

Online and offline child sexual offenders: Who are they and what strategies do they use?

Published: 12-05-2021

Last updated: 05-04-2024

There are three main objectives in this study. The first objective is to compare online and offline CSO based on their psychopathic traits, narcissism and other personality dysfunctions. The second objective is to further investigate the more...

Ethical review	Not approved
Status	Will not start
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON50773

Source

ToetsingOnline

Brief title

Online and offline child sexual offenders

Condition

- Other condition

Synonym

Online behavior, sexual abuse

Health condition

Geen. NVT

Research involving

Human

Sponsors and support

Primary sponsor: Universiteit van Tilburg

Source(s) of monetary or material Support: Fivoor Wetenschap en Behandelinnovatie

Intervention

Keyword: Internet, Offline child sex offending, Online child sex offending, Online grooming

Outcome measures

Primary outcome

Study 1 (total of 197 items)

1. The Levenson Self Report Psychopathy scale; 26 items (LSRP; Levenson et al., 1995; Dutch translation: Uzieblo et al., 2006);
2. The Dutch Scale of Narcissism; 23 items (NNS; Ettema & Zondag, 2002);
3. The Severity Index of Personality Problems short form; 60 items (SIPP-SF; Verheul, 2006);
4. The Well-Being Questionnaire; 12 items (W-BQ12; Pouwer et al., 2000);
5. The Self Concept and Identity Measure; 27 items (SCIM; Kaufman et al., 2015).
6. Seksuele activiteiten op internet; 12 single items;
7. The Internet Sex Screening Test; 25 items (ISST; Delmonico & Miller, 2003);
8. The Cognitive and Emotional Congruence with Children; 12 items (C-ECWC; Paquette & McPhail, 2020).

Study 2 (part 1; total of 262 items)

1. The Personality Inventory for DSM-5 short form; 100 items (PID-5 SF; Maples et al., 2015; Dutch translation: Van der Heijden et al., 2014);

2. The UCLA Loneliness scale; 20 items (UCLA-3; Russell, 1996);
3. The Well-Being Questionnaire; 12 items (W-BQ12; Pouwer et al., 2000);
4. The Self Concept and Identity Measure; 27 items (SCIM; Kaufman et al., 2015).
5. The shortened version of the Difficulties in Emotion Regulation Scale; 16 items (DERS-16; Bjureberg et al., 2016);
6. The Utrechtse Coping Lijst; only used the subscales Active tackling, Passive reacting, and Avoiding; 22 items (UCL; Schreurs et al., 1988);
7. The Coping Using Sex Inventory; 16 items (CUSI; Cortoni & Marshall, 2001);
8. Seksuele activiteiten op internet; 12 single items;
9. The Internet Sex Screening Test; 25 items (ISST; Delmonico & Miller, 2003);
10. The Cognitive and Emotional Congruence with Children; 12 items (C-ECWC; Paquette & McPhail, 2020).

Secondary outcome

Study 2 (part 2). Both PMSA groups are asked to participate in an interview to deepen the received information of the self-report questionnaires and to gain insight into the motives and strategies of why and how people use the Internet to approach minors for sexual activities. The interviews are semi-structured using a topic list of general topics based on the literature and the findings of part 1. Follow-up questions depend on the input of the interviewees. Based on the saturation principle, the point when sufficient data is collected to answer the research question, no additional codes or issues are defined, and issues are fully understood without new insights (Hennink et al., 2017), the aim is to conduct 16 to 24 interviews.

Study 2 (part 3). Forensic patients and their practitioners are asked to participate in longitudinal interviews (four times over 12 months) to evaluate the effectiveness of the intervention program for these patients. They are interviewed using the Instrument for Forensic Treatment Evaluation (IFTE; Schuringa et al., 2014). An extra dimension is that we ask practitioners which crime-related risk factors and protective factors the treatment targets based on risk assessment information. Questions are presented per patient to measure changes in crime-related risk factors/protective factors. The number of patients and practitioners for the single case research is also between 16 and 24.

