Preventing child sexual abuse by helping adults to manage their own behaviour: Establishing a helpline
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Introduction

The Toolkit is focused on preventing child sexual abuse by helping adults to manage their own behaviour. This can include: abusers known to the authorities, undetected abusers and adults who are at risk of sexually abusing a child (online or offline) but who have not acted. The Toolkit is relevant whether you are considering working with any adult who requires help to manage their sexual behaviour, or focusing on specific sub-groups such as undetected abusers.

Prevention initiatives can take a range of approaches. However the Toolkit is centred on one type of service: a helpline which offers information, advice, guidance and support to adults who require help to manage their sexual behaviour, thoughts or feelings. Where resources and local context allow, the helpline can also act as a gateway to additional specialist services. The Toolkit is intended to help in designing a service which suits the specific national or local context in which you work.

In order to engage its core target group of adults who may sexually abuse children, a prevention helpline should also be promoted to the general public and professionals. Such a helpline can also focus on a broader range of groups such as parents/carers, the family of abusers and professionals who work with people who may be sexually harmful towards children. The Toolkit is also relevant in working with these groups.

There is no single definition of ‘child sexual abuse’ but it includes a range of harmful behaviours and interactions such as adult sexual contact with a child, communicating with a child with the intention of sexually abusing them (grooming), viewing child sexual abuse images, showing pornography to a child and engaging a child in sexual exploitation.

The Toolkit is based on the understanding that child sexual abuse can be prevented, and that such a specialist helpline can assist in reducing risk and protecting children.

It has been developed from research on helplines running in the United Kingdom and in the Netherlands, and engagement with other agencies tackling child sexual abuse in Germany and Finland. It does not set out a single model of a helpline, but outlines key points to consider in developing a suitable helpline for your own nation or area.

How to use the Toolkit

Differing social, cultural and political contexts mean that a helpline which works in one nation may not readily fit another. The Toolkit therefore poses questions to ask in developing a helpline and provides examples of how issues have been addressed by existing services, rather than providing prescriptive guidance.

The Toolkit begins by mapping legal and social factors that underpin how the sexual abuse of children is defined and responded to in different countries, as these factors also shape how a helpline will operate. The remaining sections cover key stages involved in establishing and operating a helpline, acknowledging that each can vary between countries and over time. The key stages outlined are:

- Map the context
- Define the aims and objectives
- Identify the most suitable design
- Structure the delivery
- Promote the helpline
- Resource the helpline
- Monitor and evaluate

The sections build on and relate to one another but do not have to be read together or in order. The toolkit can be downloaded from: www.stopitnow-evaluation.co.uk
What is child sexual abuse?

There is no single definition of ‘child sexual abuse’, as the behaviours which constitute a sexual offence against a child vary between jurisdictions. However, its key features are captured in the World Health Organisation’s definition as:

the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society. Children can be sexually abused by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust, or power over the victim (World Health Organisation, 2006: 10).

As this definition highlights, behaviour that is considered sexually harmful to children may not always be legally defined as an offence. Child sexual abuse can take many different forms: contact and non-contact, in ‘real life’ or over the internet (including viewing child sexual abuse images), and in some cases involving a form of exchange or payment to the child or a third party. Sexual abuse of children may be perpetrated by children or young people as well as by adults. The perpetrator may be known to the child (either part of or outside the family) or a stranger, and may act alone, or with others in a network or more organised abuse. Children who are abused may also not recognise that they have been victims. Likewise, those who abuse them may not see their behaviour as abusive.

It is not possible to know the true extent of child sexual abuse in a particular context - both because sexual abuse of all kinds is under-reported, and because official figures vary depending on the activity defined as abuse and how it is recorded. However, an estimate – based on aggregated research evidence – is that one in five children in Europe has been a victim of some form of sexual abuse (Council of Europe, 2010).

Child sexual abuse is becoming a significant matter of public and political concern as professionals, the public and policy-makers recognise the scale of the problem, the long term impacts of this abuse and the need for greater action to protect children. However, initiatives to tackle child sexual abuse have tended to focus on responding to abuse after it occurs, rather than preventing it from occurring in the first place.

How can child sexual abuse be prevented?

Child sexual abuse can be prevented in many ways, from the everyday protective efforts of parents and carers, to giving children and young people guidance on how to avoid risks, to ensuring that professionals who are in close contact with children do not pose a threat to them and are aware of signs which may indicate an inappropriate interest in children.

Evidence shows that child sexual abuse can also be prevented by working directly with some people who pose a threat to children, as well as by improving protective factors around children. People who pose a threat are not only those who are known to the authorities as having abused children (detected abusers form the minority of all who pose a sexual threat to children), but also those who have abused but have not been detected, and those who may have a sexual preference for children or pose a sexual threat to them for other reasons but who have not acted.

The Toolkit is premised on the belief that work to prevent child sexual abuse can take place within a range of frameworks including child protection, criminal justice/offender management and public health. Child protection approaches are focused on preventing harm to children through work with parents/ carers, children and young people, and professionals. Criminal justice/offender management approaches are focused on preventing further abuse by identifying, constraining, managing and treating detected abusers in custody or the community. The public health model encompasses elements of child protection and offender management. The public health model (described in more detail below) is broader as the scale and nature of child sexual abuse points to the need for a comprehensive prevention strategy which goes beyond child protection and working with detected abusers.
A public health approach

There is growing support for a public health approach to tackling child sexual abuse. Public health is concerned with promoting the health of a population by encouraging collective action involving communities, professionals and organisations working across a range of disciplines, and the state. The public health framework shifts responsibility for responding to child sexual abuse from specific groups in society (such as victims/survivors and advocates) to the whole community (Centres for Disease Control and Prevention: 2004). The World Health Organisation, among others, believes that such an approach may contribute to a reduction in rates of child sexual abuse (World Health Organisation: 2002).

Prevention is central to the public health approach and takes place at three levels: primary, secondary and tertiary prevention.

- Primary prevention includes initiatives targeted at the general population which aim to stop child sexual abuse from occurring in the first place.
- Secondary prevention initiatives also aim to stop abuse from occurring but are targeted at specific groups who are known to be at greater risk of becoming a perpetrator or victim of child sexual abuse.
- Tertiary level initiatives are used when sexual abuse has already happened and are targeted at groups including perpetrators, victims/survivors, families and communities (Smallbone at al: 2008).

These initiatives aim to reduce the consequences of child sexual abuse and to prevent it from reoccurring. This includes services for victims/survivors of child sexual abuse, but can also include work aimed at helping abusers to manage their own behaviour and not offend again.

An evidence-based approach to prevention is central to public health. This requires understanding the origins of sexual offending and identifying the elements that either increase or decrease the likelihood that an individual will perpetrate or become a victim/survivor of sexual abuse.

Helping adults to manage their own behaviour

One aspect of a comprehensive strategy is preventing child sexual abuse by helping adults to manage their own behaviour. The Toolkit is underpinned by the belief that effective prevention work can take place with this group. The rationale for and the effectiveness of existing prevention work with adults concerned about their sexual feelings, thoughts or behaviour towards children is outlined in brief below.

Offender management strategies are underpinned by a belief that many detected abusers can be helped to avoid re-offending provided they are motivated to do so. There is now substantial evidence on effective interventions for detected abusers. (For example, Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005; Hanson, Bourgon, Helmus & Hodgson, 2009). It is also believed that successful prevention work can be carried out with non-detected abusers. There is also growing recognition that work can be carried out with adults at risk of sexually abusing a child1 to prevent abuse from happening in the first place. Evidence from The Prevention Project Dunkelfeld supports the belief that prevention initiatives targeted at undetected abusers and potential abusers can play a role in reducing child sexual abuse (Beier et al 2009).

1. This would include adults with a sexual preference for, or sexual interest in children or young people but who have not acted on it. People with these preferences or sexual interests are sometimes referred to as ‘pedophiles’ or ‘hebephiles’, and as ‘non-acting’ where they have not acted on their sexual interest. Finkelhor, D (1984) Child Sexual Abuse: New Theory and Research
Helping adults to manage their own behaviour via a helpline

Primary, secondary or tertiary prevention initiatives focused on adults concerned about their own sexual behaviour, thoughts or feelings towards children can take a range of forms, including face-to-face help and group-based activities.

This Toolkit outlines one form: a helpline delivered over the telephone and/or email, which offers information, advice, guidance and support to adults who want help to manage their own sexual behaviour and thoughts towards children. The Toolkit shows that such a helpline can operate as a self-contained service or as a gateway to additional services, where these are available.

A prevention helpline will also need to engage the public and professionals in order to reach potential and actual abusers. It may also serve a wider range of people such as the families of abusers, professionals working with someone who may sexually abuse children and people worried about a child. The Toolkit is relevant in working with these groups and the Stop it Now! services referred to in this Toolkit do so.
How the Toolkit was developed

The Toolkit has been developed using evaluations of two helplines, one in the UK and one in the Netherlands, as well as consultation with other service providers in Germany and Finland. The evaluations provide insights into what can be achieved through a helpline for people concerned about their own sexual behaviour and thoughts about children.

However, the Toolkit does not suggest that there is only one model. Instead, it uses these insights, and comparisons with other services, to set out key questions which need to be addressed in establishing and operating a helpline for this core group.

Research was conducted on Stop it Now! UK and Ireland and Stop it Now! Netherlands between December 2013 and April 2014. It was conducted by NatCen Social Research in the UK and de Waag in the Netherlands.

Stop it Now! UK and Ireland was founded by the Lucy Faithfull Foundation (LFF). LFF is a child protection charity aiming to reduce the risk of children being sexually abused. Having seen the work of Stop it Now! in the UK, the Dutch de Waag clinic co-founded Stop it Now! Netherlands. They operate it in collaboration with Meldpunt Kinderporno (Inhope Holland). De Waag specialise in providing forensic psychiatric outpatient treatment to child sexual abusers (among others). They also have a research branch which independently conducts research and evaluations relating to sexual abuse and other issues. NatCen is a not for profit research organisation and its Crime and Justice Team has extensive experience of conducting research with individuals who have perpetrated sexual offences and victims/survivors of sexual violence.

This Toolkit was developed from the evaluation with the support of the Lucy Faithfull Foundation, de Waag, and project partners, Prevention Project Dunkelfeld, Germany and Save the Children, Finland. A summary of the findings of the evaluation is available and can be downloaded from: www.stopitnow-evaluation.co.uk. The evaluation and development of the Toolkit were co-funded by the Daphne III funding stream of the European Commission.

