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Abstract | Recent research suggests that child sexual abuse material (CSAM) offenders have distinct characteristics and intervention needs when compared to contact sexual offenders. As such, many sexual offender treatment programs may not be suitable for CSAM offenders without a history of contact offences. This paper describes the development of the CEM-COPE (Coping with Child Exploitation Material Use) Program. We discuss CSAM offender characteristics, recidivism rates and treatment considerations, before outlining the rationale, specifications and underpinnings of the CEM-COPE Program. Challenges in this research area and considerations for future research are also addressed.

Enhancing evidence-based treatment of child sexual abuse material offenders: The development of the CEM-COPE Program

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Introduction

Global access to the internet has facilitated the increased accessing, distribution and production of child sexual abuse material (CSAM, also known as child exploitation material, or CEM). Consequently, the number of individuals detected for CSAM offences has increased in recent years (Australian Centre to Counter Child Exploitation nd; Victoria Police 2014). CSAM is a significant societal problem that causes and perpetuates long-lasting harm to victims, who are both directly sexually abused and repeatedly revictimised through the ongoing distribution and accessing of CSAM long after the abuse occurs (Gewirtz-Meydan et al. 2018). As such, there is a clear need to prevent CSAM-related offences, with the availability of primary, secondary and tertiary level prevention interventions increasing in recent years (see Perkins et al. 2018).

Child Sexual Abuse Material
Reduction Research Program

Until recently, psychological treatment approaches for CSAM offenders were largely informed by theories and frameworks relating to 'offline' sexual offenders (Seto 2013). Increased research attention over the past decade, however, has led to a greater understanding of the distinct psychological and offending characteristics of CSAM offenders without a history of contact offending (CSAM-only offenders) as compared to offline child sexual offenders (contact offenders) or offenders who engage in both CSAM and contact sexual offences (dual offenders). This, in turn, has provided a more nuanced understanding of both the risks posed by and treatment needs of CSAM-only offenders, and the associated shortfalls of attempts to address CSAM offending within existing sexual offender treatment frameworks. Increasingly, the research base indicates that traditional programs are unlikely to align with risk–need–responsivity (RNR) principles (Bonta & Andrews 2017), and that specialised treatment approaches are warranted to best address the criminogenic needs of CSAM offenders.

This paper introduces and describes the development of the Victorian CEM-COPE (Coping with Child Exploitation Material Use) Program (Henshaw et al. 2019), an evidence-based, specialised treatment program for CSAM-only offenders. To contextualise the development of the program, an overview of the research on CSAM-only offender characteristics and recidivism rates is provided. The implications for treatment practices among CSAM-only offenders are discussed before outlining the specific rationale, objectives and specifications of the CEM-COPE Program. Finally, ongoing challenges and areas for future research into CSAM offender treatment are considered.

Defining characteristics of CSAM-only offenders

The growing comparative research base on CSAM offenders has increasingly demonstrated that CSAM-only offenders differ from both contact offenders and dual offenders across several demographic, psychological and offending characteristics. Specifically, meta-analytic (Babchishin, Hanson & VanZuylen 2015) and other comparative studies (Henshaw, Ogloff & Clough 2018, 2017) indicate that, in comparison to contact offenders, CSAM-only offenders are less likely to have:

- histories of physical and sexual childhood abuse;
- severe mental illness or substance use problems;
- early conduct problems, adult criminality, and general impulsivity;
- cognitive distortions and victim empathy deficits; and
- direct access to children (ie in the 'offline' world).

In contrast, CSAM-only offenders are more likely to:

- be young, white, highly educated and employed;
- have difficulties with intimate relationships, sexual intimacy, self-esteem and assertiveness;
- have paedophilic and hebephilic sexual interests;
- have sexual regulation and preoccupation difficulties (eg higher rates of masturbation, pornography use, and use of sex as a coping mechanism); and
- have problematic patterns of general internet use.

