Many have never told anyone before so it's a huge step. The goal is to make sure they reach out to a place that won't see them as a monster. The priority is to make sure children are safe."

In the US, every state has its own mandatory reporting laws. *Stop It Now! US* does not keep any identifying information; phone numbers are blocked; callers are discouraged from providing identifying information. Although some contact is by email, the organisation does not consider it has an obligation to report unless identifying details (home address, name etc) are provided and an offence threat is revealed.

In addition to the helpline, *Stop It Now! US* has a public education arm, a training arm and an advocacy arm. The education arm posts many of its resources online, and gets 100,000 visits per month. The training arm trains adults (primarily foster carers, community programs, parents etc) in the "Circles of Safety" program. It runs workshops locally and provides training on a fee-for-service basis.

Stop It Now! US's director says the advocacy work is limited because of the small size of the organisation, which comprises 4 staff members: a director, administrator and two part-time helpline operators. All staff are paid. "We have avoided using volunteers because the material is so sensitive, the work is very niche with a specific target audience, and volunteers don't have the background to deal with this."

In recruiting helpline operators the director seeks those with a background in child development, sexuality, working with offenders, social service, and prefers a Masters degree over a Bachelors. The helpline operators are licensed clinicians.

Stop It Now! US receives no government support. The majority of its funding over the last 13 years has come from the Oak Foundation, which has a primary focus of CSA prevention. Thorn has funded two staff members over the last 13 months.

Stop It Now! UK

Stop It Now! UK is run by the Lucy Faithfull Foundation. It includes a campaigning arm in Scotland and Wales, a website and a helpline run from a single location in England but serving the UK and beyond (including expats in Hong Kong, Spain etc). Given the helpline is an expensive resource to establish requiring expert staff, it was most cost-effective to have a staff roster in one location only.

It was decided the work was not appropriate for volunteers. The call handler needs to be competent to deal with offenders, online offenders, family members, parents and carers. There is significant responsibility on call handlers because the caller might directly harm a child or have the potential to protect a child. This also influenced the decision to establish the helpline from scratch rather than piggyback on an existing helpline, as it was decided the triaging would be too difficult

given the nature of the work and the caller group. Lucy Faithfull was already doing therapeutic work with offenders, victims and families, and was the only organisation with the appropriate capabilities to take on the initiative.

Unlike *Stop It Now! US, Stop It Now! UK* sees itself as very proactive, not just support/listening/neutral – it gives advice and agrees actions, so there is additional responsibility, and also refers some callers in-house to Lucy Faithfull counselling services when anonymity is not essential.

Initial helpline staff were practitioners with appropriate experience – social workers, probation officers, psychologists.

The helpline is at capacity and cannot answer all the calls that come in. There are 4 lines, 3 of which are staffed by sessional employees. The fourth is staffed by a permanent staff member who is the helpline manager. All operators have been trained, including on protocols regarding the nature of advice to be given. Current employees are not CSA experts (nurse, health workers, retired head teacher, ex police, with familiarity with CSA). All have gone through *Stop It Now! UK* training.

Sometimes the caller will be given advice and information to manage in the short term but will be given a different confidential number to call back (can be one off or a series of calls) to deal with the complexities.

The helpline receives 800-900 calls a month. The operators need to be supported by others and work in an environment where they can discuss calls with colleagues. It would happen 1-2 times a day that the first line operator would seek advice from a colleague.

Records have only been subpoenaed once and that was in the family court not criminal court. Records have no identifying details so are of limited utility. *Stop It Now! UK* asks callers not to provide identifying information.

Stop It Now! UK employed an ex-police officer as its first helpline manager and this assisted in establishing a relationship with the police, building credibility that *Stop It Now! UK* was a trustworthy organisation and not just a group of "do-gooders". Two of the three helpline managers have been ex-police.

It took around two years to establish the helpline, with numerous conversations with US operators, survivor groups, police etc. An initial advisory group included children's charities, survivor organisations, government departments.

