

Illegal Images

**Critical Issues and Strategies
for Addressing Child Pornography Use**

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Elizabeth J. Griffin



Illegal Images:

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Endorsements

"Illegal Images gives concrete answers to your questions about adults who download child sexual abuse images from the Internet. Elizabeth Griffin and David Delmonico extract key findings from pertinent research about abusers and the psychology of Internet while providing insightful gems from their considerable experience and combined perspectives."

Cordelia Anderson, author of
The Impact of Pornography on Children, Youth and Culture

"Illegal Images condenses over ten years of research and best practices into a brief but incredibly useful booklet. It answers common questions while providing tools that can be implemented by probation officers and other legal system professionals. This book is a must-have for anyone who works with clients who view child pornography."

Rick Parson,
Deputy Chief of Adult Probation

"Christians are not immune to viewing child pornography, and church leaders who help such individuals must read Delmonico and Griffin's book *Illegal Images*. It answers difficult questions about child pornography in a straightforward and informed way. The practical resources and solutions are a must-have, especially for those who may not work with this issue on a daily basis such as clergy, pastoral counselors, christian counselors, and other church leaders."

Mark R. Laaser, M.Div, Ph.D.,
Faithful and True Ministries

"David Delmonico and Elizabeth Griffin have done a great service in writing this succinct, informative guide for professionals working with individuals who have viewed child pornography. In this guide, the authors clearly and cogently highlight important issues about what we know and don't know about child pornography users and include clinical tools that can help with the assessment, treatment, and management of these individuals."

Michael Seto, Director,
Royal Ottawa Health Care Group

"I opened this file an hour or so ago with intentions of scanning it and then reading it later in the week. However the material was so compelling that I read to the end before I stopped. This book is going to be so helpful to our field!"

Milton Magness, author of
Stop Sex Addiction: Real Hope, True Freedom for Sex Addicts and Partners

"This is the book you want sitting on your desk when a client comes in struggling with child pornography. In this short book, the authors clearly define the issue; provide guidance on assessment; and direction on how to treat this population while also providing resources for deepening one's knowledge."

Marcus R. Earle,
SASH President

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Critical Issues and Strategies for Addressing Child Pornography Use

Introduction

Twenty years ago, the issue of child pornography was limited to helping professionals who specialized in the area of sexual offenses. However, with the widespread use of the Internet and subsequent technologies, child pornography is more available and accessible than ever before. As a result, many more individuals are entering the mental health and legal system due to their viewing of child pornography. The purpose of this book is to provide helping professionals (e.g., mental health professionals, child advocates, pastoral counselors, community supervision officers, etc.) with information regarding the main issues associated with the viewing of child pornography in the current day and age. Ultimately, it is our hope this book will equip helping professionals with the information necessary for preventing the further victimization of children.

What's in a name?

The title of this book and the introduction have used the words “child pornography” to describe this form of child victimization. However, among treatment professionals there is a movement to begin using words that more accurately depict what is happening in the images and videos involving children: “Child Sexual Abuse Images” (CSAI). We also prefer this term since the word *pornography* is often associated with adult pornography and does not accurately reflect the abuse that is occurring in child sexual abuse images. The term *child pornography* suggests a professional and somehow “consensual” production of the image that glosses over the fact that children cannot give legal consent and reduces our awareness of the life-long traumatizing impact the production of these images has on the child victim. Therefore, throughout this book we will refer to “child pornography” as *child sexual abuse images* (CSAI).

Many clinicians will be working with clients involved in the legal system for the viewing of child sexual abuse images. While we have experience in working with such clients, we are not attorneys, and any information provided here should be verified with legal counsel before the reader assumes its correctness.

Book Format

We have traveled nationally to present on issues related to child sexual abuse images to a wide range of audiences. This book is, in some sense, an FAQ (compilation of some of the most Frequently Asked Questions) from these audiences. The Q&A format makes it easy to find answers to these commonly asked questions. When possible and relevant, we have also referenced source material including books, articles, and websites so the reader can explore the topic further.

Frequently Asked Questions

about Child Sexual Abuse Images and the People Who Use Them

Q. What are Child Sex Abuse Images?

A. While the legal definition of CSAI varies from state to state, most states follow the federal code, specifically 18 U.S.C.A. § 2256 (Effective October 13, 2008). The US Code defines CSAI (child pornography) as:

Visual depiction (e.g., photos/video [either computer or camera generated], or electronically stored files capable of creating a visual image) of a person under the age of 18 who is:

(a) engaged in sexually explicit conduct. Sexually explicit conduct may include intercourse, other sexual penetration (e.g., oral, anal, etc.), bestiality, masturbation, BDSM, or graphic exhibition of the genitals or pubic area (broader than genitals); or,

(b) depicted in a sexually graphic manner – meaning the

viewer can observe any part of the genitals or pubic area (broader than just genitals).

Computer-generated images complicate the task of defining child pornography. These images are not actual photographs of real people; rather they are created by using computer software, and are sometimes referred to as virtual child pornography. In the United States, computer-generated images, even those meeting the aforementioned criteria for child pornography, are not considered illegal under child pornography statutes. Also, child pornography laws do not apply to drawings, cartoons, sculptures, or paintings, even if such depictions meet other criteria for child pornography. In addition, there is debate as to whether nude images of children (e.g., residents of nudist camps, children being bathed by their parents, etc.) meet the criteria for child pornography. Prosecutors differ on their opinions regarding such images, and therefore prosecution of such images is inconsistent. The reality is, it is impossible to create an iron-clad definition of child pornography.

While clients may collect images of children in bathing suits/underwear, read stories about child sexual abuse, listen to sounds of child sexual abuse, etc. (all behaviors that are legal), from a clinical perspective, they may be an indicator of pedophilia or other sexual interest in youth. Even though such activities do not cross the legal threshold, they present a clinical issue that should be addressed.

Legal charges for the images meeting the criteria of CSAI typically come in the form of possession, receipt, distribution, or production of child pornography. There are other possible charges that may accompany these typical charges (e.g., transmission, transportation, etc.). More detailed information on definitions and sentencing guidelines associated with child pornography cases can be found on the U.S. Sentencing Commission website (see <http://www.ussc.gov>). The website also contains an extensive report on Federal Child Pornography Offenses (United States Sentencing Commission, 2012) that provides valuable information to helping professionals concerned with CSAI cases.

Q. Is viewing CSAI a mandated reporting issue?

A. The answer to this question is complex. First, keep in mind that each state has its own nuances to mandated reporting and child welfare laws. The U.S. Department of Health and Human Services sponsors a resource where helping professionals can find information related to child protection laws in their specific state; you can find it at https://www.childwelfare.gov/systemwide/laws_policies/. If you are concerned about whether you are a mandated reporter and what behaviors are covered by your state's laws, we strongly recommend that you consult legal counsel; in some cases legislative details could change

whether or not a report is required. Finally, there is no substitute for consultation with other professionals to help determine not only if a mandated report is required, but also to weigh your ethical and professional obligations.

In general terms, viewing CSAI typically does not rise to the level of mandated reporting in most states. While it may be illegal to view child pornography, the legality of a client's behavior is often not enough to warrant breaking confidentiality. While some clinicians may feel a moral obligation to report clients for viewing child sexual abuse images, it is important to seek consultation from other professionals, and consider such reporting in the context of the ethical obligations of confidentiality. There are at least two exceptions that would clearly indicate an obligation to file a mandated report. First, if the client views or distributes images of children who can be identified by the client and/or clinician, a report should be filed to prevent further abuse from occurring. Second, if the client is involved in the production of CSAI, a report would be mandated in order to protect any children from continued sexual abuse involved in creation the images.

