

**Stop it now! Evaluation**

**EUROPE**

Preventing Child Sexual Abuse



**NatCen**  
Social Research



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Save the Children



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PRÄVENTIONSNETZWERK

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# Evaluation of Stop it Now!



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# 1. Introduction

Complex legal, social and psychological factors underpin how the sexual abuse of children is defined and responded to in different countries. Child sexual abuse has become a priority public and political concern in England, and a significant matter of concern across the rest of the United Kingdom, with much emphasis on responses to and prevention of child sex abuse. This is coupled with outrage at cases of sexually motivated homicide where child abuse images have been found in the perpetrators'<sup>1</sup> possession and high profile political responses to internet-enabled abuse<sup>2</sup>. In the Netherlands, following a period of fairly liberal attitudes towards sexual experimentation between young people and adults in the 70s, concerns began to be raised about the long term damage of child sexual abuse, and there has also been increasing public outrage aimed at those with paedophilic tendencies, in part as a response to high profile child sex abuse cases. In the Netherlands, in contrast to the UK and despite judicial attempts to abolish them, there are also vocal paedophile advocacy groups arguing that child to adult sexual relationships can be non-abusive.

In the UK, the management and treatment of sexual offenders is provided within a legislative context, usually linked to police or probation services. In the Netherlands it could be argued that the management of sex offenders is more closely aligned with a socio-medical model.

Stop It Now! (hereafter Stop!) is a programme that aims to prevent child sexual abuse, and is founded on the premise that child sexual abuse is a preventable public health issue; that the responsibility for preventing such abuse lies with adults; and that support can be provided that assists potential or actual perpetrators to desist from engaging in sexually abusive activities. All members of the community have a critical role to play, not just in simply reporting the risk of sexually harmful behaviour, but also in taking action to prevent it. Stop therefore provides tailored information, advice and support to different groups with the aim being to ultimately prevent child sex abuse (which includes internet based offences such as accessing indecent images of children online).

The programme consists of an awareness-raising campaign, online information and freephone helpline/email support. Stop! users can also access face-to-face or group-based support and education from the host organisations: Lucy Faithfull Foundation and De Waag in the UK and the Netherlands respectively. Both are long-standing organisations providing a wider set of services to abusers/potential abusers in order to tackle child sexual abuse.

In addition to informing the general public, the Stop! programmes have two shared primary target groups: people who are abusers or at risk of committing abuse; and adults who are concerned about the sexual behaviour or thoughts of others. The third primary target group in the Netherlands is professionals working with offenders/those at risk of offending or with children, and in the UK it is people concerned about a child or young person with worrying sexual behaviour.

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<sup>1</sup> <http://www.guardian.co.uk/uk/2013/may/13/stuart-hazell-incest-websites-tia-sharp> and <http://news.sky.com/story/1090288/april-jones-trail-of-blood-in-suspects-home>

<sup>2</sup> <https://www.gov.uk/government/speeches/the-internet-and-pornography-prime-minister-calls-for-action>

By providing support and advice to these groups, Stop! aims to raise awareness of child sexual abuse, improve protection of children and change the attitudes and behaviours of those who commit or are at risk of committing child sexual abuse.

Stop! originated in the US in 1992 and two programmes are currently operating in Europe. Stop it Now! UK and Ireland has been running since 2002, managed by the Lucy Faithfull Foundation from Epsom in south England, with a Director for UK and Ireland and national campaign managers in Scotland and Wales who promote the helpline in their nations. Stop it Now! NL was launched in the Netherlands in April 2012, and is managed by de Waag in co-operation with Meldpunt Kinderporno.

## **1.1. Evaluation objectives**

The two programmes are being evaluated, with European Commission co-funding, to:

- assess their implementation, with a focus on the helpline and email support
- explore their impact in terms of affecting behaviour change among offenders and potential offenders and protecting children from sexual abuse
- provide an economic analysis of the programmes' implementation
- provide a model for developing and implementing similar services in other European countries.

The evaluation has four stages, the first of which has been completed:

1. Scoping: contextualising the programmes, and identifying their internal operations.
2. Assessing activity and impact: gathering insight from users of the services through interviews and questionnaires.
3. Toolkit development: guidance for setting up similar services in European countries and testing this via stakeholder workshops.
4. Dissemination: sharing the findings via written outputs and a European conference.

This report summarises key findings from the scoping stage in the UK and the Netherlands.

## **1.2. Methods**

The scoping stage had two components. The first set the Stop! programmes in context via an evidence review of literature and statistics, mapping the key stakeholders and consulting with them about the role of the programme in relation to their work. The second involved developing a framework of the internal operational processes through interviews with staff and analysis of existing programme materials, such as leaflets, and data, such as call logs.

The UK evaluation assessed monitoring data for all calls and emails and qualitatively analysed the content of 102 completed call logs (for 50 different users) over one year. In addition, 13 staff members participated in in-depth interviews or focus groups and 9 key

stakeholders in in-depth interviews (including practitioners from police, probation services, the voluntary sector, and sex offender treatment programmes).

In the Netherlands evaluation, 144 call logs were analysed from the first year of operation. In addition, four staff members were interviewed and six interviews were conducted with representatives from stakeholder organisations (probation, a lawyer, victim support the Netherlands, a Member of Parliament, de Waag and pedofilie.nl).

Ethics approval was gained before the scoping stage in the UK from the NatCen Research Ethics Committee, which adheres to the UK Economic Social and Research Council and Government Social Research Guidance on research ethics. In the Netherlands the whole project, including the survey, was checked throughout by the legal department of the Forensische Zorgspecialisten, the mother organization of de Waag. Dutch law on privacy and the collecting and distributing of personal data was observed at each stage.

### 1.3. Report outline

This first section has introduced the evaluation and has set out the aims and objectives. The remaining sections are as follows:

**Section 2:** sets Stop it Now! in context, drawing on the evidence review completed.

**Section 3:** sets out the operation of the Stop! helpline and email service, such as staffing, staff training, profile of callers and type of calls.

**Section 4:** provides greater detail on the nature of the advice and interventions provided to Stop! users.

**Section 5:** concludes the interim report, summarising the implications of these findings for the next stage of the evaluation.

## 2. Stop it Now! in context

This chapter sets out for the Netherlands and the UK (with a focus on England and Wales)<sup>3</sup>:

- How child sexual abuse is defined and what is known of prevalence and patterns.
- Risk and protective factors associated with the commission of child sexual abuse.
- Current provision for the treatment of sexual offenders.

### 2.1. Legal definitions of child sexual abuse

In the Netherlands, sexual abuse of children is defined as “sexual contact between an adult and children under the age of 18. This physical contact is against the wishes of the child, or the child is unable to refuse. Perpetrators put the children under emotional pressure, force the child or use their ascendancy to make the child to comply voluntarily to sexual contact.” (Commissie-Samson, 2012). This definition represents the articles 244, 245, 246 and 247 of law (Wetboek van Strafrecht, 2013) concerning sex offences against minors. However, the age of consent to engage in sexual activities with an adult is 16 years. It is assumed that at 16, the adolescent is able to make a weighted decision about having sex with an adult and foresee the consequences of his/her actions.

