

**Pan Bedfordshire Guidelines for
assessing children and families
affected by adults viewing
child sexual abuse images
on the Internet**

1. Introduction

1.1 This chapter has been developed to address the challenges posed by those using the internet and other information technologies to satisfy their sexual interest in children. It provides a framework for those working with families where a family member has accessed abusive materials. It also gives some guidance on the risks faced by children using the internet.

1.2 All agencies working with children and young people should address the safe use of the Internet in their own policies and procedures to ensure that all staff members are aware of when to be concerned and the action to be taken.

1.3 The aim is:

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

1.4 It is not intended to replace existing procedures and should be seen as complementary to the [Pan Bedfordshire Inter-agency Child Protection Procedures](#) and in particular chapter 3.7

1.5 Throughout this document an adult involved in viewing child sexual abuse images is referred to in the male gender, this is based on research that women commit sexual offences against children less often than men.

1.6 Various words or phrases are used in this document to best describe behaviours or features of sex and sexuality (e.g. sexual deviance, deviant material on the Internet, pornography) and are not intended to represent any value or moral judgements. Care has been taken to try and use suitable expressions that are likely to be widely understood, but inevitably these may be open to interpretation.

1.7 Its prime focus is on adult perpetrators. Young people who present sexually harmful behaviour require an approach that integrates their needs as young people with the harmful behaviour such as the AIM assessment model¹. Specialist advice should be sought regarding these circumstances.

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

Things to think about: It is important in this work to keep an open mind about the possibility that any offender who views child abusive images may also make them and/or at some stage be involved in contact abuse of children. When undertaking assessments in this area of work, social workers will be receiving and recording highly sensitive information. Usual protocols and guidelines about sharing information must be followed and the arrangements explained to parents and carers. Social workers will not be required to view any child sexual abuse images at any stage of an assessment.

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

2. Guidance for assessing where downloading child sexual abuse images is suspected

2.1 This guidance needs to be read in conjunction with the [Pan Bedfordshire Inter-agency Child Protection Procedures](#).

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

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

2.4 Please note: where a computer or other equipment has been seized by the Police it may take many months for this to be analysed and the results will not be known within the timeframe for completion of some Assessments.

2.5 Below are the categories for Image Assessment, effective from 1 April 2014 and replaced the previous levels 1 – 5.

A - Images involving penetrative sexual activity; images involving sexual activity with an animal or sadism.

B - Images involving non-penetrative sexual activity.

C - Other indecent images not falling within categories A or B.

Stage 1 – Initial Assessment

2.6 A Strategy Discussion and any Section 47 Enquiry and Assessment must carefully consider:

- Is there a child at immediate risk of Significant Harm e.g. the child in the image or a child in the household?
- What is the impact on the child in the image/in the household in terms of risks and their needs?
- Are there other children visiting the household? What is the impact on them?
- Is the child about to meet with the person inappropriately contacting them?
- Is the person accessing images or creating them in contact with children in their workplace?
- Is the person inappropriately contacting the child in contact with children in their workplace?
- Is the person accessing or creating images involved in voluntary work, youth work or any other activity involving positions of trust?
- Is the person inappropriately contacting the child involved in voluntary work, youth work or any other activity involving a position of trust?
- What is the timescale for a forensic investigation of any computer equipment?
- Does the person have a relevant offending history?
- If the person is to be investigated, how should their contact with children be managed in the meantime, in the workplace and/or at home?
- Should other Child Protection Procedures, such as the [Allegations and Concerns regarding Staff, Carers and Volunteers Working with Children and Young People](#) be triggered?
- Is the other parent or any other carer in the household able to protect the child? What support networks do they have?

- What are the implications of the likely delay in the criminal investigations?

2.7 All investigations should be jointly undertaken by experienced staff from Children's Services and the Police wherever possible.