Study description

Background summary

In the last two decades, it has become quite common for individuals to engage in activities that involve sexual content on the Internet (Barrada et al., 2019). These activities are very diverse and range from seeking information and using dating applications for engaging in intimate relationships (Doornwaard et al., 2017) to online sexual abuse, such as online harassment and child sexual abuse (DeHart et al., 2016). Especially with the accessibility of the Internet, it has become easier for individuals to facilitate child sexual abuse (Kloess, Woodhams et al., 2019). Although individuals who have committed online child sexual offenses (online CSO) are a subgroup of the broad and heterogeneous group of sex offenders, and most treatment programs are intended only for (prosecuted and convicted) offenders of offline child sexual offenses (offline CSO; Gallo, 2020), online child sexual offending is a growing phenomenon that is getting more and more attention. Furthermore, according to some researchers, a transition from offline to online offending is happening (Tener et al., 2015). Therefore, our research attention is broadening to the group of online child sex offending to discover personality factors and online (risky) behavior that increase the risk of offending among both online and offline offender groups. Investigating and addressing crime-related risk factors among different groups (clinical groups and general population) can contribute to our understanding of the behavior of these individuals. This can provide important knowledge to the

existing literature and can help practitioners with developing specific (risk) assessment instruments and intervention strategies for these groups.

Previous studies have investigated similarities and differences between online and offline CSO (e.g., Babchishin et al., 2011; Babchishin et al., 2015; Elliott et al., 2013; Houtepen et al., 2014; Seto et al., 2012; Webb et al., 2007), between subgroups of online CSO (e.g., Bergen et al., 2014; Briggs et al., 2011; Dehart et al., 2016; Kleijn & Bogaerts, 2020; Tener et al., 2015), and between different offender groups and non-offender community samples (e.g., Bogaerts et al., 2004; Garofalo et al., 2018; Ha & Beauregard, 2016). Online CSO seem to be younger, better educated, and score higher on general intelligence (verbal and performant) than offline CSO (Babchishin et al., 2011; Houtepen et al., 2014; Neutze et al., 2011; Seto et al., 2012), and demonstrate greater victim empathy, greater sexual deviancy, and fewer cognitive distortions than offline CSO (Babchishin et al., 2011; Babchishin et al., 2015; Seto et al., 2012). Furthermore, recent research has shown that online CSO use similar strategies (approaching/avoiding behavior) that also occur offline. They demonstrate online verbal risky behavior and are willing to show themselves via webcam (Kleijn & Bogaerts, 2020). In addition, Garofalo et al. (2018) found higher levels of personality dysfunctions and psychopathy among individuals who had committed violent offenses compared to individuals who had sexually abused minors and compared to a community sample. They also found that individuals who had sexually abused minors reported greater impairments in self-control, identity integration, responsibility, and relational capacities, compared to the community sample (Garofalo et al., 2018). Finally, whether an association between online perpetration, personality characteristics and general wellbeing exists cannot be confirmed by literature.

While these studies have provided valuable insights into the differences between sex and violent offender groups, studies are lacking regarding the more in-depth comparison between online and offline CSO. Previous studies show that psychopathy, narcissism, and other personality dysfunctions increase the risk of violent and sexual offending (Bogaerts et al., 2004; Garofalo & Bogaerts, 2019; Garofalo et al., 2018). Therefore, whether online and offline offenders differ from each other and from other offender groups on these factors will be central in our study. The first part of the study focuses on comparing online and offline CSO based on their psychopathic traits, narcissism, and other personality dysfunctions. Both groups are compared with a convicted violent offender group and a community sample of individuals with no prior convictions.

The second part of the study will focus on a more specific group of online CSO, namely people who have approached minors on the Internet for sexual activities (PMSA). Previous studies show that these PMSA use several pathways and techniques, which concern the preparatory process whereby an offender tries to gain trust of a (vulnerable) minor, with the intention of committing sexual abuse (Black et al., 2015; De Santisteban et al., 2018; Kleijn & Bogaerts, 2020; Kloess, Hamilton-Giachritsis et al., 2019; Kloess et al., 2017; Winters

et al., 2017). There is hardly any knowledge, however, about the socio-demographics, personality characteristics and dysfunctions, online strategies, motivations (cognitive, emotional and behavioral), and wellbeing of these PMSA. Therefore, the second aim of this study is to dig deeper into these PMSA. This part of the study will be explorative on the one hand with respect to personality characteristics and dysfunctions, grooming motivations, and wellbeing. Convicted sex offenders who reside in FPCs (PMSA in treatment) and individuals approaching social agencies (PMSA not in treatment), such as Stop it Now! Vlaanderen, will be included in the study and are interviewed once. To investigate whether PMSA are a distinctive group of sex offenders, this group will be compared with online CSO that have exclusively downloaded child pornography materials (CPO), offline CSO that have exclusively committed child molestation in person (CM), and a community sample of individuals with no prior convictions.

