London Safeguarding Children Board

Guidelines

Assessing children and families affected by individuals viewing child sexual abuse images on the Internet
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1 Introduction

1.1 This document has been produced on behalf of the London Safeguarding Children Board and in conjunction with the Essex Safeguarding Children Board.

1.2 It draws on the contribution of colleagues in Essex, and a small group of practitioners and managers from various services in London, including a specialist NSPCC Project.

1.3 The aim is:

- to provide practice guidance to support practitioners working with children and families affected by individuals viewing child sexual abuse images – particularly via the Internet;
- to identify key principles to help inform assessments;
- to consider some of the practice implications;
- to provide an overview of current messages from research and underpinning knowledge.

1.4 It is not intended to replace existing procedures and should be seen as complementary to the London Child Protection Procedures and Essex County Council Child Protection Procedures. Practitioners should refer to their local LSCB procedures and in particular chapter 5 of the London Child Protection Procedures.

1.5 Its prime focus is on adult perpetrators. Young people who present sexually harmful behaviour require an approach that integrates their needs as young people with the harmful behaviour such as the AIM assessment model\(^1\). Specialist advice sought be sought regarding these circumstances.

1.6 As with any other child protection assessment, the practitioner must use all tools in the assessment framework and not rely only on one source of evidence about risk.

1.7 Throughout this document an adult involved in viewing child sexual abuse images is referred to in the male gender. The perpetrator's partner is referred to in the female gender. This is for ease of reference and reflects the current position that it is mostly men who are known to be involved in this behaviour, although women may also be perpetrators.

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**Things to think about:**

*It is important in this work to keep an open mind about the possibility that any offender who views child abusive images may also make them and/or at some stage be involved in contact abuse of children. A research overview is included in Chapter 2*

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\(^1\) The Assessment, Intervention and Moving On model (AIM) provides a framework for the initial assessment of young people with sexually harmful behaviours and assists professionals to work with partner agencies, young people and their families/carers, and to create consistency of assessments across agencies. AIM uses an assessment model to look at offence-specific factors, developmental factors, family/carer and environment/community dynamics. For more information contact www.ylb.gov.uk
2 Messages from Research

A note of caution

2.1 Practitioners in the Social Care and Criminal Justice fields are faced with ever increasing requests for the assessment of risk posed by individuals who have been caught in possession of child sexual abuse images, either in hard copy form (photos, videos, audio tapes), and/or more commonly today in digital form (e.g. images downloaded into the computer from the Internet, CD-ROMS, scanned photos, digital camera etc).

2.2 The key question for practitioners: Is this type of offender likely to commit/has already committed contact sexual offences with a child or children?

2.3 It must be borne in mind that the use of the internet to access child abuse images is relatively recent (the first conviction in the UK for an internet offence was in 1997) and therefore there has not been to opportunity to conduct follow-up studies over a long period of time. The re-conviction rate for all types of sexual offending is also very low which compounds the limitations imposed by relatively short time periods available for longitudinal research. Consequently we have to be circumspect in drawing firm conclusions about future risk of “hands on” offending.

2.4 Whilst current research may suggests that the majority of men who view child sexual abuse images are at a relatively low level of risk of committing contact offences against children, one must bear in mind that statements about risk in large populations are not the same as discriminating individual levels of risk in specific child protection situations. It is the case that someone who is assessed as low risk to the general population may present an unacceptably high risk to children in specific circumstances.

2.5 Risk is dynamic and multi-factored. The risk that an individual presents must be assessed alongside the vulnerability of any potential victim and the quality of the protection that child is surrounded by - the so-called triangle of risk. All these factors are dynamic, can change over time and can influence each other.

Potential abuser

Protective capacity

Potential victim
Child sexual abuse images

2.6 It is now generally accepted that the term “child pornography” should not be used, because it conflates the images of child abuse (which constitute “child pornography”) with adult pornography which may be perfectly legal. There are different opinions about this, but it has now become generally accepted that the term “child sexual abuse images” is more appropriate, and most agencies have adopted this practice in their written material. Some research material uses the older term and that usage is usually preserved in direct quotes.

Pornography and sexual violence

2.7 The debate around the potential harmful effects of pornography and its link to sexual violence has raged for many decades. Many eminent researchers have compiled studies, which they claim both proves, and disproves, the impact of pornographic images on sexual offending.

2.8 Added to this complex debate is the question: What material is pornographic?

2.9 Moral, legal and subjective definitions exist throughout the world but vary depending on the country and the predominant belief systems therein.

2.10 For most social work practitioners in the U.K. however, it will suffice to say that involvement with individuals caught in possession of child abusive images will nearly always arise as a result of a police investigation and the seizure of images, possession of which is an offence under the Protection of Children Act 1978 – amended 1994. This states:

“It is an offence for a person….
  a) …. to take, or permit to be taken, or to make, any indecent photographs or pseudo-photographs of a child
  b) …. to distribute or show such indecent photographs or pseudo-photographs.”

Do Internet offenders commit contact offences?

2.11 There is little evidence to clearly identify a causal link between the downloading of child sexual abuse images and the propensity to commit contact offences of child sexual abuse.

2.12 The internet has produced a massive change in the relationship between individuals and pornography, including child abuse images. Wortley & Smallbone (2006) suggest that 30% of child pornographers pre-internet were involved in hands-on offending. The number of hits on sites accessing child abuse images is now huge (Smallbone cites one site receiving 1 million hits a month; the BT Cleanfeed ISP blocked 35,000 hits in its first week of operation in the UK).

2.13 The internet offers what has been described as the “three A’s”, driving such massive use;

- **Anonymity** - it is an intensely private activity where an individual believes that their identity is secure
- **Affordability** - it’s cheap
- **Accessibility** - it is a few clinks away on one’s home computer (Cooper 2002)

2.14 In pre-internet days obtaining child pornography was a much more risky, time consuming and expensive activity, with a greater perceived risk of exposure and required some
knowledge or preparedness to seek out material in unfamiliar surroundings. It is likely that the merely curious would be deterred by these difficulties.

2.15 There is a lack of modern research about the base-line level of sexual perversity in the general population. However, it is probably the case that very many individuals are drawn to perverse material who do not present a risk of committing sexual assault on children or adults. The sheer number of hits on internet pornography sites of all types would suggest that this is the case.

**Messages from research**

2.16 With the caveat in the Introduction in mind, some of the more recent and widely discussed research materials comment on the risk of future hands-on offending.