In the UK, the specific legislation relating to sexual offences varies between the constituent nations and there is no standard definition of child sexual abuse.<sup>4</sup> However, the combined Acts of Parliament indicate that ‘child sexual abuse’ refers to sexual contact or behaviour involving a child where either the child is aged under 16 (and therefore not deemed capable of consenting to sexual activity) or the child is aged 16 or 17 but their consent has not been actively gained or the sexual activity is inherently abusive (such as with sexual exploitation).

In both national settings, child sexual abuse is recognised as taking many different forms, including contact, non-contact and online abuse<sup>5</sup>, abuse between children as well as by adults, and abuse involving family members, non-family associates, adults in a position of trust (such as teachers) and strangers.

### 2.2. The scale of child sex abuse

It is impossible to know the true extent of child sexual abuse in the UK or in the Netherlands – both because sexual abuse of all kinds is underreported, and because official figures vary depending on the type of activity defined as abuse and the nature of how it is recorded.

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<sup>3</sup> As noted, Stop it Now! UK and Ireland consists of a campaign and programme across each constituent country of the UK. Each country brings its own social and political context, and in the case of Scotland and Ireland, legal framework. Stop! staff in each country therefore must adapt their approaches accordingly.

<sup>4</sup> In England and Wales, offences are covered by the Sexual Offences Act 2003, Criminal Justice Act 1988 and the Protection of Children Act 1978. In Scotland a different legislative framework is in place under the Sexual Offences (Scotland) Act, 2009 and in Northern Ireland under the Criminal Law (Sexual Offences) Act 2006.

<sup>5</sup> We believe that indecent images require the abuse of a child to occur in their creation. Therefore viewing indecent images is an act of child sex abuse, alongside the range of additional contact and non-contact offences that can occur.

In the UK, establishing the scale of child sexual abuse is further complicated by the national variations in what is measured. Even focusing on England and Wales alone shows differing assessments of scale – again illustrating the complex, hidden nature of child sexual abuse.

The National Society for the Protection of Children (NSPCC) established that 17,727 sexual crimes against children under 16 were reported to police and recorded by them as offences in England and Wales in 2010/11 – amounting to 32 percent of all recorded sexual offences.

The Sentencing Council of England and Wales data for 2011 show that of the 6,932 sexual offences committed by adults which were sentenced, at least 35 percent were against children: 21 percent of sexual offences were for 'Indecent images of children', 10 percent for 'Sexual activity with a child' and 4 percent for 'Sexual assault of a child under 13'.

Surveys of sexual victimisation among the general population find much higher levels than those reported to the police or sentenced. For example, estimates from a NSPCC survey indicate that 1.2 percent of under 11s, 16.5 percent of 11–17s and 24.1 percent of 18–24s had experienced sexual abuse including non-contact offences, by an adult or peer during childhood.<sup>6</sup> Analysis of the Adult Psychiatric Morbidity Data (the largest representative dataset on mental health in the UK, which also asks about experience of abuse) has tried to categorise abuse experiences and found that 5 percent of the population had experienced sexual abuse as a child, 4 percent as an adult and sometimes as a child, and 4 percent extensive abuse across their life including abuse as a child. In total around 13 percent of the population could be said to have experienced abuse as a child (Scott et al, 2013).

In 2010, the Council of Europe launched its One in Five campaign promoting awareness of child sexual abuse, named on the basis of aggregated research evidence indicating that one in five children in Europe has been a victim of some form of sexual abuse.

In the Netherlands, using international research evidence that between 1 and 3 percent of men aged 20-80 years may have an interest in the sexual abuse of children suggests that 60,000 to 180,000 Dutch men could have this tendency. Using research from Germany (Schaefer et al, 2010), it was calculated that around 14,000 Dutch men would sexually abuse children directly or indirectly (i.e. masturbating on sexual fantasies of children, sexually abusing children, or accessing child abuse images).

### **2.3. Risk and protective factors associated with committing child sex abuse**

The hidden nature of child sexual abuse makes it difficult to be sure of the characteristics of abusers – with details often only available for those convicted of an offence. Research from the UK indicates that abusers are a hugely heterogeneous group, whether they are adults or adolescents with a sexual interest in younger children (Grubin, 1998). Perpetrators come from every social stratum – as demonstrated by recent high profile cases in the UK, such as the Savile scandal in which a TV celebrity was found to have abused children for decades.

The integrated theory of sexual offending (ITSO), developed by Ward and Beech (2005) sets out how an individual's characteristics, context and vulnerabilities can combine to generate

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<sup>6</sup> *Child abuse and neglect in the UK today* (Radford et al, 2011) is a major piece of NSPCC research which interviewed 1,761 young adults aged 18-24 years; 2,275 children aged 11-17 years and 2,160 parents of children aged under 11.

the clinical phenomena which are typically associated with offending behaviour. It asserts that social factors contribute to shaping the neuropsychological systems underlying human behaviour and to triggering sexual offending. ITSO claims that instances of sexual offending impact on the offender's social, cultural and personal circumstances and psychological functioning – also accounting for the maintenance and/or escalation of sexual offending.

As theories such as ITSO tend to focus on contact/non-contact offending, it is unclear how well they explain internet offenders' pathways into offending. Long et al's (2012) study of variation among internet offenders found significant differences between those who also had convictions for contact offences and those who did not. Their research suggests that possession of certain images may indicate a preference for similar contact offending. Whether accessing indecent images leads to contact offences<sup>7</sup> remains inconclusive, although there is some emerging evidence that there may be a link (Webster et al, 2012).

Risk factors for all sexual offending can be classified as *static* (unchanging factors such as age, previous conviction, type of victim) or as *dynamic* (those which could change such as alcohol consumption, Thornton, 2002). Hanson et al (2007) classify dynamic risk factors as Stable (learned behaviours and self-management problems) or Acute (factors that last hours or days). Acute factors have been shown to be predictive of imminent sexual offending.

Dynamic risk factors have received growing attention in the last decade. They are used to tailor sex offender management and treatment programmes to the individual. These factors may assist the Stop! evaluation by providing a framework in which to assess the factors in a service user's life which may be predictive of offending, and to assess how advice provided by Stop! may minimise these factors or introduce or strengthen protective factors. The key dynamic risk factors and protective factors, specific to child sexual abuse, include:<sup>8</sup>

#### Risk factors

- opportunity to offend
- offence related sexual interests
- sexual pre-occupation
- hostile orientation to others
- poor self-management
- negative orientation to rules
- emotional congruence with children
- anti-social influences

#### Protective factors

- pro-social networks
- a commitment to desist
- an intimate relationship
- employment / being busy

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<sup>7</sup> See footnote 4. Accessing indecent images of children is an offence and as we define it constitutes child abuse.

<sup>8</sup> Taken from the forthcoming publication on the evaluation of ARMS, the Active Risk Management System developed by the National Offender Management Service in the UK (NOMS) (McNaughton Nicholls et al, In press). Not to be reproduced.

