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Helpline: Accessible help inviting active or potential paedophiles

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Abstract *Public reaction to paedophilic behaviour is generally one of outrage, fear and anger, followed by a desire for revenge or punishment. The reaction from the paedophile is frequently one of withdrawal, denial, fear, secrecy and isolation. This may inadvertently be responsible for further victims by inhibiting requests for treatment. In the summer of 2000, a helpline was established in the northwest of England aimed at encouraging offending paedophiles, and those with the disposition to offend, to seek help and advice. This paper will assess responses to this invitation by reviewing the nature of these calls over an 18-month period.*

Keywords *Helpline; paedophile; abuse cycle; treatment access*

Public response to the paedophile

The image of the paedophile as an isolated, odd, monstrous deviant is a frequently promoted myth. The reality is that paedophilic behaviour frequently occurs in the family home and many paedophiles are engaged in "acceptable" professions. The public perception of the paedophile is constructed from media descriptions that utilize such words as "evil", "monster", "uncontrollable" or "animalistic". This does not encourage reflection on the problem, but serves to fuel public fear. Fear can turn to anger; and anger to rage and a demand for revenge, punishment and incarceration to stabilize the escalating fear. However, incarceration is not always an option. Disposal of the sex offender by the criminal court can vary from a caution to a custodial sentence and treatment is not necessarily a recommendation. Even when a custodial sentence is the decision of the court, it may be a relatively short sentence and therefore access to a prison treatment programme is unlikely. Furthermore, paedophiles who complete a custodial sentence without treatment may assume that they have "paid the price", while the public believes that a prison sentence, as a punishment, controls the problem or resolves it. Not so. For the paedophile it can reinforce the coping strategies of withdrawal, denial and secrecy, promote avoidance of responsibility for treatment, or evoke a naïve sense of safety. For an untreated paedophile and potential recidivist, and those potential paedophiles on the edge of abusing, a helpline may be the only accessible service available to halt the process leading to abuse when deviant arousal is triggered.

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Consideration must also be given to the offender or potential offender who has not yet disclosed his disposition. The number of offenders presenting themselves for treatment may be affected by a fear of criticism or punishment. To reduce this fear would require an alteration in the attitude of the general public and an understanding that this disposition can often be successfully managed. Consequently, access to the potential paedophile is rare without their disclosure prior to apprehension and we are denied the opportunity to attend to those attitudes and beliefs that may progress to abuse.

Professional responsibility to the public and the clients

Are we inadvertently discriminating against this client by limiting access to treatment? The National Service Framework (1999) is a government publication that addresses the mental health needs of working-age adults up to the age of 65 and encompasses all aspects of mental health, from mental health promotion to continuing care. One of the National Service Framework milestones documented in *Standard One* (Mental Health Promotion) is to combat discrimination and social exclusion of people with mental health problems. *Standards Two and Three* (Primary Care and Access to Services) suggest that any service user (in this case the paedophile) with access to the primary health care team should have access to assessment and effective treatment, including referral to specialist agencies. *Standard Three* suggests that any individual with a mental health problem should be given access to a specialist helpline or local services. Government policies highlight these priorities and clinical management must provide access to those services.

MFPS Community-based sex offender treatment programme

The Mersey Forensic Psychology Service (MFPS) has provided a community-based treatment programme for paedophiles since 1985. Recent government directives, related to the accessibility of specialist services for professionals as well as the public, have promoted the development of innovative aspects of the treatment programme. This includes a helpline for paedophiles, initiated in 2000. Figure 1 is a diagrammatic representation of the current sub-groups of the treatment programme.

- *Level 1* is an offence-focussed, introductory treatment programme.
- *Level 2* is the long-term group treatment programme where the focus is one of self-analysis and self-development. Level 1 and Level 2 utilize the Paraprofessional (treated sex offender) in the treatment of paedophiles (Hossack, 1999).
- *The non-offending partners programme* comprises women only, who have decided to accept the paedophile's return home. It provides both a support network and awareness of the nature of paedophilic behaviour. The objective is to improve the partner's ability to supervise the paedophile in the vicinity of the child(ren).
- *The maintenance and relapse prevention group programme* is primarily aimed at those individuals who have successfully completed a treatment programme and have voluntarily decided to maintain support links with the department.
- *The holding group* provides monthly contact with the department and is aimed at maintaining motivation in those waiting for a place on the treatment programme.

