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**Preventing child sexual
abuse material offending:
An international review
of initiatives**

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Acronyms and abbreviations

AFP	Australian Federal Police
AIC	Australian Institute of Criminology
ANROWS	Australia's National Research Organisation for Women's Safety
CBT	cognitive behavioural therapy
CoSA	Circles of Support and Accountability
CSA	child sexual abuse
CSAM	child sexual abuse material
PPJ	Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles
RCIRCSA	Royal Commission into Institutional Responses to Child Sexual Abuse
RNR	risk–need–responsivity

Key terms and definitions

Child sexual abuse (CSA): Defined broadly by the World Health Organization (2017: vii) as: ‘The involvement of a child 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, or else 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, trust or power over the victim’.

Child sexual abuse material (CSAM): Definitions vary slightly across international jurisdictions, but generally refers to material (eg an image or video) that depicts a child, or a representation of a child, in a sexual context (INHOPE 2020). A range of other terms are used throughout the literature, including ‘child abuse material’ (see, for example, the Australian *Criminal Code Act 1995* (Cth), sch 2, s 472.1), ‘child exploitation material’, and ‘online sexual offending’ (Eggs et al. 2021). While also known as ‘child pornography’, this term is generally discouraged in the academic literature as it does not reflect the abusive nature of such material (Middleton, Mandeville-Norden & Hayes 2009). In Australia, under the *Criminal Code Act 1995* (Cth), sch 2, s 273.6, it is an offence to possess, produce or distribute CSAM.

CSA offender and CSAM offender: An individual who perpetrates CSA offending and CSAM offending as per the definitions outlined above, respectively. In this context, an offender is distinguished as an undetected offender or a detected offender (see definitions below). However, in the case of children under 18 with harmful or sexually abusive behaviour this report does not use the term ‘offender’ to avoid stigmatising these children who require treatment and support to stop this behaviour.

CSAM offending: Offending involving CSAM, including viewing, possessing, producing and distributing CSAM.

Online sexual offending: A broad term that encompasses sexual offending committed over the internet, including grooming of a child, and viewing and distributing CSAM.

At risk of offending: An individual who may be at risk of offending; including those concerned about their sexual thoughts or behaviour towards children but have not offended, those who fear they may reoffend, and those in a specific risk category (Di Gioia et al. 2022).

Undetected offender: An individual who has offended but is not known to authorities (Coase, Feechan & Whitear 2020).

Detected offender: An individual who has offended and is known to authorities (eg arrested or convicted; Coase, Feechan & Whitear 2020).

Paedophile and hebephile: An individual who has a sexual attraction to prepubescent children and pubescent children, respectively (Schermer et al. 2021). It should be noted that sexual attraction to children does not inevitably lead to sexual offending against children (Beier 2021). Similarly, not all persons who sexually abuse children fit the diagnostic criteria for paedophilia or hebephilia (Richards 2011).

Children: People under the age of 18. Although the age range varies slightly across studies, this may be divided into children (younger children) and young people (ie adolescents under 18).

Harmful sexual behaviour: Sexual behaviours in children that are inappropriate, harmful to others, that affect their own development, or that constitute sexual abuse (Department of the Prime Minister and Cabinet 2021).

Primary prevention: Whole-population efforts aimed at preventing offending before it would otherwise occur (eg general deterrence; Smallbone, Marshall & Wortley 2008).

Secondary prevention: Efforts aimed at reducing the risk of offending among individuals or groups at risk of offending (eg confidential helplines; Smallbone, Marshall & Wortley 2008);

Tertiary prevention: Efforts aimed at preventing reoffending among known offenders (eg offender rehabilitation; Smallbone, Marshall & Wortley 2008).

Abstract

This study reviews initiatives that aim to prevent child sexual abuse material (CSAM) offending, including evidence of effectiveness. Information was sourced via a literature search and input from an international expert advisory group. The study identified 74 initiatives in 16 countries, and 34 eligible studies measuring implementation and effectiveness.

The CSAM offending prevention initiatives identified in the study include helplines, therapeutic treatment and psychoeducation, online self-management courses, education and awareness campaigns, and other forms of support. Importantly, findings indicate that media and social media campaigns have successfully reached large numbers of offenders, both detected and undetected. While outcomes of programs are mixed, findings indicate that prevention initiatives can encourage help-seeking, reduce risk factors for offending, enhance protective factors, and reduce contact sexual offending against children. Findings also suggest that initiatives aimed at contact child sexual abuse offenders are not necessarily effective in reducing CSAM offending. Evaluations of initiatives aimed specifically at CSAM offending show promise but are limited methodologically. Further and more robust evaluations are required to determine their effect on CSAM use.

Executive summary

The viewing, sharing and production of child sexual abuse material (CSAM; also known as child exploitation material and child abuse material) is a global crime that is flourishing with ongoing advances in technology. There is increasing need for interventions that prevent CSAM offending, including targeting undetected offenders and individuals at risk of offending. Recognising this need, this study reviewed initiatives that aim to prevent CSAM offending and reports on the characteristics of programs currently in operation. The study also reviewed the evidence of the effectiveness of these initiatives.

Methodology

This review examined prevention initiatives aimed at addressing CSAM offending through primary, secondary and tertiary prevention. In collaboration with the Australian Institute of Criminology's JV Barry Library, a search of 12 major databases was undertaken. This was supplemented by searches of relevant individual journals, grey literature sites and sites of relevant government departments. Information was also drawn from key program websites and input and advice from an international expert advisory group.

The search identified 74 initiatives to prevent CSAM offending and 34 studies that examined program implementation and effectiveness.

A review of initiatives

Initiatives that aim to prevent CSAM offending were identified in all the locations of focus in the present study—Australia, Canada, Europe, New Zealand, the United Kingdom and the United States. They include:

- helplines;
- therapeutic treatment and psychoeducation;
- online self-management courses;
- education and awareness campaigns; and
- other forms of support.

A review of the evidence

How well do programs reach their target audience?

Studies found that education and awareness campaigns conducted via media or social media were successful at attracting large numbers of individuals to online resources and helplines and therapeutic treatment programs. Over a six-month period during the Stop It Now! UK and Ireland deterrence campaign, the program received a total of 193,277 website sessions, with an average of 7,434 each week (Coase, Feechan & Whitear 2020). Prevention Project Dunkelfeld received higher numbers of people contacting the service during campaigns than non-campaign periods, and many individuals who contacted the service were undetected offenders.

Specifically, detected offenders were most likely to hear about Stop It Now! UK and Ireland from law enforcement agencies, whereas undetected offenders or those at risk of offending mainly learned about the program through social media, internet adverts, and links on blocked websites. This highlights the role police can play in referring detected offenders to programs. It also highlights the potential for public awareness-raising activities to reach offenders unknown to law enforcement and those at risk of offending, before a child is harmed.

In comparison with initiatives that required individuals to contact programs directly (eg face-to-face therapeutic treatment), engagement appeared to be higher for initiatives delivered through web-based platforms, which provided more anonymity.

Outcome evaluations

Only a small number of studies adequately compared reoffending rates of offenders across treatment and matched control groups, and the overall quality of outcome evaluations was low.

Education seminars and workshops aimed at preventing harmful sexual behaviours among young people showed positive results. Parents and carers, teachers and other professionals reported that such programs had increased their confidence, knowledge and skills in understanding, recognising and managing harmful sexual behaviour (Hudson 2018; Schober et al. 2012).

The evidence on education and awareness campaigns aimed specifically at deterring CSAM use was promising. Stop It Now! deterrence campaigns were found to mitigate risk factors associated with offending and promote protective factors associated with desistance. However, findings relating to reductions in the level of CSAM use varied and studies did not compare results between treatment and control groups. Therefore, more robust research is required.

Similarly, Inform Plus, designed specifically for those arrested for or convicted of CSAM offences, reduced risk factors associated with offending and enhanced protective factors in clients, although studies did not measure the reduction in CSAM use.

Evidence is mixed regarding the effectiveness of therapeutic treatment for adults who are attracted to children (Prevention Project Dunkelfeld, Prevention of Sexual Abuse program; see, for example, Beier et al. 2015; Mokros & Banse 2019; Wild et al. 2020). Some studies showed reduced risk factors for sexual offending, yet other risk factors remained unchanged. Likewise, results in relation to CSAM offending were mixed, with some studies reporting a reduction and others no change (among CSAM offenders). Noting that there were methodological limitations to the studies, there is little robust evidence to suggest that these programs reduce CSAM use.

However, therapeutic interventions that were delivered anonymously online and focused specifically on CSAM offenders showed promising results; Prevent It was found to significantly reduce CSAM use among treatment recipients (Lätth et al. 2022).

Several studies evaluated the traditional format of Circles of Support and Accountability (CoSA), which was aimed broadly at child sexual abuse (CSA) offending. While some did not use robust methodologies comparing treatment and control groups, they were consistent in their findings that CoSA programs had a positive impact on both community and offenders' perceptions that the program prevented reoffending. Taken in combination with the more robust studies, which found CoSA reduced contact sexual reoffending (Bates et al. 2013; Duwe 2018), overall the evidence for CoSA programs reducing contact CSA offending was positive. Yet there was no evidence that CoSA programs reduced non-contact sexual offending (which may have included CSAM use). However, it should be noted that the impact of new CoSA programs aimed specifically at CSAM offending, such as Circles ReBoot (UK), has yet to be examined.

Generally, programs targeting detected offending among Indigenous people were effective in reducing contact sexual offending. Likewise, programs aimed at young people reduced harmful sexual behaviours and offending. However, there was a dearth of evaluations targeting undetected offending, as well as preventing harmful sexual behaviours among those at risk of offending, among Indigenous people and young people. Also scarce are evaluations that specifically target use of CSAM among these groups.

While there is limited research on the prevalence of cognitive disability among CSAM offenders (and CSA offenders more broadly), research has consistently emphasised the unique treatment needs of sexual offenders with cognitive disability (Cohen & Harvey 2015; Frize et al. 2020; Lindsay 2016). However, the study could not locate research on the effectiveness of programs for CSAM offenders with cognitive disability. More research is required in this area.

Discussion

This review identified 74 initiatives aimed at preventing CSAM offending, either as a primary or secondary goal. Most of these initiatives are aimed at adults and fewer at young people. A small number of initiatives cater to the needs of Indigenous people and those with cognitive disability. Available programs focusing on these populations are mostly aimed at individuals already engaging in CSAM/CSA offending. While there is a general need in most countries for more initiatives that target undetected CSAM and CSA offenders and those at risk of offending, at the time of writing, Canada and Australia are particularly lacking in this area.

The review also identified a limited yet growing body of evidence on the implementation and effectiveness of prevention initiatives (34 eligible studies across 17 initiatives). This body of evidence is hampered by several common methodological limitations. Further research, particularly more rigorous research, is needed on both the implementation and outcomes of initiatives aimed at preventing CSAM offending. It is important to note, however, that many of these initiatives, particularly prevention initiatives aimed exclusively at CSAM offending, are in their very early stages of development, implementation and evaluation.

Nevertheless, the available evidence indicates some positive outcomes from initiatives and successful targeting of hard-to-reach CSA and CSAM offending populations. Specifically, education and awareness campaigns have been effective in attracting large numbers of individuals to online resources and helplines. These findings demonstrate the high demand for such programs and the ability of awareness campaigns to reach specific segments of the population. Initial evaluations of Stop It Now! programs are promising, but more robust evaluations which compare outcomes between treatment and control groups are required.

Therapeutic treatment programs for men attracted to children have shown mixed results in reducing contact CSA offending, while CoSA programs have more clearly shown positive impacts in this area, at least among detected offenders. However, there is little available evidence that either initiative type has reduced CSAM offending. These initiatives may show more success in this area if they developed separate models specifically targeting CSAM offenders. Overall, the findings from the review support prior research emphasising the importance of tailoring prevention initiatives to specific groups of individuals, including those who have engaged in CSAM offending, those who have engaged in contact sexual offending, and those at risk of offending who have not offended. This should be considered when developing future programs to prevent CSA and CSAM offending.

Best practice principles to guide the design, delivery and implementation of CSAM offending prevention initiatives will be examined in a separate paper.

Introduction

Sexual offending against children is a complex and harmful crime that results in ongoing trauma and lifelong adverse consequences for child victims, including mental illness, substance abuse and revictimisation and offending in adulthood (Cashmore & Shackel 2013; Ogloff et al. 2012). Victims whose abuse is recorded and shared online also experience feelings of powerlessness over the distribution of the imagery, feelings of shame and humiliation knowing such material is being used for sexual purposes, and the experience of being abused over and over due to the abuse being viewed repeatedly online (Canadian Centre for Child Protection 2017).

The viewing, sharing and production of CSAM is a global crime that is flourishing with ongoing advances in technology. According to the Virtual Global Taskforce (2019), police globally struggle to detect CSAM offenders due to their use of the darknet and enhanced encryption and anonymisation technologies.

The Australian Federal Police (AFP) provided the Australian Institute of Criminology (AIC) with statistics regarding the number of reports of online sexual exploitation of children relating to Australian victims, offenders or IP addresses. In 2020, the AFP received 20,992 CSAM reports from the National Center for Missing and Exploited Children and 954 CSAM reports from members of the public.

There is evidence that reports of CSAM on the internet are burgeoning, with the National Center for Missing and Exploited Children (2022) receiving over 29 million reports of CSAM from electronic service providers (eg Meta) in 2021 alone. Bursztein et al. (2019) found that sharing of sexually abusive videos of children dramatically increased from under 1,000 video reports per month in 2013 to over two million video reports per month in 2017.

There is also evidence of an increase in CSAM production, distribution and viewing since the start of the COVID-19 pandemic. For example, Europol (2020) observed an increase in the sharing of CSAM online, likely due to more offenders and potential victims being at home and online. Indeed, reports of CSAM to the National Center for Missing and Exploited Children increased by 28 percent in 2020, at least partly due to the COVID-19 pandemic. CSAM offending is also an evolving crime, with a recent trend towards more harmful and financially motivated methods of exploitation such as live streaming of child sexual abuse (Brown, Napier & Smith 2020; Internet Watch Foundation 2018). Due to the growing availability of CSAM and the difficulty of detecting CSAM offenders, it is important to tackle this crime from multiple angles—complementing the important work of law enforcement rather than relying solely on it. This includes initiatives that aim to prevent offending and reoffending.

The link between CSAM offending and contact sexual offending

How many CSAM offenders also commit contact sexual offences?

Seto, Hanson and Babchishin (2011) conducted a meta-analysis of 24 studies based on arrest and conviction figures of online sexual offenders. They found that one in eight (12%) online sexual offenders (CSAM and online grooming offenders) had a previous contact sexual offence conviction at the time of their online offence. Re-analysis of systematic review data gathered by Dowling et al. (2021) was undertaken for this paper. It found that, across 16 studies that examined reoffending by CSAM offenders, between 0.2 percent and 7.5 percent were convicted of a contact sexual offence within 10 years. Two major literature reviews on the relationship between CSAM and contact sexual offending concluded that most CSAM-only offenders were at low risk of committing contact sexual offences (Hirschtritt, Tucker & Binder 2019; Prichard & Spiranovic 2014). However, the authors also recognised the limitations of relying on criminal justice measures and the lack of longitudinal research in this area.

Conversely, studies based on polygraph testing by police or other self-report methods have found that approximately half of detected or suspected online CSAM and grooming offenders admitted to previously committing contact sexual offences (Bourke et al. 2015; Seto, Hanson & Babchishin 2011). This indicates that contact sexual offending by CSAM offenders may be higher than criminal justice figures suggest. While the evidence thus far suggests it is uncommon for CSAM-only offenders to progress to contact sexual offending, further research is required.

Are CSAM offenders different from contact sexual offenders?

Babchishin, Hanson and VanZuylen (2015) conducted a meta-analysis of 30 studies produced between 2003 and 2013. They found CSAM-only offenders, compared to contact offenders, were younger, had a higher income and higher level of education, had greater sexual deviancy, had more problems with sexual preoccupation and sexual self-regulation, and had greater barriers to contact offending (eg greater victim empathy). This study, and a more recent study on detected offenders by Henshaw, Ogloff and Clough (2018), concluded that CSAM-only offenders differed from contact and mixed offenders (those who committed both contact and CSAM offences), and that mixed offenders were an especially high-risk group. According to Henshaw, Ogloff and Clough (2018), mixed offenders have high levels of antisociality and sexual deviance, and therefore a greater need for treatment.

In terms of reoffending, Dowling et al. (2021) conducted a rapid evidence assessment of empirical studies published since 2010 on reoffending by child sexual offenders. The study produced mixed findings regarding the difference in rates of sexual reoffending among CSAM offenders, contact sexual offenders and mixed offenders. Nevertheless, there is sufficient evidence that CSAM-only offenders differ from contact sexual offenders and mixed offenders on a range of characteristics and therefore have unique treatment needs.

Offending and harmful behaviours among specific populations

Children and young people

Some children and young people engage in harmful sexual behaviour with others. The Royal Commission into Institutional Responses to Child Sexual Abuse in Australia (RCIRCSA) found:

- children and young people with harmful sexual behaviours tend to act impulsively rather than in a premeditated manner when they cause harm to other children;
- children's impulse control and decision-making functions are still developing and some children have difficulty understanding that their behaviours are harmful; and
- there is consensus among practitioners that few children engaging in harmful sexual behaviours are motivated by a pre-existing sexual preference for children (RCIRCSA 2017a).

In addition, many children and young people with harmful sexual behaviours have also experienced trauma, including abuse, neglect and exposure to domestic violence (Laing, Mikulsky & Kennaugh 2006; RCIRCSA 2017a).

Therefore, the reasons children and young people engage in harmful sexual behaviours are likely complex and different to the motivations of adult sexual offenders. For these reasons, the Royal Commission stated it is inappropriate to draw on the research into characteristics and behaviours of adult sexual offenders when managing children with harmful sexual behaviours. Research emphasises the need to develop prevention interventions specifically tailored to the needs of young people with harmful sexual behaviour (RCIRCSA 2017a; Quadara et al. 2020). Further, there is emerging evidence that young people are engaging with CSAM and harmful adult pornography online (Insoll, Ovaska & Vaaranen-Valonen 2021), a factor that needs to be incorporated into future prevention programs. Yet little information is available on initiatives that aim to prevent CSAM consumption among young people.

Indigenous people

In Australia there have been past concerns over the links between the use of pornography and the sexual abuse of children in Indigenous communities (Bryant & Willis 2009), although little is known about the use of CSAM among Indigenous people. Programs have been developed specifically for Indigenous persons who sexually offend, acknowledging that for treatment to be effective it must be delivered in a culturally appropriate manner (Macgregor 2008; Richards, Death & McCartan 2020). However, more research is needed on the availability and effectiveness of treatment and the needs of Indigenous persons who consume CSAM.

People with cognitive disability

Cognitive disability is a broad term that includes intellectual and developmental disability (Frize et al. 2020). Research suggests that children with cognitive disability make up a substantial proportion of children referred to treatment services to address harmful sexual behaviour. Hackett et al. (2013) analysed data from 700 children and young people referred to nine UK services between 1992 and 2000 for displaying harmful sexual behaviour. They found that 38 percent of these individuals were identified as having a learning disability, and a notable proportion had experienced sexual and non-sexual victimisation. Researchers have suggested that children and young people with cognitive disability are often less sophisticated and more impulsive and opportunistic in their sexual offending (Timms & Goreczny 2002), which may lead to increased detection. However, they are also more visible and subject to scrutiny (O'Callaghan 1998) than their non-disabled counterparts, which could over-inflate the rate of cognitive disability among children with harmful sexual behaviour.

There is a dearth of reliable empirical evidence on the prevalence of cognitive disability among adults who sexually offend. Two studies (Craig & Hutchinson 2007; Lindsay 2002) reviewed available literature, finding no clear evidence on whether sexual offenders were more likely than the general population to have a cognitive disability. However, the authors of these studies found that sexual offenders with cognitive disability differ from non-disabled sexual offenders in several important ways, which has implications for their management and treatment. One found that sexual offenders with cognitive disability are more likely to commit offences across sexual offence categories and to be less discriminating in their victims (Lindsay 2002). The second found that the rate of sexual reoffending among sexual offenders with cognitive disability was 6.8 times greater than for non-disabled sexual offenders at two-year follow-up, and 3.5 times greater at four-year follow-up (Craig & Hutchinson 2007).

Despite the evidence on prevalence remaining unclear, research has also consistently emphasised the unique treatment needs of contact sexual offenders with cognitive disability (Cohen & Harvey 2015; Frize et al. 2020; Lindsay 2016). Hence there is increasing focus on developing treatment programs that specifically cater to this group (Cohen & Harvey 2015). While evaluation research has yet to focus on treatment for CSAM offenders with cognitive disability, these offenders may also have their own specific treatment needs.

In summary, the available research suggests that more information is required on initiatives that aim to prevent CSAM consumption among young people, Indigenous people and individuals with cognitive disability.

Efforts to target CSAM offending in Australia

Efforts in Australia to target CSAM offending are increasing. In 2018 the AFP established the Australian Centre to Counter Child Exploitation. This centre aims to combat the online sexual exploitation of children through law enforcement operations and partnerships across public and private sectors and civil society (Australian Centre to Counter Child Exploitation nd). In addition, the AFP and the Office of the eSafety Commissioner, among other organisations, provide online resources for parents, children and educators that aim to prevent children from being sexually victimised online or in person (see AFP nd; Office of the eSafety Commissioner nd). In 2021, the Australian Government launched the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030, the first of its kind in Australia (Department of the Prime Minister and Cabinet 2021). The National Strategy aims to prevent and respond to child sexual abuse in all settings, including online, and contains targeted actions concerning education and awareness raising and offender prevention and intervention. Similar efforts are taking place in other countries, for example in Canada (Canadian Centre for Child Protection nd) and the United States (Thorn 2022a).

Currently, while treatment is available for convicted sexual offenders in Australia, there is a scarcity of programs catering to individuals who have not offended against children but are at risk of offending, or those who have offended but have not been detected by police (undetected offenders). Such programs do, however, exist internationally.

Findings from earlier reviews

Several recent large-scale reviews have explored the role and effectiveness of prevention initiatives for CSA and CSAM offending at an international level. While noting significant developments in recent years, including the increase overseas of prevention initiatives aimed at those at risk of offending and undetected offenders, the reports identified several areas for improvement.

In a review of interventions for perpetrators of online CSA or exploitation, Perkins and colleagues (2018) identified 48 services or agencies that contribute to interventions for online CSA and exploitation by providing interventions themselves, by commissioning or conducting research, and by providing knowledge exchange events for professionals. Of these services or agencies, 28 were based in the United Kingdom and 21 in other countries across Europe, North America, Australia and New Zealand. The review found that most interventions focused on adult male perpetrators, with limited support for young people, female perpetrators, or the perpetrator's support network such as friends or family. The review also identified a need to:

- intervene early and more widely, including offering prevention strategies (eg public education, awareness raising) and enhancing services for non-offending individuals attracted to children;
- enhance existing services, which may include expanding the client group, increasing accessibility of services and increasing staff support; and
- generate and share knowledge between professionals and service providers, particularly the research needed to conduct systematic intervention evaluations (Perkins et al. 2018).

The report *Fighting child sexual abuse: Prevention policies for offenders* (Di Gioia & Beslay 2018) mapped prevention initiatives for CSA offending at both a European and international level (eg United Kingdom, United States, Canada). The review identified over 44 programs aimed at addressing CSA offending (eg helplines, online support): 20 for people who fear they may offend, 10 available in the course of criminal proceedings, seven following criminal proceedings, and seven for young people. It also highlighted some preliminary evaluations of programs for those at risk of offending. While the authors (Di Gioia & Beslay 2018) noted some encouraging findings, they found that research on such programs is limited and highlighted a need to:

- provide prevention initiatives for individuals at risk of CSA offending, not just individuals who have already offended;
- consider awareness-raising campaigns for prevention initiatives encouraging those at risk of offending, and those worried about someone else's potential offending, to seek help;
- conduct more research on the different risk factors for various offending subgroups (those attracted to children, online offenders);
- conduct more evaluations on prevention initiatives for those at risk of offending to assist in the design of prevention strategies for CSA offending; and
- ensure prevention initiatives have adequate funding so that any person who fears they may offend can access effective intervention services.

The *Prevention initiatives report* (INHOPE 2020) identified over 70 initiatives aimed at preventing CSA offending, including helplines, online resources and treatment. Most of these initiatives were based in Europe, while others were based in the United Kingdom, the United States, Taiwan or Australia. In addition, a survey completed by INHOPE members suggested that key strengths of prevention initiatives include their ability to provide confidential and anonymous treatment, as well as their accessibility. Taken as a whole, the review (INHOPE 2020) identified a need for:

- prevention initiatives that reflect the diverse populations that seek help;
- interventions based on scientifically tested methodologies;
- adequate funding of prevention initiatives for CSA offenders; and
- public awareness of the benefits of prevention initiatives for offenders.

In a recent, smaller-scale review, Paquette, Fortin and Perkins (2020) examined the role and effectiveness of prevention initiatives for online sexual offending against children. The review found that while an increasing amount of research has focused on online sexual offender characteristics and risk factors, there has been little focus on intervention. The authors noted that most interventions for online sexual offenders are in their early stages of implementation and evaluation, emphasising the need for large-scale and robust treatment outcome evaluations. The authors also highlighted that while research suggests online offenders are at lower risk of reoffending than contact offenders, and therefore may require less intense treatment, they are not a homogeneous group and more research is needed to understand the different online offender subgroups.

In Australia, the final report of the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA 2017b) details the findings of the five-year inquiry. It identified a gap in Australia in interventions for those at risk of perpetrating CSA. It also noted the importance of tailoring interventions to different subgroups including adults, young people, Aboriginal and Torres Strait Islander people, and those with disability. In Recommendation 6.2, the Royal Commission (RCIRCSA 2017b: 23) noted the need for a national strategy to prevent CSA to encompass complementary initiatives, including:

“

- 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.

The World Health Organization (2022) recently released the report *What works to prevent online violence against children?*, which examined a variety of strategies for preventing online violence against children (including CSAM). These included public awareness, technology engineered solutions, helplines, and prevention education programs. The review found there is little evidence about the impact of these programs on online violence against children. Results from experimental designs have showed that warning messages aimed at those searching for CSAM can deter potential offenders, although the evidence for these strategies is still developing. Therapeutic support programs for undetected offenders and those at risk of offending, and interventions for children who display sexually problematic behaviour, have demonstrated some reductions in offending behaviour. Helplines have typically reduced distress and helped drive offenders into counselling, and have received positive reactions from callers. However, research explicitly examining what works to prevent online violence against children (particularly programs aimed at children and adolescents) is in its infancy and more research is needed (World Health Organization 2022).

