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Abstract | This study sought to identify principles to guide the development and implementation of initiatives that aim to prevent child sexual abuse material (CSAM) offending. It did so through a review of research on the implementation and effectiveness of initiatives that aim to prevent CSAM offending, and through input from an international expert advisory group.

Seven principles are described in this paper: the use of advertising campaigns; confidentiality and anonymity; an empathetic and non-judgemental approach; accessibility; training and support; tailored programs; and evaluation. These broad principles can act as a valuable resource for practitioners and policymakers.

Guiding principles for developing initiatives to prevent child sexual abuse material offending

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Child sexual abuse material (CSAM) offending—broadly defined here as the viewing, sharing and production of material (eg images, videos) depicting the sexual abuse of a child—is a global crime that is flourishing with ongoing advances in technology. Encryption and anonymisation techniques make it difficult for law enforcement to identify offenders (Virtual Global Taskforce 2024). In 2022, the National Center for Missing and Exploited Children’s (NCMEC’s) CyberTipline received over 31 million reports of CSAM globally, an increase of almost 10 percent from the previous year (NCMEC 2022). In 2021, the Australian Centre to Counter Child Exploitation (ACCCE) received 32,126 reports from the NCMEC and 853 reports from members of the Australian public (ACCCE 2022). Each report can relate to multiple images and/or videos of children being sexually abused.

The availability of CSAM on the internet, coupled with the difficulty in identifying offenders, has led to an increasing need for initiatives that prevent CSAM offending. This includes initiatives aimed at individuals who have offended (known and unknown to police) and individuals who may be at risk of offending. To ensure the development and implementation of successful prevention initiatives that reduce harm to children, it is important to identify factors associated with best practice in this area.

Celebrating
50 years

Several recent large-scale reviews have described prevention initiatives that target CSAM offending and provided recommendations to support prevention efforts (eg Di Gioia & Beslay 2018; Gannoni et al. 2023; INHOPE 2020; Perkins et al. 2018; World Health Organization 2022). Recommendations include focusing on early intervention, having adequate funding, conducting rigorous research and evaluations, and catering to the diverse populations that seek help (eg those who have offended, those who have not offended but are worried about their sexual thoughts or their behaviour towards children; Di Gioia & Beslay 2018; INHOPE 2020; Perkins et al. 2018). Despite these reviews, there remains little available guidance for practitioners on how to design, deliver and implement initiatives that are likely to be effective in preventing CSAM offending.

Many CSAM-only offenders and contact sexual offenders share similar characteristics (Paquette, Fortin & Perkins 2020). However, studies also suggest CSAM-only offenders can differ from contact offenders on a range of characteristics, including reoffending rates (Dowling et al. 2021; Hirschtritt, Tucker & Binder 2019; Prichard & Spiranovic 2014) and personal and offending characteristics (Babchishin, Hanson & VanZuylen 2015; Henshaw, Ogloff & Clough 2018). Such research has helped inform several initiatives developed specifically for CSAM-only offenders (eg Henshaw et al. 2020). As such, it has been suggested that existing initiatives that aim to prevent contact sexual offending may not be appropriate for CSAM offending (eg Henshaw, Ogloff & Clough 2018; Ly, Dwyer & Fedoroff 2018; Merdian et al. 2020). It is therefore important to identify principles that can aid the development of successful prevention initiatives tailored to CSAM offending.

Aims and methodology

This paper provides an overview of principles to guide the development and implementation of initiatives that aim to prevent CSAM offending. The principles were derived from:

- a review of research on the implementation and effectiveness of prevention initiatives that target CSAM offending; and
- input from an international expert advisory group.

This study follows from a larger review that examined the implementation and effectiveness of initiatives aiming to prevent CSAM offending—for a more detailed overview of the methodology, see Gannoni et al. (2023). This study consolidates the evidence relating to initiatives that aim to prevent CSAM offending, as either a primary or secondary goal. For example, some initiatives may focus primarily on contact sexual offending but nevertheless aim to prevent CSAM offending. It purposely does not capture a large body of evidence on the effectiveness of prevention initiatives for sexual offending or child sexual abuse more generally.

