

Delivering an intervention to a young person minimising his harmful sexual behaviour – a practice case study

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ABSTRACT

Young perpetrators of harmful sexual behaviour (HSB) often minimise the severity of their offending. Whilst there have been mixed findings, the most recent literature suggests offence-specific minimisation increases the risk of sexual recidivism in high risk sexual offenders. The presented case study summarises the authors' engagement with a 17-year-old perpetrator of internet-related HSB (arrested for possessing and distributing thousands of indecent photographs of children) who was minimising the severity of his offending. The client engaged in a six session intervention which was adapted from two HSB manuals. This involved exploring minimisation, perspective taking and HSB consequences. To assist the formulation process and evaluate the effectiveness of the intervention, the Internet Behaviour and Attitudes Questionnaire was administered and an unstructured interview facilitated. Whilst the IBAQ revealed a slight increase in minimisation, the interview demonstrated developments in the client's insight into his offending. Implications for future research and practice development are discussed.

Harmful sexual behaviour in young people

Harmful sexual behaviour Society predominantly considers adults as the perpetrators of sexual abuse against children (Hackett, Phillips, Masson, & Balfe, 2013). However, it is estimated that 25% of convicted harmful sexual behaviour (HSB) cases are perpetrated by

young people aged 10–17 years (Hackett, 2014; Lovell, 2002; Vizard, 2006). HSB, along with a plethora of other phrases, refers to contact and non-contact harmful sexual activity, the distinguishing feature of which being the involvement or absence of touch. Specifically, contact HSB refers to forcing or enticing another person to engage in penetrative or non-penetrative sexual activity, whereas non-contact HSB refers to behaviour not involving touch, such as distributing indecent photographs of children or indecent exposure (Sanderson, 2006).

Young perpetrators of HSB

Young perpetrators of HSB form a homogenous group whereby no single pathway leads to offending (Almond, Canter, & Salfati, 2006; Hackett et al., 2013). Despite this, shared characteristics are evident as HSB perpetrators are primarily males whom have experienced multiple difficulties within their families, such as poor sexual boundaries and inconsistent parenting (Bladon, Vizard, French, & Tranah, 2005; Vizard, Hickey, French, & McCrory, 2007). However, studies within this field often fail to include non-contact HSB cases (e.g. internet related HSB). This raises concerns regarding the generalisability of findings, for instance, Moultrie (2006) investigated the characteristics of non-contact HSB perpetrators and revealed few of them have experienced family difficulties when compared to contact HSB perpetrators.

Denial and minimisation of HSB

The literature on offending frequently adopts the term “cognitive distortions” to describe perpetrators’ denial, minimisation, justifications and attitudes towards their offending (Mann, Webster, Wakeling, & Marshall, 2007; Maruna & Mann, 2006). However, there remains uncertainty regarding the role these cognitive distortions play in offending (Maruna & Mann, 2006). Specifically, some researchers suggest they are consciously adopted after the commission of an offence, to alleviate feelings of guilt and remorse, whilst others suggest

they are unconsciously adopted prior to the offence, to eliminate internal inhibitions (Abel et al., 1989; Finkelhor, 1984).

According to Erooga and Masson (2006), young perpetrators of HSB often place themselves on a continuum of denial and minimisation following the commission of their offending. This ranges from complete denial, to denial of responsibility, to minimising the harm and/or severity of their offending (Erooga & Masson, 2006). Whilst denying and minimising HSB can indicate that an individual recognises their behaviour as wrongful, it can act as an internal barrier for desisting reoffending and seeking appropriate support (Hanson & Morton-Bourgon, 2004; Van Horn et al., 2015).

Whilst previous systematic literature reviews have suggested minimisation is not predictive of sexual recidivism (e.g. Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2004), more recent literature has indicated otherwise. Specifically, Langton et al. (2008), identified a link between offence specific minimisation and sexual recidivism in high risk sexual offenders. When discussing their findings, Langton et al. (2008) suggest the studies comprising the previous reviews suffer from methodological limitations due to the studies operationalising denial and minimisation using dichotomous variables (i.e. denial/admitter) despite the complexity of these concepts. Langton et al. (2008) therefore utilised continuous scales in their exploration. Given these findings, interventions exploring minimisation in high risk offenders could be important to reduce the risk of recidivism.

Internet related HSB

With the advancement of internet accessibility, internet-related HSB has increased in frequency (Moultrie, 2006). This includes offences such as producing, possessing and distributing indecent photographs of children (Protection of Children Act, 1978). In April 2014, the Sentencing Council in England and Wales classified indecent photographs of children into three categories: A, B and C. The most severe category, category A, refers to

photographs involving penetrative sexual activity and/or sexual activity with an animal or sadism (Sentencing Council, 2016). Although prevalence rates of internet-related HSB in young people remains unknown due to statistics failing to differentiate between young people and adults (Gillespie, 2008), numerous outpatient services have opened to support young perpetrators of HSB (Moultrie, 2006).