To repeat our disclaimer: each state is different; consult with a variety of professionals (e.g., child welfare agents, other mental health professionals, attorneys, etc.) in order to determine your legal obligation to report a client for involvement with CSAI.

Q. How prevalent are CSAI online?

A. Finding statistics about any aspect of the Internet is extremely difficult given its size and constantly changing content. Estimating prevalence is further complicated by the fact that CSAI are illegal and therefore find their way into the underworld of the Internet – an area rarely examined by researchers. Researchers will often use words such as “near infinite” when describing the number of CSAI available on the Internet. Estimates range from 1 million to 5 million unique CSAI online, with a growth rate of 200 new images each day, but it is impossible to know how accurate such estimates are (Clarke, Ribisl, Runyan, & Runyan, 2012; Government of Canada Federal Ombudsman for Victims of Crime, 2009).

In the United Kingdom, Quayle and Jones (2011) conducted a study by examining 10 percent of the known images in the Childbase database. The total database included 247,950 images collected by UK law enforcement agencies. Of the nearly 25,000 images examined, Quayle and Jones reported female images outnumbered male images by four to one, and images were 10 times more likely to be of a white child than a non-white child. Jonsson and Svedin (2011) are quick to note that children of nearly every ethnic background are represented, suggesting the issue of CSAI is a non-culturally bound, worldwide issue. Quayle and Jones divided images into three sub-

categories: infant/young child; prepubescent; and post-pubescent. The most represented group in the database were prepubescent children, and the least were the infant/young children, with the percentage of post-pubescent children falling somewhere in between. However, this database was gathered from legal cases and may not necessarily be representative of all CSAI on the Internet.

If estimating the number of CSAI online is difficult, determining the identity of the children in the images is even more problematic. To date, the International Criminal Police Organization (Interpol) has been able to identify only about 2,000 children in all CSAI online (Quayle & Jones, 2011). The National Center for Missing and Exploited Children reported assisting law enforcement in the identification of over 4,000 victims of CSAI – a small number in contrast to the millions of images available online.

In the end, it is not possible to provide an exact number that represents the prevalence of CSAI; however, it is clear that a significant number of children are being sexually abused and their images are being circulated on the Internet.

Q. What is the impact of CSAI on victims?

A. It is often falsely assumed that CSAI is a “victimless” crime; however, the impact of online CSAI can be significant and long last-

ing. Palmer (2005), who has conducted much of the available research, reported that victims of CSAI are less likely to report the abuse than their non-imaged counterparts. CSAI victims often have difficulty reporting the sexual offense due to the shame, embarrassment, and guilt of their image being digitally captured, distributed, and viewed by thousands in the online world. Many report being haunted by these thoughts and feelings throughout their lifetime. CSAI victims fear someone will recognize and contact them from their online photos, leaving victims trapped in a state of constant hypervigilance and repeated trauma. Victims also worry their images are being used to entice other children into being sexual with a perpetrator – making them unwilling conspirators in the abuse of others. Palmer found victims of CSAI experience higher levels of depression, anxiety, and overall less self-value as compared to their sexually abused, non-imaged counterparts.

Those who view CSAI often minimize their role in the harm done to the children in the images. This is a significant treatment issue for CSAI offenders. It is important to assist individuals who view CSAI in realizing that it is not a victimless crime. The downloading, viewing, and trading of such images is repeatedly abusive to the subjects in the photographs and videos. One treatment resource specifically designed for online CSAI offenders is *Only Pictures?: Therapeutic Work with Internet Sex Offenders* (Quayle, Erooga, Wright, Taylor, & Harbinson, 2006).

Q. Who views CSAI online?

A. Ten years ago if an individual had a curiosity or interest in viewing CSAI, they would have had to exert considerable effort and risk in finding such images. Unfortunately, CSAI is more accessible than ever due to the anonymous nature of the Internet. As a result, there has been an overall increase of individuals struggling with viewing of CSAI. Many of the individuals arrested are Caucasian males; however, all age groups, ethnic/religious backgrounds, and educational levels appear to be represented.

Much of the current research on CSAI offenders is focused primarily on males, since few women enter into the legal system and/or seek treatment for using CSAI. It is impossible to know the exact reason for this gender disparity; however, the general thinking is that women rarely commit sexual offenses against children due to socialization and biological differences. Others suggest that our cultural expectations and stereotypes regarding women and sexual offense behavior keep the reported number of female sex offenders low. Regardless of the reasons behind the low incidence of female sex offenders, this book is primarily focused on research, assessment, and intervention for the male CSAI offender.

Some men who view CSAI have clear sexual interest in and attraction to children. Such individuals are more intentional about

using the Internet to find CSAI in order to satisfy their sexual fantasies; their discovery of CSAI is no accident. For others, the discovery of CSAI is often Internet-initiated and less often related to a sexual interest in, or attraction to children. This group's knowledge and exploration of online sexuality can lead them to the Internet "underworld" where people freely explore the darker side of their sexuality, including CSAI. One sexual venue leads to another, which leads to another, and the user wanders into areas that contain illegal pornography. Some Internet users leave this area, while others are intrigued and continue to view their new discovery.

As our knowledge of those who view CSAI increases, it is apparent that helping professionals are not attending enough to the issue of problematic online sexual behavior, including exposure to CSAI. While some clients may be ashamed and embarrassed by admitting they view such sexual images, others may be relieved someone has finally asked about one of their deepest secrets and will help them begin to untangle the web.

Q. What role does technology play in the viewing of CSAI?

A. Technology creates a unique environment for its users. Every individual who uses technology engages in thoughts, feelings, and

behaviors differently online than in the offline world. This difference has been called the “Psychology of the Internet” – the study of the way people think, feel, and behave in the online world. Similar to the effect of alcohol use on behavior, Internet users tend to be less inhibited than in the real world. However, just as society holds people accountable for their behavior after consuming alcohol, so people should also be held accountable for their Internet-related behaviors. The following discussion is not meant to offer excuses for a CSAI offender’s behavior, but rather to help you understand and explain why some individuals engage in online behavior that is ego-dystonic to, or conflicts with, who they are in the real world.

Suler (2004) articulated a theory believed to explain some of the outrageous and illegal behavior online. His theory is called the “online disinhibition effect.” Suler (2004) wrote the following about the “disinhibition effect:”

It’s well known that people say and do things in cyberspace that they wouldn’t ordinarily say or do in the face-to-face world. They loosen up, feel more uninhibited, and express themselves more openly. Researchers call this the “disinhibition effect.” It’s a double-edged sword. Sometimes people share very personal things about themselves. They reveal secret emotions, fears, wishes, or they show unusual acts of kindness and

generosity. On the other hand, the disinhibition effect may not be so benign where individuals explore the dark underworld of the internet, places of pornography and violence, places where they would never visit in the real world.

The main tenets of Suler's theory include:

You Don't Know Me and *You Can't See Me* are concepts that, combined, give an Internet user the sense that he is anonymous. When people feel anonymous they are more likely to take risks and cross boundaries than they would have if they had not felt anonymous.

See You Later - The Internet allows users to easily "escape" situations online, thereby making it more likely for a person to take more risks online.

