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Te Whare Wānanga o Tāmaki Makaurau

Understanding Individuals who Access Sexualised Images of Children

Sian Morgan

ABSTRACT

The number of detected child sexual abuse imagery (CSAI) users has increased dramatically over the last decade (Babchishin, Hanson, & VanZuylen, 2014; Wolak, 2011). Despite the relevance to today's society it still remains unclear what factors are associated with accessing CSAI. In particular, research regarding the early life development and characteristics of this group of offenders is underdeveloped and only recently have researchers begun to develop typologies of those who access CSAI (e.g., Houtepen, Sijtsema & Bogaerts, 2014). Similarly, the development of tools to effectively assess and treat internet sexual offenders is notably lacking (Perkins & Merdian, 2014).

The present study had two primary aims. Firstly, to contribute to the current understanding of what may contribute to individuals accessing sexualised images of children. This included gathering rich descriptions of participants' early life experiences and the period leading up to their first offense. The second aim was to contribute to the development of therapy through gaining insight into client's perspectives of what they found helpful in treatment. Twelve men currently or recently involved in prison or community treatment programmes were interviewed and the transcripts were analysed using thematic analysis (Braun & Clarke, 2006).

The key themes identified from the data around development included difficulties in early family life, negative school experiences, difficult sexual development and difficult intimate relationships. In terms of what precipitated offending, key themes included stress, progression from other legal material, loneliness and isolation and spare time, coping with negative emotions, addiction, collecting and denial were all identified as maintaining factors. These findings were comparable to previous, similar qualitative research (Sheehan & Sullivan's, 2014) and Ward and Siegert's (2002) Pathways Model. Key themes from the data around the helpful aspects of treatment experiences were consistent with previous literature regarding sexual offender treatment more broadly. These themes included developing an understanding of offending, working in a group, a safe environment and attributes of the therapist. The suggestion made by participants of continued support after the programme parallels previous research which suggests that continued monitoring of sexual offenders can have a positive impact on reoffending (Elliott, Findlater & Hughes, 2010).

ACKNOWLEDGEMENTS

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CHAPTER ONE

INTRODUCTION

The internet is now the most widely used medium to distribute pornographic material with all forms of sexuality being displayed and accessed very easily. This growth in the availability of pornographic material has allowed those with deviant sexual interests to satisfy their sexual desires in a way which they often feel is anonymous, risk free and victimless (Niveau, 2010).

In regards to New Zealand, the Films, Videos and Publications Classification Act 1993 prohibits child sexual abuse imagery. This act refers to children as a boy or girl under the age of fourteen and 'young people' as those aged between fourteen and seventeen. Sections 123 and 131 of the Act make it an offence to make, possess or distribute an objectionable publication. This Act stipulates that a publication shall be deemed to be objectionable if the publication "promotes, supports or tends to promote or support (a) the exploitation of children, or young persons, or both, for sexual purposes".

The term 'child pornography' is one which has been used in the literature to refer to child sexual abuse imagery. This term however has been questioned as it has the potential to mislead readers into thinking the images are fashioned with the consent of the individuals taking part. In regards to children this is clearly not the case and ultimately the production of these images involves sexual, emotional and psychological abuse. In line with this view, this thesis will utilize the term 'child sexual abuse imagery' (CSAI). However, also important to highlight is that this term, to be used here, does not encapsulate the varying and sometimes non-sexual images of children which can be used for sexual gratification (Sheldon, 2011).

Typically, the images accessed by internet offenders are depictions of real children however, some are computer generated, and can range in severity from nudity to incest, bestiality and sadism involving children of all ages (Niveau, 2010). As has been pointed out in the research, the legal definition of child pornography does not manage to encapsulate the breadth of material which may be considered sexual by these offenders. In order to understand why a person would engage with these images areas outside of this definition must be considered (Krone, 2004). Quayle and Taylor (2003) identified

ten categories of pictures which could be seen in a sexual light by an adult (an individual over the age of 17) with a sexual interest in children. Three of these categories contain aspects which fall outside the realms of the legal definition of child pornography. Firstly, what were identified as 'indicative' pictures which involved non-erotic and non-sexualised pictures of children in their swimming costumes or underwear from either family or commercial albums. Secondly, nakedness in which the picture is of a naked or semi-naked child in appropriate nudist settings and from legitimate sources; and thirdly, surreptitiously taken photos of children in play areas or other safe environments showing either underwear or varying degrees of nakedness.

In a study reviewing the objectionable material internet sexual offenders possessed it was found that 42% of the participants had images that were paedophilic in nature and 18% had images which were deemed as paedophilic combined with sadomasochistic or sodomy. Using the COPINE scale (a scale which was developed to measure the severity of child sexual abuse images) it was found that 45% of the images were placed at Level 9 (gross assault) and 27% at level ten (sadistic/bestiality) (Frei , Ereney, Dittman & Graff, 2005). In a similar study, 51% of the collections reviewed were confined to what was considered child abuse whilst 9% also had images of bestiality, 8% had images coprophilic (a paraphilia in which faeces cause sexual arousal) in nature and 7% had images depicting extreme violence and torture. In a New Zealand based study the majority (57.55%) of images were abuse, 35.38% also possessed coprophilic and 29.84% had bestiality material (Carr, 2004). Carr (2004) also reported that those who possessed images with what was considered extreme content generally had large and well organised collections. In line with this, it was also found that those who are considered higher risk offenders were likely to have a selection of urination, defecation and bestiality images in conjunction with violent or nudity material (Carr, 2004).

According to Sheldon and Howitt (2007), the progression towards using child sexual abuse imagery may begin at adult pornography sites which provide links, often named in a way which indicates their content. Alternatively, individuals may use keywords on common search engines to access their desired material (Sheldon, 2011). Offenders often use online nicknames to avoid detection and these often allude to their sexual preferences (Sheldon, 2011). More recently, Wolak, Liberatore and Levine (2013) reported that peer-to-peer networks are now the major online locations for the illegal

trade of CSAI. This increase is supported by one study which found an increase in the involvement of peer-to-peer sharing networks in CSAI arrests from 4% in 2000 to 61% of in 2009 (Wolak, Finkelhor, & Mitchell, 2012). Whilst any online venue that can be used to transmit or post photographs or videos can be used to distribute or acquire CSAI, peer-to-peer networks make particularly significant contributions to the problem because of their worldwide range, public nature, and the easy access they provide to child pornography (Latapy, Magnien, & Fournier, 2013).

It is this way of accessing the images that demonstrates the irrelevance of the common claim by offenders of accessing the images 'accidentally' (Sheldon & Howitt, 2007). Similarly, the idea that viewing such imagery is a passive process in which little harm is done is also often implied. However, the tendency to fantasise, masturbate to, trade, swap and catalogue these images provides evidence for this being a deliberate, active behaviour. In regards to the importance of continuing the fight against the producers and users of these images, it is the use of these images that creates a demand for their production, allows a realm of activity that grooms children, creates the means to normalise the behaviour, and for the child victims, it creates an on-going sense of abuse as the images are used throughout the world (Sheldon, 2011).

The Extent of the Problem

Currently, the ability to reliably assess the level of child abuse imagery available and numbers of people accessing is made difficult by the dynamic nature of the online world (Quayle et al., 2003). Ultimately, unless an individual reveals their identity, through the use of a credit card for example, detection is reliant of the analysis of individual computers. The international policing agency, Interpol, suggested that their CSAI Database contained more than 512 000 images from 36 countries as of October, 2007 (Interpol, 2008).

In regards to the number of children who have become victims of this type of imagery, it is also difficult to measure due to the rarity of the disclosure of such abuse and often one picture is dispersed across the internet (Quayle et al., 2003). Quayle et al., (2003) reported that over a six week period, 20 new children appeared on newsgroups and 140,000 images were posted. Of these 140,000, 35,000 were images which showed new children and most depicted children posing 'erotically'.

Since the early 1990's sexual offending within the internet has increased dramatically. Between June 1995 and December 2001, 1282 individuals had been registered to the Thames Valley Programme, a community sex offender programme in the United Kingdom, following a conviction of sexually abusive behaviour. Of these 1282 offenders, just 39 were convicted of taking or possessing indecent photographs of children, with only a very small proportion of these obtaining these images from the internet. Comparably, in the years 2002 to 2003 of the 338 people registered with the programme, 99 were convicted of the photographic 'offences', with all but two of the individuals obtaining their photographs from the internet, a proportional ten-fold increase (Bates & Metcalf, 2007).

Prichard, Watters and Spiranovic (2011) aimed to look at the rate at which child pornography is shared on the internet. Based on longitudinal data collected between August and November 2010 from a global Peer-to-Peer network, 'isohunt', they found that child pornography search terms consistently remained in the top 300 over the three month period. Such terms were consistently ranked above popular movies such as 'Harry Potter' and other common pornography terms in popularity, suggesting the scale of distribution of child pornography. Furthermore, the international policing agency Interpol's Child Abuse Image Database (which is a global database for the analysis of digital images of child abuse) contained more than 520,000 images and had been used to identify 680 victims worldwide as of 2009. Similarly, the Internet Watch Foundation, based in the UK reported in 2008 that they had positively identified 2755 worldwide internet domains which contained images of child sexual abuse. Of these, 80% were found to be commercial in nature, 80% of the images were said to be of children under ten years of age, 10% under two years of age, 33% between three and six years, 37% between six and ten years of age and 10% under two years of age,. The images were largely female victims (79%), with 7% male victims and the remaining 14% containing both male and female victims. More recently, Wolak, Liberatore and Levine (2014) found that on an average day 122,687 CSAI were shared worldwide on one peer to peer sharing network. Important to note is that these networks represent just one of several peer to peer sharing sites and thus are likely to underestimate the total number of these images being shared.

Who Accesses Child Sexual Abuse Imagery?

Merdian, Wilson and Boer (2009) reviewed the literature on the characteristics of internet sexual offenders. They suggested that the typical internet sexual offender is a white male aged 30-40 years old. They stated that they are generally of a higher level of education and employment and more likely to build stable adult bonds when compared to a contact-only sexual offender. However, Elliot, Beech, Mandeville-Norden and Hayes (2009) found that when compared to contact-only sexual offenders internet sexual offenders were on average, younger than contact offenders, more likely to have been in contact with mental health services in adulthood, to have failed in establishing intimate co-habiting relationships and to have had fewer problems with substance misuse during their offending.

The high level of individuals within this group not currently in a relationship highlights the pronounced interpersonal difficulties many of these individuals face (Burke, Sowerbutts, Blundell, & Sherry, 2002; Niveau, 2010). Niveau suggested these individuals not only often lack a partner but also belong to the sexual minorities (e.g., homosexual, bisexual). The absence of these relationships has been suggested to be linked to difficulties entering into age appropriate relationships, active avoidance or failure to retain relationships (Laulik, Allam & Sheridan, 2007). Such findings support the idea that some internet offenders may engage with the material as a way of meeting their sexual needs without having to engage with the intimacy of a relationship (Middleton, Elliott, Mandeville-Norden & Beech, 2006). Furthermore, it has been found that internet offenders present with abnormally low levels of warmth. Such a presentation has been linked to the facilitation and maintenance of this type of offending in that these individuals are able to objectify the children in the images and avoid the possibility of feeling compassion for the victims (Laulik et al., 2007).

Laulik et al., (2007) also found a significant correlation between the average weekly hours an individual spent accessing indecent images of children and specific clinical and interpersonal scales relating to interpersonal issues. An increased number of hours accessing these images were significantly correlated with greater levels of schizophrenic and borderline symptomology along with reduced levels of warmth (Laulik et al., 2007). From this it was deduced that those individuals experiencing

discernible levels of social isolation, detachment from social relationships, problems within personal relationships, affective instability, identity issues and empathy deficits engage widely with child pornography. Furthermore, Briggs, Simon and Simonsen (2011) suggest that internet sexual offenders tend to avoid relationships, turning to the internet for a primary social and sexual outlet. They speculated that the internet provides them with a non-threatening way to establish social connections when their reality is characterised by dysfunctional socialisation whilst at the same time removing the demands of traditional friendships Whilst the internet may provide these offenders with the social connection they crave, it is also possible that becoming absorbed by this fantasy world can sabotage their chances of engaging in new or maintaining pre-existing relationships. Neto, Eyland, Ware, Galouzis and Kevin (2013) postulated that excessive use of the internet may inhibit their ability to initiate and maintain meaningful relationships. They stated that when internet use becomes problematic it can lead to withdrawal and issues within real world relationships (Griffiths, 2000, Neto et al., 2013).

Possibly as a result of the former it has been found that internet sexual offenders scored higher when compared to other sexual offenders on measures of emotional loneliness, social anxiety and accompanying experiences; for example, self-consciousness, social passivity, a lack of assertiveness, excessive interpersonal sensitivity (Bates et al., 2007). Marshall, O'Brien, Marshall, Booth, and Davis (2012) extended on this, proposing that social anxiety may be a unique feature of internet sexual offenders. Their study found that internet sexual offenders differ from contact offenders in three primary areas, namely, loneliness, obsessive compulsive disorder, and social phobia.

In terms of clinical diagnoses, Laulik et al., (2007) found that 73% of their sample of 30 internet offenders self-reported depression at a level one standard deviation above the mean. This result indicated that these individuals were unhappy, self-doubting and pessimistic. This supports the idea that those who engage with indecent images of children also display increased rates of affective psychopathology which interestingly, is consistent with data around both contact offenders and excessive internet users (Ahlmeyer et al., 2003). This aligns with other research which states that those who misuse the internet may do so in order to cope with difficult emotional states (Morahan-Martin & Schumacher, 2000; Quayle, Vaughan, & Taylor, 2005, Quayle, 2008). Internet sexual offenders often report that they can escape unpleasant emotional states, finding

pleasure through online sexual arousal and masturbation (Quayle & Taylor, 2002). Furthermore, Gifford (2002) proposes that as humans are visual species, the immediate rewards namely, positive mood and masturbation associated with activities such internet sexual offending would be very reinforcing. Winder, Gough and Seymour-Smith (2014) conducted a qualitative analysis of the explanations of a small sample of offenders around the reasons for the commencement of internet activity and the progression to more illicit online materials. Most of the participants in this sample linked their offending to the presence stressful life events.

Typologies of Internet Sexual Offenders

Historically, typologies of offenders have been developed and used widely to inform the various law and public policies which seek to protect individuals from those people identified as at risk of harming them. In regards to those who access CSAI this is no different. Sullivan and Beech (2004) suggested a typology which consists of three types of offenders. Firstly, those who collect these images as a part of a wider pattern of sexual offending; secondly, those who collect images to feed a developing sexual interest in children, and finally those who access CSAI out of curiosity (Beech, Elliot, Birgden & Findlater, 2008). Although this model seems rational it does not take into account nor address the actual behaviour or motivation to engage in this type of offending (Beech et al., 2008).

Similarly, Alexy, Burgess and Baker (2005) identified three behavioural types of internet sexual offenders. These were traders, travellers and trader-travellers. Traders were said to be those who traffic and collect sexual abuse images and thus contribute to the market for these images. Travellers were identified as those who use internet facilities to access and manipulate children in order to commit sexual offences and trader-travellers are those who engage in both of the former. There is however a range of issues with this classification. Firstly, it over simplifies what is a complex behaviour pattern and also is based on an incomplete data set.

Krone (2004) sought to create a more comprehensive behavioural typology and placed types of offenders on a continuum in regards to increasing seriousness of offending using three online behaviours. These behaviours were the nature of the abuse (i.e., if it was indirect to direct victimization), the level of networking and the level of

security they put in place in order to evade detection. Krone (2004) tabled ten different typologies ranging from those who accidently access the images (but knowingly saved them) to those who produce and distribute the images. Each type was described in comparison to the three behaviours identified as being related to seriousness. Whilst Krone's account is based on an in depth behavioural analysis of these individuals, it again does not provide enough detail to pertain to the motivation of the individual.

With some overlap to Krone (2004), Lanning (2001) focussed more on classification in terms of the motivations, outlining seven types of individuals who use the internet for sexually abusive purposes. These ranged from those who have a clear sexual preference for children, those who have a variety of deviant interests, those who search for sex and pornography, those who have a history of antisocial behaviour, those who profit from the industry and those who attempt to traffic images.

Based on the above typologies Beech et al., (2008) subsequently produced four primary groups. Firstly, those who access the images sporadically; secondly, those who access and trade the images as part of their own sexual interest in children; thirdly, those who use the internet as part of a pattern of contact offending and, finally, those who access the images for non-sexual reasons; for example, for profit. It is important to note however that these categories have not been subject to statistical analysis thus have not been confirmed as valid or reliable.

What Causes These Individuals to Access Child Sexual Abuse Imagery?

The theories dedicated to explaining the reasons why an individual may come to access child sexual abuse imagery are wide and varied. Various studies have sought to develop new theories specifically related to those who access this material whilst others have sought to understand the applicability of theories which have been developed in regards to those who commit contact sexual offences against children. Unfortunately, research regarding developmental theories and how early life experiences contribute to this behaviour are virtually non-existent.

More broadly, research outlines how the family is central to the development of self-concept which contributes to the child's resiliency and well-being (Turner et al., 2012). For example, studies have shown that family conflict, deficient nurturing, unresponsive or unsupportive parenting and environments which are characterised by

instability can result in a wide range of emotional and behavioural issues (Repetti, Taylor, & Seeman, 2002). Instability in early life can be particularly detrimental with factors such as inconsistent parenting, frequent residential moves and household changes, and events which create a chaotic or stressful living environment contributing to a reduction in the child's sense that the home is a trustworthy and dependable place (Turner et al., 2012). As was described extensively by Bowlby (1977), nurturing relationships in which parents are available, sensitive and warm contribute to a child's self-esteem, social competence and emotional development whilst deficits within these aspects of the parental relationship can impede these areas of development. Furthermore, family processes and support within the family system are two factors which have been related to the developing of effective coping mechanisms (Skinner & Zimmer-Gembeck, 2007). Skinner et al., (2007) also suggest that witnessing the reactions of significant role models to stress can shape the way children cope. Interestingly, Sheldon et al., (2007) reported that 37% of their sample of CSAI offenders had grown up with a lack of at least one significant adult and 37% had also experienced the death of a significant person.

According to Sheehan et al., (2010), in regards to development, social isolation was noted to be a theme identified from discussions around participant's childhood experiences. This took the form of bullying, losing social context (e.g., family's moving regularly and the participant having to move schools) and a sense of powerlessness stemming from social isolation. This is consistent with other research highlighted above which suggests that those who engage with child sexual abuse imagery are likely to demonstrate problems in regards to intimacy deficits and emotional dysregulation (Middleton et al., 2006).

Sexual Abuse

Briggs and Hawkins (1996) found that those who normalise early sexual abuse are more likely to become abusers themselves, which is important to note when considering the development of CSAI offending. The early use of sexual images has also been evident within CSAI participant groups, with one study reporting that all of their sample were accessing pornography regularly by age 12 (Sheehan et al., 2010). Furthermore, participants spoke of masturbating to sexual fantasies of younger children by age 12 suggesting that these individuals had developed or were developing a sexual interest in

younger children at an early age (Sheehan et al., 2010). Important to note however is that this study utilised a very small sample (n=4).

Sheldon et al., (2007) reported that 44% of their sample of CSAI offenders had experienced physical or sexual abuse. Being a victim of childhood sexual abuse appears to be lower in this group when compared to contact offenders (Elliot & Beech, 2009). Furthermore, Sheldon and Howitt found the age at which internet offenders were sexually abused was generally higher and they were more likely to have experienced extra-familial abuse when compared to a sample of contact only offenders. Important to note however is there was no comparison to a control group. In line with this, some research has suggested it is also, or more important, to consider early sexualised behaviour particularly in regards to sexual activity with other children (Elliot et al., 2009). In line with this, Sheldon and Howitt found that internet offenders were more likely to have engaged in hetero-sexual child-child sexual play before the age of 12 when compared to contact offenders. These early sexual experiences align with the pathways model of sexual offending proposed by Ward and Siegert (2002) outlined below.

In a study similar to the one presented here, Sheehan et al., (2010) asked their participants whether there were any life events or experiences which they felt contributed to their engagement with sexual abuse imagery. Three key themes were found to be childhood sexual experiences, social isolation and early use of sexual images. In addition, three subthemes of perceptions and beliefs, sexual interests and arousals and subsequent behaviour were found to be related to the perceived impact of these early experiences.

In regards to childhood experiences all of Sheehan's et al., (2010) participants identified early sexual experiences as possibly contributing to their offending. Whether these experiences were identified as abusive or not, in all instances it appeared these individuals had normalised childhood sexual experiences. Similar research has suggested that the cognitive distortions evident in these individuals noticeably reflect their early life experiences and form a link between both early sexualisation and abuse and later sexual offending (Sheldon et al., 2007).

Current Models of Understanding

The Triple A Engine

Various theories have sought to explain why individuals begin and continue to access child sexual abuse imagery online. The ease at which one can access this material may be explained by a disinhibition effect. Because the internet is largely anonymous and creates a level of de-individualisation it has been suggested that inner personal desires, which are generally supressed by social constraints, are able to be expressed (Barak, 2005). This "state of de-individualisation" allows inner restraints to become more relaxed, particularly when the individual finds the behaviour rewarding or gratifying (Demetriou & Silke, 2003). Furthermore, a lack of face to face contact allows people to reject social norms more easily, ultimately resulting in less altruistic and more selfish and aggressive responses when engaged with the online world (Demetriou et al., 2003).

In line with the above, Cooper (1998) developed the Triple-A engine which suggests three key factors draw the large numbers of child pornography; namely accessibility, affordability and anonymity. The fact that it can be accessed by anyone, the images are often free and can be viewed, stored and recreated and, finally, this can all be done from the privacy of one's own home is a big draw card from those who become attracted to such material (Webb, Craissati & Keen, 2007). Regardless of the ease of accessibility of this material, the anonymity of engagement with also appears to be very appealing (Merdian et al., 2009).

Ward and Siegert's (2002) pathways model of child sexual abuse

In order to develop the understanding of this relatively new group of offenders researchers have attempted to apply existing child sexual abuse models to internet sexual offenders. One example is Ward et al., (2002) Pathways Model. Ward et al., (2002) developed a model of sexually abusive behaviour in response to systematic critiques of three alternative models namely Finkelhor's (1984) preconditions theory, Marshall and Barbaree's (1990) integrated theory and Hall and Hirchman's (1991) quadripartite model. This model attempted to combine the 'best' elements of these pre-existing models in order to create one comprehensive, multifactorial model. Ward's et al., model proposes four distinct pathways to sexual offending, each with a distinct arrangement of

mechanisms stemming from various developmental experiences that, when occurring with environmental factors, create a vulnerability to committing a sexual offence.

The first pathway suggests that sexually abusive behaviour stems from dysfunctional intimacy and social skills and was cited as the "intimacy deficits" pathway. This pathway highlights that insecure attachments, abuse and neglect in early life can result in low levels of self-efficacy, critical self-evaluation and poor interpersonal dependence which results in social isolation, loneliness and personal dissatisfaction.

The second pathway, named "deviant sexual scripts" proposes that those who sexually abuse often develop faulty cognitive representations of how to behave in sexual encounters thus producing deviant sexual fantasies and arousal ultimately resulting in deviant sexual scripts (Elliot et al., 2009). It is suggested that such scripts can be the product of an early life defined by sexual abuse, sexual deviance and early sexualisation (Elliot et al., 2009).

Ward et al., (2002) described the third pathway as "dysfunctional emotional regulation" in that, early social encounters can result in difficulties in both identifying and modulating negative affective states and the use of maladaptive coping strategies. This pathway highlights two kinds of dysregulation; firstly, individuals may have problems controlling their emotions or secondly, have difficulty calming their feelings and thus, may use sex as an emotional coping strategy.

