

# Identifying factors involved in reoffending incidents committed by registered persons in New Zealand

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This qualitative study aimed to examine patterns in the temporal order of factors which lead up to incidents of sexual reoffending committed by registered persons in New Zealand. Approximately 50% of all qualifying, or registrable, sexual reoffences against children committed by registered persons were sampled and reviewed. An emerging qualitative method, Thematic Trajectory Analysis (Spencer et al., 2021), was used to identify themes and incorporate temporality into the analysis. Standards of practice, demographic, offence information, and events that occurred over the course of the 12 months leading up to the index offence were deductively coded. Individual, case management, and risk management factors were identified that highlighted gaps in the operationalisation of the Register's risk management framework and community case management approach.

# **Examining change in dynamic risk: Patterns and predictors of ACUTE-2007 and STABLE-2007 score variation**

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Effective management of justice-involved individuals relies on the assumption that dynamic risk factors change over time, yet little research has examined the extent and predictors of such change. This study analyzes shifts in ACUTE-2007 and STABLE-2007 scores among 4,221 men adjudicated for sexual offences in Canada, with a focus on individual trajectories and influencing factors. Using Hierarchical Linear Modelling (HLM), we found significant variability in rates of change—while most individuals showed improvement during community supervision, others remained stable or worsened. Higher baseline risk, as measured by Static-99R, was associated with lower rates of improvement, and supervision officers influenced change patterns, suggesting external factors play a role. These findings highlight that dynamic risk factors are meaningfully changeable, but not uniformly so. Understanding the individual and contextual factors that shape change can enhance risk management strategies, reinforcing the need for reassessment and tailored interventions in community supervision.

# **From risk to rehabilitation: Best practices for supervising and treating individuals involved in child sexual exploitation materials**

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Effectively managing individuals involved in child sexual exploitation materials (CSEM) requires a comprehensive, evidence-based approach that integrates risk assessment, tailored treatment, and structured supervision. This workshop provides practitioners with practical tools and strategies to navigate the unique challenges of working with this population. Participants will learn about validated risk assessment tools, explore treatment interventions that address individual needs, and develop supervision plans that balance public safety with opportunities for rehabilitation and reintegration. Real-world case examples will be used throughout to illustrate concepts and enhance understanding of key concepts. By the end of this workshop, participants will leave with actionable insights and enhanced skills to assess risk, tailor interventions, and develop effective supervision plans grounded in the latest research and best practices in the field.

# Profiles of individuals seeking support for child sexual exploitation material offending

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This presentation presents an analysis of a client database from a secondary prevention program for individuals at risk of sexual offending. The dataset includes information from 2011 to 2020 and captures demographics, offending behaviour, risk-related factors, mental health, and personal vulnerabilities such as childhood trauma. We hypothesized heterogeneity in client needs (e.g., suicide risk, mental health concerns, sexual interest in children, and physical health) and expected meaningful group differences in offending and demographic characteristics. Using Latent Class Analysis, we identified two distinct subgroups of male clients. Class 1 (33.4%) showed fewer suicidal thoughts and behaviours, less childhood trauma, and fewer mental health concerns. In contrast, Class 2 (66.6%) reported significantly higher rates on all indicators, including mental health issues, suicidal ideation or attempts, childhood trauma, and sexual interest in children. These findings highlight meaningful variation in the clinical needs of individuals seeking help from this service. Understanding these subgroups can support more tailored prevention strategies and improve service delivery. We discuss implications for practice, with particular attention to how secondary prevention programs might adapt to meet the complex needs of higher-risk clients.

# **Working through the puzzle: Understanding dyadic and family roles in incest**

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Incest challenges fundamental assumptions about family dynamics and relational roles. Despite its prevalence, the mechanisms underlying sexual abuse within families are complex and poorly understood. In this keynote, I will examine the latest theoretical frameworks and empirical findings to illuminate dyadic and familial dynamics in incestuous behaviours. Specifically, I will address three critical questions: (1) What patterns of behaviour and family dynamics are unique to siblings and parent-child incest? (2) Which contextual (e.g., bed-sharing, absences) and individual factors (e.g., impulsivity, sex drive) heighten the risk of incest? (3) How can prevention and intervention strategies be refined to incorporate these insights effectively? By disentangling the "puzzle" of incest, this keynote deepens our understanding of its dynamics, identify gaps in existing research, and provide actionable strategies for evidence-based prevention and intervention.

# Talking for Change: Examining anonymous clinician-client conversations from the digital helpline

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Talking for Change is a child sexual abuse perpetration prevention program that offers an anonymous helpline where users are connected to clinicians who provide them support. The present study focused on helpline contacts from people concerned about their sexual interest in children or risk of offending ( $n = 189$ ). Chat logs were coded using content analysis to determine clients' thoughts, feelings, and behaviours when accessing the helpline and clinician responses. Results revealed clients were concerned about their thoughts, feelings, or arousal in most chats (67.7%), followed by concern about child sexual exploitation use (39.2%), and risk of contact offending (15.9%). A qualitative content analysis identified six categories in these logs; clients contacted the helpline for a supportive conversation, to understand their sexual attraction to children, and to receive resources. Mental health concerns and negative emotionality (e.g., shame) were present. Clients were dedicated to living an offence-free lifestyle, although CSEM use was a concern for many. Clinicians engaged with clients by providing resources, managing high-risk situations, and explaining ethical and legal obligations. Overall, clients expressed gratitude toward the helpline. Implications for practice are discussed, including the importance of anonymous support for this population and continued funding for digital helplines.