The service has a good relationship with police. Police are very clear that an arrest response is never going to be sufficient and there has to be a range of resources and channels addressing CSA. Indecent images have around 300,000 users per year and the police can only arrest 5000.

The line was established with £60,000 per annum from the Home Office and had one phone line operated 9am-9pm through the usual phone system. Initially there were just 2-3 calls a week so the manager was also doing other work.

Now the service has four staff and budget of £300,000 per year. It runs Monday to Friday 9am-9pm (except 5pm Fridays). There is a manager, admin staff, data manager and psychologist. Other costs are the helpline infrastructure and office space.

The work has evolved to have a focus on indecent images deterrent work. This is partly because of the relationship with the police and the fact that the Home Office is willing to fund this work. It has, therefore, been somewhat at the cost of other caller groups.

Some referrals go to InformPlus (a Lucy Faithfull program), Sex Addicts Anonymous. Survivor callers are linked in to survivor networks. The service also refers to a mental health line and a child line.

Stop It Now! UK has a network of other resources and they have many of their own brochures, information leaflets etc. Any program will need these, even if the resources are not *Stop It Now!*-branded. It is useful to have information for parents on how to keep children safe, information about online risks etc.

There is also an online self-support program: SIN Get Help.

Stop It Now! UK does not offer face to face counselling because of anonymity/confidentiality/reporting requirements. However, for those who have been arrested or don't care about disclosure, they can be offered face to face counselling separately through the service's parent entity, the Lucy Faithfull Foundation.

Promoting the helpline is a challenge. Where it is free, they advertise but otherwise advertising is generally considered too expensive. The service relies on social media and positive media stories/news items for publicity and profile-raising.

Stop It Now! UK is currently running an Indecent Images Deterrence Program – *Stop It Now!* Get Help.

Appendix C: Sample Uk Calls

CALLER: TERRY

HELPLINE OPERATOR: SUE

SOURCE OF HELPLINE NUMBER: POLICE

Call Details:

Terry rang the helpline as he was arrested the day before for possession of indecent images of children. He was interviewed in the presence of a solicitor and released on bail for 3 months.

He had been viewing adult pornography and clicked on successive links which led him into viewing child pornography. He felt this was wrong, but curiosity drove him back and it became a habit. He had been looking at girls in their early teens. He started viewing pornography after his wife became ill with depression, but he said he did not want to use that as an excuse. He wanted help in understanding why he was drawn to look at these images and to keep going back. Terry said that he would never dream of looking at children in a sexual way in real life.

Terry has two sons aged 12 and 9 years old, and the Police have said he cannot currently live at the family home. He is worried about work as he is in full time employment and has told them he is under investigation for something else. His work does not involve any contact with children but his wife is a teaching assistant.

Discussion and Advice:

- We discussed his general welfare and to consider seeing his GP if he was feeling depressed or anxious.
- We spoke about his wife and how she was coping. We encouraged him to understand that she would need support as well. We explored whether he could speak to other close relatives or friends so he and his wife could both receive support from others, not just each other.
- We discussed how his arrest might affect his wife's work.
- We discussed how his children were coping and what they had been told.
- A discussion took place about how Children's Services would become involved and what that could mean.
- We provided him with details of two books he might want to buy which could help him to start managing his Internet behaviour.
- Terry mentioned he had seen in a leaflet that there was a course he might be able to go on to address his Internet offending. We briefly discussed Inform Plus and a call back was arranged so he could find out more.

Actions agreed with Terry:

- To call and speak to somebody on a specified date about the Inform Plus course.
- To encourage his wife to ring the Helpline for support.
- To ensure his own self-care and well-being.
- To think about the child protection measures that might be needed, and to have a related discussion with his wife and Children's Services.
- To buy and read the recommended books 'In the Shadows of the Net' and 'The Porn Trap'.
- To continue to use the Helpline.