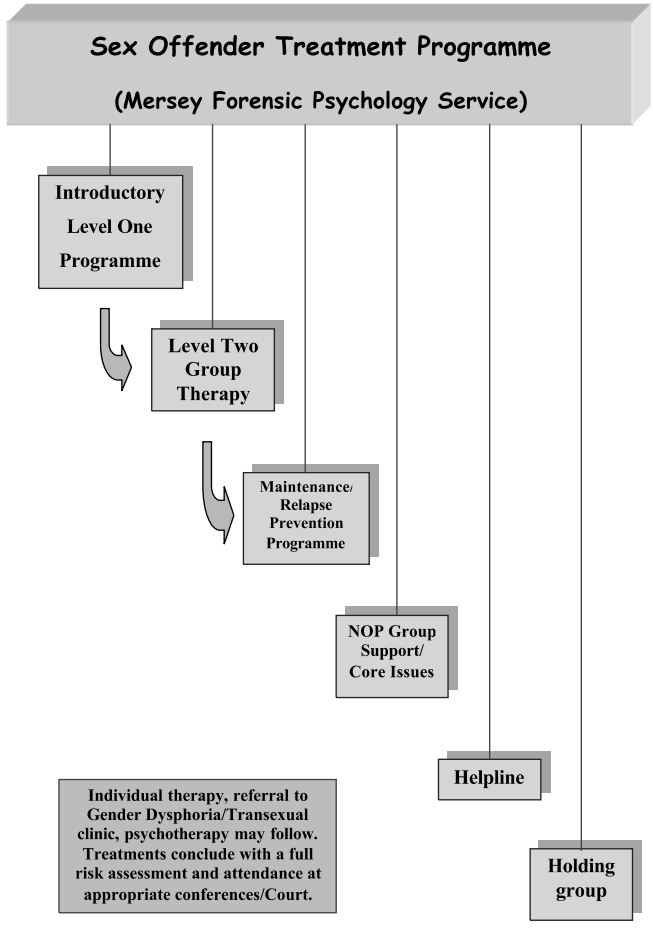

FIGURE 1. *MFPS Community Sex Offender Treatment Programme.*

Development of a helpline for paedophiles

Many paedophiles referred for treatment maintain that they were unable to find appropriate help on realizing they were "losing control", but were adamant that they would have self-referred if a service had been available. Although we can be cynical about the wisdom of "insight gained from hindsight", the reality is that sex offender treatment in the UK is more easily accessible following a guilty verdict by the criminal court. Referrals can then made to criminal justice agencies such as the Prison Service or the Probation Service. Unfortunately, there is limited access to this specialized area of treatment for the potential offender, i.e., those who have been cautioned or have completed treatment and are experiencing anxiety about relapse. The private sector is one path to treatment but this can be costly and funding must be found. A further complication is the fear of reprisals if they were to approach their general medical practitioner and request help.

An audit of referrals to MFPS from 1999 to 2001 revealed 83 requests for treatment or assessment of paedophiles. The majority of the individuals referred had previously refused or had not been offered treatment but were now requesting contact or residence with children. Figure 2 shows the proportion referred from each agency as well as self-referrals. Here, 91.6% were directed for treatment and only 8.4% had voluntarily sought help.