# **How can an understanding of neuropsychology help in the assessment and treatment of individuals who have committed sexual offences?**

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As Mokros (2022) observes, "There is an accumulating basis of knowledge showing that risk factors for sexual offending such as sexual deviance, antisociality, psychopathy, and problems of self-regulation are associated with peculiarities in brain structure or functioning." But where do these risk factors originate? This presentation, incorporating ideas from the rapidly advancing field of neuroscience, aims to explore this question by drawing on what we know about the histories of individuals who commit crime. It is argued that a better understanding of the causes and mechanisms of criminality (especially sexual offending) can inform and enhance both risk assessment and current treatment approaches.

# **The prevalence of adverse childhood experiences (ACEs) among children and adolescents with harmful sexual behavior: Evidence from Denmark**

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Children and adolescents who exhibit harmful sexual behavior (HSB) are more likely to have experienced adverse childhood experiences (ACEs), including physical, sexual, or psychological violence (Faure-Walker & Hunt, 2022; Hackett, 2014; Hawkes, 2009; Rich, 2011). This study investigated the prevalence of ACEs and examined the relationship between victimization (including multiple traumas, neglect, sexual, physical, or psychological violence) and the severity and frequency of HSB. The study cohort consisted of 619 children and adolescents referred to the Janus Center in Copenhagen, Denmark, between 2003 and 2022 for assessment and/or treatment related to HSB. Clinicians collected data at the time of referral to the Janus Center. The findings revealed that 49% of the cohort had experienced multiple traumas (4+ ACEs), with high prevalences of neglect (70%), out-of-home placement (40%), child sexual abuse (33%), physical violence (36%), and psychological violence (41%). These results are consistent with prior research linking early exposure to violence with later engagement in HSB. Results concerning the link between victimization and the character of HSB will be presented at the conference. The findings highlight the urgent need for early intervention, violence prevention, and trauma-informed approaches for youth with HSB and a history of victimization.



# Treatment of individuals at risk of sexual offending: The Scandinavian approach

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Child sexual abuse (CSA) is a severe global public health and child protection issue, causing high societal costs and affecting victims' physical, mental, and sexual health. Treatment programs targeting individuals at risk of CSA (re-)offending are a key prevention strategy. Still, the access to, and content of, such programs differ vastly between countries. This study explored approaches to preventing child sexual abuse (CSA) in Scandinavian countries (Norway, Denmark, Sweden). A web-based survey was administered to selected clinics within healthcare systems (e.g., sexual medicine clinics, forensic psychiatry) and correctional facilities across these countries. This presentation includes preliminary findings on the overall structure of preventive initiatives across these three countries. It describes the treatment programs offered, the types of patients or offenders served by these programs, and explores the organizational and legal frameworks within which these projects operate. We will discuss between-country similarities and differences and the benefits and limitations of the Scandinavian approach.

# **Protective factors in forensic risk evaluation: A longitudinal study of sexual offenders**

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Risk-focused assessments have long been the cornerstone of violence prediction. Yet, neglecting protective factors may overlook key opportunities for intervention and rehabilitation. This study highlights the innovative value of incorporating protective factors into forensic evaluations of sexual offenders. We followed 58 men convicted of sexual offenses who were discharged from a secure psychiatric hospital in French-speaking Belgium. Their outcomes were tracked over an average follow-up period of 3.7 years. Protective factors were assessed using both the Structured Assessment of Protective Factors (SAPROF) and the SAPROF-Sexual Offending (SAPROF-SO), a version specifically developed for this population. Our results demonstrate that, although evaluating protective factors is essential for a balanced understanding of risk, caution is warranted: the SAPROF-SO did not outperform the original SAPROF in predictive validity. These findings question the added predictive value of tailoring instruments specifically to sexual offenders and highlight the complexity of protective factor dynamics. Our findings advocate for a more dynamic, individualized approach to risk assessment—recognizing strengths and vulnerabilities—to optimize clinical decision-making and enhance effective reintegration. The overall results are discussed in light of the international literature.

# Psychotherapy matters: A 10-year follow-up on sexual recidivism in released offenders

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Between 2010 and 2022, we conducted a longitudinal study documenting the risk factors, reintegration difficulties, and recidivism rates among 661 sexual offenders who engaged in psychotherapeutic follow-up after their release. Our findings reveal a population marked by profound social isolation, marginalization, and persistent challenges in accessing stable employment and community support. Despite these vulnerabilities, the sexual recidivism rates observed are encouraging: 6.65% within five years and 12.72% within ten years, which are notably lower than the rates commonly reported in the international literature. These results suggest that psychotherapeutic support may contribute to reducing the risk of reoffending and facilitating safer societal reintegration. This research offers rare, valuable data on the long-term outcomes of sexual offenders in the community, an area often neglected in existing studies. Our next research phase involves the introduction of a control group composed of released sexual offenders who did not receive any therapeutic intervention. Comparing these two groups will allow us to assess more precisely the protective role of psychotherapy against recidivism. These findings have significant implications for developing evidence-based post-release management strategies and promoting rehabilitation-focused policies.