Delivering a helpline to support adults in managing their own behaviour

A helpline to support adults in managing their own sexual behaviour or thoughts about children is likely to vary from country to country. The aims and format of the helpline will be influenced by which other services are available, and by which ‘target groups’ it has identified: whether only people concerned about their own behaviour or professionals, families and other intended service users. A helpline’s public profile, how it is accessed, its day-to-day operation and resources will also vary depending on the context. Table 1 shows some different approaches. Understanding what will fit best within a context is a crucial first step, and the Toolkit sections provide guidance for tailoring a helpline to its environment.
Table 1: Different approaches to delivering a helpline/gateway to support

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<thead>
<tr>
<th>Stop it Now! UK and Ireland and Stop it Now! Netherlands</th>
<th>Stop it Now! NL</th>
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<tr>
<td><strong>Stop it Now! UK and Ireland</strong></td>
<td><strong>Stop it Now! NL</strong></td>
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<tr>
<td>Stop it Now! UK and Ireland was established in 2002 by the Lucy Faithfull Foundation (LFF). The LFF specialises in the prevention of child sexual abuse. The LFF offers a range of services for groups including adult abusers (both contact and online abusers), young people with sexually harmful behaviour, parents and carers, families who have been affected by child sexual abuse, child victims of sexual abuse, adult survivors of child sexual abuse, and professionals involved with all these groups.</td>
<td>Stop it Now! NL was established in the Netherlands in 2012 by Meldpunt Kinderporno and de Waag, with support from Stop it Now! UK and Ireland. Meldpunt Kinderporno was founded in 1996 to contribute to a reduction in the online distribution of child sexual abuse images. de Waag was founded in 1992 to provide clinical treatment to people with a range of problematic behaviours, including potential/actual child sexual abusers.</td>
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<tr>
<td>The first phase of the UK and NL Helplines, delivered by phone and email, provides information, advice and support to adults concerned about child sexual abuse.</td>
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<td>The second phase provides short-term, targeted advice and support to those experiencing complex issues. The service can take the form of repeat telephone support calls and/ or face-to-face meetings.</td>
<td>The second phase of the Helpline, operated by de Waag, provides up to 6 therapeutic treatment sessions to actual/ potential abusers as well as to family members who require (specialised) therapeutic support. The second phase is mostly accessed by telephone but face-to-face meetings are also offered.</td>
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<td>UK and NL Helpline users can also be directed to other resources and services delivered by the Helpline organisations and other agencies.</td>
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The Stop it Now! Helpline is aimed at preventing child sexual abuse by engaging potential and actual abusers as well as other adults who have a key role to play in preventing abuse from occurring or being repeated. The Helpline sits alongside a variety of campaigning and awareness-raising activities to improve recognition and knowledge of child sexual abuse and how to respond and keep children safe. This can include written resources and media and public campaigning activities.

The concept, which originated in the USA, has been developed and implemented in two European countries: United Kingdom (UK) and the Netherlands (NL). The Stop it Now! UK and Ireland and Stop it Now! Netherlands helplines offer two phases of support as well as providing a gateway to other relevant resources and services.
Prevention Project Dunkelfeld (PPD) – Berlin

The overarching aim of the Prevention Project Dunkelfeld (PPD) is to prevent child sexual abuse and the use of child abuse images by supporting adults to manage their own behaviour through confidential and free treatment. The project is focused specifically on adults who have a sexual preference for children (i.e. pedophilia and/or hebephilia). It offers group-based treatment as well as one-to-one support and therapy sessions. Within the PPD spouses (and relatives) can attend partner counselling or therapy sessions with project participants or participate in regular spouses groups. Long-term therapeutic support in the form of regular monthly aftercare sessions is also available as needed. The treatment approach combines aspects of cognitive behavioural therapy, sex therapy and medicinal therapy.

The project can be accessed in a number of ways including by a telephone hotline providing information about the PPD. In contrast to The Stop it Now! UK and Ireland and Stop it Now! Netherlands, the hotline is basically a gateway to clinical interviews, diagnostics and counselling or therapy rather than a support service per se. German legislation around confidentiality in clinical practice enables people to be seen face-to-face without disclosures about their activity being passed to the police or other authorities.

The PPD operates in Germany across a network of 8 clinical outpatient centres. The project originated in the Institute of Sexology and Sexual Medicine at the University Hospital Charité, Berlin. The Institute undertakes research and training in sexology and sexual medicine as well as providing consultation and treatment to those experiencing intimate relationship problems and psychosexual disorders.

Save the Children, Finland

Save the Children tackles child sexual abuse in many nations. In Finland, it has produced a range of resources to raise awareness of internet enabled sexual offending and to support professionals to protect children and young people from harm. It is now developing online self-help material for adults concerned about their own sexual thoughts, feelings and behaviour towards children.

Save the Children Finland also runs the national hotline for the public to report illegal sexual images of children on the internet: Nettivihje (meaning a ‘tipline’). The hotline is part of the international INHOPE network, of which Meldpunt Kinderporno is also a member.
Step one: Map the context

A helpline aimed at preventing child sexual abuse by engaging actual or potential abusers, needs to take account of the social, judicial, service provision and policy context in which it will operate. An approach which works in one nation may not readily fit another because of different cultural, social, political and legal factors.

Key issues which will influence the design and delivery of a helpline include the existing policy framework around child sexual abuse, media coverage and public understanding of the issue and attitudes towards abusers, and clinical understanding of sexually harmful behaviour and how to intervene to change such behaviour.

It is also essential to understand the legislative context: the laws on sexual activity with a child, different government arrangements and legislation between local areas or regions and, crucially the different statutory responsibilities that professionals have around client confidentiality vs. reporting child protection concerns.

The following are key questions to consider when mapping the context for a helpline:

- How is child sexual abuse defined in law and understood by the public?
- What is the government context?
- Which agencies are involved in addressing child sexual abuse and how?
- What support for potential or actual abusers is available to help them desist?
- What are the statutory and legislative responses to child sexual abuse?

How is child sexual abuse defined in law and understood by the public?

Child sexual abuse is typically under-reported and may not be readily identified. A first step in mapping the context is to identify the full range of what is legally defined as child sexual abuse, including sub-categories such as sexual exploitation, online or offline grooming and the production, distribution or viewing of child abuse images. A second step is to look beyond the law to public understanding, as there are likely to be differences between what the law recognises as child sexual abuse and what the public identifies as the sexual abuse of children.

In some cases, the legal definition may exclude some sexual behaviours which are seen as harmful. For example if the legal age of consent to sex is lower than 16, then sexual contact between an adult and a young person aged 15 may not be outlawed as child sexual abuse. However, it may still be viewed as sexually harmful behaviour towards the child. In other cases, the legal definition may include sexual behaviours which the public does not typically recognise as harmful.

In any nation the public is likely to hold a range of views about the nature of child-adult sexual relationships. In both the Netherlands and the UK, for example, recent decades have seen political and ‘civil rights’ movements asserting that child to adult sexual relationships could be consensual and healthy. Although these ideas are firmly rejected in law, policy and practice in both nations, there are still groups advocating for these ‘rights’. You will need to take this into account in assessing how the problem of child sexual abuse is understood, and therefore how to encourage potential or actual abusers to seek help and desist from sexually harmful behaviours.
In establishing a helpline to tackle child sexual abuse, you will also need to take into account whether it is seen as a widespread problem, or a low-level threat, focused on specific groups. Do the public think it affects only young children or also teenagers? You may also want to consider how potential users of the service may define the problem, as this will affect whether they see the service as relevant to them. For example, do the public recognise the harm caused by viewing child sexual abuse images? It is also important to anticipate how the public is likely to react to a service which is aimed at helping ‘abusers’. What public support is there for rehabilitation or providing advice and support for actual/potential abusers, versus criminal justice interventions? How do the public feel about people who have a sexual interest in children but who do not commit sexual abuse? Are they aware this group exists?

Having assessed the context, you may need to decide if the helpline will be aimed at preventing sexual offending against children as legally defined or preventing sexually harmful behaviour against children as defined in other ways, such as public attitudes. There will be an overlap but establishing the range of behaviours that your service is seeking to prevent will be helpful. Campaigning work may also be required to raise awareness of the harmful effects of specific sexual behaviours, and to encourage a review of legislation on child sexual abuse.

What agencies are involved in addressing child sexual abuse and how?

Many agencies working in primary, secondary and tertiary prevention can play a part including statutory, not-for-profit and for-profit organisations. It is important to identify relevant agencies and to establish what role they play in responding to child sexual abuse. Specifically, it will be helpful to identify where each agency’s focus lies (for example, on young children or teenagers; law enforcement or rehabilitation) and what their limits are as a result. It will be useful to establish formal structures for partnerships between agencies and avoid possible duplication of work and enable referrals between agencies.

What support for potential or actual abusers is available to help them desist?

It is important to map out where else people can turn for support and advice. Are there already ways in which people can seek help if they are concerned about their own sexual behaviour and thoughts about children? If support is available, is it specialist provision or part of a broader service; is it therapeutic or more focused on advice; is it open to potential abusers, to undetected abusers, or only open to known abusers? What support is available for the families of abusers, professionals and the general public?

What is the government context?

Consider how central, federal and local governments address the issue. Do the different levels of government have a shared view of how to respond, whether this is a criminal justice, child protection or public health approach? What factors enable or constrain their interest or ability to respond, such as resources and the level of public mandate. Assess what opportunities or obstacles these different contexts would present for your service.
What are the statutory and legislative responses to child sexual abuse?

Responses are informed by laws and regulations relating to sexual activity with children and child abuse more generally. At the most basic level, four key issues should be mapped out as these will inform a helpline’s policies and practice and guide what type of contact is possible:

• One: laws on the age of consent (including between children); specifically caveats around mental capacity, a child’s ability to ‘consent’ to sexual activity, or laws linking sexuality to age.

• Two: laws on the age of criminal responsibility are important to consider in cases where sexual abuse is perpetrated by a child or young person.

• Three: rules on anonymity and confidentiality, including whether there is partial or widespread mandatory reporting of child abuse concerns, what obligations there are on specific professions (e.g. doctors) and who has responsibility for deciding the limits to confidentiality for a service engaging potential abusers (see Step 5). This will affect the extent to which anonymity can be offered.

• Four: regulations on managing risk, including whether there is responsibility on all adults to identify and report risk, and expectations on specific agencies around reporting concerns about the risk of abuse occurring or past offences.

Rules on anonymity and confidentiality

Rules on anonymity and confidentiality will influence the form of a child sexual abuse prevention service. Where laws prevent practitioners from disclosing clients’ offences to the authorities, there is greater opportunity for early face-to-face engagement with people who have not been detected by the authorities, and those who have not yet offended. It is also argued that higher levels of confidentiality may facilitate treatment by reducing the tendency for service users to minimise or deny previous offences.

For example, in Germany it is a criminal offence for therapists to breach patient confidentiality, including disclosing information about offending to the authorities. In the Netherlands, therapists are not allowed to disclose information about previous offences to the authorities, although they are required to share concerns about specific risks of future abuse.