It's All in My Head and *It's Just a Game* are two disinhibiting factors that combine to give the illusion that the online world only operates in fantasy, and since fantasy worlds have few consequences, it allows a user to extend his fantasy life further than he would have in real life.

We're Equals creates the online illusion that everyone is equal, and therefore the rules that dictate appropriate interactions between different groups (such as adults and children) in the real world are ignored/inoperative online.

Concepts such as the “online disinhibition effect” are one way to help clients understand their online sexual behavior – including the viewing of CSAI. Understanding and educating clients about the potential pitfalls of technology and the way their “psychology” changes when using technology is the first step to prevention.

Q. Can clients get CSAI accidentally?

A. Yes, it is possible for an individual to unknowingly or accidentally possess CSAI. However, just because something is possible, does not mean it is likely. It is very difficult to accidentally or unknowingly possess CSAI. Individuals who do find themselves with accidental CSAI were often exploring highly explicit areas of the Internet and had been downloading a wide range of adult pornography for an extended period of time.

There are only a few likely scenarios for accidentally receiving CSAI. One scenario includes downloading a “zipped” file – a single file often containing thousands of images. Packaged within that zip file may be CSAI that the individual did not know were included among all the other photos. Additionally, clients may download a file expecting a certain image or video to appear, only to discover the filename and description of the image/movie was mislabeled and in reality it contained CSAI. Finally, an individual can program their

computer to download large batches of images while he is away from his computer. CSAI may be included in the downloaded files.

Asking some questions may help determine if a client is being truthful about his accidental receipt of CSAI. First, ask the client to disclose exactly what he was doing online when he believes he received the files. Compare his account to the aforementioned scenarios. Second, if the client realized he was in possession of CSAI, what did he do with the files? Did he delete them immediately? Did he save them to his hard drive or allow them to stay on his hard drive or copy them to a portable thumb drive? Did he notify anyone about the images? Did he try to hide or conceal the file? Finally, ask what search terms were used that might have resulted in the CSAI.

Understanding how a client accessed CSAI is an important part of the overall evaluation process. Helping professionals need to understand current technologies and how they are used to access online sexual materials. For example, places like Gigatribe, Tumblr, and “Chan Sites” are common venues for the exchange of CSAI; however, if helping professionals are unfamiliar with such venues it will be difficult to interpret the answers to the suggested questions. Appendix A includes a list of common methods and venues to assist helping professionals in understanding many of the current technologies used for accessing CSAI.

Forensic reports can often be clinically helpful in understanding the contributing factors to the use of CSAI (Glasgow, 2012). If the court system is involved, a forensic report may be available, or one can be generated from private forensic companies. Information regarding dates that files were downloaded, the last time they were viewed, the search terms entered into search engines, and if the CSAI was intentionally moved, saved, or concealed on the hard drive can all be useful information in determining whether the downloading of CSAI was accidental or purposeful.

This information, combined with the responses from the client, can help determine if the CSAI was received accidentally. A polygraph examination may be helpful in determining the honesty of a client regarding the accidental acquisition of CSAI. Based on anecdotal data, the accidental acquirement of CSAI occurs in a very small percentage of cases – probably less than 10 percent.

Q. Is everyone who views CSAI a pedophile?

A. The short answer is no, not everyone who views CSAI is a pedophile. While research indicates viewing CSAI may be one indicator of pedophilia (Seto, Cantor, & Blanchard, 2006), actually making such a diagnosis is more complicated. Seto (2013) suggests there are a number of important parameters to consider other than just

whether an individual views CSAI. These factors include the total number of CSAI viewed, the ratio of child to adult pornography viewed, the age and gender of children in CSAI (interest in prepubescent males is more indicative of pedophilia), frequency and recent access. While information regarding an individual's online use of CSAI is important, offline considerations are important as well. Information regarding offline considerations may be found in the question related to 'risk of a future contact offense' later in this book.

There are many reasons why individuals begin viewing CSAI, especially given the ease of access and widespread availability of CSAI through the Internet and other technologies. For some individuals, viewing CSAI may be a matter of discovery or curiosity isolated to the Internet, and not necessarily a sexual interest in children. For others, it may be related to compulsive behavior patterns (sexual or otherwise) that contribute to an indiscriminant pattern of collecting and/or viewing any pornography regardless of its content. And yet for some, it is part of a lifelong pattern of sexual arousal involving prepubescent children – it is this group whose members are likely to be considered pedophiles.

Delmonico and Griffin (2012) refer to individuals who have a lifelong pattern of sexual interest in pre-pubescent children and who use the online world to satisfy this interest as "Pedophiles v1.0." These individuals view CSAI to satisfy their sexual urges or

fantasies with children and fit the traditional clinical definition of pedophilia. Delmonico and Griffin refer to individuals motivated to view CSAI by other factors as “Pedophiles v2.0.” These individuals do not appear to have long-term sexual interest/arousal in children, and while they may technically meet the criteria for pedophilic disorder, their use of CSAI appears less related to their sexual interest, urges, or fantasies towards children.

Finally, two other terms are important and relevant to this discussion. The term *hebephilia* refers to sexual interest in children who are on the cusp of puberty and developmentally are moving between childhood and adulthood. CSAI of these children would still be considered sexually deviant and illegal. *Teliophilia* describes sexual interest in the adult body form – including children who are post-pubescent (around ages 13 – 17). While CSAI of these children would be considered illegal, it would not necessarily be considered sexually deviant since the child has the secondary sex characteristics similar to adults.

Perhaps the pertinent clinical question is whether a client who views CSAI is a pedophile (v1.0 or v2.0), a hebephile, or a teliophile. The answer to this question will be relevant to both the assessment and treatment process.

Q. Do people who view CSAI have any history of contact sexual offenses with children?

A. The research is mixed with regards to the relationship between viewing CSAI and a past contact sexual offense with a child; however, Eke and Seto's meta-analysis (2012) examined 18 studies and found that, on average, 12.2 percent of CSAI offenders had a documented contact offense with a child in their history. This figure is likely an underestimate since these are only the *known* offenses. In a subset of six studies where self-report data was available, approximately 50 percent of all subjects self-reported a past contact offense with a child – possibly an overestimate since clients often view self-admission as a way to an early exit from the criminal justice system and treatment. The United States Sentencing Commission (2012) examined 1,654 CSAI offenders for precidivism (prior offense) rates and reported 18.7 percent of the offenders had a prior conviction for a contact sexual offense against a child. As you can see, there is no absolute percentage available; however, all the research to date suggests that there are a large percentage of CSAI offenders who do not have a hands-on contact sexual offense as part of their history.

Q. Are people who view CSAI a high risk for a contact offense with children in the future?

A. Eke and Seto (2012) conducted a meta-analysis of nine samples that systematically examined the issue of longitudinal recidivism for Internet sex offenders (the majority of whom were child pornography offenders with no history of a contact offense). Internet offenders were followed for a range of 1.5 to 6 years. Results indicated that an average of 2 percent of Internet offenders committed a detected new contact sexual offense and 5 percent of Internet offenders had a detected non-contact sexual offense, including another child pornography offense. One of the largest studies included in the meta-analysis (n=541) indicated that while nearly 30 percent of Internet offenders had a documented re-offense of any type over a four-year period, only 4 percent of Internet offenders were charged with a contact sexual offense. Non-Internet sex offenders have an estimated contact sexual offense recidivism rate of about 13 percent over a similar time period. The most recent research would indicate that CSAI offenders who do not have a past or concurrent violent and/or contact sexual offense, and who do not have the traits of an antisocial personality disorder (e.g., impulsivity, criminal history, anti-authority attitudes and beliefs, etc.) pose little risk for a future contact sexual offense (Seto, 2013).