Scope

In this paper, we define *prevention initiative* as an initiative aimed at preventing CSAM offending across primary, secondary and tertiary prevention levels, although most literature and knowledge identified relate to the latter two. According to Smallbone, Marshall and Wortley (2008) and based on a public health approach:

- primary prevention refers to wide-scale initiatives targeting whole populations aimed at preventing offending from occurring in the first place;

- secondary prevention refers to initiatives targeting groups that are at greater risk of offending, aimed at preventing offending; and
- tertiary prevention refers to initiatives targeting individuals with known offending aimed at preventing reoffending. Traditionally, tertiary prevention strategies in Australia are implemented by the criminal justice system after an offence has occurred.

Given the breadth of prevention initiatives for CSAM offending, we focused on studies that examined helplines, therapeutic treatment and psychoeducation, online self-management courses, and education and awareness campaigns. Studies were excluded if they examined the following:

- initiatives based solely on technology;
- law enforcement operations or investigations for detection;
- law reform or legislative approaches;
- initiatives focused on victims only; or
- initiatives that target traffickers or facilitators.

While the above initiatives play an important role in preventing CSAM offending, they fall outside the scope of the current study.

Literature search

We conducted a literature search, in collaboration with the Australian Institute of Criminology's JV Barry Library, to canvass academic and grey literature databases. We limited the search to literature published after 2000, ensuring a focus on relevant and up-to-date information. Studies were included if they contained information about initiatives designed to prevent CSAM offending implemented in Australia, Canada, Europe, New Zealand, the United Kingdom or the United States. These jurisdictions were chosen due to their publicly announced funding and attention given to CSAM offending prevention, as well as their comparability with Australia (eg similar legal systems).

We conducted searches of 12 major databases—the Australian Institute of Criminology's JV Barry Library Catalogue, the Australian Criminology Database (CINCH), SocINDEX, E-Journals, Criminal Justice Abstracts, Psychology and Behavioral Sciences Collection, Violence & Abuse Abstracts, ProQuest Criminal Justice Database, PubMed, ERIC, Eradicating Child Sexual Abuse (ECSA) Interventions Database and Google Scholar—using the following search terms:

- victim: (child*) AND
- CSAM offending: (porn* OR image* OR erotic* OR exploit* OR material OR indecent OR sex* OR abuse OR csem OR cem OR cse OR csam OR csa) AND
- intervention: (prevent* OR intervent* OR treat* OR program* OR educat* OR strat*) AND
- measure: (effect* OR impact* OR consequence OR evaluat* OR exam*).

We supplemented this search with further searching of relevant journals, grey literature sites, sites of relevant government departments and key program websites.

International expert advisory group

We established the CSAM Offending Prevention Project Advisory Group (*Project Advisory Group*). This group comprised international stakeholders with knowledge and expertise in CSAM offending prevention. We asked members to identify evaluations, research and other best practice material on initiatives that aim to prevent CSAM offending (particularly unpublished material), and to identify best practice principles for developing initiatives that aim to prevent CSAM offending.

Members included: Annette Cassar (European Commission); Daniel Rothman (Forensic Psychological Services—Ellerby, Kolton, Rothman & Associates); Donald Findlater (Stop It Now! UK and Ireland/Lucy Faithfull Foundation); Elizabeth Letourneau (Moore Center for the Prevention of Child Sexual Abuse, Johns Hopkins University); Klaus Beier (Institute of Sexology and Sexual Medicine, Charité—Universitätsmedizin Berlin); Kirk Vette (Safe to talk); Matt Tyler (Jesuit Social Services); Melissa Stroebel (Thorn); and Tina Gulliver (WellStop).

Anna Pawula, Antonio Labrador-Jimenez, Laurent Beslay, Rosanna Di Gioia (all at the European Commission) and Lorraine Smith (Stop It Now! UK and Ireland/Lucy Faithfull Foundation) also contributed to the group.

Studies included in the analysis are presented in the *References* section, marked with an asterisk. Where relevant, supplementary material was also included if recommended by the Project Advisory Group or identified during the literature search.