In contexts with different rules on confidentiality, there may be greater constraints on the form a service can take as well as additional challenges in reaching potential and undetected abusers. For example, the UK and Ireland Helpline takes more calls from those who have offended and been detected than from potential and undetected abusers. The law and statutory guidance on safeguarding children contributes to this outcome by setting the expectation on professionals that undetected child sexual offences and future risks to children will be reported to the authorities.

Click here for the confidentiality policies in operation on the UK and Ireland, and NL Helpline.
Step two: Define the aims and objectives

Aims: What change do you want to achieve?

The Toolkit assumes that the fundamental aim of this kind of service will be to tackle child sexual abuse. The specific aim of a helpline could be viewed as preventing child sexual abuse, as it seeks to stop individual children from being abused – or it could be viewed as reducing child sexual abuse, as it seeks to limit the numbers of children being abused. Different contexts may use one or other phrase, but the fundamental aim is to inhibit the sexual abuse of children.

In addition, the Toolkit assumes that the helpline would primarily target people who pose a current or potential sexual threat to children – although other groups may also be engaged. Therefore, a core aim of a helpline established using this Toolkit would be to tackle child sexual abuse by assisting adults to manage their own behaviour.

Beyond this, however, services may have a wide range of more specific aims, such as tackling the production or use of child abuse images, or improving the access to therapeutic treatments for potential or actual abusers. Specific aims may also relate to knowledge or awareness of child sexual abuse, understanding how to respond or protect children, and informing attitudes or behaviour change. Being clear what you are trying to achieve will help to identify relevant target group(s), decide what form the service will take, assist in monitoring its activity and inform its development.

The aims should take into account the context and, if relevant, acknowledge the aims of the organisation(s) setting up the helpline as these will influence how it operates.

Specific Aims: Stop it Now! NL and UK and Ireland and the Prevention Project Dunkelfeld (PPD)

The PPD and Stop it Now! UK and Ireland and Stop it Now! Netherlands share an overarching goal of preventing child sexual abuse. A specific aim of all three services is to increase knowledge and awareness of child sexual abuse.

In line with this more specific aim, all three seek:

- to help the public and professionals understand that not all people who have a sexual interest in children act on this and abuse them;
- to increase knowledge and awareness of difficulties experienced by people who are trying to manage their sexual interest in children; and
- to explain the value of assisting potential/actual abusers to understand their feelings and manage their behaviour.
Objectives: How will you achieve the change?

Once a clear aim or aims have been agreed then defined objectives should be set. The objectives will show how the aim(s) will be met: who the service will work with; what activities it will carry out; and what measures will indicate ‘success’ when it is evaluated (or will show that changes are needed for it to be more successful).

A helpline is likely to have both core objectives and more specific or subsidiary ones. Core objectives complete the overall statement about the purpose of the helpline:

*the helpline supports adults in managing their own sexual behaviour by [for example] providing someone for them to speak to anonymously / providing information, advice and guidance on how to avoid being abusive / providing a route to specialist therapy.*

Clearly, a helpline may have a number of core objectives. Each of these is likely to have a number of subsidiary objectives which will specify how it will be achieved:

*the helpline provides someone for adults to speak to anonymously by [for example] (1) having phone-lines (2) answered by trained staff (3) with a confidentiality policy.*

Over time, the objectives may change as variations in resources and/or the wider context indicate more appropriate ways to meet the helpline aims. Monitoring key measures of success will help to identify whether the objectives are being met and whether they are delivering on the aims. Measures could include targets for who the service engages, its levels of uptake and its impact on service users (i.e. the number and types of people provided with advice, and possible changes in risk indicators or protective factors). Step Seven provides more on monitoring and evaluation, but the basis is that the measures used should all relate back clearly to the service’s aims and core objectives.
Step three: Identify the most suitable design

Identifying the most suitable design for a helpline will involve making decisions about:

- **mode**: if it is to be accessed by telephone only or also online (email, live chat)
- **content**: what it will offer (non-specialist support, advice, therapeutic service)
- **structure**: whether it is a stand-alone provider or links to other services
- **target groups**: who it aims to engage (only those who pose a risk, or others)

The most suitable version of each of these four characteristics will vary depending on the wider context, what else is available to people who need support, and resourcing. The section outlines each characteristic showing how others have chosen to operate.

**Mode: How will the helpline be accessed?**

The telephone will probably be the main route to accessing the helpline, enabling users to talk about their concerns and gain an immediate response without travelling. A helpline may also offer online access, via email or webchat. This mode provides less opportunity for interaction with the service user and responses may be delayed if emails are not monitored continuously during service hours or are sent out of hours. However, it provides further flexibility for access and users can express concerns or ask questions at any time.

Other communication options include using mobile phone texts/SMS to engage with users (although this puts clearer limitations on anonymity and on the type of support that can be offered) or arranging drop-in sessions or face-to-face meetings (there are additional risks to be considered and managed here such as risks to staff safety).

The needs of the intended users will influence which mode(s) are most appropriate. Whichever modes are used, the helpline could also have a website with advice and guidance, links to support or response agencies and reading/information which can be accessed online, downloaded or printed.

**Mode**

Research on the UK and Dutch services found that both telephone and email were seen as suitable channels for delivering a helpline. Helpline users who find verbal communication challenging may prefer to use email or ‘live chat’ but those who prefer to talk about their concerns or who require immediate help may find the delay in communicating via email frustrating. Online channels may also be less suitable or accessible for individuals who are at risk of or who have offended online.

We focus on setting up a telephone and email service for the remainder of the Toolkit.
Stop it Now! UK and Ireland and Stop it Now! Netherlands Helplines: First phase

The first phase of the Stop it Now! UK and Ireland and Stop it Now! Netherlands helplines provide information, advice, guidance and support to adults concerned about child sexual abuse. Calls follow a basic structure:

- the caller is welcomed;
- confidentiality is discussed;
- the staff member encourages the caller to share their concerns and helps to clarify the problem;
- information is given, followed by advice on further actions to consider;
- the Helpline agrees one or more protective actions the caller will take; and
- the caller is thanked for their call and welcomed to call again if they wish.

Types of actions which may be suggested include: implementing measures to manage their own behaviour or to strengthen protective factors and reduce risk factors around children or adults who pose a sexual risk; accessing relevant online or printed resources; and accessing the second phase of the Helpline or a service provided by the Helpline organisation or another agency.

Stop it Now! UK and Ireland and Stop it Now! Netherlands Helplines: second phase

The second phase of the Dutch Helpline provides a maximum of six therapeutic treatment sessions. It is mostly taken up by potential abusers and is delivered over the telephone. Therapists follow a protocol for each session. The second phase begins by encouraging the user to talk openly and honestly about the difficulties they are experiencing. The therapist explores the issues raised, conducts a global assessment of the acute risk factors and encourages the user to give up their anonymity and engage in face-to-face treatment. Users may then choose to meet the therapist face-to-face to receive treatment advice or begin therapy. If they are interested, then the therapist provides information about the cost of therapy and how to access it. If the user is willing to enter regular forensic treatment, an appointment is made at the end of the session.

The second phase of the UK and Ireland Helpline provides short-term, targeted advice and support to those experiencing complex issues. This service can take the form of repeat telephone call support and/ or face-to-face meetings. It is delivered by Lucy Faithfull Foundation practitioners rather than helpline operators. Practitioners have specialist expertise and training in fields such as offender treatment and management and working with families affected by child sexual abuse.

The aims and objectives of a helpline will guide which services can be offered at the outset. Options will also be influenced by the remit and expertise of any founding organisation(s). This should include expertise of the dynamics of sexual offending and its management and the impact of child sexual abuse on victims/ survivors and families. Other issues that will influence a helpline’s aims will include what services are available and what gaps exist in the wider context. However the helpline operates, it is likely to be most effective if staff are aware of what other resources there are for the intended service users – both so the helpline resources offer something additional and so staff can refer people onto other services as appropriate.
Mapping the context is important as it will also indicate what service delivery is most suitable in the early stages first and what may be delayed until the helpline is more established. In particular, the choice of services may need to take account of public understanding of child sexual abuse and opinion of working with people who pose a risk. For example, if there is a very strong public reaction to helping people who are concerned about their own sexual behaviour, thoughts or feelings, a helpline may opt to combine specialist support for these users with general information about child sexual abuse. (See Step Five: Promote the helpline).

The final decision is likely to be based on the resources that exist, and again it may be appropriate to start with one service and extend later.

### Structure: How will the helpline operate?

A helpline can be established as a single, stand-alone service. It can also operate as a ‘gateway’ to other services. For example, if face-to-face therapeutic services are available for adults concerned about their sexual thoughts or behaviour around children, a helpline could encourage and facilitate access to these services. Alternatively, if the provision or access to such services is limited, a helpline may work alone with callers to meet their needs as far as this is possible.

If a helpline operates as a stand-alone service, it will still benefit from identifying or establishing a network of other agencies offering similar or complementary services such as services offering treatment, counselling or information and advice. Being aware of other agencies may assist in signposting service users to longer-term or more local support, and indicates which sets of users may have limited provision.

Where a helpline serves as a gateway, it could be viewed as operating in two phases – a first phase of the helpline itself (providing advice and guidance, for example), and a second phase of additional service(s) to which helpline users can be directed. The services could include one-to-one or group-based support and clinical interventions.

If a helpline does operate with a first and second phase, the additional services could be provided by the helpline organisation itself, by another organisation with which it is closely linked, or by other agencies which are separate. Identifying other providers of relevant services while developing the helpline will assist in establishing how to meet the range of complex needs which the intended service users may have.

### Providing a gateway to other services

The Stop it Now! UK and Ireland Helpline forms one strand of a broader range of activities carried out by the LFF to prevent child sexual abuse. The Helpline acts as a gateway to these services which include computer monitoring software (Securus) to aid responsible internet use by those who have previously committed online sexual offences and an education programme for people arrested, cautioned or convicted for accessing online child sexual abuse images (Inform Plus) as well as a separate programme for partners and family members of internet abusers (Inform). An individualised service for young people with harmful sexual behavior and their parents (Inform for Young People) is also provided by the LFF. Helpline users may also be directed to online resources to help professionals, parents/carers and other adults to protect children; to an education programme and website for parents and carers (Parents Protect! [www.parentsprotect.co.uk](http://www.parentsprotect.co.uk)); as well as activities tailored to the specific context in Scotland, England and Wales (further information at [www.stopitnow.org.uk](http://www.stopitnow.org.uk)).