2.17 A study was conducted by Hernandez in the US of 90 volunteers from the Federal Bureau of Prisons Sex Offender Treatment Program (2000). This piece of research was originally embargoed by the Federal Bureau of Prisons and the study has been heavily criticised for methodological inconsistencies. It must always be borne in mind that self-report studies can be subject to unintentional sample bias and that participants in treatment programs can be encouraged to give answers that are seen as acceptable to the institutional setting or supportive of favorable outcomes for the subject.

2.18 Hernandez concluded that 76% of a sample of 62 child pornography offenders who did not have a previous conviction for contact offences disclosed, in treatment, that they had sexually assaulted a child. Hernandez says:

'It would be imprudent to conclude that a child pornography offender does not present a risk to the community just because his criminal history does not reflect a prior contact sexual crime against a minor'.

Although he also states:

'it is unclear why some child pornography offenders have contact sexual crimes and others appear not to have any'.

2.19 In their 2005 study, Seto and Eck studied 201 male child pornography offenders, of whom 25% had prior child contact offences and 15% prior child pornography offences. Over an average period of nearly 30 months when they could have committed further offences, it was found that 17% of the sample had re-offended. 9% of those with prior contact offences committed a further contact offence but only 1% of the child pornography-only offenders committed a further contact offence and 4% a further pornography offence.

2.20 Webb, Crassatti and Keen (2007) studied 190 subjects of whom 73 (38%) were internet sex offenders and 117 (62%) were child molesters (contact offenders). No internet offenders were convicted of a contact offence over an average of 18 months follow-up, one was convicted of a general offence and two for further internet offences. 5% of the child molesters were convicted of a further violent or sexual offence. Webb et al also studied the level of failure of supervision (breach, recall etc) and found that the rate was significantly higher for child molesters at 17% but 0% for internet offenders.

2.21 Both of the above studies support the view that internet-only offenders present a low risk of direct sexual harm to children they are in contact with. Those internet offenders who have a prior conviction for a hands-on offence are at significantly higher risk of further hands-on offending, as are those individuals with a general anti-social and criminal history. The
question of whether internet offenders are more vulnerable to contact sexual offences but have stronger inhibitions or whether they are a different type of offender is still open.

Some messages when conducting assessments on Internet offenders within the home

- Men convicted of accessing child abuse images who do not have previous sexual convictions; do not have general criminal histories and who are not anti-social (e.g. histories of drink or drug use, domestic violence, sexually inappropriate behaviour) are at low risk of committing hands-on sexual assault.

- The issue of conducting an assessment of an offender found to be living in a home where children are present is extremely complex, more so when there are seemingly no other indicators or evidence of significant harm. Researchers in the field are divided about the extent of risk that such an individual poses.

- In the case of low-risk offenders, and providing adequate safeguards are in place, it may not be appropriate to ask the offender to leave the family home whilst a full assessment is undertaken.

- Low risk does not mean no risk and an offender who has been assessed as low risk for offender management purposes may present an unacceptably high risk to children in specific circumstances (David Thornton 2005)

- Some convicted offenders will have undergone treatment but the impact of treatment on risk in the case of internet offenders is still unknown.

- Accessing indecent images of children through curiosity and a generalised interest in perverse sexual material is probably very widespread and there is little evidence that such behaviour increases an individual’s risk of committing hands-on offences. However, there will inevitably be individuals who have committed contact offences who have not been caught, and who also use indecent images of children.

- If an internet offender has previous convictions or credible allegations in the past, the use of child abuse images is indicative of increased current risk.

2.22 As in all areas of work it is important that all professionals continually update their knowledge. In this still relatively new area of work, evidence from research is emerging that provides new evidence based information to update our knowledge and inform practice.

2.23 Whilst research evidence increasingly supports the view that the majority of individuals who view perverse material on the internet, including child abuse images, do not pose a significant risk of committing contact sexual offences, there will be individuals who do pose such a risk within the viewing population; who have, or who will, assault children. For this reason, where there are children at risk, holistic and in-depth assessment by skilled and experienced practitioners should be the norm.

2.24 John Carr (2001) wrote in his paper to the 2nd World congress on Commercial Sexual Exploitation of Children:

‘…..while acknowledging that different studies show different levels of probability…….they establish beyond doubt what one’s common sense also suggests: whenever the
authorities uncover someone in possession of child pornography, they are also identifying someone who is potentially a real and active danger to children.

2.25 Work undertake now will inform future practice, and we have a duty to approach this work to the best of our abilities in our efforts to protect those children most at risk from exploitation and abuse by these individuals.

2.26 There is increasing concern amongst clinicians about the number of young people who are accessing highly perverse material on the internet and for whom this behaviour appears to be compulsive, in some cases being described as addictive. Young people, whose sexuality is more labile and possibly more influenced by external experiences, may be at higher risk of developing paraphillic behaviour as a result of exposure to perverse images than adults. Though there is little conclusive research in this area, it is something to be taken seriously by child protection agencies, when that young person is in a household where there are potential victims, and as a child protection issue for the young person concerned.
3 Legislation and Definitions

Legislation

3.1 The Sexual Offences Act 2003\(^2\) includes a number of offences related to child abuse online.

3.2 Under the Act, it is an offence to take, make, permit to take, distribute, show, possess with intent to distribute or to advertise indecent photographs of children under 18. This offence does not apply where the parties are married or living together, consent was given and no one else is shown in the photograph.

3.3 The Act sets out a series of new offences covering child prostitution and pornography including causing or inciting a child into prostitution or pornography in any part of the world, controlling a child involved in prostitution or pornography and arranging or facilitating child pornography.

3.4 There are also new orders in relation to managing offenders who pose a risk of sexual harm and details of the most relevant can be found in the Appendix D.

Definitions of child sexual abuse images

3.5 There are many descriptions of what constitutes child sexual abuse images, but a fairly complete description is identified in People Like Us (Utting 1997)

“Child pornography ranges from posed photographs of naked and semi-naked children, through more explicit shots of their genitalia thumbed apart to still, film and video recording of oral, vaginal and anal sex. Frequently the children are required to urinate on adults or each other. Almost invariably they are coated with semen when their abuser ejaculates over them. Occasionally they are photographed having sex with an animal.”

