

COMMUNITY-BASED TREATMENT PROGRAMS FOR CHILD SEXUAL ABUSE AND CHILD INTERNET PORNOGRAPHY (CEM) OFFENDING

by Christabel Chamarette M.Psych

Abstract

Since 2010, approximately 20 - 30 men each year have attended 20-25 week Community-based Group Treatment Programs in Fremantle and Shenton Park, Western Australia, to address the issues of child sexual offending (CSA) and child internet pornography addiction leading to Child Exploitation material (CEM) charges. Many participants have been suicidal and referred by the arresting Police Officers of the Child Abuse Unit in Western Australia. There has been a dramatic reduction in suicides in similar circumstances as a consequence. There has also been a positive response by Courts offering diversionary and community-based penalties in many instances.

However there have been problems in offering the program when prisoners apply to attend because they are unable to access in-prison treatment programs. Regular requests are received from prison by convicted men who are not able to gain entry into an in-prison treatment program in their time in prison which prevents them being granted parole and means that they are released at the end of their full terms without having accessed any treatment for offending.

This presentation will compare in-prison and community-based treatment approaches to child sexual offending and outline the course content of the 20-25 week group treatment programs which have been offered since 2010 to 180 men facing CSA and CEM charges.

This paper supports the view that without access to treatment programs, the prevention of CSA is not being addressed in prisons or in the wider community. It supports organisations/movements like *StopItNow* (UK & USA) and the *Dunkelfeld Prevention Project* in Germany which reach out in a preventive way to assist individuals at risk of offending to access help prior to offending or as soon as possible after offending.

The need for family support programs for women who are partners and family members of those who attend and a 10 week pilot program which ran in 2016 for partners of offenders will also be discussed.

Personal Background

- 40+ yrs treating individual CSA victims & offenders
- 20 yrs running *SafeCare* group treatment of family where CSA a risk (1989 -2009)
- 8 yrs undertaking 17 group treatment programs for child internet pornography offenders and child sexual offenders:

- as a response to increasing demand for treatment options and increase in numbers charged
- WA Sex Crime Division reported a 33% increase in files on child internet pornography offences between 2008 and 2011

Impact

Child sexual abuse is an underlying issue in a whole range of childhood and adult problems:

- Low self esteem
- Difficulties at school
- Addictions and substance abuse
- Deliberate self-harm
- Depression
- Mental Illness
- Suicide
 - ❖ Further victimization
 - ❖ Next generation of CSA and CEM offending

From Victim to Offender

Only *some* victims of CSA become offenders as adolescents or adults. HOWEVER, almost all child sex offenders have been victims of CSA

Briggs, F., Hawkins M.F. and Williams M. (1994):

"93% of convicted of child molesters had been sexually abused in childhood"

- *SafeCare* experience from 1989 to 2009 supports this finding.
- Could this apply to child internet offenders too?

SafeCare's Approach

- Offender taking responsibility
- Whole of family approach
- Voluntary rather than coercive participation
- All family members receive treatment and support
- Community-based treatment of childhood abuse for adult offenders is critical as an intervention which
- Breaks the cycle of intergenerational CSA

The present groups (2010 -2018) cover an abbreviated *SafeCare* program (20 - 30 weeks as opposed to 40 weeks) for men only. Participant fees \$100/week = \$2,000/program.

There is a voluntary Follow-up group fortnightly for program graduates.

Women's Support Group for partners of men in the treatment program meets fortnightly (\$30/session).

Program

Module 1 - INTRO MODULE

Psycho Educational

- The participant is expected to admit the problem which brings them and this is considered to be the first step in accepting responsibility. It also provides support for each person, some of whom are facing major upheavals in their lives.
- The topics covered include factors which may have led to the offending, the effects of sexual abuse on victims and other family members as well as coping skills needed during a crisis. This module includes psycho-educational material and draws on Finkelhor's Preconditions Model.

Module 2 - CHILDHOOD ISSUES

Psychodynamic/Developmental

- This module recognizes that many of those who have offended have themselves had traumatic or damaging childhoods that have blocked their emotional development.
- SafeCare believes it is vital for them to heal from the effects of their own childhood trauma if they are to fully accept responsibility for their actions. This module enables participants to examine childhood issues that have impacted on their lives and also teaches them skills to help restore the inner child, enabling them to mature emotionally.