The Stop it Now! Netherlands Helpline is also one of a number of activities delivered by Meldpunt Kinderporno and de Waag. Additional services to which users of the Helpline can be directed include online resources to help adults to prevent child sexual abuse and a face-to-face therapeutic treatment service for adults with problematic sexual thoughts and behaviors. (For more information, please visit [www.dewaagnederland.nl](http://www.dewaagnederland.nl) and [www.stopitnow.nl](http://www.stopitnow.nl)).
Providing a gateway to other agencies

In Finland, early discussions are underway around establishing prevention services for people concerned about their sexual feelings, thoughts or behaviour towards children. However at the time of writing the toolkit there are no concrete plans to establish a service for this group due to lack of funding opportunities.

One option being considered is a helpline which can refer or signpost users to a network of agencies involved in tackling child sexual abuse. In this form of the helpline, people concerned about their own behaviour would have a single point of entry to support from a wide range of national and local organisations. The agencies may include those offering therapeutic support, as well as those which can provide advice and guidance around maintaining/re-establishing other interests. There are particular advantages to providing access to a network of agencies where people live in areas where the population is too small to justify specialist services at a local level.

The helpline could also be useful to professionals who may want to refer someone to a more appropriate or longer-term form of support but are unsure what is available. For example, it could provide a useful resource for prison officers who are looking for support in the community for sexual abusers leaving prison.

It could also provide a resource of specialist knowledge and advice for professionals on how to respond if a client indicates they have a sexual interest in children.

Target groups: Who will the helpline serve?

The Toolkit assumes that the helpline would be aimed primarily at people who pose a current or potential sexual threat to children – but in order to engage these people, it will need to be accessible to the general public and professionals. It may also aim to provide services specifically for other groups who are affected by or concerned about an adult’s sexual thoughts, feelings or behaviour towards children. The Stop it Now! programmes are premised on the belief that child sexual abuse is most effectively tackled through engaging with a broad range of adults including people concerned about themselves, people concerned about the behaviour of an adult or young person, or concerned for a child who may be at risk.

The main target group of intended service users – adults who pose a sexual risk to children – includes a number of sub-groups:

- adults who have sexually abused children and are known to the authorities;
- adults who have sexually abused children and are not known to authorities;
- adults who are at risk of sexually abusing a child but who have not acted (who may or may not be known to the authorities, including to health professionals)

Within these groups there will be adults who are already concerned about their own behaviour or thoughts, as well as those who do not consider these to be problematic. The helpline could aim to work with all these sub-groups, or have a narrower focus.
Target group: adults who pose a current or potential sexual risk to children

Stop it Now! UK and Ireland and Stop it Now! Netherlands aim to engage any adult who poses a current or potential sexual threat to children including potential abusers, undetected abusers and abusers who are known to the authorities.

In Finland, the proposed helpline would be targeted at adults who pose a sexual risk to children. This would include those who have sexually abused a child (whether or not they have been detected) and those who identify as having a sexual interest in children, whether or not they have a diagnosed preference.

In Germany, the PPD has a narrower set of target groups than the Helplines. The project focuses on providing confidential treatment to non-acting and undetected adults who have been diagnosed with a sexual preference for children as well as detected abusers who have served their sentence and are no longer under judiciary supervision. The PPD does not provide therapy for adults who pose a current or potential risk to children but have not been diagnosed with a ‘sexual preference disorder’ for children or adult abusers who are in the justice system.

A helpline could also work with other groups of people who play a role in preventing child sexual abuse, either by protecting children or by helping to deter ‘abusers’:

- Family members of actual/potential abusers who already use the helpline;
- Adults worried about the sexual thoughts or behaviour of an adult or young person;
- Adults worried about a child they think may be at risk of sexual abuse;
- Parents/carers of children who are not thought to be at risk (general advice);
- Adults unsure whether or not to report concerning behaviour to authorities;
- Professionals working with children or working to protect children from harm;
- Professionals working with people who have or are at risk of sexually abusing children (including children or young people with sexually harmful behaviour)

Table 2 sets out other groups of intended services users targeted by the Stop it Now! UK and Ireland and Stop it Now! Netherlands Helplines and the Prevention Project Dunkelfeld.

Table 2: Helplines’ intended service users

<table>
<thead>
<tr>
<th></th>
<th>Stop it Now! UK and Ireland</th>
<th>Stop it Now! NL</th>
<th>PPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults concerned about another adult’s sexual thoughts or behaviour</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Parents and carers concerned about a child or young person with sexually harmful behaviour</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Adults concerned about a child who may have been abused</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Adult survivors of child sexual</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Choosing which groups the helpline should try to engage should follow from the aims. The expertise of any founding organisation(s) will also be an important factor as it will influence which groups a helpline can work with effectively and responsibly.

Again, assessing what services already exist for target groups can assist in using the available resources efficiently. For example, a helpline may choose to focus on those intended users who have few other places to turn to for help and refer other groups to existing services which can meet their needs.

Working with a narrow group may help focus the service and give it a clear direction and remit. However working with a wide range of groups may help develop a holistic approach to prevention and help bridge the gap between professionals working with adults concerned about their own sexual behaviour or feelings towards children, and those working with children and families or with victims/survivors. It may also help avoid the risk of the service becoming stigmatised as a service for ‘paedophiles’, or becoming overly focused on the perspective of abusers and becoming collusive. Working with a broad group may also assist in promoting the service more broadly.

Once the helpline is operating, people outside the target groups may seek to use it. Monitoring data on users will show who else is contacting the helpline, and can help in assessing whether and how they could benefit from it. The experience of the Stop it Now! services shows that over time, a helpline may adapt to respond to the needs of other groups, where this meets its core aims. Step Seven shows how evaluation and monitoring can inform the helpline of whether and how it should adapt – whilst remaining aligned with its aims.
Step four: Structure the delivery

This section of the Toolkit focuses on a standalone helpline or the first stage of a two-phase helpline, i.e. the telephone/online contact itself.

Infrastructure

The basic infrastructure of a helpline will be at least one telephone line, a rota of staff to work on it, and a system for making and retrieving notes about calls. Additional components include a website, online access to the helpline and systems for monitoring use and evaluating outcomes.

A helpline can be established with a single phone-line but multiple lines will assist in managing demand for calls at peak times – and experience indicates that callers do tend to cluster their use at certain times of the day or on certain days of the week. Providing email/online contact can offer an alternative way to access information and advice. There may be delays in responding to users, and it may be time consuming and challenging to offer appropriate advice on the basis of the information contained in the email – but this additional route may be preferred by some potential users and can help to extend access.

The infrastructure of a helpline also includes how it manages information – i.e. which data management system it uses. Careful thought should be given to what information is collected and how it is collected and stored. Key factors to consider include how efficiently information can be entered into and retrieved from the system (to assist in making and finding notes on users), and how the individual cases can be aggregated for data monitoring and evaluating the service.

Information management system

In the UK and Ireland and the Netherlands, notes are taken by call operators to ensure that an accurate record of the conversation is created (a call log). To help ensure calls are recorded consistently, information is recorded using a template. Callers are filed by their first name and the month and year in which they first called (they don’t have to give their actual first name, or a name at all, and in the latter case they are asked to provide something else by which to identify them). All call logs for one individual are kept together and the files are stored in a way that makes retrieval easy for follow-on work. A combination of paper and electronic records are kept which aids the retrieval of information. A similar set of log sheets is also produced for emails.

Appendix B includes a copy of the call log templates used by Stop it Now! UK and Ireland and Stop it Now! Netherlands.
Operating hours

Resources will dictate how long the helpline can operate each week, but the specific hours can be tailored to meet the times at which the target groups will be able to call. For example, operating in the evening and at weekends may be particularly important for people in employment as they may feel unable to discuss such sensitive issues during work-breaks. Demand for the service may also be higher or lower at particular times of the year (e.g. public holidays, when there is heightened media interest in child sexual abuse) and this will also need to be taken into account. Again, monitoring user data will assist in identifying the priority timings.

Opening hours

In the UK and Ireland, the Helpline is available during office hours and in the evening (9am to 9pm Mondays to Thursdays and from 9am to 5pm on Fridays). Funding constraints prevent the Helpline from opening on the weekend. Demand for the service can be particularly high over the festive period and because of this the Helpline continues to operate over Christmas and New Year. In contrast, call volumes can drop slightly over the summer months when parents and carers may be less able to access the Helpline as children are at home for the school holidays. However experience from the Netherlands indicates calls from people concerned about their own feelings, thoughts and behaviours may increase during holidays and weekends as they may come into greater contact with children.

The Stop it Now! Netherlands Helpline has been established more recently than the UK and Ireland Helpline and has shorter opening hours. These are: 2pm to 5pm on working days and (since January 2014) on Monday morning 9am to 12 midday and Wednesday evening 6pm to 9pm. The opening hours of the Dutch Helpline were mainly chosen for practical and financial reasons. They had to fit in with the existing work schedule of Meldpunt Kinderporno staff who also work on the Stop it Now! Helpline. The extension of the opening hours to Monday morning was deliberate because it was expected that callers would be in more need of help after a stressful weekend (e.g. if a partner had found child sexual abuse images on the home computer).

At the outset it will be difficult to accurately assess demand for the helpline. As it becomes established, the operating hours can be tailored to demand. However, it is possible that at times demand may still outstrip provision, and users may have to wait for a considerable time to be answered or for an email reply. Options for managing higher demand (used in helplines providing support on other welfare issues) include setting a time limit on calls, limiting the frequency with which an individual user can contact the helpline, or even setting an overall limit on the number of contacts from a user. It is possible, however, that limits could lead individuals to disengage from the service before their needs were met, so this would need to be assessed in planning.
Environment

Calls will need to be taken in a relatively quiet place, so that callers do not feel their conversation is being overheard and operators are not unnecessarily distracted. Child sexual abuse is a difficult issue to discuss so it is important that call operators do not feel isolated and have colleagues around them for informal support and for supervision.

Setting up a new helpline within an existing helpline service may be a practical, cost effective way to gauge demand, without expensive ‘set up’ costs. But there may be implications for staff in sharing space if the two helpline staff work with significantly different groups – for example survivors of abuse – and these should be considered. It will also be important to ensure the purpose of each helpline is clear to the public.

Staffing

The aims, objectives and target groups of a helpline will direct who should work on it. The decisions to be made include whether they should all be paid staff or volunteers, what qualifications (if any) and what experience they should have. If the helpline has a broad remit then attention should be paid to ensuring an appropriate range of skills and specialisms are reflected within the staff team. Specific qualifications may also be required if therapeutic or clinical intervention is offered.

Within the staff team experience of working on issues related to sexual abuse, child protection, or offender management is important. However, individuals may bring different types of skills and experiences. The research conducted with Stop it Now! service users indicates that the childline qualities of helpline operators are at least of equal importance to professional experience. In particular, operators should have the capacity to be non-judgemental, open-minded and empathetic, as these qualities were very highly valued by users. The ability to work calmly in difficult and complex situations is also important, and broad life experience (which can be held by both younger and older people) is likely to be advantageous given the diversity of users and situations which can be encountered.