The current study

The proliferation of CSAM on the internet, coupled with the need for prevention initiatives for those at risk of CSAM offending, highlights the importance of a robust body of evidence to inform future prevention strategies. Existing research on the prevention or disruption of CSAM offending has largely focused on risk factors and risk assessment tools (Paquette, Fortin & Perkins 2020). In addition, reviews of initiatives aiming to prevent CSAM offending have largely focused on Europe and the United Kingdom and, to a lesser extent, the United States and other countries (Di Gioia & Beslay 2018; INHOPE 2020; Perkins et al. 2018). Lastly, there is little available information on initiatives that specifically target young people, Indigenous people and people with cognitive disability who consume, or are at risk of consuming, CSAM.

The current study builds on previous reviews, addressing gaps identified in the knowledge base on initiatives that aim to prevent CSAM offending. It is important to be aware of initiatives taking place worldwide, including any evidence of success, if we are to develop best practice programs in countries currently lacking in this area.

Research aims and questions

Funded under section 298 of the Commonwealth *Proceeds of Crime Act 2002*, the aim of the current study was to identify prevention initiatives for CSAM offending across a continuum from helplines through to treatment, and to review and summarise the available evidence about their implementation and effectiveness. The project aimed to address the following research questions:

- What prevention initiatives for CSAM offending have been implemented in Australia and overseas?
- Which of these initiatives are for adults, young people, Indigenous people and people with cognitive disability?
- What research has been conducted into the implementation and effectiveness of prevention initiatives for CSAM offending and what does the evidence say?

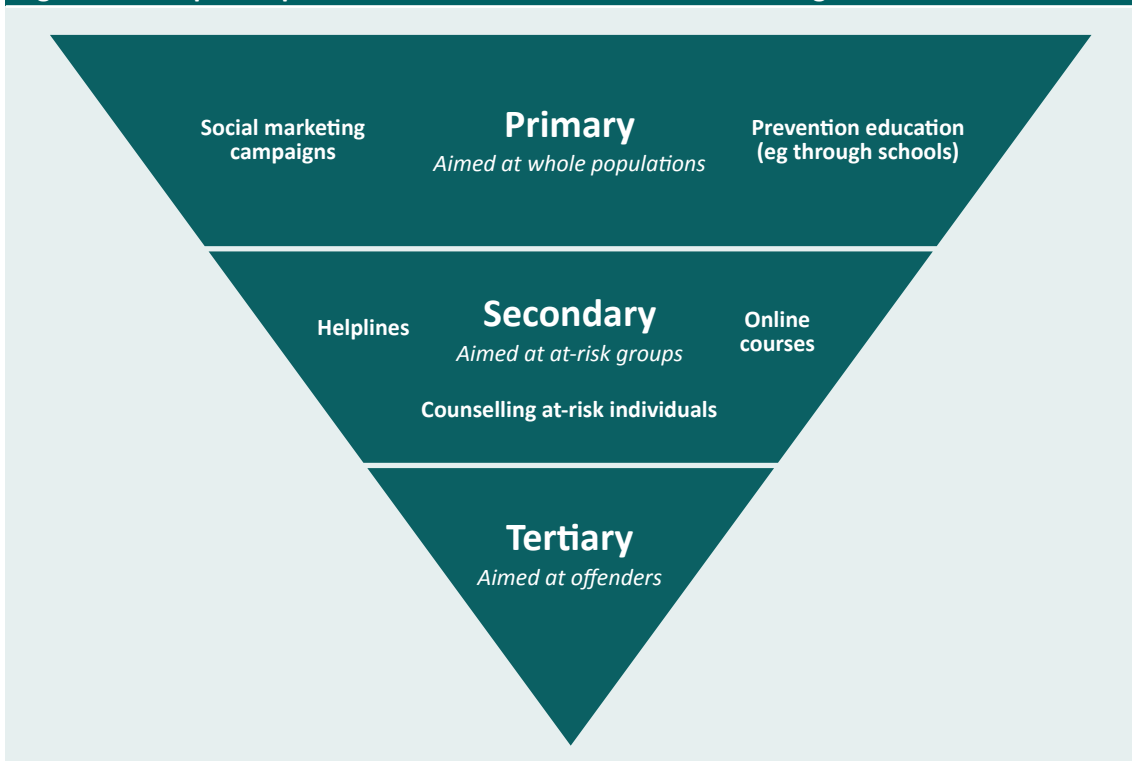
In this paper, the term ‘initiative’ refers to CSAM offending prevention initiatives or programs. ‘Intervention’ refers to initiative components, strategies or activities to prevent CSAM offending.

Scope of the review

This review examined initiatives aimed at addressing CSAM offending across three levels of prevention (see Figure 1). The definitions of primary, secondary and tertiary prevention are based on the public health model (Smallbone, Marshall & Wortley 2008) and are set out below.

- Primary prevention: widescale initiatives targeting whole populations aimed at preventing offending from occurring in the first place.
- Secondary prevention: initiatives targeting groups that are at greater risk of offending, aimed at preventing offending.
- Tertiary prevention: initiatives targeting individuals with known offending (eg convicted offenders) aimed at preventing reoffending.

Figure 1: Examples of prevention interventions for CSAM offending



This study was funded to fulfil the specific purpose of addressing the research questions specified above. For this reason, the following initiatives were out of project scope:

- initiatives based solely on technological or biometric means of preventing or detecting CSAM offending or identifying victims, such as Project Artemis, Project Arachnid. However, technological elements of a larger program such as online counselling or support are included;
- law enforcement operations or investigations for detection;
- law reform and other legislative approaches;
- initiatives focused on victims only; and
- initiatives that target overseas third parties, or traffickers or facilitators of CSA and exploitation.

While these types of initiatives are recognised as important features of the overall response to CSAM offending, they were not the focus of the current study.

Structure of this report

The report is divided into two main sections: *A review of initiatives* and *A review of the evidence*. The first provides an overview of prevention initiatives for CSAM offending, describing intervention types, aims and target audiences. The section *A review of the evidence* examines what is known about the implementation and outcomes of prevention initiatives for CSAM offending. As detailed in the *Methodology* section, each section should be considered independent of the other.

Methodology

An initial scoping literature and website search was undertaken to determine which prevention initiatives to include in the review. This initial scoping search identified only a small number of initiatives focused exclusively on CSAM offending. In the interests of maximising the review's utility in the development of programs aimed at preventing CSAM offending, we decided to expand the focus to initiatives aimed at other sexual offending as long as they included CSAM offending, whether as a primary or secondary goal. We acknowledge that the level of focus on CSAM offending may vary across the initiatives identified. For example, some may focus primarily on CSA offending but nevertheless aim to prevent CSAM offending.

This study reviewed primary, secondary and tertiary prevention initiatives for CSAM offending. Initiatives were included if they were operating in or after 2000. This included those in development at the time of review. The study reviewed initiatives in the following countries or jurisdictions: Australia, Canada, Europe, New Zealand, the United Kingdom and the United States. These jurisdictions were chosen due to their publicly announced funding and attention given to the prevention of CSAM offending and other sexual offending (Mokros & Banse 2019; Safe to talk nd; Stop It Now! UK & Ireland nd; Thorn 2022b), as well as their comparability with Australia (eg similar cultural views and legal frameworks relating to CSAM offending; see United States Department of Justice 2020).

Prevention initiatives were identified via the following two key research activities:

- a search of websites and literature; and
- consultations with the CSAM Offending Prevention Project Advisory Group.

Search of websites and literature

The AIC conducted a search of websites and literature to identify eligible prevention initiatives and studies. The project team drew on the services of the AIC's JV Barry Library, which houses the most comprehensive collection of criminology and criminal justice material in Australia. The Library's staff has the expertise and resources to access grey and academic literature through a wide range of national and international databases and clearinghouses. The search strategy and search terms were developed and executed by the research team in collaboration with the JV Barry Library. The searches were conducted in four stages, to identify material on the topics set out below:

- Stage 1: prevention initiatives for adults;
- Stage 2: prevention initiatives for young people;
- Stage 3: prevention initiatives for Indigenous people; and
- Stage 4: prevention initiatives for people with cognitive disability.

Search strategy

Studies were included if they contained information about initiatives designed to prevent CSAM offending implemented in Australia, Canada, Europe, New Zealand, the United Kingdom and the United States. Studies were included if they reported at least one quantitative or qualitative measure related to the implementation or effectiveness of prevention initiatives for CSAM offending such as reoffending, behavioural change, or reaching the target audience. Literature and material that did not focus on prevention initiatives for CSAM offending, did not focus on an intervention in the scope of the present study (see *Scope of the review* in the *Introduction* section), or was not in English was excluded. Contemporary literature was targeted by including literature published from January 2000 onwards. The review of literature took place in 2021, although one new evaluation was added to the study in 2022.

Twelve major databases were searched:

- the AIC's JV Barry Library Catalogue;
- 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.

These searches were conducted 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*)

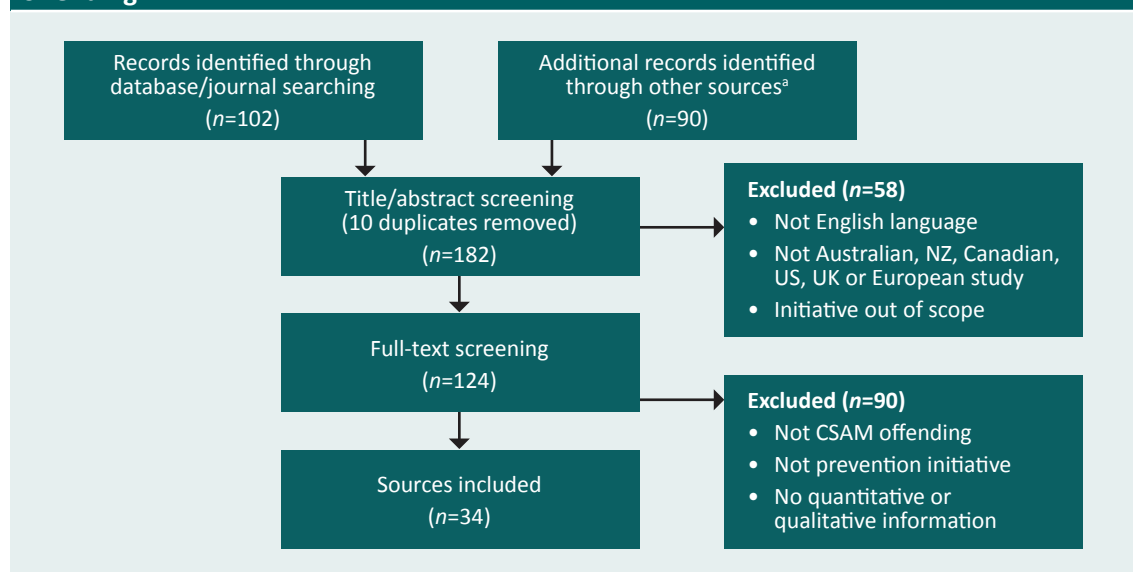
The search was supplemented by further searching of relevant journals, grey literature sites, sites of relevant government departments and key program websites.

Selection and analysis of studies

As displayed in Figure 2, 102 studies were identified through database and journal searching, and 90 studies were identified through other sources such as searches of program websites and the CSAM Offending Prevention Project Advisory Group (outlined below). After removing duplicates, preliminary screening was conducted on 182 records, mainly by reviewing the titles, abstracts and executive summaries. During this process, 58 studies were excluded, primarily because they reviewed interventions beyond the scope of this study, such as law enforcement methods, legislative approaches or initiatives focused on victims only.

The full text of the remaining 124 studies was sourced. After secondary screening, which involved reviewing the studies in full, an additional 90 studies were excluded for a variety of reasons—largely that they were not reviews of initiatives for CSAM offending, or that they were evaluations of a specific program that had been superseded by a more recent evaluation of the same program. The remaining 34 studies were included in the review. The analysis of studies is presented in the section titled *A review of the evidence*. Studies included in this analysis are presented in the *References* section, marked with an asterisk.

Figure 2: PRISMA flow diagram: Search results of studies on prevention initiatives for CSAM offending



a: Other sources include searches of program websites and the CSAM Offending Prevention Project Advisory Group
Note: PRISMA=Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Moher et al. 2009)

Advisory group

The CSAM Offending Prevention Project Advisory Group, comprising nine external international stakeholders with knowledge and expertise in CSA and CSAM offending, provided advice in relation to prevention initiatives for CSAM offending. The advisory group included experts working in government, practitioners overseeing or developing treatment programs, and researchers in the field of CSA and CSAM offending.

Specifically, the following individuals were members of the Advisory Group:

- 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, John Hopkins University);
- Klaus Beier (Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin);
- Kirk Vette (Safe to talk);
- Matt Tyler (Jesuit Social Services);
- Melissa Stroebe (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 advisory group.

During consultations, the advisory group were asked to identify the following:

- prevention initiatives for CSAM offending in their country or jurisdiction (ie Australia, Canada, Europe, NZ, the UK and the US);
- evaluations, research and other best practice material on these initiatives, particularly unpublished material; and
- best practice principles for developing programs to prevent CSA and CSAM offending (which will form part of a separate paper).

Limitations

There is variation across initiatives in the terminology used to refer to CSAM (eg child pornography, child exploitation material, indecent images of children). Further, a number of initiatives that address CSAM offending use more general terms such as ‘explicit sexual material’ or ‘abuse material’. Despite using a range of search terms for CSAM offending, it is possible that some initiatives may not have been captured in the current review due to a lack of specificity. Finally, because this review only included studies that used ‘CSAM offending’ or similar terminology, the overall figures may not be representative of all prevention initiatives that address CSAM offending.

A review of initiatives

This section provides an overview of initiatives aimed at preventing and reducing CSAM offending, describing the types, aims and target audiences. It should be noted that most of the initiatives focus on other types of sexual offending as well as CSAM offending. For the purposes of this review, an initiative may either stand alone or come under the umbrella of a broader initiative. The definitions of primary, secondary and tertiary prevention, as well as the inclusion criteria for initiatives in this review, are outlined in the *Introduction* and *Methodology* sections. Select initiatives are described throughout this section, with boxes used to provide more in-depth descriptions. The next section, *A review of the evidence*, examines what is known about the implementation and outcomes of prevention initiatives for CSAM offending.

Primary, secondary and tertiary prevention

The 74 prevention initiatives identified in this review are located in Australia, Canada, Europe (ie Austria, Belgium, Finland, Germany, Italy, Ireland, Latvia, the Netherlands, Spain and Sweden), New Zealand, the United Kingdom, and the United States. Most practise secondary and/or tertiary prevention, with some practising primary prevention. The three levels of prevention are not mutually exclusive categories. While they all aim to prevent offending, they differ in their target audience. As such, some initiatives are discussed in more than one section below.

Primary prevention

Primary prevention initiatives target the wider population and are aimed at preventing CSAM offending before it occurs, as opposed to preventing reoffending. This review identified nine initiatives that practise primary prevention, which take the form of education and awareness campaigns. These initiatives aim to educate about various aspects of sexual offending including the illegality of CSAM and the harm it causes to victims. For example, Stop It Now! campaigns aim to raise awareness of child sexual abuse and its prevention among the general adult public as well as having secondary prevention elements (helpline and website).

Secondary prevention

Secondary prevention initiatives aim to target those at risk of offending. This review identified 44 initiatives that practise secondary prevention, in the form of helplines, therapeutic treatment and psychoeducation, online self-management courses, and education and awareness campaigns. Examples include Stop It Now! helplines in Belgium, the Netherlands, the United Kingdom and the United States, as well as the ‘Kein Täter Werden’ (Don’t Offend) in Germany (Prevention Project Dunkelfeld). These initiatives primarily cater to individuals who have concerns about their sexual thoughts or behaviour regarding children.

Tertiary prevention

Tertiary prevention initiatives aim to prevent reoffending, so the target audience is known or detected offenders (those who have been cautioned or convicted for CSA or CSAM offending). This review identified 51 initiatives that practise tertiary prevention, which offer therapeutic treatment and psychoeducation, as well as other forms of support. Examples of tertiary prevention initiatives include iHorizon and Inform Plus in the United Kingdom, and the CEM-COPE (Coping with Child Exploitation Material Use) Program in Victoria.

Types of initiatives

Table 1 provides an overview of the five types of initiatives identified in this review. While we attempted to categorise the initiatives according to their main intervention of focus, some initiatives cover more than one intervention type.

Helplines	Initiatives that run phone or text helplines in which clients can speak to or text a staff member/practitioner, and online chat help services, where clients can chat with a staff member online.
Therapeutic treatment and psychoeducation	Therapeutic treatment comprises programs offering psychological treatment that aims to change offending behaviour. Psychoeducation is a flexible and strengths-based approach to care comprising both education and therapeutic techniques—the education component offers information and care strategies about the illness or life challenge (Lukens 2015).
Online self-management courses	Initiatives that typically use psychoeducation and cognitive behavioural approaches and focus on bringing understanding to the issue, developing prevention strategies, and moving forward in a positive, non-offending way. They are self-paced, relatively short, and are generally completed online independently of any third person (eg therapist/facilitator).
Education and awareness campaigns	Initiatives that typically support prevention initiatives by raising awareness of sources of help, encouraging individuals to seek help (such as by accessing the initiative’s services), as well as providing education and resources to individuals worried about their own or someone else’s thoughts and behaviour.
Other forms of support	Prevention initiatives not otherwise specified above, including initiatives that support sexual offenders to reintegrate into the community after they have served time in prison.

As noted in the *Primary, secondary and tertiary prevention* section, several initiatives identified in this review practise multiple levels of prevention. For example, the Safer Living Foundation’s Aurora Project in the United Kingdom provides individual and group therapy for individuals who want to manage their sexual thoughts about children but who have never offended (secondary prevention). It also caters to individuals who are currently under investigation, or who have received a caution for offending (tertiary prevention).

Each initiative identified in this review is described in Table A1 in the *Appendix*, and an abridged version is presented in Table 2.

Table 2: Prevention initiatives	
Initiative	Intervention
Australia	
Circles of Support and Accountability (CoSA)	Community support for the reintegration of convicted sexual offenders into the community after prison
Owenia House	Treatment for convicted adult sexual offenders, including a specific service for people who commit internet-based/CSAM offences
Stop It Now! Australia	Helpline for individuals worried about their sexual thoughts or behaviour regarding children.
CEM-COPE (Coping with Child Exploitation Material Use) Program	Treatment for convicted CSAM-only offenders. This program is currently being piloted.
Internet Child Abuse Material (i-CAM) program	Treatment for individuals who have engaged in CSAM offending
Stop It Now! (Queensland)	A helpline, no longer operating, for individuals worried about their sexual thoughts or behaviour regarding children
St ROB Men’s Group Therapy	Treatment primarily for men who have engaged in CSA or CSAM offending and are in contact with the criminal justice system
Worried About Sex and Pornography Project (WASAPP)	Online intervention for children and young people with harmful sexual behaviours. This program was in development at the time of this review.
Canada	
Circles of Support and Accountability	Community support for the reintegration of convicted sexual offenders into the community after prison
Native Clan Organization’s Forensic Behavioral Management Clinic	Treatment for convicted sexual offenders
NeedHelpNow	Website providing support for young people sharing sexual images
Sexual Behaviours Clinic	Treatment for individuals who have been convicted of, or are at risk of, sexual offending (including CSAM)
– Child Pornography Group	
– Talking for Change	

Table 2: Prevention initiatives (continued)	
Initiative	Intervention
Europe	
Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ)	Treatment for young people outside of the legal system who are sexually attracted to younger children
Circles of Support and Accountability (Belgium, Italy, Latvia, the Netherlands, Spain)^a	Community support for the reintegration of convicted sexual offenders into the community after prison
Don't offend to peer	Therapeutic messages masked as CSAM, aimed at CSAM users
Kein Täter Werden (Don't Offend)	Treatment for adults outside of the legal system who are sexually attracted to children
Kein Täter Werden—Sachsen Anhalt (Don't Offend Saxony-Anhalt): Remote Treatment Offer	Treatment for individuals sexually attracted to children
Nicht Täter Werden	Treatment for non-offending men sexually attracted to children
Otanvastuun	Online self-help program for anyone worried about their sexual interest in children
Prevent It	Online therapist-assisted treatment for CSAM users
PrevenTell – Helpline – Referrals to ANOVA, an outpatient treatment centre	Helpline for individuals worried about their sexual thoughts or behaviour (in general)
Prevention of Sexual Abuse	Treatment for individuals with sexual thoughts or behaviour towards children
ReDirection Self-Help Program	Online self-help program for CSAM users
Stop It Now! Flanders – Helpline – 'It is possible to stop' online self-help for users of CSAM	Helpline for individuals worried about their sexual thoughts or behaviour towards children, and online self-help for CSAM users
Stop It Now! Netherlands – Helpline – Referrals to de Waag, an outpatient treatment centre	Helpline for individuals worried about their sexual thoughts or behaviour towards children, including referrals to an outpatient treatment centre
Troubled Desire	Online self-management tool for individuals attracted to children
New Zealand	
High Intensity Psychology Programs	Treatment for men convicted of sexual offences against children at high risk of reoffending
Keep it real online	Campaign to help children and young people stay safe online

Table 2: Prevention initiatives (continued)	
Initiative	Intervention
Light Project	Website with resources to help young people safely navigate the online pornography landscape, including an online self-check tool and information on further sources of help
Mates and Dates	Education program for secondary school students about healthy relationships
Safe Network	Treatment for adults, young people and children who have engaged in harmful sexual behaviour
Safe to talk	Helpline for adults, young people and children who have engaged in harmful sexual behaviour, including individuals who are worried about their sexual thoughts and behaviour towards children
Short Intervention Program	Treatment for men convicted of sexual offences against children at low/moderate risk of reoffending
STOP	Treatment for adults, young people and children who have engaged in harmful sexual behaviour
WellStop	Treatment for adults, young people and children who have engaged in harmful sexual behaviour. CSAM intervention is included in the mainstream program for adults, and young people receive an assessment specifically for online harmful sexual behaviour.
United Kingdom and Ireland	
Aurora Project (Safer Living Foundation)	Treatment for adults concerned about their sexual thoughts
Circles of Support and Accountability	Community support for the reintegration of convicted sexual offenders into the community after prison
Circles ReBoot	Community support for the reintegration of CSAM offenders into the community following a conviction
Engage Plus	Psychoeducation for adults arrested, cautioned or convicted for online solicitation of children
iHorizon	Treatment for individuals convicted of sexual offences committed via the internet
Inform	Psychoeducation for non-offending support persons of individuals arrested, cautioned or convicted for offences related to CSAM
Inform Plus	Psychoeducation for adults arrested, cautioned or convicted for offences related to accessing CSAM
Inform Young People	Psychoeducation for young people arrested, cautioned or convicted for offences related to accessing CSAM
Internet Sex Offender Treatment Program	Treatment for men convicted of CSAM offending via the internet. No longer operating
One in Four's Phoenix Program	Treatment primarily for non-convicted adults who exhibit harmful sexual behaviour
Parents Protect	Public education campaign aimed at parents and carers
Safer Lives Program	Range of support for individuals under investigation for online sexual offences, including use of CSAM
Stop It Now! Scotland: Breaking the Links	Psychoeducation for individuals who have been arrested for internet related sexual offences and who have also experienced trauma themselves
Stop It Now! Scotland: ROSA Project	Educative intervention for young people who have got into trouble because of their behaviour online

Table 2: Prevention initiatives (continued)	
Initiative	Intervention
Stop It Now! UK and Ireland - Helpline - Online Child Sexual Abuse Deterrence Campaign - Get Help information and online modules - Get Support information and online modules	Helpline, campaign and online modules for individuals worried about their own or someone else’s sexual thoughts or behaviour towards children
Stop It Now! Wales - Public Education Sessions - Early Intervention Project - Parents Protect Plus Program	Education for parents and carers, and early interventions for vulnerable or at-risk families
StopSO	Treatment for individuals at risk of, or who have been charged with or committed, a sexual offence
United States	
Association for the Treatment of Sexual Abusers	Treatment referrals for individuals engaging in harmful sexual behaviour
B4U-ACT	Online resources and a peer support group for those with a sexual interest in children
Circles of Support and Accountability	Community support for the reintegration of convicted sexual offenders into the community after prison
Global Prevention Project	Psychoeducational web-based groups for individuals attracted to children
Help Wanted	Online course for young people and young adults attracted to younger children
Help4youth	Website with help services for young people on a range of topics including CSAM
Prevent Child Abuse Georgia	Education, advocacy and promotion of evidence-based strategies to prevent CSA
Stop It Now! US	Helpline for individuals worried about their sexual thoughts or behaviour towards children
Underage Child Guard	Website with help services for adults on a range of topics, including CSAM and sexual attraction to children

a: For the purposes of this review, Circles of Support and Accountability initiatives are counted as one per relevant country

Note: For further details, see Table A1 in the *Appendix*. Information is accurate at time of review, and readers are advised to check for subsequent changes and developments

As noted above, selected initiatives have been highlighted in more detail in boxes throughout this section.

Helplines

This review identified eight helplines, including Stop It Now! (in Belgium, the Netherlands, the UK and Ireland, and the US; see Box 1), Safe to talk (NZ; see Box 2) and PreventTell (Sweden). A Stop It Now! helpline previously operated in Bundaberg, Queensland (Jesuit Social Services 2019), and at the time of this review a new Stop It Now! pilot had recently begun in Australia (Westpac Bank 2020). These helplines mainly practise secondary prevention.

The helplines each provide more than one method of support, such as phone, email, online chat functions and other messaging services. All provide free, anonymous and confidential support. Confidentiality and anonymity caveats are generally explained to callers at the start of contact and are also available on helpline websites. All these helplines typically have two key components: providing support and advice to callers, and referring callers on for more help if required.

Box 1: Stop It Now! (multiple countries)

Stop It Now! is an early intervention program that currently operates in the United States, the United Kingdom and Ireland, the Netherlands, and Flanders in Belgium (Stop It Now! 2019). Stop It Now! was founded in 1992 by Fran Henry in the United States, a survivor of childhood sexual abuse (Stop It Now! 2019). Her vision was to have CSA recognised as a preventable public health problem and to help adults take responsibility for preventing it (Stop It Now! 2019).