Limitations

There was variation across the studies in the terminology used to refer to CSAM (eg child pornography, child exploitation material, indecent images of children). Several studies that examined CSAM offending used more general terms such as ‘explicit sexual material’ or ‘abuse material’. Despite using a range of search terms to encapsulate CSAM offending, it is possible that some studies may not have been captured in the current study due to lack of specificity.

It should be noted that while CSAM offenders do not fit one specific profile (see Brown 2023), some of the principles described in this report may only apply to specific offending behaviours and/or groups of individuals in relation to CSAM (eg adults versus young people, online-only offending versus online and offline offending). Where possible, we have highlighted where a principle is only appropriate for a specific group of individuals or offending behaviours.

Results

We identified seven principles to guide the development and implementation of initiatives that aim to prevent CSAM offending, informed by a literature review and input from an international expert advisory group. These principles are derived from literature primarily examining secondary prevention and/or tertiary prevention initiatives. A one-size-fits-all approach is not advocated. Rather, we suggest these broad, overarching principles can contribute to the success of initiatives that aim to prevent CSAM offending:

- Principle 1—Use of advertising campaigns;
- Principle 2—Confidentiality and anonymity;
- Principle 3—Empathetic and non-judgemental approach;
- Principle 4—Accessibility;
- Principle 5—Training and support;
- Principle 6—Tailor programs according to the client group; and
- Principle 7—Evaluation.

Separate icons are used in this report to indicate which levels of prevention relate to each principle (see Figure 1). It is acknowledged that application of these principles may differ in different countries or jurisdictions. Further, secondary prevention efforts may sometimes serve as tertiary prevention, such as when a person has already abused a child.

Figure 1: Levels of prevention



Principle 1: Use of advertising campaigns

Consultations with members of the *Project Advisory Group* and prior reviews (eg Di Gioia & Beslay 2018; Di Gioia et al. 2022) highlight the importance of raising awareness of prevention initiatives, among both potential clients and their support circles (ie those who may have a role in supporting program participation, such as carers and partners). This is particularly relevant for individuals at risk of offending and those who may have engaged in offending but are not known to police. It is also important to raise awareness among professionals who may play a role in referring relevant individuals. This may include social workers, teachers, general practitioners, law enforcement and mental health practitioners.

Promotion

Research indicates that initiatives should be promoted through multiple appropriate communication channels, such as online, TV, posters, radio, billboards and print media. For example, *Troubled Desire*—a web-based intervention app for people attracted to children, including those who have engaged in CSAM offending or contact sexual offending—recruited 4,161 potential clients over 2.5

years via the internet (websites, social media, warnings in CSAM internet searches), TV, posters on public transport and billboards (Schuler et al. 2021). Online advertising may be especially appropriate for those engaged in CSAM offending, given such individuals tend to have greater access to the internet than contact sexual offenders (Babchishin, Hanson & VanZuylen 2015). Further, an evaluation of the CSAM deterrence campaign associated with the Stop It Now! helpline (UK) for people struggling with their sexual thoughts or behaviour regarding children found that most clients became aware of the helpline via online advertisements on news websites or Google, and via pop-up messages that appeared when the individual searched for help or terms indicative of CSAM (Coase, Feechan & Whitear 2020).

Messaging

Information and language used in advertising campaigns should be appropriately targeted to maximise uptake and ensure such campaigns attract appropriate clientele. If a program's clientele includes individuals concerned by their sexual thoughts regarding children (but who have not offended), advertising campaigns should make it clear that individuals can contact the initiative even if they have never offended. For example, phrases that describe the target audience as 'people attracted to children' should be avoided, unless this is part of the eligibility criteria. Instead, broader language that captures a range of behaviours, such as 'people concerned about their sexual thoughts or behaviour towards children' or 'people concerned about their use of sexual images of children', is relevant to a larger audience and a more diverse range of individuals who may conceptualise their thoughts or offending in varying ways (see, for example, Beier 2016; Henry 2020).