Other practical issues to consider are the number of people working at any time and how long they work for in each session. If the helpline is open for an extended period it is likely that a rota or similar system of shifts will ensure that staff time is allocated appropriately – managing the demands on individual staff and on the helpline itself.
Staffing Stop it Now! Netherlands

The Stop it Now! Netherlands Helpline is run by five operators and one coordinator. Three of them also work at the Meldpunt Kinderporno hotline and two employees are only employed by the Stop it Now! helpline. Three employees are psychology graduates who had experience of working with sex offenders or working at a helpline from their studies or internships. All operators have knowledge and awareness of child sexual abuse prevention and may also have experience of working with sexual abusers.

The second phase of the NL Helpline is delivered by eight registered forensic therapists working for de Waag. They each have extensive experience of providing therapeutic treatment to sexual abusers.

Staffing Stop it Now! UK and Ireland

The day-to-day running of the UK and Ireland Helpline is overseen by the Helpline coordinator and guidance and supervision is provided by senior practitioners within the Lucy Faithfull Foundation (LFF). Operators working on the first phase of the Helpline are a mixed team of permanent employees with other LFF roles (for example child protection professionals or practitioners) and sessional staff who only work on the Helpline.

All operators have prior knowledge of child protection and sexual abuse issues and have been recruited from a broad range of related professional backgrounds including the police, probation, social work, and psychology. Having a diverse team of call operators working on the Helpline is seen as extremely beneficial as it helps ensure the service is well placed to provide appropriate information, advice and support to diverse caller groups on a wide range of specialist issues.

Call operators are also selected for their personal qualities. The ability to maintain a child-centred approach is considered essential as child protection is at the forefront of the UK and Ireland Helpline. The ability to work compassionately and without judgement is also essential for engaging people who may feel deep shame or confusion about their sexual feelings or behaviour.

Call operators are required to follow LFF Procedures and Protocols for Safeguarding Children and Vulnerable People as well as the Helpline Procedures for handling calls.

The second phase of the UK and Ireland Helpline – call backs and face-to-face meetings – is delivered by LFF practitioners with wide ranging experience of working with sexual abusers or in child protection. Their experience includes work with adult offenders, young people with sexually harmful behaviour, victims/ survivors of child sexual abuse and their families and non-offending parents of children who have been abused.
Training

Whether or not staff join the helpline with previous experience and qualifications, it is important to consider what training is required for their specific role on the helpline. It will be beneficial to staff, given the challenges of the work, to provide ongoing training but at the very least it will be necessary to provide initial training on core elements of the role. These are likely to include training on the issue (i.e. understanding sexually harmful behaviour, why it occurs and the risk factors to look out for) and the response (i.e. call handling techniques, what types of behaviour management can be effective, and the practicalities of operating the helpline). Training may also include information on legislation, criminal justice processes or other specific aspects. If the helpline plans to develop a specialism, then additional training may be needed.

Training – Stop it Now! UK and Ireland and Stop it Now! Netherlands

All Stop it Now! UK and Ireland Helpline staff who are employed by the Lucy Faithfull Foundation (LFF) on a sessional basis attend a two day in-house training programme which is classroom based, followed by an induction period.

Day one aims to equip participants with an understanding of sexual abuse and abusive behaviour including its prevalence, how the system responds to it and the reasons that inhibit perpetrators and victims/survivors coming forward about it. LFF practitioners use the Finkelhor model (Finkelhor, 1984) to explain the process of an individual moving from thinking about a child in a sexual way to then acting on those thoughts. Information about the significant impact of sexual abuse on victims/survivors is also provided.

Day two focuses on call handling and recording, including how to complete a call log sheet and why operators need to record certain types of information. Time is also spent on the Helpline’s confidentiality and disclosure policy, and participants are taught various call handling techniques and then given the opportunity to practice these in role plays.

The induction process involves potential sessional workers spending time shadowing calls, reading log sheets, and becoming familiar with the workings of the Helpline. Sessional workers then go through a gradual process of moving towards becoming fully operational on the Helpline.

Stop it Now UK and Ireland also runs ongoing training for all staff (both contracted and sessional) who work on the Helpline. They aim to have approximately four to six training events a year and each one focuses on an area pertinent to the Helpline.

All staff operating the NL Helpline attend a bespoke three day training programme focusing on the specific groups targeted by the Helpline, the theory on ‘deviant sexuality’, risk assessment and treatment possibilities for people identified as being paedophiles. They also have three days of telephone training for developing conversational skills in general and specific motivational interviewing techniques. The current staff team had an additional two-day training with Stop it Now! UK and Ireland which was focused on the specific caller groups and challenges of working on a Helpline.
Support and supervision

It is clear from the evaluations and from previous research that ongoing support and some form of supervision are highly beneficial to individuals working on child sexual abuse. Facilitating informal support within the team is likely to enhance resilience to the challenges of this work, but more formal arrangements will also prove valuable. Staff members who have a clinical background may be able to give technical advice and support on managing sexual behaviour to others within specified team sessions. Likewise, the team may contain individuals who are in an appropriate position to give supervision to others. However, where resources allow, it may be considered more suitable to engage an external individual or agency in providing support. Both the frequency and format of supervision and support (i.e. individual or group) will need to be decided.

Supervision and support for helpline staff: Stop it Now! UK and Ireland and Stop it Now! Netherlands

All calls taken on the first phase of the Dutch Helpline are evaluated every two weeks. Every six months an expert in outpatient sex offender treatment provides consultation to staff working on the first phase on topics including dealing with complex conversations and improving call handling techniques. Staff members can request extra consultations and are provided with a handbook providing practical information and guidance on handling calls to the Helpline.

The second phase of telephone support is provided by registered therapists from de Waag. Every three months a consultation is held between the therapists and the founder of Stop it Now! Netherlands, discussing practical matters such as planning and gaining media attention.

In the UK and Ireland, all operators are provided with a set of call handling protocols which guide them on dealing with different types of calls and set out when they should discuss a case further with a manager. Staff also have regular supervision and operators are actively encouraged to debrief with the duty manager throughout their shift and at the end of the shift. In particular, staff will discuss complex cases, those with immediate child protection issues or regarding a young person with sexually harmful behaviour with a senior staff member. Call operators also benefit from working in pairs during shifts as this provides opportunities to informally debrief and reflect on the work.

Staff are supervised every six to eight weeks, and are also required to attend team meetings. Ten percent of all calls are audited for quality purposes, and the analysis of this auditing is used in supervision and team meetings.
Confidentiality

Offering a level of anonymity and confidentiality can help people contacting a helpline to talk openly and honestly about their own sexual thoughts and behaviour, or their concerns about other people. It may be particularly important if you are targeting undetected abusers and those who are concerned about their sexual feelings but who have not acted.

Depending on the legal context and professional obligations, there may, however, be circumstances in which confidentiality or anonymity cannot be provided or have to be lifted. The circumstances will vary between countries, but could include disclosures of previous or planned child sexual abuse, or indications that there is a significant risk of harm to an adult or child (not limited to sexual harm). A helpline should therefore make its position on confidentiality and anonymity clear to staff and users. It may be good practice to outline it at the start of all calls, as well as stating it in promotional materials, on the website, etc.

Stop it Now! UK and Ireland: Confidentiality policy

The following confidentiality policy is read out to each caller at the start of the call and is also clearly stated on the Stop it Now! UK and Ireland website:

*The Helpline is confidential. We will not ask you for your name or any details, but if you do give us any information that identifies a child who has been, is being, or is at risk of being abused, we will pass this on to the appropriate agencies. We will also pass on details of any criminal offence that has been committed.*

Helpline operators are required to pass on concerns about an offence or a risk to children to the Helpline Coordinator or Duty Manager. Decisions about disclosure are made in accordance with Lucy Faithfull Foundation policy and procedures. Reports are made by telephone and in writing to the appropriate authority. Additionally, callers are encouraged to make a report themselves.

Stop it Now! Netherlands: Confidentiality policy

Callers accessing the Netherlands Helpline are played a pre-recorded message containing information about confidentiality and anonymity. Similarly to the UK and Ireland, callers can use the first phase of the Helpline in confidence unless they provide identifying personal information and disclose prior sexual offences. Operators are obliged to share disclosable information with the authorities.

Different rules on confidentiality apply to the therapists working on the second phase of the Helpline. Therapists are not allowed to disclose information about previous offences but are required to share concerns about risk of future abuse.

The operation and limits of confidentiality and anonymity are influenced by a range of legal and cultural factors and differ between jurisdictions and different professions. There may be specific laws or professional expectations on reporting concerns about child sexual abuse, and on the role of different agencies in keeping children safe. There may be constraints on confidentiality – for example with a legal requirement on professionals or the public to report known or suspected child sexual abuse to the authorities. There may also be obligations around confidentiality – for example with medical professionals bound not to disclose patients’ information.

Public expectations and the views of other agencies or funders may also inform how confidentiality and anonymity should operate within the helpline. There may be some variation between external perspectives, legal requirements, and what seems ethical or suitable within the helpline and it may be important to keep the issue under review.
Particular consideration should be given to the following issues in developing a policy

**What will be shared?**
Will information about previous offences be shared and if so, what types of offences? Will information about planned crimes and other risk of harm be shared? What types of crime or level of harm may trigger this: will it relate only to other people or include self-harm to the caller? What will be done if a crime is disclosed or there is indication of significant risk of harm, but the identity of the caller or potential victim is not known? What constitutes identifiable information?

**Who will decide whether it should be shared?**
Will staff operating the helpline be involved in making decisions about the disclosure of information? Who else will be involved? Who will be responsible for the final decision? On what criteria will decisions be based?

**With whom will information be shared?**
Will all disclosures be made to one agency, or will it depend on the type of information? Is there a formal process for sharing information with other agencies and how are changes to this process communicated? What actions may result from sharing information? Will the helpline be told of the action(s) taken?

**Will the caller be guided to take action themselves?**
In what circumstances is it preferable for the callers to take action themselves? How will callers be encouraged and supported to take action? How will you know whether action has been taken? What will you do if the caller does not take action?

**What confidentiality can actually be offered?**
Offering confidentiality and anonymity is likely to require infrastructure. For example, the mode of communication used by the helpline (whether telephone or online) may need specific settings to facilitate anonymity, as the defaults may allow people to be traced. The security of online communications will also need to be assessed to make sure that data cannot be accessed by a third party. The level of confidentiality offered will require different settings, as a helpline may choose to identify users in some cases so it can meet other requirements around managing risk. The level of confidentiality and anonymity which can actually be provided should be made clear to users.