Interventions for internet related HSB

At the time of writing, no intervention manual has been developed specifically for young perpetrators of internet-related HSB. Instead, professionals are referred to intervention manuals that explore HSB as a whole. This includes the Change for Good manual (McCrory, 2009) and the Assessment Intervention and Moving On manual (AIM; O'Callaghan, Print, & Quayle, 2005). Professionals are also referred to the aforementioned manuals from the internet Assessment Intervention and Moving on manual (iAIM; Swann, 2009), which is an assessment tool developed specifically for young perpetrators of non-contact HSB.

Within the AIM and Change for Good manuals, the authors recommend the exploration of similar topics and provide session by session guides. This includes recommendations to explore minimisation, responsibility taking and the consequences of HSB (McCrory, 2009; O'Callaghan et al., 2005). However, uncertainty remains regarding the effectiveness of these manuals for reducing offence specific minimisation and also reducing the risk of sexual recidivism.

Method

The present study adopted a single case study methodology. Whilst this limits the generalisability of the paper, it reflects the exploratory nature of work in this area. This approach also enhances the paper's utility for practitioners in this field due to its comprehensive summary of the process involved in assessing, formulating and facilitating an intervention in this area. This is the main feature of the presented paper.

Referral

Client

The client was a 17 year old male, just two months away from becoming 18, with above average intelligence. He was arrested aged 15, for possessing and distributing over 9000 indecent photographs of children (category A-C). Due to concerns the client was groomed, he was referred to an outpatient HSB team instead of receiving a conviction. During the client's engagement with the team, his victimisation, which involved sending a naked photograph of himself in exchange for indecent photographs of children, was explored. This involved exploring the client's feelings towards his victimisation as well as his processing of the experience.

The client also engaged in work around his motivation for offending, his sexual attraction towards children and his understanding of sexual boundaries. This was achieved through discussions with the client and utilising the AIM and Change for Good manuals. However, after engaging with this team for a year the client disclosed that he had continued to access indecent photographs of children. This led to a second arrest but no conviction was given as it was not considered to be in the public's interest. However, the client then stole a mobile phone from his workplace and received a nine month referral order. During this time, the client moved in with his father. For those unfamiliar with the referral order concept, this refers to a process whereby young offenders who plead guilty for an offence are allocated a team of community members to support the young offender to engage in reparation and/or restitution.

Reason for referral

The HSB team raised concerns the client was minimising the severity of his HSB and suggested that based on clinical judgement, this client was at "high risk" of reoffending. This stemmed from the client dismissing the possible implications of his offending. The client also

felt at ease disclosing his HSB to peers and acquaintances as he believed everyone would understand. Consequently, the client was referred to the author, a new addition to the HSB team, to explore his perceptions towards his HSB and evaluate whether an intervention was necessary.

Assessment phase

Although a comprehensive assessment had been completed by the HSB team, a further assessment, albeit shorter, was considered important to explore the client's perceptions towards his HSB. This involved multiple assessment methods and a funnel approach to enhance the comprehensiveness of the formulation and enable the narrowing of focus (Dobson & Dobson, 2009; Persons, 2012). A meeting with the team was held first.

HSB team meeting

The author met with the HSB team to enhance insight into the client and his family. During this meeting, the team's Psychologist highlighted concerns the client had developed a dismissive-avoidant attachment style with his parents due to their focus on careers and emotional detachment. This attachment style potentially impacted upon his engagement with the team in terms of being hesitant in disclosing thoughts and feelings, and perpetuating his minimisation by helping him ignore the feelings associated with this offending. The team also discussed the client being bought a mobile phone by his father to celebrate gaining bail for his HSB. This was despite multiagency agreements for the client not to possess internet accessible devices. During this discussion, it was questioned whether the father was similarly minimising the severity of the client's HSB and was as such, unable to recognise the importance of following the implemented supervision. If this was the case then the client's minimisation may be further reinforced. Discussions were also held regarding the parents' perceptions that the client's HSB was exploratory behaviour, and regarding the client's intellectualisation of topics within therapeutic sessions. Regarding the latter, this refers to the client utilising theoretical, psychological knowledge during therapeutic sessions;

knowledge he gained through completing Advanced Subsidiary Levels (ASLevels) in Psychology and Criminology. For example, the client would describe his emotions using technical terminology (learned via a topic on emotions). For readers from outside the United Kingdom (UK), AS Levels refer to qualifications that students complete in the UK following completion of school. This tends to occur when aged 16–17 years old.