## 2.4. Sex offender treatment

In the Netherlands, sex offender treatment developed gradually from the 1980s; inpatient treatment was available first and out-patient treatment centres founded in 1990 (Dibbets, 2012). A small number of serious offenders (around 500) are placed in a treatment clinic for as long as necessary to change their behaviour. Treatment is intensive; a combination of treatment such as psychotherapy, family therapy, creative therapy and sports. Patients are supervised and corrected in their daily tasks while interacting with other patients. Treatment lasts about 10 years, with outpatient counselling and probation supervision during their reintegration. A small group of patients stay for life as they remain at high risk of recidivism – they suffer from a severe form of schizophrenia or are severely mentally disabled.

Outpatient treatment is currently provided on a voluntary or mandatory basis. Voluntary treatment is available through referral from a general practitioner, paid by the individual's health insurance scheme. Mandatory treatment is financed by the Ministry of Safety and Justice. In some prisons, treatment is offered to sex offenders in preparation for mandatory outpatient treatment after release from prison. The frequency and intensity of outpatient treatment vary from weekly sessions to five full days a week.

In England and Wales, community-based support is increasingly available but the main programme is the Sexual Offender Treatment Programme (SOTP) which began in 1991. It is designed for risk assessment, risk management, and risk reduction (Beech, Fisher and Beckett, 1998). There are different types of SOTP in custody and some are also available on community sentences. All programmes are attended on a voluntary basis. All are accredited and tailored to individuals' risk level and learning needs.

Evidence suggests that the most effective programmes use Cognitive-Behavioural Therapy (CBT) with a focus on the principles of Risk, Need and Responsivity (RNR) (Andrews, Bonta and Hoge, 1990). However, some (e.g. Wilson and Yates, 2009) argue that RNR needs supplementing as it focuses on avoiding negative outcomes rather than achieving positive ones. So CBT and RNR are often run alongside the strengths-based 'Good Lives' model, looking at what the offender needs and how offending may be symptomatic of a deficiency. A recent report (Harkins, Flak, Beech and Woodhams, 2012) failed to prove that Good Lives improves outcomes or attrition, but it is increasingly used in sex offender treatment.

Both the Netherlands and the UK also have community-based, voluntary-sector provision to support the reintegration of offenders and to prevent abuse by those who already have or who may offend. In the Netherlands, as well as the Stop it Now! helpline, COSA (Circles of Support and Accountability) are becoming more widely available (Wilson and McWhinnie, 2010). In these, volunteers support offenders to increase their social network and develop a pro-social lifestyle. In the UK, the Lucy Faithfull Foundation (LFF) is one of the few non-statutory providers of interventions for sexual offenders (or those concerned about someone's behaviour).<sup>9</sup> The LFF manage a number of COSA groups as well as Inform programmes for family and friends of internet offenders, Inform Plus programmes for internet offenders and the Stop it Now! helpline for anyone with concerns about abuse.

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<sup>9</sup> <http://www.lucyfaithfull.org.uk/>

### 3. Operational processes

In both the UK and the Netherlands, Stop it Now! is based on the premise that adults are best placed to prevent child sexual abuse – but to do so they require information, advice and support. This is provided by Stop it Now! in both countries via a variety of routes: the website, booklets, media coverage, informal one to one contact, and a national helpline and email support. In the Netherlands, Stop it Now! seeks to contact potential users through the media, leaflets and an online warning page on sites with child abuse images<sup>10</sup>. In the UK, since July 2013, Stop it Now! is also mentioned on warning banners and pages (known as splash pages) which show when people search for or visit sites with child abuse images.

#### 3.1. The origins of Stop it Now! UK and Stop it Now! NL

Stop it Now! UK was developed by LFF and launched in 2002. Inspiration came when LFF chief executive Hilary Eldridge saw a similar service in America.<sup>11</sup> Since 2002, the Stop! helpline and administration in England and Wales has been funded primarily by the Ministry of Justice (MoJ), but this funding was reduced by a quarter in 2013. At the same time, Department for Education ceased funding some other aspects of the Stop! campaign and operation. As a result, LFF is drawing on its reserves to deliver the current level of service.

Stop it Now! NL was set up by the Meldpunt Kinderporno (a hotline combating online child abuse images) and the forensic outpatient centre de Waag, with the support of Stop! UK. It began operating in 2012. It has been funded by the Dutch Government for a year, with funding guaranteed to the end of the calendar year 2013 and potentially beyond this (analysis of Stop! Netherlands financial information is currently underway and will be included in the next report).

#### 3.2. The operation of Stop it Now! UK and Stop it Now! NL

In both the UK and the Netherlands, the Stop it Now! helpline offers anonymity to all callers. However, in the UK, staff will inform the appropriate authorities if they are concerned that a child is at risk or a criminal offence has been committed which the police may not be aware of, and the caller provides identifying information. Callers are told of this policy at the start of a call and the confidentiality policy is available on the website.

Calls follow a basic structure: the caller is welcomed, confidentiality is discussed, the staff member clarifies the problems and discusses their concerns, offers advice and the call is concluded. Advice varies with the caller's needs, and the caller may be encouraged to call again to discuss their progress or ongoing concerns. Callers may also be directed to other services including those provided by Stop!/LFF in the UK and de Waag in the Netherlands. In all cases the operator will conclude by writing notes or completing a call log outlining the nature of the call.

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<sup>10</sup> The Prime Minister in the UK announced plans for a similar process to occur in the UK in July 2013. This will involve individuals searching for child abuse images to be redirected to 'splash' pages informing them the illegal nature of the content and providing contact details for Stop it Now! UK.

<sup>11</sup> Information about the Stop It Now! service in America can be found at: [www.phoenixhouse.com.au/stop\\_it\\_now.php](http://www.phoenixhouse.com.au/stop_it_now.php)

In the UK, Stop! offers a free telephone line and is available from 9am to 9pm Mondays to Thursdays and from 9am to 5pm on Fridays. There are two lines, staffed by two operators working in four hour shifts. Alternatively people can contact Stop! for help and advice via an anonymised email address. There is also a pre-arranged call-back service for users to receive information on a specific issue or discuss a complex case. These sessions usually last around an hour and are provided by a LFF practitioner who has additional qualifications or experience. LFF also provides other support and information programmes, including group-based programmes for internet offenders or those concerned about them (Inform Plus and Inform courses). Callers/ emailers may be directed to these so the helpline is not a 'stand-alone' function, although some people may only use the helpline.

Stop it Now! NL helpline is available on week days, 2pm to 5pm, with one or two operators. The helpline offers advice and support to the caller. If the caller is an offender or potential offender, the operator will also encourage them to call free to a specialist from de Waag, so they can have up to six anonymous telephone sessions with the therapist. An appointment with the therapist is made by the Stop! staff if the caller wants to proceed to the next phase. After the anonymous sessions, callers can be encouraged to give up their anonymity and enter regular treatment for their paedosexual problems somewhere in the Netherlands.

### **3.3. Management, staffing, training and supervision**

The Stop! UK helpline and email service are managed by the Stop! UK Director, with day-to-day running overseen by the helpline coordinator and guidance and supervision from a LFF clinical practice manager. The staff are a mixed team of permanent employees with other LFF roles (for example as psychologist or practitioner) and sessional staff who only work on the helpline. These staff have two days initial training and then ongoing training.