The third part of the study focuses on the effectiveness of a protocol-based intervention program for sex offenders. Although therapists, psychologists and psychiatrists who work in the FPCs often have to deal with patients who sexually abuse minors both online and offline, there is still little knowledge about effective interventions for these specific offender groups. Therefore, it is important to get more insight into which interventions are effective and what is needed to develop future intervention programs. To investigate this, insights from patients as well as their practitioners are needed to evaluate the effectiveness of the intervention program and to investigate to what extent the intervention program leads to the decrease in risk factors and an increase in protective factors. Therefore, forensic patients (online and offline sex offenders) from the FPCs who already follow the intervention program and their practitioners will be interviewed about the effectiveness of this program.

Study objective

There are three main objectives in this study. The first objective is to compare online and offline CSO based on their psychopathic traits, narcissism and other personality dysfunctions. The second objective is to further investigate the more specific online CSO group, namely the PMSA. Since there is hardly any knowledge about the socio-demographics, personality characteristics and dysfunctions, the online strategies, motivations (cognitive, emotional and behavioral), and wellbeing of these PMSA, this part of the study will have an explorative nature. The third objective is to investigate whether an intervention program developed for sex offenders is effective in the reduction of crime-related risk factors and improvement of protective factors.

Study design

Study 1. This study has a cross-sectional design in which participants are asked to complete self-report questionnaires at one time point. An existing

data set will be used, including information about psychopathic and narcissistic traits and other personality dysfunctions, from three offender groups: online CSO, offline CSO, and violent offenders. This dataset will be expanded with a group of individuals from the community sample to compare the four groups. These individuals are asked to complete the same three self-report questionnaires as the offender groups mentioned above: (1) The Levenson Self Report Psychopathy scale (LSRP; Levenson et al., 1995; Dutch translation: Uzieblo et al., 2006); (2) The Dutch Scale of Narcissism (NNS; Ettema & Zondag, 2002); (3) The Severity Index of Personality Problems short form (SIPP-SF; Verheul, 2006). In addition, for the purpose of replication of Study 2, they will also be asked to complete five other self-report questionnaires: (4) The Well-Being Questionnaire (W-BQ12; Pouwer et al., 2000); (5) The Self Concept and Identity Measure (SCIM; Kaufman et al., 2015); (6) Seksuele activiteiten op internet; (7) The Internet Sex Screening Test (ISST; Delmonico & Miller, 2003); (8) The Cognitive and Emotional Congruence with Children (C-ECWC; Paquette & McPhail, 2020). The total amount of the items is 197 and will approximately take 30-40 minutes to complete

Study 2. Part 1 is cross-sectional in which participants are asked to complete 10 self-report questionnaires at one time point: (1) The Personality Inventory for DSM-5 short form (PID-5 SF; Maples et al., 2015; Dutch translation: Van der Heijden et al., 2014); (2) The UCLA Loneliness scale (UCLA-3; Russell, 1996); (3) The Well-Being Questionnaire (W-BQ-12; Pouwer et al., 2000); (4) The Self Concept and Identity Measure (SCIM; Kaufman et al., 2015); (5) The short version of the Difficulties in Emotion Regulation Scale (DERS-16; Bjureberg et al., 2016); (6) The Utrechtse Coping Lijst; only used the subscales Active tackling, Passive reacting, and Avoiding (UCL; Schreurs et al., 1988); (7) The Coping Using Sex Inventory (CUSI; Cortoni & Marshall, 2001); (8) Seksuele activiteiten op internet; (9) The Internet Sex Screening Test (ISST; Delmonico & Miller, 2003); (10) The Cognitive and Emotional Congruence with Children (C-ECWC; Paquette & McPhail, 2020). The total amount of the items is 262 and will approximately take 50-60 minutes to complete.