**Links with other services**
Other agencies will play a role in tackling child sexual abuse within the area served by the helpline, and it is likely to be strengthened by forming links with other services. Where a helpline is a standalone service, it may be able to refer or signpost users to providers of other specialist or related services. Where a helpline has a second stage of more specialist provision, it is likely still to benefit from links with external agencies which could support or amplify the impact of its own work.

There may also be opportunities to engage with profit-making organisations which could play a part in helping to protect children, for example engaging internet service providers in directing people to the helpline if they search for child abuse images.
Step five: Promote the helpline

How will people access the helpline?

The helpline options proposed in this Toolkit are based on the idea of providing direct access to support (and other resources) by telephone and/or online contact. Access is therefore at the core of the helpline, however it is structured, but it is possible that users may access through different routes.

There are three main ways in which any type of user may come through to a helpline: by direct referral from an organisation or professional; by indirect referral/signposting from another agency or individual (who may not be a professional); or by self-referral. Access will be facilitated by enabling as many routes as possible.

Options for establishing the access routes will include:

- Creating formal referral pathways from agencies working in related fields (e.g. health, social work, policing or education; mapping the context will help this);
- Notifying relevant agencies that they can make informal referrals (without a specific format for making the referral, for example);
- Promoting the helpline to a wider set of agencies so they can signpost people (this may also assist in raising awareness of child sexual abuse as an issue); and
- Enabling members of the public to self-refer or engage directly.

How will the helpline be promoted?

One of the primary challenges of establishing and operating a prevention helpline is enabling adults who are concerned about their own sexual feelings about children to overcome cultural and practical barriers to getting help. Ensuring that the helpline is promoted appropriately – so that the target groups are aware of it and what it offers – will be central to its longer-term success and impact.

However, the challenge of promoting a helpline which aims to help ‘abusers’ (among other groups) should not be underestimated. In any setting, the stigma associated with people who sexually abuse children is likely to prove an obstacle to raising awareness of the helpline. Promotion may be especially challenging where child sexual abuse is poorly understood (by the public, politicians, media commentators and by professionals working in relevant fields).

The identity or ‘brand’ of the helpline will also need to be carefully considered, to ensure that it is clearly associated with the intended users – but not stigmatised. In the Netherlands, for example, people who have a sexual interest in children but have not acted have said that the name Stop it Now! suggests that the service is only for people who have already abused, not those who are concerned at their potential risk.
Raising awareness of child sexual abuse and prevention services

The promotional activities carried out by a service may have multiple purposes. The core purpose may be to raise awareness of the helpline, but it is also a chance to:

- increase general knowledge and awareness of child sexual abuse;
- increase specific knowledge of the signs of child sexual abuse;
- increase public understanding of how to act to prevent abuse and confidence in taking action; and
- tackle beliefs and attitudes which may prevent abuse from being recognised or stop those who pose a risk to children from seeking help.

For example, the media campaign undertaken by the PPD has a number of specific communication aims:

- providing the message that people who have a ‘sexual preference disorder’ (a medical diagnosis in Germany) are not responsible for their sexual preference, although they are accountable for their sexual behaviour;
- acknowledging the difficulties that those living with a sexual preference disorder experience; and
- offering accessible and confidential services to help people with a sexual preference disorder to manage their behaviour and live fulfilling lives.

In Finland, discussions around establishing the helpline include proposals to develop a public information campaign to raise awareness and improve understanding.

In all contexts, promotional activities will need to be carefully constructed, creative and appropriately resourced if the helpline is to play the most effective role it can in contributing to preventing child sexual abuse. The helpline can be promoted in multiple ways, but each should seek to demonstrate its credibility and value.
Promotion to professionals

Professionals working in related fields such as social work, health and mental health, child protection, criminal justice, and education may be informed about the existence and specific work of the helpline through formal or informal links (such as networking and informal sharing of advice and good practice). If these links are not already in place, you will need to be proactive in building them.

Stop it Now! UK and Ireland work with a range of partners such as criminal justice agencies, children’s services, social services, education, health care, faith institutions, and survivor organisations. Stop it Now! has particularly well developed links with the Police and Probation services which has resulted in increasing numbers of calls to the Helpline from people who have been arrested for online abuse offences as well as calls from the families of people who have offended online. An example of the promotional materials handed out by Police and Probation can be found in Appendix C.

In the Netherlands, a range of agencies also play an important role in signposting callers to the Helpline. This includes: the Police service, family doctors and other agencies providing therapeutic treatment to people with problematic sexual behaviour.

In Finland, proposals to establish a helpline are based on ensuring that professionals know of it. The helpline would be the entry-point to a network of agencies to which helpline users could be referred, so professionals would need to be aware that their agency was involved. The helpline would also act as a hub of specialist knowledge to support professionals in working with clients with a sexual interest in children – so professionals would also be made aware that it was there for their own reference.
Promotion to the public

Members of the public can be informed about the helpline by broad or targeted promotion. Multiple and overlapping strategies can be used where resources allow, but testing materials with the target groups before they are launched is important. A particular challenge for a helpline serving different target groups is that what works for each group is likely to vary. For example, promotion strategies will need to take account of the fact that people who access abuse images of children online may not see their behaviour initially as problematic, and may not relate to terms such as ‘child sexual abuse’. Having someone who is well known by the public identify as an ‘ambassador’ for the helpline could help to raise public awareness of the service.

There are multiple channels across which to promote the helpline. Examples within the traditional realm include TV, radio, posters/billboards and the press, as well as local notice-boards (for example in the doctor’s surgery or community centres).

Promotion will need to be mostly proactive but it is also important to capitalise on opportunities as they arise. Media stories about child sexual abuse and plots on TV, radio or film may provide an opportunity to reach new audiences, and may even act as a catalyst for the establishment or extension of a helpline.
A third of sexually abused children are keeping a family secret.

Most children don’t talk about sexual abuse. So we have to. If you’re worried about your own or someone else’s behaviour with a child, or use of illegal websites, the sooner you act the sooner you stop the damage. Call us confidentially for help or visit www.stopitnow.org.uk

To stop child sexual abuse we need to start talking about it

Freephone 0808 1000 900

Stop it Now! UK & Ireland is a project of the Lucy Faithfull Foundation. Registered Charity Nº 1013025.
“Door anoniem te kunnen praten over mijn pedofilie heb ik mijn geaardheid onder controle”

Anonieme beller

Start het gesprek. Stop kindermisbruik.
Bel 0800 - ANONIEM of kijk op STOPITNOW.NL

STOP IT NOW!
Bel gratis en anoniem
0800 266 64 36
Promoting the Stop it Now! Netherlands Helpline

In the Netherlands, the Helpline was widely publicised in the cities of Amsterdam and Den Haag with local government support. Promotional posters were displayed in public buildings and promotional resources were provided to family doctors, schools and swimming pools. A television advertisement publicising the Helpline was also shown on a local TV network. This can be accessed at: https://www.youtube.com/watch?v=C_Qy_CaLpNc

Still from a TV commercial publicising Stop it Now! Netherlands
The online realm offers additional modes including promotion through search engines (so the helpline is listed in the results when key ‘abuse-related’ terms are searched), social networks and splash pages. These may be particularly relevant for engaging people committing internet enabled offences.

**Splash screens**

The UK’s leading Internet Service Providers (ISPs) have contributed financial resources to helping efforts to tackle illegal images, and signed a ‘zero tolerance’ pledge on child sexual abuse images. One of the measures implemented in the UK in 2013 is blocking access to URLs on the Internet Watch Foundation’s blocked list and displaying a 404 ‘splash screen’ containing a warning message that the page may contain illegal images. Leading internet service providers also direct users to Stop it Now! UK and Ireland for help. Splash screens referring people to Stop it Now! NL have also been in operation since April 2012.

**Example of a ‘404 Splash Screen’**

![Example of a ‘404 Splash Screen’](image)

**Warning banners and Google Adwords**

Another provision made by the principal Internet Search Engines is to add a warning banner when certain search terms are used. The search results are displayed but a banner is included stating that the pages may contain illegal images, and again these results also display an advert for Stop it Now! UK and Ireland.

An advert for Stop it Now! UK and Ireland may appear next to the search results when a search is made on Google using specific key words (Google Adwords).

A detailed analysis of the role of splash screens and warning banners in contributing to individuals getting in contact with the Helplines has not yet been conducted. However anecdotal evidence from Helpline staff in both the UK and Ireland and the Netherlands suggests that some callers heard about the Helplines from these notices.
Preventing child sexual abuse by helping adults to manage their own behaviour: Establishing a helpline

Promoting the PPD

Financial and political support for prevention focused intervention work with people who pose a current or potential risk to children increased in Germany following a high profile sexual abuse case and acted as a catalyst for the establishment of the PPD.

The PPD’s media campaigning activities comprises three main forms: proactive PR, media campaigns and a website.

Proactive PR work includes building relationships with journalists who are sympathetic to the work and values of PPD to help ensure media coverage of child sexual abuse is more balanced and informative.

Media campaigns have included billboards in 2,000 outdoor spaces around Berlin including displaying posters at city bus stops. The posters developed by the PPD can be found here: [https://www.dont-offend.org/story/83/3883.html](https://www.dont-offend.org/story/83/3883.html).

The PPD has also been publicised using ‘Spots’ (short film adverts) which have appeared on TV and the internet. The ‘Spots’ were developed with pro bono support from a specialist marketing agency (Scholz & friends) and can be accessed here: [https://www.dont-offend.org/story/10/3910.html](https://www.dont-offend.org/story/10/3910.html).

Campaigning activities such as promotional leaflets, billboards and ‘Spots’ were first tested with adults participating in the PPD project before they were rolled out to help ensure the language, imagery and key messages were engaging and appropriate.

The PPD also operates a website providing information on child sexual abuse, sexual preference disorder and the Prevention Network in Germany. ([https://www.dont-offend.org](https://www.dont-offend.org)) The site is advertised a number of ways including using Google Adwords. An analysis of the use of Adwords found that in a one month period the advert was displayed more than 300,000 times and resulted in 6,500 visits to the PPD website.

Still from an advert publicising the PPD
Step six: Resource the helpline

What resources are needed?

It is not possible to provide a definitive figure on the cost of setting up and operating a helpline as this will vary by context and with factors such as the scale and form of delivery and the staffing profile.

Resources required to establish a helpline are likely to include: office equipment, IT software and systems including a database for recording information, staff training, and marketing and promotion material. Other types of costs will be more dependent on specific components of the helpline such as the need to provide anonymity: this will require some specialist equipment to be able to receive calls or emails anonymously (without the phone number or email address being displayed).