Q. How is recidivism risk determined for online CSAI offenders?

A. Predicting future behavior of any type is extremely difficult, but never is it more important than when the safety of others is at stake. The difficulty in CSAI cases is the limited research focused on predicting future behavior of CSAI offenders who have no known or self-reported history of a contact sexual offense: currently no standardized risk assessment protocol for such clients exists. Current research examining and/or modifying actuarial risk assessments for use with CSAI offenders is promising. Two of the instruments examined to this point are the Risk Matrix 2000 (modified) and the Stable-2000 (unmodified) (Webb, Craissati, & Keen, 2007). Given the early stages of research with these instruments, they are best used to anchor clinical conclusions derived from other case data.

Eke and Seto (2012) provided an empirically derived list of factors that should be considered when assessing risk for online child pornography offenders. Many of the same factors that apply to contact sex offenders, also appear to be significant for online CSAI offenders as well. The list includes:

- Age at first offense (younger is more concerning)
- Any prior criminal history (sexual and/or non-sexual, violent and/or non-violent)

- Substance abuse
- Self-reported (or measured) sexual interest in prepubescent children
- Child pornography content focused on male prepubescent children

Faust, Renaud, & Bickart (2009) added:

- Possessing non-digital forms of child pornography (pictures, videos, etc.)
- Unmarried
- Low education level

In response to a lack of a validated tool for assessing risk of online CSAI offenders, we have developed the Risk Concerns Checklist (RCC; see Appendix B). The RCC is based on characteristics presented in the literature that *may* be indicators of increased risk levels for CSAI offenders. This list is not an official risk assessment, but can be used as one piece of data in the evaluation process.

Q. What should I do if a client is viewing CSAI?

A. Some clients may be mandated to participate in treatment due to their sexual offense behavior, but the issue of using CSAI is

also presenting in general clinical practices where sex offender specific treatment is not available. A client may disclose their use of CSAI, or it may be discovered by a family member. In any case, the first step is to gather additional information in order to determine if you are a mandated reporter. A report with the appropriate authorities should be filed if it is determined you are a mandated reporter.

Second, it is important to have a comprehensive sex offender evaluation conducted by a professional who is trained in such assessment procedures. The client should be referred for an evaluation and the report generated will help the clinician and client determine future treatment strategies. Consultation with other helping professionals is critical regardless of the outcome of the report and treatment planning decision.

Q. What are the typical instruments used in the assessment of a CSAI offender?

A. Several instruments may be useful in both understanding the client's CSAI use and assessing other aspects of his online and offline sexual behavior. One tool that may be helpful is the Internet Assessment Quickscreen with the Child Pornography Supplement (IA-QCP). This tool is a semi-structured interview focused on an individual's Internet sexual behavior – including his viewing of

CSAI. The IA-QCP (see Appendix C) provides the evaluator with information regarding the following five themes: arousal; technology knowledge; risky online behaviors; illegal online behaviors; secrecy regarding internet use; and online sexual compulsivity. At the completion of the IA-QCP the evaluator will have information regarding the (self-reported) history and use patterns of an individual's online sexual behavior, including the viewing of CSAI.

In addition to focusing on CSAI use, a comprehensive evaluation should also include screening for general online problematic sexual behavior. The Internet Sex Screening Test (ISST, see Appendix D) is a 34-item instrument that provides the evaluator with a general overall score of online and offline sexual compulsivity that can provide data on this issue. The evaluator can combine this data with other information to determine if the client's CSAI use is a more isolated event, or part of a larger, ongoing pattern of sexual compulsivity.

Evaluators should also be aware of the co-existing conditions that often accompany both online problematic sexual behaviors and the use of CSAI. A comprehensive evaluation should include screening for other mental health issues such as depression, anxiety, attentional issues, substance use, and personality disorders.

Individuals who view CSAI should also be evaluated for their overall sexual interest and/or arousal patterns. Instruments such as the Abel Assessment of Sexual Interest (Abel Screen; Abel, Huffman,

Warberg, & Holland, 1998) and the Penile Plethysmograph (PPG) can be administered by trained evaluators to help determine the age and gender of an individual's object of sexual interest/arousal. Such information can be useful in the context of other evaluation data to determine the type and direction of treatment.

Some evaluations may include the use of a polygraph (lie detector) examination. Polygraph results can be helpful in determining the extent of an individual's illegal online sexual behavior, as well as the presence of a past contact offense. Polygraph results should not be used as a punitive measure, but rather combined with other evaluation data and used to assist the client in treatment.

Q. What if my client who is viewing CSAI is an adolescent?

A. There is a growing concern for adolescents and young adults who are exposed to CSAI. Clinically, an increasing number of youth are reporting very early discovery of adult pornography, as well as CSAI. Youth caught with CSAI appear to fall into two main categories: one group views age-matched peers who were under the age of 18; and a second group whose members view images of much younger pre-pubescent children. These two groups are not necessarily mutually exclusive. In both groups, the use of CSAI may either extinguish or accelerate as the adolescents move through their

sexual development. The bottom line is there is no one explanation as to why some youth become fixated to underage individuals, while others do not. It is a complex issue likely to include all facets of development, including biological, psychological, social, and sexual.

Adolescents often do not fully comprehend the potential consequences of viewing CSAI. They should be advised of such consequences and provided with tools to assist in stopping their behavior (see information on developing Acceptable Use Policies below). It is also important that our prevention efforts include information and discussion about the consequences of CSAI.

In addition to viewing CSAI, adolescents may engage in behaviors that place them at risk for other online sexual problems, including their own sexual exploitation. Wolak, Finkelhor, Mitchell, and Ybarra (2008) identified several factors that place adolescents at risk for online problems. These factors (listed below) should be provided to youth as part of an educational and prevention plan:

- Interacting with unknown people online
- Having unknown people on their ‘friends’ list
- Using the Internet to make rude/nasty comments
- Sending personal information to unknown people
- Downloading images from file-sharing programs
- Visiting x-rated places online on purpose

- Using the Internet to embarrass or harass people
- Talking online to unknown people about sexual topics

Regardless of why an adolescent is viewing CSAI, early assessment and intervention is critical to assist youth in understanding their online behavior and the consequences associated with their decision to view CSAI.

Q. What is sexting and is it CSAI?

A. Sexting is the combination of the word “sex” and “texting.” The word is in reference to nude or sexually suggestive photographs typically transmitted through digital media – most often through the texting feature of a cell phone. Sexting is mostly associated with children and teens taking photos of themselves, often while pointing the camera into a mirror, and sending the images to a boyfriend or girlfriend. It can also include taking photos of a friend or romantic partner and texting them to others.

The definition of sexting has broadened to include images transmitted by any form of digital media (e.g., posted on Facebook, tweeted, shared on peer-to-peer networks, etc.) Sexting also includes images transmitted without an individual’s consent (e.g., boyfriend posts nude photos of ex-girlfriend to get revenge, or photos taken se-

cretly in the locker room at school). Sexting in this context is seen as intrusive and inappropriate by adolescents; however, sexting images of oneself or one's partner (with their consent) is viewed as far more acceptable by youth.