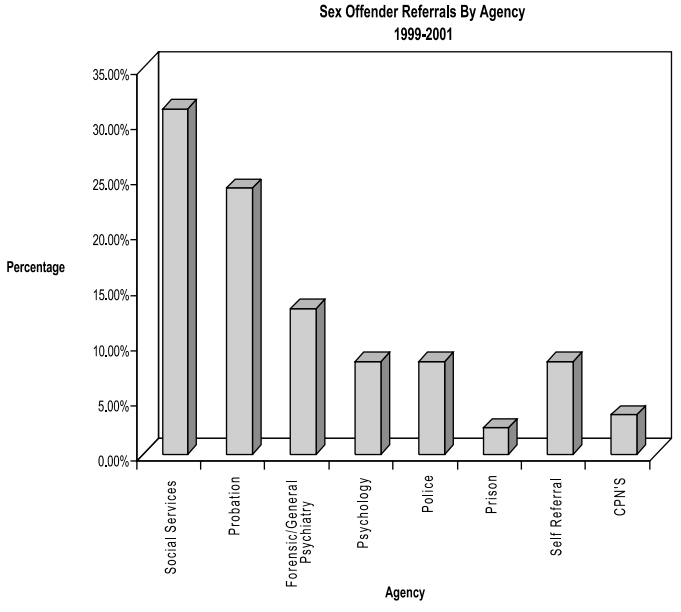

FIGURE 2. *Sex offender referrals by agency 2000–2001.*

A reduction in the number of victims is the primary concern of any treatment service. Consequently, continuous service improvements that include novel and creative practices must be evaluated and developed in the interest of public protection. This is especially relevant given an increase in reporting of sexual abuse over the past 20 years. Creighton and Noyes (1989) confirmed that the incidence of childhood sexual abuse increased by 800% between 1983 and 1987. In 1991 the Department of Health reported that children under 18 years of age, suffered abuse at a rate of 0.55 per 1000.

Research also highlights a substantial trans-generational victim to victimizer cycle. Pithers et al. (1988) and Seghorn et al., (1997) highlight a rate of 56–57% of child molesters and paedophiles reporting adverse sexual experiences as a child compared to 15–20% of rapists. Glasser et al. (2001) document that 59% of victims in their study were also perpetrators. Rasmussen, Burton, and Christopherson (1992) suggest that this may occur as a result of the sexually victimized child identifying with his or her aggressor and displaying assaulting behaviour his or herself. Breer (1987) suggests that sexually abusive behaviour may be an attempt to recreate past trauma and victimizing experiences in ways that attempt to develop mastery and control over the associated feelings.

In 1999, in an attempt to improve access to sex offender treatment services in the northwest of England, advice was sought from *Stop it Now*, a relatively new public media and outreach programme in Vermont, USA, which challenges adults to confront their deviant behaviour and is aimed at reaching potential sex offenders. *Stop it Now* opened in September 1995, advertising through television, feature articles, radio, public service announcements, bus advertisements and opinion pieces in the local newspapers. It provides legal advice to those who disclose abuse. In the first year more than 100 calls were received and 5 callers referred themselves to the Legal authority.

In the summer of 2000, *CHANGE* helpline was opened in Merseyside, England. The word, *CHANGE*, is an acronym for ***C***onfidential ***H***elpline ***A***imed at ***N***on-judgemental

Guidance and ***E***ducation. Over a period of six months, an advertising campaign informed statutory agencies in Merseyside and Cheshire by mail, fax and telephone of the new service. Presentations to local medical practitioners, prisons and social services were arranged and contact made with related services including Childline, the Samaritans, local counselling services and the regional probation service. Information disseminated included a background of the aims and objectives of the treatment service for paedophiles and a "helpline" card providing a contact telephone number. Over a period of 18 months, calls began to trickle in. Figure 3 provides an analysis of the calls, which are discussed below.

Analysis of helpline calls

1. *Abusing past, present or about to*: A total of 37 calls were received between July 2000 and December 2001, an average of 2 a month. Almost 31% were high-risk callers who described a serious intention to abuse, had abused, or were currently abusing sex offenders but requesting help.
2. *Criminal justice agencies and professional services*: Although the helpline was originally dedicated to those experiencing deviant sexual thoughts and/or behaviour, 19% of all calls were made by statutory services seeking appropriate help or advice for their clients. Frequently, this resulted in a formal referral for treatment from the probation service, police, prison, social services, and general psychiatry.
3. *Partner/paedophiles known to the service*: Unexpected was the 29% of calls received from clients in treatment who were experiencing problems that they were too self - conscious to discuss in a group forum. Calls also were received from non-offending partners of paedophiles in treatment, requesting information. Such calls could be time-consuming, but were productive in supporting the family and motivating both the partner and offender to continue contact with the service.
4. *Not answered when spoken to or wrong number*: A small percentage of calls were apparently wrong numbers or did not speak (10.8% and 10.8% respectively).