The UK staff saw this mix as extremely beneficial because it provides a range of experience and expertise, facilitates a rota system and supports promotion of the helpline as staff with other LFF roles can discuss it in their wider work. There are still challenges in fitting the demands of the helpline alongside the other commitments of LFF work but keeping the helpline in operation is the priority.

All operators are provided with a manual which guides them on dealing with different types of calls and sets out when they should discuss a case further with a manager. The staff also have regular supervision and operators are actively encouraged to debrief with the duty manager both during and after calls, especially for more complex cases, for those with immediate child protection issues or a call regarding a young person with sexually harmful behaviour.

The Stop! NL helpline and email service are based in the offices of Meldpunt Kinderporno's helpline and use the same phone lines in the afternoon. The helpline has a coordinator and three staff members, all recruited from the Meldpunt Kinderporno helpline. The staff were recruited because of their experience with the pre-existing helpline, but all had two days of initial training on call handling from Stop! UK and Ireland. All calls are evaluated once a month. Every six months an expert in outpatient sex offender treatment provides consultation on topics including dealing with complex conversations and improving call handling techniques. Staff members can request extra consultations.

In addition to the Stop! helpline staff, the second stage telephone support is provided by eight registered therapists from de Waag who also work for Stop it Now! NL. Every three months a consultation is held between the therapists of de Waag and the founder of Stop it Now! NL, discussing practical matters such as planning and gaining media attention. In their interviews for this evaluation, both the therapists of de Waag and the staff members of the Stop it Now! NL helpline stated that they are very satisfied with the current process.

### 3.4. Caller groups

Both Stop! helplines offer support to a range of callers. The main groups are adult abusers or potential abusers and people concerned about other people’s behaviour or thoughts. An additional group are professionals whose work relates to offenders, people worried about their behaviour or others, or child protection. Stop! UK also caters to people concerned a child or young person may have been abused, and adult survivors of child sexual abuse.

In 2012, Stop! NL helpline and email service was contacted 144 times by 130 users. Of the users, 44.6 percent were offenders/potential offenders and 55.4 percent were concerned about someone else’s behaviour. A minority contacted the helpline multiple times, some contacting the helpline about four particular individuals they viewed as potential abusers. The lack of repeat callers will be explored in the next stage of the evaluation.

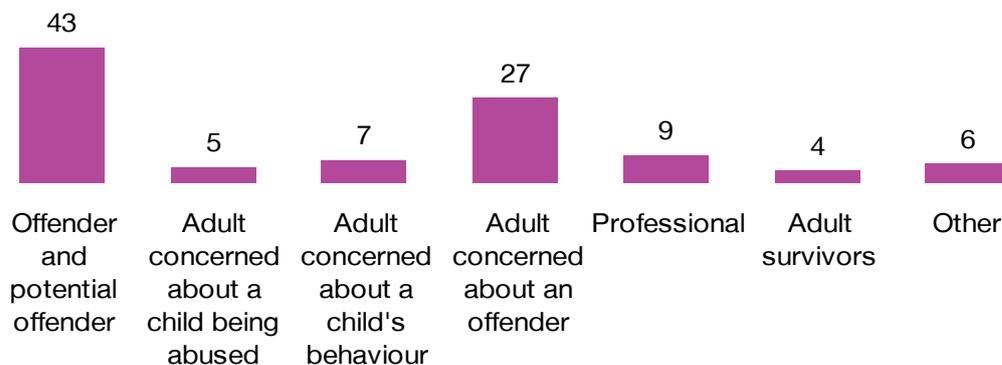
The average telephone contact lasted 23 minutes with a minimum of two and a maximum of 120 minutes. The staff members spent on average 17 minutes reporting per phone call. On average 40.75 minutes were spent (in direct and indirect time) on one contact.

The second phase of the Stop! NL provision – anonymous telephone support with de Waag therapists – was taken up by 21 of the 58 offenders/potential offenders who used the Stop! helpline. Two-fifths (42.9 percent) had a one-off telephone session. The remainder had two to five sessions, the average being three. Therapists took 15 minutes after to write notes.

In 2012, Stop! UK helpline and email service was contacted 5,676 times by 3,111 people. Of the users, 43 percent were abusers/potential abusers and 38.4 percent were concerned about someone else’s behaviour (adult or child) or about a child being abused. The majority of those calling about their behaviour were internet offenders (29 percent of all callers); only eight percent were contact offenders and six percent were potential offenders (see Fig. 2.1).

**Figure 2.1 Stop it Now! UK individual callers / email users in each category**

Base: All callers / email users in 2012



The actual demand on the Stop! UK service from abusers/potential abusers was higher still as they constituted 57 percent of calls and their calls tended to last the longest. Table 2.1 shows the proportion of call/email support by group, the time taken on calls/emails, the time for administration, and the proportion of calls in which action was agreed with a caller.

**Table 2.1 An overview of usage of the Stop! UK helpline and email service**

Base: All callers and emailers, Jan – Dec 2012

Target Group	Adults concerned about their own behaviour or thoughts	Adults concerned about the behaviour of another adult	Adults concerned about the behaviour of a child or young person	Adults concerned about a child who may have been abused (offline or online)	Professionals	Adult survivors of child sexual abuse	Callers outside Target Groups	TOTAL
No of calls / emails contacts	3,236	1,319	292	178	317	140	194	5,676
% of all calls / email contacts	57.0	23.2	5.1	3.1	5.6	2.5	3.4	100%
No of callers / email contacts	1,337	844	210	139	288	118	175	3,111
% of callers / email contacts	43.0	27.1	6.8	4.5	9.3	3.8	5.6	100%
Average calls / emails per caller	2.4	1.6	1.4	1.3	1.1	1.2	1.1	1.8
Average length of call / email (mins)	25.8	26.0	26.5	27.2	13.5	18.3	12.3	
Average length of admin (mins)	18.9	21.4	22.7	25.1	14.2	19.6	15.7	
% of calls / email where client positive <sup>12</sup>	60.9	66.6	67.1	64.6	59.9	57.1	36.6	
% of calls / email where action agreed	74.9	77.3	78.1	72.5	67.8	66.4	46.9	

<sup>12</sup> If a contact is not counted as 'positive' this does not necessarily mean that the caller had a negative experience. For example, the feedback box on a call log could be left blank by an operator if the caller did not explicitly say a positive comment. In addition, Stop! rarely hears back from emailers and so do not know whether they felt positively or negatively about the email response they received.