File review

A file review was completed which entailed reviewing the client's previous assessments, police interview transcripts and progress notes. This revealed concerns of low self-esteem, previous suicidal ideation and a poor understanding of the potential impact his HSB could have on his future. The reports also stated the client disclosed his HSB to a prospective girlfriend in an attempt to "prove his worth". This was in terms of proving he was an honest person.

Client interview

The client was interviewed by the author for two hours to gain insight into his perceptions towards his HSB. During the interview the client discussed his communication with online paedophiles when he was 12 years old. This involved seeking advice about his sexual attraction towards younger boys which resulted in receiving reassurance and indecent photographs of children. The client's experience of sexual victimisation and the associated work completed with the HSB team was then explored. This revealed the client to possess insight into his victimisation. The client then discussed his distant relationship with his parents and how he felt unable to express his feelings to them when he was a young child, and now. This was due to concerns regarding his father's emotional volatility, following an acquired brain injury when the client was eight years old, and due to his mother's concern about blurring professional boundaries as a result of her counselling profession, which she commenced when the client was nine. As a result, the client discussed dismissing his thoughts and feelings during difficult times. When discussing the client's HSB, he reported

his offending would not have caused anyone distress and believed it was not serious as the police only convicted him when he stole a mobile phone. This was despite the client's above average intelligence. During this discussion, the client appeared emotionally detached and made attempts to intellectualise the conversation. The client also described his HSB as exploratory behaviour.

Table 1 about here

Psychometric assessments

Three psychometric assessments were administered to the client: the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965), the Interpersonal Reactivity Index (IRI – Davis, 1980), and the Internet Behaviours and Attitudes Questionnaire (IBAQ; O'Brien & Webster, 2007). Whilst these assessments were developed for adults, it was felt that given the client's nearness to adulthood and above average intelligence, his completion of these measures was appropriate. A summary of the psychometric properties and items comprising these questionnaires, in addition to the client's score, have been summarised in Table 1.

RSE and IRI

In terms of the reasons for administration, the RSE was administered to assess the client's current level of self-esteem. This was due to the role low self-esteem can play in enhancing minimisation in perpetrators (Marshall, Marshall, Serran, & O'Brien, 2009). The IRI, on the other hand, was administered to evaluate the client's ability to empathise with others and his ability to perspective take. Given the possible nature of the intervention work (i.e. considering the victims' perspective), being aware of problems with perspective taking was considered important.

IBAQ

Whilst the RSE and IRI were utilised to identify factors which might influence the client's offence specific minimisation, the IBAQ was utilised to inform treatment targets and to

measure the presence of change if an intervention was facilitated. Specifically, the IBAQ measures attitudes relating to indecent photographs of children, which includes items measuring offence-specific minimisation. As the anticipated intervention was to explore the client's minimisation towards online sexual offending, this inventory was considered an appropriate measure. It is of note that whilst the IBAQ has two scales (one measuring attitudes and one measuring internet behaviour), only the attitude scale was facilitated to reflect the intervention's focus upon attitudes.

Results of the psychometric assessments (prior to intervention)

The responses on the psychometric assessments revealed the client had lower than average self-esteem levels for his age. In contrast, the IRI identified the client had a higher than average ability to empathise with others. This finding was supported by the client discussing his attempts to consider others' thoughts and feelings. In terms of the IBAQ, the client appeared to endorse some attitudes supportive of viewing indecent photographs of children, and appeared to also engage in some offence-specific minimisation.

Due to only administering one of the IBAQ's two scales, it was not possible to evaluate whether the client endorsed more/less attitudes supportive of internet-related HSB than average as no normative data was available for this single scale. Specifically, normative data was only available for the two scales (attitudes and behaviour) combined. Despite this, the client achieved a score of 64 for the attitude scale which was the equivalent average score for perpetrators who completed both scales of the IBAQ. Consequently, it seems likely the client endorsed more attitudes supportive of internet-related HSB than similar perpetrators. Following the completion of these psychometric assessments, the formulation process began.

Formulation

A formulation was developed using the “5P framework” to clarify the HSB team’s understanding of the client and identify treatment targets (Corrie & Lane, 2010). This involved exploring the client’s Presenting problem, Predisposing factors, Perpetuating factors, Precipitating factors and Protective factors. Drawing from several theoretical approaches, including Attachment Theory (Ainsworth & Bell, 1970) and Finkelhor’s Precondition Model (1984), the formulation was developed collaboratively with the client. A diagrammatic version of the formulation is presented in Figure 1.

Figure 1 about here.

Presenting problem

The client was referred to the author due to concerns he was minimising the severity of his HSB. These concerns were supported by the assessment phase as the client foresaw few consequences of his HSB, perceived his offending as exploratory behaviour and reported no qualms disclosing his HSB to others.