Figure 4 represents the nature of the calls. Overall, callers who engaged were felt to be sincere, very anxious, sometimes self-pitying, sometimes angry but usually fearful of the

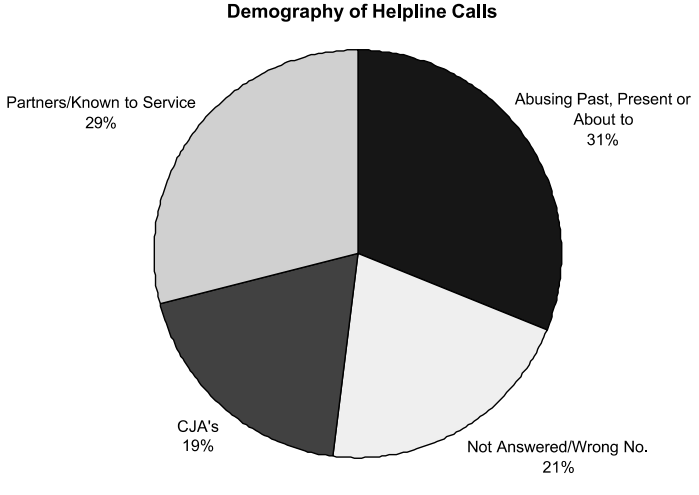

FIGURE 3. *Demography of helpline calls.*

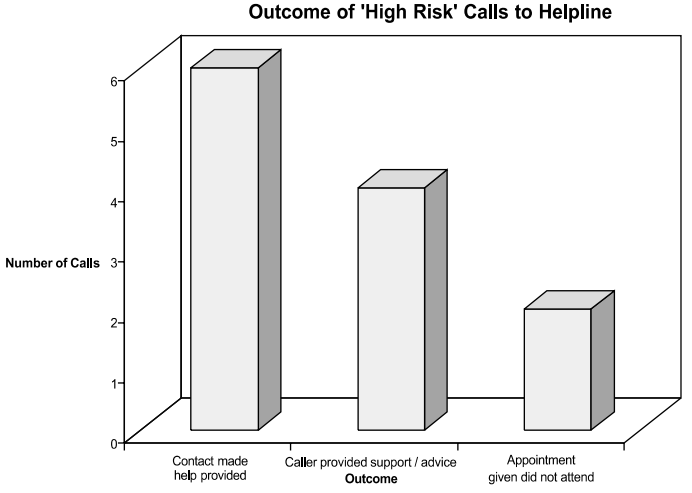

FIGURE 4. *Outcome of "high-risk" calls to helpline.*

consequences of disclosure. Most callers described feeling afflicted by the desire to abuse and fear their inability to control arousal. The helpline service at MFPS provides a "paraprofessional" input. He is a treated sex offender who has become a voluntary treatment co-facilitator. The caller who wishes to engage with the service will be offered a supportive meeting along the lines of advocacy, with a clinical psychologist and paraprofessional. Some callers accept and receive help, some require verbal advice only, some do not attend arranged meetings.

As expected, most calls were from men. There were no calls were received from female paedophiles or potential paedophiles. Women who did contact the service were either professionals requiring service information or partners of paedophiles requiring information about treatment or support for themselves. The male callers were either men in treatment or men wanting information about treatment.

Surprisingly, there were an equal number of calls from outside the central helpline region, with callers from adjoining regions of North Wales, Lancashire, Greater Manchester and Cheshire.

An unexpected development was the ease with which 60% of callers gave their name and some their address having requested information to be sent. Those that did give an address or attend an appointment often claimed that they were experiencing inappropriate and sexually deviant thoughts but denied that they had actually abused. Two of the female callers gave their names and disclosed that they were partners of paedophiles who required help.

Over 80% of callers admitted ongoing abuse or abusing in the past. A small proportion of those callers admitted that their deviant thoughts began in early adolescence and have continued since. This disposition was highlighted by the research of Abel et al. (1987), where 42% of their study admitted that their sexual offending began by the age of 14 and 57% by the age of 19 years, suggesting that 99% of their study had began abusing by 19 years of age.

Four callers admitted their sexually deviant behaviour was focussed within the family with no evidence of outside interest. Three callers admitted deviant sexual interest only outside of the family, in the workplace, and one caller admitted sexually deviant interest in almost any child under 14 years of age.