Although sexting may be more accepted by youth of this generation, the reality is that any nude and/or sexually suggestive image, where the subject is under the age of 18, is considered an illegal CSAI. It is also important to realize that possessing and/or distributing sexting images (unless the subject is age 18 or older) is illegal. There have been a number of cases where adolescents have been prosecuted for charges related to the receipt, possession, and/or distribution of child pornography where sexting was involved. All clients, especially adolescents, should be aware of the significant consequences of sexting behavior and the inability to delete images once they are released into the digital world.

To learn more about sexting among youth, Wolak and Finkelhor (2011) researched various typologies of youth sexting behavior. Their research can be found at the Crimes against Children Resource Center (CCRC) website (<http://www.unh.edu/ccrc>).

Q. What are the common treatment issues for individuals using/viewing CSAI?

A. Research has identified a number of issues related to treatment and prevention for those struggling with their use of CSAI, including:

- Emotional regulation (depression/anxiety)
- Social skills/intimacy
- Deviant arousal
- Victim empathy (see victim impact question)
- Problematic Internet use
- Online hypersexuality

General sex offender treatment literature has an extensive amount of information related to the first three issues (emotional regulation, social skills, and deviant arousal); however, such materials rarely address issues related to problematic Internet use and online hypersexuality. The workbook *Cybersex Unplugged: Finding Sexual Health in an Electronic World* (Edwards, Delmonico, & Griffin, 2011) has several exercises easily adapted for the treatment of CSAI offenders, and specifically designed to address problematic Internet use and online hypersexuality. The workbook stresses the

importance of assisting clients in exploring a healthy relationship between technology and sexuality. It is important for clients to identify both how their online choices have caused difficulties in their life, and ways their use of technology can enhance their health and recovery. The workbook's Internet Health Plan exercise can be useful to clients struggling with their problematic online sexual behavior. Directions for helping clients create the Internet Health Plan can be found in Appendix E. In addition, the Acceptable Use Policy (AUP) discussed elsewhere in this book can also be an excellent resource in getting CSAI clients to evaluate their technology use and set clear boundaries regarding acceptable and unacceptable behavior when using technology.

Q. Are there prevention steps I should take with my clients?

A. Our society fails to openly address issues related to online sexuality, and more specifically to CSAI. The problem continues to grow among people we frequently interact with, including neighbors, clergy, respected officials, and family members (including adolescents). Prevention is the only way we can slow the growth of CSAI use.

There are three basic levels of prevention: primary, secondary, and tertiary. Primary prevention focuses on individuals who have

not yet developed the problem, nor are they at risk for developing the target problem. This level of prevention often occurs in large group settings in the community, school, or other organizations, and is often educational in nature. Secondary prevention focuses on individuals who may be at risk for developing the target behavior. Tertiary prevention is for those who have already developed the problem, with the goal of preventing it from recurring or escalating further. Prevention of CSAI needs to occur at all three levels: helping professionals working with clients may want to employ strategies in one-on-one settings, family settings, small group settings, and/or large group community presentations. The foundation of all prevention is based on educating individuals about the issues and their real-life impacts. However, prevention strategies regarding misuse of the Internet often fail to take into account the psychology of the Internet. One of the first prevention strategies is to educate all individuals about how the psychology of the Internet allows and even encourages individuals to take risks, cross boundaries, and engage in inappropriate behaviors – all of which can easily lead to the victimization of others.

One strategy that is useful at all three levels is an “Acceptable Use Policy” (AUP). Most employers require their employees to agree to rules for how technology will be used in the work setting, basically an Acceptable Use Policy. The AUP in clinical settings is a collaborative

exercise that requires individuals to examine their current Internet/technology-related behaviors and begin to establish boundaries for themselves. The AUP provides an entrée for discussing CSAI in an appropriate context for both adolescents and adults. Delmonico and Griffin (2008) authored an article for marriage and family therapists to assist in the development of an AUP in the context of family therapy. An adaptation that includes a CSAI discussion of the AUP can be found in Appendix F.

Blocking, filtering, and monitoring are tools that can be used to assist in the prevention and treatment of CSAI. There are often many questions as to how these tools work and on which devices they can be installed. Appendix G includes a table of current software available to assist clients in blocking, monitoring, and filtering various technology devices. The table indicates each product, its operating system options, services provided, and a URL to learn more about it.

In addition, educating clients about the psychology of the Internet (discussed elsewhere) can help them in understanding their online behavior as it compares to their offline behavior. Such basic psychoeducational information can be helpful in the prevention of relapse and future problematic online behaviors.

Finally, several unique websites available for clients are aimed at secondary and tertiary prevention. The target audience of

these sites includes those who view CSAI or who are sexually attracted to children. The main goals are to provide a safe, anonymous way to learn about the impact of sexually abusing children and to provide resources to prevent such abuse from occurring. These websites include: Virtuous Pedophiles (www.virped.org), CROGA (www.croga.org), and Stop It Now! (www.stopitnow.org).

Summary

The issue of child sexual abuse is a long-standing societal concern. Capturing such abuse in photographs and videos adds a dimension of harm further exacerbated when the abusive images are viewed and distributed on the Internet. The viewing of CSAI perpetuates and encourages the production and distribution of such images as producers and distributors make profits from their activities. This demand-supply-profit cycle is ultimately what contributes to the continued growth in the availability of CSAI images; therefore, it is critical that prevention and intervention strategies be directed at all three aspects of CSAI – including the viewing, distribution, and production.

The viewing of child sexual abuse images is a complex issue, with many ethical, legal, professional, and clinical issues. While not all of these issues could be covered in this book, we have attempted to address many of the common questions helping professionals have when working with clients who view child sexual abuse images.

Given the complexities of this issue, we have included a number of additional resources, such as assessment tools, treatment ideas, additional reading recommendations, and a bibliography that includes resources for clinicians and clients. Ultimately, it was our hope this book would equip helping professionals with the information necessary for beginning the work necessary to prevent the further victimization of children.

Appendix A

Cybersex Methods and Venues

Internet Basics

In order to appropriately address the issue of cybersex, clinicians must have a basic working knowledge of technology and how it is used for Internet sexual activities. This basic knowledge will help clinicians ask the right questions, and appropriately interpret client responses. Quayle and Taylor (2002) interviewed nine practitioners regarding their knowledge of the Internet and technologies used for Internet sexual activity. All nine reported feeling a general lack of knowledge and understanding of the Internet, as well as how to manage a caseload of sexual offenders who may now have access to the Internet. Below are some of the common methods for accessing the various areas of the Internet. CSAI may be viewed and shared through all of these venues – some more easily than others. In addition, many of these venues allow users to meet others who share CSAI interests and communicate privately about the exchange of CSAI and/or the sexual abuse of children.

Historically these methods and venues were primarily accessed via a desktop or laptop computer; however, in today's digital

age these areas of the Internet can be just as easily accessed through tablet computers (e.g., iPads, Kindle, etc.), gaming systems (e.g., Xbox Live, Playstation Portable, Wii, etc.), cell phones, and other portable devices.

World Wide Web. One common misconception is that the Internet and World Wide Web are synonymous. However, the World Wide Web is one small part of the Internet. In fact, the most explicit and illicit materials are typically found in areas other than the World Wide Web.

The most common method for accessing the Internet is through the World Wide Web (www). Internet browsers (e.g., Internet Explorer, Mozilla, Firefox, Safari, etc.) interpret and display text, graphics, and multimedia on a user's monitor. By pointing and clicking, the user has the ability to explore the Internet in a user-friendly environment. Web pages can display various forms of multimedia (e.g., photos, videos, music, etc.) and facilitate the exchange of files between computers.