Predisposing factors

At 12 years old the client communicated with online paedophiles to seek advice about his sexual attraction towards younger boys. This led to reassurances that this attraction was normal and the receipt of multiple indecent photographs of children. The client was thus introduced to normalising and minimising internet-related HSB early on. Concerns were also highlighted regarding the client’s possible dismissive- avoidant attachment style. This was evidenced by the client seeking reassurance from others, such as online paedophiles, which might have arisen due to difficulties expressing his emotions to his parents. In particular, the client noted concerns regarding his father’s emotional volatility and mother’s professional boundaries which meant he had fewer opportunities to explore emotions with them. As a result, the client might have learned to suppress the experience and expression of emotions

(Maddux & Tangney, 2010) which potentially enabled him to minimise the severity of his HSB.

Perpetuating factors

The client's engagement in minimisation was likely maintained by multiple factors, including his parents' behaviours and perceptions. As previously noted, the client was gifted a mobile phone by his father to celebrate achieving bail for his HSB, a decision made despite multiagency agreements for the client not to possess internet accessible devices. Concerns were thus raised regarding this behaviour as it may have reinforced the client's perspective that his behaviour is not serious. The client's parents also felt the HSB team's involvement was unnecessary. Given these perceptions were disclosed to the client, it was possible they reinforced the client's engagement in minimisation.

The client's minimisation might have also been maintained by his below average self-esteem. Specifically, individuals with dismissive-avoidant attachment styles frequently defend their self-esteem from perceived threats by dismissing or projecting onto external sources (Bennett & Nelson, 2010). Therefore, minimising the HSB might have been the client's attempt to protect his self-esteem from compromise which could have arisen from acknowledging the severity of his HSB (McCrory, 2009). The assessment phase also revealed concerns regarding the client's completion of Advanced Subsidiary (AS) Levels in Psychology and Criminology. This was due to the client's tendency to intellectualise conversations and thus the likely exacerbation of this presentation following this learning. With this intellectualisation, the client was able to emotionally detach from his HSB and continue to minimise its severity.

It was also possible the client's minimisation was maintained by his attitudes supportive of internet-related HSB. This included attitudes that internet-related HSB is harmless if the victim is depicted as smiling in indecent photographs. As a result, endorsing these attitudes

likely helped the client maintain his view that his HSB was minor in terms of severity. Alternatively, the client's minimisation might have resulted from a motivation to reoffend. In particular, Finkelhor's Precondition Model (1984) suggests one step to HSB includes overcoming internal inhibitors which can be achieved through minimisation. Therefore, if the client maintains the view that his HSB causes no harm then he might feel more at ease to reoffend. Based on this theory, the client's engagement in minimisation might thus suggest a risk of reoffending.

Precipitating factors

The client was arrested for HSB on two occasions and received a referral to the HSB team for assessment. In comparison, when the client stole a mobile phone from his workplace, he received a 9-month referral order to address his offending and engage in reparation. As such, it was possible the most recent response from the police triggered the client's current perspective that his HSB was not serious and caused little harm. This seemed particularly likely given the client's reports that his HSB "wasn't serious as otherwise the police would have convicted me".

Protective factors

The client's protective factors included his compliance with professionals, his above average intellectual ability, and his stable accommodation with his father. The client also had multiple close friendships who offered the client emotional support. Given the client's reported inability to discuss his emotions with his parents, these relationships appeared particularly protective due to their ability to offer the client opportunities to emotionally connect with his behaviour and discuss his emotional experiences.

Proposed intervention

Intervention goal and duration

The assessment and formulation process revealed concerns the client was minimising the severity of his HSB. The author thus recommended the client engage in an intervention to reduce this minimisation. This was due to the suggested link between offence-specific minimisation and sexual recidivism in sexual offenders (Langton et al., 2008). Given the client's imminent discharge from CAMHS in seven weeks' time, due to his nearness to adulthood, six one-hour sessions were recommended for completion on an individual basis. No group work was advised due to this approach potentially instigating feelings of shame which can enhance minimisation (Proeve & Howells, 2002; Worling, Josefowitz, & Maltar, 2011).

Intervention development

To reduce the client's minimisation, an intervention which included exploring the client's attitudes towards online sexual offending was considered necessary. This was due to literature proposing attitudes to produce surface cognitions, such as offence-specific minimisation (Mann et al., 2007). For example, if an individual endorses the attitude that online sexual offending causes no harm to victims, this will likely produce surface cognitions that their own online sexual offending was harmless as they did not touch the child. Therefore, exploring attitudes and offence-specific minimisation was considered necessary, in addition to related factors, such as perspective taking.

