Working with internet pa

Alamy

Practitioners working with paedophiles who use the internet to obtain sexual gratification enter a legal and ethical minefield. Matthew Wilcockson examines the latest research findings and offers some practical advice to clinicians

The number of people in the UK who were cautioned or charged over internet child pornography offences quadrupled between 2001 and 2003. By 2003, a record number of 2,234 cases was recorded (Recorded Crime Statistics 2003). The numbers of internet paedophiles who are coming into contact with mental health services also appears to be increasing. While the reason for contact may not be the offence or the offending behaviour – which itself may be considered a mental disorder (APA 2000) – there are clearly management issues that cannot be ignored. Risk assessment issues, which are often embedded in health and social services organisations' policies, are bound to arise.

One survey of clinicians reports that professionals feel they know very little about the reasons for, and process of, offending. They also have poor knowledge of the internet and child pornography in general and therefore do not know what to ask (Quayle and Taylor 2002). Clinicians also report not knowing how to judge risk and what to do with the risk assessment (Quayle and Taylor 2002). This article summarises the current research in order to help healthcare professionals in this area.

The legal perspective

Legally there are four main misuses of the internet in this context: trafficking child pornography; locating children to molest; sexual communication with children; and communication with other paedophiles (Durkin 1997). The legal position on trafficking child images has been tightened considerably by the 2003 Sexual Offences Act (Home Office 2004a). However, what images are considered illegal is open to interpretation and may be context specific. Having a collection of child images remains an offence in the UK even if the child is considered to be a consenting adult in his or her own country, and possibly even if the image was computer-generated and no child was actually involved.

The law on sexual communication with children is less clear, although a recent working paper suggests there may be scope to use current incitement laws (Home Office 2004b). Discussing non-sexual fantasies or role-playing an 'online' personality need not be illegal. Communication with other paedophiles, particularly sharing information about the process of offending, such as 'grooming' certain children, may also fall under incitement to commit offence laws, but this is not clear (Home Office 2004b).

When reporting offences in the UK, social services need only be informed if a clearly identified child is involved. Otherwise

keywords

> child abuse and neglect
> computer networks
> mental health: law

These keywords are based on the subject headings from the British Nursing Index. This article has been subject to a double-blind review.

a edophiles

Web of deceit: the internet provides a forum by which paedophiles can communicate and has become their primary means of exchanging child pornography

only the police (from a legal perspective) and the manager or supervisor (according to employer policies and professional codes of conduct) need to be informed in the first instance. It is perhaps easy to forget that the above behaviours are primarily crimes and secondarily a symptom, or coincidental to a mental health problem. The Child Exploitation and Online Protection Centre, attached to the Serious and Organised Crime Agency, has been operational since April (www.ceop.gov.uk). Its aims include gathering intelligence, supporting victims and providing 24-hour advice to professionals (Home Office 2005, CEOP 2006).

The global nature of the internet impedes effective law enforcement (Barrett 1997) and this of course includes child pornography. The wide variation in attitudes towards child pornography and the effectiveness of the legal systems allow for production and distribution in certain countries followed by export via the internet. Readers who wish to discover what is happening in individual countries may find Arnaldo (2001) helpful.

Theory

There are a wide range of theories of sexual offending, but the Hedonic Management Addiction model (Brown 1997) appears appropriate for the majority of internet offenders as it explains why the internet has quickly become the primary means of exchanging child pornography. An individual with certain vulnerabilities discovers an activity that creates euphoria or relief from dysphoria. On the internet, the source of euphoria can be chosen from a large pool, and euphoria can be reliably predicted, with immediate and powerful gratification and no immediate sanctions.

The client is more likely to repeat the behaviour if there is social support for the behaviour, and a powerful euphoric effect. The social reinforcement is very high due to the high number of offenders on the internet and high levels of communication between them, supporting each other and communicating opportunities and risks – 'Everyone else is doing it, so it can't be wrong'. Users also exchange pictures and some locate children to molest, both actions being a source of status in the online community. Also, the pictures may show happy looking and compliant children – reinforcing the cognitive distortion that no one is being harmed.

The euphoric effect can also be enhanced by the development of an 'online personality', which may add to the excitement for the offender. The anonymity also lowers the social risk and inhibitions. Many offenders neglect other aspects of their life and lack self-awareness at this stage, and are reliant on the offending as their main source of pleasure. Cognitive distortions develop to protect the source of pleasure, and these beliefs are then reinforced by the online community. Some themes in these distortions include minimisation of extent; restricted view of harm ('I was just collecting information'); justifying ('It must be okay if it's all over the net'); blaming others or external factors; fantasy is all right ('What's in my head can't hurt anyone'); and 'poor me' ('I really like children and everyone reads more into it') (Burke *et al* 2002).