3.6 (Taylor et al, 2001) devised a useful descriptive analysis that identifies 10 levels of severity of child abusive images on the Internet, based on the COPINE (Combating Paedophile Information Networks In Europe) research project database. Within the UK this identification system has been truncated to a five level system of severity, and is recognised now by the police and court system as a basis for sentencing.

Typology adopted by the Court

Level 1: Images depicting erotic posing with no sexual activity.

Level 2: Sexual activity between children or solo masturbation.

Level 3: Non-penetrative sexual activity involving an adult.

Level 4: Penetrative activity with an adult.

Level 5: Sadism or bestiality.

3.7 It should be noted that, as yet, there is no direct research evidence that links the “level” or indeed quantity of material viewed to the risk of future contact offending.

\(^2\) www.homeoffice.gov.uk/documents/adults-safe-fr-sex-harm-leaflet
4 Types of Internet activity related to offending

4.1 There are distinct areas of the Internet that individuals with a sexual interest in children may go including the following.

Web sites

4.2 Pornography of all types (including child abusive images) is available from numerous web sites, either for free or for a charge.

4.3 The success of the investigation (into the distribution of child abusive images) by the US Postal Inspection Service – Operation Avalanche in 1999 – was achieved by seizing the credit card details of approx. 250,000 individuals worldwide (7,000 in the UK) who had been paying for these images.

Usenet newsgroups and bulletin boards

4.4 Individuals with shared interests can post information and files containing images to a specific group that has an identifiable name, which generally indicates the nature of the subject matter (Carr 2001).

4.5 Bulletin boards have been called high tech party lines by which users can send and receive text, engage in conversations and both upload and download files (Durkin and Bryant 1995).

Community groups/on-line communities

4.6 These are more specialist communication tools of the Internet, which allows for groups to create invitation-only communities for special interest groups – such as paedophilia.

Internet relay chat (chat rooms)

4.7 Allows a person to chat in real time using text. Often used by children, they are used by child offenders as a means of seeking out potential child victims. These adults will often pose as children in order to elicit personal information including sexual orientation.

4.8 The offenders can also communicate with individuals who share their interests as a way of normalising their deviant beliefs.

Peer-to-peer/direct client to client

4.9 This process will allow a user to access the data drive of another user in order to upload and download files. Peer to peer or P2P software such as Lime Wire allows multiple users on the internet to access each other’s hard drives to share files. It is best known for allowing people to freely share and swap music files but it can also be used to share graphics files.

4.10 Paedophiles can therefore be invited to ‘visit’ somebody else’s collection and take what material they want’ (Quayle and Taylor, 2001).
Mobile Devices

4.11 Communication can be sent via computer direct to a mobile phone. Modern mobile phones can also be used to capture, send or receive images or video clips.

Multi-player games on line

4.12 Usage is increasingly popular with children and adults and has been used by offenders to contact children, often posing as children or young people themselves.

Social Networking

4.13 A social network service focuses on building online communities of people who share interests and/or activities, or who are interested in exploring the interests and activities of others. Most social network services are web based and provide a variety of ways for users to interact, such as e-mail and instant messaging services.

Social networking has encouraged new ways to communicate and share information. Social networking websites are being used regularly by millions of people for legitimate purposes. However they can of course be used by sex offenders to communicate with each other and fileshare and also to meet and groom potential victims.

The main types of social networking services are those which contain category divisions (such as former school-year or classmates), means to connect with friends (usually with self-description pages) and a recommendation system linked to trust. Popular methods now combine many of these, with Facebook widely used worldwide; other examples are MySpace, Twitter, Bebo and LinkedIn being among the most widely used but there are many others.

Further Information

4.14 Technology on the internet is developing and changing all the time. For up-to-date information visit:

- Internet Watch Foundation: [www.iwf.org.uk](http://www.iwf.org.uk)
- CEOP- Child Exploitation and Online Protection Centre: [www.ceop.gov.uk](http://www.ceop.gov.uk)
5 Guidance for the assessment where child Internet abuse is suspected

5.1 This guidance needs to be read in conjunction with your LSCB Child Protection Procedures.

5.2 Each case has to be assessed on its individual merits and will be unique, but there needs to be a starting point. Below are some guidelines to be considered in consultation with your line-manager in respect of the case you are working with.

5.3 There is a presumption that all referrals to Children’s Social Care regarding the assessment of children living in a household (or having contact) with an adult, who has been viewing child sexual abuse images, will trigger a Section 47 Enquiry.

Stage 1 – Initial Assessment

5.4 Having initiated a Section 47 Enquiry, the Strategy Meeting is crucial to planning the assessment. The Strategy Meeting will need to consider:
- all the children in the household
- children in the extended family and social networks with whom the alleged perpetrator has contact
- any contact the alleged perpetrator has with children and young people in their work or voluntary activities (if so refer to the Local Authority Designated Officer)
- the safety of children in the images found.

5.5 All investigations should be jointly undertaken by experienced staff from Children’s Social Care and the Police wherever possible.

5.6 The police investigation will usually be lengthy (e.g. due to the time needed to examine the files on the hard drive) and may not involve a prosecution at conclusion.

5.7 Some key factors may determine the risk of significant harm at an early stage:
- previous history (known to CSC for abuse or neglect)
- previous contact abuse of other children
- images of own children
- initial assessment of partner’s capacity to protect indicates children’s welfare is likely to be significantly compromised
- absence of cooperation
- understanding concerns that own child may be at risk
- presence of risk factors associated with abuse or neglect
- known criminal lifestyle

If any of these risk factors are present, the meeting must consider whether the alleged offender should be asked to leave the home during the assessment or if not, how the risks will be managed, including the use of a written agreement.

5.7 In some circumstances it will be possible to reduce the risks and reunite the family after an initial assessment or an Initial Child Protection Conference (with a child protection plan). A written agreement is essential to cover such matters as supervised contact, entry into children’s rooms, sleep-overs etc.

5.8 People who look at these images may do so because they have a sexual interest in children. They have already acted on that sexual interest by looking at children being
abused. Some will go on to contact abuse, others won't, but all situations will need to be carefully assessed. Safeguards need to be put in place at the start of your work until you are able to determine that the children are safe - not the other way round.

5.9 Best practice is to conduct the initial assessment on the day of arrest or referral.

5.10 Where there are children and a partner, the assessment involving the partner should be the first priority.

5.11 Where possible an interview should be conducted with the alleged perpetrator at an early stage, but after the partner has been interviewed.