To achieve this, the intervention was adapted from two manuals: Change for Good (McCorry, 2009) and AIM (O'Callaghan et al., 2005). These were developed for use with HSB perpetrators aged 12–18 years with the aim of reducing risk of reoffending. Within the manuals, topics such as relationships, minimisation, perspective taking and sexual boundaries are explored; all of which are underpinned by various theoretical models, including behavioural therapy, mentalisation and psychodynamic psychotherapy (McCorry, 2009).

To reflect the client's needs, and to reduce the presence of minimisation, the manuals' sessions were thoroughly reviewed to identify which could be utilised to achieve the intervention's aim. This process involved identifying sessions which aimed to explore attitudes towards online sexual offending as well as minimisation and its associated factors (e.g. responsibility taking and, consequences of HSB). Once sessions were identified, they were adapted to suit the client's needs and capabilities. Aspects from a resilience based approach were also incorporated. This was to avoid an entirely risk-based intervention, and to acknowledge the possible compromise on the client's self-esteem this intervention could cause (McCrory, 2009). The session plan has been summarised in Figure 2.

Figure 2 about here.

Potential treatment obstacles

Based on the formulation, two potential obstacles to treatment were identified. The first related to the client's engagement in sessions. Specifically, concerns were raised regarding the client's history of deceiving professionals, his tendency to intellectualise topics and his emotional detachment. As a result, a simple one-item scale was created for the client based on Swann's (2009) recommendations. This scale ranged from 0 to 10, with 0 referring to, "intellectualising and being dishonest" and 10 referring to "being honest and considering my own feelings". During sessions, the scale served as a visual prompt for the client to reflect upon his honesty and openness within sessions.

The second obstacle related to the possibility of the client's level of self-esteem reducing if he began to recognise the severity of his HSB (McCrory, 2009). If this occurred, it was possible the client would disengage from the sessions and/or develop feelings of low self-worth. To reduce the likelihood of this obstacle, each session was concluded with discussions about the client's aspirations and plans. This aimed to enhance the client's positive view of self. Significant emphasis was also placed upon helping the client recognise

that accepting responsibility and/or acknowledging the severity of his HSB does not mean the client is a bad person, a method advised by McCrory (2009).

Intervention

Session one

The first session aimed to encourage the client to consider his thoughts and feelings towards his HSB. To facilitate this, the honesty and feelings scale was introduced and developed with the client. This collaborative approach was adopted within the session to enhance therapeutic rapport and engage the client in his own therapy (Leach, 2005). A timeline of the client's HSB was then developed with focus placed upon helping the client consider his thoughts and feelings towards his offending. To conclude the first session, the client's aspirations for university were discussed and appropriate humour adopted to reduce tension and enhance therapeutic rapport (Franzini, 2001).

Session two

The second session aimed to explore and enhance the client's understanding of HSB, and explore his attitudes. This involved discussing the various forms of HSB and its criminality. Psycho-educational work on emotions was then facilitated as whilst the client possessed technical knowledge on emotions, he knew little about their physical symptoms and how he experiences them. The client's emotional experiences were then discussed at length to prepare the client for the forthcoming sessions. To conclude the session, the client's close friendships were discussed with regards to the emotional support they provide the client and how he experiences this.

Session three

The third session aimed to facilitate the client's engagement in perspective taking and enhance his insight into minimisation. This commenced by exploring the client's perspective taking during his HSB of which the client disclosed ignoring his victims' thoughts and feelings

during offending. The client was then encouraged to consider how he currently perceived his victims, as recommended by McCrory (2009). For this process, the client's responses on the IRI were explored to highlight his self-reported engagement in perspective taking. When comparing the client's engagement in perspective taking during offending and in the present, the client felt unable to remain in the room.

Upon return, the client discussed concerns that ignoring his victims' thoughts and feelings helped him dismiss the impact of his offending which made it easier for him to continue perpetrating HSB. The session concluded by discussing the client's plans for the week and acknowledging the client's session engagement.

Session four

The fourth session aimed to enhance the client's understanding of the possible consequences of HSB and its severity. Prior to its facilitation, the session's plan was discussed with the HSB team to explore its suitability given the client's victimisation and his difficulties in the previous session. Whilst this discussion identified a need to review last week's work, the team felt his experience of victimisation had been thoroughly explored and was likely to assist the client's engagement in the planned work. The session thus commenced with a review of last week's session to assist the identification of therapeutic alliance problems or issues with session content (Hughes, Herron, & Younge, 2014). The client disclosed no particular concerns but felt the last session was hard due to giving up smoking that day.

Following this exploration, the client was encouraged to consider the possible consequences of HSB for his victims. This was achieved by encouraging the client to think how a victim's life would be in five and ten years' time if they had, and had not been, a victim of HSB. A similar process was then completed to help the client recognise the possible consequences for himself if he did and did not reoffend. To facilitate the client's emotional connection to the

topic, the thoughts and feelings scale was particularly utilised. The session concluded by discussing the client's recent employment and his engagement in the job searching process.