Stop! UK staff also identified six groups they would like the helpline to reach out to more. All are groups or sub-sets of groups with whom they are already working, but for whom the user levels are seen by the staff as low or for whom the helpline may not seem so relevant:

User levels perceived as currently low

- **professionals:** staff have increasing numbers of calls, from a wide range of settings; in a context of funding cuts, Stop! is increasingly asked for help on child protection, and can direct people to relevant LFF training as well as back to their own systems
- **potential offenders:** numbers are rising but staff feel they could be boosted further by publicising Stop! more widely on the internet; it will be interesting to assess the role of the relatively new splash pages and warning banners which mention Stop! and show if people search for or visit internet sites associated with child sex abuse
- **offenders not known to the authorities:** staff know that many could see the risks of contact as outweighing the benefits (especially with its disclosure policy) and the discussion could be challenging for a caller, particularly if no-one else knew

Helpline may not currently seem relevant

- **offenders engaged in commercial child sexual exploitation (whereby goods or services are exchanged for sexual activity) :** this form of sexual abuse has an increased public and policy profile, but staff do not receive many calls from abusers or people concerned about this abuse, perhaps because it is not viewed as relevant
- **young people with concerning internet behaviour:**<sup>13</sup> there is a general awareness that this is a significant issue and so staff are interested in meeting the growing need for support in addition to directing people to LFF's Inform Young People programme
- **parents concerned about their children's sexual behaviour:** some callers are in this category but staff felt that parents could be encouraged to contact Stop! as soon as possible, so their concerns can be discussed while they are relatively minor

### 3.5. Access routes

Both Stop! NL and Stop! UK are seeking to become widely known and readily accessible.

Users of Stop! NL became aware of the existence of the helpline through different channels. The extensive use of the media to promote the helpline is reflected in the finding that most (54.6%) of the users found out about Stop! NL specifically through articles in newspapers. In addition, some mental health organisations, psychologists and specialist therapists have directly referred their clients to Stop! NL. A Stop it Now! NL link has also been put on the *pedofilie.nl* website, as this advocacy group supports the goals of Stop it Now! NL to create a better understanding about what treatment is and that therapists can be trusted. The link has not yet led to referrals to the helpline.

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<sup>13</sup> The LFF runs Inform Young People, an educative programme for people aged 16-21 who have been identified by school/college or the police for sexually inappropriate use of technology and the internet.

The call logs for those using the UK helpline and email service show the range of routes by which individual users heard about Stop! UK, set out in Table 2.2 below. Here it was police and the Stop! and Parents Protect! websites which brought over half of users to the helpline. Police were identified as having told a third of users about Stop! Individuals who have just been arrested constitute a large group of helpline callers (comprising 47% of calls in 2012) so staff try to ensure that police always have a supply of Stop! leaflets – and feel that most police forces do know about Stop! While just under one per cent of individuals said they had found out about Stop! from a media source, staff saw media publicity as very important to promoting Stop! and raising awareness, especially given the current funding constraints.

**Table 2.2 Source by which individual callers/email users heard about Stop it Now! UK**

<b>Access route</b>	<b>Number of callers / email contacts</b>	<b>% of callers / email contacts</b>
Police	1047	33.7
Website (Stop! and Parents Protect!)	590	19.0
Family/friend/colleague/acquaintance	270	8.7
Other helpline / support agency /charity	179	5.6
Search engine	116	3.7
Social services	66	2.1
Other LFF / Stop! service or literature	51	1.6
Health (GPs, hospitals and counsellor)	45	1.5
Solicitor	42	1.4
Probation and prison	33	1.1
Media	23	0.7
Children's Services, schools, internet safety seminar	11	0.4
Other	121	3.9
Not given	517	16.6
<b>Total number of callers / email contacts</b>	<b>3111</b>	<b>100.0%</b>

### 3.6. Funding and costs of the service

Stop it Now! UK has received funding from the Ministry of Justice for the helpline. It has also had funding from the Department for Education for Stop! work in England and from the devolved administrations for work in Wales and Scotland. In 2012/13, however, it began to

draw on the LFF reserves as the Ministry of Justice funding was reduced by a quarter and it lost its Department for Education funding. Stop! seeks to fit within current funding, but this is challenging as the volume of calls is continually increasing (Stop it Now!, 2009: 12) and the adaptations could affect efficiency, for example, by reducing the detail of the call logs.

Staff costs account for nearly two-thirds of the cost of the helpline. 'Office costs' which are an allocation to cover senior management and other core headquarters expenditure take up around 30 percent of direct costs. 'Centrally provided services' (items such as governance, finance, personnel, payroll, IT, insurance and audit) are paid for with a 10 percent charge on total direct costs. Telephone costs account for less than five percent of total costs. This is a significant finding which could have application to other helpline schemes.

The helpline caseload for the reporting year 2011-12 identified a cost of £53.02 per call, or £83.80 per call-back. This gives an average cost of £57.04 per call. In addition to these call volumes there were an unknown number of face-to-face meetings (average cost unknown). We note that call backs are more than one and a half times as costly as initial calls on average. This presumably reflects a longer average duration of such calls and the additional costs of more specialist staff. Given the costs and time consumed, staff emphasised that the call-back service should be reserved for appropriate users.

Stop! NL financial information is currently being reviewed, and information will be included in the next report.

### **3.7. Partnership working and links to other organisations**

Stop it Now! UK and Stop it Now! NL are linked both to one another and to the wider Stop! network which incorporates Stop! US and the constituent national programmes of Stop it Now! UK and Ireland. One of the aims of the evaluation is to assess how well known and how well integrated the UK and NL services are in the wider context of organisations which work on sexual abuse and related issues. The interviews conducted with stakeholders in the first stage of the evaluation have given preliminary insights into how the provision works with other agencies operating in this field.

Stop! NL is in the early stages of developing collaborative working with a range of agencies. Senior stakeholders such as Members of Parliament, civil servants in the Ministry of Health, Welfare and Sport, the Ministry of Safety and Justice and the municipality of Amsterdam all support Stop it Now! NL, but have only vaguely heard about the helpline and have limited knowledge of its processes and long term effects in preventing child sexual abuse. Victim support organisations such as Victim Support the Netherlands (Slachtofferhulp Nederland) may seem to have opposing interests to the Stop! NL helpline but recognize the potential effect of the helpline in reducing the number of future victims. They are open to exploring ways to co-operate, for instance, to raise awareness of child sexual abuse and to change the attitudes and behaviours of those at risk of committing child sexual abuse.

Stakeholders in the judicial system, such as probation officers and lawyers, support Stop! NL but are primarily focused on referring offenders to regular forensic outpatient treatment. As the offenders are no longer anonymous it is more effective to motivate them to engage in regular forensic treatment. Until recently, the police had the same approach but have

begun handing out Stop It Now! NL leaflets to suspects and the family after a house search. The leaflet is two sided: one side is directed to the suspect and the other side to the partner and/or children of the suspect.

Stakeholders who refer their clients to Stop! NL include some mental health organisations, psychologists and sexologists. The website [pedofilie.nl](http://pedofilie.nl) is willing to cooperate with Stop! NL to start discussion of paedophilia and to address the idea that people with paedophilic feelings are monsters. They also support the goals of Stop! NL to improve understanding of treatment and that therapists can be trusted and will not inform police about their patients' paedophilic feelings.

Stop! UK work with a range of partners including police, children's services, social services, education, health care, other helplines, faith institutions, statutory agencies and survivor organisations. They have established particularly close links with some of these partners. For example staff described their close working relationship with police: they have a formal protocol agreement and police have Stop! literature to give to both offenders and victims. In addition Stop! also hold meetings with various Local Safeguarding Children Boards.