The only information this review could locate on the Stop It Now! initiative in Bundaberg, Queensland, was drawn from a conversation with Kathryn Prentice, former Director of Phoenix House, on 8 March 2018 (cited in Jesuit Social Services 2019). The program was run on a very tight budget, due to the lack of philanthropic or government funding. Those involved in the program reported positive outcomes, and that there was demand for both a helpline and counselling service among men with concerning sexual thoughts or behaviour regarding children.

While Stop It Now! programs share common features, there are some important differences:

- Stop It Now! UK and Ireland and Stop It Now! Netherlands deliver optional additional face-to-face interventions (eg individual/group therapy);
- clients of Stop It Now! UK and Ireland can receive face-to-face intervention if needed, but are told when mandatory reporting laws apply;
- mandatory reporting laws are stricter in the United States, Australia and United Kingdom than they are in Europe; and
- Stop It Now! UK and Ireland has a formal relationship with police and receives a significant number of referrals from them compared with Stop It Now! in the United States (Jesuit Social Services 2019).

While there are multiple Stop it Now! initiatives worldwide, two are described below.

Stop It Now! UK and Ireland

The Stop It Now! UK and Ireland (nd) website states:

“

Concerned about your own thoughts or behaviour? We help people worried about their own sexual thoughts, feelings or behaviour towards children. Perhaps you know you are touching children inappropriately or have been looking at sexual images of children online. Are you someone who wants to stop these thoughts and behaviours but does not know how?

Confidentiality is maintained unless identifying information is provided and an unreported offence has been committed or a child is at risk of harm (Brown et al. 2014). The helpline offers referrals to services within the broader organisation (eg the Lucy Faithfull Foundation, which manages Stop It Now! UK and Ireland) and external services. The helpline primarily targets adults, while children and/or teenagers may be redirected to other services such as ChildLine (Brown et al. 2014).

Stop It Now! Netherlands

Stop It Now! Netherlands offers help in two stages: contact with helpline staff and then referral to a specialised forensic therapy at de Waag—an outpatient treatment centre (Eisenberg et al. 2014). At the first stage, the focus is on establishing contact, listening and providing advice to the caller. In the second stage, conversations are aimed at teaching the caller to cope with their sexual feelings towards children. After this, regular forensic therapy can begin and the helpline’s activities conclude. While the helpline is anonymous, once a regular forensic treatment is started, individuals give up their anonymity. This is because it becomes known to the individual’s general practitioner and insurance provider that they are in treatment. It is important to note that laws in the Netherlands around confidentiality do not mandate disclosure of past offences to authorities (Eisenberg et al. 2014).

Box 2: Safe to talk (NZ)

Safe to talk is a national sexual harm helpline in New Zealand that provides 24-hour support from trained specialists (Safe to talk nd). It provides support to all people affected by sexual harm—victims, perpetrators, or those concerned about their sexual thoughts or behaviour—regardless of age, gender, sexual orientation, special needs or ethnicity. Individuals can make contact via online chat, phone, text or email. Contact between callers and specialists is confidential, and callers can stay anonymous. However, identifying and contact information (if provided) is given to a third party if there are concerns for the caller’s immediate safety, or someone else’s (Safe to talk nd).

Safe to talk provides support by:

- identifying individual needs, providing information, referring clients to local specialist services, and providing crisis counselling and support as needed; and
- providing support to individuals not able to be linked to other specialist services (Safe to talk nd).

The helpline answers questions about sexual harm and provides information about issues related to harmful experiences (Safe to talk nd). It also provides explanations of what might be expected if clients are reported to police, information for family and friends seeking to help someone, and information and referrals for people worried about their own harmful sexual thoughts or behaviour (including sexual thoughts about children; Safe to talk nd).

Safe to talk (nd) provides information specific to Māori and Pacific people, male survivors, persons identifying as LGBTQI or people who do not fit the traditional definitions of male or female, and migrants and refugees. The service is also available in over 40 languages (Safe to talk nd).

PrevenTell (Sweden)

PrevenTell is a Swedish helpline for individuals worried about their sexual thoughts or behaviour (PrevenTell nd). The helpline is an initiative of ANOVA (Andrology Sexual Medicine and Transgender Medicine at Karolinska University Hospital), which provides treatment for individuals with sexual disorders. Individuals can refer themselves for treatment via the PrevenTell helpline or be referred to ANOVA by an outpatient doctor. The PrevenTell (nd) website states:

“

The helpline is for those who feel they have lost control of their sexual behavior, who are perhaps worried about their thoughts or actions, or who are afraid they might hurt themselves or someone else.

Therapeutic treatment and psychoeducation

This review identified 33 therapeutic treatment or psychoeducation initiatives aimed at preventing CSAM offending. Examples include, but are not limited to, the CEM-COPE (Coping with Child Exploitation Material Use) Program currently being piloted in Victoria, WellStop (a community-based treatment program in NZ), Inform Plus (a psychoeducation course in the UK) and Owenia House (a therapeutic service in South Australia).

These therapeutic treatment and psychoeducation initiatives practise secondary prevention, tertiary prevention or both. Most operate in community settings, while a small number operate in correctional settings (eg Kia Marama—Special Treatment Unit at Rolleston Prison in New Zealand). Some of the therapeutic treatment and psychoeducation initiatives exclusively target CSAM offending (eg Inform Plus in the UK). Others target sexual offending more broadly but have components specific to CSAM offending such as tailored risk assessments.

According to Lukens (2015: 1):

“

Psychoeducation (PE) is a flexible strengths-based approach to care that incorporates both educational and therapeutic techniques and can be adapted to serve those with various medical, psychiatric, and other life challenges. The educational component offers key information and care strategies about both general and particular aspects of illness or life challenge, so that recipients have a frame of reference for their experience. The psychotherapeutic component offers safety, structure, feedback, and time for participants to absorb information that may be unfamiliar and challenging and may trigger complex emotions.

Psychoeducation is a key component or the principal focus of many of the initiatives identified in this section. Likewise, most of the initiatives identified here use cognitive behavioural approaches. The Australian Association for Cognitive and Behaviour Therapy (nd: 1) states:

“

Cognitive Behaviour Therapy (CBT) is a relatively short term, focused approach to the treatment of many types of emotional, behavioural and psychiatric problems. The application of CBT varies according to the problem being addressed, but is essentially a collaborative and individualised program that helps individuals to identify unhelpful thoughts and behaviours and learn or relearn healthier skills and habits.

A small number of therapeutic treatment and psychoeducation initiatives offer pharmacological treatment—for example, *Kein Täter Werden* (Don't Offend) in Germany (Beier et al. 2021; see Box 3). More specifically, initiatives exclusively aimed at CSAM offending commonly state they include components focused on sexual fantasy, internet use, internet addiction and impulsivity (see, for example, *Inform Plus* in the United Kingdom; Dervley et al. 2017).

One point of difference between the initiatives relates to paedophilia or hebephilia. Some initiatives are aimed at individuals who meet the diagnostic criteria for paedophilia or hebephilia (eg *Kein Täter Werden* (Don't Offend) in Germany and *Nicht Täter Werden* in Austria). However, most initiatives cater to anyone worried about their sexual thoughts or behaviour regarding children and do not require an individual to fulfil the diagnostic criteria for paedophilia or hebephilia.

Box 3: Kein Täter Werden (Don't Offend) in Germany (Prevention Project Dunkelfeld)

The Institute of Sexology and Sexual Medicine in Berlin established Prevention Project Dunkelfeld in 2005 (Beier et al. 2021). The project aims to prevent CSA and CSAM offending by offering free and confidential treatment to men and women who self-identify as having a sexual attraction to children (Beier et al. 2021). Since its inception, the initiative has developed into a nationwide prevention network of outpatient clinics—*Kein Täter Werden* (Don't Offend; Charité – Universitätsmedizin Berlin 2021).

The target group includes those who fear they could commit CSA/CSAM offences (either for the first time or again) but who are not currently being prosecuted for CSA/CSAM offences (Beier et al. 2021). Specifically, the target group comprises individuals who meet the diagnostic criteria for paedophilia or hebephilia. Similar to other initiatives in Europe (eg *Stop It Now!* in the Netherlands; Eisenberg et al. 2014), staff working in treatment programs in Germany are bound by confidentiality laws, meaning that clients engaging in treatment are protected from disclosure of any past offences to the authorities (Beier et al. 2021).

The initiative relies on the Berlin Dissexuality Therapy approach (Beier et al. 2021). This approach is largely cognitive behavioural but also includes sexual medicine and pharmacological treatment. It includes principles of relapse prevention, self-regulation, and the Good Lives model (Beier et al. 2021).

In 2011, the Institute implemented a similar project for young people—the Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ; Beier et al. 2016). However, given that young people are developing physically and emotionally, a diagnosis of paedophilia is not made for anyone under the age of 16 (Beier et al. 2021).

WellStop (NZ)

WellStop, a community-based therapeutic treatment program in New Zealand, caters to individuals who have engaged in harmful sexual behaviour, irrespective of whether they have been cautioned or convicted (WellStop ndc). They can also work with individuals who have concerning sexual thoughts but have not acted on them (WellStop ndb). WellStop's Harmful Sexual Behaviours program includes a CSAM intervention in the mainstream program for adults. Youth receive a specific AIM (Assessment, Intervention, Moving on) assessment for online harmful sexual behaviours (CSAM Offending Prevention Project Advisory Group personal communication 2021). The purpose of the AIM assessment is to help understand and manage the problematic and harmful sexual behaviour (eg identifying those who need short interventions and those who require further assessment; AIM Project nd).

iHorizon (UK)

The internet-Horizon program (iHorizon) in the United Kingdom was developed specifically to meet the needs of online sexual offenders (Ramsay, Carter & Walton 2020). iHorizon is aimed exclusively at individuals convicted of sex offences committed via the internet (detected offenders) generally assessed as having a low risk of reoffending, whereas Horizon is aimed at individuals assessed as medium or high risk of reoffending. iHorizon is currently delivered in community settings, while Horizon is delivered in correctional settings. The focus of iHorizon includes positive interpersonal relationships, healthy sexual thinking, and appropriate internet use (Ramsay, Carter & Walton 2020).

Prevent It (Sweden)

Prevent It is a free, online, anonymous cognitive behavioural therapy intervention for CSAM users currently being piloted (Parks et al. 2020). Treatment occurs over onion sites and all contact with program staff is online to ensure anonymity. Onion sites (sometimes referred to as darknet sites) are special domain names designating an anonymous onion (or hidden) service, reachable via a specialised web browser such as Tor (The Onion Router). Onion sites provide a high level of anonymity, therefore making it difficult to detect and identify a person's online activities. Prevent It provides weekly module content and weekly individual therapist feedback, over eight weeks. Participants are also asked to complete assignments between modules. According to Parks and colleagues (2020: 1434), the purpose of maintaining client anonymity is to:

“

...increase participant comfort about their interactions [with the program], given their concerns about privacy and possibly being identified as engaging in illegal behaviour... The anonymity gives individuals an opportunity to seek care and to be more open and truthful than they might be with an in-person therapist.

According to Lätth et al. (2022: 3): ‘To effect behavioral change, Prevent It uses CBT methods like psychoeducation and targets thoughts and emotions, such as sexual preoccupation, related to the problem behavior and high-risk situations’.

Inform Plus (UK)

The Lucy Faithfull Foundation, which delivers Stop It Now! UK and Ireland, runs a number of psychoeducation courses such as Inform Plus, Inform Young People and Engage Plus. Users of the Stop It Now! UK and Ireland helpline may be referred to these courses (Brown et al. 2014).

Inform Plus is a group-work program (for approximately eight members) for community-based adult users of online CSAM (Gillespie et al. 2018). Most participants are under investigation by police, with some having already been cautioned or convicted. The program typically involves 10 sessions of 2.5 hours, covering topics such as offending analysis, the role of sexual fantasy in offending, addictions and compulsions, relationships and social skills, criminal justice information, and victim empathy (Gillespie et al. 2018). Inform Plus facilitators are typically professionals who have facilitated group work in other settings such as prison, probation and secure hospitals (Dervley et al. 2017).

Online self-management courses

This review identified seven online self-management courses, including Help Wanted (US), Otanvastuun (Finland), ReDirection Self-Help Program (Finland), Troubled Desire (Germany), the online self-help module ‘It is possible to stop’ (Stop It Now! Flanders), Get Help (Stop It Now! UK and Ireland), and Get Support (Stop It Now! UK and Ireland). These initiatives mainly contribute to secondary prevention. While these initiatives may be based or developed in a particular country, they are generally accessible to users from other countries.

These initiatives typically focus on increasing understanding of the issue, developing prevention strategies, and moving forward in a positive, non-offending way. Furthermore, they are free, anonymous, self-paced and relatively short, and are usually completed independently of a third person (eg a therapist). Information on where to seek further help is often provided at various stages of these courses.

Box 4: Help Wanted (US)

The Help Wanted Prevention Project (US) is a free, anonymous, online course for young people and young adults attracted to younger children (Help Wanted nd). It was developed by the faculty and staff of the Moore Center for the Prevention of Child Sexual Abuse, Johns Hopkins Bloomberg School of Public Health. The Help Wanted website (<https://www.helpwantedprevention.org>) takes special precautions to protect users' privacy, including by not recording IP addresses or geographic locations, and not setting or using persistent or cross-site cookies (Help Wanted nd).

The project aims to provide tools to support individuals to live a safe, healthy and non-offending life (Help Wanted nd). Participants can progress at their own pace and complete the course in any order, stopping and starting as often as they like. It also provides resources and information on where to seek further help. According to the Help Wanted website, individuals attracted to younger children are 'not defined by their attraction', 'deserve good health and happiness', 'can help keep children safe from being harmed', and 'are not alone' (Help Wanted nd).

The Help Wanted online course consists of five short video modules (about 10 minutes each) covering the following topics:

- what child sexual abuse is, including the consequences for those who commit abuse and the impacts on victims;
- telling someone about your attraction to children;
- strategies for coping with a sexual attraction to children;
- how and why to build a positive self-image; and
- how and why to build a healthy sexuality (Help Wanted nd).

Otanvastuun (Finland)

Otanvastuun (meaning 'I take responsibility') is a self-help program for young people and adults who are concerned about their sexual interest in children (Save the Children Finland 2022).

The program aims to help those at risk of offending consider the consequences of committing child sexual abuse and to provide tools to help them to control their own harmful behaviour. It also offers exercises to challenge misbeliefs and provides information on where to seek further help. The program uses a cognitive behavioural approach and consists of the following parts:

- what it means to have a sexual interest in children;
- how to control behaviour; and
- finding a way forward to maintain behavioural and cognitive changes (Save the Children Finland 2022).

ReDirection Self-Help Program (Finland)

The ReDirection Self-Help Program is an online, anonymous, rehabilitative program for those who use CSAM (Mielenterveystalo nd). It is based on cognitive behavioural therapy and guides those who use CSAM to change their behaviour to stop using CSAM. Individuals are asked to complete 14 tasks throughout the program. The program consists of three main sections:

- my use of CSAM and what to think of it (exploring motives for seeking rehabilitation and setting meaningful goals for the future);
- underlying factors and the pathway to CSAM use (understanding factors, motivations, reasons, situations and triggers that lead to CSAM use); and
- a ReDirection of my life: how can I stop using CSAM? (learning how to move past relapse and overcome setbacks (Mielenterveystalo nd)).

Troubled Desire (Germany)

Troubled Desire is an online self-management tool for people who feel attracted to children (Schuler et al. 2021). It aims to prevent CSA and CSAM offending and to alleviate the distress that may be caused by having a sexual attraction to children. It involves a self-assessment component and self-management training modules (Schuler et al. 2021). The training modules are largely psychoeducational and cover a range of topics including:

- problematic sexual behaviours;
- myths about child sexual abuse;
- sexual fantasy and behaviour;
- personal triggers;
- impulse control;
- empathy;
- medical treatment options; and
- the secret of wellbeing (Troubled Desire 2020).

'It is possible to stop' (Belgium)

The Stop It Now! Flanders program 'It is possible to stop' provides online self-help aimed specifically at preventing CSAM offending (Stop It Now! Belgium nd). It is designed for individuals who are concerned about viewing CSAM, including those who have viewed it and those who feel they may be inclined to do so. The self-help modules provide information and tools to help individuals understand the consequences of using CSAM. The modules cover topics such as:

- understanding why people offend;
- triggers;
- taking responsibility;
- fantasies;
- addiction;
- online relationships;
- relapse prevention; and
- building a positive future (Stop It Now! Belgium nd).

Education and awareness campaigns

This review identified a number of education and awareness campaigns including, but not limited to, Keep it real online (NZ); various campaigns associated with Stop It Now! (eg Parents Protect and the Online Child Sexual Abuse Deterrence Campaign, both in the UK), various campaigns associated with the Prevention Network Dunkelfeld, and a campaign run by Prevent Child Abuse Georgia (US). Two of these campaigns are described below.

These campaigns generally contribute to primary and secondary prevention. They typically raise awareness of the problem (eg that viewing CSAM is illegal) and encourage individuals who are engaging in harmful or illegal behaviour to seek help from helplines or online resources.

Box 5: Stop It Now! Online Child Sexual Abuse Deterrence Campaign (UK and Ireland)

The Online Child Sexual Abuse Deterrence Campaign was established in 2015 to support the functions of Stop It Now! UK and Ireland (Coase, Feechan & Whitear 2020). The deterrence campaign aims to prevent the viewing and sharing of CSAM by raising awareness of the problem and diverting those who are offending and those at risk of offending away from viewing CSAM and instead to the Stop It Now! resources. It aims to:

- raise awareness of CSAM;
- outline the illegality of viewing CSAM;
- highlight the harm caused to child victims;
- outline the consequences of viewing CSAM, including arrest and the breaking up of families; and
- direct people to anonymous and confidential help (Coase, Feechan & Whitear 2020).

The deterrence campaign uses multiple channels (eg online sources, social media, adverts on the website, YouTube videos) and primarily targets those who have offended but have not come into contact with police (Coase, Feechan & Whitear 2020). Secondary target audiences of the campaign include family, friends and professionals who can refer or influence those who have engaged in CSAM (Coase, Feechan & Whitear 2020).

Parents Protect (UK)

Parents Protect, an initiative by the Lucy Faithfull Foundation and Stop It Now! UK and Ireland, aims to ‘prevent child sexual abuse by raising awareness and encouraging early recognition of warning signs of abuse and identifying responses to the problem by those who commit abuse themselves and those close to them’ (eg parents or other family members; Parents Protect 2018). The campaign website provides information on a range of topics, including identifying warning signs, harmful sexual behaviour in children, family safety planning, and where to get help (Parents Protect 2018).

Other forms of support

This review identified various initiatives that do not fall into the categories listed above. These include, but are not limited to, Circles of Support and Accountability (ie community support for reintegrating sexual offenders leaving prison), online prevention initiatives delivered by Thorn (US), and various educative interventions delivered by Stop It Now! UK and Ireland.

Circles of Support and Accountability (various countries)

Circles of Support and Accountability (CoSA) provides community support for the reintegration of sexual offenders (usually child sexual offenders) into the community after they have served time in prison (Richards, Death & McCartan 2020). CoSA is run by groups of volunteers who support the individual who has offended (eg provide encouragement), hold them to account (eg ensure they attend meetings), and provide other assistance (eg helping to find housing; Richards & Australia’s National Research Organisation for Women’s Safety (ANROWS) 2020).

CoSA first started in Canada, and CoSA programs currently exist across Canada, some parts of the United States, the United Kingdom and Ireland, some parts of western Europe (eg the Netherlands, Belgium, Latvia, Spain, Italy), and in Adelaide, Australia (Richards & ANROWS 2020). A new version of CoSA—Circles ReBoot—was developed in 2020 for individuals who access CSAM (Circles UK 2020; see Box 6).

Box 6: Circles ReBoot (UK)

CoSA (or Circles) in the United Kingdom developed Circles ReBoot, a program specifically for individuals who access CSAM (Circles UK 2020). It is a shorter and more structured version of the original CoSA—12 sessions over six months compared with 12 to 18 months, respectively. The target audience is adults assessed as having a medium to low risk of harm (Circles UK 2020).

Circles ReBoot was informed by research suggesting that CSAM offenders require a different service approach compared with contact sexual offenders, and that intensive sexual offender programs may be counterproductive (Circles UK 2020). For example, a study by Babchishin and colleagues (2018) found that CSAM-only offenders score lower on indicators of antisocial tendencies and pose a low risk of reoffending (including contact offending). The authors (Babchishin et al. 2018) suggest a lower treatment dosage should be considered for CSAM-only offenders given their lower risk level for contact sexual offences.

‘Core members’ (the individual who has offended) who engage with the Circles Reboot program are encouraged to take responsibility for their own life and set realistic and positive goals that will help them stop using CSAM. They are guided to work through what are described as ‘keys for change’, which enable them to develop:

- self-awareness;
- self-efficacy; and
- ways of coping with the challenges of daily life.

The last point focuses on assisting core members to cope with social isolation, managing negative thoughts and feelings, and the complexities of self-identity (Circles UK 2020).

Thorn (US)

Thorn runs an online deterrence program in the United States aimed at individuals searching for or coming across CSAM, which is primarily delivered via the following sites:

- Underage Child Guard—focused on intercepting adults entering search terms online related to CSAM. A person searching for CSAM is served advertisements among their search results that direct them to the website <https://www.underagechildguard.org>. The initiative aims to reduce a person’s sense of anonymity and redirect them to help services; and
- Help4youth—aimed at young people, including those who may come across CSAM, the website (<https://www.help4youth.org>) offers a number of help services, including crisis counselling via text, for support on a range of topics such as self-harm, sextortion, or unwanted sexual attraction to children (CSAM Offending Prevention Project Advisory Group personal communication 2021).

Don't offend to peer (Germany)

Don't offend to peer (Germany) is a project that analyses and infiltrates established searchable peer-to-peer file sharing networks with therapy messages masked as CSAM. While it does not directly provide therapeutic treatment, the messages aim to raise awareness of the problem of CSAM among users and inform them about therapeutic options (CSAM Offending Prevention Project Advisory Group personal communication 2021).

Programs for specific populations

Of the 74 prevention initiatives identified in this review, 21 state they are exclusively aimed at online or CSAM offending, 15 state they work with young people, eight state they work with Indigenous people, and five state they work with people with cognitive disability.

CSAM users

Initiatives aimed exclusively at CSAM or online offending include the CEM-COPE (Coping with Child Exploitation Material Use) Program (Victoria); the internet Child Abuse Material (i-CAM) program (Victoria); the Sexual Behaviours Clinic's Child Pornography Group (Canada); Don't offend to peer (Germany); Prevent It (Sweden); ReDirection Self-Help Program (Finland); Stop It Now! Flanders' 'It is possible to stop' online self-help for users of CSAM (Belgium); Circles ReBoot (UK); Engage Plus (UK); Inform (UK); Inform Plus (UK); Inform Young People (UK); iHorizon; Safer Lives Program (UK); Stop It Now! UK and Ireland's Online Child Sexual Abuse Deterrence Campaign (UK); and Stop It Now! Scotland's Breaking the Links (UK).

Initiatives exclusively aimed at CSAM offending are often shorter and more structured than initiatives aimed at sexual offending more broadly (see, for example, Box 6 and *iHorizon* above). They often have components on internet use, fantasy and addiction (see, for example, *Inform Plus* and *'It is possible to stop'*).

Young people

Initiatives that state they work with young people include Inform Young People (UK), CoSA (UK); NeedHelpNow (Canada); Keep it real online (NZ); Mates and Dates (NZ); Safe Network (NZ); STOP (NZ); the Light Project (NZ); WellStop (NZ); Stop It Now! Scotland's ROSA Project (UK); Help Wanted (US); Help4youth (US); and Worried About Sex and Pornography Project (WASAPP; currently in development in Australia).

Initiatives that focus on young people may do so exclusively or alongside initiatives for adults. Importantly, young people typically receive a different service approach to adults and programs often consider or engage with family. For example, Inform Young People (UK), PPJ in Germany, and services catering to young people within Safe Network, STOP and WellStop in New Zealand all involve families in some way. Further, use of CSAM by young people is often addressed in the context of harmful or risky online behaviour, internet safety and harms associated with pornography more broadly.

Box 7: Inform Young People (UK)

Delivered by the Lucy Faithfull Foundation in the United Kingdom, Inform Young People is a voluntary information and support service designed for young people (male or female) who have displayed harmful or illegal behaviour online, including use of CSAM (Lucy Faithfull Foundation 2021). It primarily supports those who have been arrested, cautioned or convicted for online CSA offences. Key aims of the program include:

- providing information, advice and support to the young person and their parents/carers;
- alleviating distress and anxiety among the young person and their parents/carers arising from the harmful sexual behaviour coming to light;
- providing practical advice on prevention strategies, including tools to aid in the responsible use of technology;
- providing information about the law and how it applies to young people; and
- facilitating more open communication between the young person and their parents/carers (Lucy Faithfull Foundation 2021).

The program offers up to five sessions (primarily face-to-face) with the young person and their family, and covers topics including:

- internet safety;
- support, advice and information about issues facing the young person and their family;
- adult pornography, sexting and other harmful online behaviour;
- facts about legal and illegal behaviours; and
- prevention strategies (Lucy Faithfull Foundation 2021).

Indigenous people

Initiatives that work with Indigenous people include Keep it real online (NZ), the Light Project (NZ), St ROB Men's Group Therapy (Australia), the High Intensity Psychology Program and Short Intervention Program at Kia Marama Special Treatment Unit and Te Piriti Special Treatment Unit (NZ), Safe Network (NZ), Safe to talk (NZ) and WellStop (NZ). Initiatives that aim to cater to the needs of Indigenous people typically incorporate cultural processes into the mainstream program or refer individuals to Indigenous-specific services.

Safe to talk (NZ)

As noted earlier, Safe to talk is a national sexual harm helpline in New Zealand that identifies service needs and provides information, referrals and crisis counselling (Malatest International 2019). The Safe to talk (NZ) website uses imagery and information in languages specific to Māori and Pacific people, as well as a language line that can speak with individuals in over 40 different languages (Safe to talk nd). Safe to talk recognises the importance of having Māori staff to support Māori clients and can provide referrals to Indigenous services for callers seeking further help (Safe to talk nd).

