CHILD PORNOGRAPHY OFFEDERS…PROVIDING CONTEXT

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1990 vs 2020

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Child Pornography Offender
(Child Sexual Abuse Image Offender (CSAI)
Possession, Dissemination, Production

- Serious problem that causes harm to real victims
- Important that decision makers have information about the risk to commit future sex offenses.
- Informed decisions allow for improved allocation of resources for risk management strategies related to sentencing, placement, treatment and supervision.

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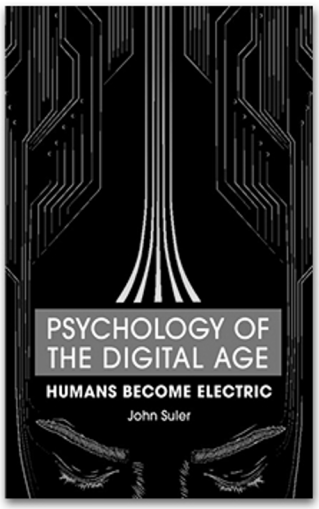

The Digital World is Different

People Act Differently in the Digital World

Influenced by
Online Disinhibition Effect

Anonymity, Fantasy, Escape
Combined Together to Create
The Online Disinhibition Effect

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Psychology of Technology

- Creates unique environment
- Allows behavior that would be less likely offline
- Decreases ability to think of consequences
- Impairs empathy by creating emotional distancing
- Cannot ignore the impact of technology
- (Quayle et al., 2010; Seto, 2013; Rimer, 2019)

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Child Sexual Abuse Images

- Difficult to estimate the # of CSAI images
  - In 2014, the US National Center for Missing and Exploited Children reported that there were 23,881,197 obscene images of children online including duplicates (Crawford, 2014).
  - Difficult to estimate the number of individuals
    - Two LE operations involving peer to peer file sharing
      - Millions of unique IP addresses sharing 120,000 to 170,000 CSAI images (2010)
    - Individuals involved with CSAI Images
      - Men, Women, Adolescents, Younger Children

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Youth and Sexual Offense Behavior

- Estimated that 3% to 15% of CP consumers are juveniles (Carr, 2004; Finkelhor & Ormrod, 2010).
- Estimated that 5% to 20% of child pornography is self-produced by youth. (Wolak & Finkelhor, 2016).
- Youth <18 perpetrate 30-50% of all CSA offenses and >50% of offenses against children under the age of 12 (Finkelhor et al., 2009; Finkelhor et al., 2014).
- Relatively common for young adolescents to engage in sexually inappropriate behaviors with younger children.
- Youth adjudicated for CSA have high rates of **desistance** after 1st offense (Letourneau et al., 2017).
- Information related to CSA can assist in informing decisions related to youth who view child pornography images.

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Youth and Sex Offense Behavior

Well-intentioned interventions, especially reactive and costly criminal justice responses, can increase the likelihood of reoffending

by increasing the individual's exposure to risk factors and reducing protective factors.

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Why Do People View CSAI Images
(Beech et al, 2008, Seto 2013, Steely el al, 2018,)

- Accidental
- Curious
- Pedophilic
- Hypersexual
- Mental Health Issues
  - Anxiety, Depression, Obsessive Compulsive Disorder
  - Autism Spectrum Disorder, Developmentally Delayed
  - Substance Abuse Disorder
- **Combined with the Psychology of Technology**

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Child Pornography Offenders and Contact Sexual Offending

- CP does not appear to be a "gateway drug", no established **causal** relationship to contact offending
- Most CP offenders are low risk
  - A small subgroup does appear to move on to either
    - A contact sex offense – 2% Seto & Eke (2010)
    - A new CP Charge - 5% Seto & Eke (2010)
    - Faust et al, 2009 US Federal Bureau of Prisons 5.7%
    - A contact sex offense 2.7% after 13 years (Elliott et al., 2019)
    - State cases more likely to be low risk
- CP Offenders with a prior or concurrent violent or contact sexual offense were significantly more likely to be reported for a sexual re-offense (Eke et al., 2011)

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CP Offenders Compared to Contact Offenders

(Babchishin et al., 2011, Elliott et al., 2009, Webb et al, 2007 Seto 2013. Faust 2014, Merdian, et al. 2016)

- More likely to be first time offenders
- More likely to have pro-social lives
  - Less likely to have a previous criminal history/substance abuse issues
- Significantly less likely to
  - miss treatment appointments
  - drop out of treatment
  - fail on supervision