Research on advertising campaigns for CSAM offending prevention initiatives indicates that confidentiality, anonymity and the professionalism of the program should be clearly communicated (Beier 2016; Beier et al. 2009). Campaigns should avoid provoking feelings of shame and judgement, and should aim to evoke a sense of hopefulness (Beier 2016; Coase, Feechan & Whitear 2020; Henry 2020). For example, the Stop It Now! helpline (UK) incorporated anonymous case studies to emphasise the relief felt when seeking help, which attracted notable numbers of individuals to the website (Coase, Feechan & Whitear 2020). Further, research using interviews with men who have viewed CSAM highlights the importance of prevention initiatives in providing information regarding education around legality, consequences, accountability and access to confidential help to prevent online offending (Bailey et al. 2022).

Principle 2: Confidentiality and anonymity

Given the high levels of internalised shame and stigma associated with having a sexual interest in children (Levenson & Grady 2019), it is important that clear assurances of privacy and confidentiality are communicated to clients to allow them to talk openly. Further, individuals who have offended but are not known to police may be hesitant to seek help for fear of legal consequences and being identified as having engaged in illegal activities (Parks et al. 2020). Research indicates that confidentiality and anonymity are fundamental to the success of initiatives aimed at such individuals (Beier 2016; Brown et al. 2014; Coase, Feechan & Whitear 2020; Engel et al. 2018; Grant et al. 2019; Henry 2020; Konrad, Amelung & Beier 2018; Levenson & Grady 2019). Online initiatives that offer anonymous help may be particularly relevant and appealing to people seeking help to prevent or stop online offending (Coase, Feechan & Whitear 2020).

Appropriate policies

Policies around confidentiality and anonymity of clients should be consistent with legislation in the relevant jurisdiction, particularly regarding circumstances in which legal protection cannot be guaranteed due to mandatory reporting obligations. For example, practitioners may be required to report child sexual abuse (eg Australian Institute of Family Studies 2023; Government of Canada 2021; US Department of Health & Human Services 2015). In such instances, initiatives aimed at individuals concerned about their sexual thoughts or behaviour regarding children often inform clients that confidentiality is assured except if there are concerns about the immediate safety of a client or other individual. In these situations, police or crisis workers may be contacted. Where possible, clients should be informed that they have the option to remain anonymous.

Transparency

As well as being anonymous, prevention websites should provide clients with detailed information on their legal rights regarding privacy and data, including what information is being collected and how it is being stored. Research suggests there should be transparency for clients around how confidentiality and anonymity are maintained (Beier 2016; Henry 2020). One example of this is Troubled Desire in Germany, where clients participate anonymously via a series of online self-help psychoeducation modules. Information on the program website (Troubled Desire 2020) states that each client has a randomly generated cryptic ID, that IP addresses are not stored, and that only session cookies are used. When a client starts a new session, they are provided with a randomly generated ID number, which they can use to return. This allows clients to repeatedly engage with online help modules at their own pace, over an extended period, without the concern of being identified (Troubled Desire 2020).

Principle 3: Empathetic and non-judgemental approach

One of the most significant barriers that prevents individuals concerned about their sexual interest in children from seeking help is the fear of (or actual) negative judgement from practitioners or others (Henry 2020; Levenson & Grady 2019). Many individuals with a sexual interest in children internalise the stigma and negative rhetoric about child sexual offenders, including the belief that they cannot be rehabilitated, which may deter them from seeking help (Levenson & Grady 2019; Shields et al. 2019). Therefore, adopting an empathetic and non-judgemental approach is important for ensuring that individuals participate in and successfully complete interventions.

Language

An empathetic approach is essential to encourage clients to initiate and maintain contact with initiatives, and this tone should be communicated in campaigns and promotional material for the initiative (Beier 2016; Coase, Feechan & Whitemar 2020). Program staff should avoid blaming or humiliating clients for having a sexual interest in children. Where harmful behaviour is identified, staff should encourage clients to take responsibility for their behaviour, while maintaining first-person language. For example, staff should refer to someone's use of CSAM, rather than labelling someone a 'CSAM offender' or 'perpetrator'. The Stop It Now! UK and Ireland (nd) website, for instance, states:

‘We help people worried about their own sexual thoughts, feelings or behaviour towards children’. In this way, practitioners are supporting the safety and wellbeing of their clients (Tran et al. 2018), rather than ‘scaring them away’.