Staff described how it was very important to publicise Stop! among professional groups, as they can pass the information to people they work with. Staff do use conferences and LFF training courses to promote the helpline and disseminate information about it and Stop! has a communications plan and manager. Stakeholders however observed that Stop! would still benefit from more proactive promotion, noting that colleagues often do not know about the Stop! services. As such it is difficult to gauge the proportion of professionals who are aware of Stop! and refer their service users to them.

Stop UK! also has good links with the other Stop! campaigns based in Scotland and Wales. Once a quarter there is an operational meeting with these other Stop! managers to discuss the campaign in general, providing an opportunity to discuss the helpline and the support it can offer. As Stop! programmes in other constituent countries of the UK may differ from the English based programme, staff can also draw on the other programmes' local knowledge when working with callers within these nations. Furthermore, staff in these programmes can also informally take calls from their own phone lines. The helpline's anonymity makes it difficult to know how many people contact the national helpline as a result of contact with these constituent services.

Lastly, Stop it Now! UK also has an advisory council, comprised of representatives from the national programmes and from a range of governmental and third-sector agencies focused on child protection, internet safety, survivors and offender management.

Both Stop! UK and Stop! NL view their work as being facilitated by partnerships with other agencies engaged in tackling child sexual abuse. The two organisations also see a role for the media in promoting awareness of their work and enabling people to seek their support.

## 4. Intervention and advice provided

Having provided an overview of the helpline and email service, this chapter explores in more detail the nature and forms of advice and support provided to Stop! UK and NL users. The focus is on the UK as the available data is more extensive. The chapter concludes by describing the immediate impacts of using the two national helplines.

### 4.1. Nature of contacts and support provided

In both the UK and the Netherlands, the helpline is designed to offer information and advice – not counselling, treatment or a ‘crisis’ line. This was emphasised in UK staff interviews. In both national contexts, whether someone has contacted the helpline by telephone or email, the staff will suggest actions that the person can put in place to address their concerns – in part a direct consequence of the Dutch staff being trained by the UK helpline operators and practitioners. In the UK, the staff aim to get callers to agree to at least one or two actions, such as getting in touch with a GP, calling another helpline or reading some literature. In the Netherlands, the advice is typically aimed at practical help and also disclosing their inappropriate feelings to family and/or friends. The person may also be encouraged to take up additional services provided by LFF or de Waag, as set out earlier in the report. In the UK, callers and emailers are typically encouraged to get back in touch so that staff can provide additional support as they take steps to address their concerns. In the Netherlands, around one in four people (23.9%) are asked to contact the helpline again.

#### 4.1.1 Calls

In the UK, staff felt that operators use the same engagement strategies irrespective of the type of caller. A key skill is displaying empathy with the caller and trying to understand the situation from their perspective so callers feel they are being heard and understood. Other important techniques include reassuring the caller that they have ‘come to the right place’ early on in the call, and encouraging them to share information so the operator can build a clear sense of the issue. Features identified by staff as important to the process of a call included: remaining flexible to respond to different issues; taking account of different components of the issue or situation and the caller’s own circumstances (holism); and using knowledge about child protection and awareness of when they need to escalate the call (i.e. find out additional information or speak with a colleague or manager). In addition, staff use some specific techniques for certain groups. For example, with callers worried about their own behaviour, staff tend to focus on practical advice such as active distraction and small changes in their daily routines to reduce their overall level of sexual pre-occupation.<sup>14</sup>

Staff also identified features which can contribute to calls being a ‘positive experience’. Key to this is a caller to be heard and understood and given support, in a non-judgemental way. In addition, the caller should be effectively engaged and supported in moving from not realising the purpose of their call to ending with some agreed actions on what they should do next. Another positive attribute is if callers call back the following week to check in with Stop! about how they are doing and if they have followed through on the actions agreed.

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<sup>14</sup> Though not explicitly linked, these interventions map onto the dynamic/active risk and protective factors outlined earlier.

Staff are required to indicate on the call log sheet when a client has been positive about a call. Although the reasons for ticking this box may vary between operators, in 2012 62 (61.6) per cent of individuals were reported to have been positive about their contact with Stop! and this was generally consistent across the different types of user group. However staff also acknowledged that particular calls could be challenging if, for example, the individual had mental health issues. Where staff lacked the specialism to deal with a certain type of call or individual's needs, they sign posted them to a service or agency with the relevant expertise.

In 2012, 1.7 per cent of callers had ended the call by hanging up. This could happen for a number of reasons including that the caller realised their call was not within Stop!'s remit, or they had a very clear agenda for the call and did not want to explore the issue any further or the confidentiality of the call was lost (e.g. someone entered the room from which the call was being made). Stop! staff have the right to terminate a call if the caller is highly abusive or continues to discuss a subject they have been asked not to, for example if they insist on giving details of their sexual fantasies – but in 2012 only three such cases were recorded.

In the Netherlands before Stop! Began, a survey was conducted among a group of around 100 convicted child abuse offenders in treatment at de Waag to assess who might call the Stop! helpline and identify the issues they might have. Clients were asked about the period *before* their first offence. Almost half the men had sexual feelings for a specific child for more than a year before offending. Most men felt guilty or shameful about these feelings. Child abuse image possessors often tried to stop but failed. The information from this survey helped in guiding the type of advice given to callers and the information put on the website (a full report of this survey is to be published in a journal).

#### **4.1.2 Email**

Staff felt that it was important to provide an anonymous email service alongside the helpline as people may prefer to use it in their day to day communication. It could also be helpful for callers who have difficulty finding a private time and space for a telephone call – and staff in the UK noted that survivors often use email. However, in both the UK and the Netherlands, email contacts were the minority.

UK staff also said they can find providing email support challenging. In some cases, emails give such limited information that staff have to reply with a series of questions to illicit more information and their ability to probe or explore issues is limited. Staff can also find it time consuming to draft a response, especially given the potential danger of misinterpretation so they may get the email checked by a manager. Compared with those who contact Stop! by phone, fewer email contacts lead to repeat engagement with the service so the outcome of email advice is more often unknown. Staff have also received emails reporting offences and have to be clear about their role and remit. Given the challenges, staff said they would often encourage the individual who emailed to contact them via the telephone helpline.

#### **4.1.3 Signposting to other services**

In both the UK and the Netherlands, Stop! staff can direct callers/emailers to other services and forms of support and advice. As outlined earlier, some additional services are provided

by the LFF in the UK and by de Waag in the Netherlands. In the UK, staff can refer people to national Stop! services as well as to the LFF's phone or face-to-face support and its group-work programmes for internet offenders and their partners, family and friends. In the Netherlands, staff can refer abusers/potential abusers to Stop! de Waag's telephone sessions of psychological support. Staff in both nations will also direct people to relevant non-LFF/de Waag services.

In the Netherlands, the most frequent advice was to direct the person on to other services. In total, 209 sets of advice were given to 130 users over 144 contacts – and almost a third of the advice (32.1%) was to contact specialised online mental health organisations such as [www.helpwanted.nl](http://www.helpwanted.nl), the police and the National Centre for Advice and Registration of Child Abuse (AMK).