Safe Network (NZ)

Safe Network (NZ) offers its specialised clinical assessment and intervention service to Indigenous people via their Kaupapa Māori Service and the Amanaki Pasifika Service (Safe Network ndb). The Kaupapa Māori Service is developed and delivered by Māori practitioners and cultural advisers. Similarly, the Amanaki Pasifika Service is delivered and led by clinicians of Samoan and Tongan descent who are fluent in their language and able to meet the clinical and cultural needs of this group (Safe Network ndb).

People with cognitive disability

Initiatives that state they work with individuals with cognitive disability include Owenia House (South Australia), Safe to talk (NZ), STOP (NZ), WellStop (NZ) and CoSA (UK). Initiatives for individuals with a cognitive disability are largely offered as modified versions of mainstream programs. This is primarily because individuals with cognitive disability likely require a more targeted and individualised approach (eg Henshaw et al. 2020).

WellStop (NZ)

WellStop's services for adults and young people with a cognitive disability include components typical of the mainstream service such as assessment, individual therapy, group therapy, and support and education for families. However, it is based on the Good Way model (different from the Good Lives model), which was first developed due to concerns that mainstream cognitive models of practice did not meet the needs of those with learning challenges (Ayland & West 2006). The Good Way model is a strengths-based, attachment and trauma informed model. The model uses conceptual frameworks commonly articulated by 'concrete-thinking' clients to help them communicate with others about their world and understand what professionals, carers and families are trying to communicate to them (WellStop ndd).

Box 8: Summary of initiatives

- Initiatives that aim to prevent CSAM offending, either as a primary or secondary goal, are available in all the locations included in this review—Australia, Canada, Europe, New Zealand, the United Kingdom, and the United States. These include helplines, therapeutic treatment and psychoeducation, online self-management courses, education and awareness campaigns, and other forms of support.
- Most of the initiatives practise secondary and tertiary prevention. Initiatives practising primary prevention (aimed at the general population) were less commonly identified. This is likely because primary prevention efforts are beyond the scope of this review or do not directly address CSAM offending—for example, programs that aim to prevent offending through education about healthy relationships, or legislation. While there is a need for more initiatives that specifically target undetected offending or individuals at risk of offending, Canada and Australia were particularly lacking in this area at the time of review.
- Initiatives are often based on widely accepted models for reducing sexual offending and harmful sexual behaviours. Specifically, almost all the initiatives incorporate psychoeducation and cognitive behavioural approaches. A small number of initiatives incorporate pharmacological treatment. Many initiatives emphasise specific therapist characteristics such as being supportive and non-judgemental.
- A small number of initiatives are aimed exclusively at individuals who fulfil the diagnostic criteria for paedophilia or hebephilia, while most target individuals worried about their sexual thoughts or behaviour towards children, regardless of diagnosis.
- Some prevention initiatives, particularly those in Europe, provide face-to-face treatment for those at risk of offending and undetected offenders. Initiatives in countries with stricter mandatory reporting laws (eg NZ, UK) may need to maintain anonymity of clients by offering support through helplines and online communication. It is important to note, however, that the level of anonymity and confidentiality that can be provided depends on the child protection laws in the relevant jurisdiction. Most of the programs in this review clearly communicate the level of confidentiality and anonymity that can be provided, and in what instances mandatory reporting applies.
- Prevention initiatives for CSAM offending are mainly aimed at adults, followed by young people. Initiatives that state they cater to the needs of Indigenous people were less common, and initiatives for those with cognitive disability even less so.
- Most of the prevention initiatives are aimed at CSA or sexual offending more broadly and have components specific to CSAM offending (eg psychoeducation units specifically for CSAM offenders). A growing number of initiatives are aimed exclusively at CSAM or online offending. Initiatives exclusively aimed at CSAM offending are often shorter than initiatives aimed at sexual offending more broadly.

A review of the evidence

This section provides a detailed overview of the findings from evaluations or studies of initiatives aimed at preventing the onset or escalation of CSAM offending. It should be noted that most of the initiatives focus on other types of sexual offending as well as CSAM offending. The review focuses on both process evaluations and outcome evaluations. A process evaluation determines whether the initiatives' activities, services, policies and procedures have been implemented as intended, which can be useful in revealing why outcomes were or were not achieved (Tilley & Clarke 2006). An outcome evaluation measures the effects of a program within the target population to determine whether the intended outcomes were achieved.

Thirty-four eligible studies across 17 programs were included in the review. Programs were the subject of a process evaluation or outcome evaluation or both. Evaluations focused on prevention initiatives aimed at a range of populations, including people at risk of offending (including those who have never offended), undetected offenders (people who have already offended but are not known to authorities) and detected offenders (people who have offended and are known to authorities). Importantly, these studies were selected because they evaluated prevention initiatives that target CSAM offending in some capacity (identified in the current review). For this reason, the current section does not capture a large body of evidence on the effectiveness of prevention initiatives for sexual offending or CSA offending more generally, as these initiatives did not incorporate CSAM offenders.

Quality of studies reviewed

There was significant variation in quality across the evaluations or studies. First, the majority of studies did not include comparison groups as part of their research design, meaning that it was difficult to determine the effectiveness of programs by comparing outcomes for groups of participants who did or did not receive the intervention. Instead, many evaluations were limited to an examination of treatment populations and change within these groups. In evaluations without comparison groups, the analysis focused on change within intervention groups assessed using questionnaires administered at entry into the program and exit (Gillespie et al. 2018; Höing, Vogelvang & Bogaerts 2017; Hudson 2018; Middleton, Mandeville-Norden & Hayes 2009; Weedon 2015), or after intervention only (Coase, Feechan & Whitear 2020; Dervley et al. 2017; Grant et al. 2019; Newman et al. 2019; Wild et al. 2020; Wilson, Picheca & Prinzo 2007). Studies that involved post-measurement typically relied on participants retrospectively assessing the impact of interventions on their behaviours, which may be limited by recall bias.

Among studies that did include comparison groups, they may not have been 'matched' against the treatment population. Instead, controls may have been selected from samples of individuals who had been referred to the intervention but had not participated (Ellerby 2015). For example, Moore (2012) examined outcomes for child sex offenders who participated in treatment at the Kia Marama Special Treatment Unit ($n=428$), and compared them with those of a cohort of child sex offenders who did not attend Kia Marama or a similar program (untreated group; $n=1,956$). Treated and untreated individuals differed significantly in age and prior offending histories, and these differences were adjusted for within statistical analyses of recidivism. Nonetheless, the absence of matching meant it was not possible for the authors to determine whether the observed differences between these groups were attributable to the intervention or to other factors that may have influenced participation in the intervention (eg motivation to change their behaviours). This is a common limitation to sex offender treatment evaluation research, and a difficult one to overcome due to the ethical concerns surrounding withholding treatment to eligible offenders for the purpose of control groups.

Other studies used more rigorous quasi-experimental designs or randomised clinical/control trials (Duwe 2018; Ellerby 2015; Marques et al. 2005). Randomised control trials involve the random allocation of individuals to either the treatment or control groups and are considered the 'gold standard' for assessing the effectiveness of interventions (Hariton & Locascio 2018). Studies that used quasi-experimental and randomised control research designs also typically involved longer follow-up periods. For example, Duwe (2018) observed reoffending among the intervention and control groups for an average period of six years, while Ellerby (2015) followed cohorts for up to 10 years. Although a fairly resource intensive and time-consuming exercise, longer follow-up periods are preferable considering the low levels of recidivism among child sexual offenders, which increase over time (Dowling, Morgan & Pooley 2021). For example, Dowling, Morgan and Pooley (2021) found that an estimated two percent of child sexual offenders sexually reoffended at one year post police detection, four percent after two years, and six percent after five years. Critically, most of the studies included in the present review either did not conduct any follow-up at all with participants after exit from the program, or had very short follow-up periods (eg 12 months or less; Gillespie et al. 2018; Höing, Vogelvang & Bogaerts 2017; Wild et al. 2020).

Finally, many of the studies included in the review were limited by small sample sizes (Dervley et al. 2017; Engel et al. 2018; Höing, Vogelvang & Bogaerts 2017; Konrad, Amelung & Beier 2018; Weedon 2015). For example, in evaluating the WellStop initiative in Wellington and STOP initiative in Christchurch, Weedon (2015) conducted interviews with only 12 participants, while Konrad and colleagues' (2018) evaluation of Prevention Project Dunkelfeld involved an in-depth case study of one participant. While qualitative methods such as interviews and case studies provide rich and detailed information that can assist in informing the overall implementation of initiatives, and in understanding the mechanisms that may contribute to any observed changes, they are limited in their ability to identify the overall program-level impact of interventions.

In summary, while there were notable examples of rigorous and robust evaluation methodologies and research designs within the studies included in this section of the report, including a small number of randomised control trials, in general the quality of evaluations was fairly low. In particular, the ability of evaluators to attribute any observed changes in participants' behaviours to the interventions was limited by the absence of matched comparison groups, retrospective assessments of impact, small sample sizes and short follow-up periods.

Findings from process evaluations

Process evaluations were conducted on 12 initiatives, including:

- primary prevention initiatives (eg Prevent Child Abuse Georgia);
- combined secondary and tertiary prevention programs for people with a sexual attraction to children (eg Prevention Project Dunkelfeld);
- tertiary prevention programs for detected offenders (eg Safe Network, STOP and WellStop in New Zealand and Inform Plus in the United Kingdom); and
- multicomponent initiatives that combine primary, secondary and tertiary prevention elements (eg Stop It Now! UK and Ireland).

Process evaluations examined several factors: the ability of interventions to both engage and retain program participants (ie drop-out rate), strengths and weaknesses of program delivery, barriers to accessing the program, and components of the program that participants found beneficial. More specifically, eight process evaluations examined the success of education and awareness campaigns in promoting programs and directing the target audience to them. Implementation was measured by analysing administrative data and qualitative and quantitative data obtained from interviews, focus groups and structured questionnaires with program participants and their families, and the program staff.

Ability to reach target populations

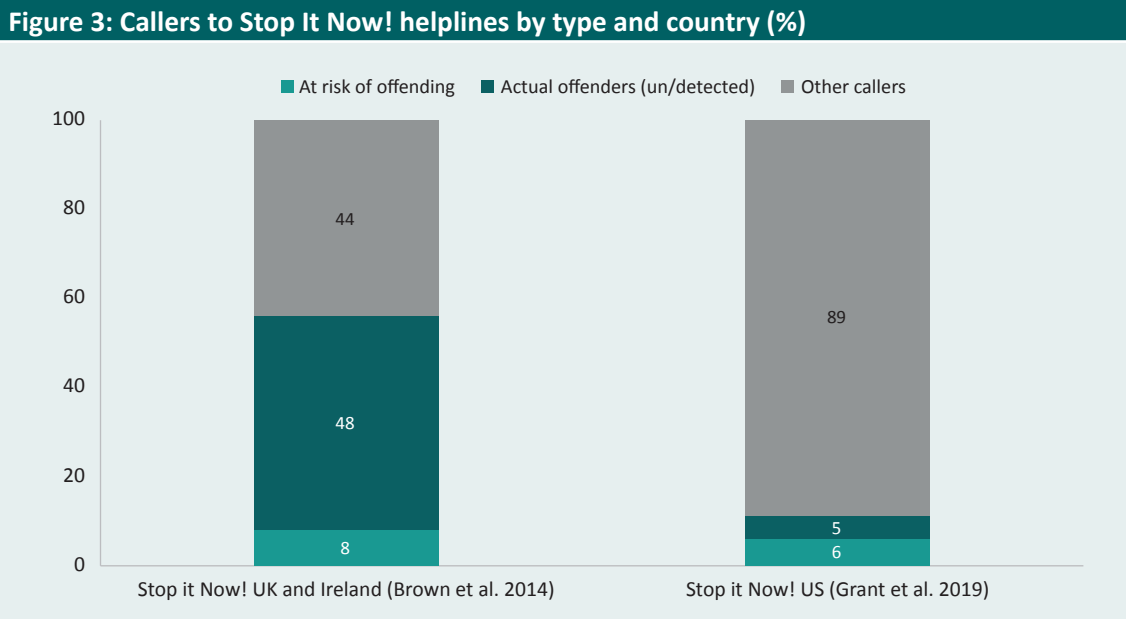
Eight process evaluations examined the effectiveness of education and awareness campaigns in directing the target audience towards program helplines and online resources (eg Stop It Now!) and therapeutic treatment and/or psychoeducation programs (eg Prevention Project Dunkelfeld). In addition, these studies provide insight into the demand for such initiatives, particularly among hidden populations of those at risk of offending and undetected offenders. These evaluations also provide insight into how different target populations—those at risk of offending, undetected offenders, and detected offenders—learn about and engage with these initiatives. Findings from the process evaluations are outlined below.

Helplines and education and awareness campaigns

Stop It Now! provides support and advice primarily through helplines and online resources. It raises awareness of its services, and of CSA and CSAM offending, via education and awareness campaigns. Five studies examined the reach of Stop It Now! campaigns in the United Kingdom and Ireland (Brown et al. 2014; Coase, Feechan & Whitear 2020; Newman et al. 2019), the United States (Grant et al. 2019), and the United Kingdom and the Netherlands (Van Horn et al. 2015). In general, these studies operationalised the reach of campaigns by measuring the number of contacts received by the program (phone, email or chat) and/or the number of visits to the program's website during a given period (for example, during an awareness-raising campaign). Evaluators also analysed survey, interview and administrative data to examine the characteristics of individuals who made contact—in particular, whether individuals had been in contact with police previously for CSA or CSAM offending or had not offended but expressed concern about their own risk of offending against children. Overall, consistent evidence from across the evaluations indicated a high level of demand for interventions. For example:

- 31,314 calls were made to the Stop It Now! UK and Ireland helpline between 2002 and 2012 (Brown et al. 2014); and
- 7,122 calls were made to the Stop It Now! US helpline between 2012 and 2018 (Grant et al. 2019).

Figure 3 shows the number of callers to Stop It Now! helplines by country of initiative and caller type. Almost half (48%) of the calls to Stop It Now! in the United Kingdom and Ireland were from detected and undetected offenders (who had already engaged in CSA or use of CSAM; Brown et al. 2014), compared with only five percent representing this group of callers to the US Stop It Now! (Grant et al. 2019). The majority (89%) of callers to the US initiative comprised 'other callers' who had concerns or questions about child sexual abuse, including those concerned about the behaviour of others. Across both the UK and Ireland and US Stop It Now! initiatives (Brown et al. 2014; Grant et al. 2019), those at risk of offending (eg those worried about their sexual thoughts or behaviour concerning children) comprised the minority of callers and were similar in proportions (8% and 6% respectively).



Note: ‘Other callers’ include anyone contacting the helpline with questions or concerns about child sexual abuse, including survivors of CSA and individuals who are concerned about other people who may pose a risk to children. Data from Brown et al. (2014) are based on number of calls to UK initiative during 2012–13. Data from Grant et al. (2019) are based on calls to US initiative during 2012–18

The discrepancy between the types of callers contacting the US and UK Stop It Now! programs may be due to differences in how callers became aware of the initiatives. Callers to the US helpline most commonly learnt about it through advertisements on the internet or in the media (61%) and rarely through friends or family (3%) or professional agencies (3%; Grant et al. 2019). Callers to the UK helpline most commonly learnt about it through sources such as police (34%) or the initiative website (19%), with few hearing about it through other helplines or support agencies in the CSA field (6%), search engines (4%) or the media (1%; Brown et al. 2014). These findings emphasise the importance of choosing appropriate communication channels to reach target audiences. For example, at the time of the study, the UK Stop It Now! appears to have worked more closely with police to reach individuals who have already offended, while the US Stop It Now! attracted fewer actual offenders and more ‘other callers’ to their helpline.

A separate study evaluated the Stop It Now! UK and Netherlands initiatives (Van Horn et al. 2015), by analysing helpline data from 3,265 calls to the former and 290 calls to the latter during separate time periods that overlapped across 2012–13. While a Stop It Now! initiative is based in the United Kingdom and Ireland, the authors stated that their evaluation focused on the UK initiative. The authors found that close to half of users of the UK (56%) and Netherlands (41%) helplines were individuals concerned about their own sexual feelings or behaviour towards children. However, the proportion of helpline users at risk of offending was much higher for the Netherlands helpline (52%) than the UK helpline (17%).

Other research has found Stop It Now! campaigns to be successful in reaching those at risk of CSAM and CSA offending but who have not offended, as well as those who have offended (both undetected and detected). Two studies (Coase, Feechan & Whitear 2020; Newman et al. 2019) evaluated Stop It Now! UK and Ireland's promotional strategy to encourage help seeking among people who view CSAM within the United Kingdom.

Newman et al. (2019) evaluated three campaigns that promoted the Stop It Now! initiative in the United Kingdom. While the Stop It Now! initiative is based in the United Kingdom and Ireland, the authors focused on a UK-based campaign. Short film clips were promoted through traditional media, social media and other online platforms during the following three campaign periods:

- October 2015 to March 2016;
- September 2016 to March 2017; and
- September 2017 to May 2018.

Campaign impact was measured via three online surveys of 'Get Help' website users, helpline caller logs, and analysis of website hits. The authors found that helpline calls and website visits were higher during active campaign periods (promotion) relative to inactive campaign periods (no promotion). In total, there were 20,235 calls to the helpline from 11,190 unique individuals from 2015 to 2018 (both campaign and non-campaign periods), and half of these callers (50.3%) were offenders or those at risk of offending. The authors found the number of calls to the helpline decreased during the inactive campaign periods relative to the active campaign periods. There was a 26 percent decrease in calls during the first inactive campaign period (directly after the first campaign) and a 30 percent decrease in calls during the second inactive campaign period (directly after the second campaign), suggesting the campaign increased the number of calls to the service.



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Directly after campaigns ended, there was a 26%–30% decrease in calls to the helpline, suggesting campaigns successfully drew individuals to the service

The same study (Newman et al. 2019) analysed results from three separate surveys of Stop It Now! UK website visitors ($n=59-100$ respondents), finding that between 83 and 90 percent of them reported that they were concerned about their own behaviour (ie actual offender or someone at risk of offending), as opposed to someone else's. Results from website visitors concerned about their own behaviour (reported in two surveys) indicated that under half (37%–49%; 32/86 and 26/53) had not been arrested for CSA or CSAM offences. Stop It Now! UK website users who had been arrested were most likely to report hearing about the initiative from law enforcement agencies, whereas those concerned about their behaviour who had not been arrested were most likely to report hearing about it through internet search results, including adverts appearing in response to an internet search (Newman et al. 2019).

Coase, Feechan and Whitear (2020) evaluated the Stop It Now! UK and Ireland's CSAM deterrence campaign, which ran from 30 October 2019 to 30 April 2020. During this period there were 193,277 website 'sessions', or an average of 7,434 each week. A website session was defined as: 'a group of user interactions with a website that takes place within a given time frame. A single session can include multiple views' (Coase, Feechan and Whitear 2020: 14). The authors noted other factors—including separate campaigns—may have influenced spikes in website activity at specific points during this period. However, they noted the average number of weekly website sessions was around 4,000 during the campaign periods, compared with approximately 970 outside the of the campaign periods (Coase, Feechan and Whitear 2020). Of the 149 individuals who completed an online survey hosted on the same website, 65 (44%) were classified as undetected CSAM offenders. Most of the undetected CSAM offenders reported learning of the campaign through internet searches relating to CSAM or help for CSAM use, news websites, Google adverts, or social media (Coase, Feechan & Whitear 2020).

The two studies outlined above (Coase, Feechan and Whitear 2020; Newman et al. 2019) demonstrate the important role that police can play in referring detected offenders to prevention initiatives, but also indicate that both public and targeted awareness-raising activities can successfully reach offenders unknown to law enforcement.

Therapeutic treatment and psychoeducation

Evidence indicates that media promotional campaigns have been successful in encouraging the uptake of therapeutic treatment programs for those at risk of sexually offending against children. Therapeutic treatment generally refers to programs offering psychological treatment delivered by trained practitioners aimed at changing offending behaviour. According to Lukens (2015: 1), psychoeducation is 'a flexible strengths-based approach to care that incorporates both education and therapeutic techniques'. Two studies (Beier et al. 2016; Beier et al. 2009) examined the uptake of two therapeutic treatment programs in Germany for adults (Prevention Project Dunkelfeld) and young people (Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles; PPJ) who are sexually attracted to children. The program for adults was promoted via city billboards, TV, cinemas and print media. The program for young people used posters and videos with emoji-inspired graphics aimed at juveniles, which were promoted via TV, radio the internet and print media. Young people or their parents seeking help could contact PPJ via a phone hotline or email. Both studies (Beier et al. 2016; Beier et al. 2009) measured the number of people who contacted the programs and expressed interest in participating. The following message was used in the campaign targeted at adults: 'You are not guilty because of your sexual desire, but you are responsible for your sexual behaviour. There is help! Don't become an offender!' (Beier et al. 2009: 546).

According to Beier et al. (2009), within the three years and two months after the official launch of Prevention Project Dunkelfeld (for adults) in 2004, 808 individuals had contacted the research office to express interest in participating. Of these, about 45 percent ($n=358$) visited the outpatient clinic for an assessment. To determine whether individuals met the inclusion criteria for the program, participants were asked to participate in structured interviews and to complete psychometric questionnaires, and this information was used to confirm a diagnosis of paedophilia or hebephilia and a history of CSA offending. The majority of those who were fully assessed met diagnostic criteria for paedophilia (60%) or hebephilia (28%). Three-quarters of individuals who received these diagnoses (75%, $n=234$) reported that they had engaged in CSA or other types of child sexual exploitation (eg CSAM offending) in their lifetime. Of individuals who reported a history of CSA or child sexual exploitation offending, a third (34%) were currently under investigation or serving a sentence for CSA or CSAM offences and only seven percent reported that they had a previous recorded criminal history for these offences. This in itself demonstrates the low rate of detection among sexual offenders against children.

Beier et al. (2016) reported that therapy via PPJ is offered to young people from 12 to 18 years of age. During the 12-month period from August 2014 to July 2015 (noting the project was launched in November 2014), 49 young people had contacted the PPJ seeking support. First contact with the program was predominantly initiated by parents/guardians, teachers, social workers, psychologists or other involved adults (84%), while a minority (16%) of young people contacted the program on their own. Of the 27 young people who participated in a psychometric assessment, almost half ($n=13$) had sexually abused a child, four had used CSAM, and five had engaged in both contact CSA and CSAM use. The remaining participants ($n=5$) had not engaged in CSA/CSAM use but were deemed at risk of doing so (Beier et al. 2016). A smaller number of young people engaged in the PPJ program relative to the number of adults who engaged with the Prevention Project Dunkelfeld program (49 over 1 year versus 808 over 3.2 years), which may indicate that unique campaign strategies (and potentially program structures or formats) are required to reach young people at risk of offending or who have already offended. Nevertheless, the study demonstrates that parents and adults involved in child protection (such as social workers and teachers) play an important role in referring young people to prevention programs.

Following the evaluations of the campaigns promoting Prevention Project Dunkelfeld programs for adults and young people (Beier et al. 2016; Beier et al. 2009), Newman et al. (2019) conducted an evaluation of Prevention Project Dunkelfeld's more recent online campaign, which occurred at various points between 2015 and 2018. The campaign was promoted via traditional and social media, both nationally (in Germany) and internationally, and from 2017 onwards targeted individuals on Meta's platforms and those entering CSAM-related search terms into the Bing search engine. Newman et al.'s (2019) study examined website traffic to the English and German campaign websites: *Don't Offend* (targeted at adults) and *Just dreaming of them* (targeted at 12- to 18-year-olds). Although several different campaign-related promotions of the websites occurred at multiple points between December 2015 and May 2018, the authors attributed spikes in the number of visits to the German website to specific campaign activity. For example:

- a spike in April 2016 coincided with a German symposium and increased media activity around the programs;
- a spike in October 2016 coincided with a press release and 60 related articles, radio and TV broadcasts about the programs; and
- a spike in March 2017 followed the release of several online publications about the programs, and an advertisement campaign on Meta's platforms (Newman et al. 2019).

After May 2017, when advertising for the English *Don't Offend* website was removed, there was a marked decrease in visitors to this site, from approximately 250 per day in April 2017 to less than 50 per day in June 2017. Although this study did not measure engagement with the treatment itself, it showed the success of advertising campaigns in attracting interest to a website that promotes or discusses treatment.

Lastly, therapeutic treatment and psychoeducation programs delivered through web-based platforms appeared to engage large numbers of people attracted to children. Schuler et al. (2021) examined uptake of online resources from *Troubled Desire*, a web-based app for people attracted to children, released in 2017. The service offers anonymous self-assessment and self-management training modules, and was promoted via the internet (websites, social media, warnings in CSAM internet searches), TV, posters on public transport, billboards and partnering treatment programs in Germany and India (Schuler et al. 2021).

During a period of 2.5 years following release (October 2017 to April 2020), 4,161 users completed the self-assessment module. The majority of users were located in Germany (55%) and 11 percent in the United States. Overall, the app users were aged 14 years or over, with the largest proportion of users aged 19 to 21 years. Over three-quarters (79%) of users reported being sexually attracted to children, of which substantial proportions reported engaging in CSA (42%) or CSAM use (73%) in their lifetime. Users who were not sexually attracted to children also engaged in CSA (19%) and CSAM (27%) offending, albeit at lower rates. Importantly, most CSA and CSAM use among clients was not known to legal authorities. For example, of those with a sexual interest in children who reported engaging with CSAM, 16 percent had been prosecuted or sentenced for these offences (Schuler et al. 2021). The anonymity provided by web-based self-help platforms may help reach offenders and those at risk of offending in the community, particularly those who want to address their behaviour but are concerned about being identified or investigated.

Box 9: Summary: How well do these initiatives reach their target audience?

- Education and awareness-raising campaigns aimed at CSA/CSAM offenders or those at risk have attracted large numbers of individuals to online resources and helplines. During the Stop It Now! UK and Ireland CSAM deterrence campaign's six-month evaluation period, people interacted with the website 193,277 times—an average of 7,434 sessions each week.
- Notable proportions of people who responded to CSAM-specific Stop It Now! campaigns were seeking help regarding their own use of CSAM.
- Findings across several Stop It Now! initiatives demonstrated that public awareness-raising activities can successfully reach offenders unknown to law enforcement, and studies also found that a small minority of clients comprised those who had not offended but were at risk of offending.
- Media and social media campaigns targeting adults who are sexually attracted to children (eg Prevention Project Dunkelfeld) have been successful in reaching detected and undetected CSA and CSAM offenders and directing them to services for therapeutic treatment and support. Campaigns targeting young people who are attracted to children led to smaller numbers of clients making contact, and usually these young people were referred via adults (eg parents, social workers).
- Over 2.5 years, 4,161 individuals completed a self-assessment module through Troubled Desire, a web-based app that aims to help people who are sexually attracted to children stop offending. Substantial proportions of these users reported having already engaged in CSA or CSAM offending.
- The channels through which audiences learn about CSA/CSAM prevention initiatives appear to influence the types of clients who contact the programs. For instance, programs that rely on referrals from police capture more detected offenders compared with programs that advertise through broader channels. This suggests that police have a role to play in directing detected offenders to help services, but that public campaigns can also reach those unknown to law enforcement.