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

2.9 Some key factors may determine the risk of significant harm at an early stage:

- previous history (known to Children's Services for abuse or neglect)
- previous contact abuse of other children
- images of own children
- the initial assessment of partner's capacity to protect indicates the children's welfare is likely to be significantly compromised
- absence of cooperation
- understanding concerns that own child may be at risk
- presence of risk factors associated with abuse or neglect
- known criminal lifestyle

2.10 If any of these risk factors are present, the meeting must consider whether the alleged offender should be asked to leave the home during the assessment or if not, how the risks will be managed, including the use of a written agreement. (See work by [Turnell & Essex](#) may be helpful expanding on this area)

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

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

2.13 Best practice is to conduct the Children's Services assessment on the day of arrest or referral.

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

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

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

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

Stage 2: Core Assessment

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

- Any information about the nature of the images (Levels A - C) age or gender of children?
- What is known about the source of the images – a commercial site, home-made images, news boards or chat rooms? Is there evidence of trading?
- What additional material was discovered at the property when the computer hard drive was taken away? E.g. disks, videos, printed out images, written material? Were they hidden?
- What other technology was present in the home e.g. web cam, digital camera, video camera, X-Box?
- If there are no children resident in the home, are there toys or child-centred objects?
- Is there any indication that children were present while the material was being viewed or that the material features children or adults known to the alleged perpetrator?
- Is there evidence of heavy alcohol use or disinhibiting drugs e.g. cannabis?
- Was adult pornography present as well as child abusive images? (Adult pornography material may or may not be illegal, but is likely to be relevant to the assessment).
- How does the alleged perpetrator initially present himself or herself? (If possible, explore the background history e.g. previous partners and children, significant life events)
- Is there any known previous relevant professional involvement?
- Is there any evidence of obsessive/compulsive behaviour in the alleged perpetrator?
- Is there a history of domestic abuse?
- How does the non-offending partner initially react to the situation?
- How do the children of the household present themselves and react to the situation?
- Who are the wider group of significant people in the lives of the children?
- Are there any initial indicators of abuse or neglect?
- Is there any prior criminal history?
- Do other agencies have any concerns?
- What are the protective factors in the situation?
- What are the characteristics of the daily family routines, particularly with regard to intimate care and bedtime routines?
- What social and community support is available to the family? Are they socially isolated?
- What contact does the alleged perpetrator have with children and young people beyond their immediate family? Consider the contact with the extended family and local community.
- Does the alleged perpetrator work in a capacity with children (including voluntary work)? If so refer to Local Authority Designated Officer.

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

2.20 Having gathered the information from the various sources, check the available material against the indicators in Appendix 3. These provide a comprehensive set of indicators which will help to determine whether:

- a non-abusing parent/carer is less able or more able to protect
- a couple's relationship is likely to increase or lower risk
- parenting styles increase or lower risk
- the child or children's circumstances increases or decreases their vulnerability

2.21 Both the passage of time and the assessment process itself will affect a parent's response. An important part of the assessment process is an assessment of the capacity to change.

Stage 3 – Reaching a Judgement on Risk

2.22 The first consideration of risk assessment is the type and degree of harm. Significant harm for the purpose of child protection intervention is defined in [Section 31 of the Children Act 1989](#).

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

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

b) **Analysis of information** – considering:

- **The severity of the known or believed harm.** **Severity** refers to the type and degree of harm that has been or is likely to be suffered and its impact on the child. It takes into account the pattern of past harm (as relevant) to the estimation of severity of any believed future harm.
- **The child's vulnerability to harm.** **Vulnerability** refers to factors relating to the age and aspects of the child or young person's development or functioning, as well as the opportunity for further exposure to harm or for protection and the parental capacity for change.
- **The likelihood of known or believed harm being repeated, continuing or cumulating.** **Likelihood** refers to those factors that increase the probability of harm, such as patterns of abuse or neglect towards the child or other children in the family, attachment and quality of relationships, attitudes of the parents to harm, and complicating factors.
- **The degree of safety for the child.** **Safety** refers to the capacity of a parent, other family members or significant adults to protect and care, the child's own capacity to gain protection (depending on their age and development) and the isolation of the family from support. Strengths are positive attributes in relationships, skills and personality. These attributes are considered as they act to support, enhance or develop capacity, motivation or competence to protect.

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

- What are the harm consequences for the child or young person? Are the harm consequences extreme, serious or concerning? and
- What are the factors that increase and decrease the probability of harm? Is the probability of harm highly likely, likely or unlikely?

The conclusion of the judgement will need to set out what the likely impact of the proposed intervention will be on the child, their family and significant others.

3. Guidance for the assessment of potentially protective carers

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

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

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

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

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

Style of intervention:

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

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

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

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

3.8 In subsequent interviews a more detailed background history/picture can be built-up:

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

3.9 The nature of their sexual relationships, "normal" or "ok" will not suffice because what's normal to them may not be considered safe practice in a house with children in it e.g. 'swinging' (partner swapping), accessible pornography and lack of appropriate boundaries. So, information about the nature of sexual interests and experiences in terms of gender, age, frequency, unusual practices that are actually or potentially harmful or humiliating (e.g. sadomasochistic sex, animal involvement) may all help establish relevant information.