Part 2 is cross-sectional in which both PMSA groups are asked to participate in an interview (takes approximately 50 minutes) to deepen the received quantitative information of part 1 to further investigate the strategies and motives of using the Internet to approach minors for sexual activities. The interviews are semi-structured using a topic list of general topics based on the literature and the findings of part 1. Each interview takes approximately 50 minutes to complete.

Part 3 is longitudinal in which forensic patients and their practitioners are interviewed to investigate the effectiveness of the intervention program developed for these patients. The interviews are based on the Instrument for Forensic Treatment Evaluation (IFTE; Schuringa et al., 2014) and are repeated four times of approximate 50 minutes during 12 months.

Study burden and risks

Study 1. Participants have no immediate benefit with their participation.

Study 2 (part 1 and 2). The forensic patients receive a reward of €5 after completing the questionnaires and another €10 after completing the interview regarding the follow-up on the questionnaires. The PMSA not in treatment and the community sample will not receive a reward.

Study 2 (part 3). The forensic patients participating in the longitudinal interviews receive a reward of €10 for each interview (€40 for four interviews).

There are no risks involved in both studies. The possible disadvantages of the studies might be the time to complete the questionnaires (between 30 and 60 minutes) and the interviews (approximately 50 minutes), and the personal nature of some of the questions in the questionnaires and interviews. To protect the participants from these disadvantages, they are informed that they can complete the questionnaires at their own tempo and if necessary, with sufficient breaks. In addition, the content of the questionnaires and interviews is discussed with the participants before the start of the study, so that the participants know what to expect. Since some of the questions are personal, it is very important to inform the participants that they do not have to answer questions they do not want to answer and that they can withdraw from the study at any time without giving any reason. Also, it is very important to mention that the data will be stored and analyzed confidentially. Participants can always contact the principal investigator (Manon Kleijn) and the confidential counselors (heads of treatment from Fivoor and researcher affiliated at Fivoor and Tilburg University) if necessary. For the longitudinal interviews, there will be no expected burden, since these interviews only focus on the evaluation of a current intervention program. The researchers do not apply any intervention themselves. There will be no expected burden regarding the duration of the longitudinal interviews, since the interviews will be held four times with three months in between.

The forensic patients and the PMSA group not in treatment are vulnerable groups and need to be protected more carefully. For the forensic patients, the procedure and duration of the study and the content of the questionnaires and interviews are first discussed with the heads of treatment of the FPCs. They know best (and will decide) which patients are able to participate in the study and under which circumstances (for example by completing the questionnaires in more than one day with sufficient breaks). In addition, these patients are informed that their participation does not have any influence on their treatment program and that they will be supervised by the researchers while completing the questionnaires in the FPCs. The PMSA not in treatment are also informed about the procedure and duration of the study and the content of the questionnaires and interviews. The procedure of the study is also discussed with the social agency Stop it Now! Vlaanderen. The researchers are aware that PMSA not in treatment who already have sexually abused minors without being

convicted or are concerned to do so in the future, might admit during the study that they are sexually abusing minors at this moment. This is an ethical dilemma. If this occurs during the study, the researchers are obliged to contact Stop it Now! Vlaanderen. This procedure will be discussed with the participants and with the social agency Stop it Now! Vlaanderen before the start of the study. In addition, the participants are informed that they can call the free phone number of Stop it Now! Vlaanderen if they are concerned about this or about other matters. They can also talk to the principal investigator (Manon Kleijn) and the confidential counselors (heads of treatment from Fivoor and researcher affiliated at Fivoor and Tilburg University).

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

Sufficient knowledge and understanding of the Dutch language;
Age 18 * 70 years old;
Forensic psychiatric patients residing in the FPCs in the Netherlands or in Belgium;
General population with no prior offenses.

Exclusion criteria

IQ under 70;
Patients with acute psychosis;
Insufficient knowledge and understanding of the Dutch language.

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Prevention

Recruitment

NL	
Recruitment status:	Will not start
Enrollment:	423
Type:	Anticipated

Ethics review

Not approved	
Date:	12-05-2021
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL77594.028.21