The final pathway of the model was named the "cognitive distortions" pathway and highlights the presence of antisocial cognitions whereby 'underlying causal schemata' used to deduce mental states and understand and predict behaviour are faulty and can result in a belief system which is supportive of offending in regards to both their actions and victims which justify and maintain behaviour (see also, Elliot et al., 2009).

The pathways model, whilst it is readily applied to therapy in that each aspect can be targeted, has not been subject to empirical testing. Additionally, there is no clear understanding of how each of the four aspects interacts with one another, and it is as yet unclear how these factors are maintained and lead to offending (Brown, 2005).

Applicability of Ward and Siegert's pathways model to internet sexual offenders.

Intimacy deficits pathway. The applicability of this model to internet sexual offenders, particularly in regards to each individual pathway, is evidenced in the literature. In regards to the idea of 'intimacy deficits' this model suggests that a lack of emotionally intimate relationships with adults will be linked to a greater likelihood of recidivism (Neto et al., 2011). As discussed above, Putnam (2000) proposed that individuals who have difficulty obtaining face to face sexual interaction are more likely to develop online sexual habits. Coupled with an underlying sexual interest in children such individuals may be more likely to access CSAI. The images have been proposed to be less threatening when compared to initiating an age-appropriate relationship and in this way what has been labelled "pseudo-intimacy" can develop between the offender and the images (Middleton et al., 2006). This group has also been found to be low on scales measuring warmth which may contribute to their ability to objectify children (Laulik et al., 2007). Additionally, according to the research, internet sex offenders tend toward poor social skills including low assertiveness, low self-esteem, low self-efficacy and loneliness (Middleton et al., 2006).

The internet has also been suggested to provide the social interaction lacking in the lives of those who struggle initiating and maintaining relationships with their peers (Elliot et al., 2009). One piece of research suggested that the ability to 'chat' online with others often became more important to the offenders than the sexual arousal obtained from the images. Sheldon et al., (2007) posited that problems in same-age relationships often precede internet sexual offending. Furthermore, it is possible that once individuals begin to use the internet excessively their ability to initiate and maintain meaningful relationships is affected further. Once online sexual activity becomes excessive it can result in the withdrawal from family and social relationships (Sheldon et al., 2007). Additionally, partners of these offenders have reported feelings of hurt, betrayal, rejection, abandonment, loneliness, isolation, shame, humiliation and anger as a result of their spouses' behaviour highlighting the fact that it is not just through the disengagement with life outside the internet but also the behaviour itself which affects relationships (Neto et al., 2011).

Middleton et al., (2006) investigated the applicability of the Ward et al., (2002) model using 72 Internet offenders. They found that 60% of their participants could be assigned to this model with a large proportion being assigned to either the intimacy deficit or emotional dysregulation pathway. Those who were identified as exhibiting aspects of the intimacy deficit pathway were described as having low expectations of the effectiveness or value of initiating and maintaining age-appropriate relationships and accessed child sexual abuse imagery at times where they felt lonely or dissatisfied. It has been suggested that this pattern elicits a 'pseudo intimacy' in that the images represent a less fearful and more accepting partner and help bypass the problems with initiating appropriate sexual relationships. Furthermore, the lack of face to face contact which the internet provides has the potential to lessen the perceived social risk and may cause a powerful disinhibiting effect (Morahan-Martin & Schumacher, 2000).

Emotional dysregulation pathway. There is some evidence within the literature that the deviant sexual behaviour seen in offender groups such as internet sexual offenders is a result of an emotional self-regulatory system. It has been shown that some offenders are more likely to engage in deviant sexual fantasy following stressful events and often negative emotional states precede an offence (Neto et al., 2011). Quayle et al., (2002) stated that their sample of internet offenders reported CSAI as a way of avoiding real life and escaping unsatisfactory life experiences and that the feelings associated with internet use were those of "regaining control". Similar themes of loss of control and addiction were also found. It has been suggested that accessing the images is similar to the use of masturbation in contact offences in that this allowed them to escape and deal with negative moods (Cortoni & Marshall, 2001). Also, impulsivity, whilst not a highly researched area, has been found to be potentially related to CSAI offending in that a sizeable number of a group of internet sex offenders scored highly on the 'Barrat Impulsivity Scale'. This suggests that they tended to act without thinking and had a lack of concern for any possible consequences (Cortoni et al., 2001).

Furthermore, the study by Middleton et al., (2006) found that individuals who presented in way which resembled what was outlined in the 'emotional dysregulation pathway' tended to lack control during powerful mood states. This, along with a deviant sexual desire could lead to the use of child sexual abuse imagery as a means to alleviate the negative mood state and restore a sense of control (Kennedy-Souza, 1998). This study

however did have some limitations including assuming the psychometrics used were relevant to sexual and internet offenders and could distinguish between these. Furthermore, there was no measure of the level of socially desirable answers participants were giving and the rationale for the pathway selection e.g., emotional dysregulation was designed in a way which those who exhibited deficits across two or three pathways were excluded from the analysis (Elliot et al., 2009).

Cognitive distortions. The presence of cognitive distortions within "traditional" sexual offenders has been widely researched; however, considerably less research has looked at those who access CSAI. Quayle et al., (2003) concluded that both cognitive distortions and fantasy play key roles in this type of offending behaviour. It is suggested that these thinking errors act as means to minimise guilt and disown the behaviour (Bourke & Hernandez, 2009). This 'disowning' behaviour has been defined as behaviour which "enables the individual to evade and avoid responsibility" and is suggested to play a central role in such offending behaviour (Carich & Calder, 2003). Examples of this include, following apprehension, individuals claiming to have discovered the material inadvertently and denying ever seeking the images themselves, rather receiving them from strangers (Bourke & Hernandez, 2009). Many suggest they got 'caught up' in the behaviour and have subsequently developed an addiction which ultimately removes the behaviour from their control. Similarly, others will attribute their behaviour to underlying pathology or as a means to work through their own victimisation (Bourke & Hernandez, 2009). Whilst some of these reasons may be legitimate, current observations suggest a very small number of offenders are motivated by non-sexually deviant interests (Bourke & Hernandez, 2009). Other common distortions include the idea that no further harm is being done by viewing the images, purely viewing the material without distributing it does not further encourage people to abuse children and the children consent and enjoy the acts therefore it is not abuse (Merdian et al., 2009). Sheldon et al., (2007) found that a common cognition for internet sexual offenders is that the "world is a dangerous place" and their behaviour is out of their control.

Integrated Theory of Sexual Offending (ITSO)

The Integrated Theory of Sexual Offending (ITSO) posits that there are three factors which interact continuously- biological factors, ecological niche factors (social,

cultural and personal environments) and neuropsychological factors (Ward et al., 2006). The theory proposes that genes, social learning and neuropsychological systems interact to give rise to the clinical issues present in offenders and these are said to lead to sexually abusive actions. This model would state that the participants use CSAI to reduce negative mood states which would negatively reinforce this behaviour (Ward et al., 2006).

This model also draws on three intersecting neuropsychological mechanisms which are believed to interact to produce all psychological processes; the motivational/emotional system, the action selection and control system and the perception and memory system. According to this model, deviant sexual arousal arises from deficits within these neuropsychological systems. The theory also proposes that when the integrity and mechanisms of these components are compromised dynamic risk factors, namely poor self-regulation and control, social problems, antisocial thinking patterns and deviant sexual arousal can give rise to sexually abusive behaviour. Offenders often describe difficulties with emotional expression and coping linked to the 'self-regulatory control problems' which is suggestive of issues within the motivational/emotional system resulting in problematic mood states and problems with action selection and control, resulting in impulsive behaviour (Ward et al., 2006).

Internet Sexual Offender's Sexual Interest in Children

Whether CSAI is used for sexual or non-sexual reasons there is evidence which supports both these groups having an underlying sexual interest in children. For example, Seto, Cantor and Blanchard (2006) found that the use of CSAI is a valid diagnostic indicator for paedophilia. Using phallometric testing, it was found that this group of offenders were significantly more likely to show a paedophilic pattern of sexual arousal when compared to other offender groups (contact offenders and those who have sexually offended against adults) and general sexology patients.

Similarly, Reiegel (2004) found that 95% of his sample of self-identified paedophiles reported using child pornography at some point during their lives. Furthermore, when compared to contact offenders Sheldon et al., (2007) found that internet sexual offenders regarded children as sexual objects at a much higher rate. It was postulated that this may be facilitated by this offender group not being exposed to the negative reactions from the child during the offending.

Elliot et al., (2009) found that the internet offender group were more able to relate to fictional characters. In CSAI this would suggest that the children depicted in the child abuse images represent to offenders fictional characters fulfilling a role (despite this being abusive), for an audience. The deliberate and rendered nature of CSAI production is so that it is aimed to meet the demands of the audience (Quayle et al., 2003). The children are often forced to "smile" and "look at the camera" which serves to meet compliance fantasies and to portray the child as a willing participant. Such interactions may feed the pseudo-intimacy discussed earlier as a means of making up for a lack of real life intimacy through a means which removes the possibility of rejection (Elliot et al., 2009).

Problematic Internet Use

For the most part, models attempting to understand the use of CSAI have come from Cognitive Behavioural models in that they highlight distorted cognitions as driving this behaviour. More recently there has been a call for the exploration of a possible relationship between the use of this material and problematic internet use. King (1999) called for research around the internet and sexuality, arguing that it is not merely the availability of pornography that has created the need but rather that people now have access to such a breadth of material which in the past had been available only at great expense and personal risk. In more recent years, some literature has hypothesized that heavy internet use has brought about "Internet Addiction" (Griffiths, 2000). This 'addiction' has been reported as a 'technological addiction' and involves excessive human-machine interaction in either a passive (e.g., television) or active (e.g., computer games) manner.

Since its first mention, the term 'addiction' in regards to internet use has proved problematic with subsequent terms such as dependence and pathological use being introduced. Stein, Black, Shapira and Spitzer (2014) suggested the term 'Hypersexual Disorder' to refer to those who excessively download pornography and, or enter sexually explicit chat rooms. In regards to internet sexual offenders Sitarz, Rogers, Bentley and Jackson (2014), noted that CSAI users are more likely to be considered 'addicted' to the internet when compared to non-CSAI users.

Davis (2001) presented a Cognitive-Behavioural model of Pathological Internet Use (PIU) suggesting that PIU results from problematic cognitions and behaviours which either maintain or intensify maladaptive responses. This model distinguished between 'specific PIU' in which an individual used the internet for a particular purpose in a pathological manner (e.g., downloading CSAI) and 'generalised PIU' whereby an individual would use the internet more generally (e.g., checking emails, surfing websites). Specific PIU is described as purposive and content specific making it particularly relevant to those who access CSAI.

Quayle et al., (2003) proposed the need to further develop models such as the one proposed by Davis (2001) in order to allow a more discriminating view to be taken. They proposed a model which drew on the qualitative accounts of internet sexual offenders and examined the cognitions these individuals had which related to their use of CSAI along with problematic internet use. Quayle et al., (2003) Model of Problematic Internet Use presented a number of factors which may play a role in the 'process' of involvement with the Internet; namely, setting events, internet use, problematic cognitions and offending behaviour. The idea of 'setting events' includes both distal (e.g., early sexualisation, poor socialization) and proximal (e.g., an existing sexual interest in children and dissatisfaction with current self) events. According to this model, it is from these setting events which many of those who use CSAI develop both problematic cognitions and internet use. It is said that the decision to use the internet stems from the individual generating solutions to both distal and proximal setting events. Along with this, factors such as the structure and protocols of the internet, assumed anonymity, ready access to fantasy material and the disinhibiting effect it is believed to have, are also considered (Quayle et al., 2003). According to this model, internet use will begin to escalate due to the development of cognitions such as being unable to stop use or being 'addicted'. It is this problematic internet use which has the potential to result in offending behaviours namely downloading, trading, production of images, commissioning of contact offending and the seduction of children. This model also incorporates cognitive-social factors such as increased fantasy and sexual behaviour, risk taking, reduced contact with the offline world, increased empowerment and control and validation and normalization. Furthermore, it highlights the 'process' by which individual users gain access to 'facilitating' communities and acquire computer skills (Quayle et al., 2003).

Internet Sexual Offenders and the Online Environment

Along with problematic internet use outlined above there are other aspects of the online world which are believed to draw those who access CSAI in. Holt, Blevins and Burkert (2010) provided evidence suggesting underlying belief systems within the 'communities' to which these offenders subscribe. These underlying belief structures often normalise child sexual abuse and provide means to justify and legitimise their sexual orientation and behaviour. Often these groups allow like-minded individuals to connect then subsequently portray and promote child sexual abuse as natural, loving and consensual (Holt et al., 2010). Similarly, offenders are able to represent themselves in multiple ways and are provided with a means for their deviance to flourish (Quayle et al., 2002). The lack of normal social sanctions around sexual deviance are often lacking in these cyber communities. This likely means that these individuals are able to become more open about their own sexuality while bearing witness to others displays of sexual deviance which likely further validates their experience (Neto et al., 2011).

Furthermore, the online communities in which these individuals partake have been found to show strong evidence of group dynamics. Obtaining large, organised collections, distributing rare or missing pieces of a collection and providing new material can all contribute to one's status within the group (Quayle et al., 2002). As a result of these dynamics, the individuals who engage with these sites, who are often marginalised members of society, are given a means of empowerment. This result can contribute to increased beliefs regarding one's own (often lacking) self-efficacy and decreased levels of disinhibition in the outside world. Furthermore, such a preoccupation and involvement with this online fantasy world can mean the lines between reality and fantasy begin to blur (Quayle et al., 2002).

The overwhelming reinforcement individuals gain from the community-like nature of the online child sexual abuse world can mean that not only does it contribute to an obsession but it can also provide constant links to more material, often providing a cue to access increasingly extreme material. The subjects interviewed in the study carried out by Quayle et al., (2002) made frequent mention to the pictures of younger and younger children or more and more extreme activities becoming available.

In line with this idea, Barak (2005) mentioned the "SIDE effect". This stands for the "Social Identity Explanation of De-individuation Effect" which suggests that an individual's identity is guided by group standards, which in the realm of the internet is largely dominated by males and aggression. Similarly, the nature of the sites internet offenders are accessing, even if for the first time, according to this theory puts them at risk of influence.

Internet Sexual Offender's Criminal Tendencies and the Link to Contact Offending

Naturally, there has been an attempt within the literature to understand and identify any link between contact and internet sexual offenders. Seto, Hanson and Babchishin (2011) suggested that whilst there is considerable overlap between internet sexual offenders and those who commit contact offences there is a distinct group of individuals whose crimes are restricted to illegal use of CSAI and less frequently those who use the internet to solicit children.

As the numbers of those individuals accessing CSAI has increased so has the breadth of literature attempting to understand whether this behaviour is linked to contact offending. Similarly, research focussing on past criminal activity in general has become evident in order to understand this group's risk factors and recidivism rates. Many of these studies suggest that the majority of internet sexual offenders have no prior criminal history (Eke, Seto & Williams, 2008).

The Ward et al., (2002) model proposes that contact offenders are more likely to exhibit deficits in the antisocial cognitions pathway when compared to the internet offenders. The fact that the internet offender group do not show the same levels of cognitive distortions as contact offenders suggests that they have lower levels of pro-offending attitudes and beliefs which would legitimise and maintain sexually abusive behaviour. This could indicate a decreased risk of these individuals becoming persistent offenders or progressing to contact offences (Elliot et al., 2009).

Quayle et al., (2002) and Sullivan et al., (2004) suggest that a progression to contact offending implies the desire for inappropriate contact with children (Calder, 2004). The somewhat limited evidence in this area suggests that there is a group of internet offenders who commit contact offences in order to produce child pornography

which is often subsequently uploaded to the internet or traded with similar individuals whilst others highlight the use of the internet to groom victims for contact offending. Quayle et al., (2002) also found that paedophiles claim masturbating to child pornographic images can become a substitute for contact abuse as it fulfils the need or desire and thus the contact behaviour is kept under control.

The progression from internet to contact sexual offending may both precede and reinforce contact sexual offences (Kingston et al., 2008; Prichard et al., 2011). The type of pornography use, particularly deviant pornography such as child pornography, has been found to be predictive of contact offending despite other risk factors (Kingston et al., 2008). Kingston et al., explained these findings using the idea that repeated exposure may intensify already existing anti-social attitudes and beliefs. Furthermore, those who are frequently exposed to deviant pornography may progress to reoffending despite their individual risk as the continuous pairing of sexual arousal and deviant content can shape their sexual attitudes and preferences (Kingston et al., 2008).

Marshall (2000) argued that exposure to CSAI may influence the commission of contact offending in "some men" with particular reference to those whose childhood development featured specific vulnerabilities such as poor attachment. Marshall (1988) found that over one third of his sample had reported exposure to CSAI as facilitating their sexual offence and 53% of child sexual offenders has deliberately used such material to prepare for their offending.

Important to include here is an issue raised during a poster presentation in November, 2000 and has subsequently become known as the "Butner Study" (Hernandez, 2000). Based on a review of official records and the self-report of incarcerated sex offenders this study highlighted the differences between the number of 'hands-on' victims known at sentencing and the number subsequently revealed in treatment. Based on a group of 62 child pornography and interstate travel offenders, 55 victims were known at sentencing. After participation in Sex Offender Treatment Program (SOTP) an additional 1379 victims became apparent (Hernandez, 2000). These results highlighted the men who were identified as "low risk" of harm to children because they had only collected child abuse imagery and were alleged to have never molested a child had in fact committed acts of child sexual abuse. This challenged previous beliefs of these individuals

accessing the imagery as an alternative to contact offences and that they are a relatively low risk to children (Hernandez, 2000).

In a subsequent study by Bourke and Hernandez (2009) it was found that of 155 participants, there were 75 known victims attributable to this group and 115 had no documented contact offences at the time of sentencing. By the end of treatment, 131 subjects (81%) had admitted to at least one hands-on offense with a total of 1777 victims being identified. On analysis it was shown that the 115 identified as having no victims prior to treatment disclosed an average of 8.7 victims each during treatment. It is important to note that of the 24 individuals who denied any contact offences during treatment nine were polygraphed. Of these nine, only two were be found to be truthful. Based on these results just 2% those who entered treatment without known contact offences had only been involved in access child abuse imagery (Bourke & Hernandez, 2009). This study has been criticised for the potential selection effects to enter the federal treatment programme which was used. It is possible that there was a strong incentive for offenders to admit to contact offenses as a sign of progress in treatment.

Treatment of Internet Sexual Offenders

As a result of this new type of offending the courts, prisons and probation systems have had an influx of internet sex offenders and thus, questions regarding the assessment and treatment of this group are regularly being raised (Webb e al., 2007). In many countries the programmes used to treat such offenders are based on generic programmes for sex offenders and target the dynamic risk factors which have been assumed as relevant to internet sex offending (Middleton, 2001). In regards to treatment there have been few responses to this growing offender group and even less have investigated the effect of treatment (Middleton et al., 2009).

As discussed above, there are various theories as what leads people to become engaged with CSAI. Middleton et al., (2009) suggest that a functional analysis needs to be conducted prior to treatment in order to establish the context of the behaviour and what needs are being met by their engagement with child pornography. Once these areas are identified treatment should attempt to develop the skills needed to meet these needs in a more appropriate, pro-social manner. It has also been established that once offenders have developed victim awareness they do not experience problems with expressing

appropriate empathy. Similarly, it has been suggested that most offenders do not view their behaviour as an example of child abuse and for this reason developing victim awareness is also beneficial in treatment (Middleton et al., 2009).

Elliot et al., (2009) suggested that the tendency for those who access CSAI to be better able to empathise with their victims and relate to fictional characters may be a positive indicator of their ability to achieve in therapeutic interventions. In Cognitive Behavioural Therapy, for example, there is a focus on encouraging the individual to better understand the harm caused to children who are victims of sexual abuse and to develop a more accurate and appropriate understanding of the sexual sophistication of children (Elliot et al., 2009).

In response to the extensive growth in the number of internet sex offenders convicted in England and Wales the Internet Sex Offender Treatment Programme (I-SOTP) was developed. The programme developers took into consideration much of the existing literature including that regarding intimacy deficits and emotional dysregulation. I-SOTP was informed by both the 'model of change' (Fisher & Beech, 1998) which is used in general sex offender programmes along with the "Model of Problematic Internet Use" (Quayle et al., 2003) and "Good Lives Model" (Ward & Stewart, 2003). Given these models, the programme developers produced a revised model of change which includes, firstly, addressing internet sex offenders' distorted attitudes, including increasing motivation, reducing denial and decreasing the incongruity between prosocial attitudes and behaviour and challenging attitudes and behaviours which support offending. Secondly, it aims to achieve a level of empathy toward the children being depicted in the CSAI and encourage the identification of these children as victims of abuse (Middleton et al., 2009). The revised model aims to reduce the reliance on sex as a coping strategy and the overuse of emotional avoidance within this offender population whilst developing more effective coping and problem solving skills. Fourthly, the model identifies the need to develop appropriate and adequate relationships and intimacy along with improving self-esteem and shifting the client toward an internal locus of control. Finally, the model aims to develop relapse prevention strategies and advocate for the development of prosocial goals (Middleton et al., 2009).

The I-SOTP programme was designed for convicted internet sexual offenders who have been assessed as low, medium or high risk using the Risk Matrix 2000 (Thornton et al., 2003). The clients also need to be recognized as being 'low deviance' based on assessment of their pre-treatment psychometric responses. This is due to those who are high deviance being more likely to require longer term, generic sex offender treatment (Middleton et al., 2009). The programme, although originally designed to be administered on a one to one basis, has since been developed to be delivered within a group format which includes 35 two hour sessions separated into six modules. Both the individual and group formats were accredited and implemented into British community treatment in December 2006 (Middleton et al., 2009).

The programme begins with encouraging offenders to identify values which they believe are important for themselves and how their offending behaviour has disputed these values. This reflection allows the individual to subsequently work on goal setting which assists the individual in meeting their identified values. The second module then focuses on clarifying the function of the behaviour and challenging any offending supportive beliefs (Middleton et al., 2009). Following this, clients are required to examine the victims' experiences with the goal of developing a sense of victim awareness and understanding the link between the production of the images and child abuse. The fourth module then deals with developing and practicing skills which deal with intimacy or emotional regulation deficits. Module five then deals with recognising and responding to collecting and compulsivity issues. The fifth module also examines the needs being met by the 'belonging' to online communities and how these can be met appropriately. Finally, following a series of activities relating to sexual deviance all new learning is brought together and incorporated into a relapse prevention plan (Middleton et al., 2009).

Middleton et al., (2009) reviewed the I-STOP programme and found significant changes in both victim empathy and cognitive distortions. Overall, they found that I-SOTP had been successful in encouraging some offenders to make the required changes to factors which have been identified as central to the continuation of offending.

Recidivism Risk and Risk Assessment with Internet Sexual Offenders

Studies on recidivism rates within internet sexual offender populations are few because of the very new nature of this line of research. The studies which are available in

this area generally have short follow up periods, especially in comparison to those available for contact offender populations. However, given what is available recidivism appears to be quite low (Seto et al., 2011). In Seto's et al., (2011) meta-analysis it was found that of a total sample on 2630 internet sexual offenders, 121 (4.6%) reoffended with a sexual offence after between a 1.5 and 6 year follow up. Of the 1247 individuals with the type of recidivist offence available, 25 (2.0%) of the internet sexual offenders committed a contact offence and 43 (3.4%) committed a known child sexual abuse imagery offence. Of the sample, 983 had information available regarding violent offences and of these, 41 (4.2%) committed a contact offence.