Factors leading to offending behaviours

Not much is known about factors mediating internet child pornography other than that there are many of them and they are complex. Some researchers confuse co-morbid factors – such as personality disorders, trauma, substance abuse and biological factors – with mediating factors. Low investment in conventional society is a probable risk factor, as are empathy deficits, distorted beliefs (Marshall 1996) and the inability to use inhibitory self-talk (Porter and Critelli 1994). Loneliness and lack of intimacy is common in sexual offenders compared with non-sexual offenders and normal populations (Siedman *et al* 1994), which may be important in determining the nature of the offence (i.e. sexual as opposed to violent).

Offending: some background

It is important for clinicians to recognise some key facts about the offending process to assess the client accurately. Paedophiles collect images of children for a number of reasons. Obviously it serves to stimulate the paedophile's sexual arousal and drive, but it may also be part of grooming behaviour in contact offences – role modelling to a child what he wants the boy or girl to do. It preserves the child at a sexually arousing age, reducing the need to manage the complexities of ageing and loss of innocence. Images of children can also be used as threats and blackmail in contact offences.

Paedophiles generally use conventional printers, scanners and digital cameras for transfer of images, and bulletin board systems, internet relay chat and newsgroups for communication. There are also dedicated websites with differing levels of security, from requiring a password to being limited to a selected few by word of mouth. Storage is typically embedded in a website or CD-ROM. For some offenders, the process of collecting images can be as important as the use of them and some offenders have reported sadness at the loss of a collection even though it might no longer serve a purpose for them.

Assessment and risk

Treatment of the offending behaviour is rarely the responsibility of the non-specialist healthcare professional. It is important, therefore, to not become involved beyond the purpose of the assessment. Typically, this would include a general assessment of risk or an assessment of a mental health problem (such as depression) unrelated or minimally related to the offending behaviour. If the client is under supervision on the sex offenders' register, criminal justice agencies may also be monitoring the offender, and co-ordination of information may be useful and clarification of responsibilities necessary. A summary of assessment for treatment – a more specialist realm – is covered in Sullivan and Beech (2003).

Risk and assessment are bound together. The most common historical method of assessment until recently was unstructured clinical judgement, which, though better at predicting recidivism than chance, has poor validity and reliability (Monaghan 1981), especially in view of inherent biases (Quinsey *et al* 1998).

The assessment process should include a short, structured professional judgement tool – a standardised checklist with both historical and dynamic factors. An example of this is the SVR-20 – if there is a risk of a contact offence – which is a validated scale that measures the risk of sexual violence in terms of psychosocial adjustment, sexual offences, future plans and other considerations. This measure has been validated to predict recidivism (De Vogel *et al* 2004). A similar tool is the Child Abuse Potential Inventory (Milner 1986, 1989). While these and other similar actuarial instruments are based on predictive rather than explanatory factors in offending behaviour, they are still seen as preferable to clinical interviews only. Clinical interviews will enable the clinician to understand the process of offending, and some sample questions on what to ask have been included in Quayle and Taylor (2002). Clinicians should also assess the client's motivation to change (Jones 2002).

The author is not aware of any validated scales for non-contact offences, although scales such as the Psychological Inventory of Criminal Thinking Styles (Walters 1995) may be of some use. This scale identifies eight styles of thinking that have been shown to be influential in criminal behaviour. An example is 'power orientation', in which a client compensates for weak personal control by trying to exhibit control over his environment.

Once identified, the presence of these thinking styles in other areas can identify offence paralleling behaviours, which may highlight a continued risk. With all self-report questionnaires and clinical interviews it is important to consider that socially desirable reporting – where clients distort their endorsements to how they would like to be seen – is common among offenders. Data should be verified where possible, which may be difficult if it is the client's first service contact. It is important for the practitioner to be aware that people with a high risk of offending may be detainable even if they have not committed an offence under the proposed Mental Health Act if they are deemed to have a Dangerous and Severe Personality Disorder (House of Commons Library 2002).