Findings from outcome evaluations

Outcome evaluations investigated how effective initiatives were in achieving their identified prevention aims. Although there was significant variation across the studies regarding the nature of the interventions examined and the methods used, studies generally relied on four key measures of success:

- mitigation of risk factors and promotion of protective factors associated with offending;
- improvement in knowledge and understanding of CSA and CSAM prevention mechanisms among adults responsible for the care of children;
- reductions in CSA and CSAM-related offending; and
- maintenance of non-offending among at-risk young people and adults.

These measures are described in more detail in Table 3. It is important to note that risk factors and protective factors explored in these studies were typically relevant to sexual offending in general rather than CSAM offending specifically. This is likely because the knowledge base on psychological characteristics of contact sexual offenders is larger and more established. Where information is available, impacts on risk and protective factors relating specifically to CSAM offending among individuals are discussed.

Table 3: Definitions of success used by outcome evaluations included in the review

Outcome	Definition	Measures
Mitigation of risk factors and promotion of protective factors	<p>Studies measured individual and group-level changes in risk factors shown to increase risk of offending and protective factors shown to mitigate risk of offending. This includes:</p> <ul style="list-style-type: none"> • individuals' awareness of the harms and impact of their behaviours; • improved understanding of 'triggers' for offending; • increased involvement in prosocial and non-sexual activities and hobbies; and • implementation of strategies to minimise risk of offending. 	Data from individuals who accessed interventions, as well as their family members and program staff. Data obtained via quantitative and qualitative interviews, focus groups, surveys and structured psychometric questionnaires.
Improvement in knowledge of CSA/CSAM and prevention measures among adults responsible for the care of children	<p>Studies examined the effectiveness of primary prevention programs in educating parents, carers and professionals about CSA prevention. This included increasing their awareness and understanding of CSA, their capacity to mitigate risk of CSA in their environment and to detect CSA when it has occurred.</p>	Quantitative and qualitative interviews with and structured questionnaires from individuals who participated in education programs. Analysis of archival records to ascertain the volume of calls to primary prevention helplines.
Reductions in CSA and CSAM-related offending	<p>Studies measured the impact of interventions on CSA and CSAM-related offending among individuals who accessed tertiary prevention programs. This included:</p> <ul style="list-style-type: none"> • reported offending (eg police data); • self-reported offending; and • actions taken by individuals to avoid CSA and CSAM-related offending in the future. 	Conviction or criminal charge data from objective sources, including the police and government departments. Participation of offenders in quantitative and qualitative interviews, surveys and structured psychometric questionnaires.
Maintenance of non-offending among at-risk young people and adults	<p>Studies measured the impact of interventions on CSA and CSAM-related offending among individuals who accessed secondary prevention programs. This included:</p> <ul style="list-style-type: none"> • observations by staff/teachers of problematic behaviour; • self-reported offending; and • actions taken by individuals to avoid CSA and CSAM-related offending in the future. 	Data from individuals who accessed interventions, as well as their family members and program staff. Data obtained via quantitative and qualitative interviews, focus groups, surveys and structured psychometric questionnaires.

Helplines and education and awareness campaigns

Primary and secondary prevention

Two studies (Hudson 2018; Schober et al. 2012) examined the impact of education and awareness-raising initiatives on knowledge and understanding of CSA and prevention measures among adults responsible for the care of children. As shown in Table 4, this group of interventions comprised primary or secondary prevention initiatives, including numerous initiatives run by Stop It Now! and Prevent Child Abuse Georgia in the United States. As listed in Table 2 (pages 16–19), Stop It Now! UK and Ireland has regional programs such as public education sessions in Wales.

There was evidence that interventions were effective in educating and raising awareness of CSA and CSAM behaviours among parents, teachers and other professionals in the community. Between 2002 and 2007, the Prevent Child Abuse Georgia initiative (developed in collaboration with Stop It Now! International) provided educational materials, training and helpline resources to Georgia residents and professionals (Schober et al. 2012). The aim of the initiative was to prevent all forms of CSA (including CSAM) in the community. The authors found that there was a decrease in the annual incidence of CSA in Georgia during the initiative's implementation period from 2002 to 2007 (average annual incidence=84 cases per 100,000 children) compared with the annual incidence in Georgia during the five years prior (average annual incidence=105 cases per 100,000 children). Although this trend implies that the initiative was successful in reducing CSA in the state, data from the National Child Abuse and Neglect Data System indicated that cases of CSA in most US states substantially decreased from 1992 to 2007 (Jones & Finkelhor 2007, cited in Schober et al. 2012). This suggests that the decrease in Georgia during the initiative's implementation period may have been driven by other (national) factors (Schober et al. 2012).

Hudson (2018) evaluated five programs involving workshops for parents, carers and professionals conducted by Stop It Now! Wales. Participants completed quantitative surveys before and after attending the workshops, rating their level of knowledge and confidence to act on concerns about CSA committed by adults on a scale from one to five. After completing the training, attendees demonstrated an increase in their knowledge and understanding of CSA and, to a lesser extent, in their confidence to act on their concerns and confidence that their actions will make a difference. Scores varied across the five programs. To provide one example, for recipients of the Internet Safety program the overall pre- and post-program scores increased relating to knowledge and recognition (2.5 to 4.4/5), confidence to act on concerns (2.6 to 4.3/5), and confidence that their actions will make a difference (2.6 to 4.2/5). Overall, while most participants reported that they benefitted from the workshops, parents experienced the most benefits. The author highlighted the need for more research that explores the specific training and educational needs of relevant professionals (Hudson 2018).

Table 4: Evidence from outcome evaluations of helplines and education and awareness campaigns

Program	Study	Outcome definition	Outcome achieved?
Primary and secondary prevention			
Stop It Now! (Wales)	Hudson (2018)	Knowledge and understanding of CSA	✓
Prevent Child Abuse Georgia (US)	Schober et al. (2012)	State-wide incidence of CSA	✓ ^a
Secondary and tertiary prevention			
Stop It Now! (UK and Ireland)	Brown et al. (2014)	Risk and protective factors	✓
		Self-reported behaviour	✓
	Coase, Feechan & Whitear (2020)	Risk and protective factors	✓
		Self-reported behaviour	✓
Stop It Now! (US)	Grant et al. (2019)	Self-reported behaviour	✓
Stop It Now! (UK and Netherlands)	Van Horn et al. (2015)	Risk and protective factors	✓
		Self-reported behaviour	✓

a: Although CSA reduced, the authors reported that cases of CSA in most US states substantially decreased during the study period; therefore the decrease in CSA observed in the study location (Georgia) during the initiative's implementation period may have been driven by other (national) factors

Secondary and tertiary prevention

The helplines and education and awareness campaigns identified in the current review target people who have already engaged in CSA or CSAM offending (both detected and undetected offenders), as well as those who are at risk of offending but have not offended. Where possible, the effectiveness of these interventions in preventing offending is presented separately for undetected offenders, detected offenders and those at risk of offending.

Newman and colleagues (2019) analysed survey data from offenders and individuals at risk of offending who contacted Stop It Now!; data were collected across three separate surveys hosted on the Stop It Now! *Get Help* website. The surveys were administered in 2015–16 ($n=93$; Survey 1), 2016–17 ($n=59$; Survey 2), and 2017–18 ($n=100$; Survey 3). The authors did not report on behaviour change results from Survey 1. Across Surveys 2 and 3, most offenders and those at risk of offending reported at least one type of behavioural change since hearing about Stop It Now! via police, media, social media or other means (Survey 2: 66%; Survey 3: 71%).

Among the individuals (offenders and those at risk of offending) who completed Survey 2 and reported a behavioural change, the most commonly reported changes were:

- stopping viewing CSAM (80%);
- engaging with Stop It Now! (69%);
- changing behaviour to avoid potentially risky situations (60%); and
- stopping viewing all forms of pornography (51%; Newman et al. 2019: 32).

It is important to note that these are proportions of respondents who reported a behaviour change, comprising approximately 39 individuals (only percentages provided); the study did not report these percentages for the entire sample. Further, among the same sample of respondents who reported behavioural change:

- similar proportions of undetected and detected respondents reported that they had stopped viewing CSAM (78% vs 82%); and
- a higher proportion of respondents who engaged with the program (eg calling the helpline, using the online self-help tool, attending online sessions), reported that they stopped viewing CSAM (92%) compared with those who did not engage with the program (55%).

While the sample size for some of the findings reported by Newman et al. (2019) was small, the study indicated that Stop It Now! led to positive behaviour change among clients. Importantly, however, no control group was included with which to compare outcomes.

Brown et al. (2014) assessed the user experiences and impacts of Stop It Now! UK; the study did not focus on the Ireland branch of the initiative. They analysed data from interviews with 47 Stop It Now! UK helpline users, and a feedback questionnaire completed by 112 helpline users. Among survey participants concerned about their own risk of offending who answered relevant questions ($n=32$), most reported that the initiative had:

- increased their awareness that their behaviour was harmful ($n=21/32$; 66%);
- increased their confidence in managing their own sexual thoughts ($n=23/32$; 72%) and sexual behaviour ($n=20/32$; 63%);
- changed their online behaviour (eg avoiding the internet, keeping their computer in a shared room in the house, and installing computer monitoring software provided by the Lucy Faithfull Foundation ($n=25/32$; 78%); and
- increased their engagement in positive, non-sexual activities including hobbies and socialising with friends ($n=23/32$; 72%).

The authors highlighted that the protective factors measured in the study have been found to be associated with desistance from CSA offending, and hence that their findings suggest that Stop It Now! UK can have positive outcomes for offenders. In addition to mitigating risk factors for offending and enhancing protective factors, the Stop It Now! helpline acted as a gateway, referring high-risk individuals to other specialised treatment services such as Inform Plus.

Similar positive findings relating to mitigation of risk factors or enhancement of protective factors were reported among undetected CSAM offenders who engaged with Stop It Now! and completed an online survey (Coase, Feechan & Whitear 2020). The authors noted a potential self-selection bias in the sample, as survey respondents chose to contact Stop it Now! directly, and therefore may have been more motivated to change.

Almost all respondents in the study (41 out of 42) reported that seeing the Stop It Now! CSAM deterrence campaign resources led to at least one change in their knowledge or attitudes, including:

- belief in their ability to change their behaviour ($n=29/42$; 69%);
- motivation to stop viewing CSAM ($n=26/42$; 62%);
- awareness of the personal ($n=22/42$; 52%) and legal consequences of viewing CSAM ($n=18/42$; 43%);
- willingness to engage in support to change their online behaviour ($n=22/42$; 52%);
- awareness of the impact that available support could have ($n=18/42$; 43%); and
- awareness of the way they justified their behaviour ($n=15/42$; 36%).

Analysing survey data from the same sample, the study produced more moderate results when reporting on actual behaviour changes among 36 undetected offenders who completed the behavioural change section of the online survey. They found that just under half ($n=16$) reported behavioural changes since hearing about the Stop It Now! CSAM deterrence campaign and resources. Specifically:

- 11 of 36 (31%) reported that they had stopped viewing CSAM;
- six of 36 (17%) stopped viewing pornography completely;
- six of 36 (11%) changed their behaviour to avoid risky situations; and
- four of 36 (11%) reported taking up safer and replacement activities (Coase, Feechan & Whitear 2020).

Smaller numbers contacted other support services ($n=3$), restricted their internet use ($n=2$) or social media use ($n=1$), and accessed recommended reading ($n=1$).

Generally, the studies evaluating helplines and education and awareness-raising initiatives, such as Stop It Now!, did not use robust methodologies that examined impact by comparing treatment and control groups, and the impacts on CSAM use were mixed and reported differently in each study. The *Quality of studies reviewed* section of this report (page 37) noted the practical and ethical difficulties of conducting robust evaluations in sex offender treatment research. This is particularly relevant for evaluations of anonymous support and intervention programs involving undetected offenders, as it is complex and often unethical to source a control group of eligible individuals who did not access the intervention. However, the two studies that focused on mitigation of risk factors and promotion of protective factors were consistent in reporting that these initiatives had positive impacts.

Circles of Support and Accountability

Evaluations have been conducted in several different countries on CoSA programs, which aim to prevent all forms of sexual offending rather than CSAM specifically. As the present review covers multiple initiatives, studies on CoSA were limited to the most recent evaluations conducted in the jurisdictions of focus in the present study (see *Method* section). Evaluations included in the present paper focused on CoSA programs in four different countries (see Table 5). There is evidence that CoSA participants (referred to as core members) exhibit lower rates of recidivism for contact sexual offences, reduced risk factors for offending and increased protective factors associated with desistance. While CoSA programs include all offending types (ie contact and non-contact sexual offending), they are generally aimed at high-risk sexual offenders (Hannem & Petrunik 2007). New CoSA programs such as Circles ReBoot that are aimed specifically at CSAM offenders, who have a moderate to low level of risk of offending or reoffending, are yet to be evaluated. However, evaluations of CoSA programs were included in this review as they provide intervention for CSAM offenders as well as other types of sex offenders.

Table 5: Overview of outcome evaluations for Circle of Support and Accountability (CoSA) programs

Region	Study	Outcome definition	Outcome achieved?
Canada	Wilson, Picheca & Prinzo (2007)	Risk and protective factors	✓
UK	Bates et al. (2013)	Recidivism rate	✓ ^a
USA	Duwe (2018)	Recidivism rate	✓
Netherlands	Höing, Vogelvang & Bogaerts (2017)	Risk and protective factors	✓
Scotland	Armstrong & Wills (2014)	Risk and protective factors	✓
		Self-reported behaviour	✓

a: Bates et al. (2013) found that CoSA reduced recidivism of contact sexual offending but not non-contact sexual offending

Note: As this review covers multiple initiatives, studies of CoSA were limited to the most recent evaluations conducted in the jurisdictions of focus. As such, this table is not representative of all CoSA evaluations

Duwe (2018) evaluated CoSA in Minnesota (US) using a randomised controlled trial (considered the gold standard in evaluation methodology; Hariton & Locascio 2018). The author analysed data from police administrative datasets to measure sexual reoffending following CoSA treatment among a treatment ($n=50$) and control ($n=50$) group, with an average follow-up period of six years. He found that core members who had received intervention through CoSA were 88 percent less likely to be rearrested for new sexual offences than the control group, who did not receive intervention with CoSA. The author also conducted a cost–benefit analysis, estimating that CoSA Minnesota generated a cost saving of US\$2 million to the state, or a cost–benefit of US\$40,923 per participant.

Similarly, Bates et al. (2013) compared reoffending rates for a sample of CoSA core members ($n=71$) and a group of convicted sexual offenders who were matched broadly on risk status and who were eligible for but for 'various reasons' (Bates et al. 2013: 867) did not participate in CoSA ($n=71$). Both samples were in the United Kingdom. The analysis was based on UK police data for contact sexual offending, non-contact sexual offending (exact behaviours not defined) and violent offending. The average follow-up period was 4.6 years for the comparison group and 4.4 years for the treatment group. They found that 14 percent of the comparison group reoffended with contact sexual or violent offences (these offences were combined) at follow-up, compared with none of the treatment group, a difference that was statistically significant. Conversely, the rate of reoffending for non-contact sexual offences (which may include CSAM offences) was higher among members of the treatment group ($n=3$; 4.2%) relative to offenders in the comparison group ($n=2$; 2.8%; Bates et al. 2013). Although the number of such reoffences in both groups was small, findings nevertheless may indicate that this CoSA program had an impact on contact sexual offences but not non-contact sexual offences.

Other evidence suggests that CoSA programs led to the mitigation of risk factors associated with sexual offending. An evaluation of the Netherlands CoSA (Höing, Vogelvang & Bogaerts 2017) found that core members demonstrated increased emotion regulation, internal locus of control, reflective skills, openness, problem-solving skills, social skills, agency and self-regulation between program commencement and 12-month follow-up. It should be noted that the study did not measure these factors in a comparison group of offenders who did not receive treatment, so it is difficult to attribute behaviour changes to the treatment. However, the results are consistent with those of the aforementioned randomised controlled trials conducted on CoSA in other locations, finding the program reduced reoffending among sexual offenders (Bates et al. 2013; Duwe 2018).

Further, evidence from CoSA programs in Canada (Wilson, Picheca & Prinzo 2007) and Scotland (Armstrong & Wills 2014) suggests that core members felt they would have reoffended (with sexual or other offences) without the support of their circle. Moreover, a survey of program volunteers ($n=57$), law enforcement, social services and agency personnel ($n=16$) and community members ($n=77$) found that most respondents believed that the Canadian CoSA program contributed to community safety and increased offender responsibility and accountability (Wilson, Picheca & Prinzo 2007).

Evaluations of CoSA programs that did not compare reoffending between treatment and control groups were consistent in their findings that CoSA programs had positive outcomes. This included helping to mitigate risk factors for sexual offending, offenders perceiving that the program prevented them from reoffending, and enhancing perceptions among community volunteers, professionals and other stakeholders that it contributed to community safety. This taken in combination with the more robust studies measuring reoffending suggests that, overall, CoSA programs have positive outcomes including reducing reoffending of contact sexual offences (against adults and children). However, there is no evidence thus far to suggest CoSA programs are effective at reducing non-contact sexual offending, including CSAM offending. It should be emphasised this does not necessarily mean that the CoSA model cannot be effective in reducing CSAM offending. Rather, it may point to a need for separate CoSA programs to be designed specifically for CSAM offenders, such as Circles ReBoot, which has not yet been evaluated. Further research is needed.

Therapeutic treatment and psychoeducation

Secondary and tertiary prevention

Seven studies examined community-based therapeutic treatment programs for undetected CSA and CSAM offenders and those at risk of offending. Two programs included Prevention Project Dunkelfeld (Beier et al. 2015; Engel et al. 2018; Gieseler et al. forthcoming, cited in Beier et al. 2021; Konrad, Amelung & Beier 2018; Mokros & Banse 2019) and the Prevention of Sexual Abuse Project (Wild et al. 2020), both in Germany (see Table 6). A third program was Prevent It (Lätth et al. 2022), based in Sweden. Overall, evidence on the effectiveness of these therapeutic programs in preventing future CSA or CSAM offending is mixed. There is some evidence that participation in treatment is associated with a decrease in risk factors linked to offending. However, the evidence on the impact on self-reported CSA or CSAM-related behaviours is less clear.

Lätth et al. (2022) evaluated Prevent It, a therapist-supported intervention delivered anonymously online, by conducting a randomised psychological placebo-controlled trial with a one-month follow-up. The authors recruited adult participants online between 2019 and 2021, mostly through darknet forums. To be eligible, respondents had to have used CSAM in the week prior to study recruitment and have sufficient English language proficiency. Given the anonymity of darknet forums, respondents could be from anywhere in the world, and information on their location was not collected. CBT-based treatment was delivered anonymously via an onion (Tor) link, over a maximum duration of eight weeks. Respondents were randomly allocated to the Prevent It intervention group ($n=76$) or a control group, which received a psychological placebo that lacked CBT elements ($n=78$). Respondents were not told whether they were receiving treatment or psychological placebo, but the research team members were provided with this information. Respondents were asked how often they viewed CSAM per week pre- and post-treatment using the Sexual Child Molestation Risk Assessment (SChiMRA+) measure. The authors found that decreases in CSAM viewing were significantly greater in Prevent It participants, at two out of nine individual time points, which were measured at weeks 1 to 7 of treatment, post-treatment (upon completion), and follow-up (one month). The average number of hours spent viewing CSAM per week decreased from approximately six to two hours among Prevent It respondents across the duration of treatment. Although incorporating a short follow up period, this evaluation was relatively robust in comparison with other studies measuring impact on CSAM use, and showed that Prevent It significantly reduced frequency of CSAM viewing.

A study by Gieseler et al. (forthcoming, cited in Beier et al. 2021) analysed data from interviews with 56 participants who completed the Prevention Project Dunkelfeld treatment program between 2015 and 2017. During interviews respondents were asked about engagement with CSA and 'abuse images' (not further defined, but likely refers to CSAM) before, during and after treatment. Prior to the end of treatment, 28 participants (50%) self-reported committing one or more sexual offences against a child or adolescent (of which only 6 were known to authorities for these offences). Forty-four participants (79%) reported that they had 'used abuse images of varying kinds and with varying frequency before the end of therapy' (Gieseler et al. forthcoming, cited in Beier et al. 2021: 50; further details not specified), of which only five were known to authorities for these offences. After the end of treatment, one participant self-reported that they had committed sexual abuse against a child, whereas the remaining 55 participants (98%) did not. The authors reported that 18 respondents (32%) self-reported no further use of abuse images after the end of treatment. Although the study did not specify, it is assumed that the remaining 68 percent continued to use abuse images after the end of treatment.

The findings by Gieseler et al. (forthcoming, cited in Beier et al. 2021) relating to use of abuse images pre- and post-treatment at Prevention Project Dunkelfeld are not comparable with rates of CSAM reoffending post arrest based on criminal justice figures. One meta-analysis found that only 3.4 percent of online offenders (including CSAM and online grooming offenders) reoffended with a CSAM offence during a follow-up period of 1.5 to six years (Seto, Hanson & Babchishin 2011). However, criminal justice figures tend to under-represent offending; Gieseler et al. (forthcoming, cited in Beier et al. 2021) demonstrated this in their study, with only a minority of CSA offenders and users of abuse images being 'known to authorities' for these offences. Although the majority of respondents who had used abuse images continued to do so after treatment at Prevention Project Dunkelfeld, the authors reported that among these individuals, 'the frequency in use and severity of images were reduced in a number of cases' (Gieseler et al. forthcoming, cited in Beier et al. 2021: 51). No further details were provided regarding this finding.

In a pilot study, Beier and colleagues (2015) examined risk factor scores (via self-report questionnaires) for offending and self-reported CSA and CSAM reoffending among self-identified paedophiles and hebephiles who completed a one-year treatment program through Prevention Project Dunkelfeld ($n=53$). These rates were compared with those of a control group of untreated respondents on a waiting list ($n=22$). Comparing the treatment group before and after treatment showed treatment completers demonstrated a statistically significant reduction in loneliness, emotion-oriented coping, emotional victim empathy deficits, coping self-efficacy deficits, and sexual preoccupation following treatment. Some risk factors remained unchanged (self-esteem deficits, cognitive victim empathy deficits, and sexualised coping). No changes in risk factor scores were found among the control group after a 12-month period. Control group respondents also had greater deficits in victim empathy than the treated respondents.

While findings from Beier et al. (2015) indicated that Prevention Project Dunkelfeld reduced dynamic risk factors associated with CSA offending, there were no statistically significant differences in self-reported CSA/CSAM reoffending rates between the treatment group (during treatment) and the control group (during the waiting period). Contact CSA reoffending was slightly lower in the treatment group (20%, $n=5$) relative to the control group (30%, $n=3$), whereas rates of CSAM reoffending were higher in the treatment group (91%, $n=29$) relative to the control group (76%, $n=13$). The authors reported that these behaviours were measured during the course of treatment, so it is assumed that reoffending was not measured after treatment. In addition, 24 percent of men with no history of CSAM use reported first-time CSAM use during treatment. This latter finding led the authors to suggest that treatment may have had an 'iatrogenic' effect, whereby non-CSAM offenders may have learnt how to offend online when engaging with CSAM offenders in group settings. The authors (Beier et al. 2015) note that while the pilot study shows that it is possible to reduce risk factors for CSA, additional research is needed to understand predictors of recidivism among those who attend the Prevention Project Dunkelfeld treatment program and to properly assess long-term behavioural changes.

The study by Beier et al. (2015) was critiqued by Mokros and Banse (2019), who re-analysed these data using an effect size index (which compares the changes occurring in the treatment and control groups) to better account for pre-existing differences between the treatment group ($n=53$) and the wait list control group ($n=22$). Among treated individuals, the analysis identified no statistically significant changes between pre- and post-treatment scores for risk factors associated with CSA and CSAM use. However, they noted that their re-analysis had the same limited statistical power as the original study, and that the possibility of the program being effective could not be ruled out. The authors also highlighted the difficulty of conducting a robust evaluation of treatment for undetected CSA offenders (Mokros & Banse 2019).

In another evaluation of Prevention Project Dunkelfeld (Engel et al. 2018), individuals who completed treatment ($n=35$) showed significant post-treatment decreases in several risk factors (eg offence-supportive attitudes, coping self-efficacy deficits and child identification). For ethical reasons, changes in risk factors were not compared with those in a matched control group. Therefore, it is unclear whether these changes are attributable to the treatment program or to other time-related factors (eg the resolution of legal proceedings). However, in contrast to Beier et al.'s (2015) study, none of the treated participants began using CSAM during the course of the study, which suggests that the Prevention Project Dunkelfeld treatment program did not have iatrogenic effects on CSAM offending in this sample.

Lastly, in a case study of one CSAM offender who underwent treatment (Konrad, Amelung & Beier 2018), the participant showed improvement in dynamic risk factors for offending (depressiveness, loneliness, hypersexuality and psychosocial impairment) and self-reported that he had abstained from CSAM use at three-year follow-up. Due to the case study methodology used, it is not possible to determine whether positive changes experienced by this individual were directly attributable to the treatment received.

Taken as a whole, findings on the impact of Prevention Project Dunkelfeld on self-reported CSA reoffending, self-reported CSAM reoffending and dynamic risk factors for offending pre- and post-treatment were mixed. Regarding the impact on CSAM offending, some studies reported positive outcomes from the program (eg a decrease in frequency or severity of use), while others reported little change in CSAM use among CSAM offenders and that some contact-only CSA offenders began using CSAM during treatment. Further, studies were often hampered by small sample sizes. In summary, while there is some evidence that Prevention Project Dunkelfeld reduces risk factors associated with CSA offending, evidence relating to the effectiveness of the program in reducing reoffending for CSA and CSAM offences is currently unclear, which may partly be due to an absence of robust evaluations of the program.