In order to understand reliable risk factors to predict recidivism, further research is needed in order to establish to what extent there is overlap between the risk factors for internet sexual offenders and contact offenders. However, it is likely that there will be some risk factors which are online relevant to internet sexual offenders; for example, organised or disorganised collections. From the research which is currently available it appears that the same risk factors are important for both internet and contact offending. Seto et al., (2005) found that of 201 adult, male internet sexual offenders those who had a prior criminal history (sexual or non-sexual) were most likely to offend in the future, this included committing contact sexual offenses. Of this group, only one of the internet sexual offenders committed a contact offense during the two and a half year follow up. A later study reported that from their sample on 301 internet sexual offenders a prior criminal history and substance abuse issues predicted contact sexual offenses at a three and a half year follow up (Seto et al., 2005).

Faust, Renaud and Bickart (2009) identified a number of predictors of sexual recidivism during a follow up study of 870 internet sexual offenders. Fifty members of the sample were rearrested during the follow up (average of 3.8 years). The risk factors identified were low education, history of prior treatment for sexual offending, being single and possessing CSAI featuring individuals within the 13-15 year old age range.

In regards to risk measurement, Webb et al., (2007), found that an actuarial measure of potentially changeable risk factors, the Stable-2000, significantly predicted probation failures and "risky sexual behaviours" within a sample of internet sexual offenders. These risky sexual behaviours were identified as new allegations of CSAI use,

contact offending, increased use of the internet or accessing adult pornography. None of the sample in this study committed a contact offense within the 18 month follow up period. According to Seto et al., (2011) some of the already established measures of risk such as the Sex Offender Risk Appraisal Guide can be applied to internet sexual offenders and will be able to reliably rank this group of offenders according to their risk.

Conclusion

Whilst in recent years some significant advances have been made towards understanding what causes individuals to become prone to accessing CSAI and how it can subsequently be treated, there is still countless areas in which there is little to no understanding. It is hoped that the research which will be conducted from this literature review will make a contribution to both the understanding of causal pathways and treatment.

CHAPTER TWO

METHODOLOGY

The present study had two primary aims. The first was to describe the developmental pathways of individuals who engage with child sexual abuse imagery, while the second was to determine what these individuals found helpful or would have found helpful additionally in the treatment process.

Semi-structured interviews were carried out. The first part of the interview contained questions pertaining to aspects of the participant's development (in accordance with the first aim of the study) whilst the second half focussed on subsequent treatment (in accordance with the second aim of the study). These interviews were then transcribed and analysed using thematic analysis, following the guidelines provided in Braun and Clarke (2006).

This chapter begins with an explanation of the methodological considerations of this study with some reference to epistemological orientation. It then outlines the methods of the study including data collection and analysis, namely, thematic analysis.

Methodological Considerations

As was outlined by Avis (2003) it is important for researchers to provide a justification and a rationale for their particular methodology. Furthermore, it is important for qualitative researchers to have a good sense of their methodology of choice so that the interpretation of their data is done in a sensible and insightful manner (Liamputtong, 2010). Carpenter and Suto (2008) contend that without a strong methodological framework the rigour of the qualitative research can be compromised.

In terms of psychological research, the twentieth century was dominated by the positivist perspective. Positivism posits that there is an identifiable reality that exists outside of the research process (Hesse-Beber & Leavy, 2010). In terms of psychology, this approach suggests that social interaction is driven by rules which result in patterns in a fashion similar to the natural world (Hesse-Beber & Leavy, 2010). In conducting research, positivism is the cornerstone of quantitative research and posits that causal relationships between variables exist and thus can be found, proven and then explained, ultimately suggesting that social reality is predictable and has the potential to be controlled (Hesse-

Beber & Leavy, 2010). The positivist approach has been challenged by a number of researchers in the field of psychology in that it suggests a single objective reality and that human behaviour can be predicted and a cause identified. However, research infrequently aligns with such an ideal and due to this behaviour is very hard to predict (Meriam, 2002).

Since the 1960s there has been a substantial increase in qualitative analysis within psychology. Qualitative research has become a widely accepted tool for the study of people's experiences (Liamputtong, 2009). However, positivist researchers still criticise qualitative research as lacking validity and some suggest the results lack reliability.

The strengths of qualitative research have been outlined widely (e.g., Barbour, 2013, Holloway & Wheeler, 2013; Maxwell, 2012) and this thesis capitalises on many of these advantages. Firstly, qualitative analysis focusses on gaining an insider's or emic perspective on the target phenomena. In regards to this study, qualitative methodology allowed for the gathering of the participant's perspective regarding their development, the significance of this in regard to their engagement with child sexual abuse imagery and subsequent treatment. According to Holloway et al., (2013) through the immersion in an insider's view (in terms of talking to people who have had experience with the phenomena being researched) researchers gain a 'thick description'.

Furthermore, qualitative research attempts to understand the meanings participants assign to events, situations, experiences or situations they engage in, rather than attempting to assess the truth or falsity of their perspective. Such meaning is also often referred to as the participant's perspective and includes elements such as the participant's cognitions, affect and intentions (Lau et al., 2009). In this study I was able to understand the participant's perspective with reference to their development and their engagement with child sexual abuse imagery and their subsequent treatment experiences.

Particularly relevant to this study is the fact that qualitative analysis seeks to understand the influence of context on individual action (Maxwell, 2012). By collecting data from a number of individuals and considering each individual's discussion I was able to understand how the use of child sexual abuse imagery was influenced by the participant's developmental context. Similarly, Merriam (2002) suggests that qualitative

analysis is concerned with process rather than outcomes, in that it identifies the process which leads to outcomes; in this case, the use of child sexual abuse imagery.

This study employed an interpretive approach. The interpretive approach seeks to understand the individual's lived experiences, as described by the person (e.g., an emic or insider's perspective). This approach requires analysing the subjective meaning people assign to their experiences, rather than simply reporting what they say (Hennink, Hutter & Bailey, 2010).

In terms of the analysis of the data collected here, Thematic Analysis was selected due to its flexibility and ability to both organise and provide a rich and detailed but complex description of the data (Braun & Clarke, 2002). Braun and Clarke recommend that it is good practice to maintain transparency regarding the theoretical framework in which the analysis is conducted from the outset of the work. There are several possible theoretical frameworks which, depending on the researcher's goals and purposes, guide qualitative research. These frameworks offer differing assumptions about the data and what they symbolize in terms of understanding 'reality'. Whilst thematic analysis does not subscribe to a specific theoretical framework, Braun and Clark argue that thematic analysis can be "constructed within both realist/essentialist and constructionist paradigms" however, the outcomes and focus will different for each. Given that the aims of this research are to understand the developmental pathways and treatment experiences of individuals who access Child Sexual Abuse Imagery (CSAI) analysis of the data will be conducted from a critical realist perspective. Critical realism represents a perspective which sits within a post-positivist framework and assumes that whilst there is an objective reality an individual's experiences and perceptions of reality are partly constructed via the social, historical and cultural context in which they are based (Sims-Schouten, Riley, & Willig, 2007).

Subjectivity and Reflexivity

The collection of data and subsequent interpretation are invariably influenced by personal, interpersonal and institutional factors (Ratner, 2002). Qualitative research acknowledges that the subjectivity of the researcher is intimately involved in the research process and for this reason, identifying the influence of the researcher's personal values and background on interpretation of the data is integral to both the research process and

integrity. Reflexivity is required in order to understand and report the results of the research whilst considering these multiple elements of influence. Upon reflecting on personal responses to the data the researcher should be able to identify how these aspects may have affected analysis and thus, give rise to a more thorough understanding of the outcomes.

As my experiences as a child and adult have been largely very different to my participants my ability to understand my participants is limited, which may restrict my interpretation of the data analysis. In order to develop my understanding I took a semi-structured approach to the interviews in a way which allowed me to follow the participant's story, exploring further where necessary. Furthermore, I familiarised myself with the literature and spoke with therapists working with the participants in preparation for what may be contained in the interviews.

It is also important to acknowledge the position of power I held as the researcher particularly in regards to the participants being in a position which they had committed a criminal act. It is likely that this gave rise to a concern regarding the implications of the material they discussed and as such, influenced their responses.

Finally, as my own motivations and experiences have the potential to effect the analysis it is important I give an abridged explanation of these. I entered into this project with a genuine interest in forensic psychology and a desire to increase understanding regarding aetiology and treatment in an area which had not been as widely researched as other types of offending behaviour. Prior to the commencement of this project I had no experience of working with internet sexual offenders or sexual offenders more broadly. However, during the latter stages of my data analysis I was completing a one year internship working at the Department of Corrections. During this time I had limited contact with sexual offenders however, was continually exposed to the views of therapists and other professionals around risk and treatment of sexual offenders. These experiences would have influenced my interpretation of risk factors that were evidenced in my participant's accounts and also, in terms of what may be useful or interesting to professionals working in this field.

Interviews as a research approach

As stated previously, this study used semi-structured individual interview methods to gather the data which resulted in the collection of data from 12 individuals, totalling 11.5 hours of interviews. As is a benefit of qualitative research, this leads to an 'information rich' data set which was later analysed using thematic analysis (to be described later).

The essence of in-depth interviews is that people have specific knowledge about the world which can be communicated via verbal messages. In line with qualitative research, in-depth interviews focus of the individual and assume that the participants have unique and significant knowledge about the phenomena being studied (Hesse-Biber et al., 2010). This method often requires a greater more detailed degree of self-expression on behalf of the participant when compared to other means such as questionnaires and psychometrics. Interviews seek deeper understanding and ultimately, allow the researcher to see things from the participant's point of view (Johnson & Golombek 2002). The use of in-depth interviews can be particularly helpful when little is known about the topic, as was evident in this case. In-depth interviews gather a large amount of data in the form of transcripts which can later be analysed and interpreted (Hesse-Biber et al., 2006). Furthermore, this method of data collection compliments the thematic style analysis employed for this research.

Method

Participants

The main criterion for participation was a history and/or interest in the accessing, possession or distribution of CSAI. Individuals were eligible if they were over 18 years of age, had a sufficient level of understanding of written and spoken English and had no intellectual or psychological impairment which would have affected their ability to make an informed decision about participation, or to understand the content of the interviews. No participants were excluded based on limited language or cognitive abilities.

Participants for this study included 12 New Zealand European males with a history of accessing CSAI. They ranged in age from 22 to 70 and were currently involved in or had recently completed treatment. Treatment across the services was made up of a

group programme complimented by individual sessions. Three of the services placed participants in a group which uses general child sexual offending treatment methods with clinicians targeting those needs related to the use of child sexual abuse imagery specifically in one to one sessions whilst one treatment programme ran a group specifically for those who access sexual abuse imagery. Eleven of the participants were convicted of or self-reported accessing CSAI whilst one was convicted of using social media to elicit sexual images from young males. One of the participants also had convictions for contact offending along with CSAI charges.

Table 1

Participant Details

Name	Age	Ethnicity	Programme
Bradley	30-40	NZ European	Community
James	20-30	NZ European	Community
Craig	20-30	NZ European	Community
Phillip	50-60	British	Community
Thomas	60-70	NZ European	Community
Stuart	60-70	European	Community
Frank	40-50	NZ European	Community
Timothy	40-50	NZ European	Community
Gregory	50-60	NZ European	Community
Christopher	60-70	NZ European	Prison
Matthew	40-50	NZ European	Prison
Peter	40-50	NZ European	Prison

Note. Names have been changed for the sake of maintaining confidentiality

Interview schedule

The interview schedule was developed using existing literature and conversations with professionals in this field. Based on this inquiry and the aims of this research, an interview schedule split into three key parts was developed (the interview schedule in

full can be found in Appendix 1. Each part included a series of broad questions with prompts to be used if relevant or needed.

In the first section participants were asked about their childhood and development. This included exploring their relationships within their families, how emotions were expressed within their family of origins and any abusive experiences ("The environment and experiences we have growing up can have a big impact on the person we develop into and in some cases unusual experience in someone's early life can contribute to the development of problem behaviours in later life. For this reason I was wondering if you could you please go back a bit further and tell me a bit about your childhood?"). Following this, participants were asked to discuss their schooling experiences in terms of both their academic achievement and social experiences, for example, bullying. Participants were then asked to describe their sexual development in terms of who they were first attracted to, their first sexual experience and any sexually abusive experiences. The final stages of Part A included asking participants to describe their lives since leaving school ("now I was just wondering if you could tell me a little bit about how things have been for you as an adult, since leaving school?") including prompt questions around their adult relationships. Subsequently participants were asked to describe the happenings within the week, month and year leading up to the first time they used CSAI.

The second section of the interview schedule participants were asked to reflect on what they believed made them vulnerable to using CSAI ("As part of this research I would really like to get your view on what you feel leads people to engage in this type of behaviour so now, having talked about all of this today can you tell me why you think you looked at sexualised images of children?").

In the final section participants were asked about their experiences in treatment in terms of what they found helpful, any advice they would give to clinicians in terms of how to help men in a similar position to themselves (what advice would you give to clinicians in regards to how to help men in a similar position to yourselves in their treatment?") and anything else additional they felt would have been helpful.

Procedure

Ethics

This study received ethical approval from the University of Auckland Human Participant Ethics Committee and also the Department of Corrections Ethics Committee (See Appendices).

Recruitment

Initially, recruitment was undertaken from three community sexual offender treatment programmes throughout New Zealand. However, given low recruitment rates it was decided to also include participants from one prison-based sexual offender unit. Initial contact with the treatment programmes was made via email followed by a personal visit or telephone conversation. The programmes were then provided with an organisation information sheet which outlined the purpose of the study and intended process.

Clinicians from the treatment programmes introduced the study to the relevant treatment groups associated with internet sexual offenders. This meant that all of the individuals who were being treated for engagement with CSAI were given the opportunity to participate. The groups were given the Participant Information Sheet (Appendix 1) and if they wanted to participate were then given consent forms. The researcher attended one of the groups to answer questions and present the research further. Clients who did not want to participate did not have to give reason for this and were assured that their choice not to participate would have no repercussions in terms of their treatment. Of these potential participants 12 chose to take part in the study. Data collection across these programmes took place between April and November 2013.

The interview process

Once the participants were informed of the research process and had signed the consent form each individual was interviewed for 45 to 90 minutes individually, face to face in a treatment room at the programme they were engaged with. Prior to the interview commencing the interviewer outlined the terms of confidentiality, their right to withdraw from the study and their right to stop the recording at any time. All of the participants gave their permission for the interview to be audio-taped. Participants were

also given a verbal outline of what was to be contained in the interview before the interview progressed.

One semi-structured interview (45 to 90 minutes in duration) using the interview schedule outlined above was conducted with each participant at the premises of the service they were engaged with. The semi structured interview approach allowed the interviewer to engage in detailed conversation around specific topics.

Data Analysis

Thematic analysis

The 12 audio-taped interviews were transcribed verbatim. As is recommended by Braun and Clarke (2006) because the data were not transcribed by the researcher, I spent time checking the transcripts against the original audio recordings to ensure accuracy. Following this, I read each transcript three times before I began coding. This allowed me to become immersed in the data and familiar with the breadth and depth of the content (Braun & Clarke, 2000). At this stage no codes were assigned, however, I began to take notes regarding potential codes and ideas which were becoming apparent through my re-reading of the data.

Generating initial codes.

Once I felt that I had familiarised myself with the data and had created a list of initial ideas, I was able to begin generating codes. A code is a feature of the data which is considered interesting to the analyst and refers to the most basic segment of the raw data that is seen as meaningful in relation to the phenomenon being researched (Boyatzis, 1998). Examples of the codes that were identified included "stress related to health", "moved cities", and "bullied by peers". Coding the data involved me going through the paper copies of the transcripts manually, highlighting frequently referenced responses or pieces of information. These were areas of the text which were identified as sharing similarities in terms of their meaning or content related to the research questions. I worked through each transcript systematically from beginning to end and made sure I gave each aspect of the data equal attention (Braun & Clarke, 2006). I repeated this process three times to ensure I had highlighted and coded all relevant aspects of the data. Data extracts included some surrounding data to ensure the context was not lost and

some extracts were placed under several codes (Braun & Clarke, 2006). Aspects of the data which had not been coded were reviewed at the end of the process to ensure no relevant extracts had been missed.

Identifying and reviewing themes.

Upon review of the data, most fell within the key areas of inquiry however; participants also discussed what maintained their offending, meaning the data clustered around four key areas of discussion as opposed to the three areas described above.

1. Early life experiences
2. Precipitants to offending
3. What maintained offending
4. Treatment experiences

The coded data was then collated into documents pertaining to each of these four areas in order to organise the data into possible themes more clearly.

Once all the data extracts were collated under their relevant area (e.g., what lead up to their offending), they were reviewed for potential themes. This involved placing each data extract (code) on a piece of paper and organising them into piles according to potential themes. At the end of this stage I had a collection of tentative themes and sub themes, with all relevant data extracts collated within them. In line with the process outlined by Braun and Clarke (2006) a thematic visual map was used to look at the relationship between codes, sub-themes and themes and to establish whether these fit the data or whether further revisions were required. At this point several revisions were made including collapsing codes together (e.g., merging several different sources of stress into one over-arching theme of 'stress') and names and definitions were changed to those which were considered more accurate. Once these revisions appeared to reflect a valid representation of the data a further review of the themes took place. Such revisions included taking each theme and re-examining it in the context of the original data set allowing for a further evaluation of whether that theme was representative but also for any further data related to that theme. Once this process was completed a final re-examination of each individual theme was undertaken and its meaning outlined. This involved finalising the name of each theme, a brief description of the theme's meaning and identifying several quotes related to this theme.

Once the material was coded and organised into themes my supervisor, an experienced researcher checked each of the codes for validity. He was given a list of themes, subthemes and codes along with exerts from the transcripts pertaining to these codes identified. Through this process he analysed whether each code, subtheme and theme was observable in the data which was cited as supporting it and whether it was described adequately. There was no changes suggested by the cross checker as a result of this process. The results were also reviewed by my secondary supervisor, also an experienced researcher. This resulted in various changes to the final themes including removing themes, adding subthemes (e.g., sex is secretive), combining multiple themes into one over-riding theme (e.g., difficult adult intimate relationships)

CHAPTER THREE

FINDINGS

The following chapter presents the findings from the thematic analysis that I conducted. This analysis was based on data collected from the 12 participant interviews related to their early life, adult life prior to their offending and experiences in treatment. In order to protect their identity the participants' names have been changed and any identifiable information removed.

Four main discussion areas were present, each with their own themes and sub-themes; namely Development, Participants' Explanations of Why they First Accessed CSAI, Participants' Explanations of What Maintained their Offending and Treatment Experiences. Each of these areas and their corresponding themes are shown in Table 1.

Development

Participants were asked to talk broadly about their early life experiences and development. This included prompting them around relationships with key family members, school experiences and early and adult intimate relationships. Four themes were identified namely, Difficulties in Family Relationships, Negative School Experiences, Difficulties within Sexual Development and Difficulties in Intimate Relationships. Each of these themes included a number of subthemes.

Difficulties in Early Family Life

All participants described difficulties in early family life. The subthemes outlined below highlight difficulties within family relationships and a sense of instability as characteristic of these individuals' early experiences. Relationships within their families were described by all participants as lacking communication particularly pertaining to any discussion regarding emotions. They reported distant relationships with their fathers in which contact was centred on practical skills as opposed to emotional closeness. In contrast, many of the participants described their relationships with their mothers as close, but often to the point of their being 'over-involved', resulting in participants struggling to individuate. In the context of these family difficulties most participants also described a sense of instability and displacement resulting from frequent family relocations. They described how this impacted their ability to obtain

Table 1

An Overview of Themes

Area	Themes and Subthemes
Development	Difficulties in Early Family Life
	Lack of communication and emotional expression
	Distant from father
	Troubled relationship with mother
	Displacement
	Negative Schooling Experiences
	Social outsider
	Bullied
	Difficult Sexual Development
	Sexuality is a mystery
	Early sexualisation
	Difficult Intimate Relationships
	Women are scary
	Women cannot be trusted
Participants' Explanations of Why they First Accessed CSAI	Stress
	Progression from other Legal Material
	Loneliness and Isolation
	Isolated from friendships
	Intimacy loss
	Spare Time
Participants' Explanations of What Maintained their Offending	Coping with Negative Emotions
	Addiction
	Collecting
	Denial

Treatment Experiences	Developing Understanding of Offending
	Working within a Group
	A Safe Environment
	Attributes of the Therapist
	A Need for Continued Support After the Programme

and maintain friendship groups often leading to social isolation.

Lack of communication and emotional expression

The first subtheme concerned perceived inadequacies in communication between family members and the consequences of this for their later life. All of the participants described their family dynamics when growing up as lacking communication. One participant described his family as 'close' in terms of frequently engaging in activities together, however, felt that they did not talk much and struggled to communicate.

> Right through my life communication is something that I feel we struggled with as a family. Whilst I would say that the family is a fairly close family and we did stuff as a family ... I just don't think we talked that much. (Matthew)

For many, this lack of communication manifested itself in a general lack of conversation within the family, and difficulty initiating conversations with parents was often mentioned. For one participant this lack of communication stemmed from his family's values and belief system. He described an expectation that they would not talk much and that children should be 'seen and not heard'.

> You couldn't, I didn't really hold a conversation as such, never sat down and had conversations ... we were just children and were seen and not heard. (Thomas)

Most participants described communicating emotions particularly difficult or avoided altogether within their families. Some participants talked about an expectation that you did not speak about how you felt and any emotions were 'swept under the carpet'.

> Basically about how you were feeling or you didn't want to do something or something like that you just didn't talk about it. And they were just all swept under the carpet and not talked about. (Thomas)
>
> So we didn't have problems, it wasn't anything that you talk about. Emotion wasn't really um discussed. (Bradley)

Consequently, without an emotional outlet within the family system participants described bottling up emotions and having their emotional needs left unmet. One participant described how his family didn't talk about problems or emotional difficulties and later described how, in retrospect, he felt his emotional needs had never been met.

> My emotional needs have never really been met absolutely. (Matthew)

Most talked about how this impacted their lives in later life in that they had never learnt to deal with the emotional side of relationships, felt unable to articulate a need for help and express their emotions, and experienced difficulties recognising the emotions of others. For example, one spoke of being brought up in a family where emotions or personal information were not discussed and consequently he and his siblings became secretive and shameful about how they felt. He said that as an adult communicating his emotions now leads him to feel vulnerable.

> When it comes to how I'm feeling, I don't share that. I don't reach out and seek, because I think of it as making yourself vulnerable. (Stuart)

Similarly, another participant described throughout his development feeling unable to share and express his emotions and as a result was unable to get his emotional needs met.

> I've never really voiced my emotions and I'm not really sure if that's because of how things were at home when I grew up … I think a combination of my lack of communication and the ability to be open and express my emotion left me in a position where nobody would ever really be able to meet my needs. (Frank)

Distant from father

Most participants described a relationship with their father that was distant. Some participants described as arising in part at least from their father being absent as he worked a lot and as such, was away from the family home. Whilst for many this was consistent with their generation in which the expectation of males was to be a

breadwinner, this 'business' appeared to impact the accessibility to a significant male role model.

> Dad was always busy. He was always trying to get more money to make ends meet. So, he worked a lot more than normal and when he wasn't working he really didn't have a lot of interests outside of working or working in the garden at home and producing food, vegetables for the family. Our relationship was okay but not what you would call a father-son, buddy-buddy relationship. It was sort of a bit distant. (Thomas)

In some cases this meant important discussions such as those regarding sexual development came from their mothers, were very brief or did not occur at all. Frank described how his discussion with his father regarding sex was brief and as outlined above, this extended to conversations about his emotions.