Module 3 - VICTIM EMPATHY

Psychosocial/Role Modelling

- The work in this module is mainly experiential, and builds on the self-knowledge gained in Childhood Issues.
- Participants are introduced to the concepts of personal rights and boundaries using art therapy and role play to elicit some of the painful feelings and emotions which may have been suppressed.
- Accessing their childhood vulnerability is essential for the development of empathic understanding of children in general and victims of child sexual abuse in particular.

Module 4 - RELAPSE PREVENTION / POSITIVE SEXUALITY

Cognitive Behavioural and Systems Theory

- The relapse prevention and positive sexuality module initially focuses on identifying more clearly the risk factors associated with offending and on developing strategies to avoid high risk situations in the future. It has a very practical approach which provides offenders with greater confidence and builds up skills in preventing re-offending.
- The second part of the module focuses on developing positive sexual relationships and healthy sexual attitudes and behaviours. The offending cycle is studied and individual safety plans developed.

Program Participant Data

- Since February 2010, 17 group programs have been run for men charged with internet child pornography offences. The program was titled PIU (Problematic Internet Use) and made available on a voluntary basis. Men who had offended against a child or were afraid of doing so were also included.
- This paper presents a description of the 185 participants from the following aspects:-
- Program completion rates;
- Relationship of non-contact (CEM)/contact (CSA) offences (pre-cursor?);
- CSA and CEM connection with past childhood victimization;
- Community-based treatment as a suicide intervention;
- Community-based treatment as an alternative to imprisonment.

Program Completion

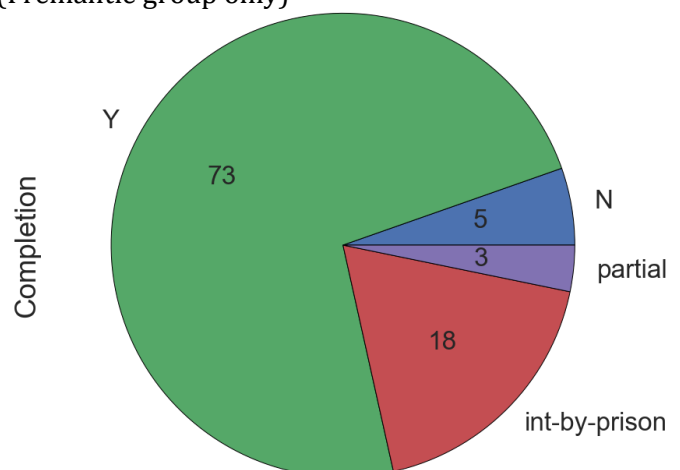
73% completed

18% interrupted by prison sentence

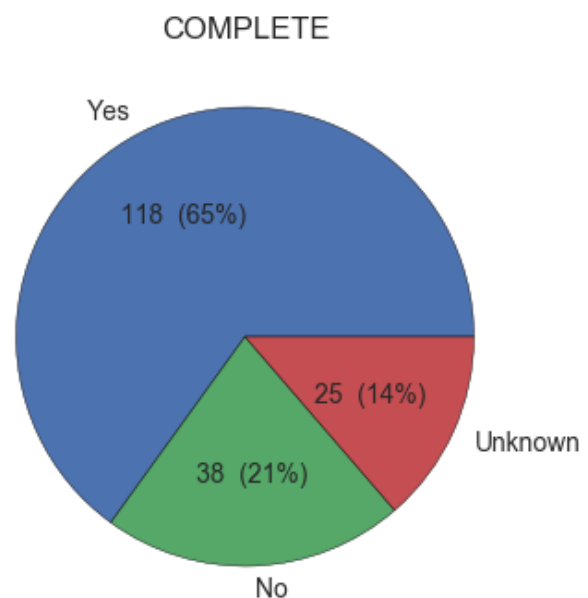
3% partial completion

5% drop out

(Fremantle group only)