5.12 Where the alleged perpetrator is living with a child or children or has regular contact with a child or children a child protection conference should be convened – unless there are significant factors noted against that course of action.

5.13 A more thorough assessment will need to follow and this will take time. These cases should not await the outcome of the police investigation before sound safeguarding action is taken.

Stage 2: Core Assessment

5.14 The following information is important for the practitioners to obtain as soon as possible from the police and from their own enquiries.

- Any information about the nature of the images (Levels 1 – 5) age or gender of children?

- What is known about the source of the images – a commercial site, home-made images, news boards or chat rooms? Is there evidence of trading?

- What additional material was discovered at the property when the computer hard drive was taken away? Disks, videos, printed out images, written material? Were they hidden?

- What other technology was present in the home e.g. web cam, digital camera, video camera, X-Box?

- If there are no children resident in the home, are there toys or child-centred objects?

- Is there any indication that children were present while the material was being viewed or that the material features children or adults known to the suspect?

- Is there evidence of heavy alcohol use or disinhibiting drugs e.g. cannabis?

- Was hard core adult pornography present as well as child abusive images? (Not illegal, but likely to be relevant to the assessment).

- How does the suspect initially present himself or herself? (If possible, explore the background history e.g. previous partners and children, significant life events)

- Is there any known previous relevant professional involvement?
- Is there any evidence of obsessive/compulsive behaviour in the suspect?
- Is there a history of domestic abuse?
- How does the non-offending partner initially react to the situation?
- How do the children of the household present themselves and react to the situation?
- Who are the wider group of significant people in the lives of the children?
- Are there any initial indicators of abuse or neglect?
- Is there any prior criminal history?
- Do other agencies have any concerns?
- What are the protective factors in the situation?
- What are the characteristics of the daily family routines, particularly with regard to intimate care and bedtime routines?
- What social and community support is available to the family? Are they socially isolated?
- What contact does the suspect have with children and young people beyond their immediate family? Consider the contact with the extended family and local community.
- Does the suspect work in a capacity with children (including voluntary work)? If so refer to Local Authority Designated Officer

5.15 The core assessment will gather information from a variety of sources. Chapter 6 (Guidance for assessment of potentially protective carers), Chapter 7 (Interviews with children in contact with the suspect) & Chapter 8 (Interviewing the suspect and partner) should provide useful models for gathering information from the family members. These interviews will not necessarily happen in a set order and it is likely that several sessions will be needed to cover all the relevant questions and areas for any particular case.

5.16 Having gathered the information from the various sources, check the available material against the indicators in Appendix C. These provide a comprehensive set of indicators which will help to determine whether:
- a non-abusing parent/carer is less able or more able to protect
- a couple’s relationship is likely to increase or lower risk
- parenting styles increase or lower risk
- the child or children’s circumstances increases or decreases their vulnerability

5.17 Both the passage of time and the assessment process itself will affect a parent’s response. An important part of the assessment process is an assessment of the capacity to change.
Stage 3 – Reaching a Judgement on Risk

5.18 The first consideration of risk assessment is the type and degree of harm. Significant harm for the purpose of child protection intervention is defined in Section 31 of the Children Act 1989. See Appendix E.

5.19 There are three, overlapping stages in the risk assessment process:

a) Information gathering – using the Assessment Framework and the model provided in this guidance.

b) Analysis of information – considering:

- **The severity of the known or believed harm.** *Severity* refers to the type and degree of harm that has been or is likely to be suffered and its impact on the child. It takes into account the pattern of past harm (as relevant) to the estimation of severity of any believed future harm.

- **The child’s vulnerability to harm.** *Vulnerability* refers to factors relating to the age and aspects of the child or young person’s development or functioning, as well as the opportunity for further exposure to harm or for protection and the parental capacity for change.

- **The likelihood of known or believed harm being repeated, continuing or cumulating.** *Likelihood* refers to those factors that increase the probability of harm, such as patterns of abuse or neglect towards the child or other children in the family, attachment and quality of relationships, attitudes of the parents to harm, and complicating factors.

- **The degree of safety for the child.** *Safety* refers to the capacity of a parent, other family members or significant adults to protect and care, the child’s own capacity to gain protection (depending on their age and development) and the isolation of the family from support. Strengths are positive attributes in relationships, skills and personality. These attributes are considered as they act to support, enhance or develop capacity, motivation or competence to protect.

c) Judgement of risk - to reach a judgement on the level of risk and whether the local authority should intervene and how to safeguard and promote a child’s welfare in the immediate or long term, the assessment of risk process needs to determine:

- What are the harm consequences for the child or young person? Are the harm consequences extreme, serious or concerning? and

- what are the factors that increase and decrease the probability of harm? Is the probability of harm highly likely, likely or unlikely?

The conclusion of the judgement will need to set out what the likely impact of the proposed intervention will be on the child, their family and significant others.
6 Guidance for assessment of potentially protective carers

6.1 This guidance is not a replacement for the Assessment Framework. It consists of additional information, which comes from the experience and learning by practitioners dealing with Internet abuse.

6.2 Discovering that your partner has been accessing child abuse images on the internet will, for many partners, come as a terrible shock. It is a natural reaction to psychological shock to deny the seriousness of the behaviour, to minimise responsibility or even to not believe that it happened at all. Denial is a defence mechanism that protects the self from overwhelming fear and trauma. Responses such as “it’s only looking at stuff”, “he must have come across the pictures by accident” or “he wouldn’t do anything to his own children” are natural reactions to a very distressing situation. The distress can be compounded by the partner’s experience of the arrest of her partner - sometimes after a raid in the early hours by police and fear of the consequences; “will I lose my children?”

6.3 The partner may go through a process very similar to bereavement, with the recognised stages of numbness, denial, anger and depression.

6.4 It is important to remember that people’s initial reaction can be a poor predictor of their long-term ability to protect.

6.5 The anger and confusion experienced by partners can be projected onto child protection workers and unless the initial stages of contact with partners is carefully handled, this can lead to a very hostile and antagonistic relationship developing between the partner and statutory safeguarding services. This can be very difficult to break out of once established and can seriously militate against achieving good outcomes for children.