Based on the findings of their meta-analysis of 30 comparative studies, Babchishin, Hanson and VanZuylen (2015) concluded that CSAM-only, dual and contact-only offenders could be distinguished based on three key factors: antisociality, sexual deviance and opportunity for offending. While dual and contact offenders demonstrated higher levels of antisociality and opportunity for offending than CSAM-only offenders, CSAM-only and dual offenders were distinguished from contact offenders by their higher levels of sexual deviance as well as demographic characteristics associated with internet access (eg younger age, white, higher education levels, white-collar employment). Evidence of key differences among these groups suggest that CSAM-only offenders may present with unique pathways to offending, and thus different treatment needs, when compared to contact sexual offenders.

Motivating and facilitating factors related to CSAM offending

Seto's motivation–facilitation model of sexual offending posits that sexual offending occurs in the context of both motivating factors (factors that 'create the intention or desire to sexually offend') and facilitating factors (factors that 'increase the likelihood [of] a sexual offence...given the presence of relevant motivations'; Pullman, Stephens & Seto 2016: 482). Examples of motivational factors include paraphilias, sexual compulsivity, intimacy and social skills deficits, and an absence of appropriate sexual outlets. In contrast, facilitating factors include both trait-based factors, such as offence-supportive attitudes and beliefs, psychopathy and poor self-regulation skills, and situational factors including sexual arousal, negative mood states, intoxication, and access to victims (Pullman, Stephens & Seto 2016).

The defining characteristics outlined above suggest that while sexual deviance is likely to be a relevant motivating factor for both CSAM and contact offending, antisociality is less likely to be a key facilitating factor for CSAM-only offenders. Instead, CSAM offending may be facilitated by other characteristics of CSAM offenders. For example, the higher rates of sexual and internet regulation problems among CSAM-only offenders indicate that difficulties in regulating both sexual arousal and broader online behaviours may be key offence-facilitating factors among individuals who are motivated to use CSAM.

Additionally, specific interpersonal and psychological deficits (eg difficulties with assertiveness, self-esteem and relationship functioning) may potentially act as motivating and facilitating factors for CSAM offences. Indeed, one early investigation of CSAM offending pathways identified the intimacy deficits and emotion dysregulation pathways being the most commonly endorsed among CSAM offenders (Middleton et al. 2006). More recent qualitative studies have also identified emotion dysregulation and low distress tolerance as common characteristics associated with the onset and continuation of CSAM offending (Surjadi et al. 2010; Winder & Gough 2010). High rates of certain personality pathologies have also been identified among this group (up to 78%; Niveau 2010), with avoidant, dependent, schizoid, and borderline personality disorder or features being the most common (Magaletta et al. 2014; Webb, Craissati & Keen 2007).

Together, these findings indicate that sexual deviance, excessive internet use and deficits in sexual regulation, emotional regulation and perhaps select interpersonal skills (eg assertiveness) may contribute to the commission of CSAM offences. However, further research among non-offending, offending, and repeat offending populations is required to determine the precise nature and strength of the relationship between CSAM-only offender characteristics and the onset and continuation of CSAM offending.

Recidivism among CSAM-only offenders

Another distinguishing feature of CSAM-only offenders relates to their sexual recidivism rates and offending trajectories. Consistent with the low levels of antisociality found among CSAM-only offenders, recent comparative research has demonstrated that CSAM-only offenders are significantly less likely to sexually reoffend than dual offenders. In their examination of 346 North American CSAM offenders, Eke, Helmus and Seto (2019) found that only eight percent of CSAM-only offenders accrued a new sexual charge or conviction over a five-year period, compared to 25 percent of dual offenders. Similar results were obtained in a larger study of 690 CSAM offenders from the United Kingdom, with dual offenders sexually reoffending at 2.5 times the rate of CSAM-only offenders (26% vs 10%) over an average of 13 years (Elliott et al. 2019). This finding holds true across different sexual offence types, with dual offenders having higher recidivism rates than CSAM-only offenders for both CSAM (18% vs 6%; Eke, Helmus & Seto 2019) and contact (9% vs 4%; Elliott et al. 2019) offences. This counters historical concerns regarding the potential for CSAM-only offenders to 'escalate' to contact sexual offending over time, with international evidence showing up to four percent of CSAM-only offenders committing subsequent contact offences (Elliott et al. 2019; Seto, Hanson & Babchishin 2011). Low reconviction rates (0.66%) for contact offences were also recently reported among a small sample of Australian CSAM offenders ($n=152$) followed over an average of 3.5 years (Krone & Smith 2017). Taken together, these findings indicate that the primary risk posed by CSAM-only offenders relates to further CSAM offending rather than contact offending.