Social Networking Venues. One of the most popular Internet areas is called social networking, web-based sites that allow users to chat, send and receive email, send instant messages, post bulletins, photos, information about themselves and others, and share files. One of the hottest "combo places" is Facebook.com. Facebook allows individuals to post information (including photos and videos) about themselves and create lists of 'friends' that they can then communicate with via the website – all for free. Facebook and

similar social networking sites earn their revenue through advertising on the pages that are produced by members.

Twitter is another common social networking venue; however, it differs from venues such as Facebook since you do not build a webpage and put information about yourself on the Internet. Rather, Twitter allows you to send short “tweets” or text messages to individuals about where you are, what you are doing, or how you are feeling.

Chan Sites. Chan sites are web-based newsgroups that allow users to post content (e.g., text, graphics, photos, videos, etc.) for others to view and then post their reactions or responses. Chan sites are divided by content and have a number of sub-bulletin boards to help users catalog their posts and make it easy to find certain genres of posts. Users who have similar interests can then use the Chan sites to form relationships and exchange private files with one another.

Email. Email is used for direct communication with other individuals or groups of individuals. In the case of cybersex, the message may be a sexual conversation, story, picture, sound, or video. Often individuals meet in other areas of the Internet and then begin communicating via email as a way to add more privacy and security to their sexual exchanges.

Internet Relay Chat. Internet Relay Chat (IRC) is the largest and oldest chat area on the Internet. It is largely unfamiliar to most casual users, and typically draws in the more tech savvy. In

addition to standard text-based chatting, IRC includes a number of chat rooms that act as “file servers” to exchange various types of media, including pornography. These file servers allow users to access one another’s hard drives and trade images, music, videos, etc. A host of file server rooms are dedicated specifically to child pornography exchange.

Video/Audio Chatting. Video (and audio) chatting involves using cameras and microphones to engage in live conversations with people logged on to the Internet from all over the world. Common videochat programs include Skype, PalTalk, Google+, and Oovoo.

One controversial area of video chatting includes the “roulette” sites such as Chatroulette, or Omegle. These venues allow for anonymous contact with randomly paired strangers from around the world. Once connected, the user’s webcam shows the random stranger and the pairing can decide if they would like to chat with one another, or move on to a different person. It is not uncommon to find people in these venues sexually exposing themselves.

Blogs and Vlogs. These are online pages where one can create a journal of their thoughts and feelings either in words, pictures or videos (vlog = video blog). Common blogging websites include Tumblr and Blogger. Many blogs have developed a daily following and are routinely used by corporations and political and social organizations to promote and inform on their products or causes. Blogs may have mature or erotic themes to them.

Virtual Social Networks. Virtual worlds such as Second Life allow individuals to create their own persona and interact with others online in a virtual 3-D world that includes pictures and sounds to represent people and objects in the world. Members can purchase virtual property and services and earn virtual money through a variety of online acts. This type of social networking has caught the eye of corporate America and companies are now purchasing space in Second Life.

Second Life and other virtual social networks contain adult areas where one can buy online pornography, sexual objects, enhance a character's anatomy, etc. In one world there is an area for sadistic and masochistic sexual behavior.

The Red Light Center is a virtual world containing adult/mature content exclusively. It encourages members to upload explicit images and videos to their profiles. This site combines the search for live partners with a virtual world to give members a unique experience that encourages moving from fantasy to a real-world meeting.

Peer-to-Peer File Sharing. Software packages such as Frostwire, Bearshare, e-Mule, and others, have made file sharing a popular hobby. Casual users of this software often exchange music files, but any file can be "shared" on the network. Many of the files on these networks are pornographic in nature, easily found, and can contain illegal child pornography. Gigatribe, a "private" peer-to-peer network, allows users to form small groups that can then privately share images only within their group. This structure differs from

that of other peer-to-peer networks since they are made for “public” sharing and do not allow for creating private sharing groups.

Online Gaming. Many online gaming venues encourage participants to choose an “avatar,” take on various characteristics, and play out their roles in a game-like setting. A portion of these game areas are sexually charged and offer places for participants to engage in sexual conversations. Some individuals become compulsive with the fantasy role-playing aspect of these games whether sexualized or not. Individuals can also form teams to play against other teams via the Internet. Many gaming systems (e.g., Xbox, Playstation, etc.) include the capability to log on to the Internet and play the game against others online (e.g., Black Ops, Halo, Madden Football, etc.) Although online games are not necessarily sexual, they provide opportunities for sexual conversations between adults and children. Unrelated to the sexual concerns, online gaming may become compulsive in and of itself.

Appendix B

Risk Concerns Checklist

Online Considerations of Risk

As part of a comprehensive evaluation, you should attempt to gather as much data as possible. Below is a list of **online** considerations you should take into account as you conduct the evaluation.

- ☐ Total number of downloaded pornographic images
(both children and adult)
- ☐ Ratio of adult to teen to pre-pubescent images
- ☐ Online relationships that support child pornography
content/activity
- ☐ Attempts to contact and/or groom children
- ☐ Visiting child/teen Internet venues
- ☐ Organized child pornography collection
- ☐ Sexual content focused on prepubescent males
- ☐ Motivation behind collecting images (e.g. arousal,
collection building, etc.)

- ☐ Possession of non-illegal child content (e.g., abuse stories, abuse sounds, etc.)
- ☐ Notable progression from adult to child oriented content
- ☐ Adult sexual fetish content and/or bizarre sexual content
- ☐ Level of compulsive use of technology (both sexually and non-sexually)

Offline Considerations of Risk

As part of a comprehensive evaluation, you should attempt to gather as much data as possible. Below is a list of **offline** considerations you should take into account as you conduct the evaluation.

- ☐ Any previous criminal history
 - Non-Violent/Violent
 - Non-Sexual/Sexual
- ☐ Self-Reported and/or PPG arousal to prepubescent children (especially males)
- ☐ Age of first offense (younger is more concerning)
- ☐ Presence of other paraphilic behaviors (e.g., sado-masochism, fetish, etc.)

- ☐ Pattern of rule violation and disregard for authority
- ☐ History of prior treatment failures for sexual behavior issues
- ☐ History of substance abuse/dependency
- ☐ Offline sexual preoccupation and/or obsession
- ☐ Inability to form or maintain intimate (not necessarily romantic relationships)
- ☐ Child-seeking behavior (e.g., child-related profession, or volunteer position such as team coach, youth group leader, event chaperone, playground monitor, ...)

Protective Factors

The following factors can be considered as positive attributes that may contribute to overall risk reduction for an offender. More protective factors are considered more helpful in treatment.

- ☐ Long-term stable employment history
- ☐ Good relationships with co-workers and other acquaintances
- ☐ Presence and use of adequate and appropriate social supports

- ☐ Positive family relationships and support from family
- ☐ Willingness to participate and amenability to treatment
- ☐ Presence and use of adequate and appropriate social skills
- ☐ History of healthy adult relationships (romantic and otherwise)
- ☐ Acknowledgement of the seriousness of own sexual offense behavior
- ☐ Guilt/remorse felt and expressed about own sexual offense behavior
- ☐ Willingness to attend and participate in treatment

Appendix C

Internet Assessment:

A Structured Interview for Assessing Problematic Online Sexual Behavior

FORM QCP

David L. Delmonico, Ph.D. and Elizabeth J. Griffin, MA, LMFT

Section I: Internet Knowledge and Behavior

1. On average, how many hours per week do you use the Internet for both sexual and/or non-sexual purposes?

2. Over the past six months, on average how many hours per week have you actively engaged in Internet sex, including downloading images, sexual chats, etc.?