The Prevention of Sexual Abuse program, also in Germany, offers treatment to individuals with a self-reported sexual interest in children and adolescents. Like Prevention Project Dunkelfeld, clients can be detected or undetected offenders, but unlike Prevention Project Dunkelfeld they do not have to be diagnosed as paedophilic (Wild et al. 2020). Wild and colleagues (2020) evaluated the Prevention of Sexual Abuse program by measuring reoffending and changes in risk and protective factors. The study found:

- From pre- to post-intervention there were statistically significant decreases in emotional distress, respondents' perception that they would commit further sexual offences, and offence-supportive attitudes—for the last factor this change was sustained at one-year follow-up.
- There were no statistically significant changes across time in participants' self-efficacy, life satisfaction, or self-perceived ability to control deviant sexual impulses (as measured by the Coping Self-Efficacy Scale Related to Minors).

Information on reoffending was obtained from 19 participants, including three contact (CSA-only) offenders, 12 CSAM-only offenders, and four mixed offenders (who committed both CSA and CSAM offences). Follow-up data from one year after treatment was available for six participants. No participants reported committing contact child sexual offences during treatment or in the following 12 months. Six respondents reported using CSAM during the treatment, including five of the 12 CSAM-only offenders and one of the four mixed offenders. At one-year follow-up, one of six respondents (a CSAM offender) reported using CSAM. Reductions in contact offending before and after treatment were not statistically significant, while reductions in CSAM offending were.

Before and after intervention, there was a statistically significant decrease in self-reported frequency of using CSAM depicting younger children, and a non-significant decrease in the frequency of using CSAM depicting adolescents (based on Sexual Fantasies and Behaviors Questionnaire). While the frequency of use of CSAM depicting younger children (but not adolescents) reduced significantly pre- and post-intervention, it was unclear whether this was due to treatment or to other factors. Further, Wild and colleagues (2020) noted that the small sample size limited the capacity to statistically compare rates of offending over time. Thus, while the Prevention of Sexual Abuse program appeared to have positive impacts on offending, the authors noted that the study's methodology limited its ability to determine effectiveness.

Tertiary prevention

There is evidence that community-based tertiary treatment programs designed for adults who have already sexually offended are associated with reduced sexual reoffending. Evaluations were only included if they were identified via the study's search terms or the international expert advisory group. Generally, this meant that the programs accepted CSAM offenders into the treatment, even if evaluations did not measure the impact on CSAM offending. Three such programs in New Zealand (Safe Network Auckland, STOP Wellington and STOP Christchurch) were evaluated by Lambie and Stewart (2003). The authors compared the sexual reoffending rate (based on conviction and charge data) among treated sexual offenders ($n=175$) and a comparison group of sexual offenders who had completed an assessment but could not undertake treatment for a range of reasons ($n=28$). After a median of four years follow-up, the overall sexual reoffending rate in the treatment group was eight percent (5% when limited to participants who had completed the program). In contrast, the sexual reoffending rate among the assessment-only group was 21 percent. Reductions in CSAM offending were not measured.

The impact of treatment on offenders recruited from prison populations is less clear, as only one evaluation in this review examined tertiary prevention among incarcerated individuals. Marques et al. (2005) evaluated the California Sex Offender Treatment Program by analysing recorded offence and questionnaire data for offenders convicted of either offences against children (CSAM or CSA) or sexual offences against adults. Offenders were assigned to one of three main groups:

- those who volunteered and were randomly selected to receive treatment and who completed at least one year ($n=190$);
- those who volunteered but were randomly selected to not receive treatment ($n=225$); or
- those who were eligible but chose not to participate in treatment ($n=220$).

The study found no significant differences among the three groups in their rates of sexual reoffending. After adjusting for pre-treatment risk scores across the groups, the rate of sexual reoffending (not differentiated by offender type) among treatment completers (22%) was similar to the rates for those who volunteered but did not receive treatment (24%) and those who chose not to participate in treatment (23%). The study also examined reoffending among those who dropped out of treatment or withdrew prior to treatment. They found that sexual reoffending was highest among those who had attended treatment but dropped out after less than one year (36%). CSAM reoffending was not measured separately from other offences.

Table 6: Evidence from outcome evaluations of therapeutic treatment and psychoeducation

Program	Study	Outcome definition	Outcome achieved?
Secondary and tertiary programs			
Prevent It (Sweden)	Lätth et al. (2022)	Self-reported behaviour	✓
Prevention of Sexual Abuse program (Germany)	Wild et al. (2020)	Risk and protective factors	✓
		Self-reported behaviour	✗
Prevention Project Dunkelfeld (Germany)	Beier et al. (2015)	Risk and protective factors	?
		Self-reported behaviour	?
	Engel et al. (2018)	Risk and protective factors	✓
	Gieseler et al. (forthcoming, cited in Beier et al. 2021)	Self-reported behaviour	?
	Mokros & Banse (2019)	Risk and protective factors	✗
		Self-reported behaviour	✗
Konrad, Amelung & Beier (2018)	Risk and protective factors	✓	
		Self-reported behaviour	✓
Tertiary programs			
California’s Sex Offender Treatment Program (US)	Marques et al. (2005)	Recidivism rate	✗
Inform Plus (UK)	Dervley et al. (2017)	Risk and protective factors	✓
		Gillespie et al. (2018)	Risk and protective factors
Internet Sex Offender Treatment Programme (i-SOTP; UK)	Middleton, Mandeville-Norden and Hayes (2009)	Risk and protective factors	✓
Native Clan Organization’s Forensic Behavioral Management Clinic (Canada)	Ellerby (2015)	Recidivism rate	✓
Safe Network Auckland; STOP Wellington; STOP Christchurch (NZ)	Lambie & Stewart (2003)	Recidivism rate	✓
Safe Network Auckland; WellStop Wellington; STOP Christchurch (NZ)	Lambie et al. (2007)	Recidivism rate	✓
Te Piriti Special Treatment Program (NZ)	Nathan, Wilson & Hillman (2003)	Recidivism rate	✓
WellStop Wellington; STOP Christchurch (NZ)	Weedon (2015)	Risk and protective factors Recidivism rate	✓

Effectiveness of prevention initiatives among specific populations

The following section synthesises the available evidence regarding effectiveness of prevention initiatives among specific populations of interest—namely, CSAM users, young people, Indigenous people, and people with cognitive disability. It should be noted that no evaluations were identified that examined program impact on CSAM offending among young people, Indigenous people and those with cognitive disability who sexually offend. For this reason, we reviewed studies that looked at reducing sexual offending more broadly among these populations.

CSAM users

Few of the reviewed evaluations reported on the effectiveness of the interventions among different types of offenders—that is, whether the initiatives were effective for participants who had engaged in contact CSA-only offending, CSAM-only offending, or both (mixed offenders). The available evidence is not clear on the effectiveness of these interventions in reducing CSAM offending.

Prevention Project Dunkelfeld and the Prevention of Sexual Abuse program are therapeutic treatment programs, both located in Germany, that target all forms of CSA among people who are sexually attracted to children. The review found that the effectiveness of these programs in preventing and reducing CSAM use is mixed.

Gieseler and colleagues (forthcoming, cited in Beier et al. 2021) followed up with 56 individuals who completed the Prevention Project Dunkelfeld treatment program at least one year prior, the majority of whom (79%, $n=44$) reported that they had ‘used abuse images of varying kinds and with varying frequency before the end of therapy’ (Gieseler et al. forthcoming, cited in Beier et al. 2021: 50). ‘Abuse images’ were not defined but it is assumed these refer to, or at least include, CSAM. The authors reported that after the end of treatment 18 respondents (32%) self-reported no further use of abuse images. Although the authors did not specify, it is assumed that the majority (the remaining 68%) continued to use abuse images after the end of treatment. The authors reported that among those who reported continued use of abuse images: ‘the frequency in use and severity of images were reduced in a number of cases’ (Gieseler et al. forthcoming, cited in Beier et al. 2021: 51). Information was not provided on the number of respondents who experienced this specific impact.

In a pilot study, Beier et al. (2015) examined self-reported CSAM use among 53 individuals sexually attracted to children who completed Prevention Project Dunkelfeld's group treatment program (Germany). These self-reports were compared with those of a control group of untreated respondents on a waiting list ($n=22$). During treatment, among CSAM-only offenders, almost all (91%) reported further use of CSAM, a rate that was higher than that of the control group (76%). One-quarter (24%) of those with no prior history of CSAM use (who may have engaged in contact CSA) reported first-time use of CSAM during treatment. The authors suggest that these counterintuitive findings could be due to an 'iatrogenic' effect, whereby non-CSAM offenders learnt how to offend online when participating in group treatment with CSAM offenders. They also suggest that the idea that CSAM is more acceptable than contact CSA may have been inadvertently conveyed via the various instructions provided by the manual (Beier et al. 2015). However, CSAM use was not measured post-treatment, and thus it is difficult to determine from this pilot study whether the program had an impact on CSAM use. Within-group analyses did suggest that treatment completers demonstrated a statistically significant reduction in several dynamic risk factors for sexual offending, from pre- to post-treatment.

A study by Wild et al. (2020) examined the impact of the Prevention of Sexual Abuse program (also in Germany) on CSAM and contact CSA offending. Information on reoffending was obtained from 19 participants, including three contact (CSA-only) offenders, 12 CSAM-only offenders, and four mixed offenders (who committed both CSA and CSAM offences). Follow-up data (one-year post-treatment) was available for six participants. CSAM use was reported by six respondents during the treatment, including five of the 12 CSAM-only offenders and one of the four mixed offenders. At one-year follow-up, one of six respondents (a CSAM offender) reported using CSAM. From pre-intervention to post-intervention, there was a significant decrease in the frequency of using CSAM depicting younger children and a non-significant decrease in frequency of using CSAM depicting adolescents. The authors noted that, due to the limitations of their methodology (including small sample sizes and no control group), 'treatment effects cannot be inferred and external validity is limited' (Wild et al. 2020: 1).

The effectiveness of CoSA programs in reducing CSAM offending is also unclear, despite evaluations showing that this program is effective in reducing contact sexual reoffending. Only one study was located (Bates et al. 2013) that evaluated CoSA programs and examined the impact on non-contact sexual offending (which may include CSAM). The authors compared reoffending rates for contact sexual offending, non-contact sexual offending (exact behaviours not defined), and violent offending (average follow-up period of 4.6 years) among a sample of CoSA core members in England (treated offenders; $n=71$) and a matched sample of convicted sexual offenders who did not receive CoSA treatment ($n=71$). Relevant to this section of the present report, the authors found that the rate of reoffending for non-contact sexual offences was slightly higher among the treatment group ($n=3$; 4.2%) compared with the comparison group ($n=2$; 2.8%). It should be emphasised here that the rate of reoffending for non-contact sexual offences was generally low (under 5%) among both the treatment and control groups. With only one evaluation of CoSA located that examined the impact of CoSA on reoffending for non-contact sexual offences, it is difficult to determine the program's effectiveness in reducing CSAM offending.

Research examining the impact of Stop It Now! UK and Ireland's CSAM deterrence campaigns on preventing and reducing CSAM use has generated positive findings with regard to changing knowledge and attitudes (protective factors). Many undetected CSAM offenders who contacted the initiative reported benefits, such as increased belief in their ability to change their behaviour (69%), increased motivation to stop viewing CSAM (62%) and increased awareness of the personal consequences of offending (52%; Coase, Feechan & Whitear 2020).

However, the impact of Stop It Now! on reducing self-reported CSAM use and behavioural change is less established. Coase, Feechan and Whitear (2020) found that, of the 36 undetected offenders who answered the behavioural change section of an online survey, just under half ($n=16$) reported changing their behaviour since hearing about the Stop It Now! CSAM deterrence campaign and resources, and 11 of the 36 (31%) reported that they had stopped viewing CSAM. Rates of behavioural change were slightly higher in a study by Newman et al. (2019). They reported that across two surveys of Stop It Now! users ($n=59$ and $n=100$, respectively), 66 and 71 percent of respondents (detected or undetected offenders or those at risk of offending) reported some form of behavioural change since hearing about Stop It Now! Of those who reported behavioural change, 80 percent said that they had stopped CSAM use. In the absence of treatment and control groups to compare, it is difficult to determine the effectiveness of Stop It Now! programs in reducing CSAM offending. However, multiple evaluations have been conducted and report consistently positive outcomes from the Stop It Now! initiative.

Lätth et al. (2022) evaluated Prevent It, a therapist-supported intervention delivered anonymously online, by conducting a randomised psychological placebo-controlled trial with a one-month follow-up. The authors recruited adult participants anonymously online between 2019 and 2021, mostly through darknet forums, and their locations were unknown. CBT-based treatment was delivered anonymously via an onion (Tor) link, over a maximum duration of eight weeks. Respondents were randomly allocated to either the Prevent It intervention group ($n=76$) or a control group who received a psychological placebo that lacked CBT elements ($n=78$). Respondents were not told whether they were receiving treatment or a psychological placebo, but the research team members were provided with this information. Weekly frequency of CSAM viewing was measured using the Sexual Child Molestation Risk Assessment (SChiMRA+) measure pre- and post-treatment. The authors found that there was a significantly larger decrease in weekly CSAM viewing time among Prevent It respondents compared with control group respondents, pre- to post-intervention. The number of hours spent viewing CSAM per week decreased from approximately six to two hours among Prevent It respondents across the duration of treatment.

This evaluation showed that Prevent It significantly reduced CSAM viewing, although the follow-up period was short (one month) and it was unclear what proportion of respondents stopped viewing CSAM completely following treatment. More evaluations should be conducted that use a similar methodology to measure impacts on CSAM use from interventions focused specifically on CSAM-offending, while incorporating longer follow-up periods.



Prevent It

There was a significantly larger decrease in CSAM viewing among Prevent It participants compared with placebo participants

Evaluations of tertiary treatment programs designed specifically to target CSAM use demonstrate positive results among CSAM offenders (Inform Plus and the Internet Sex Offender Treatment Programme; i-SOTP). Of note, however, is that these studies measured effectiveness by examining changes in risk and protective factors rather than use of CSAM (Dervley et al. 2017; Gillespie et al. 2018; Middleton, Mandeville-Norden & Hayes 2009).

Dervley et al. (2017) conducted qualitative interviews with participants, their partners and staff members of Inform Plus ($n=21$), run by the Lucy Faithfull Foundation, which also delivers Stop It Now! UK and Ireland). The sample comprised 13 male program leavers and eight non-offending individuals associated with the program leavers. After course completion, offenders generally reported an increased motivation to change, increased ability to communicate with others and increased confidence in the possibility of living a fulfilling life that does not involve offending. This qualitative study did not report the proportion of participants who reported changes in risk or protective factors.

Gillespie et al. (2018) surveyed 92 participants who completed Inform Plus, and reported statistically significant decreases in risk factors (depression, anxiety, stress and distorted attitudes) and increases in protective factors (social competency, internal locus of control, self-efficacy and self-esteem) based on pre- and post-treatment scores. Most treatment effects remained stable eight to 12 weeks following program completion, although some factors (such as greater emotional regulation and empathy) were not sustained at follow-up. The authors (Gillespie et al. 2018) concluded that community-based psychoeducational group-work programs can effectively target difficulties in affective and interpersonal functioning that may play a role in the offence process for CSAM users.



Tertiary prevention programs designed specifically for CSAM offenders reduced risk factors associated with offending and enhanced protective factors

Another tertiary prevention program for CSAM use is the Internet Sex Offender Treatment Programme (I-SOTP) in the United Kingdom. Middleton, Mandeville-Norden and Hayes (2009) conducted pre- and post-treatment psychometric assessments among 264 CSAM offenders who had completed the program. They found statistically significant improvements across 11 of the 12 socio-affective factors broadly associated with CSAM offending (eg impulsiveness, loneliness and self-esteem). The largest change observed related to offenders' capacity to empathise with victims. Treated individuals also displayed insight into their own offending, a greater sense of accountability for their behaviour, the capacity to identify effective strategies for dealing with risk, fewer cognitive distortions that facilitate abuse, less emotional over-identification with children, and greater self-management and impulse control. Data on participants' full psychological profile was available post-treatment for 199 individuals. Over half (53%) of these treated individuals successfully achieved a 'treated' psychological profile, meaning that their risk factor scores were indistinguishable from those of the general (non-offending) population. These findings are consistent with findings relating to other UK-based psychoeducational interventions for CSAM users (Rimer 2021), which have helped participants to understand and manage triggers for CSAM offending and identify and fulfil their needs (previously met by offending) in prosocial ways.

While more robust evaluations of initiatives designed specifically for CSAM offenders are required (ie studies that measure reoffending and use control groups), the findings currently available are promising.

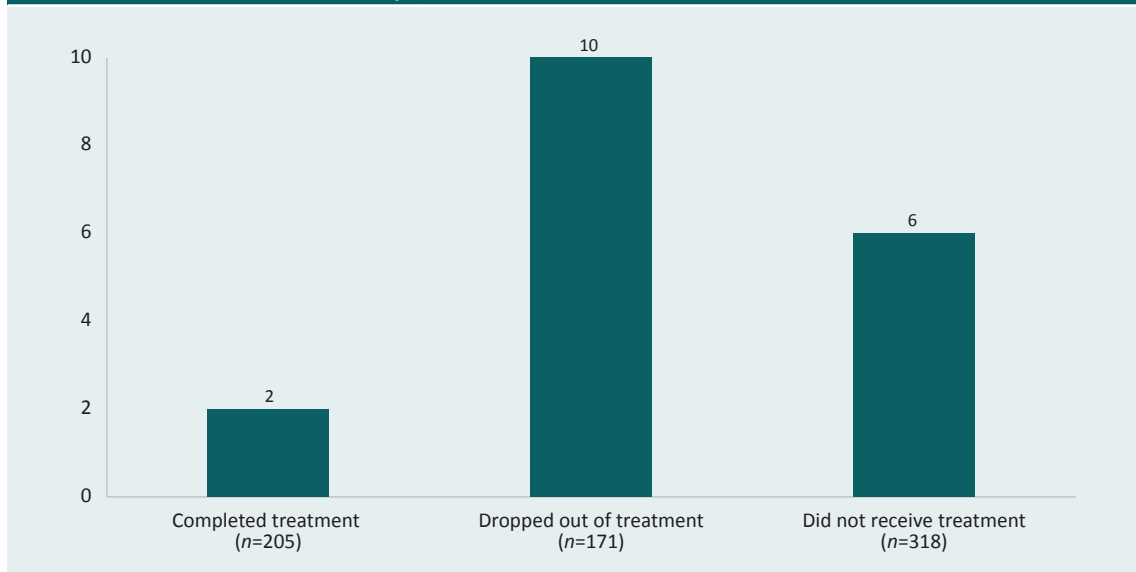
Young people

The current review did not identify any studies that evaluated programs aiming to prevent CSAM use among young people. For this reason, we reviewed studies that evaluated programs for young people with harmful sexual behaviour more broadly (involving victims of any age). Some of these programs may also address CSAM use, but this information was not available.

Positive results were reported for the youth streams of three community-based treatment programs in New Zealand (Safe Network Auckland, WellStop in Wellington and STOP in Christchurch). These programs were evaluated by Lambie et al. (2007), who compared sexual reoffending rates (against victims of any age) among young offenders aged 10 to 18 years who had completed treatment at one of the three programs ($n=205$), who had dropped out of treatment ($n=171$), or who had not received treatment ($n=318$). Reoffending information was collected from government records and police criminal charge and conviction data. Across the three programs, the overall sexual reoffending rate for young people who had successfully completed treatment (2%) was significantly lower than the rates for young people who dropped out of treatment (10%) or did not receive treatment (6%; Figure 4).

This is consistent with a smaller study (Weedon 2015) of 12 boys aged 11 to 17 years who had engaged in harmful sexual behaviours, and who had commenced treatment based on the Good Way model (developed by WellStop), at WellStop or STOP. The study found that treatment was associated with a reduction in harmful sexual behaviours (as reported by clients and parents) and risk factors for offending, and an increase in protective factors (eg prosocial behaviours) associated with desistance (Weedon 2015). Geary, Lambie and Seymour (2010) similarly reviewed several initiatives in New Zealand for ‘sexually abusive’ young people (Safe Network, WellStop and STOP) in which families are offered a broad range of interventions including family education and support. This study found that most young people (83%) reported that the support of family members made a significant contribution to their involvement in treatment. Most young people (83%) and parents (82%) discussed how issues within the family unit had been identified and addressed in family therapy (eg developing openness and trust between family members; Geary, Lambie & Seymour 2010). The three studies did not report on the impact of CSAM offending (Geary, Lambie and Seymour; 2010; Lambie et al. 2007; Weedon 2015).

Figure 4: Reoffending rate among young offenders aged 10–18 years, by participation in Safe Network, STOP or WellStop (%)



Note: The young people in the treatment groups participated in one of the following treatment programs: Safe Network Auckland, WellStop in Wellington or STOP in Christchurch

Source: Data obtained from Lambie et al. (2007)

The New Street Adolescent Services are a series of programs in New South Wales that treat children and young people aged 10 to 17 years who engage in sexually abusive behaviours, often against other children. It is a requirement of entry that the young person's family be involved in the treatment (Macgregor 2008). KPMG (2014) conducted an evaluation of the New Street Adolescent Services using a mixed-methods approach including analysis of program documentation, metrics and costings, and interviews with clients, families, workers and key stakeholders of the program. Of the 71 young people who had successfully completed the program over a 2.5 year period, 89 percent ($n=63$) had ceased their harmful sexual behaviours at completion. At three months follow-up, three percent ($n=2$) had engaged in harmful sexual behaviour. The authors (KPMG 2014) consulted with young people, parents and carers, who emphasised that the relationships with their counsellors were the most significant factor in influencing positive outcomes.

The present study noted an absence of evaluations of programs for young people who are at risk of engaging in harmful sexual behaviour or who are already engaging in harmful sexual behaviour but have not been detected by authorities. As noted earlier, there was also no information available on the effectiveness of programs that aim to prevent CSAM use among young people. However, the available research suggests that treatment and intervention programs are effective in reducing harmful sexual behaviour and associated risk factors among young people.

Indigenous people

Four studies reported on outcomes for Indigenous persons who participated in interventions aimed at preventing sexual reoffending. This evidence indicates that community-based tertiary interventions benefit both Indigenous and non-Indigenous offenders. While one intervention was aimed at child sexual offenders (Te Piriti Special Treatment Program; Nathan, Wilson & Hillman 2003), most interventions targeted sexual offenders with victims of any age (Safe Network Auckland, WellStop in Wellington, STOP in Christchurch, the Native Clan Organization's Forensic Behavioral Management Clinic in Canada, and New Street Adolescent Services in Australia).

An evaluation of community-based treatment programs in New Zealand for young people who have sexually offended (Safe Network Auckland, WellStop in Wellington, and STOP in Christchurch; Lambie et al. 2007) demonstrated that those who had successfully completed treatment were significantly less likely to sexually reoffend in the future. Although reoffending rates were not differentiated for Māori and non-Māori young people, the authors (Lambie et al. 2007) reported that reoffending was not found to be related to ethnicity, suggesting that the treatment effect was similar among Māori and non-Māori youth.

Further evidence suggests that the Te Piriti Special Treatment Program, a tertiary prevention program in New Zealand, was effective in reducing sexual reoffending among Māori and non-Māori offenders imprisoned for sexual offences against children. An evaluation (Nathan, Wilson & Hillman 2003) compared adult males who participated in the program ($n=201$) with a matched control group of convicted child sexual offenders who did not receive treatment ($n=283$), with a mean follow-up period of 3.9 years. The treatment group had a statistically significant lower overall sexual reoffending rate (5.5%) compared with the control group (21.0%). One-third (34%) of the treatment group were Māori, and the reoffending rate was low for both Māori men (4.4%) and non-Māori men (6.0%) who completed the program.

Similar positive results have been reported among adult offenders who attended the Native Clan Organization's Forensic Behavioral Management Clinic in Canada for sexual offending. An evaluation of the program (Ellerby 2015) using recidivism data with a maximum follow-up period of 10 years found that Indigenous men who attended the program were significantly less likely to sexually reoffend (8%) relative to matched Indigenous offenders who did not complete the program (25%). Although the reoffending rates were slightly higher among Indigenous clients (8%) compared with non-Indigenous clients (3%) who completed the program, this difference was not statistically significant.

Finally, the evaluation of the New Street Adolescent Services in Australia (noted earlier) found that 87 percent of Indigenous children and young people who successfully completed the program had ceased their harmful sexual behaviour at program completion. While 71 clients completed the program during the study period (2.5 years), the number who were Indigenous was not stated. There were no reported recurrences of sexual offending by Indigenous children and young people who completed the program at three month follow-up (KPMG 2014).

Overall, the evidence suggests that tertiary treatment programs for individuals detected for sexual offending or harmful sexual behaviour are effective in reducing reoffending among Indigenous males. However, more research needs to examine the effectiveness of interventions for Indigenous people in preventing CSA and CSAM among those at risk of offending and those who have offended but are unknown to authorities.

People with cognitive disability

Only two studies evaluated treatment outcomes among sexual offenders with special needs (Lambie et al. 2007; Weedon 2015), and both examined outcomes for young people who completed community-based treatment programs in New Zealand (Safe Network, STOP and WellStop). Lambie et al. (2007) examined rates of sexual reoffending among a sample of 132 young people aged 10 to 18 years with special learning needs and found that sexual reoffending rates were similarly low among young people who completed the treatment programs, young people who did not receive treatment and young people who dropped out of treatment (2%–4%). There were no statistical differences in reoffending across these groups.

In a separate study, Weedon (2015) found young people aged 11 to 17 years with and without cognitive disabilities both benefited from the same treatment programs based on the Good Way model, in the form of reduced harmful sexual behaviours (as reported by clients and parents), reduced risk factors for offending, and increased protective factors. The young people, with and without cognitive disabilities, demonstrated a decrease in dynamic risk factors of moderate effect size across a number of domains (psychosocial functioning; family and environmental functioning; treatment; and sexual interests, attitudes and behaviours). At follow-up, one young person (out of five) with cognitive disability had sexually reoffended. However, given the very small sample size, it is difficult to determine the impact of the treatment on this group. The present study demonstrates that more evaluations are required that examine the effects of treatment on people with cognitive disability who sexually offend or use CSAM.

Box 10: Summary: How effective are these initiatives at preventing CSA and CSAM offending?