Relationship with contact offences

Prior to the advent of the internet, US customs believed that about 80 per cent of people possessing child images were involved in contact offending (Taylor 2001). More recent estimates suggest that about 36 per cent of image possession in the US are involved in contact offending (Wellard 2001); estimates of the rate in the UK vary from 20 to 33 per cent (Dobson 2003). The relationship between image possession and contact offences is complex, therefore. Since the advent of the internet, there has been an emergence of image collectors who do not commit contact offences (Holmes *et al*. 2003). Interviews appear to suggest some image collectors use images as a substitute for contact offending, while others use them as a blueprint for contact offending. Very little has been written about this but, clearly, separating these categories of offenders will

References

APA (2000) *Diagnostic and Statistical Manual of Mental Disorders*. 4th Edition. American Psychiatric Publishing, Arlington VA.

Arnaldo C (Ed) (2001) *Child Abuse and the Internet: Ending the silence*. UNESCO Publishing, Paris.

Barrett N (1997) *Digital Crime*. Kogan, London.

Blundell B, Sherry M, Burke A, Sowerbutts S (2002) Child pornography and the internet: accessibility and policing. *Australian Police Journal*. 56, 1, 59-65.

Brown I (1997) A theoretical model of the behavioural addictions – applied to offending. In: Hodge J *et al* *Addicted to Crime?* Wiley, Chichester.

Burke A, Sowerbutts S, Blundell B, Sherry M (2002) Child pornography and the internet – policing and treatment issues. *Psychiatry, Psychology, and Law*. 9, 1, 79-84.

Calder MC (2003) The internet: potential, problems and pathways to hands on sexual offending. In: Calder MC (Ed) *Child Sexual Abuse and the Internet: Tackling the New Frontier*. Russell House Publishing, Lyme Regis.

Child Exploitation and Online Protection Centre (2006) http://www.ceop.gov.uk (Last accessed: 7 May 2006)

De Vogel V, De Ruiter C, Van Beek D, Mead G (2004) Predictive validity of the SVR-20 and the static 99 in a Dutch sample of treated sex offenders. *Law and Human Behavior*. 28, 3, 235-251.

Dobson A (2003) Caught in the net. *Care and Health*. 11, 1, 6-9.

Durkin KF (1997) Misuse of the internet by paedophiles – implications for law enforcement and probation practice. *Federal Probation*. 61, 3, 14-18.

Holmes R *et al* (1998) Hidden JPGs – a functional alternative to voyeurism. *Journal of Popular Culture*. 32, 3, 17-30.

Home Office (2004a) *Children and Families: Safer from sexual crime. The Sexual Offences Act 2003*. http://www.homeoffice.gov.uk/documents/children-safer-fr-sex-crime?view=Binary (Last accessed: 28 December 2005).

Home Office (2004b) *Home Secretary's Taskforce on Child Protection on the Internet*. Meeting, 23 February. Summary note at http://www.homeoffice.gov.uk/docs4/tf_minutes_summary.pdf (Last accessed: 21 June 2005).

Home Office (2005) *New Centre to Protect Children Online, Reference 067/2005, 1 April* http://www.homeoffice.gov.uk/n_story.asp?item_id=1287 (Last accessed: 20 June 2005).

be crucial in the future for healthcare professionals.

The process of arousal may lead to offending if any single fantasy is maintained, developed and acted on (Blundell 2002), although Seto *et al* (2001) note that in addition to arousal, the internet may also develop other possible mediating factors, such as offence-supporting attitudes, aggressiveness and anti-social personality. Other internet processes that may influence contact offending include imitation (social learning), permission giving (social support) and social reinforcement of existing values. For a fuller discussion on this subject, see Calder (2003).

Treatment of issues relating to internet offending against children

Specific treatment of offending behaviours is generally considered to be the domain of specialist and supervised forensic psychotherapy departments. However, this need not prevent the treatment of conditions such as depression and schizophrenia, although if the impact of successful treatment exacerbates offending behaviour – with, for example, driving phobia or social phobia – specialist supervision should be sought.

Most non-medical treatment of behaviours requires client co-operation, and any treatment needs to address motivation to change. There may be no implicit reward for the client changing his behaviour due to high rewards for offending and high cognitive distortions in victim impact (Brown 1997). The clinician should ensure any treatment programme addresses distortions in motivation and pro-offending thinking, victim impact and the cycle of offending behaviour (Burke *et al* 2002).

Processes and supervision issues

Working with internet paedophiles may raise strong emotions for most of us. In this section we will address issues of process that may require additional support and supervision if they occur.

If the client has been previously involved in contact offending, their interpersonal style may be highly manipulative, risking leaving the clinician feeling afraid, ashamed, embarrassed, inadequate, hostile, weak or angry. Equally, the client may collude with the clinician's own needs and sabotage the clinical process or the professional relationship. Clinicians should receive supervision on complex clients such as these. Some processes that may occur in these instances are listed in Box 1.