- 3.** Have you ever posted/traded any sexual material on or through the Internet or any other electronic device? This would include self-photos, photos of others, sexual stories, videos, audio clips, sexual blogs, sexual profiles, etc.

- 4.** Have you ever viewed images or videos of individuals who appeared to be less than 18 years old?

- 5.** Have you ever tried to conceal yourself or the places you have been online (e.g., clearing your history or cache, using programs to hide/clean your online tracks, deleted/renamed files, stored files on portable devices such as a thumb drive, etc.)?

- 6.** Have you ever had offline contacts with individuals (children, teens, or adults) you met online (e.g., phone calls, mail, or face-to-face meetings, online dating, etc.)?

7. Have you ever had any of the following types of programs installed on any computer you have used: peer-to-peer (e.g., Frostwire, Gigatribe), Internet Relay Chat (e.g., Mirc), Webcam (e.g., Skype, Chatroulette), Social Networking (e.g., Facebook), Blog/photo sharing sites (e.g., Tumblr, Flickr).

Section II: Social, Sexual, and Psychological

8. Has your offline sexuality ever been impacted by your online sexual behaviors?

9. Have you ever masturbated while on the Internet or other portable device (e.g., iPad, phone, gaming system, etc.)?

10. Have you ever taken a risk online or offline that you regretted later? (e.g., crossed a boundary, met with someone, engaged in cyberchat, etc.)?

11. Have you ever experienced consequences, or jeopardized important life areas (e.g., work, family, friends) as a result of your online sexual behaviors?

12. Has your partner (or other significant person in your life) ever complained about your Internet sexual behavior?

13. Have you ever become more isolated (physically or emotionally) from family and friends as a result of your online sexual behaviors? This would include turning down invitations or skipping family events to be home alone with your computer.

14. Have you ever noticed your Internet sexual behaviors affecting your mood, either positively or negatively?

15. Have you ever wished you could stop using sex on the Internet, but are unable to set limits or stop the behavior?

Internet Assessment– Child Pornography Supplement

1. What is your definition of a child pornography image/video?

2. When did you begin viewing child pornography images/videos? What is the most recent occasion where you viewed child pornography?

3. Describe a typical child pornography image/video/story that you would be aroused by (e.g., age, gender, image, type of activity [BDSM, penetration, oral sex, etc.]).

- 4.** Approximately how many child pornography images/videos have you seen on the Internet?

- 5.** Approximately how many child pornography images/videos do you have stored electronically somewhere? How is this collection maintained/organized?

- 6.** Describe the processes by which you access child pornography online.

- 7.** Describe how you became involved in viewing child pornography online. At what age did you first start looking at pornography? Online pornography? Child pornography? Did your online pornography use begin with child images?

- 8.** Do you collect specific series of images or videos? If so, describe the series you collect.

- 9.** Do you view/collect written stories about sex with underage children? Describe the nature of these stories.

- 10.** Are there other individuals online that you communicate with about sex with children or with whom you exchange child pornography content?

- 11.** Have you ever accidentally received child pornography content? Describe the process of how it was received.

- 12.** Have you ever engaged in sexualized role play where one of the role play partners takes on an underage persona?

- 13.** Prior to your Internet use, describe your sexual interest/arousal to adolescents/children.

14. What is your estimated number of images downloaded (videos is the next question) for each of the following categories (ages in parentheses)?

___ Adult male (18+)	___ Prepubescent male (8-12)
___ Adult female (18+)	___ Prepubescent female (8-12)
___ Adolescent male (13-17)	___ Small child/infant male (0-7)
___ Adolescent female (13-17)	___ Small child/infant female (0-7)

15. What is your estimated number of videos downloaded for

___ Adult male (18+)	___ Prepubescent male (8-12)
___ Adult female (18+)	___ Prepubescent female (8-12)
___ Adolescent male (13-17)	___ Small child/infant male (0-7)
___ Adolescent female (13-17)	___ Small child/infant female (0-7)

16. Do the downloaded child pornography images/videos contain....

___ Nudes - no sexual behavior	___ Fetish behavior of some type
___ Oral sex	___ Physical violence
___ Vaginal penetration	___ Sadistic/masochistic in nature
___ Anal penetration	___ Erotic posing

17. Where did you store the child pornography images/videos (e.g. organized Files/CDs, DVDs/Thumb Drive/Slack Space/Peer-to-Peer Folder)?

18. Did you ever try to “hide” images/videos of child pornography (e.g. Renamed Files/Encrypted/Copy to CDs or DVDs, etc.)?

Appendix D

Internet Sex Screening Test

Directions: Read each statement carefully. If the statement is mostly TRUE, place a check mark on the blank next to the item number. If the statement is mostly false, skip the item and place nothing next to the item number.

- ___ 1. I have some sexual sites bookmarked.
- ___ 2. I spend more than 5 hours per week using my computer for sexual pursuits.
- ___ 3. I have joined sexual sites to gain access to online sexual material.
- ___ 4. I have purchased sexual products online.
- ___ 5. I have searched for sexual material through an Internet search tool.
- ___ 6. I have spent more money for online sexual material than I planned.
- ___ 7. Internet sex has sometimes interfered with certain aspects of my life.

- ___ 8. I have participated in sexually-related chats.
- ___ 9. I have a sexualized username or nickname that I use on the Internet.
- ___ 10. I have masturbated while on the Internet.
- ___ 11. I have accessed sexual sites from other computers besides my home.
- ___ 12. No one knows I use my computer for sexual purposes.
- ___ 13. I have tried to hide what is on my computer or monitor so others cannot see it.
- ___ 14. I have stayed up after midnight to access sexual material online.
- ___ 15. I use the Internet to experiment with different aspects of sexuality (e.g., bondage, homosexuality, anal sex, etc.).
- ___ 16. I have my own website which contains some sexual material.
- ___ 17. I have made promises to myself to stop using the Internet for sexual purposes.
- ___ 18. I sometimes use cybersex as a reward for accomplishing something. (e.g., finishing a project, stressful day, etc.).

- ___ 19. When I am unable to access sexual information online, I feel anxious, angry, or disappointed.
- ___ 20. I have increased the risks I take online (give out name and phone number, meet people offline, etc.).
- ___ 21. I have punished myself when I use the Internet for sexual purposes (e.g., time-out from computer, cancel Internet subscription, etc.).
- ___ 22. I have met face to face with someone I met online for romantic purposes.
- ___ 23. I use sexual humor and innuendo with others while online.
- ___ 24. I have run across illegal sexual material while on the Internet.
- ___ 25. I believe I am an Internet sex addict.
- ___ 26. I repeatedly attempt to stop certain sexual behaviors and fail.
- ___ 27. I continue my sexual behavior despite it having caused me problems.
- ___ 28. Before my sexual behavior, I want it, but afterwards I regret it.
- ___ 29. I have lied often to conceal my sexual behavior.

- ___ 30. I believe I am a sex addict.
- ___ 31. I worry about people finding out about my sexual behavior.
- ___ 32. I have made an effort to quit a certain type of sexual activity and have failed.
- ___ 33. I hide some of my sexual behavior from others.
- ___ 34. When I have sex, I feel depressed afterwards.