> Dad worked a lot, wasn't around a huge amount … we never really talked much about things, when we had the chat about sex it was pretty brief you know, he was like are you aware of what goes on and I was like yeah, that was pretty much it. (Frank)

Alongside the descriptions of their relationships with their fathers participants often used their usually closer relationship with their mothers as a comparison. Christopher described a relationship in which his involvement with his father was centred on practical skills and information and he was encouraged to access his mother for his emotional needs.

> He would show me how to use his power tools and help me build things and all that, he wasn't the easiest person to talk to. So mum was always the one to go to for issues and emotional problems and dad would always just say ask your mum … My father … He couldn't say what was on his mind … all the emotional stuff was probably dealt with by my mum. (Christopher).

Several of the participants described how their father's personal difficulties got in the way of them developing a close relationship. A few of the participants spoke about how their father's angry temperament impacted their relationship. Bradley described a particularly difficult relationship with his father. He gave the sense that he was often scared of his father and his 'temper', and felt mistreated by his father. In the quote below he described how his father undermined his achievements and discouraged him from taking credit for his own success.

> My father was a bit of a disciplinarian and my brother and I learned to fear the words just wait till your father gets home … I don't miss him. To me it always seemed that a lot of the achievements and things that I did growing up my father took the credit for. You know you would have never done this if I hadn't pushed you to do that or this or the other thing. It was never mine you don't remember as much of the 'you really did a good job' or 'I'm really proud of you' … There's still a lot of resentment and stuff there. (Bradley)

James described how his father's depression and angry temperament impacted their relationship. Similar to that described in the former, he compared this relationship to a close relationship with his mother whom he described as 'vibrant' and 'joyful'.

> Growing up with my dad we constantly rub up against each other the wrong way … Back when dad first got depressed … we always, always had to walk on egg shells. It felt like we were walking around on eggshells all day, every day. So there was a lot of tension in the house. And dad had his anger problems. (James)

Troubled relationship with mother

> Whilst many of the participants described their mothers positively, many also described their maternal relationship as difficult or troubled in some aspects. Stuart described a dichotomy of an involved, loving mother who was also feared by him and his siblings.

> My mother was … very strict … and everybody was terrified of her including me. … So you lived in constant fear of offending her in some way. You grew up believing that you were loved, but with that love came this, this fear. (Stuart)

Several participants reported a struggle to individuate from their mother's. Two participants, whilst describing their mothers positively, went on to talk about how this also felt like their mother was over-involved. It appeared that whilst in some cases these individuals felt loved and cared for by their mother this was done in a way which made it difficult for them to separate. For many of these participants this was not something they identified until their adult life and, for some, this realisation came with progressing through therapy. Craig described his relationship with his mother as positive and went on to highlight how it has been a process for his mother to let him go and deal with life's difficulties on his own.

> And I struggled with that a bit, especially going through this [treatment] process, and her just coming to grips with it and trying to help me in something that she can't really help me in. So she's found that really hard, but she's got to a space where she's been able to realise that she needs to let me go, let me get on with it. So yeah, our relationship has been pretty good. (Craig)

Similarly, some described a fight to individuate and progress into independence. Gregory described a relationship with his mother which involved a lot of pressure being placed on him to fulfil the expectations and dreams his mother had for him. He also went on to describe experiencing a 'struggle to individuate' and his mother using tactics such as 'sulking' in response to his behaviour.

> She [his mother] put a lot of pressure on me and my mother had unrealistic ambitions of what I was going to be. I think she was expecting me to fulfil the things that she didn't do or didn't get or she felt she had sort of been robbed of or hadn't achieved … She was also as I realised later in life, very manipulative as well and there were times, I felt as if I was always fighting to individuate from my mother particularly. I felt in some ways it was like a sort of giant sponge trying to suck me up and I was fighting to get out of it. Yeah, I think ever since I can recall, and certainly well into adult life as well. (Gregory)

As the end portion of the quote depicts, Gregory saw his struggle to individuate from his mother as having a lasting impact on his life, rather than these experiences being limited to his childhood.

> So I got into the habit of doing things first and asking permission later I think. And particularly when I left home I didn't tell my parents I was going to leave home until sort of a week or two before, I had sort of arranged a job in another city and got it all organised and then told them I was going. I didn't consult them because I knew what the consequences would be, and the same on several things … I was living at home at that time and in fact my mother sulked for about three weeks and wouldn't talk to me when I told them I was going. (Gregory)

Phillip described his mother as 'pushy' and 'dominating' throughout his childhood. His description gave the sense that everything was on his mother's terms and he felt as though she would not allow him to distance himself from her. He stated that whilst

his mother was dependant physically in a lot of areas because of disability he also felt that she was emotionally dependant.

> My mother was a solo parent and … she was a good person but she wasn't a particularly nice person … Pushy, dominating, everything had to be her way, wouldn't let go. But all through childhood there was no space to grow … But dependence was more emotional. (Phillip)

Displacement

Most of the participants described a childhood of isolation or displacement throughout their early lives. Often driven by their parents' work, they talked about their families frequently moving between towns and cities. These moves resulted in the severing of their connections within their communities, schools and established friend groups. Participants spoke of constant change and creating a diminished sense of stability. Gregory described change as the constant backdrop of his family.

> Also too, my father had a series of disastrous business things. He moved in and out of jobs like anyone else changes shirts. So there was always this constant flux of change and always a sort of background atmosphere in the house. (Gregory)

Another participant experienced this displacement as a result of his father's military career. He described throughout the interview how this affected his ability to make the life-long friends that other people, with less transient upbringings, experienced.

> He had a career which meant that every three to four years we would move so he would get stationed at a new base, new place so a lot of my upbringing was very transient … when you're really young you don't know any different but I don't feel like I've got any really true lifelong friends, because we would move around from place to place … a lot of the people that were there would come and go so it wasn't very stable I guess as far as social network goes. (Bradley)

Many of the participants made reference to the loss of friendships as a particularly difficult consequence of their family's transience. When they set up in a new place and school participants often found it difficult to make new friends and for some failed to do so. One participant noted the number of shifts in schools he had to make, and the impact this had on his ability to forge friendships.

>I struggled to find friends at that stage. And also because we were moving up and down country a bit so I went to three different schools in about two years. It was also hard to make friends. (Gregory)

In a similar vein, one participant described how moving cities in his late teens was particularly hard. This would fit with the idea that adolescence is a time where friends become particularly important to identity development and self-esteem (Kroger, 2007).

>Moved to Auckland from a small to a large city when I was a late teen, which was really tough or me. I moved from a small school, to a large school. So, the first year was pretty tough. (Craig)

For some of these participants this pattern of frequent relocation appeared to be something they continued into adulthood. Several described later favouring jobs which allowed them to travel. This too may have impacted their ability to forge solid relationships in their adult lives. Gregory, who described the impact of moving during childhood on his ability to make friends, went on to say the following about his adult life.

>I shifted around a huge amount and so I was never in one place for very long and so most of the relationships were relatively short term because of that. (Gregory)

In summary, family relationships were an area of difficulty for all participants. These interactions were characterised by poor communication particularly in relation to emotional expression. Furthermore, some participants described difficult but opposite relationships with each of their parents in which their fathers were distant whilst their mothers were overbearing resulting in a struggle for individuation.

Negative Schooling Experiences

All of the participants spoke about difficult experiences of schooling. Largely, school was a negative experience for these individuals with their descriptions being characterised by feeling as though they were a social outsider and of being bullied.

Social outsider

All of the participants described difficult social experiences during their time at school. This took many forms and included many different experiences. For some participants, they described lacking any significant friendships. Other participants

described only having a very small number of friends and went on to describe a longing for more. James described a lack of real friendships in his primary school friends and being taken advantage of by his peers.

> Any of my friendships during primary school weren't real friendships. They were me doing something so I can be friends with this person. Well, I had one friend who was real close … he loved cats and cars. So I would always give him something when I went around to his place, like a poster with shitloads of pictures of cats on it or something I had made. I am really creative. I enjoyed making them and doing them, but it was just not working … I didn't really have any close friends as such. (James)

Matthew described having a small number of friends but desiring more and to be around those who were considered 'popular' or 'cool'.

> I had a few friends, but not, not like what I wanted at the time. I wanted to be hanging around with the cool kids with a big group of friends sort of thing and I just had sort of three or four friends that I used to hang out with … I felt different. (Matthew)

Participants described struggling socially. For many, this included feeling as though they lacked the skills to create and maintain friendships. Timothy described how, even though he had a small number of friends these were not friendships he maintained.

> I was never good socially so I can't imagine I would have that many friends. I mean, I did have a few good friends but not that many. (Timothy)

Similarly, Gregory described how he felt as though he had not learnt the skills required to make friends, which he attributed to arising from his parents. He described his mother as being on the Autism spectrum which meant she struggled socially. Gregory also felt that his father had not given him the skills to defend himself and as such, he lacked confidence socially. He described using unhelpful strategies such as using boasting in an attempt to make friends, which had the opposite of his desired effect. Gregory went on to say how this strategy continued with him into adulthood and eventually, had an impact on his work life.

> I was very lonely as a kid. Because I sort of hadn't got from my parents the skills of how to make friends and that I didn't know how to make friend and so I had a

very lonely childhood, and so I really had to amuse myself a lot of the time. Out of my inferiority I think I, I know that I was trying to make more of myself, to try and build myself up in other people's eyes. Make them like me or respect me or whatever. I was a terrible skite as a kid. (Gregory)

A few of the participants described feeling as though they were 'different' or a social outsider during their time at school. They described themselves as 'nerds' and alluded to experiences of rejection based on the way they looked or presented. In some instances these individuals described finding solace within groups of people who too they considered to be outside of the social norm.

Cause' I was the long haired freckled geeky kid, I was pretty good with computers and stuff, so I just got labelled a nerd from day one. So after a couple of weeks I noticed okay all my friends have disappeared and doing their own things and I got stuck in the top class which didn't help the nerd label and I ended up wandering around school for a couple of weeks on my own, until I found where the other social outcasts hung out (Christopher).

Bullied

As outlined above, along with feeling like an outsider most of the participants described experiencing physical and verbal bullying. Peter described difficulties socially throughout school. He described being bullied and having few friends whilst Christopher spoke about the key bullies and their verbal attacks. He talked about how this resulted in him not enjoying high school.

But yeah there was a bit of bullying. There were two or three guys I remember quite clearly that would come by and sort of kick people or try and take their bags when they weren't looking or just not verbal, so not physical assaults, but verbal putdowns and just stupid old threats that didn't amount to anything. So I didn't really like high school all that much. (Christopher)

I used to get teased a bit. (Peter)

Most of the participants described experiencing verbal, emotional and physical bullying throughout their education. Often this was in the context of the way they looked or acted. James described severe physical and verbal bullying throughout his

schooling and across several schools, including individuals using weapons to physically harm him.

> I got bullied quite a bit. The only incident I vividly remember was being hit in the head with a weapon … But I mean when I went to another college it was better. Well define better. I still got teased a little bit for the first few years; first three years … I remember quite a lot of girls teasing me for some reason. (James)

Gregory and Bradley went on to talk about being an 'easy target' because of the way they looked.

> Well with the bad I was bullied somewhat at school, being short and I was quite podgy in those days and wore glasses. I was a fairly easy target and I didn't know how to defend myself (Gregory)

> Yeah in middle school was when you get that social awareness … I can remember the bullying, that's when my eyes went bad and I got glasses and it all went into that awkward introverted … for the longest time I was the nerdy kid who wore the wrong clothes and did all the wrong things so yeah there was a bit of bullying. (Bradley)

As outlined above, schooling was a negative experience for most. A few participants described wanting to leave high school as soon as they could, often despite their strong academic abilities, as a result of the experiences of rejection and bullying.

Difficult Sexual Development

Participants discussed difficult experiences of sexual development describing a variety of experiences and journeys. The subthemes below highlight how for most, sexuality was a mysterious topic which they described as a topic which was not discussed within their social contexts.

Sexuality is a mystery

Most of the participants described sexuality as a mystery during their adolescence. It appeared that it was something that was not openly discussed within their families or in wider social contexts. Participants described failing to receive any information regarding puberty and sex and as result, some experienced anxiety pertaining to these

topics. Gregory described a similar experience in which there was no discussion about pubertal change. He relied on a 'book' and his often misled peers for any information regarding sexual development. Gregory relayed this to the norm in New Zealand culture at that time. Given the age of some of the participants it is likely that for some people the observed lack discussions around puberty and sexuality during their upbringing was reflective of the norms at this point in time.

> You certainly didn't talk about the sort of things that a kid might want to talk about growing up, what's going on inside me, what's this puberty all about, what's happening and how do I understand this sort of stuff. We just didn't talk about those kinds of things at all. So I just got no mentoring in that respect from either of my parents and no instruction in sexual matters at all … When I was about 13 my father thrust a book at me and said here read this. That was the sum total of the sexual instruction from my parents. And the rest you got from talking in the playground, mostly a bit erroneous or twisted obviously, and then as time went on from reading magazines or books and so on, but no … here were no classes and that sort of thing in those days at school. It just didn't happen. (Gregory)

Many of the participants talked about how the mystery around sexuality and sexual development resulted in them becoming secretive or ashamed of sexuality. Stuart's family was one in which sexuality was not discussed at all and, as he saw it, there was an 'acute sense of shame' attached to anything to do with sexuality. According to Stuart, this shame led to anxiety and secretiveness around sexuality.

> I think that we had a very poor attitude to do with sex whatsoever and really extending to one's attitude to our bodies and I think also an acute sense of shame with anything to do with sexuality leading, I think, leading to a kind of secretiveness about anything to do with sexuality, personal behaviour. (Stuart)

Stuart went on to described how this sense of shame and fear around sexuality has a lasting impact on his life in that, in his view, it lead him to seek out other secretive behaviour, namely his offending, later in life.

> I think it induced this continuing sense of fear and shame about anything to do with sexuality and hence seeking out of secretive kind of behaviour later in life. (Stuart)

Furthermore, as a result of a lack of knowledge and failing to engage in these discussions (possibly due to their sense of shame and secretiveness around sexuality) a few participants also described themselves as 'sexually immature'.

> I was very, very, very sexually immature. I didn't have a clue what it was all about. No one ever told you. It was a subject you didn't talk about. There was no sex education. (Thomas)

Early sexualisation

Most of the participants described early sexualisation experiences. As is consistent with the research in this area engaging in sexual experimentation with peers at an early age was more prominent than sexual abuse experiences (Sheldon et al., 2009).

> I know for me early on I had a lot of early sexualisation … My first sexual experience was with another boy, my friend who was the same age as me … we got to a point where, I mean we were quite sexually intimate, we didn't realise, we didn't really understand what sex was or how to have that at that age. So we were kind of mucking around. (Craig)

> Yeah, I don't know how it began, but we ended up doing the doctors, nurses, mummy's, daddy's thing and it got pretty graphic. (Christopher)

Of the many participants who experienced sexual play with peers early on in their development two described how they felt as though further sexual development was stalled. Furthermore, they concluded that the CSAI they engaged with tended to be of children similar in age to those peers they engaged with during these early sexual experiences. Craig described an experience of sexual play with a same age peer. He felt that following this his sexual development stalled and his sexual preference remained with this age group and gender (Craig identified as heterosexual and sought relationships with same age females at the time of interview).

> And so for me my sexual experience and development stalled there … And so through my teens that attraction and that arousal was there towards younger boys. As I got older that didn't shift, it stayed the same. And so yeah, I experienced that attraction for quite a while, well until now. (Craig)

But I still fantasise in my dreams about the things we were doing. That's messed me up... but I do have a sexual attraction to especially younger girls, especially eight plus, age of the girls I was playing with next door (Christopher).

A few participants also talked about the shame that arose from these early sexual experiences possibly adding to the sense of shame many already experienced regarding sexuality. Craig talked about his early sexualisation experiences as one of the most significant experiences of his childhood. He described being unable to process it and relatedly, felt an immense sense of shame around this incident.

Significant childhood experiences, that are stuck in my mind, would be the early sexualisation, that's been huge because I've carried those experiences for so long and it's been this thing that's hung on for dear life right through my journey, right up until now, that's been a huge poignant thing for me just because, um, initially I didn't know what to do with it. Good little Christian boys don't do that sort of thing, apparently ... But I don't know, there wasn't, yeah I attached the shame to it, no one else did because no one else knew. It's all me, and so I carried this secret with me for so long until last year where I was actually able to properly bring it forward and deal with it, you know. (Craig)

In summary, sexual development was an area of difficulty for most of the participants. They spoke of how the mystery around sexuality led them to secretiveness, shame and ultimately sexual immaturity. This was something which continued to impact some participants throughout their adult lives. Furthermore, most of the participants described early sexualisation experiences which they felt also negatively impacted their sexual development and contributed to the sense of shame they experienced regarding sexuality.

Difficult Intimate Relationships

Most of the participants described difficulty within intimate relationships. Viewing women as scary and unapproachable was a common experience and as a result participants tended to avoid pursuing connections with the individuals they were attracted to. Participants also spoke of experiencing rejection and being hurt by women. This appeared to result in confirmation that women are scary, untrustworthy and should be avoided.

Women are scary

For some participants this was a result of being shy and insecure. Gregory described despite finding girls attractive, he was constrained by his own insecurity and shyness.

> No. I think prior to that I found girls attractive. But out of my insecurity I never knew how to approach them. I found asking a girl to go out with me extremely hard. I was very insecure and also quite shy as well … So yeah I found it very hard to develop those kind of personal relationships or it had to get the security to actually ask someone to go out with me, I found that very hard. (Gregory)

For one participant, he saw girls as 'scary' and would tend to see them as friends rather than entertain the idea of developing an intimate relationship. He appeared to have a particular fear that they may misconstrue his intentions.

> There's been a big massive wall of girls are too scary, they're going to get the wrong idea, everyone's just a friend, even though I had worked with quite a lot of women around my age at different times over the years, it was just like 'no'. (Craig).

Stuart described being 'terrified' and 'frightened' of getting into a relationship and the need for commitment that this brought. He described avoiding sexual contact in particular due to a fear of an unwanted pregnancy. This appeared to be aggravated by the tendency for his family to be very ashamed of sexuality and failing to discuss it in any means. He went on to give the sense that there was something underlying this fear, possibly his own insecurities and fear of rejection.

> I was attracted to my classmates, young women in my peer group, but did nothing about it because I was terrified … so I didn't want to enter into any relationships. I certainly didn't want to repeat what had happened with some of my peers and siblings in terms of getting a girl pregnant and in those day's contraception wasn't available and either the girl was sent off somewhere … but it could wreck your life. (Stuart)

As a result of their various fears and insecurities, participants tended to avoid relationships throughout their adolescence and early adult hood. It was common for

participants to have experienced just one or two relationships and in many cases participants did not experience intimate relationships until they were with the partner they later married. Whilst this is the case for many people it appeared participants' lack of relationships resulted from the factors outlined here rather than a conscious decision. Similarly, some participants talked about avoiding sexual relationships. For some this meant having their first sexual experience in their late twenties despite not wanting to delay sexual activity.

Several of the participants described experience of being rejected by the women they approached and, as a result avoided contact with females thereafter. Craig stated that as a result of experiencing rejection early on he avoided pursuing relationships throughout his teens.

> I had some, a few early rejections from females when, oh yeah when I was in that space of experimenting, around intermediate age … And then a couple of other rejections from girls at school, you know, kind of dates and stuff like that. And so with my sexual connection ending and those rejections, for me it was very much okay girls are too hard basket, not going there, they're all just friends and that's it. There's a big wall there for me. And so I held that pretty much right through my teens. (Peter)

Peter described being held back from relationships as a result of his shyness and later on, being rejected. He later went on to say how he later relied on the internet to obtain relationships, possibly as this became less confronting.

Women cannot be trusted

In terms of difficulties in intimate relationships a few of the participants also described experiences in which they were hurt in relationships. This was almost invariably their partner cheating on them, often with someone known to the participant. Christopher described "two of them cheated on me with my best mates". Similarly, another participant described how he had been cheated on by both his first girlfriend and wife.

One participant described feeling used and manipulated by his partner whom he had financially supported to move to New Zealand. He stated that his ex-wife disengaged

from the relationship and any intimacy following the birth of the child and as a result this marriage ended. As described above, many of the participants were reluctant and often feared relationships and females throughout development. It appears that when some of these individuals obtained relationships they were ended due to the actions of the women. It is likely that this reinforced the idea that relationships are scary and women cannot be trusted.

In summary, this theme and their subthemes paint a picture of the participants avoiding women and relationships due to their insecurities and experiences of hurt and rejection. For some participants this appeared to contribute to an avoidance of real-life relationships and turning to the internet as a less 'scary' way to meet their need for connection.

Participants' Explanations of Why they First Accessed CSAI

Participants were asked what was going on in their lives in the year, month and week leading up to when they first accessed CSAI. Participants described how during this time period they had experienced an increase in stress, were lonely and isolated from both friendships and intimate relationships, were engaging with other pornographic material and experienced an increase in spare time.

Stress

When discussing the time leading up to their first offense all but one of the participants made reference to stressors. Participants described varied sources of stress including, work, health and emotional difficulties. Participants also talked about the presence of stress in their lives more generally often as a result of a combination of factors.

> Just completely strung out … all of the problems landed in me and I didn't have the space to deal with them. I couldn't get them off me. (Craig)
>
> I have accessed the abusive material on a number of occasions on and off over a period of years prior to getting caught and generally those periods would have coincided with the end of a relationship and probably a period of high stress and other issues going on. (Frank)

Most participants referenced significant work stress in the period leading up to the offending. Some participants described working two jobs and in some instances work was in conjunction with night shifts and being a parent. Some described high pressure and large workloads contributing to longer hours. Craig talked about his work as being something he was unable to switch off from. The nature of the work meant that he was often on call to an emotionally taxing job. He referenced having very little of the supervision and support he would have needed to perform in this job effectively and without cost to him. Craig went on to describe a cycle of feeling stressed from work but then seeking to be close to children through his work in order to cope with this.

> And so it was kind of this pressure cooker of doing that kind of work … and really up-skilling myself in that, and I was doing it for real in the community, grass roots level, no supervision, no nothing. (Craig)

A few participants made reference to physical and mental health issues leading up to their first offence. One participant talked about being diagnosed with social anxiety prior to his offending beginning whilst the other two described significant health issues.

> Prostate issues and incontinence began to become apparent and I couldn't get my head around dealing with that properly … Issues ah sort of going back to my childhood, feeling ashamed of my body really and kind of withdrawing into this secret little world. (Stuart)

A few participants made reference to significant emotional stressors in the time leading up to their offending. Continuing from above, Craig described the large emotional toll his work had on him. He described becoming very involved in the crises of others and was often placed into emotionally demanding situations. Another participant described the loss of several family members in the period leading up to his first offense and talked being unable to deal with it.

> We had a number of people, two of my siblings and my brother in law all died … and I didn't deal with it well. So that was one of the things, was this unresolved grief which was like a huge rock in the middle of your stomach. (Stuart)

These participants spoke of having no outlet for this emotional stress, feeling unable to discuss this with anyone or seek support from others. As with Stuart and Craig above, this meant these individuals were internalising this emotional distress with no effective outlet or means of coping.

I was feeling quite demoralised and not able to articulate it and not able to

think about where to go for help. (Stuart)

Progression from other Legal Material

Most of the participants made reference to their accessing CSAI progressing from other, legal material. The men generally made reference to starting with adult pornography and through avenues such as pop up advertisements came to access CSAI. Bradley first experienced pornography in his mid-teens and described himself as a regular consumer of legal pornography from this time. He stated that his use of legal pornography increased when he obtained a computer and was able to download images. He gave the sense that this was the trigger to an increase in use that eventually saw him access CSAI.