Costs incurred in operating a helpline will include: premises, staff salaries and overheads, telephone/online charges, and other costs such as financial services and office costs. It is advisable to factor ongoing spending on promotional activities into the costs to ensure the helpline becomes and remains well known and reaches new audiences. For the same reason, including resources for evaluation is likely to be an investment in developing the helpline and sustaining longer-term success.

Operational Costs

The UK and Ireland and Dutch Helplines provide an indication of the composition of operational costs. Staffing costs are likely to account for the largest proportion of the costs of running a helpline (as is the case with Stop it Now! UK and Ireland). However efficiencies may be made by sharing staff with other services operated by a host organisation.

If funding allows, marketing and publicity costs may account for a very significant proportion of the set up and operating costs of a helpline (as is the case with Stop it Now! Netherlands). These costs will reflect the challenge of raising awareness of this hidden issue across a very wide group of people: actual and potential abusers, their families, people worried about an adult or a child, professionals and the public in general.

It is interesting to note that telephone costs are a relatively small proportion of total cost of operating the service (less than 5%, in both the UK and Ireland and the Netherlands).

In calculating the cost of operating a helpline, it is helpful to note that:

- The average cost per contact (call or email) is likely to be higher in the early years as the volume of contacts (and proportion of new users) is expected to increase over time, lowering the average cost.

- The cost of delivering different helpline activities will vary. Factors which can influence the cost per call of different activities are likely to include the average length of calls and staff costs. For example, in the UK and Ireland ‘call backs’ delivered by practitioners are more costly than the main helpline calls. This can be explained by the fact that ‘call backs’ often last longer than calls to the ‘first line’ as well as reflecting the higher staff costs of the more experienced practitioners taking the call backs. Once again, efficiencies can be made by sharing staff with other services operated by a host organisation.
Where will resources come from?

Factors that influence who may be interested in contributing to a helpline include:

- how child sexual abuse is understood (is it seen as primarily a criminal justice issue, a child protection matter or a public health concern);
- which groups the helpline is aiming to assist (is it focused on people who may abuse children or is it available to people concerned about others’ behaviour); and
- how the helpline operates (whether it has a second stage of more specialist service provision)

Resources may be financial or in kind (such as pro bono legal or marketing advice). In most cases funding will have to be obtained from multiple sources. Key funders can include national/ federal/ regional/ local government or statutory agencies, where these have dedicated funding for tackling child sexual abuse or see the helpline as contributing to meeting other objectives. Grant-giving organisations or philanthropic individuals may also offer substantial or ongoing donations.

Public donations may be limited by the stigma of association with child sexual abusers, but equally people may be motivated to give by the idea that a helpline protects children. Companies and other bodies within the private sector may also be interested, for example, if the work of the helpline relates to their own area of activity (such as internet providers). Again they may support the helpline financially or in kind through pro bono specialist work.

Funding prevention

In the UK and Ireland, the principal source of funding for the helpline has been the government departments, the Ministry of Justice and in the recent past the Home Office. The Lucy Faithfull Foundation (LFF) also raises income from its training and consultancy work, which it contributes to meeting the Helpline costs when there is a shortfall in funding.

In the Netherlands the principal source of funding is also government departments (Ministry of Health and Ministry of Justice). The Helpline also receives financial support from local government (Municipality of Amsterdam and Municipality of Den Haag).

While public donations are not a major source of funding, both the UK and Ireland and Dutch Helplines have received some financial support this way.

The fact the UK and Ireland helpline is principally funded by a government department focused on criminal justice while the Dutch helpline receives both health and criminal justice funding reflects the different context the services are working in and the distinct focus of each Helpline. In the Netherlands, child sexual abuse is framed as both a health and criminal justice matter. In contrast, the UK has historically viewed the perpetration of sexual abuse as a criminal justice and offender management issue.

To strengthen a funding application, show that you understand the specific problem and the local context, and clearly explain the aims and objectives of your service and how it will contribute to tackling child sexual abuse. Being specific about what you are trying to achieve and how you will meet your goals is important.
Step seven: Monitor and Evaluate

How will the helpline be assessed?

Routine and systematic collection of data against aims, objectives, targets and plans is known as ‘monitoring’. This information can be used for a range of purposes. One key reason is that a service may be required to share information about its delivery and outcomes with funders and others to which it is accountable.

A second reason is that monitoring data can provide a basis for evaluation: assessing the performance of a helpline, identifying areas for review and supporting further development.

A third reason is that publishing such data (anonymised, for example in an annual report accessible to the public) shows transparency and accountability and can be useful in promoting the work.

Why is information being collected?

The first step is to be clear about why information is being collected and who it is for. This will help ensure the correct aspects of the service are monitored. It may be that information is collected before there is capacity to analyse it, but where it may prove useful for comparison over the longer-term when such data can be assessed.

What is being measured and how will you measure it?

The next step is to decide what to measure in order to know whether the service has been successful in meeting its aims and objectives.

Aspects of a service which could be assessed include those relating to the input (such as staff time), those relating to the outputs (such as number of calls/emails received) and those relating to outcomes (such as change in users’ anxiety levels before and after use).

How will information be collected?

Specific systems can be developed for monitoring. However, much of the day-to-day data gathered by a helpline may be relevant in itself. For example, record keeping such as case notes and the service’s website may be a valuable source of monitoring data. Developing tools to support the collection of monitoring data can improve consistency and reduce gaps in such data. This will also aid data analysis (see Appendix B for call log). Periodically surveys, questionnaires, focus groups or interviews could be carried out with service users to find out their views and experiences directly. It is important to be aware that it may not be possible to collect some types of monitoring data such as demographic data if the service offers anonymity.
How will you store, analyse and report monitoring information?

Monitoring information can be stored in paper format or electronically. The latter can aid the retrieval of information and reduce the time taken to manage and analyse large datasets. In analysing the data, care must be taken to ensure that the findings are robustly supported by the data – or the data limitations are clearly stated – so the reporting is credible.

Where the data is used to develop a clear picture of the operation and/or impact of the helpline, it can provide a useful guide to areas that require additional attention, or which could be options for further development. Monitoring and evaluation can also be valuable in demonstrating effectiveness when building a case for external support. The information can also inform other agencies’ work, providing information about the types of people who have used the service and the ways in which it is thought to have helped in preventing child sexual abuse.
Glossary

‘Funder’ refers to organisations or individuals who contribute financial or other resources to the service. Funders can include government (central or local), other charities, charitable trusts and philanthropic institutions as well as private individuals and for-profit companies.

‘Paedophilia’ refers to a sexual preference for pre-pubescent children.

‘Hebephilia’ refers to a sexual preference for pubescent children. In some countries, these attributions can be the basis of a medical diagnosis.

‘Potential abuser’ refers to adults who may pose a sexual threat to children (i.e. they have sexual thoughts and feelings towards children) but who have not committed abuse.

‘Public health approach’ refers to a comprehensive strategy that includes primary, secondary and tertiary level prevention interventions to address individual, interpersonal relationship, community and societal level factors that contribute to a problem – in this case, the perpetration of child sexual abuse.

‘Sexual interest in children’ is used to refer to adults who are sexually attracted to children, whether or not they have a sexual preference for them over adults.

‘Sexual preference disorder’ is a medical diagnosis given in some countries, indicating the adult has a sexual preference for prepubescent or pubescent children.

The term ‘victim/survivor’ is used throughout the Toolkit in recognition that individuals who have experienced sexual abuse may refer to themselves using either term.

Useful resources

de Waag
de Waag co-established Stop it Now! Netherlands. They specialise in providing outpatient treatment to people aged 12 years and older who exhibit criminal behaviour (i.e. problematic sexual feelings and behaviours and often have (severe) psychological problems).
http://www.dewaagnederland.nl/

Eradicating Child Sexual Abuse (ECSA) Project
The Eradicating Child Sexual Abuse Project is led by the Lucy Faithfull Foundation and funded by the Oak Foundation. It aims to develop a child sexual abuse prevention toolkit to be used internationally.
http://www.lucyfaithfull.org.uk/oak_foundation_international_toolkit.htm

INHOPE: The International Association of Internet Hotlines
INHOPE is a collaborative network of 49 hotlines in 43 countries across the world, dealing with illegal content online and committed to tackling child sexual abuse from the Internet. INHOPE Hotlines offer the public a way of anonymously reporting internet material including child sexual abuse material they suspect to be illegal. The Hotline will ensure that the matter is investigated and if found to be illegal the information will be passed to the relevant Law Enforcement Agency and in many cases the Internet Service Provider hosting the content.
http://www.inhope.org
Moore Centre for the Prevention of Child Sexual Abuse, John Hopkins, Bloomberg School
The Moore Centre for the Prevention of Child Sexual Abuse contributes public health expertise to policy, research and discourse on child sexual abuse.

Parents Protect!
Parents Protect website, created by Stop it Now! UK and Ireland and the Lucy Faithfull Foundation, provides information and resources to help parents and carers to protect children from sexual abuse.
http://www.parentsprotect.co.uk/

Save the Children (Finland)
Save the Children Finland is a national children’s rights organisation, and a member of the international Save the Children movement. Save the Children Finland has been working to tackle internet enabled child sexual abuse since 2002 and runs a national Hotline (Nettivihje) for the public to report illegal sexual images of children on the internet. The hotline is a member of the INHOPE network (International Association of Internet Hotlines). Save the Children Finland has extensive knowledge of online sexual offending and contributes to tackling the issues through a number of initiatives.
http://www.pelastakaalapset.fi/en/

Stop it Now! UK and Ireland
Stop it Now! UK and Ireland, managed by the Lucy Faithfull Foundation, aims to prevent the sexual abuse of children by providing an anonymous and confidential helpline and by undertaking a range of campaigning activities.
http://www.stopitnow.org.uk/

Stop it Now! Netherlands
Stop it Now! NL, operated by Meldpunt Kinderporno and de Waag, aims to prevent the sexual abuse of children by providing an anonymous and confidential helpline and by undertaking a range of campaigning activities.
https://www.stopitnow.nl/

Stop it Now! USA
The concept of Stop it Now! originates from the USA. Since 1992, the organisation has been providing information and resources to support adults, families and communities to protect children from sexual abuse.
http://www.stopitnow.org/

The Lucy Faithfull Foundation
The Lucy Faithfull Foundation specialises in the prevention of child sexual abuse. It offers a range of services for groups such as adult abusers and young people with sexually harmful behaviour, parents and carers, families who have been impacted by child sexual abuse, adult survivors of child sexual abuse, and professionals.
http://lucyfaithfull.org.uk

The National Sexual Violence Resource Centre (NSVRC)
The National Sexual Violence Resource Centre has developed an online library of resources to support parents, carers, other adults and organisations to prevent child sexual abuse.
The Prevention Project Dunkelfeld
The Prevention Project Dunkelfeld aims to contribute to the prevention of child sexual abuse by providing confidential and free therapeutic support to adults who have a sexual preference disorder. https://www.dont-offend.org/

Appendix A: References


Appendix B: Record keeping/ monitoring tools

This appendix contains copies of the recording keeping and monitoring tools used by Stop it Now UK!