Style of intervention:

- Starting from where she is, not where you would like her to be.
- Be straightforward and honest with her.
- Acknowledge that he may not be all bad. She loved him and may still love him. If people describe him as a ‘monster’ or something similar, what does that say about her?
- Accept that she may need to maintain a certain level of denial and minimisation to enable her to continue in the relationship and this doesn’t necessarily mean that she is less protective.
- Relay that working in partnership is likely to have considerable benefits and ensure that her children are protected from harm. Let her know that we have knowledge and understanding we can share which can help her and the family in a very difficult situation.
- Keep focussed on the issue of safeguarding the children in the family and don’t let your own agenda intrude. The idea of anyone looking at child sexual abuse images may appal you and you might feel revulsion.

6.6 The first interview should be focused on developing a rapport with the carer and acknowledging the emotional and practical consequences of the arrest of their partner.
Information can be provided about the process that is likely to take place. People in distress can only absorb a limited amount of information and their attention span may be very short. Never underestimate the profound shock that overwhelms many partners initially.

6.7 If the family is stable with no significant forensic history, then it is unlikely that the children will be immediately at risk of significant harm. Factors that would be of concern would include:

- The offender has a previous sexual conviction or credible allegations of sexual assault
- Current significant substance abuse (results in criminal convictions, medical intervention or concerns about children affected by substance misuse)
- Offender has convictions for non-sexual violence, domestic burglary or shows significant criminal versatility
- History of domestic abuse
- Family (current or previous) known to social services – particularly a history concerns regarding neglect or abuse of children in the household or in previous families
- Offender is living in the household but is not the children’s father or mother’s partner
- Recent boyfriend
- Mother/carer has history of serial partners/unstable relationships
- Mother/carer has history of sexual abuse herself, poor parenting herself or history of being in care
- Carer has mental health problems
- Carer has a learning disability
- Children who have a physical disability, learning disability, developmental delay or communication problems.

6.7 In subsequent interviews a more detailed picture can be built-up:

**Obtain a detailed background history**

- How they met.
- Friends/family/hobbies
- Ethnic, cultural and religious issues
- Own childhood experiences especially any history of sexual abuse and attachment issues
- Finances and who has control
- Power within the relationship
- Relationships outside the family.
- Employment and working hours
- Time spent on computer and technical knowledge of computer systems.
- Any evidence of grooming behaviour. This needs to be treated with caution. In the past, anything that an offender did with a potential victim that was nurturing was interpreted as “grooming”. Most sexual abuse occurs within the context of established nurturing relationships and it is important not to over-interpret behaviour and ascribe sinister motives to what might be quite normal and innocent interaction between a carer and a child.
- Has he or she lost interest in their sex life or withdrawn from social relationships?

6.8 The nature of their sexual relationships, “normal” or “ok” will not suffice because what’s normal to them may not be considered safe practice in a house with children in it e.g. ‘swinging’, accessible pornography and lack of appropriate boundaries. So, information about nature of interests, gender, age, frequency; paraphilia, e.g. sadomasochistic sex, animal involvement, may all help establish relevant information.

6.9 Key qualities of a “good enough” protective parenting:
- Understands and accepts what her partner did, that it was wrong and that it raises legitimate concerns on the part of agencies about the safety of her children, even if she does not believe that her partner would harm them.
- Has good self-esteem.
- Has internal locus of control - believes that she can shape events.
- Can provide appropriate attachment. Is emotionally warm, available and able to understand the children’s inner worlds and put the needs of her children before her own.
- Has good social support and has a confidant outside the immediate family. Is well connected with friends and family members who know what has happened and can offer support.
- Is not financially or psychologically dependant on her partner and can contemplate a life separate from him.
- Is cooperative with child safeguarding agencies and able to work through negative feelings engendered by their intrusion into her life and does not get stuck in an oppositional stance toward agencies.
7 Interviews with children in contact with the suspect

7.1 Consider if and at what stage children should be interviewed, including the need for a video interview – this should be agreed at the strategy meeting and subsequent planning meetings.

7.2 Consider what children will be told and who will do this.

- Children should be given information in an age-appropriate manner, agreed with the protective carer, about what is happening and about the social worker’s role.

- There may be a temptation to avoid discussing anything with the child because it seems too difficult. This will not be helpful in the long run. Children should be told something, but not everything and by saying a measured amount of information to children we will be opening up the opportunity for disclosure about past events and/or in the future. By not mentioning anything we run the risk of children feeling that they can't speak and they must keep quiet. They may also become confused/anxious that something is going on ... “I think I'm at risk of something, but no one's telling me!” “Has daddy done something bad?” “Have I done something bad?”

- We have to be careful that we don’t end up mirroring the possible secretive and deceptive behaviour of caring adults in these situations. Colluding with "let's keep it quiet" may lead to families continuing with codes of secrecy. It may also result in professionals being put under pressure to check everything out with the parents before their children are spoken with.

- This may have to include the reasons why the perpetrator is leaving home for a while.

- If there is a written agreement in place, consider whether the child needs to be informed and have information about what to do if the agreement is breached.

- They may have been present during the police search early in the morning and have become very anxious by it.

- They may know about “rude pictures” on the Internet - even at quite a young age. This may be part of the current common usage of the Internet by children and not associated with the adult viewing child sexual abuse images.

- Appropriate generic materials are available for helping children to express their wishes and feelings; what is happening in their lives; if anything is troubling them; assessing their knowledge about safe and not-safe touch; assessing signs of grooming or significant harm.

- Babies and very young children should be observed with the potentially protective carer – and with the suspect if contact is continuing.

- Older children and young people should be offered time on their own with the practitioners.

- Depending on the age of the child, there should be a focus on safety planning.
8 Interviewing the suspect and partner

8.1 It is important to consider who is the most appropriate person to interview the alleged perpetrator. Good practice suggests that two people should undertake such assessments to ensure that assessments remain child focused and minimize the risk of those involved being groomed by the alleged perpetrator. It is important to remember that information gathered might not include honest answers and care needs to be taken in ensuring any analysis is evidence based. Where this is not possible supervision is important in helping with the analysis of information gathered for the assessment.

8.2 The timing of when assessments needs to be carried out is important and it may be important to seek advice regarding to this in relation to any proceedings.

8.3 Some or all of the following questions can be used when interviewing alleged users of child abusive images. The questions with this symbol () can be also asked of and cross checked with partners as part of the assessment of risk to children in the household.

- What is the number of total hours that the individual spends on-line in any one week, and the proportion of this time that was spent in contact with others sexually interested in children or in downloading images?

- What has been the level of general disruption in their lives that being on-line has played, particularly in relation to work or real-life social relationship?

- Has there been a reduction (where appropriate) in sexual interest with their partner?