Attitude of staff

Staff should be empathetic, approachable and respectful, while having a clear ethical stance about the harm of offending and about taking personal responsibility. Young people who attended treatment programs in New Zealand for harmful sexual behaviour (Geary, Lambie & Seymour 2010; Lambie et al. 2007) reported that they valued therapists who were understanding, caring, encouraging, challenging and supportive, respectful, non-judgemental and trustworthy, and who showed a genuine interest in them as individuals. Such qualities have also been cited as crucial by adult clients of Stop It Now! (Brown et al. 2014; Coase, Feechan & Whitear 2020) and Prevention Project Dunkelfeld (a therapeutic treatment intervention for those who fear they may engage in CSAM offending and contact sexual offending; Beier 2016). Several researchers and practitioners in the area recommend that clinical training protocols should offer guidance on counselling individuals with offending and/or sexually harmful behaviours in a manner that is ethical, competent and empathetic (Geary, Lambie & Seymour 2010; Lambie et al. 2007).

Principle 4: Accessibility

Low cost

Where possible, initiatives should be free, low-cost, or subsidised for socio-economically disadvantaged individuals. A recent review of various initiatives that aim to prevent online child sexual abuse internationally noted the need for increased funding to improve program access, particularly among socially and economically disadvantaged populations (Perkins et al. 2018).

Multiple modes

Access should be available through multiple modes of communication—such as online chat, phone, email and in person—to provide clients with options about how they wish to engage with the initiative. This may include online self-help and other alternative methods that do not involve any direct contact with professionals. Critically, because of the significant barriers to help-seeking (eg fear of judgement, consequences; Henry 2020; Levenson & Grady 2019), initiatives should provide options for individuals to access services. This may mean enabling individuals to access anonymously where appropriate. For example, the underlying default setting for some servers is to retain IP addresses, and this may need to be disabled.

Availability

Initiatives should ensure that resources are available to the largest number of users possible. For example, if a helpline is available during the day only, an accompanying website should be created. This ensures that individuals needing immediate assistance can access some help, rather than waiting for business hours. Moreover, phone and online platforms should allow the program to be accessed from any location, circumventing the well-documented barrier of distance to treatment sites, which

can hinder help-seeking among this population (Engel et al. 2018). For example, some prevention initiatives (eg Troubled Desire 2020; Stop It Now! UK and Ireland nd) have online self-help resources that are available 24/7 and can be easily accessed from any location in the world.

Capacity to meet demand

To ensure clients can access the program, it is crucial that programs are sufficiently resourced to meet the demand for the program. A large-scale survey (Perkins et al. 2018) of staff members from online child sexual abuse prevention programs found that staff often felt overwhelmed and inundated by the high numbers of potential clients who contact the programs. As such, it is important not to advertise too widely before the initiative is adequately resourced. It is also necessary to set reasonable expectations of staff (eg client contacts/hours, caseload limits) to reduce burnout.

Principle 5: Training and support

In addition to having an empathetic and non-judgemental approach, program staff should be supported with appropriate training, frameworks, knowledge and skills to ensure clients receive high-quality, professional care. Research into individuals who have a sexual interest in children indicates that many would consider treatment if they were assured that staff had expertise in the area (Beier 2016). Similarly, feedback from the Stop It Now! helpline (Brown et al. 2014) highlights the importance of the quality of information provided and the skills, empathy and attitude of staff.

Programs with direct and indirect contact with help-seekers should develop formal induction training courses for new staff and regular refresher training for existing staff. Such training policies have been implemented as part of the previously operating Internet Sex Offender Treatment Program (I-SOTP, UK), which required staff to complete training to ensure that they had the necessary knowledge, competencies and abilities (ECSA 2017; Middleton, Mandeville-Norden & Hayes 2009). Similarly, phone operators for Stop It Now! (UK) are required to have an existing broad knowledge of child protection and sexual abuse issues, and are supervised by child protection experts and practitioners (ECSA 2021). Operators complete specific helpline training prior to commencement, and are offered ongoing training on specific issues such as mental health, child development, and the role of social services in responding to child sexual abuse (ECSA 2021).