- Generally, studies evaluating Stop It Now! initiatives did not use robust methodologies; therefore, stronger evidence of effectiveness is required. Nevertheless, two studies that focused on mitigating risk factors and promoting protective factors were consistent in reporting positive impacts from the Stop It Now! programs. Evidence suggests that Stop It Now! programs are reaching an otherwise hard to reach population.
- Initiatives specifically targeting CSAM use have showed some promising results, although more robust research is required. Evidence suggests the Stop It Now! CSAM deterrence campaign led to self-reported behavioural change in survey respondents, and some reported they ceased viewing CSAM. Findings relating to Inform Plus, which specifically targets CSAM offending, suggest it can reduce risk factors for offending and enhance protective factors associated with desistance. A more robust study suggested that Prevent It, a therapeutic treatment program that caters specifically to CSAM offenders, reduced frequency of CSAM use.
- Evidence is mixed regarding the effectiveness of therapeutic treatment in reducing sexual and CSAM reoffending among adults who are attracted to children. Some promising results suggest Prevention Project Dunkelfeld and the Prevention of Sexual Abuse program reduced risk factors for sexual offending, yet others found no impact. However, there were methodological limitations to the studies and more research is needed.
- Evidence demonstrates the effectiveness of community-based tertiary treatment programs in reducing sexual reoffending among detected adult offenders (5% of the treatment group reoffended vs 21% of the assessment only group). Evidence of effectiveness on prison populations or in reducing CSAM offending specifically is less clear.

Box 10: Summary: How effective are these initiatives at preventing CSA and CSAM offending? (continued)

- Evaluations of CoSA programs, which target detected sexual offenders, suggest that CoSA is effective in reducing contact sexual reoffending. Studies consistently found that CoSA programs have a positive impact on the community and that offenders perceived that the program prevented them from sexually reoffending. Few evaluations measured a reduction in non-contact sexual offending (which may include CSAM use) and those that did found no impact, although new CoSA programs aimed specifically at CSAM offending, such as Circles ReBoot (UK), have yet to be evaluated.
- Education and awareness-raising initiatives for parents, teachers and other professionals appear to increase their knowledge of harmful sexual behaviour among children and, to a lesser extent, increase their confidence to act on their concerns when identifying this behaviour among children.
- Tertiary treatment programs aimed at young people are effective in reducing harmful sexual behaviour. Young people who successfully completed treatment were less likely to sexually reoffend compared with young people who did not receive treatment. Moreover, such programs have shown promising results for Indigenous young people.
- There is a lack of research into the effectiveness of initiatives aimed at young people concerned about their sexual thoughts or behaviour towards younger children (secondary prevention) or use of CSAM specifically. Further, while studies exploring program outcomes for young people with cognitive disability demonstrate some positive results, more research is needed.

Discussion

A review of initiatives

Due to the dramatic increase in reports of CSAM from electronic service providers in recent years, there is a growing need to examine interventions that prevent this type of offending and its devastating impacts on victims. The present study conducted a review of initiatives that aim to prevent CSAM offending, identified via a literature search and consultation with an international expert advisory group. To provide information useful for the development of future programs, the study also reviewed the available evidence on the effectiveness of CSAM prevention initiatives.

At the time of writing, initiatives that aim to prevent CSAM offending were available in all locations included in the study—Australia, Canada, Europe, New Zealand, the United Kingdom, and the United States. These initiatives include helplines, therapeutic treatment and psychoeducation, online self-management courses, education and awareness campaigns, and other forms of support such as assistance for offenders reintegrating into the community after prison. The study identified 74 initiatives. While a notable proportion focused solely on CSAM offending, most were situated within a wider program to prevent contact sexual offending against children.

The review of prevention initiatives identified an approach to preventing CSAM offending that is distinct from that of contact CSA offending. Some of the interventions—including therapeutic treatment and psychoeducation, online self-management courses, education and awareness campaigns, and other forms of support—are aimed specifically at CSAM offending. These initiatives typically exclude contact sexual offenders and are aimed at individuals deemed to have a low risk of offending or reoffending. They are generally shorter and more structured than programs for contact CSA offenders. Further, they often have components relating to appropriate and inappropriate internet use, sexual fantasy, the illegality of CSAM, and impulsiveness or addiction relating to the use of CSAM. In addition, psychoeducation is a key focus of initiatives for CSAM-only offenders. Other approaches, including therapeutic treatment programs, incorporate initiatives aimed at sexual offending more broadly but have components specific to CSAM offending, such as risk assessments tailored to CSAM offenders. However, both types of interventions (CSAM-only or CSA more broadly) generally align with the risk–need–responsivity principles, meaning that services aim to provide a level of treatment that matches the risk of offending (or reoffending).

This review found that most of the prevention initiatives identified are aimed at adults (and some exclusively at men), and fewer are aimed at young people. A small number of initiatives cater to the needs of Indigenous people and people with cognitive disability. Previous literature has identified that programs exist internationally to address harmful sexual behaviour among young people or sexual offending among Indigenous people (Geary, Lambie & Seymour 2010; KPMG 2014; Macgregor 2008). However, programs focused on these populations are mostly aimed at known offending and do not cater to those at risk of offending or those engaged in undetected offending. Research has identified a need for such programs, particularly those that target people at risk of offending and undetected offenders. For example, recent research using anonymous online surveys has found that CSAM users report beginning their offending behaviour during adolescence (Insoll, Ovaska & Vaaranen-Valonen 2021).

Similarly, research has emphasised the unique treatment needs of sexual offenders with cognitive disability (Craig & Hutchinson 2007; Lindsay 2002), and that cognitive disability is common among young people with harmful sexual behaviour (Fyson 2007; Hackett et al. 2013). The present study found initiatives aiming to prevent CSAM and CSA offending among adults and young people with cognitive disability are very rare. Recent research has noted a need for treatment programs specifically for sexual offenders with cognitive disability, due to the unique treatment needs of this population (Cohen & Harvey 2015). While little research is available in this area, it is likely that CSAM offenders with cognitive disability have their own specific treatment needs, which may differ from those of contact sexual offenders with cognitive disability and CSAM offenders with no cognitive disability. Future research should investigate the prevalence of cognitive disability among CSAM offenders and appropriate programs should be developed for this population, aimed at undetected offenders, detected offenders, and those at risk of offending.

While there is a general need for more initiatives that specifically target those at risk of offending or undetected CSAM and CSA offenders, Canada and Australia were especially lacking in this area at the time of this review. Stop It Now! operates in the United States, the United Kingdom and various countries in Europe. A pilot of Stop It Now!—primarily a helpline aimed at preventing CSA and CSAM offending among those with sexual thoughts or behaviour towards children—has recently been implemented in Australia. An additional offender prevention program is being developed as part of the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030 (Department of the Prime Minister and Cabinet 2021). Apart from this, there is currently no national early intervention program operating in Australia that targets those at risk of CSA or CSAM offending and undetected offenders.

A review of the evidence

There is limited evidence available on the effectiveness of prevention initiatives, with 34 eligible studies evaluating 17 programs included in the current study. This body of evidence is further hampered by several common methodological limitations, such as small sample sizes, short follow-up periods, a lack of matched (non-treatment) comparison groups, and reliance on retrospective assessments of impact. To gain a better understanding of the long-term effectiveness of prevention programs, future evaluations must employ more rigorous and robust methodologies and research designs, such as randomised control trials. We acknowledge the difficulty of sampling sexual offenders, many of whom remain undetected (see Beier et al. 2015). It is also difficult and sometimes unethical to deny treatment to offenders for the purpose of creating a control group with which to compare reoffending rates. An alternative approach to evaluating prevention initiatives is to collect pre- and post-intervention data to identify changes in offence-related risk factors (Dervley et al. 2017). Therefore, while the general quality of evaluations was low, the studies offer a useful contribution to the knowledge base and can be adopted as a starting point for the development of future best practice programs.

The available evidence indicates that education and awareness campaigns are effective in attracting large numbers of individuals to helplines and online resources. Over a six-month period during the Stop It Now! UK and Ireland CSAM deterrence campaign, the program received 193,277 website sessions—an average of 7,434 each week (Coase, Feechan & Whitear 2020). Notable proportions of clients were undetected and detected offenders. It was also found that the Stop It Now! UK and Ireland initiative had a higher number of website views during the campaign period than during periods when advertising did not occur (Coase, Feechan & Whitear 2020: 14). Similarly, evidence indicates that media promotional campaigns have been successful in encouraging the uptake of therapeutic treatment programs for those sexually attracted to children. There was evidence that the number of people contacting Prevention Project Dunkelfeld was higher during campaign periods compared with non-campaign periods.

Mixed results have been found regarding the impact of education and awareness campaigns, such as Stop It Now!, in reducing CSAM use, and more robust evaluations are required. However, there is evidence that the Stop It Now! programs reduce risk factors associated with offending and promote protective factors associated with desistance. Most participants in a survey of those at risk of offending who contacted the Stop It Now! UK and Ireland helpline reported that the program promoted several protective factors associated with desistance. This included increasing participants' awareness that their behaviour was harmful, confidence in managing their own sexual thoughts and behaviour, ability to change their online behaviour, and engagement in positive, non-sexual activities. In addition, the helpline acted as a gateway, referring high-risk individuals to other specialised treatment services.

Similar findings were reported among undetected CSAM offenders, who generally reported that Stop It Now! directly facilitated protective factors associated with reducing offending, including positive changes in their attitudes and behaviours. Importantly, two-thirds of these undetected CSAM offenders reported that they had engaged with Stop It Now! resources rather than directly contacting other professionals, suggesting that the program is reaching an otherwise hidden population. Evidence on the impact of Stop It Now! programs on CSAM use was mixed, and more robust evaluations of these programs are required that compare CSAM use between treatment and comparison groups. However, some of the evidence thus far is promising.

Education seminars and workshops to prevent harmful sexual behaviour among young people also showed promising results. Parents and carers, teachers and other professionals reported that programs increased their confidence, knowledge and skills in recognising and managing harmful sexual behaviour among young people.

Programs designed specifically for CSAM offenders were found to reduce the risk factors for offending and enhance protective factors. Specifically, Inform Plus (UK) was found to effectively target difficulties in affective and interpersonal functioning that may play a role in the offence process for CSAM users (eg depression, emotional regulation, loneliness and self-esteem deficits). However, there was no comparison group, nor any measure of the impact of these programs on actual CSAM use.

Findings on therapeutic programs for adults who are sexually attracted to children were mixed regarding their impact on contact CSA offending and CSAM offending. Some evidence suggested that Prevention Project Dunkelfeld and the Prevention of Sexual Abuse program in Germany reduced risk factors for CSA offending, but little impact on CSAM use was found. However, the studies were hampered by methodological limitations and thus further work is required to understand the impact of these programs.

On the other hand, Prevent It, a therapeutic intervention delivered anonymously online that focuses specifically on CSAM offenders, showed promising results. This program was found to significantly reduce CSAM use among treatment recipients who were compared with a placebo group (Lätth et al. 2022).

Two evaluations of 'traditional' CoSA programs (ie those aimed at CSA more broadly rather than CSAM specifically) used robust methodologies comparing treatment and control groups, finding that the program reduced reoffending among detected CSA offenders. Other less robust studies consistently found that CoSA had a positive impact on the community and that offenders perceived that the program prevented them from reoffending. Taken in combination, the evidence is promising, suggesting CoSA programs are effective in reducing contact sexual reoffending against children. Yet the available evidence on CoSA programs has thus far not shown they are effective in reducing non-contact sexual offending, which may include CSAM offending, noting that only one evaluation measured this. Importantly, as with Prevention

Project Dunkelfeld, this does not necessarily mean that these models cannot be effective in reducing CSAM offending. Rather, these programs may require separate offshoots designed specifically for CSAM-only offenders. Of note is that in 2021 CoSA in the United Kingdom launched a new program, Circles ReBoot, aimed specifically at CSAM offenders. However, at the time of writing, the impact of Circles ReBoot had yet to be examined.

Overall, the findings of the review support prior research and reviews highlighting the importance of tailoring prevention initiatives to different subgroups, including those already engaging in CSAM offending, contact CSA offenders, and those at risk of offending but who have not offended (Babchishin, Hanson & VanZuylen 2015; INHOPE 2020; Paquette, Fortin & Perkins 2020). This should be considered when developing future programs to prevent CSAM offending (or reoffending). Specifically, programs that aim to prevent CSAM offending should carefully consider the unique characteristics of this population, including their frequent use of and preoccupation with the internet, communication with online paedophilic networks (Babchishin, Hanson & VanZuylen 2015) and frequent use of adult pornography (Seto et al. 2015; Svedin, Akerman & Priebe 2011).

Generally, programs that target detected offending among Indigenous people were effective in reducing contact sexual offending. Likewise, programs aimed at young people were effective in reducing harmful sexual behaviours and offending. These programs were designed to meet the needs of these specific populations, including incorporating culturally appropriate elements into treatment and including the families of young clients in the treatment process. However, few studies have evaluated programs that target undetected offenders, as well as those at risk of offending, among Indigenous people and young people. Similarly, little evaluative research focuses on programs that specifically target detected CSAM use among these groups. Further, the present study was unable to determine whether programs for sexual offenders with cognitive disability are effective. This is due to the paucity of robust evaluations of available programs, and the lack of programs in general, particularly for CSAM offenders with cognitive disability. Future research should focus on evaluating programs for young people, Indigenous people and those with cognitive disability who engage with CSAM. Research should also focus on the prevalence of cognitive disability among CSAM offenders and the characteristics and treatment needs of these individuals. Lastly, principles to guide the design, delivery and implementation of best practice CSAM offending prevention initiatives will be examined in a separate paper.

Concluding remarks

The findings from this study are important, given the burgeoning reports of CSAM on tech platforms and the overlap between CSAM and CSA offending. The study highlighted a crucial need for further robust evaluations of programs that aim to prevent CSAM offending, which will assist in the development of future initiatives designed using best practice principles. Nevertheless, the evidence thus far relating to many programs is promising, and highlights the potential for initiatives to reduce undetected and detected CSAM and CSA offending and to reach individuals at risk of offending before they harm children.

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Appendix

Table A1: Summary of child sexual abuse material offending prevention initiatives