3.10 Key qualities of a “good enough” protective parenting:

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

3.11 For information about understanding the behaviour of Internet offenders go to the **Stop it Now** website and [Working with Internet Offenders](#)

- **Assessing Risk:** this is not straight-forward. For research that explores the reconviction rates and discusses the cross-over with contact sexual offending see the [research](#) section.
- **Internet sexual offending harms children:** by accessing sexual images of children offenders are contributing to sexual abuse through creating demand for more images and through re-victimisation of the children in the images. You can read more about this in the [Images Are Children](#) module.
- **Offenders often minimise their behaviour:** offenders often say things like “*it’s only images*” and “*i’m not hurting anyone.*” Few relate their offending to a risk to children ‘in the real world’. While it is a natural process for people to minimise their behaviour or to justify their actions when they know they are doing something wrong and harmful, these kinds of thoughts are unhelpful. If you want some practical suggestions about ways to work with offenders around the justifications they use, then see the section [Images Are Children](#) in the self-help material. You might want to watch this short film about justifications too.
- **Understanding motivation for offending:** as with any form of sexual offending, offenders’ behaviour is usually about more than sexual gratification. Often it is the other motivating factors that are easier for offenders to acknowledge. There is further information about offenders’ motives in the [Family and Friends](#) section. To help explore motivation with offenders have a look at the [Understanding Why](#) module in the offender section.
- **Self-help materials:** professionals may want to use some of the exercises included in the [self-help material](#) in the offender section with people with whom they are working. The material covers the following areas:
 - Understanding offending behaviour
 - Problem of immediate gratification
 - Triggers
 - Taking responsibility
 - Images are children (Victim empathy)
 - Fantasy
 - Addiction

- Problematic collecting
- Online relationships
- Talking to others
- Recognising and dealing with feelings
- Self-esteem and assertiveness
- Problem solving
- Self-talk
- Relapse prevention
- Building a better life (Good Lives Model)

This self-help material will not offer comprehensive answers to the questions posed by someone's offending behaviour. But it is a good starting point and will help people explore their motivations and to start making responsible changes in their life.

4. Impact of internet offending on children

4.1 During the abuse

While it is convenient to think about photography as being separate from the actual abuse, for the majority of children this is not the case. Very often being photographed is PART OF the abuse; victims see the lasting photographic evidence as a continuation of the abuse they experienced.

“It is hard to describe what it feels like to know that at any moment, anywhere, someone is looking at pictures of me as a little girl being abused by my uncle and is getting some kind of sick enjoyment from it. It’s like I am being abused over and over and over again.”

Knowing that images of themselves are circulating on the web, and that strangers use these photographs for inappropriate sexual purposes, causes on-going victimisation for those children involved.

“When I was told how many people had viewed these images and videos, I thought my pulse would stop....[it] makes me feel like I’m raped by each and every one of them.”

Abuse can produce physical symptoms, such as urinary infections and soreness around the genitalia or anus, headaches and vomiting. Depression, tiredness, difficulties in concentrating and nightmares are also common in such children. It can also lead to other problems, such as the child behaving or talking in a sexual way, acting out or behaving aggressively, as well as impacting on their relationships with other children and adult relationships when they are older. You can find out more about the impact of sexual abuse [here](#).

“I am worried that when my friends are on the internet they are going to come across my pictures and it fills me with shame and embarrassment.”

4.2 During disclosure of what has happened

As with all forms of sexual abuse, children are reluctant to talk about what has happened. This may be very convenient for the adults involved but increases the chance that the child will have problems in the future, such as depression or being unable to form trusting or loving relationships with other adults. When the abuse is photographed, this seems to increase the child's fear of talking about what has happened. Disclosures when eventually made are often limited, with the

child only telling as much as they feel the person questioning them already knows. Feelings of shame, humiliation and helplessness are often accompanied by feelings of anxiety, with the child worried that the photograph may be viewed as evidence of co-operation on their part. The child may also feel that the fact that they were smiling may be seen as evidence that he or she was enjoying the experience.

“There is a lot I don’t remember, but now I can’t forget because the disgusting images of what he did to me are still out there on the internet.”