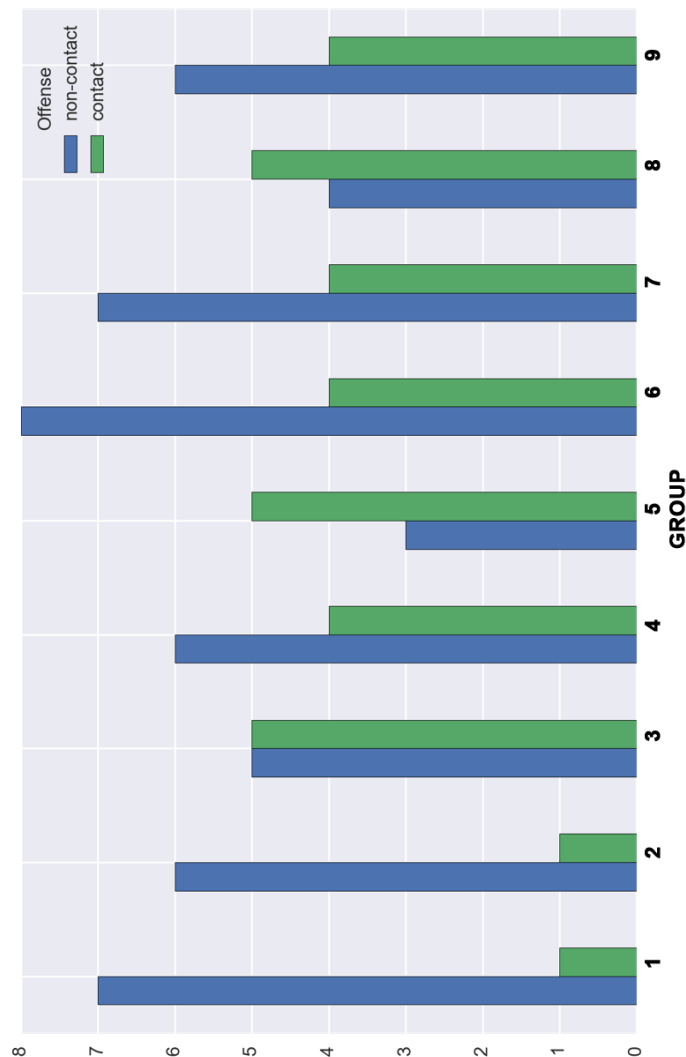
Program Completion (2010 – 2017 data)



Progression

- Relationship between non-contact and contact CSA offending
- 4 out of 93 had both (*Fremantle data only*)
- No progression from child pornography to contact offending in contact offenders criminal histories
- 4 contact offenders had been charged with internet child pornography (CEM) subsequently