Box 1. Pitfalls in clinicial-client relationships

- The client lacks self-control or has ideas of entitlement, and the clinician responds to this by being critical.
- The client tries to help and support the clinician, which parallels his grooming behaviour. The clinician is emotionally deprived and fails to recognise this.
- The clinician's 'other-directedness' interferes with the client's need for confrontation.
- Clinician feels inadequate when client has repeated crisis behaviours or fails to make progress.
- Client is hypercritical of clinician, clinician becomes hostile.
- Client behaves histrionically, talking cathartically about abuse. Clinician withdraws psychologically.
- Client abuses therapist's fascination for the subject and fails to address therapeutic issues.
- Client is mistrustful and fails to engage, clinician is uncomfortable with the subject and withdraws.
- Clinician engages in sexual transference issues.
- The clinician is emotionally deprived and colludes with the client's cognitive distortions.

Summary and conclusions

The process of offending in internet paedophiles is multifactorial and complex. The relationship between image possession and contact offences has also become less clear since the advent of the internet. Clinicians should ensure their risk assessments are thorough but do not extend beyond the purpose of the original service contact and of establishing current level of risk to children. Clinicians may wish to visit Quayle and Taylor (2002), who provide a list of sample questions to ask, especially if the clinician has a limited understanding of the internet. Clinicians may, though, need to temper their own fascination with the subject and remember that it is unethical to collect information for this purpose. Treating the offending behaviour is not the domain of the non-specialist clinician, but an understanding of the research on what is effective with this client group may help the clinician in ensuring clients receive suitable treatment. It is essential to request and receive supervision with this client group, and some of the most important processes have been considered above ■

Matthew Wilcockson MSc, RN, BABCP and UKCP accred, Cognitive Behavioural Therapist, Coventry Teaching Primary Care Trust

House of Commons Library (2002) *Reform of the Mental Health Act 1983 – The Draft Mental Health Bill, Paper 02/80*, published 11 December 2002, at http://www.parliament.uk/commons/lib/research/rp2002/rp02-080.pdf (Last accessed: 15 January 2006).

Jones L (2002) Assessment of motivation. In: McMurran *et al* (Ed) *Motivating Offenders to Change*. Wiley, Chichester.

Macgregor G, Howells K (1997) Addiction models of sexual offending. In: Hodge J *et al Addicted to Crime?* Wiley, Chichester .

Marshall WL (1996) Assessment, treatment and theorising about sex offenders – developments over the last 20 years and future directions. *Criminal Justice and Behaviour*. *23*, 1, 162-199.

Milner JS (1986) *The Child Abuse Potential Inventory: Manual* (2nd edition). Psytec, Webster, NC.

Milner JS (1989) Applications of the child abuse potential inventory. *Journal of Clinical Psychology*. 45, 3, 450-454.

Monaghan J (1981) *The Clinical Prediction of Violent Behaviour*. National Institute of Mental Health, Rockville, MD.

Porter JF, Critelli JW (1994) Self-talk and sexual arousal in sexual aggression. *Journal of Social and Clinical Psychology*. 13, 3, 233-239.

Quayle E, Taylor M (2002) Paedophiles, pornography and the internet: assessment issues. *British Journal of Social Work*. 32, 7, 863-875.

Quinsey VL, Harris GT, Rice ME, Cormier CA (1998) *Violent Offenders: Appraising and managing risk*. American Psychiatric Association, Washington DC.

Recorded Crime Statistics (2003) Cited on http://www.homeoffice.gov.uk/crime-victims/reducing-crime/internet-crime (Last accessed: 10 January 2006).

Seto MC *et al* (2001) The role of pornography in the etiology of sexual aggression. *Aggression and Violen[ce] Behaviour*. 6, 1, 35-53.

Siedman B *et al* (1994) An examination of intimacy and loneliness of sex offenders. *Journal of Interpersonal Violence*. 9, 4, 518-534.

Sullivan J, Beech A (2003) Assessing internet sex offenders. In: Calder MC (Ed) *Child Sexual Abuse an[d] the Internet: Tackling the New Frontier*. Russell Hous[e] Publishing, Lyme Regis.

Taylor M (2001) Net is not the main villain. *Community Care*. 1364, 15 March, 14.

Walters GD (1995) The psychological inventory of criminal thinking styles. Part 1: reliability and preliminary validity. *Criminal Justice and Behaviour*. 22, 3, 307-322.

Wellard S (2001) Cause and effect. *Community Care*. 1364, 15 March, 26-27.