Treating CSAM-only offenders

Treatment dosage and needs

The low recidivism rates and unique personal and offending characteristics of CSAM-only offenders raise clear questions about the utility of employing existing treatment programs among this offender population. Given that existing programs were designed to prevent contact offending among offline offenders, these programs may not be appropriate for CSAM-only offenders. Indeed, in a recent examination of established community-based sexual offender programs, Elliott et al. (2019) found that CSAM-only offenders demonstrated little change in most psychological treatment variables (eg offence-supportive attitudes, socio-affective functioning, and impulse control). Also, change in these psychological variables was not associated with subsequent offending rates, highlighting the limited impact of these treatment programs in rehabilitating CSAM-only offenders.

Several implications arise from the available research findings regarding the treatment needs of CSAM-only offenders. In accordance with RNR model, treatment selection and intensity should be proportional to offender risk level and target the criminogenic needs that are directly linked to offending behaviour (Bonta & Andrews 2017). In practice, this typically translates to moderate and high-risk offenders being prioritised for interventions, while treatment is withheld for low-risk offenders. The issues of risk and need are inter-related, with the level of risk being determined based on an assessment of the presence and relevance of various individual risk factors and criminogenic needs. Generally, the greater the number of risk factors and needs identified, the higher the risk and likelihood of recidivism (Craig, Beech & Harkins 2009).

The lower recidivism rates of CSAM-only offenders in comparison to more diverse sexual offenders therefore raise questions about the utility and necessity of providing treatment of any kind to this offender population. Although recidivism rates are low in the available evidence, data are currently limited to official records of detected offenders with fairly short follow-up periods, potentially underestimating true recidivism rates. Moreover, definitions of risk levels can arguably be viewed as relative to specific populations—that is, some CSAM-only offenders are likely at greater risk of reoffending than others, despite low rates overall. Clearly some CSAM-only offenders do reoffend, indicating that appropriately targeted treatment may be of use for at least a small proportion of these offenders. In this context, the risk principle indicates that, if offered, treatment programs for CSAM-only offenders should be of a lower intensity (shorter in duration) than typical sexual offender treatment programs (which frequently comprise between 100 and 300 hours of content; Gannon et al. 2019).

Additionally, the unique characteristics and recidivism patterns of CSAM-only offenders indicate that specialised interventions targeting CSAM-specific risk are likely more effective than existing interventions targeting contact offending. To some extent, however, the development of evidence-based interventions for CSAM-only offenders and CSAM-specific risk has been hindered by the lack of definitive knowledge about the specific treatment needs of this group. Although understanding of the defining characteristics and offending trajectories of CSAM-only offenders has increased, clear and consistent predictors of recidivism are yet to be established among this population. Seto and Eke (2015) examined the predictive power of 44 variables and found that only three significantly predicted recidivism among CSAM-only offenders. Each of these variables related to possessing a higher proportion or number of CSAM/pornographic materials depicting males as opposed to females. None of the other items—demographics, criminal history, substance misuse, access to children, deviant sexual interests, or CSAM offence characteristics—were associated with subsequent offending. This finding could potentially be attributable to the low recidivism base rate (8%) among this sample, which may have limited the power of the analyses to detect significant effects.

In the absence of clear predictive factors for CSAM offending, clinicians and program developers must rely on the broader empirical research base on the characteristics of CSAM-only offenders and the ways in which they differ from other offenders. As outlined above, the available research suggests that interventions focusing on sexual and emotion regulation, internet use and interpersonal skills are likely to be most pertinent to CSAM-only offenders. In contrast, research findings indicate that interventions targeting antisocial attitudes, substance use, general lifestyle instability, and victim empathy are likely to be of less relevance for CSAM-only offenders (Babchishin et al. 2018; Babchishin, Hanson & VanZuylen 2015).