- Has there been emotional withdrawal from family members or friends?

- What are the person’s existing social networks and levels of emotional support?

- What level of social isolation is present?

- Is there a preoccupation with accessing the Internet such that there are ongoing difficulties in concentrating?

- How many Internet media are being accessed (Web sites, chat rooms, e-mail, newsgroups)?

- What do they do with each and what level of pleasure is associated with these activities?

- What nicknames are used and what do they mean to the person?

- How is material retrieved from the Internet saved and organised (in particular, how is it stored, how are files labelled, what changes are made to existing file names)?

- How much time is spent off-line with collected material, either editing and sorting, or for use as an aid to masturbation?

- Have images been exchanged with others (how has this been done, what volume and what purpose did this serve)?
• Have images been created through scanning from existing pictures or by digital camera?
• Have any fantasies been acted out with real children (which may or may not be of an explicitly sexual nature)?
• Has there been any contact in real life with people (adults or children) met on-line?
• What level of preoccupation is there with regard to ‘re-living’ past experiences?
• How much time is spent thinking about their latest Internet experience (chat or image), or planning the next?
• Are details of other on-line people kept and reflected on?
• Does the person keep making promises to stop going on-line and then breaking them?
• Does the individual take risks in terms of accessing the material (either because of others in the house or same room) or storing it?
• Have images been downloaded while children were in the room or in close proximity?
• Have images been shared with others off-line (work colleagues, children)?
• Is there a sense of excitement in anticipation of going on-line, or a sense of frustration or irritation when blocked from doing so?
• Does the person chat to others about real or imaged sexual encounters with children?
• Is there self-representation as other individuals (either same or other sex or age)?
• What attempts have been made to contact children through the Internet?
• What level of masturbation is associated with on-line activities?
• Does masturbation take place on or off-line?
• What has been the increase or change in sexual activities since accessing the Internet?
• Does the individual engage in virtual sexual relationships with others (adults or children)
• Has there been a change in the kinds of text or images accessed (age or other characteristics of the child, types of images and level of victimisation)?
• Does arousal happen to other non-child images?
9 Implications for practitioners

9.1 It is important that we do not exaggerate the negative aspects of sexual expression on the Internet, either in terms of its extent or its level of pathological expression. Cooper et al. (1999) have identified a number of positive aspects that the Internet may play in sexual relationships, including a reduction in the role that physical attributes play in the initial decision to pursue a relationship. However, in the context of people with a sexual interest in children, the Internet can play a very powerful role in justifying extreme levels of engagement with material that is based on the sexual abuse of children (Quayle et al., 2000). The relationship between justifying the production of and access to such images and the commission of a contact offence is unclear.

9.2 Existing models of offending behaviour have yet to examine the relationship between the offender and the Internet and how that relationship facilitates sexual behaviour, both on-line and off-line. An analysis of interviews with thirteen men convicted of downloading child pornography (Quayle and Taylor, 20002) would suggest that while some offenders use such material as a substitute for contact offences, there are others who express a strong wish to engage physically with a child and for whom pornography on the Internet may act as a blue print or stimulus for offending. There is also a real possibility that sex offenders are changed by and subsequently contribute to change in others through the Internet, in relation to beliefs, values and cognitive styles.

9.3 The justification that these are victimless crimes, in that the offender may not have engaged in actual sexual contact with a child (Taylor et al 2001a), is spurious as those who access it are willing participants in an abusive situation.

9.4 The challenge to practitioners is to try and understand the role that the Internet may play in offending behaviour and in particular, accessing and distribution of pictures depicting child sexual abuse. In order to do so, it is necessary to understand how paedophiles use the Internet and for practitioners to be confident about its assessment. As yet, the relationship between the collecting of child pornographic material and the commission of a contact offence remains unclear. In the context of adult pornography and aggressive behaviour. Seto et al. (2001) suggested that individuals who are predisposed to sexually offend are the most likely to show an effect of pornography exposed. Until practitioners include questions about pornography and the Internet in their assessment, which ultimately informs research, there is little hope of bringing clarity to this complex area. Practitioners will increasingly be faced with problems that relate to the interface of people with the Internet, and an understanding of the latter is central to working with such clients.
Multi Agency Public Protection Arrangements

MAPPA: Key Points

MAPPA provisions were introduced in 2001 and strengthened by The Criminal Justice Act 2003. Under the Act, the Police, Probation and Prison Services, known as the Responsible Authorities, have a statutory duty to establish MAPPA in each area of England and Wales.

The purpose of MAPPA is to assess and manage the risks posed by sexual, violent and other dangerous offenders in the community.

MAPPA is not in itself a statutory body and does not replace individual agency responsibilities. It provides a framework through which information can be shared and multi-agency activity can be effectively co-ordinated with the aim of improving public protection.

The legislation identifies a number of agencies that have a duty to cooperate with MAPPA, including Children’s Services Authorities, Health, Youth Offending Teams and Housing, amongst others.

Further details can be found in the MAPPA Guidance 2009 that can be downloaded from www.probation.homeoffice.gov.uk

Who are the MAPPA offenders?

There are three categories of offender who fall within MAPPA:

1. Category 1 is registered sex offenders that are those sex offenders who are subject to notification requirements under the Sexual Offences Act 2003. The Sexual Offences Act identifies a list of the relevant offences. This includes offences involving child abuse on line images or grooming via the internet. The period of registration depends on the sentence and many of the more serious offenders will be subject to registration and notification requirements for life. Offenders can also be required to register as a result of various court orders including a Sexual Offences Prevention Order (SOPO), a Notification Order or a Risk of Sexual Harm Order (RSHO).

2. Violent Offenders and those sexual offenders who are not required to register. These are people who are sentenced to a term of imprisonment of 12 months or over (or a hospital order) for a violent offence identified in the list of relevant offences (Schedule 15). They may include young people convicted of sexual offences as the threshold for registration for Category 1 is very high for young people. This is in recognition that young people’s lives can change rapidly and many young people who commit sexual offences do not go on to offend as an adult. It would therefore be disproportionate to subject them to the same requirements as an adult offender. At the present time, Category 2 offenders are not required to register with the Police but they will be under supervision to the Probation Service or YOT. In cases of hospital orders, mental health services will be the lead agency.