The long-term consequences of having been photographed can be more problematic than the short-term and can include:

- Intense bad feelings, such as a negative picture of themselves, long-term feelings of shame, hopelessness, an inability to feel anything or relate to anyone.
- A distressing awareness that even though the abuse has stopped, others may still be able to access their photographs and that there is nothing that they can do about it.
- Worry that the photographs may encourage the abuse of other children.

“Trust is a very hard thing for me and often people just make me uncomfortable. I had to quit a job had as a waitress because there was a guy who I thought was always staring at me. I couldn’t stop thinking, did he recognise me? Did he see my pictures somewhere? I was simply too uncomfortable to keep working there.”

“I am horrified by the thought that other children will probably be abused because of my pictures. Will someone show my pictures to other kids, like my uncle did to me, then tell them what to do? Will they see me and think its okay for them to do the same thing? Will some sick person see my picture and then get the idea to do the same thing to another little girl? These thoughts make me sad and scared.”

Quotes taken from statements by survivors Amy and Nicole after discovery that their abuse had led to the ‘Misty’ and ‘Vicki’ series of sexual abuse images.

(This section taken from the [Stop it Now website](#))

5. Interviews with children in contact with the alleged Perpetrator

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

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

- Children should be given information in an age-appropriate manner, agreed with the protective carer, about what is happening and about the social worker’s role.
- There may be a temptation to avoid discussing anything with the child because it seems too difficult. This will not be helpful in the long run. Children should be told something, but not everything and by saying a measured amount of information to children we will be opening up the opportunity for disclosure about past events and/or in the future. By not mentioning anything we run the risk of children feeling that they can't speak and they must keep quiet. They may also become confused/anxious that something is going on ... "I think I'm at risk of

something, but no one's telling me!" "Has daddy done something bad?" "Have I done something bad?"

- We have to be careful that we don't end up mirroring the possible secretive and deceptive behaviour of caring adults in these situations. Colluding with "let's keep it quiet" may lead to families continuing with codes of secrecy. It may also result in professionals being put under pressure to check everything out with the parents before their children are spoken with.
- This may have to include the reasons why the perpetrator is leaving home for a while.
- If there is a written agreement in place, consider whether the child needs to be informed and have information about what to do if the agreement is breached.
- They may have been present during the police search early in the morning and have become very anxious by it.
- They may know about "rude pictures" on the Internet - even at quite a young age.
- This may be part of the current common usage of the Internet by children and not associated with the adult viewing child sexual abuse images.
- Appropriate generic materials are available for helping children to express their wishes and feelings; what is happening in their lives; if anything is troubling them; assessing their knowledge about safe and not-safe touch; assessing signs of grooming or significant harm.
- Babies and very young children should be observed with the potentially protective carer – and with the alleged perpetrator if contact is continuing.
- Older children and young people should be offered time on their own with the practitioners.
- Depending on the age of the child, there should be a focus on safety planning.

6. Interviewing the alleged perpetrator and their partner

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

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

- What is the number of total hours that the individual spends on-line in any one week, and the proportion of this time that was spent in contact with others sexually interested in children or in downloading images?
- What has been the level of general disruption in their lives that being on-line has played, particularly in relation to work or real-life social relationship?
- Has there been a reduction (where appropriate) in sexual interest with their partner?
- Has there been emotional withdrawal from family members or friends?
- What are the person's existing social networks and levels of emotional support?
- What level of social isolation is present?
- Is there a preoccupation with accessing the Internet such that there are ongoing difficulties in concentrating?
- How many Internet media are being accessed (Web sites, chat rooms, e-mail, newsgroups)?

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

7. Implications for practitioners

Working with people who have sexually offended can be difficult and demanding. It can also have an impact on a practitioner's health and well-being. Practitioners may find working with sexual offenders they experience some of the following and/or more:

- Feelings of anger, frustration, disillusionment, depression, inadequacy and guilt
- Increased feelings of helplessness
- Sleep disturbance, increased alcohol/drug use, increased absenteeism.

For more information on the possible impact and advice on how to manage it please go to **Stop it Now** website and [Professionals' self-care](#).

8. Information and Research

Stop it Now website and [Working with Internet Offenders](#)

Government website for the [MAPPA Guidance 2014](#)

[Child sexual abuse images online and risk of contact child sexual abuse](#) By Dr Lauren Smith (Dec 2017)

[CPS - Indecent and Prohibited Images of Children](#)