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Child Pornography Offender Risk Tool (CPORT) (Eke and Seto 2015)

- Offender age (Ages 18 to 35)
- Any prior criminal history
- Any contact sexual offending
- Any failure on conditional release
- Admission/diagnosis of sexual interest in children
- More boy than girl child pornography content
- More boy than girl other child-related content

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U.S. Sentencing Commission Report (2013)

- The content/nature of an offender's child pornography collection
  - Gender of victim
  - Involvement in Images (organization, frequency, encryption)
  - Volume (Newer Research)
  - Age of Victims (Newer Research)
- The degree of an offender's involvement with other offenders, in particular, in an Internet "community" devoted to child pornography and child sexual exploitation; and
- Whether an offender has a history of engaging in sexually abusive, exploitative, or predatory conduct in addition to his child pornography offense.

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Protective Factors
(de Vries, Mann, Maruna, and Thornton, 2015)

- Healthy Sexual Interests
- Capacity for Emotional Intimacy
- Constructive Social/Professional Support
- Goal Directed Living
- Good Problem Solving
- Engaged in Employment/Constructive Leisure
- Sobriety
- Hopeful, Optimistic, and Motivated Attitude to Desistance

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Risk/Needs/Responsivity

Risk = Who to Treat & Where

- High risk respond best to intensive services
- Low risk respond to minimal intervention

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Risk/Needs/Responsivity

Risk = Who to Treat & Where

High Risk----------→ Low Risk

- Prison w/ or w/o treatment
  - Jail w/ or w/o treatment
    - Probation w/ or w/o treatment
      - Community based treatment only
- Specialized interventions for unique cases

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Risk, Needs, Responsivity (RNR)

- Prison alone found to be criminogenic (associated with increased recidivism)
- Correctional programs that treat moderate to high risk offenders and focus on **criminogenic needs** reduce recidivism
- The greater the adherence to RNR principles the better the outcome (lower recidivism)

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Risk/Needs/Responsivity

- Need = What to Treat
  - Targets of service should be matched to the treatment *needs* of the offender

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Treatment Needs for CP Offenders
(Henshaw, Ogloff & Cough 2017)

- Emotional Regulation
- Social Skills/Intimacy Deficits
- Deviant Arousal
- Online Hypersexuality
- Problematic Technology Use
- Victim Awareness
- Antisociality
  - Low frequency among CP Offenders as a group but risk is significantly compounded when sexual arousal to prepubescent children is present

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Risk/Needs/Responsibility

- Responsivity = How to treat
  - Cognitive skills, reading, writing
  - Personality
  - Learning style
  - Motivation
  - Mental health disorders
  - Cultural factors

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MN DOC Sex Offender Treatment Programs
Admission Criteria
(Adult Male Prisons)

Inclusion Criteria (must meet 1 or 2 and 3 through 7 below)		
1)Actuarial Risk Assessment Scores	MNSOST: 3.1 at 55th or 3.1.2 at 60th percentile or higher Static 99R 2+ MnSTARR rank of High or Very High	
2) Special Exceptions	Stated intent to reoffend Dangerousness* 3 + victims Community Notification Level 2 (on admission) Release has been restructured or revoked for high risk behavior reflective of sex offense dynamics Pattern of inappropriate sexual behavior while incarcerated Override by team of SO Directors	
3) Time		Program Intake
	RC SOTP	15 months
	LL SOTP	
	Include CD	24 months
	SO Only	15 months
4) Custody Status	Meets criteria to transfer to treatment facility	
5) Discipline	Free of segregation for a minimum of 60 days prior to program admission unless an exception is made by the Program Director	
6) Mental Health	No evidence of psychosis, acute suicidal ideation or other mental health concerns that would interfere with ability to participate effectively in programming; No evidence of developmental disabilities that would preclude inmate from achieving program goals (MCF–Lino Lakes SOTP provides programming to meet the needs of inmates with below average and borderline intellectual functioning.)	
7) Medical	No medical condition(s) that preclude an inmate's participation in the program.	

Exclusion Criteria
1) Refusal to participate
2) Complete denial of sex offense(s) (Some minimization of offense history is acceptable on admission but clients are expected to admit their sex offense(s) of conviction)
3) Lack of Sufficient Time (see inclusion criteria)
4) Prior SO Treatment opportunities – (excluding program suspensions) –2nd admissions will require approval of the sex offender treatment program director/designee. Additional treatment opportunities must be approved following review by BHS Associate Director and the MCF-LL and MCF-RC SOTP Directors/designees*
5) Civilly committed as SPP/SVP
6) MSOP-DOC Site directed offenders **Exception** –MSOP-DOC Site is unable to accommodate the offender due to insufficient time or low intellectual functioning, and the offender meets SOTP inclusion criteria.
7) Offenders incarcerated in Minnesota under an Interstate Compact (exception may be made if formally requested by the sending state and approved by the Director of Health Services).