Session five

The fifth session aimed to explore the client's responsibility taking. Whilst the client reported feeling responsible for his HSB, he attributed a significant proportion of responsibility to the distributors and creators of the indecent photographs of children. However, after in-depth exploration the client began to accept full responsibility for his HSB. The possible impact of accepting responsibility was then discussed which involved exploring the idea that taking responsibility does not mean an individual is "all bad", a process recommended by McCrory (2009). To conclude the session we discussed the client's engagement in sessions, his enhanced emotional connection to his HSB and his ability to develop insight.

Session six

The aim of the final session was to review the work completed, complete a risk management plan and assess the client's engagement in minimising the severity of his offending. To facilitate this, each session was reviewed to establish what the client learned and whether any difficulties were experienced. A risk management plan for the client's mobile phone use was then developed. Whilst this was not in the intervention plan, the HSB team were advised a few days prior to this session that the client had again been given unrestricted access to his mobile phone, a decision made by the client's father without consulting the multiagency team. This raised concerns as the client disclosed having no identified strategies to keep safe when feeling at risk of viewing indecent photographs of children. A keep safe plan was thus developed. The client then recompleted two of the psychometric assessments: the RSE and the IBAQ.

Future client work

The intervention aimed to reduce the client's engagement in minimising the severity of his HSB. However, during this process multiple areas for future work were identified and communicated to the HSB team. This included recommendations for the client to continue learning about his emotional experiences and becoming more adept with exploring his emotions with trusted others. It was also recommended that future work regarding the client's discharge from CAMHS should be completed within a systemic approach, as recommended by Bentovim (2004). In particular, it was advised that family work was completed to enhance insight into how parental behaviours and perceptions can impact upon a young person. This was deemed particularly important given the role parental attitudes can play in adolescent sexual recidivism (Worling & Curwen, 2001).

Results

Psychometric assessments

The client recompleted two of the psychometric assessments; the RSE and IBAQ. The RSE was re-administered to evaluate whether the client's self-esteem levels changed following the intervention which might have arisen due to the client potentially gaining insight into the severity of his HSB (McCrory, 2009). This process of reassessment was thus adopted to identify further therapeutic needs. The IBAQ, on the other hand, was re-administered to assess whether the client's endorsement of attitudes supportive of online sexual offending (and offence-specific minimisation) had altered following the intervention. The latter reassessment thus aimed to evaluate the intervention's effectiveness.

The results of the psychometric assessments, summarised in Figure 3, revealed an increase of two points in the client's self-esteem levels following the intervention. Although an increase, the client's self-esteem remained in the below average range. In terms of the IBAQ, the client's score increased by six points (9%) which indicates that following the intervention the client endorsed more and/or stronger attitudes that were supportive of online sexual offending. This was not the desired goal of the intervention.

Unstructured interview with the client

During the recompletion of the psychometric assessments (RSE and IBAQ), the client stated most people respond to questionnaires with any answer, including him. He reported that this was the same view he had when completing them prior to the intervention. He was also noted to be listening to music whilst re completing the assessments and at times, singing along. After further discussion with the client about his views on questionnaires, concerns were raised regarding the validity of the client's responses on both assessments.

Given the above concerns, an unstructured interview was held with the client to gain a more reliable measure of whether the presented intervention reduced the client's engagement in minimisation. This was achieved by comparing his views in the post-intervention interview to the information the client provided in the pre-intervention interview. Other sources were also utilised for the pre-intervention views (i.e. the file review completed). The post-intervention interview lasted approximately 30 min.

During the post-intervention interview, the client discussed how his HSB might limit his career opportunities, due to its severity, and cause difficulties when developing intimate relationships in the future. The client also discussed a desire to have his own children but felt this was currently inappropriate due to the risk he felt he could pose to them. In terms of his victims, the client reported recognising that he previously ignored his victims' thoughts and feelings during the perpetration of HSB. Moreover, he felt this enabled him to continue offending due to experiencing a lack of guilt or concern. In comparison, the client reported that he now has the victims' thoughts and feelings in the forefront of his mind which helps prevent him from reoffending. This was supported by the view that he believed he did cause victims distress. The client also discussed feeling more in control of his life and believed he knew what to do if he felt at risk of viewing indecent photographs of children. For example,

he suggested turning off the Wi-Fi, giving his phone to someone else or accessing the “Stop it Now”™ website.

When reviewing the pre-intervention interviews, the client had the following views: that his offending did not create any distress to victims, that the offence was not serious, and that it was only “exploratory sexual behaviour”. He also reportedly disclosed his HSB to a girlfriend to “prove his worth” in terms of being honest. Therefore, there appears to be a change in the client’s perceptions, one of which seems to be less offence-specific minimisation and a better understanding of his offending behaviour.