Contact / Non-Contact Offenders

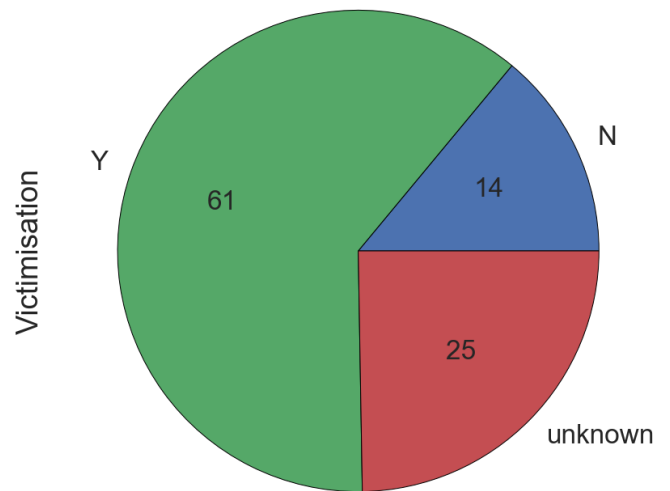


History of Childhood Sexual Abuse

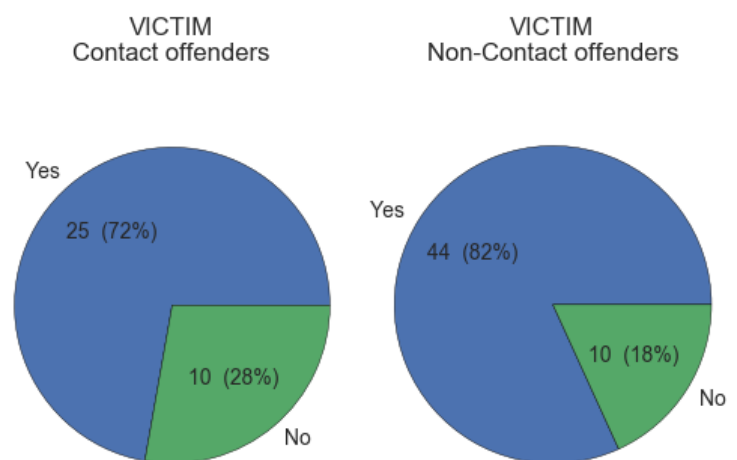
Past victimisation: Non-Contact 82%, Contact 72% reported CSA.

Patterns noted over 40 years:-

- History of CSA, neglect or violence (structured interview not self-report)
- Gender of offender of CSA influences risk of next generation offending vs repeat victimisation
- Age of offender abuse or trauma influences age, gender of victim and offending acts



History of Child Sexual Abuse in Contact/Noncontact Offenders



Suicide Risk

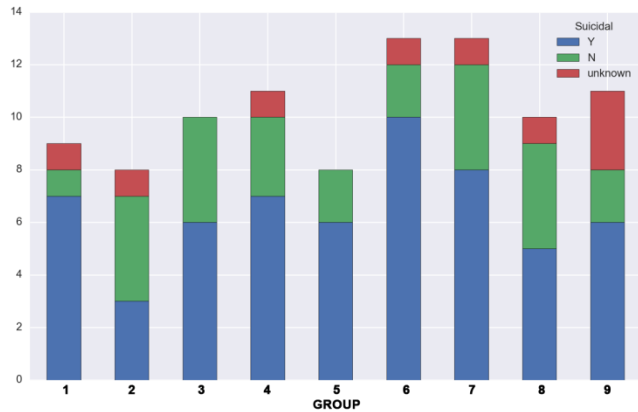
- 75% non-contact offenders (47 Y, 16 N, 9 ?)
- 71% contact offenders (26 Y, 10 N, 6 ?)
- Western Australia Police Service Child Abuse Unit contacted the speaker in 2010 to obtain professional assistance with the number of recently charged persons committing suicide or expressing the desire to commit suicide (4 deaths in 2 months)
- None since referrals began

Det. Sgnt Tom Tristram:

"Within the WA Police Service there were no procedures in place to ensure the safety and support for charged persons when they were released from Police custody after being charged with child sex related offences. These persons were often subject to strict bail conditions restricting them from much needed family support.

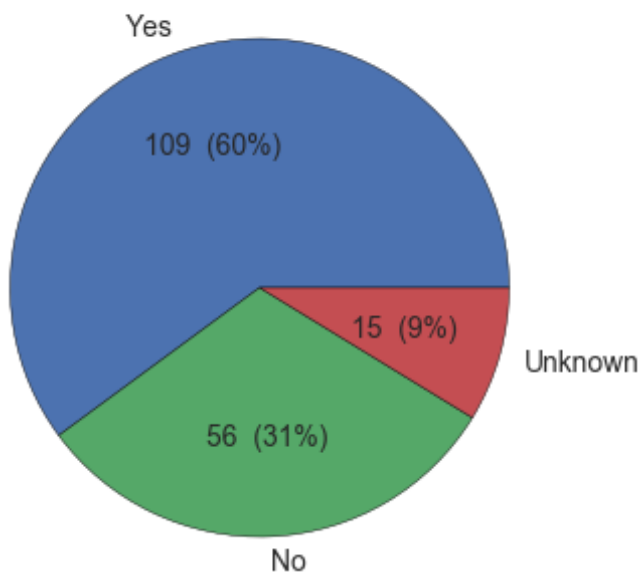
"By contacting Christabel Chamarette I was able to provide a contact of support at a time when the persons most required it – at the time of their release from custody. Of those referred to Christabel Chamarette, none took their lives."