It has long been known that programs that fail to adhere to RNR principles are likely to lead to poorer outcomes (Andrews et al. 1990). Thus, providing lengthy and poorly targeted programs to CSAM-only offenders is not consistent with best-practice principles. At best, this would likely lead to an over-servicing of CSAM-only offenders, representing an ineffective and unnecessary use of criminal justice resources. At worst, it has the potential to increase risk by neglecting key offence-specific needs (eg sexual and internet regulation) or, in the case of over-servicing, reducing opportunity to engage in other pursuits important to general wellbeing and prosocial lifestyle (eg employment, leisure activities, general mental health treatment; Bonta and Andrews 2017).

Emerging treatment approaches

Several CSAM-specific interventions have emerged in the past decade in recognition of the disparity between traditional treatment programs for sexual offenders and the treatment needs of CSAM-only offenders. Available programs are varied with regards to modality, approach and content. For example, individuals can access self-guided support via online programs such as 'Stop it Now' (Lucy Faithfull Foundation 2019) or 'Troubled Desire' (Institute of Sexology and Sexual Medicine 2019), as well as manualised group-based therapeutic interventions (described below; Gillespie et al. 2018; Middleton, Mandeville-Norden & Hayes 2008). Broader preventative treatments and services are also available globally, including specialised treatment programs for non-offending individuals and online, dual and contact sexual offenders. These services use both therapeutic and peer-led initiatives to support individuals potentially at risk of sexually offending (see Perkins et al. 2018).

To date, only two programs specifically targeting CSAM-only offenders have been empirically evaluated. Middleton, Mandeville-Norden and Hayes (2009) evaluated the Internet Sexual Offender Treatment Program (i-SOTP) among a sample of 264 CSAM offenders. The i-SOTP is a group-based intervention in the United Kingdom that comprises 35 two-hour sessions delivered across six modules. The topics of the modules include identifying personal values and building motivation, offence analysis, victim awareness development, emotion regulation and intimacy skill development, addressing compulsivity and sexual deviance, and relapse prevention strategies. Participation in the i-SOTP was associated with significant improvements across measures of pro-offending attitudes, socio-affective functioning (eg self-esteem, assertiveness) and impulsivity and self-management skills. The program was recently revised (and re-titled 'i-Horizon') to more accurately reflect the growing empirical evidence relating to CSAM-only offender treatment needs. It now comprises 46 hours of CSAM-targeted content delivered across both group and individual sessions (Babchishin et al. 2018; Her Majesty's Prison and Probation Service 2018). To our knowledge, the revised program has not yet undergone empirical evaluation.

More recently, Gillespie et al. (2018) evaluated the Inform Plus program. This program is a group-based psychoeducational intervention in the United Kingdom that aims to support individuals to cease CSAM offending. It entails 10 group sessions of 2.5 hours each, covering offence analysis; the role of sexual fantasy in sexual offending; addictions and compulsions; disclosure, social skills and relationships; criminal justice information; victim empathy; lifestyle changes; and future planning (Gillespie et al. 2018). Ninety-two men, most of whom were under investigation by the police for CSAM-related offences and yet to receive a conviction, participated in the program and the associated evaluation. Similar to the i-SOTP program, participants experienced improvements across measures of social competency, emotion regulation skills, empathy, internet-related attitudes, and general mental health following program participation. These improvements were largely maintained 12 weeks after completing the program. Participants also subjectively perceived that they were more able to manage their thoughts, feelings and behaviours related to their CSAM offending following program completion (Dervley et al. 2017).

Taken together, the evaluations of both the i-SOTP and Inform Plus programs provide preliminary support for the need for and effectiveness of CSAM-specific programs. Although neither of these evaluations examined recidivism or reconviction rates, the results suggest that criminogenic needs of CSAM-only offenders can be successfully targeted via community-based group interventions. Given the emerging nature of this evidence and ongoing developments in treatment approaches, further research is required to reveal which components of the treatment are effective for this population. Additionally, given that both empirically evaluated interventions were delivered in the United Kingdom, there is a need for program evaluation in different cultural contexts.