Discussion

Interventions for minimising HSB

HSB includes both contact and internet-related HSB. Despite the differences between these categories, there remains no intervention manual specifically developed for young perpetrators of internet-related HSB. Instead, professionals are referred to two manuals which both purport to explore HSB as a whole, the AIM and Change for Good (McCrory, 2009; O’Callaghan et al., 2005). These manuals similarly advise professionals to explore minimisation and to adapt sessions to the client. However, their effectiveness for reducing minimisation in a young perpetrator on internet-related HSB remains unknown. Therefore, the aim of the present study was to reduce the presence of offence-specific minimisation in a 17 year old perpetrator of internet-related HSB. This was due to the suggested link between offence-specific minimisation and sexual recidivism in high risk sexual offenders, such as this client (e.g. Langton et al., 2008). Specifically, whilst previous systematic literature reviews have suggested minimisation is not predictive of recidivism (e.g. Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2004), more recent literature has indicated otherwise (Langton et al., 2008).

To achieve this aim, a six-session intervention was completed which involved exploring topics such as responsibility, minimisation and perspective taking. To evaluate the intervention's effectiveness, the IBAQ was administered before and after the intervention. This revealed evidence of the client engaging in more minimisation following the intervention, rather than reducing minimisation. However, given the client's negative attitude towards psychometric assessments, an unstructured interview was held with the client. This revealed some evidence the client was minimising his offending to a lesser extent than revealed through using the IBAQ. In particular, the client revealed an enhanced understanding into the possible consequences of his HSB and a greater understanding into the impact minimising his victims' thoughts and feelings might have had on his offending behaviour. He also recognised the severity of his offending as a whole, and identified the distress his offending may have caused victims. The use of an interview therefore provided some evidence of reduced minimisation, where the use of self-report did not, although for this reason it was not possible to quantify the change in minimisation, and it is not clear whether IBAQ testing or his report during the interview was more honest.

Practice issues

Multiple issues were experienced during the completion of work with this client. These included concerns regarding the accuracy of responses on the psychometric assessments or during the unstructured interview. Specifically, after re-completing the RSE and IBAQ the client discussed his dislike for psychometric assessments. This was compared to in-session discussions which the client felt were "more real and honest". As a result, it was possible the responses on the psychometric assessments were affected by disinterest and inattention. Future practice with clients might thus involve an exploration of the client's attitudes towards psychometric assessments to evaluate the appropriateness of their utility.

However, it is also possible the client was untruthful regarding his views on psychometric assessments and instead engaged with the RSE and IBAQ honestly and accurately. This is

due to the relatively similar scores identified on the IBAQ pre and post-intervention (64/170–72/170). The likelihood of this however, is quite low given that some of the responses on the IBAQ appear quite random.

The client's engagement in the assessment and intervention process might have also been affected by his imminent discharge from CAMHS. Specifically, the client was aware that he would be discharged from the services in a matter of months as a result of his age. This was regardless of his engagement in the presented work. With this in mind, it was possible the client did not fully engage in the process as he might have failed to recognise the reason to do so. Future sessions with clients might thus establish their motivation to engage prior to commencing work.

Limitations

The present study is limited by the single case study nature which limits the generalisability of the study. Given this, it is not possible to develop firm conclusions from the study but, instead, provisional suggestions are made for future practice and research. The lack of follow-up regarding the client's progress is also a limitation of this study. Specifically, as the client was discharged from outpatient CAMHS on completion of this work, it has not been possible to gain insight into whether the client refrained from reoffending when he reached adulthood.

Future research

Following the work with this client, it is recommended that further research is conducted to explore the effectiveness of the AIM and Change for Good manuals for reducing minimisation in internet-related HSB perpetrators. This could be achieved through further case study work with attention paid to evaluating the utility of psychometric assessments in this area. Once completed, larger practice samples could be recruited to enhance the generalisability of findings. When facilitating this research, it is advised that future

practitioners and/or researchers keep in the mind the limited intervention work that has been conducted in this area and thus the exploratory nature of work.

It is also advised that further work is conducted to improve the utility of the intervention manuals for 16–18 year old internet-related HSB perpetrators. In particular, the manuals appear to target the lower age range, due to their simplistic session content, and appear to primarily discuss contact HSB cases. Whilst revisions could be made to the current manuals, the value of developing an additional section to the manuals could be explored. However, it must be kept in mind that these manuals were produced approximately 12 years ago and, as such the vast development of social media in the last decade may not be fully reflected in these manuals.