Suicidal on Entry to Program *(Fremantle Data only)*



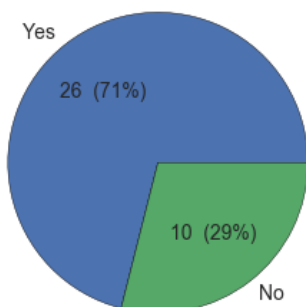
- Non-Contact Offenders: Yes 47 (75%), No 16 (25%)
- Contact Offenders: Yes 26 (71%), No 10 (29%)
- All participants: Yes 109 (60%), No 56 (31%), ? 15 (9%)

SUICIDAL

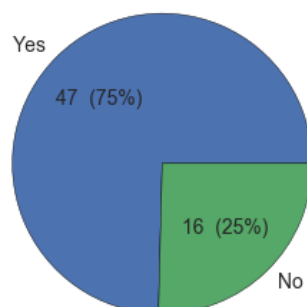


Suicidal by Contact/Non-contact Offence Category (2010 -2017)

SUICIDAL Contact offenders

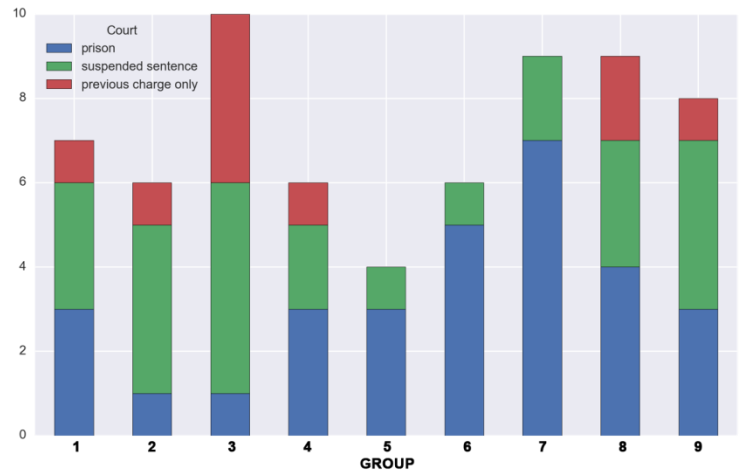


SUICIDAL Non-Contact offenders

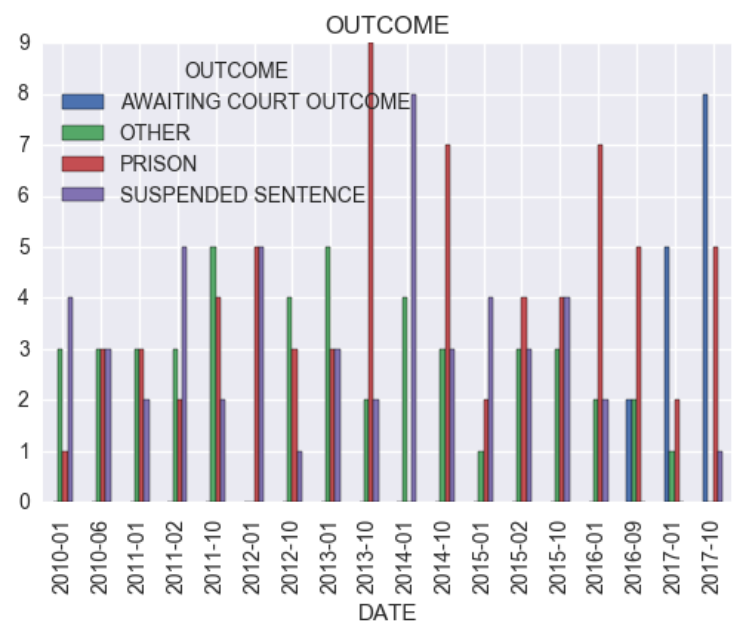


Outcomes

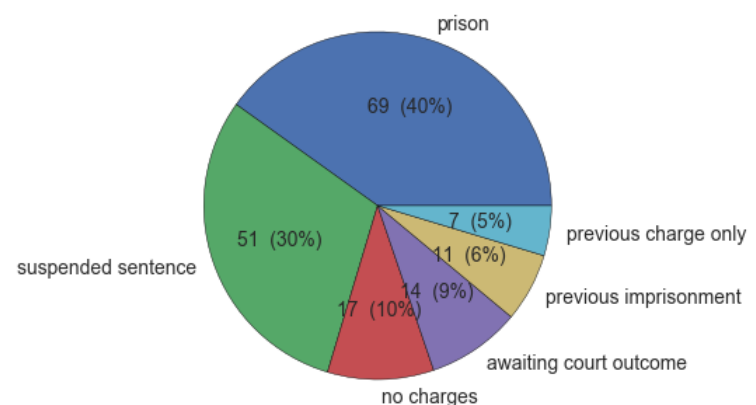
- Suspended sentences to do program – NC 36% C22%
- Prison - NC 32% C 51%
- Awaiting charges – 14 (9%)
- No charges/Preventive – 35 (21%)



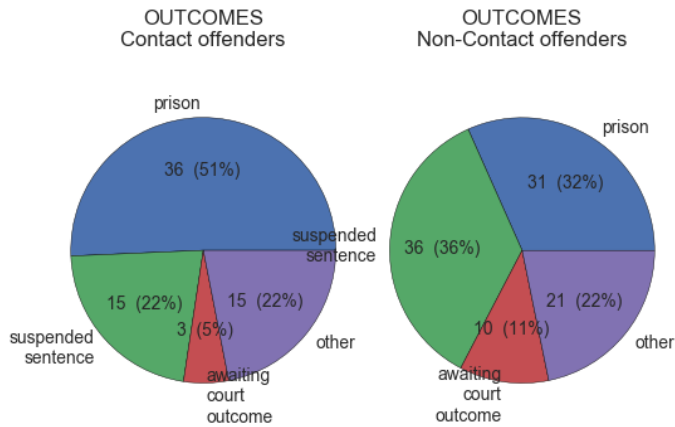
Outcomes 2010-2017



OUTCOME



Outcomes 2010 -2017 by Contact/Noncontact



Summary

The problem of internet child pornography and CEM offences is a rapidly expanding social problem. The detection of offenders who access CEM has also increased rapidly with the evolution of sophisticated and effective detection mechanisms used by police forces in different jurisdictions. The outcome of all this is that there are now an increasing number of offenders coming to the attention of authorities. Imprisonment is not only an expensive response, it is often unnecessarily harsh given the risks these offenders pose and is also unlikely to be an effective mechanism of resolving the personal issues that led to

the offending. Additionally they are rarely included in in-prison Treatment Programs and then experience rejection for Parole. In short, an effective community-based treatment program is required to meet this increasing challenge.