Principle 6: Tailor programs according to the client group

Initiatives should be developed to cater to the needs of different client groups, including young people, Indigenous people, those with cognitive disability, and those who specifically engage in CSAM offending (rather than those who engage in, or also engage in, contact sexual offending). Perkins and colleagues (2018) surveyed program providers from multiple online child sexual exploitation interventions in the United Kingdom and internationally. Program staff reported a need for more targeted support for young people, those who are culturally and linguistically diverse, and those who have different intellectual and learning needs (Perkins et al. 2018).

Risk, need and responsivity

According to the risk–need–responsivity (RNR) model (ie a model where the risks and needs of an individual guide the selection of appropriate interventions), treatment should be tailored to suit the different needs, learning styles, and levels of risk among clients (Bonta & Andrews 2017). This principle is evident in the Stop It Now! model, in which different tiers of support are available for different clients. All callers can access counselling and information through the main helpline, but callers with more complex issues and higher levels of assessed risk are channelled to a second stage. At this stage they are offered either a call-back or a face-to-face meeting with a specialist practitioner, depending on the country in which they are based (Eisenberg et al. 2014).

Young people

Research emphasises the importance of developing prevention interventions specifically tailored to the needs of young people with harmful sexual behaviours (Quadara et al. 2020; RCIRCSA 2017). The Royal Commission into Institutional Responses to Child Sexual Abuse (2017) noted that it is inappropriate to draw on the research into characteristics and behaviours of adult sexual offenders when managing children (including young people) with harmful sexual behaviour.

Two reviews of initiatives for young people with harmful sexual behaviours in Australia and New Zealand stressed the importance of family involvement (where appropriate) for the following reasons:

- being isolated from one’s family because of harmful sexual behaviour can jeopardise the young person’s ability to address their behaviour through treatment;
- a large proportion of harmful sexual behaviour is intra-familial, and therefore treatment can benefit victims and other family members;
- young people with harmful sexual behaviour often experience trauma such as neglect and exposure to family domestic violence, which can also be addressed during treatment; and
- it can reassure young people that their family still accept and support them despite their offending (Geary, Lambie & Seymour 2010; Macgregor 2008).

The above considerations are mainly relevant to face-to-face initiatives that address harmful sexual behaviour among young people. However, consultations with members of the *Project Advisory Group* highlight the importance of developing CSAM-focused prevention initiatives that cater specifically to the needs of young people (eg Inform Plus Young People, which is an educational program specifically for young people who have engaged in harmful or inappropriate online behaviour, such as viewing CSAM; Lucy Faithfull Foundation 2024). There is emerging evidence that young people are engaging with CSAM and harmful adult pornography online (Insoll, Ovaska & Vaaranen-Valonen 2021; Napier 2023), and to address this behaviour, anonymous online programs or phone hotlines may also be helpful. This is because young people may not feel comfortable speaking with their family about harmful material they have viewed online, and require an avenue to get help in a safe and confidential environment. Like face-to-face programs, online initiatives should be tailored specifically to the needs of young people.

Indigenous clients

Initiatives that work with Indigenous clients should incorporate culturally appropriate language and elements into the program. Where possible, initiatives should provide clients with the option to work with an Indigenous staff member, who can integrate cultural customs, values and principles into their treatment content. The New Street Adolescent Service for children with harmful sexual behaviour aims to recruit Indigenous counsellors at each of its locations. An evaluation of the program found that 87 percent of Indigenous young people had ceased their harmful behaviour at completion of the program (KPMG 2014). Feedback from Indigenous Māori clients attending tertiary treatment programs in New Zealand (Geary, Lambie & Seymour 2010; Lambie et al. 2007) emphasised the importance of having enough time at the beginning of treatment to establish rapport, communicating in culturally appropriate ways, and highlighting the Māori presence in the agency through displays of Māori artwork. Further, an evaluation of Safe to talk, a multi-channel (phone, webchat, text messaging) national sexual violence helpline in New Zealand, highlighted the importance of using culturally appropriate language and, where possible, referring individuals to Māori-specific services and providers (Malatest International 2019).