I probably had a stash of magazines when I was around 15 or 16. Had seen the

occasional one before that um yeah when I went away to university I got a

computer and was able to find billboards to download images from and it just kind

of fed this, I don't know, appetite for pornographic material ... I spent a lot of time

searching for and looking at pornography. It was just a progression of sorts I guess.

There were pornographic images on the legal ones and occasionally child sexual

abuse images would pop up and the longer you hung out the more somebody

would kind of say well this is where you find them and this is what you do and just

kind of sucked me in. (Bradley)

Conversely, Gregory described being triggered by seeing a news item on child models and as a result, searching such websites.

I started looking at first of all just adult pornography there and then at some

stage there I started looking at child pornography as well ... I think I saw a news

item that had something about child models and I was curious and I looked up

that on the internet and so it was easy to fine, and I started looking at what is

known as child model sites for a while. I can't remember for how long that went

on and I think because there was pop up advertisements and other stuff that sort

of came on the websites and that lead me into looking at more abusive child

images, children naked and displaying themselves. So it was a progression. It

was sort of a little bit added on, a little bit added on. There was no giant leap

when suddenly oh it just progressed. (Gregory)

Once the participants had accessed the CSAI many talked about how the images they were accessing increased in severity. For example, the individuals would talk about how their accessing images of children started with searches for "child model websites" or "boys in speedos". It appeared as though as their offending went on participants' experienced a 'tolerance' effect in that they needed to view more explicit images in order to gratify their sexual needs. The quote below is typical.

> I was freaking out, someone's going to bash down my door. But you know, started doing it [accessing CSAI] for a little while and that soon disappears and you do sensitise to what you're looking at and it's down a rabbit hole after that pretty much … And you know, as I was searching for other things I found harder and harder images …And so you know just kept looking and kept looking and it just became a habit and a pattern that I couldn't break. (Craig)

Loneliness and Isolation

Many of the participants described experiencing loneliness and isolation leading up to their offending. They described lacking friendships and extending from what is outlined above, spoke of a decrease in the intimacy within their intimate relationships.

Isolated from friendships.

Participants described an absence of social connections resulting in the use of the computer for 'comfort' and as a means of making a faux connection. Christopher talked about how his lack of social life meant he would spend his time playing games on the internet which ultimately progressed into his offending.

> So no sleep, no social life, no sex life … and I ended up getting addicted to an online computer game which I spent every free waking hour playing, even with a child on my lap I'd be playing this bloody computer game. And then when my partner was asleep and the child was asleep I began offending. (Christopher)

Peter felt he came to use CSAI for comfort in the context of feeling lonely and isolated following dissipation in the intimacy and connection within his marriage. He compared this to when he was satisfied with his marriage and as a result, was not offending.

> I think I was lonely, isolated and I think I was using the computer for comfort. And because I could say anything on there and they're not going to hit me in the face or whatever, not going to beat me up. … (Peter)

Intimacy loss.

A few participants made reference to a decline in intimacy and sexual connection within their relationships leading up to the time they first engaged with CSAI. Several participants described the place CSAI had in meeting what they felt were the resulting unmet intimacy needs.

> Both of us had our deficiencies in developing proper intimacy ... so I think there was perhaps trying to make up for that. (Gregory)

> And so I felt very inadequate at that period and my partner was very busy and we had really moved apart in a lot of ways in terms of not talking about the issues that were really personal, our intimacy was declining really, real intimacy. (Stuart)

Participants discussed a decrease in their sexual activity with their partners or feeling as though their sexual needs were no longer being met in these relationships. Peter discussed how his wife no longer engaged in sexual contact following the birth of his daughter.

> I mean we wouldn't have sex much after my daughter was born ... my wife wasn't giving me love so I got it elsewhere ... I think I mainly wanted a sexual release, because I wasn't getting it from anybody else. (Peter)

Spare Time

Some of the participants described an increase in the amount of spare time available to them leading up to their first engagement with CSAI. The older members of the participant group described reducing their work hours. These participants described how this led them to feel 'bored' and as such, filled this spare time with surfing the internet and ultimately came to access CSAI.

> I ended up with a lot of spare time on my hands, and I think that probably lead to going on the internet and surfing the internet if you like and discovering sites that were inappropriate. (Thomas)

Matthew described accessing the images out of 'boredom'. He described his tendency to sort images into folders (with the view that one day it may be used for trading) as a way to 'fill up' this boredom. Matthew also highlighted his tendency (which was similar for other participants) to 'surf' the internet when he was bored. He highlighted how this often would lead him from topic to topic eventually accessing CSAI.

A lot of it comes down to when I am bored. It gives me something to do when I am bored, and it's not even necessarily about looking at them all the time. (Matthew)

In summary, it appears in many cases there was a transition into the offending through participant's use of the computer for comfort (in the presence of stress and absence of real life connections), to fill time and as a progression from their already heavy use of pornography.

Participants' Explanations of What Maintained their Offending

Although participants were not asked about why they felt they continued to access CSAI, upon coding it became clear that this was something that was discussed widely and was rich in its content. Participants spoke of how their offending was maintained by CSAI providing them with a coping mechanism and an escape from what they felt was a difficult reality. They also talked about the 'addictive' nature of the material, the draw to collecting and their use of denial as maintaining factors.

Coping with Negative Emotions

Many of the participants described how they used CSAI as a means of escaping from negative emotional states and medicating underlying suffering. Gregory talked about how the images provided an antidote to underlying emotional pain that continued throughout his adult life.

> I was still feeling fairly lonely and I know that my accessing, looking at pornography and masturbating was medicating for a sort of emotional pain … and that sort of emotional pain continued on right through our marriage as well because I hadn't addressed those sorts of emotional issues. (Gregory)

Many of these men described their negative view of self. This was characterised by low self-worth and poor self-esteem. Gregory went on to talk about a long-term struggle with his own identity. He gave the sense that CSAI allowed him to feel attractive and wanted without the potential for rejection. He went on to describe his experiences of having difficulty forming friendships as a child hypothesising, that the age of those in the images he accessed was significant and possibly linked to this.

> I've struggled with personal identity, with self-worth, self-esteem, I've had big issues with this over the years and I think … I think looking at pornography generally that it helped me to feel attractive, to feel wanted, I could be the hero

> instantly, no one turned me down, I was never rejected, I suffered a lot from rejection over the years because of my lack of self-worth. (Gregory)

Many participants listed a variety of other feelings including shame, humiliation, hurt, anger, unloved and frustration to which they felt CSAI provided them with some relief.

> Honestly I use it [CSAI] as a coping skill. If I'm feeling rejected, anxious is a big one, bored, frustrated, just down in general. (Christopher)

As described in what precipitated the offending many of the participants described feelings of loneliness and isolation prior to their first offense. It became apparent that these were feelings which continued as participants accessed CSAI and as such, the images appeared to provide these individuals with a faux sense of connection. Additionally, participants spoke about accessing CSAI in the context of feeling unloved or unlovable. It appears again, that through CSAI participants were able to fulfil a need to feel loved.

> It really was wanting to be loved because I spent so many years thinking I'm such a terrible person because I've got this big secret … I can now identify that for me in my pathway, it was wanting love, it's the emotional connection with the children … But it was just feeding my desire to build myself up. (Craig)

Within this sub-theme participants spoke of the images providing a space where they could escape their often painful reality and enter a fantasy world. Within this world the images allowed the participants to fantasise about an emotional connection with the children present in the images.

> In the porn fantasy world I was liked, loved and never rejected. (Gregory)
>
> I suppose part of the fantasy would be that if I met that boy in real life, could I have a relationship with him I suppose. (Matthew)

This realm appeared to lack the fear of rejection which was evident in their day to day reality, a space that they were not at risk of being judged. One participant simply stated "pictures don't judge" (James) when he was asked why he believed he had accessed CSAI. It appeared as though the images provided a feeling of being able to be themselves without their usual fear of judgement. Matthew, speaking of the boys in the images stated "Boys don't seem judgemental, they are accepting" (Matthew, speaking of the boys in the images.

Addiction

Most participants gave the sense that the pornography "took over" their lives akin to an addiction. They referred to a compulsive element to accessing CSAI.

It kind of took over my life really. It was every spare moment I wasn't doing something else I would be on the computer downloading something. (Matthew)

Participants talked about their behaviour as both an addiction and compulsion. In terms of an addiction participants described being exposed to the images and developing a "pattern" or "habit" that they couldn't break. They described an escalation in the content of the images and, as is referred to in drug addiction, what appeared to be a tolerance to lower level images, needing more "hard core" images to reach sexual arousal.

You get exposed to that and it's like, give me more, and that's how the compulsion goes … it just became a habit and a pattern that I couldn't break. (Craig)

Initially you know I'd looked at pretty much pornography of all sorts and some really turned me on, some didn't, and it was a bit of an exploration and when the things that were turning me on didn't anymore, I had to go find something that would. (Bradley)

A few participants made the comparison to other addictions such as gambling and drugs. Similarly, these participants also made reference to the idea that accessing CSAI was an addiction and an 'illness'. This suggests that for some, their understanding of their CSAI has a biological basis and as such, the idea of an 'addiction' alludes to a lowered sense of control over their use.

What's happening there is exactly the same as happens with any other addiction such as alcoholism or drug use. (Gregory)

Stuart compared his CSAI to problem gambling in terms of how it gives rise to an addictive component in those he suggests are 'vulnerable' to such an addiction.

I would always make a comparison between internet porn and problem gambling, pokie machines. The whole thing is set up to induce repetition and so one of the things I am interested in is a government, whoever are tackling the whole issue on the way internet porn induces addiction the way pokie machines also induce addiction in vulnerable people. (Stuart)

In line with the idea of addiction some participants also made reference to the 'rush' which came from using CSAI in a way which seemed to resemble the rush which

substance abusers often experience. Two participants talked about the excitement they experienced due to the images being taboo, illegal and forbidden. They both made reference to the excitement of possibly being caught. One participant described that this 'thrill' aspect was what he was 'addicted' to.

> There's the actual act of the offending, the using the computer, the sneakiness, the adrenalin of doing something taboo and illegal and possibly getting caught and … I'm addicted to that I think. There's some kind of anxiety, fear, excitement, thrill that I get out of it. (Christopher)

> When I happened upon it I was like oh wow this is really kind of edgy and extreme and I really shouldn't be doing this but the excitement, I guess the taboo and forbideness of it, it was like wow … the thought, the notion just really captivated me because it was so forbidden. (Bradley)

Most of the participants discussed the sexual arousal that came from viewing the images and how this contributed to the 'addiction' type experience described above.

> Well people who do that including me, get sexual arousal out of it … getting good sexual feelings out of it. (Thomas)

Christopher talked about how his offending fulfilled both the rush outlined above but also a sexual desire.

> I hate admitting it, but I do have a sexual attraction to especially younger girls, especially eight plus, age of the girls I was playing with next door so my offending fills both a sexual desire fantasy as well as the adrenalin, fear, anxiety sort of rush … think it all really comes down to a sexual attraction towards children. (Christopher)

Collecting

A few of the participants described collecting and trading CSAI. They gave the sense that the process of collecting and subsequently trading these images was as important as viewing the images themselves. They talked about sorting images into categories or folders and one individual talked about being reluctant to delete images from his collection. This insinuated an attachment to the images along with, as is described below, a sense of accomplishment with having certain images in one's collection.

> It's not even necessarily about looking at them all the time. It's about collecting them. I mean I might look at something once, but I'll never delete it. It might be something that I don't even like. I'll just put it in another folder. Someone else might have something that I like and I can get something for something that I don't like (Matthew).

In line with this, a few of the participants described experiencing the looking for images as a 'challenge' or a puzzle. It appeared that this gave them a sense of accomplishment or expertise possibly servicing their often lacking self-esteem or sense of self, described earlier.

> If there's one thing I like it's a bit of a hunt or a chase or puzzle. Yeah I just started collecting images … into the thousands. (Bradley)

> I took it as a challenge to myself to try and find more because I was pretty experienced with the internet and finding things. I remember it took me weeks to find just one or two images … I think I ended up on chat rooms that covered that topic and I ended up trading with people. (Christopher)

Denial

A few participants described themselves in a state of denial regarding their offending. They detailed an array of cognitive distortions which facilitated their CSAI use. They talked about failing to connect the images to reality and in essence saw the images and their behaviour as victimless. This use of cognitive distortions would have sought to maintain the participant's offending by protecting them from any feelings of guilt or wrongdoing. By masking these feelings they were likely able to overcome them and continue accessing CSAI.

> I didn't view it as wrong because … I didn't view it as having any connections to reality … there was nothing really there, there was no-one being hurt or anything like that. For me that's what I was comfortable with. (Timothy)

Furthermore, participants also described how their denial was maintained by an absence of social accountability. A few talked about how, in the absence of the opinions of others, they were able to justify their offending to themselves a lot easier.

> Not talking to anybody else about it meant that the only view I had on my behaviour or a number of my behaviours was my own and yeah and I didn't let

anybody else see what was going on in a number of areas, so yeah wasn't able to get any feedback from anybody as to what was going on. (Frank)

Not being around others enough, getting myself further involved into the culture to such a large extent, one of the side effects of not being around social circumstances as much as not getting those same view points and the way people look at things. I look at them in one way and I think yeah that's perfectly fine. The vast majority of people I might come across if I actually were out there making friends, talking to people a lot, it would become quite clear, very much so that, okay mate, there's something not quite right there to. It would make it quite a blazing, make it, obvious. (Timothy)

Again, it appears that isolating themselves from the opinions of others enabled them to maintain their use of cognitive distortions and justifications in order to continue accessing this material they felt 'addicted' to using.

In summary, participants talked about how both emotional and practical elements maintained their offending. They articulated how the CSAI served as an escape from both their emotions and difficult reality and talked about how the images were an antidote to difficult feelings. In terms of the 'doing' participants described an 'addiction' to accessing the images in a way which they felt paralleled substance and gambling addictions. They also spoke of the act of collecting and how the challenge and sense of accomplishment served to maintain their use. Finally, participants talked about, not allowing themselves to experience the underlying guilt through the use of denial and avoiding social accountability.

Treatment Experiences

Participants were asked to comment on the elements of treatment that they found most helpful. From these discussions developing an understanding of their offending, working in a group, a safe and environment and attributes of the therapist were positive aspects of the treatment. Furthermore, participants described how continued support after the programme's end would have been helpful.

Developing Understanding of Offending

Most of the participants talked about the importance of developing their understanding of their offending during treatment.

> Understanding more, a lot more now, or understanding how the offence, how an offence pathway kind of goes, and looking at that process, I can totally see myself in it. I can totally see how that happened for me. The lifestyle problems are there, you know, feeling hurt, humiliated, angry, wanting revenge and you know, bad sexual fantasies, pretty much rattled the whole thing off now. (Craig)

Some of these participants talked about the specific assignments within their programmes and how these assisted their understanding. Christopher spoke about this in a way which suggested that understanding allowed him to avoid some responsibility for his offending. He talked about how understanding 'why' helped him to realise that it was not entirely his fault and could also communicate to his parents it was not their fault either.

> What I found helpful, first of all I think I needed an understanding of why I am who I am, where this attraction or this addiction or whatever you want to call it came from … I found that really good because it let my parents know it wasn't their fault. It let me know, okay this isn't fully my fault. There's other factors. It just felt like it answered that question of why? Why me? (Christopher)

For Stuart, he discussed how knowing 'why' he ended up this position was what an outcome he had hoped would come out of treatment. However, he stated that he needed to accept that there is no 'actual answer'.

> The, one of the things that I had hoped through counselling was to answer the question why, why did I get into this situation? For me personally, despite what I've told you, there are factors right, I know there are risk factors, boredom, lack of intimacy. But in terms of why, why me, why did I find myself in this situation, there is no answer. That's what you have to accept. There is no actual answer. (Stuart)

These descriptions and those outlined below appear to reflect that for some, being able to feel free of judgement and to avoid some responsibility for their offending (e.g., Christopher's description of coming to realise it was not 'entirely his fault) in the therapeutic environment had some positive implications for therapy in that it allowed participants to be more open within their treatment group and as such, likely meant that they could engage in treatment in a more honest way.

Working within a Group

Many of the participants referred to the importance of working in a group. They talked about the comfort found in being in the presence of other men who had similar experiences or those who they considered 'like' themselves. Being surrounded by others in a similar position appeared to mean that the participants felt less likely to be judged. Feeling free of judgement appeared to allow participants to be more open and therefore, examine their offending more honestly.

Yeah so it's been quite eye opening and knowing that I'm not necessarily alone and it's very therapeutic to sit in a room with a bunch of other people who have done similar things to what you've done and not be kind of isolated. (Bradley)

Not to judge is important too. Even though there are some people who judge other people but you shouldn't really judge what they've done. That's why I was excited when I first came to this [treatment programme] because nobody could judge me for what I did because they did similar stuff anyway. (Peter)

Some participants also talked about the learning that can come in a group setting. They made reference to 'bouncing' ideas and learning from the experiences of others.

It's good to have other people who have been through the same thing, I understand it's the same thing, and we can bounce things off of each other and come up with our own plans. That's really helpful. One on one is good, but having five people with the same issue, all trying to nut out at the same time, excellent. (Christopher)

Participants also talked about the importance and therapeutic nature of sharing their experiences with others. They discussed the importance of talking and being free to explore their experiences. Stuart talked about his experience of his treatment group and described being amazed at the level of self-disclosure. He went on to talk about the importance of shared experiences and also, gaining different ideas about how to deal with the same problem.

I really value the group work, where peers - I mean this group here is amazing in terms of the disclosure. It's quite astounding. And you know we are absolute strangers and we don't engage at all outside this environment. It's more like a club, and as people work through the issues in their life, it's like a person who is having difficulty with their housing, you realise it's a lot more than just being able

to pay the rent or something. It has to do with all these interrelationships and so you can start to model that and think about that and transfer it. People who are very different, you can see how they deal with. (Stuart)

A Safe Environment

Half of the participants described the safety of therapeutic setting as a key part of their journey through treatment. This sense of safety appeared to come from a variety of factors, however, the result was participants feeling as though they were able to open up within their treatment freely. They talked about the structured nature of the programmes which appeared to provide them with a sense of predictability and consistency.

The counselling was structured. At the end of it you had tasks which you could work. So you were a partner. So you were engaged as a partner in dealing with the real issues and she wouldn't let you off the hook. She'd say that doesn't sound right to me. She would take you back, you know, burrow down until what she was trying to do was to get you to really articulate the real fears and anxieties that you were experiencing at that particular time, leading up to the offending and so forth. I think also, so well-structured counselling programme that has I would say a timeline, you know, we're going to start, we're going to go for six months, we're going to do these things, we're going to try and do these things and you're going to be doing this and I'm going to do that. (Stuart)

Participants emphasised the importance of this sharing and being free of judgement within their treatment programmes. Many acknowledged the importance of talking even if this was difficult for them initially. Phillip talked about the factors which were most important to him during his time in treatment.

The opportunity to talk about, the environment, you can say things without incriminating yourself … And the whole non-judgemental, which is both from the group and individual. So you feel free to explore possibilities of how you might be thinking about this and how you might be thinking about that and if you go wrong then you're told where you should be thinking or how you should be describing things, but you are not censured for having expressed something in a way which might be inappropriate. (Phillip)

In line with this, participants frequently made reference to the importance of confidentiality and privacy. They talked about feeling secure in knowing everything being discussed would remain confidential. Peter talked about how, given his shy nature, knowing everything was going to be private and confidential allowed him to open up.

> Yeah well, being shy, I sort of find it hard to sort of have a conversation with somebody. So yeah, I found that's quite helpful, having a talk ... so um I think it just opening up and knowing everything's going to be confidential ... respecting privacy and confidentiality. (Peter)

Attributes of the Therapist

Many of the participants described specific attributes of their therapist as helpful. Participants described their therapists as understanding, empathetic and non-judgemental. They gave the sense that they felt that their whole person was considered rather than focussing on their offending. Participants talked about the knowledge of the clinicians as a key part of their growth of understanding. Craig talked at length about the importance of his therapist's knowledge about offending and as result, in his feeling understood. He described a sense of relief from working with someone he felt knew how to respond to what he was disclosing. Craig finished by emphasising that it was not only the therapist having a general understanding, it was more about understanding what this actually meant for him, as the individual client.

> The biggest part of what's been helpful is to be able to share with someone, like my therapist, at that level and have them be able to understand and to be able to emphasise and go mm, you know, we can understand that ... cause even sharing with people after the fact, you know in the process of needing to disclose or whatever, people can be understanding, they can go okay and be supportive, but unless you are aware of how sexuality develops, how offending takes place, all these things, a person can't really understand. (Craig)

A Need for Continued Support after the Programme

Participants appeared very reluctant to critique or provide suggestions for the programmes they had been involved in. It appeared that this was due to how helpful they found the programme and the respect they had for the programme and its staff. However, many of the participants described a need for continued support after their respective programme. Christopher talked about a variety of supports he thought are

important following completion of a programme. During this talk, he reflected on his previous experiences of being in the community and what he has learned is necessary in order to avoid offending.

> I think it's a realisation that it needs to be ongoing treatment. It's these goals and safety plans and risks and things that you need to be aware of, or that I need to be aware of in the future. And what we're trying to do differently this time is, there's a group of us that are trying to remain friends and actually help each other out. You need that kind of, you need somebody who's been through it before. You need a role model or somebody to, what's the word, somebody, you need somebody you don't want to let down. (Christopher)

When talking about this need for more support after the programme several participants suggested that computer monitoring software would also be something they would consider useful. They made suggestions such as limiting internet usage or being monitored and stated that this would be a considerable deterrent for a return to CSAI use. Matthew talked about how this would help prevent him returning to CSAI use whilst still being able to remain up to date with technology.

> Monitoring software on internet offenders' computers … I'm thinking but this would be perfect … It obviously needs to be something that I can't have access to or like can't hack into it or whatever … it's basically like my ISP would get routed through Internal Affairs and like goes through their computer and then comes to me, which basically means they can watch everything that comes down my line … And if someone is watching me, well that's great, because I am not going to be doing something that I shouldn't be doing. (Matthew)

In conclusion, participants were readily able to comment on the positive elements of treatment. The examples they gave were developing their understanding of their offending and how the attributes of the therapist, group therapy and a safe environment allowed them to reap the benefits of their respective programme. In terms of what else may have been helpful participants talked about support following the end of treatment both in the form of psychological support and computer monitoring would have, in their eyes, been beneficial.

CHAPTER FOUR

DISCUSSION

The number of detected internet sexual offenders has increased dramatically over the last decade with the majority of these individuals being convicted of possession of CSAI (Babchishin, Hanson, & VanZuylen, 2014; Wolak, 2011). Despite the relevance to today's society it still remains unclear what factors are associated with accessing CSAI. In particular, research regarding the early life development and characteristics of this group of offenders is underdeveloped and only recently have researchers begun to develop typologies of those who access CSAI (e.g., Houtepen et al. 2014). Whilst this increase in the use of the internet in sexual offenses has seen efforts to combat this type of offending and educate young people around internet safety, development of tools to effectively assess and treat this group are notably lacking (Perkins & Merdian, 2014).

This thesis identified a sample of 12 men who have accessed CSAI and were currently in or had recently completed treatment in both community and prison treatment programmes. This project included a review of their early life experiences, precipitants to the first offense; factors they felt maintained their offending and experiences of treatment, using a semi-structured interview.

Summary of the Main Findings and Theoretical Implications

As is described in Chapter One, this study had two primary aims. Firstly, to contribute to the current understanding of what may contribute to individuals accessing sexualised images of children. This included gathering rich descriptions of participants' early life experiences and the period leading up to their first offense. The second aim was to contribute to the development of therapy through gaining insight into client's perspectives of what they found helpful in treatment. A semi-structured interview schedule was developed with the assistance of clinicians working within the field. The data collected from the interviews was analysed using Thematic Analysis as guided by Braun and Clarke (2006).