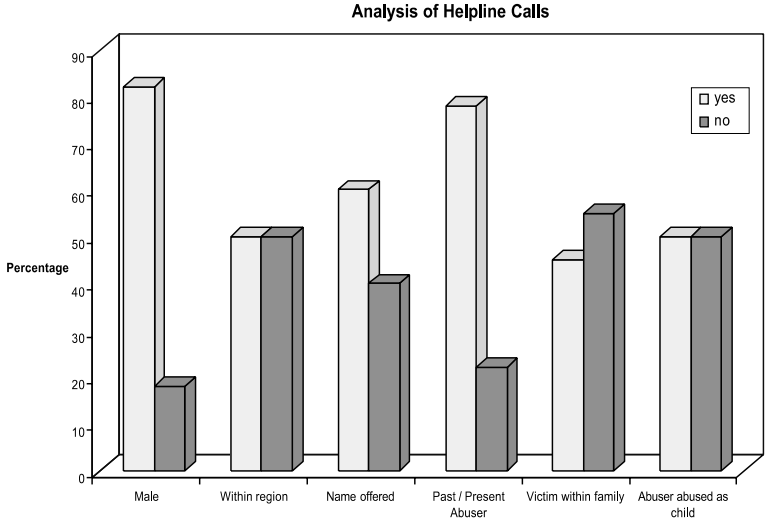

FIGURE 5. *Analysis of helpline calls.*

Two callers disclosed being sexually abused as a child and 50% of the callers admitted to being physically and/or emotionally abused as children, with residual feelings of resentment and anger. Figure 5 offers a general analysis of the helpline calls.

Response to the helpline callers

Once the problem is disclosed, efforts are made to engage the caller with the Psychology department and/or other agencies such as drug and alcohol services.

One of the potential inhibitors of disclosure and identification is a service requirement to inform the caller that if a victim or potential victim is identified, then there is a statutory responsibility for protection of the public and that this information will be revealed to the appropriate agencies, commonly the Police. The caller is offered support whether they do or do not disclose. There have been three occasions when the authorities have been contacted.

Although the helpline service was primarily aimed at potential or ongoing abuse, secondary gains developed: as an advice line to related professional agencies; as a backup support service for individuals in treatment or their partners; and as support for those individuals waiting for treatment.

Discussion

Thirty-seven calls were received over an 18-month period between 2000 and 2001. The actual number of calls from those individuals who were offending or about to offend was much lower (approximately 30% of calls). Research, however, has demonstrated that a single individual with paedophilic intent can abuse a substantial number of victims. The low number of paedophilic disclosures on the helpline must account for this in terms of dangerousness when evaluating the effectiveness of the helpline service. Overall, 10 callers who had made contact with MFPS, engaged in therapy aimed at preventing sexual abuse. The secondary gain for the helpline was the development of an advisory service to partners of paedophiles and other agencies involved in the treatment and assessment of paedophiles.

Stop it Now (USA) provided a follow-up treatment service for 5% of contacts in a year. MFPS helped 27% (10 of 37) of callers new to the service to commence therapy over an 18-month period.

Formal referrals requesting assessment or treatment of paedophiles are received several times a week and generally relate to those individuals who have progressed through the criminal justice system. The helpline, however, is aimed at attracting callers who are unknown potential or practicing paedophiles. As advertising stands, the number of responses by the paedophile may not be a true reflection of the existence of the problem. The limited advertising is presumably linked with the low number of calls and therefore we must consider that we are not reaching the intended individuals. In terms of public protection, this is an important issue. Research has concluded that treatment can substantially reduce recidivism (Marshall & Barbaree, 1988)

The low number of helpline calls raises for consideration the possible benefit of expanding the advertising programme and providing the general public with access to this service as an information line. This may provide the opportunity to involve and educate the public whilst attracting calls from the paedophile. However, this is an enormous project that would benefit from the development of a nationally coordinated service with nationally agreed standards, training and protocols. This paper is raising the issues for future discussion, as there is limited space here.

The National Service Framework (NSF) highlights the need to make available and accessible psychological therapies. It does not specify treatment for paedophiles, but this form of deviant behaviour can create serious mental health problems, both for the victim and the perpetrator, and therefore therapeutic help must be accessible. The helpline is capable of reaching an isolated group of people who, in normal circumstances, would be unlikely to put themselves forward for help.

Further research into the benefits of the helpline service is to be undertaken during 2003. During 2002, an increasing number of clients on a waiting list for treatment, who had been given helpline cards, contacted *CHANGE* for support.