The CEM-COPE Program

At present there are no widely available programs designed specifically for CSAM-only offenders in Australia. Instead, CSAM offenders who receive treatment are either placed in existing treatment programs designed for offline sexual offenders, or given individual treatment delivered on an ad-hoc basis. Where clinicians have a solid understanding of the current literature (including its limitations) and are well informed about the treatment needs of CSAM offenders, individual intervention is likely to be more effective in reducing recidivism than existing sexual offender group treatment programs. However, not all clinicians will possess such understanding or have ready access to emerging empirical literature, thus potentially limiting the effectiveness of interventions delivered individually. As such, there remains a clear need for intervention options for CSAM-only offenders in Australia. This was the impetus for the development of the CEM-COPE (Coping with Child Exploitation Material Use) Program (Henshaw et al. 2019), an empirically-informed group treatment program for CSAM-only offenders. The following sections provide an overview of the program development process and program specifications, as well as a brief description of the associated research pilot project.

Program development process

The CEM-COPE Program builds upon existing CSAM treatment research, programs and evaluation outcomes and targets the likely criminogenic needs of CSAM offenders. It was developed using a two-stage process. First, an extensive review of the literature pertaining to CSAM offender characteristics, risk factors and treatment considerations was conducted. Where available, manuals or outlines of existing specialised treatment programs were also reviewed, along with any associated research evaluation outcomes. We then collated outcomes across specific psychological domains to formulate the likely treatment needs to be addressed by the program.

The second stage comprised the development of a preliminary program outline and program manual based on the outcomes of the review stage. This was aided by collaboration with an expert consortium of leading international and national clinicians and researchers in the fields of CEM offending, sexual offending, and forensic intervention. The consortium included Dr Michael Seto, Dr Angela Eke, and Professor Ethel Quayle (international members) and Dr Karen Owen, Dr Joel Godfredson, and Dr Angela Sorotos (local members). Each consortium member provided feedback on initial versions of the program outline and manual. This feedback was collated and reviewed by the primary development team, before being integrated into the revised program outline and manual to form the CEM-COPE Program as described in the following section.

Objectives and specifications

The CEM-COPE Program is a 10-session program designed for CSAM-only offenders with no known history of contact sexual offences. In keeping with RNR principles, it aims to assist individuals to understand and manage their risk by providing low-intensity psycho-education and skills-based intervention in areas empirically related to CSAM offending or recidivism. Beyond the core RNR principles, the program also emphasises and promotes participants' strengths, growth, wellbeing and personal safety. As such, an integrated goal of the CEM-COPE Program is to empower individuals to harness and further develop their strengths and skills so that they may live balanced, meaningful lives, free of offending.

The overarching objective of the program is to reduce the risk of future CSAM offending by supporting group members to:

- understand why and how they offended to identify avenues for intervention and skill development;
- build and reinforce psychological skills to support desistance; and
- develop self-management plans based on what they learnt throughout the program, including the identification of any ongoing offence-specific or broader psychological treatment needs.

The CEM-COPE Program's 10 two-hour sessions are delivered weekly, in a closed group format, with each session building upon the previous sessions and associated homework tasks. Session topics and content include:

- group establishment, motivation, and goal setting;
- legal issues and offence formulation;
- emotional awareness and regulation skills;
- problematic internet use and sexual regulation skills;
- relationship and communication skills; and
- self-management and relapse-prevention planning.

Homework tasks typically consist of reflective exercises or experiential skills practice to support the development of both insight and risk-relevant psychological skills. The program draws on concepts and techniques from a range of evidence-based psychological treatment modalities, including acceptance and commitment therapy, cognitive behavioural therapy, and dialectical behavioural therapy.