Key themes in regards to development included difficulties in early family life, negative school experiences, difficult sexual development and difficult intimate relationships. In terms of what precipitated offending, key themes included stress,

progression from other legal material, loneliness and isolation and spare time. Coping with negative emotions, addiction, collecting and denial were all identified as maintaining factors. Key themes from the data around the helpful aspects of treatment experiences included developing an understanding of offending, working in a group, a safe environment and attributes of the therapist whilst in terms of what participants would like additionally to the treatment they received the only theme identified was continued support following their respective treatment programmes.

Difficulties in Early Family Life

All of the participants described difficulties in their early family life. They spoke of instability within their families and lack of communication and emotional expression. Relationships with both parents tended to be troubled with their fathers remaining distant and some mother's being so close that individuation was a challenge. As a result of frequent relocations participants spoke of difficulties forging and maintaining friendships. This aligns with the broad child development research in Chapter One which outlined the detrimental impact of instability resulting from factors such as frequent relocations and difficulties within the parental relationship (Turner et al., 2012). However, the sample here did not align with the research suggesting a tendency for CSAI users to have experienced an absence of at least one significant adult and, or the death of a significant person outlined in Chapter One (Sheldon et al., 2007).

The participants described a variety of consequences related to these difficulties in early life including difficulties with emotional expression, issues in relationships and poor sexual development.

These findings partly align with those found in Sheehan's et al., (2010) qualitative study. When they asked their participants whether there were any life events or experiences which they felt contributed to their engagement with sexual abuse imagery three key themes were found, namely, childhood sexual experiences, social isolation and early use of sexual images.

Difficulties with Emotions

All of the participants described their experiences of childhood family life to be lacking communication and emotional expression. They spoke of how emotions were

'swept under the carpet' and difficult discussions avoided. Participants described the impact these experiences had on their later life including a continuation of this emotional avoidance and a difficulty reading the emotions of others. Family processes and support within the family system are two factors which have been related to the development of effective coping mechanisms (Skinner et al., 2007). Skinner and Zimmer-Gembeck also suggest that witnessing the reactions of significant role models to stress can shape the way children cope. As was seen here, the participants' family members tended to discourage emotional expression and avoid emotional content. It is possible that this hindered the development of effective methods of coping and as such, the participants came to rely on ineffective and avoidant strategies later on, such as engagement with CSAI.

Participants described a significant period of stress prior to their first offending and most of the participants also talked about using CSAI to cope with negative emotions. This aligns with early research which states that those who misuse the internet may do so in order to deal with difficult emotional states, finding pleasure through online sexual arousal and masturbation (Morahan-Martin et al., 2000; Quayle, V et al., 2006, Quayle, 2008; Quayle et al., 2002). Furthermore, Gifford (2002) outlined that, as humans are visual species, the immediate rewards namely, positive mood and masturbation, associated with activities such as internet sexual offending would be very reinforcing. Winder et al., (2014) conducted a qualitative analysis of the explanations of a small sample of offenders about the reasons for the commencement of internet activity and the progression to more illicit online materials. Similar to the findings here, most of the participants in this sample linked their offending to stressful life events and constructed their CSAI use as a way of coping with difficulties. Winder et al., conducted a discourse analysis of participants' responses and found participants tended to externalise blame and spoke of their transition toward offending in a passive manner. Winder et al., stated that participants spoke in terms of "powerful, debilitating forces which rendered them isolated and bored". Similarly, participants in the study presented here often spoke in a way which justified, excused, blamed external circumstances or appeared to render their behaviour as out of their control. For example one participant stated "my wife wasn't giving me love so I got it elsewhere" and another stated the children were "naked and displaying themselves" as to place blame and agency on the child.

Relevant to the findings presented here, Jung et al., (2013) suggested that some of the social and relational deficits observed in CSAI offenders may have an influence on the indirect way in which they offend, comparable to what is observed in voyeurism and exhibitionist offenders. Bates et al., (2007) identified that internet sexual offenders scored higher when compared to other sexual offenders on measures of emotional loneliness, social anxiety and accompanying experiences; for example, self-consciousness, social passivity, a lack of assertiveness, excessive interpersonal sensitivity. Marshall et al., (2012) stated that their tentative results suggest that CSAI offenders are more lonely and obsessive compulsive when compared to contact sexual offenders. They also went on to say that whilst social anxiety does not distinguish the two groups the CSAI offenders meet diagnostic criteria for this problem. Similarly, Prat, Bertsch and Jonas (2013) utilised forensic assessments of CSAI offenders and found that a third had expressed a sense of loneliness. This was found to be significantly different from offline sexual offenders.

Issues in Relationships

In addition to the above, throughout the results, a prevailing sense of a lack of strong connections with others was evident from the participant's early life through to their adult life. Within their families communication tended to be lacking with a particular absence of emotional connections. They described distant relationships with their fathers and close but often troubled relationships with their mothers. Participants frequently described being a 'social outsider' during schooling and, or failing to establish friendships due to factors such as their family's transience. Important to note here is research has shown that coping mechanisms are learnt through relationships with others. Relationships can teach children to manage their emotions, communicate with others and resilience through difficulty. The absence of close relationships in this group may be considered a possible link to the apparent failure to develop effective coping mechanisms outlined above (Skinner et al., 2007).

A lack of, or difficulty, in relationships appeared to continue into the participant's adulthood, describing a lack of close connections. They described experiencing females and relationships as 'scary' in many cases and as a result, avoided intimate relationships. Those participants who did experience intimate relationships tended to describe their

partners as difficult, disloyal and superficial. As is documented in the literature, sexual deviancy has been related to an inability to establish interpersonal intimacy (Neto et al., 2013). Whilst some of the participants were currently in positive intimate relationships these individuals tended to be older (aged 55 or over) and had entered into these relationships after a series of early relationship difficulties and previous separations.

This lack of connection was further reflected in what participants felt precipitated and maintained their offending. They described a sense of loneliness, isolation and intimacy deficits within their relationships and described using the computer for comfort and a sense of connection. Similarly, participants spoke of the internet as a safe place where they were free of the judgement they had experienced from others previously. Other research has found a similar phenomenon. Briggs et al., (2011) suggest that internet offenders tend to avoid relationships turning to the internet for a primary social and sexual outlet. It is believed that the internet provides them with a non-threatening way to establish social connections when their reality is characterised by dysfunctional socialisation.

Whilst the internet may provide these offenders with the social connection they crave it is also possible that becoming absorbed by this fantasy world could sabotage their chances of engaging in or maintaining pre-existing relationships. Neto, Eyland, Ware, Galouzis and Kevin postulated that excessive use of the internet may inhibit their ability to initiate and maintain meaningful relationships. They stated that when internet use becomes problematic it can lead to withdrawal and issues within real world relationships (Griffiths, 2000; Neto et al., 2013).

As a consequence of a lack of relationships, participants described a lack of the social accountability they would usually gain from social relationships. Research has supported this idea in that a lack of face to face contact allows people to reject social norms more easily and feel more power to ignore politeness and appropriateness ultimately resulting in less altruistic, more selfish and aggressive responses when engaged with the online world (Demetrious et al., 2004).

Poor Sexual Development

Participants described several difficulties in regards to their sexual development. Within their families information about sexual development was something which was

avoided or discussed very briefly. Participants had a very limited understanding and for some, sexuality became something they were ashamed of. Similarly, some had early sexual experiences which they had come to understand as being directly related to their offending. Most of these experiences involved sexual interactions with similar age peers, although two participants had experienced sexual abuse from an adult. Other studies have reported experiences of contact sexual abuse in childhood is less for Internet offenders compared to contact sexual offenders (Elliott et al., 2009; Sheldon et al., 2007; Webb et al., 2007). Sheldon et al., (2007) found that internet sexual offenders were more likely when compared to contact offenders to have engaged in heterosexual child–child sexual play prior to puberty whilst contact offenders were more likely to have experienced homosexual child–child sexual play. Given there is currently little data regarding the level of such sexual play in the normal population the influence of such experiences remain unknown.

An 'Addiction'

Participants spoke of their offending in a way which indicated they felt little control over their behaviour stating it 'took over' their lives and appeared to become less about the images and more about what needs the act of being on the internet served; for example, escaping reality. Often, CSAI was described as an addiction or compulsion, often being compared to drug abuse or problem gambling, frequently in a way which indicated a biological underpinning. These explanations align with those given in Nilsson's (2008) qualitative study noted in Chapter One in which participants described their overpowering urges to use CSAI.

The idea of an 'addiction' has been discussed in the literature in regard to 'internet addiction' and whether someone can become addicted to technology is debated. Some researchers have stated that individuals can become addicted akin to substance use (Young & Rogers, 1998) whilst others say a more appropriate description is of CSAI use is that it is driven by impulse control issues (Quayle et al., 2003). Aligning with what was discussed previously, Caplan (2002) suggested that participants are drawn to the experience of being online and display a preference toward virtual rather than face to face communication and experience more positive feelings about oneself when online when compared with offline.

In regards to what drives their use, participants talked about sexual arousal and act of collecting as important. They described the act of 'collecting' images as being as important as viewing the images, which is also reflected in the literature. McLaughlin (2000) reported that 71.5% of their sample could be categorised as collectors. Similarly, 75% of participants highlighted the sexual arousal they experiences as a maintaining factor.

Merdian et al., (2013) proposed a model for the classification of CSAI offenders in order to aid their assessment and treatment. The participants here appeared to align with their first category in that the participants described a sexual preference for children "in fantasy (confirmed collector)" as is described by the model with some overlap with the fourth "other" category which outlines motivations to access CSAI as based on "other reasons, such as curiosity ("sexually testing user") or moral considerations ("libertarian"). None of the participants reported their offending to be financially motivated.

Comparison to Ward and Siegert's Pathways Model (2002)

The results here overlap in many instances with the pathways model of offending outlined in Chapter One. Whilst this model was originally designed to describe the development of contact child sexual offenders, research has also sought to assess the level of overlap with CSAI offenders.

As has been found with other research, the relationship difficulties outlined by participants here, aligns with the 'intimacy deficits' arm off the pathways model. This area of the model outlines that an insecure attachment style in early life may lead to poor social skills and low self-esteem, paralleling what was described by participants within this research. According to this model sex offenders use sexual behaviour (abusive and non-abusive) to alleviate their experiences of loneliness and low levels of intimacy, something which was also referenced by participants here.

Middleton et al., (2006) investigated the applicability of the Ward and Siegert (2002) model and found that of the 60% of their participants whom could be assigned to this model, a large proportion fit within the intimacy deficits and emotional dysregulation pathways. Those who were identified as exhibiting aspects of this pathway had low expectations of the effectiveness or value of initiating and maintaining age-appropriate

relationships and accessed child sexual abuse imagery at times where they felt lonely or dissatisfied (Morahan-Martin et al., 2000).

The findings continued to overlap with the pathways model of sexual offending in regards to its description of 'distorted sexual scripts'. This aspect of the model describes those who have developed distorted sexual scripts and dysfunctional attachment styles. These factors are said to lead individuals to view relationships as purely sexual. The result of this is said to be frustration and unhappiness which may ultimately lead the individual to offend when feeling rejected or experiencing relationship difficulties. The participants in this sample often described engaging in casual sexual relationships leaving when they were required to become emotionally involved. Interestingly, Middleton et al. (2007) found that just 5% of their sample could be assigned to this pathway.

As is described above, most of the participants described early sexualisation experiences. The pathways model states that distorted sexual scripts and inappropriate and, or deviant sexual behaviour could result from early sexualisation. This could occur through the development of inappropriate or unrealistic ideas around partner selection, the normalisation of extreme sexual acts, and may possibly lay the foundations for impersonal sexual activities. Ultimately such distortions could leave offenders dissatisfied with offline sexual activity and thus an increased desire for CSAI use in order to achieve sexual gratification.

Finally, the findings here also align with the emotional dysregulation pathway outlined in the model. As was discussed by some of the participants here, offenders are more likely to engage in deviant sexual fantasy following stressful events and often negative emotional states precede an offence (Neto et al., 2011). It has been suggested that accessing the images is similar to the use of masturbation in contact offences in that this allowed them to escape and deal with negative moods (Cortoni et al., 2001).

Experiences of Treatment

Participants saw the key role of treatment to be developing their understanding of their offending, a common goal of treatment programmes; for example, building awareness around the precipitants of offending (the offence map). Participants also spoke of the importance of specific attributes of the therapist and the positive nature of

working in a group setting. Participants talked about therapist attributes of being empathetic, non-judgemental, knowledgeable and understanding, as being important and helpful. Although the role of therapist attributes in sex offender treatment has not been explored widely, several commentators have identified the importance of an empathetic and non-judgemental stance. Ware and Bright (2008) found that therapist empathy and warmth were positively related to treatment attrition and positive offender-related changes. Bauman and Kopp (2006) described how therapist empathy played a key role in assisting the offenders to develop empathy and take responsibility for their offending. Furthermore, a series of studies have identified the positive impact of a therapist who is perceived as non-judgemental on treatment attrition, interpersonal issues and offending recidivism (Bauman et al., 2006; Drapeau, 2005; McCallum, 1997; Polson & McCullom, 1995). In addition to what was described by participants, Sandhu and Rose (2012) found that from a consumer perspective, therapist gender (male preferred over female), and a supportive style of leadership were important

Participants in the current study also highlighted the benefit of group therapy in that it provided them a space to meet others in a similar position from whom they could learn. Whilst the literature acknowledges that initially some clients may prefer individual therapy, often due to anxiety about confidentiality, this is often seen to dissipate as individuals feel a sense of relief at the support they receive in group treatment (Serran, Marshall, Marshall & O'Brien, 2013). As was the case in this research, Glaser and Frosh (1993) highlighted that group treatment allows individuals to see they are not alone and provides a forum for learning, sharing and increasing interpersonal skills.

Support Following Treatment

Participants generally had very little to say regarding what else, additionally, they could have benefited from in treatment. The only theme identified from this discussion was the idea of support post-treatment; more specifically, computer monitoring systems (as opposed to complete restrictions from computer access) and follow up support from a psychologist. Research examining such methods and their effectiveness related to CSAI offenders specifically could not be found, however, one UK study related to registered sexual offenders more generally (mixture of contact and CSAI offenders) was identified. This study investigated the management of computer use in this offender group using

software which examines the PCS of offenders for inappropriate words and phrases with the results being managed by risk-management officers. During the six-month pilot period no major violations occurred, two of which were false positives. Participants in this study presented similar arguments for the usefulness of such monitoring as those discussed above; for example, 'it provides a safeguard'. This technology was seen to share the responsibility of risk management with the participants themselves and contributed to a willingness to cooperate with their support team. It aligns with a strength-based direction in that it assigns offenders a sense of control as opposed to the more punitive approach of denying access. The offenders were described as demonstrating increased motivation to cooperate and establish an offense free lifestyle (Elliott et al., 2010).

Accurate Reporting of Offending, the Implications

Finally, since the commencement of this thesis Bourke et al., (2014) released research which suggests that CSAI offenders are a particularly challenging population as they do not appear to accurately report their crimes. Bourke et al., highlighted the tendency for some individuals to assume, in the absence of a record of contact offending, CSAI offenders are distinct from contact sexual offenders. As has been stated earlier this is supported by research which states that the rate of 'crossover' between these two types of offenders is low (Eke & Seto, 2011; Hanson, & Babchishin, 2011). However Bourke et al., states that the fact that CSAI offenders gain sexual gratification through images of children suggests "significant cross over". This study goes on to emphasise the importance of not presuming an absence of contact-sexual offending purely because there is no evidence of such in an individual's criminal history. In support of this position Bourke et al., using tactical polygraph, found that of their sample of 127 CSAI offenders (none of which had a conviction for a contact sexual offender) 73 admitted a contact sexual offense during the pre interview stage or the polygraph testing. Of the remaining 54 who did not admit ever engaging in hands-on sexual abuse, only 17 had polygraph results which suggested "No Deception Indicated". Almost half of these CSAI possessors concluded their examination with a "Deception Indicated" determination concerning their hands-on activity. These results highlight a need to avoid assuming the results presented as specific to CSAI offenders as it is likely that some, if not many have been involved in contact child sexual abuse.

Limitations of this Research

Whilst this study contributes meaningfully to a relatively new area of research (particularly in a New Zealand context) there are limitations within this study which may have affected its findings and a number of factors may have impacted on the sample not being representative of CSAI offenders. Firstly, a response bias was likely present due to the use of interviews. Interviews rely on truthful responses from participants in order to draw meaningful conclusions. Socially desirable responding describes the phenomenon of participants tending to respond in a way which presents a favourable image of themselves (Johnson & Fendrich, 2005). Participants may 'fake good' in order to be perceived as complying with what they believe to be socially acceptable as a means to avoid criticism and gain approval. Such responding is most likely in contexts which require disclosure of sensitive information, as was the case in this research (King & Brunner, 2000). Social desirability bias is a particular challenge when working with offender populations and more specifically for sexual offenders due to the social stigma they face. Whilst it cannot be ruled out, this did not appear to be a factor in the interviews outlined here in that, participants appeared open, often disclosing personal information additional to the questions being asked. It is possible that already being involved in treatment primed participants for such discussions.

A further limitation is this study used a small sample of self-selected participants. Whilst the study endeavoured to interview a larger group of CSAI offenders this did not occur due to recruitment problems, specifically, the poor response rate to invitations to participate. All of the participants were of New Zealand European or European descent, therefore, they are not representative of all men who access CSAI in New Zealand. Furthermore, they may have also been motivated to take part because they felt they had something to contribute meaning, they may have had particularly poignant early life experiences or had particularly strong opinions regarding the treatment they had received. Thus this group may differ significantly from other potential participants who decided not to partake in the research. Finally, the small sample size of just 12 means that the findings presented are not generalizable.

Important to highlight is these interviews were conducted with participants at a point in time in which they were currently involved with, or had recently completed

treatment. This would have influenced the type of accounts given and it is possible that if interviewed after a longer time period post-treatment their views may have changed. For those who had not yet completed treatment it is likely that if interviewed later on in their treatment journey their views and stories would have changed, as they consolidate their understanding and continue learning. It is also possible that participants may have been more open to discussing the less positive aspects of treatment if they were no longer involved in their respective treatment programmes.

As is discussed in Chapter One using qualitative analysis brings with it a series of limitations. Firstly, the results or strength of the analysis are not measurable in the conventional sense; rather, they must be judged on how they were composed and how convincing they are. In this piece of research, this was improved through using the participant's direct quotes to support the interpretations being posited, and by making efforts to achieve 'trustworthiness', 'dependability' and 'transferability'.

To conclude, as is mentioned in Chapter Two, the researcher's subjectivity is a limitation of this research. Every aspect of the research is shaped by the individual researcher and thus, it is impossible to claim objectivity. An example of this would have been present in the interview process. Whilst the interviews were semi-structured, meaning there was some prescription to what primary and follow up questions were asked through the interview schedule, I would have given subtle clues about what I thought was important or relevant through behaviours such as body language and minimal encouragers. This may have directed the interview toward certain topics whilst discouraging others. Furthermore, the structured nature of the interview may have also meant participants chose to omit other information which could have been relevant to the study. Finally, all the participants were male, and their responses may have been different if interviewed by male, and a person closer to their age.

Future Research

Qualitative research has an important place in assisting those working with offenders to understand pathways to offending and treatment experiences from an offender perspective. Given CSAI is still a new area of investigation further research is needed to broaden and develop the current understanding. More specifically, as this research revealed, developmental pathways for this group of offenders is still a relatively unknown area. Whilst the current literature has looked at precipitants, early life experiences which may increase vulnerability to engage in this type of offending is very underdeveloped.

The current research has focussed on the experiences of European men. Future research, utilising a larger sample and participants of other demographic groups across different cultures would highlight the experiences which may be significantly different to those presented here. In a New Zealand context, it may be useful to conduct research with Maori and Pacific Island CSAI offenders. In line with this, there is currently a lacking understanding of the demographics of this offender group within New Zealand. Further research in this area would contribute to both New Zealand based research and treatment. Finally, given the lack of data around treatment experiences, future research may utilise a sample that are not currently aligned to any treatment agencies.

References

Ahlmeyer, S., Kleinsasser, D., Stoner, J., & Retzlaff, P. (2003). Psychopathology of incacerated sex offenders. *Journal of Personality Disorders, 174,* 306-316.

Alexy, E. M., Burgess, A. W., & Baker, T. (2008). Internet offenders: traders, travelers, and combination trader-travellers.(Author Abstract). *Journal of Interpersonal Violence, 20*(7), 804.

Avis, M. (2003). Do we need methodological theory to do qualitative research? *Qualitative Health Research, 13*(7), 995-1004.

Babchishin, K. M., Hanson, R. K., & VanZuylen, H. (2014). Online Child Pornography Offenders are Different: A Meta-analysis of the Characteristics of Online and Offline Sex Offenders Against Children. *Archives of Sexual Behaviour, 44*(1), 45-66. doi:10.1007/s10508-014-0270-x

Barak, A. (2005). Sexual harrassment on the internet. *Social science computer review*, *23*(1), 77-92.

Barbour, R. (2013). Introducing *qualitative research: a student's guide.* California, USA: Sage.

Bates, A., & Metcalf, C. (2007). A psychometric comparison of internet and non-internet sex offenders from a community treatment sample. *Journal of Sexual Aggression, 13,* 11-20.

Bauman, S., & Gregory Kopp, T. (2006). Integrating a humanistic approach in outpatient sex offender groups. The *Journal for Specialists in Group Work, 31*(3), 247-261.

Beech, A. R., Elliott, I. A., Birgden, A., & Findlater, D. (2008). The internet and child sexual offending: A criminological review. *Aggression and Violent Behavior, 13*(3), 216-228.

Bourke, M., & Hernandez, A. (2009). The 'Butner Study' redux: A report of the incidence of hands-on child victimzation by child pornography offenders. *Journal of Family Violence,* 21, 183-191.

Bourke, M. L., Fragomeli, L., Detar, P. J., Sullivan, M. A., Meyle, E., & O'Riordan, M. (2014). The use of tactical polygraph with sex offenders. *Journal of Sexual Aggression, (ahead-of-print),* 1-14.

Bowlby, J. (1977). The making and breaking of affectional bonds. I. Aetiology and psychopathology in the light of attachment theory. An expanded version of the Fiftieth Maudsley Lecture, delivered before the Royal College of Psychiatrists, 19 November 1976. *The British Journal of Psychiatry,* 130(3), 201-210.

Boyatzis, R. E. (1998). *Transforming Qualitative Information: Thematic analysis and code development.* California, USA: SAGE.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative *Research in Psychology, 3*(2), 77-101.

Briggs, F., & Hawkins, R. M. (1996). A comparison of the childhood experiences of convicted male child molesters and men who were sexually abused in childhood and claimed to be nonoffenders*. Child abuse & neglect, 20*(3), 221-233.

Briggs, P., Simon, W. T., & Simonsen, S. (2011). An Exploratory Study of Internet-Initiated Sexual Offenses and the Chat Room Sex Offender: Has the Internet Enabled a New Typology of Sex Offender? *Sexual Abuse: A Journal of Research and Treatment, 23*(1), 72-91. doi:10.1177/1079063210384275

Brown, S. (2005). *Treating sex offenders: An introduction to sex offender treatment.* Cullpmpton: Willan.

Burke, A., Sowerbutts, S., Blundell, B., & Sherry, M. (2002). Child pornography and the Internet: Policing and treatment issues. *Psychiatry, Psychology and Law, 9*(1), 79-84.

Calder, M. C. (2004). *The Internet: Potential, problems and pathways to hands-on sexual offending. In M. C. Calder (Ed.), Child sexual abuse and the Internet: Tackling the new frontier* (pp. 1-24). Dorset, UK: Lyme Regis, Russell House Publishing.