Outcome

Terry obtained the two recommended books which he found helpful. Following his call back he decided the Inform Plus programme could help him further. His wife also contacted the Helpline and they both attended a face-to-face meeting before enrolling on the Inform Plus and Inform Programmes. Children's Services allowed Terry to return home on the proviso that he could not be alone with the children. Terry received a Community Order with Sex Offenders Registration. When Terry bought a new computer he decided to have Securus (see page 34) installed, as one of his relapse prevention strategies.

CALLER: STEPHEN

HELPLINE OPERATOR: ALEX

SOURCE OF HELPLINE NUMBER: WEBSITE

Call Details:

Stephen told us he had sexually abused his daughter, Deborah, for a number of years when she was an adolescent. He explained that she is now an adult and had recently disclosed the abuse to her mother. Stephen admitted to his wife that the allegations were true and his wife was extremely angry. He feared for the future of their marriage and his relationship with his two other adult children, should this information be disclosed to them. Stephen was extremely distressed and tearful during his initial call and said he was having suicidal thoughts.

When asked if he had sexually abused other children, Stephen said he had 'touched' a teenage relative. The girl had told her parents at the time but Stephen had denied it when challenged. He said it was an isolated incident. Stephen also disclosed that he was sexually and physically abused by staff at a children's home when he was a child.

Discussion and Advice:

- We discussed how he was feeling and it appeared that much of Stephen's distress reflected his self-disgust and shame that he had not learnt from his own experience of victimisation and instead had perpetuated abuse within his family.
- We talked about sexual interest in children and he stated that he had no contact with children now, neither through his employment or his personal and family life.
- Discussions also focused on what may be involved in the criminal justice process should Deborah wish to report the offences to the Police.

Actions agreed with Stephen:

- We suggested he make an appointment with his GP regarding his stress and anxiety and that he call the Samaritans for support and advice if he feels suicidal.
- We arranged a call-back with a specialist practitioner to discuss his behaviour and the support that he needs to address his past offending behaviour.
- We said his wife and daughter could call us independently for help and support too.

Outcome

Stephen maintained regular contact with the specialist practitioner over the subsequent few months. His wife and daughter also called the helpline and received on-going support from a different practitioner. Stephen gave permission for the content of his calls to be shared with his family members as appropriate. He made an appointment with his GP and was prescribed anti-depressants; and over the following weeks his suicidal feelings abated.

We worked with him on strategies that he could use to ensure he did not reoffend. His wife confirmed that he had no contact with children currently. Deborah did not wish to pursue criminal proceedings against her father. Instead she wanted her mother and siblings to know about her abuse and for her father to take responsibility for his past behaviour, thus freeing her from her burden of secrecy and guilt. Staff on the helpline encouraged the family to think how best to inform Deborah's brothers of her abuse and to identify their desired outcomes from this process. Stephen agreed to leave the family home and found private accommodation a few miles away, allowing Deborah to return home to be with her mother. They subsequently informed Deborah's brothers about Stephen's abusive behaviour towards Deborah, and they responded in a balanced and mature way, prioritising their sister's needs whilst not disowning their father. Having established a climate of openness, family members now have the opportunity to decide what next steps they wish to take individually and as a family. Stephen in particular continues to use the call-back service for support and guidance.