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Australia (South Australia)	Circles of Support and Accountability (CoSA) https://www.oars.org.au/services-early-intervention/reintegration-services	Individuals who have served a prison sentence for a sexual offence	Sexual offending (including CSA & CSAM)	Provides community support for the reintegration of convicted sexual offenders into the community after prison, with the aim of reducing recidivism. Volunteers develop a relationship of trust, hold the participant to account for their behaviours, and assist in the maintenance of their stated goals and objectives. CoSA is based on the principles of restorative justice. <ul style="list-style-type: none"> Delivered face-to-face in community settings and via telephone.
Australia (South Australia)	Owenia House https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/mental+health+and+drug+and+alcohol+services/mental+health+services/owenia+house	Adults who have offended against children or adults, or who recognise a predilection to do so	Sexual offending (including CSA & CSAM)	Provides therapeutic services to adults (men and women) who have committed an offence and are community based. It is also available to adults who are concerned they may sexually offend against children or adults, aimed at reducing the incidence of sexual assault. Clients may be voluntary or mandated. <p>It provides specialist services for people who have committed internet-based/CSAM offences, and those with cognitive disability.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual/group) in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Australia	Stop It Now! Australia Jesuit Social Services (2019) https://www.stopitnow.org.au/	Adults and young people worried about their sexual thoughts or behaviours in relation to children	CSA (including CSAM)	<p>A confidential phone helpline and text message facility, and a website with advice, guidance and resources aimed at individuals worried about their own or others' sexual thoughts or behaviour towards children. This includes known offenders who may offend again, undetected abusers, and those who have never offended but are at risk of doing so. It provides information and referrals for further help.</p> <ul style="list-style-type: none"> Delivered via telephone and text message facility, and resources via a website.
Australia (Queensland)	Stop It Now! (no longer operating) Jesuit Social Services (2019)	Individuals with concerning sexual thoughts or behaviour in relation to children	CSA (including CSAM)	<p>First launched in Bundaberg, Queensland, in 2006 and ran for approximately a decade. It provided a phone-in service with off-site counselling aimed at preventing offending.</p> <ul style="list-style-type: none"> Delivered via telephone and face-to-face (individual) in community settings.
Australia (Western Australia)	St ROB Men's Group Therapy https://www.strob.org.au/mens-group-therapy	Primarily men who have been in contact with the criminal justice system	CSA & CSAM	<p>A group treatment program for men aimed at addressing online and contact sexual offending against children: 20–30 sessions delivered weekly in a group format.</p> <p>The sessions cover victim empathy, childhood issues, relapse prevention strategies, and positive sexuality. Approaches include cognitive behavioural, psychoeducation, psychodynamic, and psychosocial.</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Australia (Victoria)	CEM-COPE (Coping with Child Exploitation Material Use) Program (currently being piloted) Henshaw et al. (2020)	Convicted CSAM-only offenders with no known history of contact sexual offences	CSAM offending	<p>Based on RNR principles, it provides low-intensity psychoeducation and skills-based intervention aimed at reducing the risk of reoffending: 10 two-hour sessions delivered weekly in a group format. Sessions cover goal setting, legal issues, problematic internet use and sexual regulation skills, relationship skills, and relapse prevention. It draws on other psychological treatment modalities, including cognitive behavioural therapy.</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in community settings. It is hoped it will also be available in correctional settings. <p>The program is being piloted through the Problem Behaviour Program of the Victorian Institute of Forensic Mental Health (Forensicare) in Melbourne.</p>
Australia (Victoria)	internet Child Abuse Material (i-CAM) program https://psylegal.com.au/child-pornography-treatment	Individuals who have engaged in the viewing, possession, distribution or trading of online CSAM	CSAM	<p>Delivered by Psylegal, the i-CAM program provides psychological assessment and treatment for people who have engaged in viewing, possession or distribution of online CSAM.</p> <p>It focuses on treatment for mental health problems, behavioural change, pornography addiction, increasing interpersonal skills, and modifying sexual arousal patterns. It offers treatment progress reports, neuropsychological testing, assessment and treatment of deviant sexual interests and internet addiction, and an individual tailored treatment program.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual) in community settings.
Australia	Worried About Sex and Pornography Project (WASAPP) (in development) https://jss.org.au/programs/the-mens-project/building-and-delivering-effective-interventions/	Children and young people in the community worried about their sexual behaviours	Harmful sexual behaviour (including CSAM)	<p>The project is aimed at designing an online early intervention for children and young people with problematic sexual behaviours.</p> <ul style="list-style-type: none"> The intervention is to be delivered online.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Canada (multiple sites)	Circles of Support and Accountability (CoSA) https://www.cosacanada.com	Convicted sexual offenders	Sexual offending (including CSA & CSAM)	<p>Provides support for the reintegration of convicted sexual offenders into the community after prison to reduce reoffending. Trained volunteers help facilitate a positive transition from the justice system by supporting participants to meet practical needs, develop skills, and build a healthy personal narrative via regular meetings between the participant (core member) and volunteer/s. CoSA is evidence based and operates on restorative justice principles.</p> <ul style="list-style-type: none"> Delivered face-to-face and via telephone in community settings.
Canada	Native Clan Organization's Forensic Behavioral Management Clinic Ellerby (2015)	Individuals (Indigenous and non-Indigenous) convicted of sexual offending	Sexual offending (including CSA & CSAM)	<p>Provides community-based treatment for convicted sexual offenders. The focus is addressing specific and general issues that contribute to the offending cycle. The approach is primarily cognitive behavioural. It includes Indigenous elders on the clinical team and integrates traditional healing practices.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual/group) in community settings.
Canada	NeedHelpNow https://needhelpnow.ca/app/en	Teenagers or parents of teenagers who are sharing sexual images of children or who are at risk of doing so	Sharing of sexual pictures or videos	<p>A website that provides resources to support young people to stop the spread of sexual pictures or videos. While the focus is removing sexual pictures and videos from the internet shared by peers, it includes educative resources on the illegality of creating, accessing and sharing sexual images of children.</p> <ul style="list-style-type: none"> Delivered online.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Canada	Sexual Behaviours Clinic (SBC) https://www.camh.ca/en/your-care/programs-and-services/sexual-behaviours-clinic	Individuals with sexual behaviours or urges that may result in personal or legal difficulties	Sexual offending (including CSA & CSAM)	<p>The SBC at the Centre for Addiction and Mental Health provides assessment and treatment services for people with sexual behaviours or urges that may result in personal or legal difficulties. The treatment approach is largely cognitive behavioural, and may include aspects of other approaches (eg relapse prevention, the Good Lives model).</p> <p>The SBC has a Child Pornography Group aimed at men who are on probation for possession of CSAM and who have been struggling with using CSAM: 12 to 16 sessions of 90 minutes, delivered weekly.</p> <p>The SBC also has a Talking for Change Program aimed at individuals concerned about their sexual interest in children and/or concerned about their risk of offending involving children (either online or offline). This program is for individuals with no current legal involvement for a sexual offence.</p> <ul style="list-style-type: none"> Delivered face-to-face (individually/group) and via secure video technology.
Europe (Belgium, Italy, Latvia, the Netherlands, Spain)	Circles of Support and Accountability https://www.circleseurope.eu	Convicted sexual offenders who have served a prison sentence	Sexual offending (including CSA & CSAM)	<p>Provides support and monitoring of medium- and high-risk sexual offenders in and by the community aimed at preventing reoffending after release from prison. An offender is supported by three to six volunteers who provide support and practical help and encourage prosocial behaviour.</p> <ul style="list-style-type: none"> Delivered face-to-face in community settings and via phone.
Europe (Germany)	Don't offend to peer CSAM Offending Prevention Project Advisory Group personal communication 2021	Individuals seeking CSAM on the internet	CSAM	<p>Analyses and infiltrates established, searchable peer-to-peer file sharing networks with therapy messages masked as CSAM. It aims to raise awareness of the problem among users of CSAM and inform them about therapeutic options.</p> <ul style="list-style-type: none"> Delivered online.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Europe (Germany)	Kein Täter Werden (Don't Offend) https://www.kein-taeter-werden.de	Self-identifying and help-seeking paedophiles and hebephiles outside the legal system	CSA & CSAM	Kein Täter Werden (Don't Offend) is the nation-wide network of Prevention Project Dunkelfeld, with multiple sites across Germany. Provides free, confidential treatment for individuals who are sexually attracted to children (including potential offenders, undetected offenders, previously detected offenders) aimed at preventing CSA and viewing of CSAM. It focuses on identifying and avoiding risky situations and strengthening the client's self-confidence. <ul style="list-style-type: none"> Delivered face-to-face (group/individual) in community settings.
Europe (Germany)	Kein Täter Werden—Sachsen-Anhalt (Don't Offend Saxony-Anhalt): Remote Treatment Offer https://sexualmedizin.charite.de/forschung/praevention_durch_fernbehandlung	Self-identifying and help-seeking paedophiles and hebephiles outside the legal system	CSA & CSAM	Provides free diagnostic and therapeutic services to individuals attracted to children through encrypted video technology, aimed at preventing CSA and use of CSAM. Users can be anonymous. People who are sexually attracted to children and who suffer from the associated stress are supported to lead a non-offending and socially integrated life. <ul style="list-style-type: none"> Delivered remotely via encrypted video technology (individual), with the option to visit the treatment centre if needed.
Europe (Austria)	Nicht Täter Werden (Don't Offend) https://www.nicht-taeter-werden.at	Men with paedophilia or hebephilia who have not offended	CSA & CSAM	Provides therapeutic treatment to men with a sexual attraction to children but who have not committed a sexual offence. The treatment focuses on changing ways of thinking and behaving that may lead to a crime. <ul style="list-style-type: none"> Delivered face-to-face (individual/group) in community settings.
Europe (Finland)	Otan vastuun (I take responsibility) Save the Children Finland (2022)	Individuals worried about their sexual interest in children	CSA & CSAM	An anonymous, online self-help program for anyone worried about their sexual interest in children. While the initiative primarily targets those who have not yet offended, anyone can use the program. It offers numerous online exercises to help change beliefs and provides information on where to seek help. It is based on cognitive behavioural theory and aims to challenge misbeliefs and sexual thoughts towards children. <ul style="list-style-type: none"> Delivered online.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Europe (Sweden)	PreventTell https://preventtell.se/?lang=en	Individuals worried about their sexual thoughts and actions	Sexual harm (including CSA & CSAM)	<p>An anonymous national helpline for people concerned about their sexual thoughts or behaviour, or who are afraid they might hurt themselves or someone else. The initiative does not place any restrictions on who can use the service (eg potential, undetected/detected offenders). Callers can speak with a healthcare professional, who provides information and advice on where to get treatment if needed, such as via ANOVA.</p> <ul style="list-style-type: none"> Delivered primarily via phone, and email. <p>PreventTell is run by ANOVA (formerly the Center for Andrology and Sexual Medicine, Karolinska University Hospital), which is made up of psychiatrists, forensic psychiatrists, endocrinologists/andrologists, urologists, psychologists, sociologists and nurses. ANOVA offers treatment (ie medication & psychotherapy), individually or in groups.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual/group) in community settings.
Europe (Sweden)	Prevent It https://www.iterapi.se/sites/preventit	Adults who view CSAM	CSAM	<p>An anonymous, therapist-assisted online cognitive behavioural psychotherapy program currently being tested to see whether it is effective in decreasing CSAM use. The target group is adults who view CSAM and would like to change their behaviour. It does not place any restrictions on who can use the program (eg undetected/detected offenders).</p> <p>It consists of eight short weekly modules. They are in video format or text, with associated worksheets, and weekly individual feedback.</p> <ul style="list-style-type: none"> Delivered online.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Europe (Germany)	Prevention of Sexual Abuse Wild et al. (2020)	Adults concerned about their sexual thoughts or behaviour toward children	CSA & CSAM	<p>An outpatient treatment facility for individuals concerned about their sexual thoughts or behaviour towards children, irrespective of whether they fulfil the diagnostic criteria for paedophilia or are currently being prosecuted criminally. This includes potential, undetected or detected offenders.</p> <p>Treatment can vary between several months and two years. It focuses on self-efficacy, addressing offence-supportive attitudes, personal wellbeing, and self-control strategies.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual/group) in community settings.
Europe (Finland)	ReDirection Self-Help Program https://www.mielenterveystalo.fi/en/self-help/redirection-self-help-program-stop-using-csam	CSAM users	CSAM	<p>An anonymous online, rehabilitative self-help program for CSAM users.</p> <p>The program aims to teach individuals about their emotions, thoughts and behaviour to help ‘redirect’ them from viewing CSAM. The program comprises three main sections: use of CSAM and what to think of it, underlying factors and the pathway to CSAM use, and ways to stop using CSAM. It is based on cognitive behavioural therapy.</p> <ul style="list-style-type: none"> Delivered online.
Europe (Belgium)	Stop It Now! Flanders https://stopitnow.be	Individuals concerned about their feelings or behaviour towards children	CSA & CSAM	<p>Provides a free, confidential and anonymous helpline for people concerned about their feelings or behaviour towards children, as well as help for those in their support network (eg partner, parents and family). It provides information, support and advice (including on where to get further help).</p> <p>Stop It Now! Flanders also has an online self-help program called ‘It is possible to stop’, specifically targeted at people who use CSAM or feel inclined to do so. It provides information to help individuals understand the consequences for users, victims and users’ support networks.</p> <ul style="list-style-type: none"> Delivered via phone, online chat or email.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Europe (Netherlands)	Stop It Now! Netherlands https://www.stopitnow.nl Eisenberg et al. (2014)	Individuals with sexual feelings for children, and their social networks	CSA & CSAM	A helpline for people with sexual feelings towards children, as well as help and support for those in their social networks (eg partner, parents and family), aimed at preventing CSA and CSAM offending. It offers free and anonymous advice, support, information and referrals for further help. Users may be offered referrals to de Waag for forensic outpatient treatment. <ul style="list-style-type: none"> Delivered via phone.
Europe (Germany)	The Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles https://sexualmedizin.charite.de/en/research/just_dreaming_of_them Beier et al. (2016)	Young people who are sexually attracted to prepubescent or early pubescent minors	CSA & CSAM	Provides free, confidential therapy for young people who experience sexual attraction to children. It aims to help young people learn to control their actions and behaviour to prevent CSA and viewing of CSAM. It is based on the principle: 'Nobody is responsible for his feelings, but he is responsible for his behaviour'. The project is supported by a website, hotline and media campaign to encourage young people to seek help. <ul style="list-style-type: none"> Delivered face-to-face (individual) in community settings.
Europe (Germany)	Troubled Desire https://troubled-desire.com/en	Individuals who are sexually attracted to children	CSA & CSAM	An anonymous, confidential internet-based self-management tool for people who are attracted to children. It aims to prevent CSA and CSAM use, as well as the distress caused by paedophilic tendencies. Sessions cover topics such as problematic sexual behaviours, myth busting, and victim empathy. Contact with therapists can be arranged if needed. It integrates psychological and sexological approaches, and provides pharmacological treatment options. <ul style="list-style-type: none"> Delivered online via web browser and app.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
Europe (Ireland)	One in Four's Phoenix Program https://www.oneinfour.ie	Primarily non-convicted adults who exhibit harmful sexual behaviour	Sexually harmful behaviour towards children (including CSAM)	<p>A therapeutic prevention intervention for offenders and their families, aimed at helping offenders confront the harm they have caused and to support them in living lives free from sexually harmful behaviour.</p> <p>It follows Good Lives, risk-need-responsivity and Relapse Prevention theoretical models. There are specific tools used for CSAM offenders. The treatment program is delivered over 18 months in a group setting. It focuses on early life history, offence specific details and relapse prevention. It provides group intervention for both older and younger men.</p> <p>Non-offending family members can also attend the Family Program—a psychoeducative support group aimed at learning about offending behaviour and the pathways that led to it.</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in community settings.
NZ	High Intensity Psychology Programs https://www.corrections.govt.nz/our_work/in_prison/employment_and_support_programmes/rehabilitation_programmes/specialist_units#:~:text=High intensity treatment programmes are,and safety planning for release	Men convicted of sexual offences against children	CSA (including CSAM)	<p>High Intensity Psychology Programs provided by psychologists for those assessed at highest risk of reoffending. They include intensive reintegration and safety planning for release, and use a largely cognitive behavioural approach. They operate at the following residential treatment units for men who have been convicted for child sexual offences: Kia Marama Special Treatment Unit (Rolleston Prison), and Te Piriti Special Treatment Unit (Auckland Prison; similar to Kia Marama but with strong Māori-appropriate content).</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in prison.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
NZ	Keep it real online https://www.keepitrealonline.govt.nz	Youth and parents facing a range of online harms	Online harms including grooming, bullying, pornography and inappropriate content	<p>A public awareness campaign to help keep children and young people safe online. While the initiative does not explicitly state it targets CSAM use, it targets viewing of inappropriate and objectionable material (which may include CSAM).</p> <p>One campaign is aimed at parents and caregivers and one is aimed at young people:</p> <ol style="list-style-type: none"> (1) A series of ads showing parents and caregivers how to help children and young people manage online bullying, inappropriate content, pornography and grooming. <ul style="list-style-type: none"> Delivered via TV, radio, newspapers, social media and on billboards and posters. (2) <i>The Eggplant</i> is an online drama/crime/comedy series to help young people safely navigate the internet. It addresses harms including pornography, bullying and grooming. <ul style="list-style-type: none"> Delivered via a website, TVNZ OnDemand, YouTube, social media and advertised on billboards and posters.
NZ	Light Project https://thelightproject.co.nz	Children and youth	Pornography	<p>An educative website to help young people and their whanau (extended family) positively navigate the online porn landscape. It provides resources for children, teens, whanau, parents, schools and professionals. While the initiative does not explicitly refer to CSAM, it addresses issues related to pornography including violent and extreme material (which may include CSAM).</p> <p>It also has page titled 'I Need Help?' that provides a self-check for problematic porn consumption, as well as steps to make changes and get support.</p> <ul style="list-style-type: none"> Delivered via a website.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
NZ	Mates and Dates https://www.matesanddates.co.nz	Secondary school students	Harmful sexual behaviour (including CSA & CSAM)	<p>A healthy relationships program for secondary school students aimed at preventing sexual violence and dating violence, taught in years 9 to 12 via five 50-minute sessions over five weeks.</p> <p>The focus is on how to identify unhealthy relationships; have healthy relationships based on respect, negotiation and consent; identify inappropriate behaviour; where to get help if they are in an unhealthy relationship (or someone they know is); and how to safely intervene in situations that could lead to harm.</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in school classroom settings.
NZ	Safe Network https://safenetwork.org.nz	Adults, young people and children	Harmful sexual behaviour (including CSA & CSAM)	<p>A community-based specialised clinical assessment and intervention service for individuals who have engaged in concerning, problematic or harmful sexual behaviour. Anyone can make a referral to Safe Network (eg individuals, government agencies, family, friends). It also provides services to adult clients experiencing concerning sexual ideation and an Internet Service for youth and adults who have accessed or traded CSAM.</p> <p>It aims to address the factors that led to the behaviour and create positive outcomes and a safer environment for the person and the wider community. It achieves this by allowing clients to work through problematic behaviour to make positive changes through tailored counselling and therapy.</p> <p>Each service typically includes weekly group sessions, one-one-one appointments if needed, monthly family sessions, intensive group therapy and adventure-based interventions. It provides specific services to adults, young people and children, sometimes with the involvement of whanau and caregivers.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual/group) in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
NZ	Safe to talk https://safetotalk.nz	People concerned about CSA or their sexual thoughts or behaviour	Sexual harm (including CSA & CSAM)	<p>A free, confidential 24/7 sexual harm helpline for individuals concerned about their sexual thoughts or behaviour, or who want to get help for someone else. It provides contact with a trained specialist, answers to questions about sexual harm, information about issues related to harmful experiences, and referrals to specialist services in the caller's local area.</p> <p>It also provides help and support to specific groups, including Māori, Pasifika, LGBTQI people, and migrants and refugees.</p> <ul style="list-style-type: none"> Delivered via phone, text, website, online chat and email.
NZ	Short Intervention Program (SIP) https://www.corrections.govt.nz/resources/research/journal/volume_4_issue_2_december_2016/innovations_in_reducing_re-offending	Men convicted of sexual offences against children	CSA (including CSAM)	<p>The SIP runs adjacent to the two special treatment units (see above) and is a lower intensity program for men assessed at low or moderate risk of reoffending. The program runs in three phases: pre-intervention assessment, group intervention, and post-intervention.</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in prison.
NZ	STOP https://www.stop.org.nz	Adults, young people and children	Harmful sexual behaviour (including CSA & CSAM)	<p>Provides community-based assessment and intervention services for young people and adults (regardless of whether they have been formally charged or convicted) who have engaged in harmful sexual behaviour and for children with concerning sexual behaviours. It provides individual therapy, group therapy, and family support and/or therapy.</p> <p>It provides specific services to children, young people, girls and adults, as well as an assisted learning program for young people and men with intellectual disabilities or learning difficulties. Whanau work with Māori and Pacific Island clients.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual/group) in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
NZ	WellStop https://www.wellstop.org.nz	Adults, young people and children who have engaged in harmful or abusive sexual behaviour	Harmful sexual behaviour (including CSA & CSAM)	<p>Provides community-based assessment and treatment for children, young people, adults and those with cognitive disability who engage in harmful sexual behaviour. It also provides support and education for families.</p> <p>Treatment is based on the Good Way model—a strengths-based attachment and trauma informed model. The purpose of the treatment is to help clients resolve issues and understand their harmful behaviour, and to develop or enhance their skills to both prevent further harmful sexual behaviour and to build positive, fulfilling lives.</p> <p>They can also provide prevention strategies for children or youth at risk of harmful sexual behaviour, as well as services for adults with ideas of harmful sexual behaviour.</p> <p>The CSAM intervention is included in the mainstream program for adults. Children and young people receive specific AIM (Assessment, Intervention, Moving on) technology assessment (CSAM Offending Prevention Project Advisory Group personal communication 2021)</p> <ul style="list-style-type: none"> • Delivered face-to-face (individual/group) in community settings.
UK and Ireland	Circles of Support and Accountability https://circles-uk.org.uk http://circlesireland.ie	Convicted adult sex offenders who have served a prison sentence	CSA (including CSAM)	<p>Provides community support for the reintegration of sexual offenders (male or female) following release from prison, aimed at reducing sexual reoffending. Each 'circle' consists of four to six volunteers and the core member (offender). It aims to provide a supportive social network and encourages the core member to take responsibility for ongoing risk management. It also provides support and practical guidance on things such as developing social skills, finding suitable accommodation or finding appropriate hobbies and interests.</p> <ul style="list-style-type: none"> • Delivered face-to-face and via telephone in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
UK	Circles ReBoot (in development) https://circles-uk.org.uk/2020/09/29/circles-reboot	Adults convicted of accessing CSAM	CSAM	<p>A version of Circles of Support and Accountability (CoSA) (UK) specifically for individuals who access CSAM, aimed at men and women presenting a medium to low risk of harm.</p> <p>A community, strengths-based approach where volunteers support individuals to successfully reintegrate into the community. It provides a shorter yet more structured version of the traditional CoSA (12 sessions over 6 months), focusing on encouraging participants to take responsibility and set realistic goals to prevent reoffending.</p> <ul style="list-style-type: none"> Delivered face-to-face in community settings.
UK	Engage Plus https://www.lucyfaithfull.org.uk/services.htm	Adults arrested, cautioned or convicted for online solicitation of children	Online solicitation of children (including CSAM)	<p>Run by the Lucy Faithfull Foundation, Engage Plus is a five-week course (5 x 2-hour sessions) run on a one-on-one basis aimed at preventing sexual communication with children (ie to produce CSAM), as opposed to programs designed for individuals who principally view CSAM (see Inform Plus below).</p> <p>It provides an opportunity for individuals to explore their offending behaviour in a structured yet supportive environment and to work out strategies to prevent reoffending.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual) in community settings.
UK	Inform https://www.lucyfaithfull.org.uk/services.htm	Partners, relatives and friends of individuals who have accessed CSAM	CSAM	<p>Also run by the Lucy Faithfull Foundation, Inform is a group course for partners, relatives and friends of anyone who has accessed CSAM (see also Inform Plus below).</p> <p>It provides a safe space for individuals to explore their questions and anxieties in a supportive environment. Each group has up to six members who meet for five sessions. It aims to dispel myths about online offending, consider practical issues about sentencing outcomes and sexual offender registers, and provide emotional support.</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
UK	Inform Plus https://www.lucyfaithfull.org.uk/services.htm	Adults arrested, cautioned or convicted for offences related to accessing CSAM	CSAM	<p>Inform Plus (run by the Lucy Faithfull Foundation) is a 10-week course for groups of six to 10 individuals who have been arrested, cautioned or convicted for internet offences involving CSAM.</p> <p>The program is facilitated by specialist staff and provides an opportunity for individuals to explore their offending behaviour and to devise strategies for avoiding future offending. The course covers topics including the behavioural processes in offending, effects on victims, and the criminal justice system. The program aims to provide a structured yet supportive environment.</p> <ul style="list-style-type: none"> • Delivered face-to-face (group) in community settings.
UK	Inform Young People https://www.lucyfaithfull.org.uk/services.htm	Young people arrested, cautioned or convicted for online CSA	CSAM	<p>Similar to Inform Plus, but aimed at young people, it offers up to five educative sessions on topics including internet safety, illegal behaviour and prevention strategies. Sessions focus on providing support and information and are tailored to individual needs. It is generally free, delivered by trained practitioners either over the phone or face-to-face, and typically involves the family or carer of the young person.</p> <ul style="list-style-type: none"> • Delivered face-to-face or via phone (individual) in community settings.
UK	iHorizon (internet-Horizon) HM Inspectorate of Probation and HM Inspectorate of Prisons (2019) Ramsay, Carter & Walton (2020)	Individuals convicted of online offences	Online sexual offences (including CSA & CSAM)	<p>iHorizon (which replaced the I-SOTP, below) is an internet sex offender treatment program offered in a community setting for individuals convicted of offences committed via the internet. It typically includes offenders who exhibit low-level deviancy.</p> <p>It offers a 'lower-dose' of typical programs for contact offenders—it is usually 46 hours of group work and six hours of individual sessions. The focus is on improving interpersonal relationships, healthy sexual thinking, positive self-identity, and appropriate internet use.</p> <ul style="list-style-type: none"> • Delivered face-to-face (group/individual) in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
UK	Internet Sex Offender Treatment Program (I-SOTP) (no longer operating) Ramsay, Carter & Walton (2020)	Men convicted of online CSAM offending	Online CSAM	No longer operating, I-SOTP was a community-based treatment program for men convicted of internet-only CSAM offending (ie those on probation). The approach was broadly cognitive behavioural and relied on the risk-need-responsivity approach. It focused on relapse prevention strategies and positive interpersonal skills. It provided both group based treatment and one-one-one treatment. <ul style="list-style-type: none"> Delivered face-to-face (group/individual) in community settings.
UK	Parents Protect https://www.parentsprotect.co.uk	Parents and carers	CSA (including CSAM)	Delivered by the Lucy Faithfull Foundation and Stop It Now! UK and Ireland, Parents Protect provides education aimed at parents and carers. It is a multifaceted public education campaign which includes public education seminars and a website with resources and information. Learning outcomes include understanding of harmful sexual behaviour in young people and children. <ul style="list-style-type: none"> Delivered face-to-face (seminars) and via a website.
UK	Safer Lives Program https://www.saferlives.com/services	Individuals under investigation for online sexual offences	Online sexual offences (including CSA & CSAM)	The Safer Lives Program provides five one-hour sessions delivered one-on-one. Sessions are structured but tailored to meet individual needs and cover topics including: influence of life events on behaviours, harmful behaviours, criminal justice processes and implications, and building a safer and happier life to prevent the behaviour recurring. Advice about the sequencing of other supports and services is also offered. The program provides support and advice until the client's court case is concluded. <ul style="list-style-type: none"> Delivered face-to-face (individual) in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
UK and Ireland	Stop It Now! UK and Ireland https://www.stopitnow.org.uk	Individuals concerned about their own or others sexual thoughts or behaviour	CSA (including CSAM)	<p>Stop It Now! UK and Ireland, managed by the Lucy Faithfull Foundation, is a child sexual abuse prevention initiative that provides education, information and a range of support via a helpline.</p> <p>The helpline provides anonymous and confidential help for adults concerned about their own thoughts or worried about the behaviour of other adults or children. It aims to assist callers to identify the nature and seriousness of their concerns, provides information and explores options available to callers (eg referrals, online help).</p> <ul style="list-style-type: none"> • Delivered via phone, online live chat and secure messaging services, and website. <p>The Online Child Sexual Abuse Deterrence Campaign aims to prevent individuals viewing and sharing sexual images of children online. It does this by raising public awareness of CSAM, highlighting the legal consequences and harm to victims, and directing CSAM consumers to help (eg the helpline). It is supported by the Stop It Now! Online Child Sexual Abuse Deterrence Campaign videos.</p> <ul style="list-style-type: none"> • Delivered via video/films, digital ads. <p>The Get Help information and self-help modules aim to help individuals seeking out CSAM to change their online behaviour by providing information on the consequences of viewing CSAM, how to recognise harmful behaviour and why and how to change illegal behaviour. There are self-help webpages to help individuals stop and change behaviour.</p> <ul style="list-style-type: none"> • Delivered online. <p>The Get Support information and self-help modules are aimed at individuals troubled by their sexual thoughts or feelings about children and young people. The service provides information about sexual interest and legal consequences, and promotes self-awareness and self-help. Both the Get Help and Get Support websites are free, anonymous and confidential.</p> <ul style="list-style-type: none"> • Delivered online.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
UK (Scotland)	Stop It Now! Scotland Breaking the Links https://www.stopitnow.org.uk/scotland/our-groupwork-programmes	Individuals who have been arrested for internet related sexual offences and have experienced trauma	Online sexual offences (including CSA & CSAM)	<p>Stop It Now! Scotland delivers Breaking the Links, a 10-week psychoeducational group-work program (10 x 2-hour sessions) for men who are worried about their sexual thoughts towards children but who have experienced trauma themselves.</p> <p>The program provides support and information about trauma symptoms and responses, and strategies for managing the difficulties arising from trauma. The group also explores the links between trauma and offending, and provides information on what to expect following arrest.</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in community settings.
UK (Scotland)	Stop It Now! Scotland's ROSA Project (no longer operating) https://www.stopitnow.org.uk/scotland/rosa-project/	Children and young people (ages 10–18)	Harmful online sexual behaviour (including sexual images)	<p>Delivered by Stop It Now! Scotland, the ROSA (Risk of Sexual Abuse) Project provides early intervention for young people who have got into trouble because of their behaviour online.</p> <p>It aims to identify problematic behaviour as early as possible to ensure it does not escalate. It offers telephone advice and guidance, and if needed a six-week educative course with individuals or family sessions which can be delivered within a school.</p> <p>The sessions focus on prevention strategies, the law, healthy sexual development, and relationships between young people and their parents or carers. The initiative addresses harmful online behaviour, including viewing, possessing or distributing sexual images (potentially including CSAM).</p> <ul style="list-style-type: none"> Delivered via telephone and face-to-face in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
UK (Wales)	Stop It Now! Wales https://www.stopitnow.org.uk/wales	Parents, carers and professionals, and individuals identified as at risk or needing early intervention	CSA (including CSAM)	<p>Stop It Now! Wales provides a range of support to adults, parents and families via education and early interventions for vulnerable or at-risk families.</p> <p>Stop It Now! Wales Public Education Sessions are aimed at parents, carers and professionals to help protect children from sexual harm. The public education sessions include: Parents Protect, Professionals Protect, Digital Resilience, Understanding Harmful Sexual Behaviour, and Child Sexual Exploitation Awareness. These sessions are free of charge, run for two hours, can be hosted by a member of the public, and are attended and delivered by Stop It Now!</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in community settings. <p>The Stop It Now! Wales Early Intervention Project is aimed at families identified as at risk or needing early intervention with regards to child sexual abuse or exploitation (eg where a family member has been accessing CSAM). The program provides an educative intervention to make children and young people safer. It adopts a 'whole family' approach and works with families to develop and implement a family safety plan, discuss the issues and the best way forward, and provides five individual education sessions.</p> <ul style="list-style-type: none"> Delivered face-to-face in community settings. <p>The Stop It Now! Wales Parents Protect Plus Program is aimed at parents or carers identified as at risk or needing early intervention with regard to child sexual abuse or exploitation. It provides education sessions with small groups of parents. The program involves weekly group sessions of two hours over a period of five weeks. The sessions cover a range of topics including facts around CSA, internet safety, and understanding developmentally expected and inappropriate behaviours.</p> <ul style="list-style-type: none"> Delivered face-to-face (group) in community settings.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
UK	StopSO https://ecsa.lucyfaithfull.org/stopso	Individuals at risk of or charged with a sexual offence	Sexual offending (including CSA & CSAM)	<p>StopSO (Specialist Treatment Organisation for Perpetrators and Survivors of Sexual Offending) is an organisation aimed at those who are at risk of sexual offending or who have been cautioned, charged or convicted for a sexual offence.</p> <p>It provides therapy sessions designed to help those concerned about their sexual thoughts and behaviours to develop an understanding of themselves, their behaviours and triggers for those behaviours and, as a result, manage their sexual urges and impulses.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual) in community settings.
UK	The Aurora Project http://www.saferlivingfoundation.org/what-we-do/adult-projects/aurora-project	Adults concerned about their sexual thoughts	Internet offending (including CSAM)	<p>The Safer Living Foundation runs the Aurora Project, which offers free group and individual therapy to those who want to understand and manage their sexual thoughts. It includes those who have offended, those who have never offended, and those who have received a caution or are under investigation for internet offences.</p> <p>The project uses techniques and principles from both Acceptance and Commitment Therapy and Compassion Focused Therapy to assist individuals in understanding their behaviour and findings ways to manage difficult thoughts and emotions. The therapy is delivered in a non-judgemental and supportive environment.</p> <ul style="list-style-type: none"> Delivered face-to-face (individual/group) in community settings.
US	Association for the Treatment of Sexual Abusers (ATSA) https://www.atsa.com	Individuals engaging in risky or harmful sexual behaviours	CSA (including CSAM)	<p>ATSA promotes research, evidence-based practice, informed public policy, and community strategies aimed at the assessment, treatment and management of individuals who have engaged in sexual abuse or are at risk of engaging in abuse.</p> <p>It also provides referrals to prevention specialists and treatment providers for treatment of children, young people and adults who are engaging in risky, harmful or abusive behaviours.</p> <ul style="list-style-type: none"> Delivered via website and online.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
US	B4U-ACT https://www.b4uact.org	Individuals attracted to children	CSA (including CSAM)	<p>Provides information for mental health professionals or those aware of their sexual interest in children.</p> <p>For those with a sexual interest in children, it provides information on where to get help, facts relating to mental health and legal topics, peer support and an email support group for family and friends.</p> <ul style="list-style-type: none"> Delivered via website and email.
US	Circles of Support and Accountability (CoSA) (various locations) For example: https://communityjusticecenter.com/cosa-1	Sexual offenders on parole	CSA (including CSAM)	<p>Provides community support for the reintegration of sexual offenders, with the aim of reducing recidivism. Volunteers develop a relationship of trust, hold the participant to account for their behaviours and assist in the maintenance of their stated goals and objectives, as discussed in CoSA meetings. CoSA is based on the principles of restorative justice.</p> <ul style="list-style-type: none"> Delivered face-to-face in community settings and via telephone.
US	Help Wanted https://www.helpwantedprevention.org	Young people and young adults with a sexual attraction to younger children	CSA (including CSAM)	<p>Help Wanted Prevention Intervention is an online course to help adolescents and young adults attracted to younger children. The aim is to provide tools to support individuals to live a safe, healthy, non-offending life.</p> <p>The training consists of five short video modules to help individuals manage their attraction and build a healthy life. The Resources page has links to websites, materials and videos and offers additional support.</p> <ul style="list-style-type: none"> Delivered via website.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
US	Help4youth https://www.help4youth.org	Youth and young adults encountering risky online sexual experiences	Risky online behaviours (including encountering CSAM)	<p>Similar to Underage Child Guard (see below), but directed at young people.</p> <p>Thorn's support website Help4youth is aimed at youth who may be navigating feelings and experiences that may be uncomfortable or even harmful.</p> <p>Young people can reach out for help at the Help4youth website if they have seen something disturbing online or they are having unwanted feelings themselves.</p> <p>A range of resources such as Crisis Text Line, Suicide Hotlines and Stop It Now! are highlighted on the website as safe places to ask for help.</p> <ul style="list-style-type: none"> Delivered via website.
US	Prevent Child Abuse (PCA) Georgia http://preventchildabusega.org	General public (families, practitioners, individuals)	Child abuse (including CSA & CSAM)	<p>Provides training and education, information about abuse prevention programs, and resources to increase public awareness and the implementation of practices that prevent child abuse and neglect.</p> <ul style="list-style-type: none"> Delivered via range of channels, including online.
US	Stop It Now! https://stopitnow.org	Individuals concerned about their own or someone else's sexual feelings or behaviours towards children	CSA (including CSAM)	<p>Stop It Now! provides a range of support to adults including information, education, training and a confidential helpline. The website has an interactive Online Help Center and an 'Ask now' advice column.</p> <p>The Stop It Now! helpline provides help to individuals with questions or concerns about child sexual abuse. It offers help for specific situations and provides information, referrals and support.</p> <ul style="list-style-type: none"> Delivered via phone, email and online chat services, and a website.

Table A1: Summary of child sexual abuse material offending prevention initiatives (continued)

Jurisdiction	Initiative (source)	Target audience	Target behaviour	Description
US	The Global Prevention Project https://theglobalpreventionproject.org	Individuals attracted to minors	CSA (including CSAM)	Provides weekly psychoeducational web-based groups facilitated by clinicians, aimed at providing a safe space for those attracted to minors to get support. It provides support to individuals (primarily non-offenders) who are seeking help managing their attractions and struggling with the psychological burdens of sexual attraction to children such as anxiety, depression, shame and even suicidality. It addresses risky and problematic behaviours, including CSAM use. <ul style="list-style-type: none"> Delivered online, in group settings.
US	Underage Child Guard https://www.underagechildguard.org https://www.thorn.org/deterrence-prevent-child-sexual-abuse-imagery	Individuals sexually attracted to children or seeking CSAM	CSAM	Thorn is an international organisation aimed at addressing online CSA and CSAM. Their online deterrence program involves communicating directly with individuals searching for CSAM, disrupting their sense of anonymity, and encouraging them to seek help. Individuals may be directed to Thorn's support website, Underage Child Guard, which is aimed at individuals struggling with an attraction to children, as well as those who view CSAM. It highlights sources of help including Stop It Now! and Help Wanted. <ul style="list-style-type: none"> Delivered via website.

Note: CSA=child sexual abuse, CSAM=child sexual abuse material

AIC reports

Research Report

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