Clients with cognitive disability

There are currently very few initiatives aimed at preventing CSAM offending that cater to the needs of people with cognitive disability (Gannoni et al. 2023). Although the evidence on prevalence remains unclear, research has consistently emphasised the unique treatment needs of contact sexual offenders with cognitive disability (Cohen & Harvey 2015; Frize et al. 2020; Lindsay 2016). While more research is required on CSAM offending among those with cognitive disability, it is likely that these individuals also have their own specific treatment needs, and initiatives should be developed to meet these needs.

CSAM-only offending

Many CSAM-only offenders and contact sexual offenders share similar characteristics (Paquette, Fortin & Perkins 2020). However, prior research also suggests those who engage in CSAM-only offending can differ from those who engage in contact sexual offending on a range of characteristics, including reoffending rates (Dowling et al. 2021; Hirschtritt, Tucker & Binder 2019; Prichard & Spiranovic 2014) and personal and offending characteristics (Babchishin, Hanson & VanZuylen 2015; Henshaw, Ogloff & Clough 2018). Such research suggests that traditional sexual offender programs may not address the intervention needs of CSAM offenders and that a more tailored approach is needed. For example, the Child Pornography Offender Risk Tool (CPORT) is a recently developed risk assessment tool designed specifically for online offenders (see Seto & Eke 2015).

In their review, Gannoni et al. (2023) noted that more research is needed to determine the impact of many prevention initiatives on CSAM offending. However, they found little evidence to suggest initiatives aimed at contact sexual abuse are effective in reducing CSAM offending, while initiatives specifically aimed at CSAM offending showed some promising results for this offence type.

Principle 7: Evaluation

There is a limited (although growing) body of evidence on the implementation and effectiveness of initiatives that aim to prevent CSAM offending (Gannoni et al. 2023). This is likely because many of the initiatives are in their early stages of implementation and evaluation. This body of evidence is hampered by several methodological limitations, such as small sample sizes, lack of control groups and short follow-up periods. Prior reviews have also noted the need for large-scale and robust treatment outcome evaluations (eg Di Gioia & Beslay 2018; Di Gioia et al. 2022; INHOPE 2020; Paquette, Fortin & Perkins 2020; Perkins et al. 2018; World Health Organization 2022). Not only is this information important for developing understanding of ‘what works’, but monitoring and evaluation activities can also assist in identifying program activities that are not having the intended impact, and why.

The absence of control groups is a common limitation of sex offender treatment evaluation research, and a difficult one to overcome due to the ethical concerns surrounding withholding treatment to eligible offenders to create control groups (Gannoni et al. 2023). Some studies have instead used a placebo control group (Lätth et al. 2022) or a matched control group comprising individuals who were eligible but did not participate in the treatment (eg Bates et al. 2013). It is important for researchers to learn from such studies and develop methods of obtaining an adequate control group in evaluations. This way, more rigorous research can be conducted on both the implementation and outcomes of initiatives for CSAM offending.

Summary

Based on a review of the literature, and input from an international expert advisory group, we have described seven principles to guide the development and implementation of initiatives aiming to prevent CSAM offending. Consideration was given to describing how these principles can enhance prevention initiatives for individuals who have offended (known and unknown to police) and individuals who may be at risk of offending, complementing the important work of law enforcement.

Initiatives that aim to prevent CSAM offending are likely to be most successful when tailored to meet the individual needs and circumstances of this group. This includes consideration of effective and targeted advertising campaigns, providing confidential and anonymous support where appropriate, ensuring practitioners have an empathetic and non-judgemental approach and are provided with adequate training and support, and ensuring programs are easily accessible. Initiatives need to adhere to the mandatory reporting laws of the relevant jurisdiction and be transparent with clients about doing so. Finally, the development of prevention initiatives should incorporate the unique treatment needs of young people, Indigenous clients, and those with cognitive disability, and embed monitoring and evaluation frameworks and activities.

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