In Western Australia from 2010 to 2017, 17 programs have been run for men charged with Child Exploitation Material offences. The program was initially titled PIU (Problematic Internet Use) and made available on a voluntary basis. This paper presents a description of the 185 participants and the program followed by a discussion and evaluation of the following aspects:-

- Child internet image (CEM) offences as a precursor to contact child sexual offending;
- PIU and the connection with past childhood victimization;
- Community-based treatment of PIU/CEM as a suicide intervention;
- Community-based treatment of PIU/CEM offences as an alternative to imprisonment.

But primarily this presentation proposes that

***Treatment IS prevention
(of offending, re-offending)
and it is essential if we are to keep children
safe from child sexual abuse***

References

- Allez, G.H(2011). Infant Losses, Adult Searches: A Neural and Developmental Perspective on Psychopathology and Sexual Offending. KARNAC Books.
- Elliott, I A & Beech A R (2009) Understanding online child pornography use: Applying sexual offense theory to internet offenders. Aggression and Violent Behaviour,14,180-193
- Wolak, J , Finkelhor, D et al(2008). Online "Predators" and their victims. American Psychologist. Feb-Mar Vol 63 (2) pp. 111-128.

Further Information

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www.stopitnow.org - is a non-profit organisation whose mission is to prevent the perpetration of child ... **Stop It Now!** is a worldwide organisation, with sites and affiliates in the **USA** and elsewhere. www.phoenixhouse.com.au/index.php/programmes-and-services/stop-it-now

PartnerSPEAK - Online peer support forum www.partnerspeak.org.au for those whose partner, spouse or family member views/-ed child porn or child abuse material



www.safenetwork.org.nz



<http://pastoralcounselling.org/sex-offender-treatment/>