Appendix D: Existing Helplines And Services

Name of Service	Victorian or National	Scope
Mensline Australia	National	Telephone and online counselling service for men with family and relationship concerns (delivered by On the Line, which also delivers Suicide Call Back Service and SuicideLine Victoria)
Men's Referral Service	Vic, NSW and Tas	Provides telephone counselling and referrals for men impacted by family violence. The service assists both victims and perpetrators. It also takes calls from women who are concerned about the wellbeing of themselves or their children, or who are seeking assistance on behalf of a partner or family member.
1800 Respect	National	A confidential service available 24 hours a day, seven days a week, providing support for: • People experiencing, or at risk of experiencing, sexual assault, domestic or family violence • Their friends and family • Workers and professionals supporting someone experiencing, or at risk of experiencing sexual assault, domestic or family violence.
Sexual Assault Crisis Line	Vic	A state-wide, after-hours, confidential, telephone crisis counselling service for people who have experienced both past and recent sexual assault.
Sexual Assault Report Anonymously	Vic	A site allowing anonymous reporting of a sexual assault to the South Eastern Centre Against Sexual Assault. (The data provided is passed on to police all over Australia with caller-identifying information removed. This helps police to identify trends and improve community safety).
Kids Helpline		A free, private and confidential 24/7 phone and online counselling service for young people aged 5 to 25.
Lifeline		A helpline providing 24-hour crisis support and suicide prevention.
Bravehearts		Counselling and support for survivors of child sexual abuse.
Child Wise		A helpline running Monday to Friday am to 5pm, providing information, support, counselling and advice from trained counsellors to help people deal with concerns relating to child sexual abuse and exploitation, including people with concerns about child exploitation material.
Partnerspeak		A peer support online forum for 'affected partners' - people who are affected by and concerned about the child abuse material viewed by their partner, husband or family members. Offers confidential peer support, information, advice and advocacy. Recently expanded its reach to children of online child sex offenders.
Headspace		Mental health.
Parentline		
Blue Knot		Child maltreatment.
Act for Kids		Child maltreatment.
Our Watch		
Child Abuse Prevention Service		CAPS was established in 1973 and was the only service that also provided support to perpetrators of child sexual abuse and those at risk of offending. However, the CAPS helpline was closed on 30 June 2016 due to lack of funding.
The Australian Childhood Foundation		
1800 MYLINE		Young people's relationship issues.

Appendix E: Stop! Uk Call Logsheet

File Number: _____

See file no:

Caution: For reference only.

Helpline Log Sheet

stop it now! Helpline
Together we can prevent child sexual abuse

Team Member:	Date:	Time:	Call Duration:	Admin Duration

A Caller Details

☐ Confidentiality policy stated to caller?

Name: ..... Age Under 18 ☐ Sex: ☐ M ☐ F

Organisation: Where heard about Stop it Now!?

Address/County:

Email reference: _____
(if applicable)

Details refused ☐

B Caller Type

☐Abuser
Potential abuser ☐
Internet offender ☐
☐ Potential Internet offender
☐Adult concerned about an abuser
☐ Adult concerned about a potential abuser
☐Adult concerned about an internet offender
☐ Adult concerned about a potential internet offender

☐Adult concerned about a child (under 18) groomed online
☐Call from child (under 18)
☐ General internet concern
☐ Adult concerned about an child (under 18) displaying concerning behaviour
☐Adult concerned about a child showing signs of being/has been abused
Survivor ☐-related call
Professional asking for advice/information ☐
☐Request for general information/leaflets etc.

C. Person Identified with Concerning Behaviour (If different from A) N/A ☐

Name: Sex: ☐M ☐F Age:

Region: Relationship to caller:

D. Further information (A or C)

☐ Arrested Date of arrest: _____ Offence: _____

☐ On Bail Bail date: _____ Convicted of offence: Yes ☐ No ☐ D/K ☐

Additional contact/internet offences: Yes ☐ No ☐ D/K ☐ Details: _____

Previous sexual convictions: Yes ☐ No ☐ D/K ☐ Offence: _____
Registered sex offender: Yes ☐ No ☐ D/K ☐ Receiving treatment: Yes ☐ No ☐ D/K ☐

Parent/Guardian Yes ☐ No ☐ D/K ☐

E. Victim(s)/Child(ren) at Risk (from A or C) N/A ☐

Name(s): Sex: Age(s):

Relationship to abuser/potential abuser:

F. Details of Call:

Advice Given

G. Further Client Actions

☐ Call back with therapist/operator .....on.....at.....