3. Other offenders who because of the offences committed by them are considered to pose a risk of serious harm to the public. These are few and far between and the threshold is very high for acceptance under this category. An example might be an offender whose supervision had expired but who continued to pose a very serious risk of harm to others.
It should be noted that unconvicted perpetrators cannot be considered under MAPPA, although it is important to share information about potentially dangerous persons through the Police Public Protection team.

It is important for colleagues working with child abuse to be aware of those cases that fall within MAPPA and to contribute to the MAPPA process of assessing and managing risk.

Once MAPPA offenders are identified and an assessment made, there will be a decision as to the level of risk management required as determined by the level of risk posed and needs and complexity of the case. There are 3 levels of management. Many offenders are managed by the Police and Probation services at level 1 without having to be referred to the regular meetings that take place to manage those where there is a greater need for multi-agency coordination. Level 2 is a process of active multi-agency risk management and such cases would typically be considered at the regular MAPP meetings. In exceptional cases a higher level 3 meeting may be needed to mobilise additional resources or where there is a concern about media interest.

Each area or borough has a MAPPA coordinator (Police or Probation) who acts as a single point of contact for these arrangements.
Risk Management Options

Convicted Offenders

Individuals who fall within one of the MAPPA categories will be subject to a Risk Management Plan that will include multi-agency action as appropriate.

The plan will be reviewed on a regular basis or when new information comes to light. The objective is to reduce or manage the risk of harm and likelihood of offending through a combination of restrictive and constructive interventions that match the assessed risk. In all cases there will be a concern to ensure the victim is protected and that there is good inter-agency working and sharing of information. Non-compliance with statutory agencies should be dealt with through rigorous enforcement procedures.

The main types of interventions include the following:

- Residence at approved premises
- Attendance at an accredited programme, for example the internet Sex Offenders Treatment Programme iSOTP
- Supervision, including home visits
- Court Orders
- Restrictions on associations, movements or residence
- Restrictions on activities or possessions, for example, a computer
- Bail or curfew checks
- Electronic monitoring
- Surveillance
- Provision of suitable activities for example, employment schemes
- Supportive approaches for example, Circles of Support
- Psychological or psychiatric input

There are therefore various ways in which offenders who commit internet offences against children can be managed, including conditions on the licence not to own or use a computer, conditions not to communicate with children, or conditions to attend a programme. Colleagues in children’s services who are working with families will have an important contribution to the development of the risk management plan and are well placed to report any concerns.

Court Orders

Disqualification Order

Disqualification Orders issued at the point of sentence disqualify certain offenders from working with children. A person subject to a Disqualification Order commits an offence if they knowingly apply for, offer to do or accept any work with children, including unpaid activity.

This will be important for those offenders who have been in contact with children through employment or voluntary activity and this information will be part of the Independent Safeguarding Authority Vetting and Barring Scheme.
Foreign Travel Order

The Sexual Offences Act allows for an order that prohibits the offender from travelling to a specified country or countries or in certain circumstances from travelling outside the UK in cases where it is believed this is necessary to prevent serious sexual harm to children.

Risk of Sexual Harm Order (RSHO)

This can be used in cases where the behaviour of an individual suggests that intervention is needed at an early stage to protect a child or children. It is a civil order that the Police can apply for in respect of persons over 18 where it appears that a person has on at least 2 occasions in the previous 6 months participated in one or more of the following acts.

- Engaged in sexual activity involving a child or in the presence of a child
- Caused or incited a child to watch a person engaging in sexual activity or to look at a moving or still image that is sexual
- Given a child anything that relates to sexual activity or contains a reference to such activity
- Communicated with a child where any part of the communication is sexual

A RSHO may prohibit the offender from doing anything specific, for example, communicating with children, using a computer, and has effect for a fixed period of not less than 2 years. Failure to comply will result in the offender being subject to sexual offender registration requirements.

Sexual Offences Prevention Order (SOPO)

Where an offender is behaving in such a way that suggests they might commit a sexual offence, a SOPO can be considered in certain situations where it is believed necessary to protect the public. The person must have committed a qualifying offence (listed in schedule 3 or 5 of the Sexual Offences Act) and must have acted in a way (within the previous 6 months) to suggest this is necessary to protect the public.

An order may prohibit the offender from doing anything specified, for example, owning a computer, not to take photographs of children, and the order lasts for a specified period of at least 5 years. It is a criminal offence to breach an order and the offender can be sent to prison.

It provides an opportunity for enhanced powers for offenders posing a risk whose orders or licences may have finished but where there is evidence that they present an ongoing risk of harm.

Services for Unconvicted Perpetrators

Although in some areas, unconvicted perpetrators have been able to access therapeutic services or support via a GP referral, this appears to be the exception rather than the rule and it is generally acknowledged that there is a lack of resources to assess and work with those who have not been convicted.

This is an area of development and there are emerging projects and schemes including the following...
Stop It Now

Stop it now provides public education and awareness about sexual abuse

It includes a freephone confidential helpline for anyone who has concerns about someone they know abusing a child, including on line abuse. It is also aimed at those who might have concerns about their own thoughts or behaviour towards children.

[www.stopitnow.org.uk](http://www.stopitnow.org.uk)  Free phone 0808 1000 900

Lucy Faithfull Foundation: Inform

The Lucy Faithfull Foundation has expertise in this area and can conduct assessments as part of a Service Level Agreement. However, it has also developed a service called Inform. This is an information forum for families with internet problems and is an educative course to offer information and support to partners/friends of people who have been charged with child abuse on line offences. It currently runs courses in Surrey and participants can self refer.

Inform Plus is a 10 week programme for those who have been arrested for child abuse on line offences.

[www.lucyfaithfull.org.uk](http://www.lucyfaithfull.org.uk)

Telephone 01372 847187 or 01372 847188

Securus Software

Securus Software has developed e-safety software for schools and aims to protecting children through the use of technology. The software is installed on a schools PC network and monitors use of inappropriate keywords or phrases by users and produces reports. It encourages positive online behaviour, reducing searches for inappropriate material and cyber bullying.

Currently over 1200 primary and secondary schools are protected and the programmes have the potential to be used on individual PCs to allow monitoring of an offenders internet use.

[www.securus-software.com](http://www.securus-software.com)

CROGA

This is a self help website and resource for those worried about their internet use and on line behaviour. It has been developed as part of the work of the COPINE institute, Cork University which is a leading centre of expertise in on line safety

[www.CROGA.org](http://www.CROGA.org)

NSPCC South London Safer Communities Project

Provides assessment services, consultation and training in the area of sexual risk to children.