In the UK, staff aim to give the caller/emailer information about additional support so that the individual can look into it and self-refer if they decide it is suitable for them. The forms of support are dependent on the circumstances of each individual case. The range of services of which callers are informed include: British Association for Counselling and Psychotherapy (BACP) website; Circles of support; Citizens Advice Bureau; Child and Adolescent Mental Health Services (CAMHS); GPs; National Association for People Abused in Childhood (NAPAC) and other survivors organisations; National Health Service psychology services and psychosexual counselling; Relate (relationship counselling); Solicitors; and Unlock (a website for reformed offenders).

Even this wide range of services was identified by staff as having gaps for groups of users. In particular, staff felt there should be more support available for the partners of offenders, especially from Children's Services. Staff also felt there is a gap in support provided from the time an offence is disclosed and during the investigation. Lastly, staff saw only limited support available for individuals who are both a survivor and a perpetrator of sexual abuse as the majority of survivor organisations do not want to work with this group.

Staff also identified two significant constraints on people's ability to access other services in the UK. Resources could limit take-up by some people, as services such as the LFF programmes require individuals to finance their own involvement (there are a few supplemented places). Confidentiality can also be a barrier, making it difficult to refer people directly to services or for people to access support. The way in which UK provision is framed by a criminal justice approach contrasts with the Netherlands and some other European countries where patient confidentiality takes precedence. This is a key distinguishing factor between the services.

## **4.2. Support for different caller groups**

This section focuses on the specific nature of calls and types of advice given to different caller groups in more detail. It draws on the qualitative analysis of 102 anonymised call logs conducted as part of the scoping stage in the UK, and – only where specified – analysis of the 144 calls/emails in the first year of operation in the Netherlands. These findings therefore refer to analysis of a cross-section of calls, and do not comprehensively describe every type of call that Stop! UK receive.

### **4.2.1 Adults concerned about their own behaviour**

One of the aims of Stop! is for individuals to recognise and understand their behaviour. In the Netherlands, advice for those concerned at their own behaviour was frequently aimed at providing practical help and disclosing their feelings to family and/or friends, e.g. to start a conversation with those involved such as their family members and children, their employer, or victims. Almost one in ten sets of advice was aimed at confronting a (potential) offender with his behaviour and with the concerns of the people surrounding him – as well as to seek further anonymous and free professional help through de Waag's additional support.

In the UK, staff provide information about specific websites, such as the LFF website which includes a self-help section, and specific books to help callers understand their offending intentions or behaviour. Operators also signpost callers to survivor organisations if they disclose they were a victim of abuse when they were younger. Appropriate callers are also encouraged to consider an Inform course or a face to face meeting with LFF practitioners.

#### **Potential Abusers**

Potential abusers are concerned about their own thoughts or behaviour. The data shows how they describe to operators their sexual interest in children and could provide lengthy narrative of past behaviour, indicating a deep sense of shame and agitation about it. It is also evident that potential abusers can find it very difficult to find a safe place to call from, which can inhibit the level of engagement they have with operators. They may for example call from a pay phone, or have a limited amount of credit for the call. They may also claim they have not previously called but an operator may think they have spoken to them before.

Stop! operators first try to calm the caller, then provide advice – the aim being to reduce the likelihood of offending, and promote the safety and protection of children. Advice given focuses on harm reduction measures such as replacement activities (i.e. appropriate leisure activities), focussing on adult not child sexual images, and being aware that children are not sexual. Callers are also encouraged to call back and to access information on the website.

Operators also highlight risky behaviours the caller is engaged in and frame them as such – noting the potential consequences of offending, for example the caller could lose their job. Operators will also recommend direct measures for child protection, such as avoiding places where children would be present.

#### **Contact Abusers**

The offline/contact abusers were calling having committed one or more offences against a child – often a child they knew. Callers explained that they had committed an offence and wanted to speak about what had happened and to seek advice, support and/or information about the offence. In cases where the offence was not known to the authorities, operators would advise that the authorities should become involved, and that they would inform the authorities directly where they had identifying information.

Advice for these callers focused around prevention and support. For example, staff may suggest reduction measures such as the use of distraction techniques when thinking of offending, advising not to masturbate to inappropriate thoughts or images, or advising

callers to discuss the issue with family. Operators also provide factual information, such as advice around the implications of being on the Sex Offender Register.

### **Online Abusers**

Online abusers were calling having committed an offence on the internet such as accessing indecent images of children, sharing such images or sexual grooming of a child online. The offences tend to be known to the authorities. Often callers are on bail when speaking to Stop! although they may also be calling after someone else (a family member for example) has found indecent images on their computer. This indicates that callers often only contacted Stop! once their offence is known to others. Callers are often concerned about their arrest and are seeking practical advice from Stop!. They also acknowledge that their behaviour has been inappropriate and that they want to change.

Similarly to the advice for offline abusers, callers are advised to speak to family members or friends about the offending and to pass on the helpline details so these people can also access support from Stop! A main focus of advice given to the caller appears to be around well-being - ensuring self-care or visiting a GP for example, as callers describe themselves as in a state of high anxiety or depression. Staff may also advise them to limit their internet use. However in the interviews with staff, the operators noted that this may be problematic with many day to day activities now requiring internet use.

### **4.2.2 Adults concerned about others**

In the UK, this group of callers consists mainly of family and friends who are concerned about an adult or a child who has displayed worrying sexual thoughts or behaviour.

#### **Adults concerned about children**

These callers contact Stop! UK regarding their concern for a child. In some cases a child has disclosed to the caller that they have been abused by a peer. Some callers are unsure whether or not to report the offence, or how to report and to which agencies. Interestingly, in the calls analysed, callers typically have not spoken to the (potentially abusive) child's parents and are unsure how to approach them. Callers have put some immediate child protection measures in place such as restricting contact with the child or speaking to the child and explaining that their behaviour is inappropriate and what the consequences would be if they are to repeat the behaviour. Stop! also receives calls from parents whose children have committed a sexual offence and are seeking advice on what the next steps would be (i.e. the judicial process) and how they should respond to their child following this.

Child safety is one of the core principles of Stop! and advice given to callers focuses mainly on putting child protection measures in place, particularly to speak to the child's parents so that they are aware and can address the issue; staff can provide advice on how to do this. In some cases callers are advised to consider making schools aware of the issue. Staff encourage callers to contact Stop! again as needed and, especially parents, to access the Parents Protect! website which can help in educating children about positive and negative touching.

### **Adults concerned about another adult**

Here callers contact Stop! concerned about another adult such as a partner or family member who has committed an offence, typically relating to accessing indecent images of children online, or whose behaviour around children is causing concern. Callers can include people who are very familiar with the individual, such as family members, and those who do not have close contact with the individual but are still concerned, for instance someone who is concerned about a client. Usually offending is known to the authorities. Where an immediate family member has been arrested for possessing indecent images, callers are seeking help and advice and show a sense of shock and confusion. Social services may be involved and callers are seeking advice around legal aspects of the situation. The advice given to callers focusses on their well-being as well as on providing practical advice.

Communication between the caller and the offender is also advised to help callers to try and understand the offence; it is also encouraged for the caller to pass on the Stop! number to family members who may also be affected by the offending. Stop! staff also signpost callers to specific agencies who might be better at dealing with the callers concern, such as contacting Crime Stoppers about a suspected abuser.