Target population: Inclusion and exclusion criteria

The CEM-COPE Program is designed specifically for individuals with a history of accessing, possessing and distributing CSAM. Individuals with a history of CSAM production may also participate in the CEM-COPE Program if their offending is limited to the creation of material in the absence of a direct victim (eg altering images of children to make them sexual, or writing erotic material featuring children).

Conversely, the program is not intended for individuals with a history of more diverse sexual offending, including contact offending; CSAM production involving the direct abuse of an identifiable victim (eg filming one's own abuse of a child or filming sexual interactions with children via webcam); or sexual solicitation offences (eg using the internet to solicit CSAM from children or engage in sexual chat with children online). These individuals are excluded as they may require more intensive offence-specific intervention targeting more extensive and diverse needs.

The program is also not recommended for individuals with active severe mental health conditions (eg schizophrenia or bipolar disorder), enduring cognitive impairments (eg intellectual disability or acquired brain injury), or acute and high-risk suicidal or self-harming behaviours. Such conditions would likely impede the progress of both the individual and the broader group and would require a more targeted and individualised approach to support progress.

Pilot project

The CEM-COPE Program is currently being piloted through the Problem Behaviour Program of the Victorian Institute of Forensic Mental Health (Forensicare) in Melbourne, Australia. The overarching aim of the pilot project is to obtain feedback from group members and facilitators regarding the clinical utility, efficacy and feasibility of the CEM-COPE Program. This will be primarily achieved through qualitative analysis of focus group interview data and basic descriptive analysis of survey-based feedback data. Pre- and post-treatment scores on several self-report questionnaires will also be compared to provide a preliminary assessment of the program's ability to reduce offence-specific deficits (eg compulsive internet use, emotion and sexual regulation difficulties).

One round of the CEM-COPE Program has been delivered thus far. Although sufficient data are not yet available for analysis, participant engagement has been good and feedback on the program has been positive to date, with practical considerations offered regarding program pace, length and format. Ongoing data collection will allow for formal data analysis and further refinement of the CEM-COPE Program, with the view to undertaking more extensive and robust evaluation among larger samples of CSAM-only offenders in future.

Challenges and future directions

Which CSAM offenders need treatment?

While empirical knowledge of CSAM offender characteristics and risks has steadily increased over the past two decades, important questions remain about effective clinical and legal practices among this population. The available evidence on the offending trajectories of CSAM-only offenders suggests that offenders tend to fall within one of three treatment-related groups:

- offenders who are unlikely to sexually reoffend and thus require no treatment (at least 75% and perhaps up to 95% of offenders);
- offenders who are at risk of further CSAM offences and require specialised interventions (most of the remaining offenders); and
- offenders who are at risk of contact offending and may need more intensive intervention that mirrors existing programs for contact offenders (a very small minority).

The difficulty, however, lies in identifying the offenders who should be prioritised for treatment in the absence of clear predictors of recidivism or formal risk assessment practices. Although the available research suggests that existing risk assessment tools are likely appropriate for use with dual offenders, the different characteristics and recidivism patterns suggest that they should be used cautiously, if at all, with CSAM-only offenders (Henshaw, Darjee & Clough 2020). While some risk assessment tools specifically for CSAM offenders have recently been developed (eg the Child Pornography Offender Risk Tool; Eke, Helmus & Seto 2019; Seto & Eke 2015), they are yet to be extensively validated among diverse samples of CSAM offenders or established as consistently effective for CSAM-only offenders, potentially due to low recidivism base rates.

A related issue is the likely under-representation of CSAM offending within existing recidivism studies, which to date have been based on official offending records. Although under-reporting is a problem for most sexual offences (see Gelb 2007), this poses particular challenges for CSAM offender risk assessment given the difficulties of accurately predicting rare events (Seto & Eke 2015). Because of the expansive, unregulated and pseudo-anonymous nature of the internet, there are likely to be many more offenders than are detected by authorities. Online reports related to online child sexual exploitation vastly outnumber the offenders sentenced in recent years (see Australian Centre to Counter Child Exploitation nd; County Court of Victoria 2017; Magistrates Court of Victoria 2017). Establishing recidivism rates based on self-report information is also challenging, given the mandatory reporting requirements for both online and contact sexual offences in many jurisdictions, including Victoria (s 327 *Crimes Act 1958*).