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Treatment Methods - Mode of Delivery

- Group and Individual Therapy
- Psychoeducation Classes
  - Knowledge and Skill Building
- Modified therapeutic community
- Family/Support Person education and involvement
- MH services/Psychotropic medication
- Substance Abuse Treatment
- Release Planning

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Restorative Justice

- COSA
- Victim-Offender Dialogue
- Apology Letters
- Crime Victim's Rights Week
- Victim Impact Psychoeducation

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Program participants expected to:

- Practice the skills in the community that they are developing in therapy
- Support fellow community/group members
- Be accountable to others for their actions twenty four hours a day
- Follow rules

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Treatment is a Process

Progress doesn't always follow a straight line

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Growth in DOC Population

- Crime rate (including sex offenses) has significantly declined over past decade
- GSO population has grown
  - New court commitments
  - Longer sentences
  - Expanded types of offenses
    - Rise in CSAI offenders
  - Significant increase in RV's

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	FY2017	FY2018	FY2019	Total/Avg
Directed to SO Treatment	**552**	**565**	**565**	**1,682**
Entered SO Treatment	**203**	**211**	**213**	**627**
Successfully Completed SO treatment	**147**	**140**	**128**	**415**
% Who Completed SO Successfully	**66%**	**64%**	**63%**	**64%**

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Impact of Prison-Based Treatment on Sex Offender Recidivism **(Duwe and Goldman,2009)**

1. Does prison-based treatment have an effect on sex offender recidivism?

2. Are there certain types of offenders for whom treatment is more, or less, effective?

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Research Design

Compared sex offenders who entered prison-based treatment (Treatment Group) with those who did not (Comparison Group)

Population: 3,440 sex offenders released from Minnesota prisons between 1990 and 2003.

- 1,493 participated in treatment
- 1,947 did not participate

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Outcome Measure

- Recidivism was distinguished by:
  - Criminal Reinvolvement (rearrest, reconviction, and reincarceration for a new offense)
  - Type of Reoffense (sex, violent, and general)
- Reoffenses
  - Misdemeanors, Gross Misdemeanors and Felonies.
- Recidivism data gathered through the end of 2006.
  - Average follow-up period = 9.3 years

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Summary of Results

- **Participation** in prison-based SO treatment significantly reduced risk of recidivism by
  - 27% for sexual recidivism
  - 18% for violent recidivism
  - 12% for general recidivism

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Treatment Outcome

- **Completing t**reatment or successfully participating until release significantly reduced all three types of recidivism.
  - 33% for sexual recidivism
  - 23% for violent recidivism
  - 15% for general recidivism

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Community Based Interventions for CP Offenders

Sanctions are important however are insufficient to reduce recidivism and need to guard against increasing recidivism! Sanctions just be used in combination with treatment.

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Community Based Interventions for CP Offenders

- Sanctions
  - Short Term Jail Sentence
  - Workhouse Sentences
    - Protectives Factors Retained
  - Community Supervision
    - Agents in MN Well Trained/Informed (MnATSA)
    - Successful Completion of Probation….

- Community Based Treatment
  - Well Trained Clinicians/Programs in MN (MnATSA)
  - Group Therapy (Specialized if Possible)
  - Individual Therapy as Indicated
  - Average Length of Treatment (Low Risk = Less Time in TX)
    - 12 to 24 Months
  - Advantages of Community Treatment
    - Protective Factors Retained
    - Skills Practiced

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Top Summary Points

- Many individuals convicted of possession/dissemination of CP are low risk.
- Combination of Deviant Sexual Arousal **AND** Antisociality = High Risk
- Research indicates that overall this group does well on community supervision and in community based treatment.
- Few CP only offenders convicted of possession/dissemination receive prison sentences.
  - Those who do receive prison sentences are similar to contact sex offenders and typically have contact sex offenses and/or prior nonsexual criminal histories.
- Probation officers in MN are well trained and well informed in issues/concerns related to CP offenders
- MN has a national reputation for excellent sex offender treatment in both prison and community based treatment programs.

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