### **4.2.3. Professionals**

Professionals contact Stop! for advice, for example relating to an offender they are working with or seeking general information about prevention. Some callers are unsure what advice to give to a client that they were working with, for example regarding boundaries in sexual behaviour, consent and what behaviour is appropriate and what is not.

The advice given to these callers is mainly around how Stop! works, what Stop! can offer generally (practitioner call-backs and face to face sessions) and narrowing this down to what can be offered to a client in discussion. Operators may suggest giving the Stop! number to the client and they may be advised to visit the Stop!, LFF and Parents Protect! websites for further information, or a Stop! practitioner or manager to gain more advice on their particular issues.

### **4.2.4. Survivors**

Survivors of child sexual abuse who contact Stop! sometimes indicate that they have not disclosed the abuse for a long time or may be someone calling on behalf of the survivor seeking advice. The main focus of the advice given is how to access support, with operators encouraging them to seek support, either through a family member, specific survivor services such as the National Association for People Abused in Childhood (NAPAC), or local services.

### **4.2.5. General advice**

The call log analysis also indicates that the helpline deals with calls from the general public, seeking advice after they witness an incident that has concerned them. This could be for example overhearing a conversation between young girls which may have referred to abuse or to report suspicious twitter accounts.

As the incidents had already occurred there is only so much Stop! can do. Stop! suggest for example that they speak to the appropriate authorities at the time or contact Internet Watch Foundation or Crimestoppers in the future.

### **4.3. Perceived impacts**

The aim of the first stage of the evaluation has been to outline the implementation of the programme. At this stage, understanding of the impact of the support and advice provided is rudimentary. A key aim of the next stage of the evaluation will be to better ascertain impact via interviews with users. Feedback will also be obtained as to whether the helpline meets callers needs and expectations, and recommendations made on how to further develop it. However, the call logs and interviews with staff and stakeholders provide initial indications.

Stop! NL call logs indicate one immediate impact on the majority of callers – a clear sense of immediate relief was expressed to the staff member by almost all the users. At last they could speak about the secret which they carried, with them for many years. In addition the offenders' partners and family felt heard and supported. By contrast, some people who had paedophilic feelings expressed their dissatisfaction because they didn't feel heard when they tried to convince the staff members that sex with children should be legal.

Stop! UK staff noted that calls could be about gradual change and exploring various issues rather than an immediate solid outcome. However, staff hoped that contacting the helpline would help callers to feel empowered, able to recognise their strengths and be able to take some control over their situation and actions so that children are safer as a result. As in the Netherlands, Stop! provided callers with a place where they could discuss a taboo subject, and for some talking to the helpline was a way of validating their concerns.

In terms of immediate impacts, callers often agree to short-term actions such as reading a book or even just having something to eat (e.g. if an offender had just been arrested and was in shock). Secondary impacts were also identified by staff. Some saw a by-product of their work as suicide prevention, especially in supporting internet offenders at a crisis point. It is worth noting, however, that stakeholders raised the pertinent question of whether internet offenders necessarily required more support than any other type of offender. The overarching aim of the helpline is to keep children safe and staff felt that this can be both an immediate impact or is gradually built up over a series of calls.

The main objective of the next stage of the evaluation is to explore and identify the impact of Stop it Now! with users of the service, isolating why they accessed support when they did, whether they feel it was effective and how their behaviour has changed.

## 5. Conclusion: Implications for the evaluation

The individual nations' findings from the scoping phase of the evaluation are set out below.

Stop! NL staff and stakeholders applaud the fact that the helpline is a free and anonymous service for people who have paedophilic feelings. The two-phase support (initial contact with the helpline and referral to therapists at de Waag) is perceived to be working well. Due to the flexible and collegial cooperation between the staff members of the helpline and the therapists of de Waag, 21 (20.6%) initial callers moved forward to an anonymous contact with de Waag and 16 men entered regular (forensic) treatment. Given the slight positive social climate and the huge distrust among paedophilic men, this percentage can be regarded as a successful first year of the helpline. The interviews indicate that it appears to take a tolerant social climate with an open attitude towards non-active men with paedophilic feelings for a helpline such as Stop it Now! NL to be successfully implemented.

However, interviewees thought that the opening hours of the NL helpline could be extended into the morning or once a week in the evening so more people can call the helpline and people who work are able to contact the helpline after working hours. Also, despite the advice of staff members to call back, most (potential) offenders contacted the helpline only once. It is therefore recommended to pay special attention to enhance the motivational interviewing strategies of the staff members and to use techniques to gain the trust of the (potential) offenders. Interviewees also thought that staff members who combine support to victims of sexual abuse with support to sex offenders should be aware of a potential emotional burnout, in particular when they have no previous experience working in forensic mental health care. Staff members need continuous support to keep their knowledge up to date and improve their call handling techniques. Staff meetings, supervisions, and booster sessions are necessary ingredients to support the helpline staff members.

Stakeholders support the Stop it Now! NL helpline and – in general - are familiar with the aims of the helpline. Stakeholders, such as general practitioners, mental health care and sexologists could be informed about the helpline at a more detailed level by sending personally addressed leaflets and newsletters in which the referral route to the helpline is addressed. Stakeholders at administrative level support the helpline and believe that Stop it Now! NL contributes to the prevention of sexual abuse of children. They, however, lack objective information to assess the actual impact of the helpline. The findings from the next stage of the evaluation will be used to inform the development of the service in the future and assess what aspects of it are operating most effectively or could be improved.

Stop! UK staff who were interviewed are very supportive of the evaluation. They hope it will prove reassuring about the work they already do, but also indicate areas in which they can improve, and learn from how the helpline is being operated in the Netherlands. They recommend that the second stage of the evaluation seeks to establish how long callers spend trying to get through, whether they find the advice helpful and whether they act on it.

Another key area on which staff hope the evaluation can prove informative is access. This includes understanding how callers hear about Stop! and why they choose to call or email at the time they do. Staff are also specifically interested in learning more about people who

only contact the helpline once. However, they acknowledged that this is a challenging group to interview and it may not be possible to engage them with the research.

The next stage of the evaluation is now underway. In the UK, Stop! service users can give their feedback through an online or paper questionnaire or through anonymous telephone interviews. Focus groups are being held with people who have been attending the Inform and Inform Plus support groups.

The research team are adhering to the same disclosure policy as Stop! staff in the UK when collecting data from users of the helpline and email service but with enhanced policies in place to reflect the NatCen Disclosure Policy.

The scoping phases of the British and Dutch evaluations have shown that there is value in comparing the two Stop it Now! programmes, despite their differing stages of development. At this stage, it is evident that national socio-legal context influences how the programme is received and how it operates, but it is also apparent that Stop it Now! has a core character in both settings: an anonymous, telephone/e-mail-based helpline which can offer support to those who (may) commit offences, those who are concerned about other people's thoughts or behaviour and provide guidance to professionals – and can direct people to additional support within and beyond the organisations. The next stage of the evaluation will investigate the users' experience of each helpline and assess what impact it has had on them. The users' feedback will also illuminate how the current services could be improved. These findings will then be used to develop guidance for other countries considering setting up similar service to aid the prevention of child sex abuse in their jurisdiction.

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