Telephone 020 8256 5940.
Assessment of the capacity to protect – promising and compromising signs

Non abusing parent/carer

Both the passage of time and the assessment process itself will affect a parent’s response. The worker has a responsibility to make available to the non-abusing parent relevant information concerning sexual offending behaviour and the sexual abuse of children. An important part of the assessment process is an assessment of the capacity to change.

Less able to protect

- Attempted concealment at point of disclosure. Suspected of active participation in the abuse.
- Minimising events or over-simplifying explanation for the abuse.
- Denial of possible future risk.
- Indiscriminate in sharing of information about the abuse.
- Has not told extended family about the abuse.
- Continued antagonism to Social Services Department either overt or covert.
- Emotionally and financially dependent on the perpetrator.
- History of former relationships with abusing partners.
- Antagonistic and blaming towards the victim including extended family disbelief of the victim and continued involvement with the perpetrator.
- Emotionally distant from children.
- Pre-occupied with own needs which may relate to own abuse history.
- Low self-esteem.
- Mental health problems such as psychosis, chronic depression, eating disorders which make a parent unavailable or distant to children.
- Substance misuse both drugs and alcohol.
- Poor physical health or disability or communication problems.
- Uses religious beliefs to absolve responsibility or to deny possible future risks.
More able to protect

- Brought concern to the attention.
- Knows full history and details of abuse and given appropriate explanation to family/friends.
- Working in partnership with professionals.
- Co-operation with professionals, but willing also to take responsibility for actions.
- Understood ‘grooming’ process.
- Willing to seek advice.
- Owns responsibility for allowing abuser home.
- Believes child and has supported throughout disclosure and therapy, or has demonstrated a change in belief and attitude over time, or acknowledges ambivalent feelings.
- Good relationship with children.
- ‘Good enough’ parenting skills. Able to empathise with the child and usually puts the child’s needs first.
- Strong personality – able to act independently.
- Able to challenge future suspicious behaviour of offender.
- Own abuse history previously disclosed, but has worked out own resolution including self-protection.
- Continuing network of support from safe family/friends.
- Sounded social support systems able to share information if appropriate or needed.
- Keeps appointments with relevant agencies e.g. Health Visitor, GP.
Couple relationship

Both adults must be interviewed separately and together. Workers need to show sensitivity to race, cultural background and class.

Risk increased if:

- joint participation in drug/alcohol abuse, sadomasochism/violence;
- perpetrator takes charge of personal/intimate care of children;
- denial of any problems with marriage;
- poor marital relationship;
- each partner is 'secretive', anger/anxieties not voiced;
- intimacy/sexual relations problem;
- history of domestic violence;
- unstable lifestyle evidenced by work pattern;
- poor communication – lack of empathy between partners;
- overt use of pornography/'sexualised' atmosphere in home.

Risk lowered if (including protective factors):

- each partner has sought help;
- caring tasks negotiated and house agreed;
- evidence of ability to discuss the abuse and no minimalisation/denial;
- 'mature' couple, good support from extended family with collusion;
- appropriate affection and physical contact;
- Able to discuss sexual matters openly;
- draws appropriate boundaries around adult talk and behaviour.
**Parenting styles**

**Risk increased if:**

- rigid role definition;
- social isolation;
- perpetrator makes decisions and rules concerning family members.

**Risk lowered if:**

- children aware of boundaries, listened to and heard by both parents;
- appropriate use of community;
- family working openly and with professionals on rehabilitation plan.

**Siblings**

Each child to be listened to and spoken with separately in a safe, private place. Their needs and vulnerabilities must each be assessed as individuals in their own right.

**Increased vulnerability**

- History of the abuse and consequences have only been half-told and are kept secret.
- Are subject to or have been subject to a Child Protection Plan in any category.
- View victim as ‘naughty’ or ‘indifferent’ in other ways – scapegoat victim/disbelieve or blame.
- Have no adult whom they trust.
- Poor educational record.
- Disability/communication problems.
- Concerns about possible neglect/physical abuse/failure to thrive/emotional harm.

**Risk increased if:**

- over compliant, non-assertive personalities;
- feels ‘less-favoured’ in the family;
- poor eye contact/self image;
- feels discriminated against because of race, culture or class.
Lowered vulnerability

- Are age-appropriately aware of abuse and consequences.
- Have been interviewed and given time to talk with trusted adult outside the family.
- Understand nature of ‘therapy’ offered to victim.
- Strong, assertive personality.
- Family rules have been established regarding privacy, personal care etc.
- Protection/preventative strategies discussed.
- Age appropriate sex education. Can identify appropriate adults who are safe and can be trusted.

The above factors should also be considered in relation to children in extended family or children who are frequent visitors to the household.

| Victim or potential victim |

Increased vulnerability

- Regarded by non-abusing parent as a ‘rival’ or blamed in some way.
- Continues to show highly sexualised behaviour (age inappropriate).
- Few friends or trusted adult or ‘safe’ extended family.
- Disability/communication difficulties.
- Physical health poor.
- Learning difficulties and low educational achievement.
- Low self-image, poor eye contact.
- Non-assertive body language.
- Mental health rating indicating depression.
- Over compliant.
- Maintains or seeks to maintain relationship with abuser.
- Feels discriminated against because of race, culture, religion or class.
- Unable to express feelings relating to abuse.
Lowered vulnerability (Protective factors)

- Strong loving relationship with non-abusing parent.
- Has engaged in therapy and supported in this by family.
- Has learnt ‘preventative’ strategies and age appropriate sex education.
- Positive experience of education and/or safe activities outside of home.
- Able to express wishes and feelings to trusted adult.
- Privacy rules established in house.
- Positive self-regard and confident.
- Been able to voice ambivalence towards abuser. Shown this by willingness to make statement or has claimed compensation.
- Positive and stable friendship network with peers.
- Are, or have been, on Child Protection Register in any category.

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Appendix D

Significant Harm

Section 31 Children Act 1989

Is the child suffering or likely to suffer

| Harm

| Ill treatment

| Impairment of health

| Impairment of development

| Physical
| Mental

| Sexual

| Physical
| Mental

| Emotional
| Behavioural
| Social

| Is it

| Significant?

| Is it considerable, noteworthy, important – given the age and development of the child and what would be expected of a similar child?

| What is it attributable to

The care/treatment given?

The care/treatment likely to be given?