Caplan, S. E. (2002). Problematic Internet use and psychosocial well-being: development of a theory-based cognitive–behavioral measurement instrument. *Computers in human behavior*, 18(5), 553-575.

Carpenter, C., & Suto, M. (2008). *Qualitative research for occupational and physical therapists: A practical guide*. Oxford, UK: Blackwell.

Carr, A. (2004). *Internet traders of child pornography and other censorship offenders in New Zealand.* Department of Internal Affairs, Wellington, NZ.

Cooper, A. (1998). Sexuality and the Internet: Surfing into the new millennium. *CyberPsychology & Behavior, 1*(2), 187-193.

Cortoni, F., & Marshall, W. L. (2001). Sex as a coping strategy and its relationship to juvenile sexual history and intimacy in sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 13*(1), 27-43.

Davis, R. A. (2001). A cognitive-behavioral model of pathological Internet use. *Computers in human behavior, 17*(2), 187-195.

Demetriou, G., & Silke, A. (2003). A criminological 'sting': Experimental evidence of illegal and deviant visits to a website. *British Journal of Criminology, 43*, 213-222.

Drapeau, M. (2005). Research on the processes involved in treating sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 17*(2), 117-125.

Eke, A. W., Seto, M. C., & Williams, J. (2008). Examining the Criminal History and Future Offending of Child Pornography Offenders. *Law and Human Behavior, 35*(6), 466-478.

Elliot, I. A., & Beech, A. R. (2009). Understanding online child pornography use: Applying sexual offense theory to internet offenders. *Aggression and Violent Behaviour, 14,* 180-193.

Elliott, I. A., Beech, A. R., Mandeville-Norden, R., & Hayes, E. (2009). Psychological Profiles of Internet Sexual Offenders Comparisons With Contact Sexual Offenders. Sexual Abuse: *A Journal of Research and Treatment, 21*(1), 76-92.

Elliott, I. A., Findlater, D., & Hughes, T. (2010). Practice report: A review of e-Safety remote computer monitoring for UK sex offenders. *Journal of Sexual Aggression, 16*(2), 237-248.

Faust, E., Renaud, C., & Bickart, W. (2009. *Predictors of re-offense among a sample of federally convicted child pornography offenders.* Paper presented at the Conference of the Association of the Treatment of Sexual Abusers, Dallas, Texas.

Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York: Free Press.

Fisher, D., & Beech, A. (1998). Reconstituting families after sexual abuse: The offender's perspective. *Child Abuse Review, 7*, 420-434.

Frei, A., Ereney, N., Dittman, V., & Graf, M. (2005). Paedophilia on the internet: A study of 33 convicted offenders in the Canton of Lucerne. *Swiss Medical Weekly*, 135, 488-494.

Gifford, A. (2002). Emotion and self-control. *Journal of Economic Behavior & Organization, 49*(1), 113-130.

Glaser, D., & Frosh, S. (1993). *Child Sexual Abuse* (2 ed.). Basingstoke: Macmillan Press.

Griffiths, M. (2000). Excessive Internet use: Implications for sexual behavior. *CyberPsychology & Behavior*, *3*(4), 537-552.

Hall, G. C. N., & Hirschman, R. (1991). Toward a theory of sexual aggression: a quadripartite model. *Journal of consulting and clinical psychology, 59*(5), 662.

Hennink, M., Hutter, I., & Bailey, A. (2010). *Qualitative research methods:* Sage.

Hernandez, A. (2000). *Self-reported contact sexual offenses by participants in the federal bureau of prisons' sex offender treatment program: Implications for internet sex offenders.* Paper presented at the Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, San Diego, California.

Hesse-Biber, S. N., & Leavy, P. (2010). *The practice of qualitative research*: Sage.

Holloway, I., & Wheeler, S. (2013*). Qualitative research in nursing and healthcare.* Queensland, Australia: John Wiley & Sons.

Holt, T., Blevins, K., & Burkert, N. (2010). Considering the pedophile subculture online Sexual abuse: *A journal of research and treatment, 22*(1), 3-24.

Houtepen, J. A. B. M., Sijtsema, J. J., & Bogaerts, S. (2014). From child pornography offending to child sexual abuse: A review of child pornography offender characteristics and risks for cross-over. *Aggression and Violent Behavior, 19,* 466–473. doi:org/10.1016/j.avb.2014.07.011

Interpol (2008). *Databases. Interpol Fact Sheet, C. F.-G.-. (2008). Interpol Fact Sheet.* Retrieved October 8, 2013, from http://www.interpol.int/Public/ICPO/FactSheets/GI04.pdf

Johnson, K. E., & Golombek, P. R. (2002). Teachers' *narrative inquiry as professional development.* Cambridge, UK: Cambridge University Press.

Johnson, T., & Fendrich, M. (2005). Modeling sources of self-report bias in a survey of drug use epidemiology. *Annals of epidemiology, 15*(5), 381-389.

Jung, S., Ennis, L., Stein, S., Choy, A. L., & Hook, T. (2013). Child pornography possessors: Comparisons and contrasts with contact-and non-contact sex offenders. *Journal of sexual aggression, 19*(3), 295-310.

Kennedy-Souza, B. I. a. d. I. C. a. T., & an Electronic Journal for the 21st Century, A. (1998). Internet addiction disorder. *Interpersonal Computing and Technology: An Electronic Journal for the 21st Century, 6*(1-2).

King, M. F., & Bruner, G. C. (2000). Social desirability bias: A neglected aspect of validity testing. *Psychology and Marketing, 17*(2), 79-103.

King, S. A. (1999). Internet gambling and pornography: Illustrative examples of the psychological consequences of communication anarchy. *CyberPsychology & Behavior, 2*(3), 175-193.

Kingston, D. A., Fedoroff, P., Firestone, P., Curry, S., & Bradford, J. M. (2008). Pornography use and sexual agression: The impact if frequency and type of pornography on recidivism among sexual offenders. *Aggressive Behaviour*, 34, 341-351.

Kroger, J. (2007). Identity *Development: Adolescence Through Adulthood*. California, USA: SAGE.

Krone, T. (2004). A typology of online child pornography offending. *Trends and Issues in Crime and Criminal Justice, 279*, 1-6.

Lanning, K. (2001). *Child molesters: A behavioral analysis (4th ed.).* Virginia, USA: National Center for Missing & Exploited Children.

Latapy, M., Magnien, C., & Fournier, R. (2013). Quantifying paedophile activity in a large P2P system. *Information Processing and Management, 49*, 248–263.

Laulik, S., Allam, J., & Sheridan, L. (2007). An investigation into maladaptive personality function in internet sec offenders. *Psychology, Crime and Law, 13*(5), 525. doi:10.1080/10683160701340577

Liamputtong, P. (2010). Cross-cultural research and qualitative inquiry. *Turkish Online Journal of Qualitative Inquiry, 1*(1), 16-29.

Marshall, L. E., O'Brien, M. D., Marshall, W., Booth, B., & Davis, A. (2012). Obsessive-compulsive disorder, social phobia, and loneliness in incarcerated Internet child pornography offenders. *Sexual Addiction & Compulsivity, 19*(1-2), 41-52.

Marshall, W. L. (2000). Revisiting the use of pornography by sexual offenders: Implications for theory and practice. Journal of Sexual Aggression, 6(1-2), 67-77.

Marshall, W. L., & Barbaree, H. (1990). *An integrated theory of the etiology of sexual offending.* New York, USA: Springer.

Maxwell, J. A. (2012). *Qualitative research design: An interactive approach: An interactive approach.* California, USA: Sage.

McCallum, S. (1997). Women as co-facilitators of groups for male sex offenders. *Social Work with Groups, 20*(2), 17-30.

McLaughlin, J. F. (2000). Cyber child sex offender typology. *Knight Stick: Publication of the New Hampshire Police Association,* 51, 39-42.

Merdian, H., Wilson, N., & Boer, D. (2009). Characteristics of internet sexual offenders: A review. *Sexual Abuse in Australia and New Zealand, 2*(1), 34-47.

Merdian, H. L., Curtis, C., Thakker, J., Wilson, N., & Boer, D. P. (2013). The three dimensions of online child pornography offending. *Journal of Sexual Aggression, 19*(1), 121-132.

Merriam, S. B. (2002). Introduction to qualitative research. Qualitative research in practice: *Examples for discussion and analysis, 1*, 1-17.

Middleton, D. (2001). *Current treatment approaches. In M.* Calder (Ed.), Child sexual abuse and the internet: Tackling the new frontier. Dorset, UK: Russell House Publishing.

Middleton, D., Elliot, A., Mandeville-Norden, R., & Beech, A. (2006). An investigation into the applicability of the Ward and Siegert model of child sexual abuse with internet offenders. *Psychology, Crime and Law, 12*, 97-107.

Middleton, D., Mandeville-Norden, R., & Hayes, E. (2009). Does treatment work with internet sex offenders? Emerging findings from the Internet Sex Offender Treatment Programme (i-SOTP). *Journal of Sexual Aggression, 15*(1), 5-19.

Morahan-Martin, J., & Schumacher, P. (2000). Incidence and correlates of pathological Internet use among college students. *Computers in human behavior, 16*(1), 13-29.

Neto, A. C. d. A., Eyland, S., Ware, J., Galouzis, J., & Kevin, M. (2013). Internet sexual offending: Overview of potential contributing factors and intervention strategies. *Psychiatry, Psychology and Law, 20*(2), 168-181.

Nilsson, M. (2008). P*erceptions of a sample of convicted offenders of child pornography receiving treatment at a community-based therapeutic programme in Cape Town, Western Cape, South Africa*. South Africa: Malmö University.

Niveau, G. (2010). Cyber-pedocriminality: Characteristics of a sample of internet child pornography offenders. *Child Abuse and Neglect, 34,* 570-575.

Perkins, D., & Merdian, H. L. (2014). *Online sex offending and its perpetrators: a proposed international workgroup.* Paper presented at the 13th Conference of the International Association for the Treatment of Sexual Offenders, Porto, Portugal.

Polson, M., & McCullom, E. (1995). Therapist caring in the treatment of sexual abuse offenders: Perspectives from a qualitative case study of one sexual abuse treatment program. *Journal of child sexual abuse, 4*(1), 21-44.

Prat, S., Bertsch, I., & Jonas, C. (2013). 1652–Child pornographers: clinical features of a virtual assault. *European Psychiatry, 28,* 1.

Prichard, J., Watters, P. A., & Spiranovic, C. (2011). Internet subcultures and pathways to the use of child pornography. *Computer Law and Security Review, 27*, 585-600.

Putnam, D. E. (2000). Initiation and maintenance of online sexual compulsivity: Implications for assessment and treatment. *CyberPsychology & Behavior, 3*(4), 553-563.

Quayle, E. (2008). *Researching offences against children. Sex offenders and the internet. K. Sheldon and D. Howitt (Eds.).* Chirchester, Wiley: UK.

Quayle, E., & Taylor, M. (2002). Model of problematic internet use in people with a sexual interest in children*. CyberPsychology and Behaviour, 6,* 93-106.

Quayle, E., & Taylor, M. (2003). Model of problematic internet use in people with a sexual interest in children. *CyberPsychology and Behaviour, 6*, 93-106.

Quayle, E., Vaughan, M., & Taylor, M. (2005). Sex offenders, internet child abuse images and emotional avoidance: The importance of values. *Aggression and Violent Behaviour, 11,* 1-11.

Ratner, C. (2002). Subjectivity and Objectivity in Qualitative Methodology. *Qualitative Social Research, 3*(3).

Reiegel, D. L. (2004). Effects on boy-attracted pedosexual males of viewing boy erotica. *Archives of Sexual Behaviour, 33*, 321-323.

Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: family social environments and the mental and physical health of offspring. *Psychological Bulletin, 128*(2), 330.

Sandhu, D. K., & Rose, J. (2012). How do therapists contribute to therapeutic change in sex offender treatment: An integration of the literature. *Journal of Sexual Aggression, 18*(3), 269-283.

Serran, G. A., Marshall, W. L., Marshall, L. E., & O'Brien, M. D. (2013). Group or individual therapy in the treatment of sexual offenders. *What works in offender rehabilitation: An evidence-based approach to assessment and treatment,* 452-467.

Seto, M., Hanson, K., & Babchishin, K. M. (2011). Contact sexual offending by men with online sexual offences. Sexual abuse: a journal of research and treatment, 23(1), 124-145.

Seto, M. C., Cantor, J. M., & Blanchard, R. (2006). Child pornography offenses are a valid diagnostic indicator of pedophilia. Journal of Abnormal Psychology, 115(3), 610.

Sheehan, V., & Sullivan, J. (2010). A qualitative analysis of child sex offenders involved in the manufacture of indecent images of children. Journal of Sexual Aggression, 15(2), 143-167.

Sheldon, K. (2011). What we know about men who download child abuse images. The British Journal of Forensic Practice, 13(4).

Sheldon, K., & Howitt, D. (2007). Sex offenders and the internet Chichester, UK: John Wiley and Sons.

Sims-Schoutern, W., E, R. S. C., & Willg, C. (2007). Critical realism in discourse analysis: A presentation of a systematic method of analysis using women's talk of motherhood, childcare and female employment as an example. Theory Psychology, 17(1), 101. doi:10.1177/0959354307073153

Sitarz, R., Rogers, M., Bentley, L., & Jackson, E. (2014). INTERNET ADDICTION TO CHILD PORNOGRAPHY. Paper presented at the Proceedings of the Conference on Digital Forensics, Security and Law.

Skinner, E. A., & Zimmer-Gembeck, M. J. (2007). The Development of Coping. Annual Review of Psychology, 58, 119-144. doi:10.1146/annurev.psych.58.110405.085705

Stein, D. J., Black, D. W., Shapira, N. A., & Spitzer, R. L. (2014). Hypersexual disorder and preoccupation with internet pornography. *American Journal of Psychiatry, 158* (10), 1590-1594,

Sullivan, J., & Beech, A. (2004). A comparative study of demographic data relating to intra-and extra-familial child sexual abusers and professional perpetrators. *Journal of Sexual Aggression, 10*(1), 39-50.

Thornton, D., Mann, R., Webster, S., Blud, L., Travers, R., Friendship, C., & Erikson, M. (2003). Distinguishing and combining risks for sexual and violent recidivism. *Annals of the New York Academy of Sciences, 989*(1), 225-235.

Turner, H. A., Finkelhor, D., Ormrod, R., Hamby, S., Leeb, R. T., Mercy, J. A., & Holt, M. (2012). Family context, victimization, and child trauma symptoms: variations in safe, stable, and nurturing relationships during early and middle childhood. *American journal of orthopsychiatry, 82*(2), 209-219.

Ward, T., & Beech, A. R. (2006). An integrated theory of sexual offending *Aggression and Violent Behaviour, 11*, 44-60.

Ward, T., & Siegert, R. J. (2002). Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime and Law, 9,* 319-351.

Ward, T., & Stewart, C. A. (2003). The treatment of sex offenders: Risk management and good lives. *Professional Psychology: Research and Practice, 34*(4), 353.

Ware, J., & Bright, D. A. (2008). Evolution of a treatment programme for sex offenders: Changes to the NSW Custody-Based Intensive Treatment (CUBIT). *Psychiatry, Psychology and Law, 15*(2), 340-349.

Webb, L., Craissati, J., & Keen, S. (2007). Characteristics of internet child pornography offenders: A comparison with child molesters. *Sexual abuse: a journal of research and treatment, 19*, 449-465.

Winder, B., Gough, B., & Seymour-Smith, S. (2014). Stumbling into sexual crime: the passive perpetrator in accounts by male internet sex offenders. *Archives of sexual behavior, 44*(1), 167-180. doi:10.1007/s10508-014-0302-6

Wolak, J. (2011). *Child pornography possessors: Trends in offender and case characteristics.* Paper presented at the Association for the Treatment of Sexual Abusers, Toronto, Canada.

Wolak, J., Finkelhor, D., & Mitchell, K. J. (2012). *Trends in arrests for child pornography possession: The Third National Juvenile Online Victimization Study (NJOV-3).* Durham, New Hamphsire: Crimes against Children Research Center, University of New Hampshire.

Wolak, J., Liberatore, M., & Levine, B. N. (2013)0. Measuring a year of child pornography trafficking by US computers on a peer-to-peer network. *Child abuse & neglect, 38*(2), 347-356.

Young, K. S., & Rodgers, R. C. (1998). *Internet addiction: Personality traits associated with its development.* Paper presented at the 69th annual meeting of the Eastern Psychological Association.

APPENDICES

Appendix A: Participant Information Sheet (Community Programmes)

SCHOOL OF PSYCHOLOGY
Faculty of Science

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Tamāki Innovation Campus
Level 3 Building 721
261 Morrin Road
St Johns
Auckland 1072, New Zealand
Telephone 64 9 373 7599
Facsimile 64 9 373 7902

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: Understanding Individuals who Access Sexualised Images of Children

Name(s) of Researcher(s): Sian Morgan (Doctorate of Clinical Psychology student)

Associate Professor Ian Lambie

Dear Researcher,

I _____ have read the Participant Information Sheet, have understood the nature of the research and why I have been selected.

I agree to take part in this research.

- I have been given and have understood an explanation of what the study involves
- I have had an opportunity to ask questions and to have them answered to my satisfaction
- I understand my participation is voluntary
- I understand that my decision to participate **OR** not will not have any influence on my progress or involvement with the [PROGRAMME NAME] programme nor will it influence my relationship with staff members
- I give/ do not give my permission for my file to be accessed and relevant information collected
- I understand that based on the information collected within mine, and others interviews, a research report will be written by Sian Morgan, as part of her Doctoral Thesis at the University of Auckland

- I understand I do not have to answer all questions asked of me and that I do not have to give reasons for choosing not to answer
- I understand my interview will be audio-recorded
- I understand that a third party who has signed a confidentiality agreement will transcribe the audio tapes
- I understand that I am free to withdraw at any time without giving reason and I understand that I have the right to withdraw my information up to October 1, 2013
- I understand that my audiotape file will be stored in an encrypted electronic file for a period of ten years
- I understand that all the written or paper records from my interview will be stored in a locked filing cabinet on Auckland University premises separate from my consent form for ten years
- I understand that any information I give throughout the research process may not be kept confidential if this information implies that there is a risk to myself or to others or involves illegal behaviour.   Under such circumstances, the researcher will be required to give this information to staff of the [PROGRAMME NAME] team
- I understand that I may be quoted in the summary of results but that this will be done in a way that does not identify me as the source of the information.
- I understand that any information I may give throughout the research process may not be kept confidential if this information implies that there is to risk to myself or to others or involves illegal behaviour.   Under such circumstances, the researcher will be required to give this information to staff of the [PROGRAMME NAME] team
- I understand that [PROGRAMME NAME] Management has given approval for this research project and that Management will receive a final copy of this report.
- I understand that I will provided with a $20 food or petrol voucher for my involvement with the study
- I understand that if I have any concerns about this project, I should direct them to Dr Ian Lambie, or a staff member of the [PROGRAMME NAME] Team in the first instance. If I have serious concerns I may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC).

Name: _____

Signature: _____   Date:_____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS
ETHICS COMMITTEE ON 1st February, 2013 for 3 years, Reference Number 8864

Appendix B: Participant Information Sheet (Prison Programme)

SCHOOL OF PSYCHOLOGY
Faculty of Science

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Tamāki Innovation Campus
Level 3 Building 721
261 Morrin Road
St Johns
Auckland 1072, New Zealand
Telephone 64 9 373 7599
Facsimile 64 9 373 7902

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand

Participant Information Sheet

Project title: Understanding Individuals who Access Sexualised Images of Children
Name(s) of Researcher(s): Sian Morgan (Doctorate of Clinical Psychology student)
Associate Professor Ian Lambie

Dear Participant,

This is an invitation to participate in a study entitled '*Understanding Individuals who Access Sexualised Images of Children*'. You have been asked to participate due to your involvement in the [Programme Name] programme. This study hopes to explore the experiences of people prior to their use of sexualised images of children and their subsequent experiences with treatment e.g. what they have found helpful, what could have been helpful.

By understanding your experiences we hope the current understanding of underlying causes and motives for accessing child pornography will be expanded. Also, by understanding your experiences in treatment we will be able to suggest more relevant and effective means of management strategies which ultimately will serve to keep other individuals safe and hopefully reduce recidivism, particularly in New Zealand.

Researcher Introduction:

This research is being carried out by Sian Morgan, a student, to meet the thesis requirements of the Doctorate of Clinical Psychology at Auckland University. I am being supervised by Associate Professor Ian Lambie, a staff member of the Auckland University Clinical Psychology Programme.

What 'participation' will mean for you:

Interview:

If you agree to participate in this research you will be asked to attend an interview lasting approximately 60 minutes with myself or another student of the Doctorate of Clinical Psychology Programme, Simon Waigth. During the interview, you will be asked a series of questions regarding your life, growing up, the different experiences you have had and your experiences in treatment. You will have the right to refuse to answer any of the questions and may ask questions of your own. If you would like to, you are welcome to bring a support person to the interview.

Simon and I will have signed a confidentiality agreement with [Programme Name], which means we must keep your identity as a client confidential. To ensure the information we record is accurate we would like to audio-record the interview. You may choose to turn off this audio-recorder at any point of the interview.

Due to the large amount of data to be collected these audio recordings will be transcribed by another person who will be identified from an Auckland University approved transcription agency. This person will be bound by a confidentiality agreement which means any information they come in contact with will be not be discussed with anyone else

Quotes from your interview may be used in the final report however you will not be identified as the person who gave the information. Also important to note, is that if during the interview process if you disclose information which implies serious risk to yourself or others (i.e. threats of self-harm or undisclosed abuse) we will be obliged to relay this information to your [Programme Name] therapist.

Given the nature of the study, although no direct questioning regarding illegal behavior will be included in the interview, it is possible that disclosure regarding such behavior could arise. Such information or any information which implies a risk to yourself or others will be required to be passed on to a staff member of the [Programme Name] team.

File Review:

I would also like to ask for your permission to review you file in order to gather information which will be relevant to our analysis e.g. demographic information, offending history. As with the interview process I will have signed a confidentiality agreement with [Programme Name],

which means I must keep your identity as a client confidential. Also, no identifiable information (e.g. name, date of birth, where you live) will be contained in the final report.

Additional Considerations:

We will try and make you as comfortable as possible however it is possible that the interview could bring up things which make you feel upset or uncomfortable. To help you with this, a therapist will be made available following the interview. Alternatively, Ian Lambie, who has many years' experience in this area, will be made available.

Whilst the audio recording of the interview will not be made available to you, it will be stored securely as digital files on a computer (these will be encrypted with a password so they are only accessible to myself and Dr Ian Lambie) and will not contain information which identifies you as the source. Similarly, written notes will not contain any identifiable information and will be stored separately from consent forms, both in a locked cabinet on Auckland University premises. All the files and all documentation resulting from this research will be destroyed after a period of 10 years.

Your decision to participate, or not, will not have any influence on your progress or involvement with the [Programme Name] programme nor will it influence your relationship with staff members. If you chose to participate you have the right to withdraw your consent to participate in this research at any time without having to give a reason and you may withdraw any information you have given before October 1, 2013, provided this information does not imply risk to yourself or others.

Should you choose to, you will receive a summary of research finding at the conclusion of this research.

I would like to thank you for taking the time to consider this research and your participation would be highly valued by the research team.