### Helpline Log Sheet

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Date</th>
<th>Time</th>
<th>Call Duration</th>
<th>Admin Duration</th>
</tr>
</thead>
</table>

#### A Caller Details

- **Confidentiality policy stated to caller?**
  - [ ] Confidentiality policy stated to caller?

- **Name:**
- **Age:** Under 18
- **Sex:** M, F
- **Organisation:**
- **Address/County:**
- **Email reference:**
- **Details refused:** [ ]

#### B Caller Type

- [ ] Adult concerned about a child (under 18) groomed online
- [ ] Call from child (under 18)
- [ ] General internet concern
- [ ] Adult concerned about an adult grooming
- [ ] Adult concerned about a potential abuser
- [ ] Adult concerned about an internet offender
- [ ] Adult concerned about a potential internet offender

#### C Person Identified with Concerning Behaviour (if different from A)

- **Name:**
- **Sex:** M, F
- **Age:**
- **Relationship to caller:**

#### D Further information (A or C)

- [ ] Arrested
- **Date of arrest:**
- **Offence:**
- [ ] On Bail
- **Bail date:**
- **Convicted of offence:** Yes [ ] No [ ] D/K [ ]
- **Additional contact/internet offences:** Yes [ ] No [ ] D/K [ ]
- **Details:**
- **Previous sexual convictions:** Yes [ ] No [ ] D/K [ ]
- **Offence:**
- **Registered sex offender:** Yes [ ] No [ ] D/K [ ]
- **Receiving treatment:** Yes [ ] No [ ] D/K [ ]
- **Parent/Guardian:** Yes [ ] No [ ] D/K [ ]

#### E Victim(s)/Child(ren) at Risk (from A or C)

- **Name(s):**
- **Sex:**
- **Age(s):**
- **Relationship to abuser/potential abuser:**
F. Details of Call:

Advice Given
## G. Further Client Actions

<table>
<thead>
<tr>
<th>Call back with therapist/operator</th>
<th>Modify behaviour to avoid potentially risky situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm request in writing</td>
<td>Monitor the situation closely</td>
</tr>
<tr>
<td>Consider face to face</td>
<td>Parents Protect Website</td>
</tr>
<tr>
<td>Consider Inform+ Inform</td>
<td>Pass on Helpline details/information</td>
</tr>
<tr>
<td>Consider Securus</td>
<td>Put parameters in place around use of internet</td>
</tr>
<tr>
<td>Consult a solicitor</td>
<td>Refer to CEOP</td>
</tr>
<tr>
<td>Consult police/Child Protection Unit</td>
<td>Refer to CROGA</td>
</tr>
<tr>
<td>Consult Probation</td>
<td>Refer to other organizations/helplines</td>
</tr>
<tr>
<td>Consult Social Services</td>
<td>Refer to Stop it Now! Website/ download publications</td>
</tr>
<tr>
<td>Ensure self care (employment, personal, social)</td>
<td>Speak to employer</td>
</tr>
<tr>
<td>Go to GP</td>
<td>Speak with Family/Friends</td>
</tr>
<tr>
<td>Identify and undertake safe replacement activities</td>
<td>Speak with child's School</td>
</tr>
<tr>
<td>If safe to do so, talk to Potential Abuser</td>
<td>Talk to child/ren about what has happened</td>
</tr>
<tr>
<td>Implement immediate Child Protection measures</td>
<td>Think about &amp; consider the information discussed</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>
Preventing child sexual abuse by helping adults to manage their own behaviour: Establishing a helpline

### 1. Assessment of Call:
- Client agrees with advice given
- Client is suicidal
- Made positive comments about the call
- Client indicates they will take action from advice given
- Client hung up
- Made negative comments about the call

### H. Further Now! Actions:
- Arrange Face to Face
- Assist in reporting
- Contact IVF
- Consult with CEOP
- Consult with Childline
- Consult with Colleagues
- Consult with NSPCC
- Consult with Police
- Consult with Social Services
- Discuss the possibility of a face to face
- Help line to call client back
- Talk to arresting officer(s)
- Talk to probation officer(s)
- Send out Information Packs

Other Actions/Information
Appendix C: Promoting the Helpline

Promotional poster developed by the Prevention Project Dunkelfeld

Preventing child sexual abuse by helping adults to manage their own behaviour: Establishing a helpline
If you or someone you know has been accessing indecent images of children online
what can you do?

Are you still reeling?

When confronted with this behaviour, most people initially feel anger, shock and confusion - or just numbness. This is quickly followed by urgent questions about how this will affect their family, their relationships, their job - and how they are going to cope with the legal process, the possible media interest and the potential stigma. Almost everyone has a need to know what is likely to happen next.

You can talk to us

Knowing who you can talk to is the first step in getting the right help and support at this difficult time. The Lucy Faithfull Foundation (LFF) is a leading children’s charity working to prevent the sexual abuse of children. We work with people who have sexually harmed or fear they may harm a child, including those who commit offences on the Internet. We also work with members of their family to help them to address the questions and issues the behaviour of their loved one has raised.

The Stop it Now! Helpline is one of our projects. Our experienced staff offer confidential and impartial advice, by phone or email. They will help you to explore options, including managing future behaviour. Our services are available to anyone who has been arrested, cautioned or convicted for accessing indecent images of children online, their partners, relatives and friends.

Your first steps to getting
the right support and advice
"I don’t know what to do...
I am so worried."

If you’ve been accessing indecent images of children online, you probably feel there is no one you can talk to about it.

But you can pick up the phone

After your arrest, you will be shocked and distressed - but you may also feel a sense of relief that what you have been doing is no longer a secret.

Now is an opportunity to get help.

You may be keen to start this process straight away but find yourself on bail for a lengthy period when all you can do is wait.

This can be a very stressful time for you and for your family, as everyone struggles to cope not only with what has happened, but with anxieties about the future.

- You may want to start exploring why and how you came to commit the offences
- You might be worried about your children and the involvement of Children’s Services
- You may have concerns about the impact of your behaviour on those close to you, including partners and family members.
- You may have questions about the legal system and what happens next.

Taking the first steps

You can take the first steps now by calling the Stop it Now! Helpline and speaking in confidence to one of our experienced staff.

Stop It Now! is a confidential freefone helpline provided by the Lucy Faithfull Foundation.

Our trained staff will listen to your concerns and offer ongoing advice to help you deal with the issues, step-by-step, as they arise.

For free confidential advice, here’s how to reach us

The Stop it Now! Helpline

0808 1000 900
help@stopitnow.org.uk

Mon-Thu 9am-9pm  Fri 9am-7pm
As a charity, the Lucy Faithfull Foundation has to make a charge for some of our services to help us cover our costs. In some cases, we can offer subsidised sessions. Ask us for more details.

**The Inform Plus programme**

Inform Plus is a ten week course for groups of 6-8 individuals who have been arrested, cautioned or convicted for internet offences involving indecent images of children.

Facilitated by LFf specialist staff, it provides an opportunity for you to explore your offending behaviour in a structured but supportive environment, and to devise strategies for avoiding future Internet offending.

The course includes:
- Facts and myths about illegal images of children.
- The behavioural process involved in this type of offending.
- The effects on child victims.
- The impact of your behaviour on you and on those close to you.
- Information about the Criminal Justice System.

**Start to manage your online behaviour**

"an open, non-judgemental environment... I was able to discuss and face my behaviour."

For details, contact 01372 847160 and ask for our Internet Services Administrator. If no course is available in your area, we are able to offer a personalised programme.

**Using the Internet again**

After arrest, you may feel you never want to use a computer again. However, in the longer term, not using a computer is likely to be impractical.

Securus is a computer monitoring service, administered by LFf, which allows you to use the Internet responsibly while capturing any illegal or potentially risky activity. This encourages you to stop and think about what you are doing on the Internet.

Monitoring your computer use can provide reassurance to your family that you are serious about wanting to use the Internet safely. It demonstrates to them and to the police that you are keen to change and to manage your Internet use.

Once installed on your computer, Securus scans the screen for inappropriate words or images. Anything considered inappropriate or concerning is recorded and actioned by our staff.

**Reassurance for you and your family**

"It strengthened my resolve and was an extra deterrent."

To see whether computer monitoring could help you and your family, call 01372 847160 and ask for our Internet Services Administrator.
Leaflet produced by Stop it Now! UK and Ireland (page4)

“Why did he do it? Is it an addiction?”

If someone you love has been looking at indecent images of children, you are probably feeling very alone and confused.

Call the Stop it Now! helpline

It can be distressing and bewildering to discover that someone close has been viewing indecent images of children. Our confidential helpline and email service are available to partners, relatives and friends who have been affected by a loved one’s Internet offending. Our staff can help you to work through the complex and difficult issues you are facing.

Partners have questions about what this type of offending means for their relationship and its implications for their family’s future. Those close to the offender may need to understand what led that person to offend in this way. You might have questions about the Criminal Justice process, or the involvement of Children’s Services if you have children.

Our staff are available to listen. Call the Stop it Now! helpline on 0808 1000 900.

Support for relationships

Some individuals, couples and family members who are trying to deal with the effects of Internet offending need to meet face-to-face with someone who can help them work through their issues.

We offer single sessions and short courses for individuals, couples, partners and adult family members.

Each one is designed for the specific needs of those involved. We aim to help couples begin to work through the emotional and practical consequences of Internet offending. By giving sound information and facilitating open communication, we assist them to begin to make plans for the future.

For more details, call 01372 847160 and ask for our Internet Services Administrator.

The Inform programme

Inform is a course for partners, relatives and friends of anyone who has been accessing indecent images of children online. It offers a safe space in which people who are struggling with the practical and emotional impact of Internet offending by someone close to them can bring their questions and anxieties and begin to explore them in a supportive environment. Each group consists of up to six members who meet for five weekly sessions. This is led by specialist LPP staff.

The course aims to dispel myths about Internet offending and provide you with facts. We explore questions such as ‘what made him do it?’ and ‘why didn’t he stop?’. We consider practical issues, including sentencing guidelines, how future Internet use can be managed and how potential risks might be recognised.

For course details, call 01372 847160 and ask for our Internet Services Administrator.
“Door anoniem te kunnen praten over mijn pedofilie heb ik mijn geaardheid onder controle”

Anonieme beller

Start het gesprek. Stop kindermisbruik.
Bel 0800 - ANONIEM of kijk op STOPITNOW.NL