☐ Call Crimestoppers	☐ Modify behaviour to avoid potentially risky situations
☐ Call the helpline for advice/support when needed	☐ Monitor the situation closely
☐ Confirm request in writing	☐ Parents Protect Website
☐ Consider face to face	☐ Pass on Helpline details/information
☐ Consider Inform+/Inform	☐ Put parameters in place around use of internet
☐ Consider Securus	☐ Refer to CEOP
☐ Consult a solicitor	☐ Refer to CROGA
☐ Consult police/Child Protection Unit	☐ Refer to other organizations/helplines
☐ Consult Probation	☐ Refer to Stop it Now! Website/ download publications
☐ Consult Social Services	☐ Speak to employer
☐ Ensure self care (employment, personal, social)	☐ Speak with Family/Friends
☐ Go to GP	☐ Speak with child's School
☐ Identify and undertake safe replacement activities	☐ Talk to child/ren about what has happened
☐ If safe to do so, talk to Potential Abuser	☐ Think about & consider the information discussed
☐ Implement immediate Child Protection measures	☐ Other

I. Assessment of Call:

☐ Client agrees with advice given	☐ Client indicates they will take action from advice given
☐ Client is suicidal	☐ Client hung up
☐ Made *positive* comments about the call	☐ Made *negative* comments about the call

H. Further Now! Actions:

☐ Arrange Face to Face	☐ Consult with Police
☐ Assist in reporting	☐ Consult with Social Services
☐ Contact IWF	☐ Discuss the possibility of a face to face
☐ Consult with CEOP	☐ Helpline to call client back
☐ Consult with Childline	☐ Talk to arresting officer(s)
☐ Consult with Colleagues	☐ Talk to probation officer(s)
☐ Consult with NSPCC	☐ Send out Information Packs

Other Actions/Information

Appendix F: Uk Training – *Stop It Now! Uk* and Ireland and *Stop It Now! Netherlands*

(Extracted from Paskell et al)

All *Stop It Now! UK* and Ireland Helpline staff who are employed by the Lucy Faithfull Foundation (LFF) on a sessional basis attend a two day in-house training programme which is classroom-based, followed by an induction period.

Day One aims to equip participants with an understanding of sexual abuse and abusive behaviour including its prevalence, how the system responds to it and the reasons that inhibit perpetrators and victims/survivors coming forward about it. LFF practitioners use the Finkelhor model (Finkelhor, 1984) to explain the process of an individual moving from thinking about a child in a sexual way to then acting on those thoughts. Information about the significant impact of sexual abuse on victims/survivors is also provided.

Day Two focuses on call handling and recording, including how to complete a call log sheet and why operators need to record certain types of information. Time is also spent on the Helpline's confidentiality and disclosure policy, and participants are taught various call handling techniques and then given the opportunity to practice these in role plays. The induction process involves potential sessional workers spending time shadowing calls, reading log sheets, and becoming familiar with the workings of the Helpline. Sessional workers then go through a gradual process of moving towards becoming fully operational on the Helpline. Stop it Now UK and Ireland also runs ongoing training for all staff (both contracted and sessional) who work on the Helpline. They aim to have approximately four to six training events a year and each one focuses on an area pertinent to the Helpline.

All staff operating the NL Helpline attend a bespoke three day training programme focusing on the specific groups targeted by the Helpline, the theory on 'deviant sexuality', risk assessment and treatment possibilities for people identified as being paedophiles. They also have three days of telephone training for developing conversational skills in general and specific motivational interviewing techniques. The current staff team had an additional two-day training with *Stop It Now! UK* and Ireland which was focused on the specific caller groups and challenges of working on a Helpline

Appendix G: Developing a Policy Manual on Reporting Obligations

(extract from Paskell et al)

Particular consideration should be given to the following issues in developing a policy:

What will be shared?

Will information about previous offences be shared and if so, what types of offences? Will information about planned crimes and other risk of harm be shared? What types of crime or level of harm may trigger this: will it relate only to other people or include self-harm to the caller? What will be done if a crime is disclosed or there is indication of significant risk of harm, but the identity of the caller or potential victim is not known? What constitutes identifiable information?