Summary

Overall, the present paper provides an overview of working with a young individual who was minimising his HSB. This has involved exploring each element of assessment, formulation and intervention, and identifying future areas for research and practice. Whilst the IBAQ suggested the client's engagement in minimisation increased after the presented intervention, unstructured interviews with the client suggest he developed greater insight into his offending and was engaging in less minimisation. Despite these uncertain findings, the present study highlighted the importance of adapting sessions to a client's needs and establishing their perceptions towards assessment methods prior to completing work. The importance of conducting further research into young perpetrators of internet-related HSB was also implicated.

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Table 1

Table 1 A table summarising the three psychometric assessments administered to the client. * – The IBAQ also measures behaviours relating to online HSB but this part of the assessment was not administered to the client. As a result, there is no normative data to evaluate the client's responses on the IBAQ.

Name and purpose	Example question	Items and scale	Psychometric properties, cut-offs and norms	Outcome
RSE Global measure of self-esteem	"On the whole, I am satisfied with myself"	10 items – four point Likert Scale (strongly agree to strong disagree). Higher the score, the higher the self-esteem	Highly reliable and internally consistent (Gray-Little, Williams, & Hancock, 1997). No widely accepted cut-off scores (Isomaa et al., 2013) but normative data for British 16–17 year olds suggests a mean score of 30.54 (Bagley & Mallik, 2001)	Scored 26/40. Indicates lower self-esteem than others his age
IBAQ Measures attitudes towards indecent photographs of children*	"My life is too boring without viewing pornography"	34 items – five point Likert scale (strongly disagree – strongly agree). Higher scores reflect attitudes supportive of online sexual offending	Highly reliable and internally consistent (O'Brien & Webster, 2007). Normative data suggests the average score for perpetrators is 64/170 when completing both scales (O'Brien & Webster, 2007). No normative data available for the scales individually	Scored 64/170. Client's score is high as he only completed one scale and achieved the average
IRI Assesses empathy	"I often have tender feelings for people less fortunate than me"	28 items – five-point Likert scale (does not describe me well – does describe me well). Four subscales: Fantasy (<i>F</i>), Perspective Taking (<i>PT</i>), Empathetic Concern (<i>EC</i>) and Personal Distress (<i>PD</i>)	High reliability and validity (Davis, 1980; Litvack-Miller, McDougall, & Romney, 1997). Normative data for males, primarily students (<i>F</i> = 16, <i>PT</i> = 17, <i>EC</i> = 19 and <i>PD</i> = 9). Has been validated on young people too (e.g. Litvack-Miller et al., 1997)	Client scored: <i>F</i> = 18/28 <i>PT</i> = 27/28 <i>EC</i> = 27/28 <i>PD</i> = 17/28. He thus scored much higher than average on all except the <i>F</i> scale

Figure 1. A diagram summarising the client's formulation

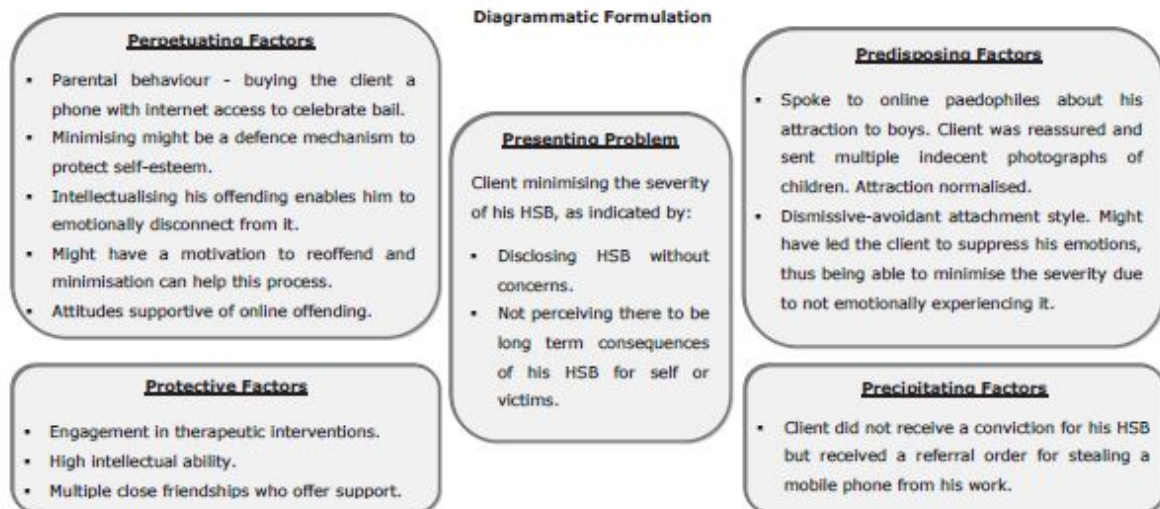


Figure 2. The client's intervention plan.