If you have any questions regarding this research do not hesitate to contact:

- Associate Professor Ian Lambie
  Telephone: 09 373 7599 ext 85012
  Email: i.lambie@auckland.ac.nz

For any concerns regarding ethical issues regarding this research you may contact:

- Chair

The University of Auckland Human Participants Ethics Committee

The University of Auckland, Research Office

Private Bag 92019

Auckland 1142

Telephone 09 373-7599 extn. 87830/83761

Email: humanethics@auckland.ac.nz‖.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS
ETHICS COMMITTEE ON 1st February, 2013 for 3 years, Reference Number 8864

Appendix C: Organisation Information Sheet (Community Programmes)

SCHOOL OF PSYCHOLOGY
Faculty of Science

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Tamāki Innovation Campus
Level 3 Building 721
261 Morrin Road
St Johns
Auckland 1072, New Zealand
Telephone 64 9 373 7599
Facsimile 64 9 373 7902

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand

Organisation Information Sheet

Project title: Understanding Individuals who Access Sexualised Images of Children

Name(s) of Researcher(s): Sian Morgan (Doctorate of Clinical Psychology student)

Associate Professor Ian Lambie

What is the research project about?

This study hopes to explore the experiences of people prior to their use of sexualised images of children and their subsequent experiences with treatment e.g. what they have found helpful, what could have been helpful.

By understanding their experiences we hope the current understanding of underlying causes and motives for accessing child pornography will be expanded. Also, by understanding the individual's experiences in treatment we will be able to suggest more relevant and effective means of management strategies which ultimately will serve to keep other individuals [PROGRAMME NAME] and hopefully reduce recidivism, particularly in New Zealand.

Researcher Introduction:

This research is being carried out by Sian Morgan, a student, to meet the thesis requirements of the Doctorate of Clinical Psychology at Auckland University. I am being supervised by Associate Professor Ian Lambie, a staff member of the Auckland University Clinical Psychology Programme.

How can your staff and clients help us?

Once you have given your permission, I would ask your staff to contact individuals whom they deem suitable to participate in this research. Once participants have given their consent to participate, they will be invited to attend a sixty minute semi-structured interview with myself or another student of the Doctorate of Clinical Psychology, Simon Waigth. At this point, it would be requested that for the comfort of your client these interviews could be undertaken within your premises. If your clients give their consent, this interview will be audio recorded. This audio recorder will be able to be stopped and any recordings deleted at the request of the participant during the interview. The interviewers will have signed a confidentiality agreement with [PROGRAMME NAME]a nd thus the client's identity will be kept confidential.

Due to the large amount of data to be collected the audio recordings will be transcribed by another person who will be identified from an Auckland University approved transcription agency. This person will be bound by a confidentiality agreement which means any information they come in contact with will be not be discussed with anyone else

Quotes from the interviews may be used in the final report however the client will not be identified as the person who gave the information. Also important to note is that if during the interview process the client discloses information which implies serious risk to themselves or others (i.e. threats of self-harm or undisclosed abuse) I will be obliged to relay this information to your [PROGRAMME NAME] therapists. A koha of a supermarket or petrol voucher will be provided to the client as a gesture of gratitude for their participation.

File Review:

Following the interview, I would also like to ask for the client's permission to review their file in order to gather information which will be relevant to our analysis e.g. demographic information, offending history. As with the interview process I will have signed a confidentiality agreement with [PROGRAMME NAME], which means I must keep their identity as a client confidential. Also, no identifiable information (e.g. name, date of birth, where you live) will be contained in the final report.

Additional Considerations:

The interviewers will try and make the client as comfortable as possible however it is possible that the interview could bring up things which make them feel upset or uncomfortable. To help with this, I would request that one of your staff would be made available following the interview. Alternatively, Ian Lambie who has many years' experience in this area will be made available.

Given the nature of the study, although no direct questioning regarding illegal behavior will be included in the interview, it is possible that disclosure regarding such behavior could arise. Such information or any information which implies a risk to the participant or others will be required to be passed on to a staff member of the [PROGRAMME NAME] team.

Whilst the audio recording of the interview will not be made available to the participant, it will be stored securely as digital files on a computer (these will be encrypted with a password so they are only accessible to the researcher) and will not contain information which identifies the client as the source. Similarly, written notes will not contain any identifiable information and will be stored separately from consent forms, both in a locked cabinet on Auckland University premises. All the files and all documentation resulting from this research will be destroyed after a period of 10 years.

If the client chooses not to participate they will have the right to withdraw their consent to participate in this research at any time without having to give a reason and may withdraw any information they have given before October 1, 2013, provided this information does not imply risk to themselves or others. We ask that you give your assurance that the client's decision to participate or not will not affect their treatment within your programme or their relationship with staff members.

We would like to thank you for taking the time to consider this research and your support of this project would be highly valued by the research team.

If you have any questions regarding this research do not hesitate to contact:

- Associate Professor Ian Lambie

Telephone: 09 373 7599 ext 85012

Email: i.lambie@auckland.ac.nz

For any concerns regarding ethical issues regarding this research you may contact:

- Chair

The University of Auckland Human Participants Ethics Committee

The University of Auckland, Research Office

Private Bag 92019

Auckland 1142

Telephone 09 373-7599 extn. 87830/83761

Email: humanethics@auckland.ac.nz‖.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 1st February, 2013 for 3 years, Reference Number 8864

Appendix D: Organisation Information Sheet (Prison Programme)

SCHOOL OF PSYCHOLOGY
Faculty of Science

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Tamāki Innovation Campus
Level 3 Building 721
261 Morrin Road
St Johns
Auckland 1072, New Zealand
Telephone 64 9 373 7599
Facsimile 64 9 373 7902

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand

<u>**Organisation Information Sheet**</u>

Project title: Understanding Individuals who Access Sexualised Images of Children
Name(s) of Researcher(s): Sian Morgan (Doctorate of Clinical Psychology student)
Associate Professor Ian Lambie

What is the research project about?

This study hopes to explore the experiences of people prior to their use of sexualised images of children and their subsequent experiences with treatment e.g. what they have found helpful, what could have been helpful.

By understanding their experiences we hope the current understanding of underlying causes and motives for accessing child pornography will be expanded. Also, by understanding the individual's experiences in treatment we will be able to suggest more relevant and effective means of management strategies which ultimately will serve to keep other individuals safe and hopefully reduce recidivism, particularly in New Zealand.

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How can your staff and clients help us?

Once you have given your permission, I would ask your staff to contact individuals whom they deem suitable to participate in this research. Once participants have given their consent

to participate, they will be invited to attend a sixty minute semi-structured interview with myself or another student of the Doctorate of Clinical Psychology, Simon Waigth. At this point, it would be requested that for the comfort of your client these interviews could be undertaken within your premises. If your clients give their consent, this interview will be audio recorded. This audio recorder will be able to be stopped and any recordings deleted at the request of the participant during the interview. The interviewers will have signed a confidentiality agreement with [Programme Name] and thus the client's identity will be kept confidential.

Due to the large amount of data to be collected the audio recordings will be transcribed by another person who will be identified from an Auckland University approved transcription agency. This person will be bound by a confidentiality agreement which means any information they come in contact with will be not be discussed with anyone else

Quotes from the interviews may be used in the final report however the client will not be identified as the person who gave the information. Also important to note is that if during the interview process the client discloses information which implies serious risk to themselves or others (i.e. threats of self-harm or undisclosed abuse) I will be obliged to relay this information to your [Programme Name] staff.

File Review:

Following the interview, I would also like to ask for the client's permission to review their file in order to gather information which will be relevant to our analysis e.g. demographic information, offending history. As with the interview process I will have signed a confidentiality agreement with [Programme Name], which means I must keep their identity as a client confidential. Also, no identifiable information (e.g. name, date of birth, where you live) will be contained in the final report.

Additional Considerations:

The interviewers will try and make the client as comfortable as possible however it is possible that the interview could bring up things which make them feel upset or uncomfortable. To help with this, I would request that one of your staff would be made available following the interview. Alternatively, Ian Lambie who has many years' experience in this area will be made available.

Given the nature of the study, although no direct questioning regarding illegal behavior will be included in the interview, it is possible that disclosure regarding such behavior could arise. Such information or any information which implies a risk to the participant or others will be required to be passed on to a staff member of the [Programme Name] team.

Whilst the audio recording of the interview will not be made available to the participant, it will be stored securely as digital files on a computer (these will be encrypted with a password so they are only accessible to the researcher) and will not contain information which identifies the client as the source. Similarly, written notes will not contain any identifiable information and will be stored separately from consent forms, both in a locked cabinet on Auckland University premises. All the files and all documentation resulting from this research will be destroyed after a period of 10 years.

If the client chooses not to participate they will have the right to withdraw their consent to participate in this research at any time without having to give a reason and may withdraw any information they have given before October 1, 2013, provided this information does not imply risk to themselves or others. We ask that you give your assurance that the client's decision to participate or not will not affect their treatment within your programme or their relationship with staff members.

We would like to thank you for taking the time to consider this research and your support of this project would be highly valued by the research team.

If you have any questions regarding this research do not hesitate to contact:

- Associate Professor Ian Lambie
  Telephone: 09 373 7599 ext 85012
  Email: i.lambie@auckland.ac.nz

For any concerns regarding ethical issues regarding this research you may contact:

- Chair
  The University of Auckland Human Participants Ethics Committee
  The University of Auckland, Research Office
  Private Bag 92019
  Auckland 1142
  Telephone 09 373-7599 extn. 87830/83761

Email: humanethics@auckland.ac.nz‖.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS
ETHICS COMMITTEE ON 1ˢᵗ February, 2013 for 3 years, Reference Number 8864

Appendix E: Consent Form- Participant (Community Programmes)

SCHOOL OF PSYCHOLOGY
Faculty of Science

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Tamāki Innovation Campus
Level 3 Building 721
261 Morrin Road
St Johns
Auckland 1072, New Zealand
Telephone 64 9 373 7599
Facsimile 64 9 373 7902

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand

CONSENT FORM (Participant)

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: Understanding Individuals who Access Sexualised Images of Children

Name(s) of Researcher(s): Sian Morgan (Doctorate of Clinical Psychology student)

Associate Professor Ian Lambie

Dear Researcher,

I _____ have read the Participant Information Sheet, have understood the nature
of the research and why I have been selected.

I agree to take part in this research.

- I have been given and have understood an explanation of what the study involves

- I have had an opportunity to ask questions and to have them answered to my satisfaction

- I understand my participation is voluntary

- I understand that my decision to participate **OR** not will not have any influence on my
  progress or involvement with the [PROGRAMME NAME] programme nor will it influence
  my relationship with staff members

- I give/ do not give my permission for my file to be accessed and relevant information
  collected

- I understand that based on the information collected within mine, and others interviews, a
  research report will be written by Sian Morgan, as part of her Doctoral Thesis at the
  University of Auckland

- I understand I do not have to answer all questions asked of me and that I do not have to give reasons for choosing not to answer
- I understand my interview will be audio-recorded
- I understand that a third party who has signed a confidentiality agreement will transcribe the audio tapes
- I understand that I am free to withdraw at any time without giving reason and I understand that I have the right to withdraw my information up to October 1, 2013
- I understand that my audiotape file will be stored in an encrypted electronic file for a period of ten years
- I understand that all the written or paper records from my interview will be stored in a locked filing cabinet on Auckland University premises separate from my consent form for ten years
- I understand that any information I give throughout the research process may not be kept confidential if this information implies that there is a risk to myself or to others or involves illegal behaviour.   Under such circumstances, the researcher will be required to give this information to staff of the [PROGRAMME NAME] team
- I understand that I may be quoted in the summary of results but that this will be done in a way that does not identify me as the source of the information.
- I understand that any information I may give throughout the research process may not be kept confidential if this information implies that there is to risk to myself or to others or involves illegal behaviour.   Under such circumstances, the researcher will be required to give this information to staff of the [PROGRAMME NAME] team
- I understand that [PROGRAMME NAME] Management has given approval for this research project and that Management will receive a final copy of this report.
- I understand that I will provided with a $20 food or petrol voucher for my involvement with the study
- I understand that if I have any concerns about this project, I should direct them to Dr Ian Lambie, or a staff member of the [PROGRAMME NAME] Team in the first instance. If I have serious concerns I may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC).

Name: _____

Signature: _____   Date:_____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS
ETHICS COMMITTEE ON 1st February, 2013 for 3 years, Reference Number 8864

Appendix F: Consent Form- Participant (Prison Programme)

SCHOOL OF PSYCHOLOGY
Faculty of Science

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Tamāki Innovation Campus
Level 3 Building 721
261 Morrin Road
St Johns
Auckland 1072, New Zealand
Telephone 64 9 373 7599
Facsimile 64 9 373 7902

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand

<u>**CONSENT FORM (Participant)**</u>
<u>**THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS**</u>

Project title: Understanding Individuals who Access Sexualised Images of Children

Name(s) of Researcher(s): Sian Morgan (Doctorate of Clinical Psychology student)

Associate Professor Ian Lambie

Dear Researcher,

I _____ have read the Participant Information Sheet, have understood the nature of the research and why I have been selected.

I agree to take part in this research.

- I have been given and have understood an explanation of what the study involves
- I have had an opportunity to ask questions and to have them answered to my satisfaction
- I understand my participation is voluntary
- I understand that my decision to participate **OR** not will not have any influence on my progress or involvement with the [Programme Name] programme nor will it influence my relationship with staff members
- I give/ do not give my permission for my file to be accessed and relevant information collected
- I understand that based on the information collected within mine, and others interviews, a research report will be written by Sian Morgan, as part of her Doctoral Thesis at the University of Auckland

- I understand I do not have to answer all questions asked of me and that I do not have to give reasons for choosing not to answer
- I understand my interview will be audio-recorded
- I understand that a third party who has signed a confidentiality agreement will transcribe the audio tapes
- I understand that I am free to withdraw at any time without giving reason and I understand that I have the right to withdraw my information up to October 1, 2013
- I understand that my audiotape file will be stored in an encrypted electronic file for a period of ten years
- I understand that all the written or paper records from my interview will be stored in a locked filing cabinet on Auckland University premises separate from my consent form for ten years
- I understand that any information I give throughout the research process may not be kept confidential if this information implies that there is a risk to myself or to others or involves illegal behaviour. Under such circumstances, the researcher will be required to give this information to staff of the [Programme Name] team
- I understand that I may be quoted in the summary of results but that this will be done in a way that does not identify me as the source of the information.
- I understand that any information I may give throughout the research process may not be kept confidential if this information implies that there is to risk to myself or to others or involves illegal behaviour. Under such circumstances, the researcher will be required to give this information to staff of the [Programme Name] team
- I understand that [Programme Name] Management has given approval for this research project and that Management will receive a final copy of this report.
- I understand that I will provided with a $20 food or petrol voucher for my involvement with the study
- I understand that if I have any concerns about this project, I should direct them to Dr Ian Lambie, or a staff member of the [Programme Name] Team in the first instance. If I have serious concerns I may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC).

Name: _____

Signature: _____   Date:_____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS
ETHICS COMMITTEE ON 1st February, 2013 for 3 years, Reference Number 8864

Appendix G: Consent Form- Manager (Community Programmes)

SCHOOL OF PSYCHOLOGY
Faculty of Science

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Tamāki Innovation Campus
Level 3 Building 721
261 Morrin Road
St Johns
Auckland 1072, New Zealand
Telephone 64 9 373 7599
Facsimile 64 9 373 7902

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand

<u>CONSENT FORM (Manager)</u>
<u>THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS</u>

Project title: Understanding Individuals who Access Sexualised Images of Children

Name(s) of Researcher(s): Sian Morgan (Doctorate of Clinical Psychology student)

Associate Professor Ian Lambie

Dear Researcher,

I _____ have read the Participant Information Sheet, have understood the nature of the research and why I have been asked to assist it this research.

I agree to contribute to this research.

- I have been given and have understood an explanation of what the study involves
- I have had an opportunity to ask questions and to have them answered to my satisfaction
- I understand my participation/contribution is voluntary
- I give my assurance that my client's decision to participate, **OR** not, will not have any influence on their progress or involvement with the [PROGRAMME NAME] programme nor will it influence their relationship with the client.
- I understand the client's file will be made available for relevant information to be gathered with their consent
- I understand that a report will be made relating to this research outside of [PROGRAMME NAME] Network
- I understand that the client does not have to answer the all questions asked of them and that they do not have to give reasons for choosing not to answer

- I understand the interviews with my clients will be audio-taped
- I understand that a third party who has signed a confidentiality agreement will transcribe the audio recordings
- I understand that the clients are free to withdraw at any time without giving reason and I understand that they have the right to withdraw their participation up to October 1, 2013
- I understand that the audiotape files resulting from the interviews will be stored in an encrypted electronic file for a period of ten years
- I understand that all the written or paper records from the interviews will be stored in a locked filing cabinet on Auckland University premises separate from all consent forms for ten years
- I understand that any information the client may give throughout the research process may not be kept confidential if this information implies that there is to risk to themself or to others or involves illegal behaviour. Under such circumstances, the researcher will be required to give this information to staff of the [PROGRAMME NAME] team
- I understand that the client will provided with a $20 food or petrol voucher for my involvement with the study
- I understand that staff from my team will need to be made available to support the participants if necessary
- I understand that if I have any concerns about this project, I should direct them to Dr Ian Lambie, or a staff member of the [PROGRAMME NAME] Team in the first instance. If I have serious concerns I may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC).
- I have given my approval for this research project and understand that I will receive a final copy of this report.

Name: _____

Signature: _____   Date:_____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS
ETHICS COMMITTEE ON 1st February, 2013 for 3 years, Reference Number 8864

Appendix H: Consent Form- Manager (Prison Programme)

SCHOOL OF PSYCHOLOGY
Faculty of Science

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Tamāki Innovation Campus
Level 3 Building 721
261 Morrin Road
St Johns
Auckland 1072, New Zealand
Telephone 64 9 373 7599
Facsimile 64 9 373 7902

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand

<u>**CONSENT FORM (Manager)**</u>
<u>**THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS**</u>

Project title: Understanding Individuals who Access Sexualised Images of Children
Name(s) of Researcher(s): Sian Morgan (Doctorate of Clinical Psychology student)
Associate Professor Ian Lambie

Dear Researcher,

I _____ have read the Participant Information Sheet, have understood the nature of the research and why I have been asked to assist it this research.
I agree to contribute to this research.

- I have been given and have understood an explanation of what the study involves
- I have had an opportunity to ask questions and to have them answered to my satisfaction
- I understand my participation/contribution is voluntary
- I give my assurance that my client's decision to participate, **OR** not, will not have any influence on their progress or involvement with the [Programme Name] programme nor will it influence their relationship with the client.
- I understand the client's file will be made available for relevant information to be gathered with their consent
- I understand that a report will be made relating to this research outside of [Programme Name] Network
- I understand that the client does not have to answer the all questions asked of them and that they do not have to give reasons for choosing not to answer

- I understand the interviews with my clients will be audio-taped
- I understand that a third party who has signed a confidentiality agreement will transcribe the audio recordings
- I understand that the clients are free to withdraw at any time without giving reason and I understand that they have the right to withdraw their participation up to October 1, 2013
- I understand that the audiotape files resulting from the interviews will be stored in an encrypted electronic file for a period of ten years
- I understand that all the written or paper records from the interviews will be stored in a locked filing cabinet on Auckland University premises separate from all consent forms for ten years
- I understand that any information the client may give throughout the research process may not be kept confidential if this information implies that there is to risk to themself or to others or involves illegal behaviour. Under such circumstances, the researcher will be required to give this information to staff of the [Programme Name] team
- I understand that the client will provided with a $20 food or petrol voucher for my involvement with the study
- I understand that staff from my team will need to be made available to support the participants if necessary
- I understand that if I have any concerns about this project, I should direct them to Dr Ian Lambie, or a staff member of the [Programme Name] Team in the first instance. If I have serious concerns I may contact the Chair of the University of Auckland Human Participants Ethics Committee (UAHPEC).
- I have given my approval for this research project and understand that I will receive a final copy of this report.

Name: _____

Signature: _____   Date:_____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS
ETHICS COMMITTEE ON 1st February, 2013 for 3 years, Reference Number 8864

Appendix I: Interview Schedule

SCHOOL OF PSYCHOLOGY
Faculty of Science

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Tamāki Innovation Campus
Level 3 Building 721
261 Morrin Road
St Johns
Auckland 1072, New Zealand
Telephone 64 9 373 7599
Facsimile 64 9 373 7902

The University of Auckland
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Auckland 1142, New Zealand

Part A:

- Introduction of myself
- Give thanks to the participant for their participation
- Verbally outline the project including what I hope to better understand
- Outline how the interview is likely to go today
- Reiterate confidentiality and their right to withdraw

Part B:

1. As you know this study hopes to understand the reasons that can lead people to begin using sexualised images of children and what went on in their lives before this point. By understanding a bit about the different experiences people have growing up we can come to better understand them and often their behaviour. While I don't want you to talk about your specific offending it would be really helpful if I you could tell me a bit about your life at the moment.
   - **Prompts:**
   - Who do you live with
   - Relationships/friendships currently
   - Work/finances

   The environment and experiences we have growing up can have a big impact on the person we develop into and in some cases unusual experience in someone's early life can contribute to the development of problem behaviours in later life. For this reason I was wondering if you could you please go back a bit further and tell me a bit about your childhood?

   - **Prompts:**
   - Where did you grow up

- Who was in your household

- Relationship with mother/father/siblings

- What were some of the good things growing up/less good things

- Emotions – how was your family in regards to expressing emotions and talking about problems, for instance, did you openly talk about problems or were they swept under the carpet?

- What values did you learn from your parents?

- What would you describe as your most significant childhood experiences, good and bad

Now I just want to check out a few more possible experiences you may have had present in your life if that is okay?

- Verbal/ physical abuse

Thank you for telling me about that, I am not going to ask about any specific details but it is important for my research to fully understand your life experiences.

2. Now can you tell me a little bit about how your experiences at school? Starting with primary school

   - **Prompts:**
   - What was it like? Overall, did you enjoy schooling?
   - How did you find the academic side of school?
   - How was the more social side of school?
   - Did you have any experiences with bullying at school (duration, type of bullying)

3. It would helpful for my research if I could understand a bit about how you developed an awareness around your sexual development, would that be okay?
   - Who were you first attracted to?
   - Who was your first sexual contact experience with?
   - How old were you when this took place?
   - Sometimes, growing up people can have experiences where adults were sexual with them, is this something you have experienced? Would you consider this as an abusive experience?

4. Now I was just wondering if you could tell me a little bit about how things have been for you as an adult, since leaving school?

   In regards to your relationships, can you describe the nature of your relationships you have had (nature, duration).

   Have you felt your needs were met in those relationships?

   Were you able to express yourself emotionally?

5. Now can you please just tell me a bit about what was going on prior to the first time you deliberately used sexualised images of children?
   - **Prompts:**
   - Week/ month/ year prior

   And following using this imagery, how long was it before you came to [TREATMENT PROGRAMME]

Part C:

   - As part of this research I would really like to get your view on what you feel leads people to engage in this type of behaviour so now, having talked about all of this today can you tell me why you think you looked at sexualised images of children?

Part D:

   - Thanks so much for that, it's really helpful to understand what can lead up to these kinds of behaviours and the different pressures and stressors people experience.
   Now I would just like to get a bit of an understanding of how you have found treatment.
   - Could you tell me, given your experience in treatment, what you have found helpful?
   - And what advice would you give to clinicians in regards to how to help men in a similar position to yourselves in their treatment?
   - Is there anything else you think would have been helpful in treatment that you didn't get?

Part E:

   - Firstly, thank you for giving your insight into how treatment has been for you, it's really helpful not only for this research but also for your and other clinicians to hear what has

been helpful and what could be improved so they are doing the best they can for all their future clients.

- Is there anything else you would like to say before we finish?
- Final thanks for their involvement
- Check they are okay, remind them of supports available
- Give them koha
- Close