Who will decide whether it should be shared?

Will staff operating the helpline be involved in making decisions about the disclosure of information?

Who else will be involved? Who will be responsible for the final decision? On what criteria will decisions be based?

With whom will information be shared?

Will all disclosures be made to one agency, or will it depend on the type of information? Is there a formal process for sharing information with other agencies and how are changes to this process communicated? What actions may result from sharing information? Will the helpline be told of the action(s) taken?

Will the caller be guided to take action themselves?

In what circumstances is it preferable for the callers to take action themselves? How will callers be encouraged and supported to take action? How will you know whether action has been taken? What will you do if the caller does not take action?

What confidentiality can actually be offered?

Offering confidentiality and anonymity is likely to require infrastructure. For example, the mode of communication used by the helpline (whether telephone or online) may need specific settings to facilitate anonymity, as the defaults may allow people to be traced. The security of online communications will also need to be assessed to make sure that data cannot be accessed by a third party. The level of confidentiality offered will require different settings, as a helpline may choose to identify users in some cases so it can meet other requirements around managing risk. The level of confidentiality and anonymity which can actually be provided should be made clear to users.

Appendix H: Royal Commission Recommendations Concerning Children With Harmful Sexual Behaviours

In Volume 10 the Royal Commission made the following recommendations:

A framework for improving responses

Recommendation 10.1

The Australian Government and state and territory governments should ensure the issue of children's harmful sexual behaviours is included in the national strategy to prevent child sexual abuse that we have recommended (see Recommendations 6.1 to 6.3).

Harmful sexual behaviours by children should be addressed through each of the following:

a. primary prevention strategies to educate family, community members, carers and professionals (including mandatory reporters) about preventing harmful sexual behaviours
b. secondary prevention strategies to ensure early intervention when harmful sexual behaviours are developing
c. tertiary intervention strategies to address harmful sexual behaviours.

Improving assessment and therapeutic intervention

Recommendation 10.2

The Australian Government and state and territory governments should ensure timely expert assessment is available for individual children with problematic and harmful sexual behaviours, so they receive appropriate responses, including therapeutic interventions, which match their particular circumstances.

Recommendation 10.3

The Australian Government and state and territory governments should adequately fund therapeutic interventions to meet the needs of all children with harmful sexual behaviours. These should be delivered through a network of specialist and generalist therapeutic services. Specialist services should also be adequately resourced to provide expert support to generalist services.

Recommendation 10.4

State and territory governments should ensure that there are clear referral pathways for children with harmful sexual behaviours to access expert assessment and therapeutic intervention, regardless of whether the child is engaging voluntarily, on the advice of an institution or through their involvement with the child protection or criminal justice systems.

Recommendation 10.5

Therapeutic intervention for children with harmful sexual behaviours should be based on the following principles:

a. a contextual and systemic approach should be used
b. family and carers should be involved
c. safety should be established
d. there should be accountability and responsibility for the harmful sexual behaviours
e. there should be a focus on behaviour change
f. developmentally and cognitively appropriate interventions should be used
g. the care provided should be trauma-informed
h. therapeutic services and interventions should be culturally safe
i. therapeutic interventions should be accessible to all children with harmful sexual behaviours.

Strengthening the workforce

Recommendation 10.6

The Australian Government and state and territory governments should ensure that all services funded to provide therapeutic intervention for children with harmful sexual behaviours provide professional training and clinical supervision for their staff.

Improving evaluation

Recommendation 10.7

The Australian Government and state and territory governments should fund and support evaluation of services providing therapeutic interventions for problematic and harmful sexual behaviours by children.