Story of Joseph

Joseph was a 52-year-old married man who had been successfully self-employed for 21 years. He had a 25-year-old son. When he contacted the helpline in 2001, he gave his Christian name only and disclosed his sexual attraction to children, which had begun during adolescence. He maintained that he had never had sexual contact with a child or had been inappropriately attracted to his son. He was a very religious man, whose faith had apparently prevented him offending. Joseph had taken early semi-retirement at 50 years of age, handing the business over to his son. This left him with a lot of spare time. He began to explore the internet and eventually accessed a site that provided pornographic images of children. Having a strong religious and social conscience, he developed conflicting feelings of guilt and excitement at his arousal. Alcohol reduced the conflict. Over the next two years, he sent and received pornographic images of children via the internet. He admitted becoming addicted to the images. When he eventually contacted the helpline, he expressed concern that he was loosing control of his deviant arousal. Using the helpline as a support and advice service, he maintained that he was able to wean himself off the images over the following months.

In the summer of 2002, Joseph sent his computer for repair. Pornographic images were found and the Police informed. He was charged by the Police, who encouraged him to phone the helpline for support, although they were unaware of his previous contact. When the Police

interviewed his family and employees about his offending behaviour, his symptoms of anxiety and depression escalated. When he re-engaged with the helpline, he described suicidal ideations. The helpline operator received several calls and made an assessment of Joseph's psychological needs, which included the effect of his childhood neglect and sexual abuse. It was concluded by the clinical team that Joseph's future needs must include more than offence-focussed issues.

Joseph requested a meeting with the helpline operator, a paraprofessional and member of the Psychology Department. Given that it would be three months until his court appearance, weekly support meetings were arranged. A brief report of his contact with the helpline and an opinion of his clinical needs were provided to the probation officer involved. On the day of his court appearance, Joseph visited the department expressing disappointment in himself, humiliation for his family and fear for the future. He received a three-year probation order with a condition of treatment to include therapy from Mersey Forensic Psychology Service for his childhood traumatization and addiction to child pornography. Joseph attended monthly for a support interview and his treatment began in May 2003. He continues to utilize the helpline for advice

Joseph described the main benefit of the helpline as knowing that contact did not require "preparatory ground", i.e., it overcame the humiliation of explaining the problem to the helpline operator who would be aware of the nature of his call. He felt that there would be less likelihood of criticism, which stabilized his anxiety. This was the first time he had disclosed his sexual attraction to children and traumatic childhood. He maintained that continued contact with the helpline would have engaged him in a treatment programme, but he was charged before he made this decision. Nevertheless, the support the helpline offered prior to being charged stabilized his anxiety during the legal processing of the case. Without this he may have retreated into denial.

Summary and conclusion

In conclusion, there are many services in the UK, both voluntary and statutory, that can be accessed to provide non-judgmental support for victims of abuse, be it physical, emotional or sexual. However, there are few accessible community programmes offering support, education and treatment outside of prison, probation or the private sector for people with paedophilic interests. What may be inhibiting the paedophile's motivation for treatment is the attitude of the media and the public to this type of criminal behaviour, which can include extreme denouncement. Media attitude and public reaction have developed an expectancy of criticism, humiliation and punishment. Fortunately, research has consistently demonstrated that a significant number of people with paedophilic behaviour or interest have successfully completed a treatment programme and do not re-present as paedophilic offenders. Successful treatment is able to develop self-awareness, reduce objectification of the victim, develop victim empathy and an understanding of the victim's experience and evolve an ability to self-manage and self-police.

The existence of a pro-social attitude to treatment by the media may be beneficial in encouraging people with a paedophilic disposition to access help. This is difficult given the current public attitude and beliefs about sex offenders. However, reticence will not progress the situation. Anger and resentment stem from ignorance of the problem and a lack of understanding of the potential for successful treatment.

In summary, this is a very contentious area for public debate, with heightened emotional responses expected. However, the problem of sexual abuse is not diminishing and there are no

realistic alternatives to treatment. Without access to a treatment programme, where personal responsibility and motivation to self manage inappropriate behaviour can be developed, the potential for recidivistic paedophilia will remain high. A helpline may be the first step in offering an accessible community link to those individuals who are commonly referred only when found guilty of sexual abuse by the criminal justice system.

Acknowledgements

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