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Internet Sex Screening Test Scoring and Analysis

The Internet Sex Screening Test (ISST) was developed in 1999 by Dr. David Delmonico in an attempt to screen for problematic on-line sexual behavior. The instrument has been administered to over 5,000 individuals online and is currently being evaluated for validity and reliability. The most current information regarding the ISST may be found in the article by Delmonico and Miller (2003) in the journal *Sexual and Relationship Therapy*.

The Internet Sex Screening Test is currently undergoing revisions for a more precise measure of online sexual behavior. However, basic scoring directions for the current version are provided below.

The ISST is intended for general screening purposes and is not a diagnostic instrument. The ISST was intended to help individuals identify whether a further, more comprehensive evaluation was necessary.

Internet Sex Screening Test Scoring Directions

1. Sum the number of check marks placed in items 1 through 25. Use the following scale to interpret the final number.

1 to 8 = You may or may not have a problem with your sexual behavior on the Internet. You are in a low-risk group, but if the Internet is causing problems in your life, seek a professional who can conduct further assessment.

9 to 18 = You are “at-risk” for your sexual behavior to interfere with significant areas of your life. If you are concerned about your sexual behavior online, and you have noticed consequences as a result of your online behavior, it is suggested that you seek a professional who can further assess and help you with your concerns.

19 + = You are at highest risk for your behavior to interfere and jeopardize important areas of your life (social, occupational, educational, etc.). It is suggested that you discuss your online sexual behaviors with a professional who can further assess and assist you.

- 2.** Items 26 through 34 are an abbreviated version of the Sexual Addiction Screening Test (SAST). These items should be reviewed for general sexual addiction behavior, not specifically for cybersex. Although there is no cutoff score calculated for these items, a high score on items 1 through 25 paired with a high number of items in 26 through 34 should be seen as an even greater risk for sexual acting out behavior on the Internet.

*** Please note: Items 26 through 34 should not be calculated in the total score for part 1.*

- 3.** No item alone should be an indicator of problematic behavior. You are looking for a constellation of behaviors, including other data, that may indicate the client is struggling with their Internet sexuality. For example, it would not be unusual to have sexual sites bookmarked, or to have searched for something sexual online, but paired with other behaviors, it may be problematic.

Appendix E

Internet Health Plan Instructions

This exercise is designed to assist you in developing a healthy Internet plan. It is important for you to know exactly which of your Internet behaviors are unhealthy and which ones are healthy. You should review your Internet Health Plan at least every six months, or more often if necessary. This plan is designed to change and evolve over time as you learn more about yourself and effective Internet management skills.

In the inner circle, or the “red zone,” list all Internet behaviors which are **never** healthy for you. This may include items such as not going online past 10:00 pm or not looking at certain sexual images on the Internet.

The middle circle is the “yellow zone.” In the yellow zone you should list Internet behaviors for which you are uncertain about whether they are healthy or unhealthy for you. This circle may also include Internet behaviors that are **sometimes** healthy for you and sometimes are unhealthy. Examples include using the computer

when you are alone, and/or going online when you are angry, tired, lonely, etc.

The outer circle is your “green zone.” In this circle list Internet behaviors that you know are **always** okay for you. The green zone illustrates those behaviors that indicate healthy use of the Internet for you. An example might be using the Internet in a high traffic area, or finding recovery resources/support while online.

Appendix F

Acceptable Use Policy Exercise

Introduction

Creating an Acceptable Use Policy (AUP) is not a “test” to see if individuals can determine the “right” answer. In this case, the right answer is the one that is best suited for each individual/family. As a prevention strategy, the AUP exercise is to help individuals anticipate potential hazards that may result from their use of technology. There may or may not be consequences associated with crossing the boundaries established, but in any case, crossing an established boundary causes individuals to pause and reflect on their online behavior. The AUP exercise can be helpful for individual adults, adolescents, and children. The AUP should be tailored to the needs of each individual, considering their age, maturity level, and ability to maintain boundaries. Adults often assume that technology rules do not apply to them; however, it is a lack of considering online boundaries that often leads to problematic online behavior for adults.

While the AUP is not focused on the viewing of CSAI, it provides a perfect opportunity to discuss the dangers and potential con-

sequences of viewing online CSASI with both adults and adolescents. Many individuals do not comprehend that viewing a single CSAI could result in arrest, prosecution, and conviction carrying a sentence of multiple years of incarceration. Youth often do not realize that sending/receiving nude images of others their own age is illegal, and may result in arrest and prosecution. During the discussion of the AUP, it is important to weave in information regarding the legal and moral issues surrounding the viewing of CSAI.

Time and Place of Technology Use

1. How many hours per day is acceptable to use the Internet/gaming/technology (may vary by individual; may vary on weekends vs. weekdays, etc.)?
2. Should the time of day one uses the Internet/technology be limited (e.g., cell phones off after 9:00 pm; no Internet use after 11:00 pm; xBox turned off during homework time/dinner, etc.)?
3. What are the expectations regarding the location for using the Internet/technology (e.g., unsupervised in bedroom; overnight at a friend's house; viewing pornography on a work computer, etc.)?

Privacy and Friends

4. What are the limits to providing personal information about oneself on the Internet (e.g., providing a cell phone number, address, password to accounts, etc.)?

5. Who are acceptable friends in social media such as Facebook (e.g., adding people you do not know; adding old romances from the past; using caution when adding non-peer aged individuals, etc.)?

Meeting Others Online and Offline

6. When is it appropriate to meet people offline (in person) that you only know through technology (e.g., someone you met on Facebook/Pinterest, online dating that moves offline, etc.)?

Unacceptable Activities

7. What online/technology behaviors are non-negotiable and forbidden (e.g., viewing CSAI; sexting/posting nude photos of self or others; communicating sexually with underage individuals, etc.)?

Blocking/Filtering/Monitoring

8. Would blocking/filtering Internet content create a more healthy online environment (e.g., prevent the viewing of pornography, including CSAI; blocking “Mature” rated games/movies, etc.)?
9. Is there a need for comprehensive monitoring of the Internet/technology (e.g., individuals crossing dangerous boundaries, including viewing CSAI); preventing cyberbullying, etc.)?

What To Do If...

- 10.** If an individual violates one of the AUP guidelines, what is the expectation on how the boundary crossing should be handled (e.g., tell another adult; talk to therapist, etc.)?

Conclusions

The goal of the AUP is to get people discussing their current online behaviors, as well as anticipating online behaviors that may develop into problems. It is important to involve individuals in the creation of the AUP since they are familiar with their own behaviors and will be more invested in the boundaries if they helped create them. If the AUP is designed for youth, it is important to develop a list of possible consequences that may occur if the AUP is violated. Obviously, more serious infractions warrant more significant consequences since crossing one of the unacceptable activities could result in compromising the health and safety of the individuals involved. Finally, do not forget that most portable devices allow Internet access. When creating the AUP, do not forget to develop the rules with devices such as cell phones, gaming systems, iPads, etc. in mind.

Appendix G

Filtering and Monitoring Methods

Blocking, filtering, and monitoring tools can be used to assist in the prevention and treatment of Child Sexual Abuse Images. There are often many questions as to how these tools work and on which devices they can be installed. A table of current software available to assist clients in the blocking, filtering, and monitoring of unwanted content can be found on the NEARI Press website at: **<http://bookstore.nearipress.org>**. Then search for this title, *Illegal Images*. The table indicates each product, its operating system options, services provided, and a URL to learn more about the product.

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