Appendix I: A Summary of Prevention Project Dunkelfeld (www.dont-offend.org)

- Aimed primarily at non-offending paedophiles motivated to desist from CSA
- Primary goal is the prevention of sexual offending against children and early adolescents.
- Also seeks to create awareness among consumers (and their families) of child exploitation material, about the problematic nature of viewing CEM, and to increase the willingness to seek therapeutic help.
- offers a free and confidential treatment option at all of its sites for people seeking therapeutic help with their sexual preference for children and/or early adolescents. Participants receive support so as to prevent sexual offending in the form of both direct contact and indirectly via the consumption or production of CEM
- All information and data gathered in the course of the research period are completely protected by confidentiality and are saved and evaluated in an anonymized form
- The therapy seeks to provide participants with:
  - an appropriate perception and evaluation of their sexual desires and needs
  - the ability to identify and cope with dangerous developments
  - strategies for preventing sexual offending
- The therapy takes place weekly in a group setting, as well as individually and with the participation of partners or relatives when necessary. The treatment follows a structured therapy plan, yet takes into account the individual needs of and in consultation with the participants. It integrates psychotherapeutic, medical, and psychological approaches as well as the option of additional pharmaceutical support.
- The program began in Berlin in 2005 and now encompasses several sites all over Germany, with common quality standards guaranteed by the Prevention Network “Kein Täter werden”. The goal is the establishment of a comprehensive, nationwide therapeutic offer.
- Those wishing to participate at one of the sites must be self-motivated and well aware of the problematic nature of their sexual impulses directed at children and/or early adolescents and wish to take part in the therapy of their own accord, without any (legal) obligation to do so.

Appendix J: Royal Commission into Institutional Responses to Child Sex Abuse

Final Report Recommendations

Volume 6, Making institutions child safe recommendations

Creating child safe communities through prevention

Recommendation 6.1

The Australian Government should establish a mechanism to oversee the development and implementation of a national strategy to prevent child sexual abuse. This work should be undertaken by the proposed National Office for Child Safety (see Recommendations 6.16 and 6.17) and be included in the National Framework for Child Safety (see Recommendation 6.15).

Recommendation 6.2

The national strategy to prevent child sexual abuse should encompass the following complementary initiatives:

a. social marketing campaigns to raise general community awareness and increase knowledge of child sexual abuse, to change problematic attitudes and behaviour relating to such abuse, and to promote and direct people to related prevention initiatives, information and help-seeking services

b. prevention education delivered through preschool, school and other community institutional settings that aims to increase children's knowledge of child sexual abuse and build practical skills to assist in strengthening self-protective skills and strategies. The education should be integrated into existing school curricula and link with related areas such as respectful relationships education and sexuality education. It should be mandatory for all preschools and schools

c. prevention education for parents delivered through day care, preschool, school, sport and recreational settings, and other institutional and community settings. The education should aim to increase knowledge of child sexual abuse and its impacts, and build skills to help reduce the risks of child sexual abuse

d. online safety education for children, delivered via schools. Ministers for education, through the Council of Australian Governments, should establish a nationally consistent curriculum for online safety education in schools. The Office of the eSafety Commissioner should be consulted on the design of the curriculum and contribute to the development of course content and approaches to delivery (see Recommendation 6.19)

e. online safety education for parents and other community members to better support children's safety online. Building on their current work, the Office of the eSafety Commissioner should oversee the delivery of this education nationally (see Recommendation 6.20) Royal Commission into Institutional Responses to Child Sexual Abuse

f. prevention education for tertiary students studying university, technical and further education, and vocational education and training courses before entering childrelated occupations. This should aim to increase awareness and understanding of the prevention of child sexual abuse and potentially harmful sexual behaviours in children

g. information and help-seeking services to support people who are concerned they may be at risk of sexually abusing children. The design of these services should be informed by the Stop It Now! model implemented in Ireland and the United Kingdom

h. information and help seeking services for parents and other members of the community concerned that: i. an adult they know may be at risk of perpetrating child sexual abuse ii. a child or young person they know may be at risk of sexual abuse or harm iii. a child they know may be displaying harmful sexual behaviours

Notes

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