The inability to accurately identify the CSAM offenders who are most at risk of subsequent reoffending means that interventions are unlikely to be accurately targeted towards those with the greatest need. This may also result in the over-servicing of many low-risk CSAM-only offenders who do not require any form of treatment, even if specialised programs are available. In addition, this has the potential to obscure the outcomes of program evaluations, given that treatment samples may include offenders who are unlikely to reoffend whether or not they participate in interventions. Thus, evidence-based practice for treatment of CSAM-only offenders will remain imprecise until our understanding of the predictors of CSAM offending is improved and clearer guidelines for risk assessment are developed.

Directions for future research and program development

Given the challenges outlined above, there is a clear need for ongoing research to clarify the degree of risk posed by CSAM-only offenders and the relationship between psychological and offending characteristics and later offending (or desistance) among this group. In particular, studies that seek to establish and replicate predictive relationships between offender or offence characteristics and the trajectories of CSAM-only offenders would be beneficial in enhancing both risk assessment and treatment practices. Moreover, further evaluation and validation of both existing and emerging risk assessment tools is required to develop robust, evidence-based risk assessment practices among the broader CSAM offender population. Given the low base rates of reoffending in official records, future research would ideally be conducted among large representative samples over lengthy follow-up periods, with collaboration and data linkage occurring across jurisdictions.

In addition, evidence-based treatment practices would be enhanced by the ongoing evaluation and validation of emerging specialised treatment approaches. These evaluations should examine both changes in characteristics related to offending risk and recidivism outcomes throughout and following treatment. Repeated follow-up over longer periods would also improve understanding of whether treatment-related changes are long-lasting, or whether additional ‘booster’ sessions are required. Ideally, evaluation studies should also include control samples of individuals who receive either no treatment or traditional treatment approaches to ensure that any significant effects can be attributed to the specific programs being evaluated. Finally, it would also be beneficial to compare outcomes across existing specialised programs to determine whether programs with particular formats, specifications or theoretical approaches lead to positive and long-lasting clinical and behavioural change.

Regarding the CEM-COPE Program specifically, it is expected that the outcomes of the current pilot study will allow for further refinement of the program ahead of more formal and rigorous evaluation of its effectiveness in reducing CSAM-related risk. Assuming that such endeavours provide evidence of effectiveness, it is hoped that the program will be made available for use within both correctional and forensic mental health services nationally. Alternative versions of the program could also potentially be developed to target various subgroups of CSAM offenders (eg offenders with autism spectrum disorder or intellectual disability) if further empirical information indicates that this is warranted.

Conclusion

The substantial increase in the number of individuals accessing, distributing and producing CSAM in recent decades has led to increased interest in the intervention needs of CSAM-only offenders. Evidence of the distinct characteristics and recidivism patterns of CSAM-only offenders indicates that traditional programs are unlikely to be suitable, and that specialised intervention is warranted. While specialised programs are emerging internationally, both accessibility and evaluation remain limited. In particular, there are limited options for interventions that address CSAM-specific risk in Australia. As such, many local CSAM-only offenders are likely to receive inappropriate treatment.

The newly developed CEM-COPE Program is an important development in local evidence-based practice for the management of CSAM-only offenders. Although further development and evaluation is required prior to widespread implementation, it is anticipated that the CEM-COPE Program and associated research will assist in preventing CSAM offending and inform future practice for the management of CSAM-only offenders. Broader research into the risk posed by CSAM offenders and the effectiveness of existing and emerging specialised programs is also required to inform best practice internationally. In particular, research that aims to identify and clarify risk factors and risk assessment practices for CSAM offenders is crucial to ensure that interventions are appropriately targeted towards higher risk offenders and that more robust treatment evaluations can be undertaken. Such research would lead to enhanced therapeutic responses to CSAM offending that promote desistance from offending, offender wellbeing and, ultimately, the safety of children internationally.

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