

The Prevention Project Dunkelfeld (PPD): Proactive Strategies to Prevent Child Sexual Abuse and Child Pornography Offences

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Background

Official statistics account for only a fraction of all child sexual abuse (CSA) and the use of child abusive images (so called “child pornography offenses” – CPO). Those cases not reported to the authorities constitute the large part of sexual offenses against children and are in German referred to as “Dunkelfeld” (literally “dark field”). Consequently, preventive efforts must consider both primary prevention in the case of potential offenders as well as secondary prevention for self-referred offenders in the Dunkelfeld.

How to reach whom?

Two groups of those sexual offending against children can be distinguished:

- Those showing no sexual preference disorder, but who, for different reasons, sexually abuse children (e.g., sexually inexperienced adolescents seeking a surrogate; mentally retarded persons and those with antisocial personality disorders or perpetrators within general traumatizing family constellations) – account for approximately 60% of officially known offenders.
- Those showing a sexual preference disorder, namely pedophilia (erotic preference for prepubescent minors, i.e. showing Tanner stage 1) or hebephilia (erotic preference for pubescent minors, i.e. showing Tanner stages 2 and 3). These account for approximately 40% of officially known offenders.

Sexual preference in general manifests itself during adolescence and remains unchanged thereafter. This is true for pedophilia and hebephilia, as well. Thus, pedophiles and hebephiles will always be at risk of offending and/or re-offending,

mainly in the Dunkelfeld. Furthermore, empiric data suggests that pedophiles and hebephiles reveal high levels of co-morbidity and distress because of the problems associated with their sexual preference and as a result, they are more likely than other sexual offenders to seek treatment. However, community-based specialised diagnostic and therapeutic programs for these self-referred individuals remain scarce.

For that reason at the Institute of Sexology and Sexual Medicine in Berlin a prevention approach was developed by generating a media campaign to encourage self-identified (but officially not registered) pedophiles and hebephiles to seek professional help to avoid committing CSA and CPO.

Project Procedure

The ongoing Prevention Project Dunkelfeld (PPD) was officially launched in 2005 with an extensive media campaign which publicised the opportunity to get help. The media campaign was designed to communicate the following messages:

1. Empathy for the particular situation of the participants
2. No discrimination because of sexual preference
3. Confidentiality and anonymity regarding all collected data, and
4. No augmentation of feelings of guilt and shame.

The following slogan was chosen: "You are not guilty because of your sexual desire, but you are responsible for your sexual behavior. There is help! Don't become an offender!" The campaign's poster was placed in print media and on city billboards, and a TV-spot was broadcasted on several German TV channels and in cinemas. The translated headline of the poster was: "Do you like children in ways you shouldn't?"

In 2009 the media campaign was extended to include potential and undetected child pornography offenders. The message was: "Child pornography is sexual abuse. You are not to blame for your sexual responsiveness to child pornography, but you are responsible for your own behavior. It is your choice whether you click on it or not. Help is available! Don't become an offender. Not even online!"

Since July 2012 with the help of google adwords, potential consumers of child abusive images are guided to the therapeutic offer of the PPD by common search keywords.

In June 2013 the latest spot was released – with English subtitles. The idea was to make a point of the fact that pedophilia exists at all levels of society (see www.dont-offend.org). In 6 months the spot has been showed on 8 television channels and in more than 50 cinemas – free of charge, because the budget would never allow such high expenses.

Respondents to the media campaign can contact the research team anonymously (e.g., by telephone), and the staff are specifically trained to build a trustworthy and empathetic relationship during the initial contact. A personal identification number (PIN) is assigned to each respondent who

1. self-identifies as a pedophile and/or hebephile,
2. expresses interest in the content of the project because of distress related to his sexual preference, and/or
3. expresses an interest in consulting a clinical expert.

Those respondents interested and able to attend a consultation are questioned about their criminal and sexual history as well as their sexual fantasies and behaviours. In addition, socio-demographic data (age, education, employment, family status, number of children), former experiences with health professionals, and the interviewees' handling of information regarding their sexual preference are assessed.

What have been the outcomes?

From 2005, on average, 15–20 individuals per month contacted the research office in Berlin, so that as of October 2013, there were 1884 applications, 779 assessments and treatment offers to 399 individuals.

The decrease from applications to treatment offers is mainly due to geographical distances – the applicants came from all over Germany. As expected, the vast majority were either pedophiles or hebephiles. Half of them had already committed child sexual abuse and three quarters admitted to child pornography offenses in the Dunkelfeld.

In a specialized one-year treatment program the participants learn to ensure impulse control by using cognitive-behavioural techniques, sexological tools (integrating the attachment dimension in terms of an increase of social functioning) , as well as pharmaceutical options (mostly androgene deprivation therapy). The evaluation of the PPD was done in a non-randomized waiting list–control design with multiple assessments for 75 participants. It revealed that the primary prevention approach

- reduces risk factors for child sexual abuse,
- prevents sexual offending against minors and reduces the number of contact offenses,
- reduces the frequency and severity of child pornography offences.

Currently the PPD is being expanded. In addition to the project in Berlin, 6 further contact points in other German States have been successfully established and two more at least will follow within the next year.

Conclusions

The first results of the Berlin Prevention Project Dunkelfeld for current policy highlight the following:

1. A significant number of pedophiles and hebephiles in the community are not known to the justice system and have no contact with preventive services. These pedophilic and hebephilic men are either potential offenders or real offenders. However, they remain undetected in the Dunkelfeld.
2. Many pedophiles and hebephiles who are not known to the justice system would be willing to participate in a treatment programme aiming to prevent child sexual abuse and the use of child pornography (i.e. child abusive images), provided they know how to access it and feel they can trust the pledge of confidentiality by experts specialized in assessment and therapy of their disorder.
3. A media campaign is able to communicate these goals.
4. German legislation regarding the reporting of CSA and CPO is crucial for the success of this preventive programme: According to German law, it is considered a breach of confidentiality for the treating therapist to report either committed or planned CSA or CPO.
5. The current situation concerning other countries – even those with mandatory report laws - would allow at least a focus on potential or real users of child abusive

images in the Dunkelfeld for preventive purposes. The use of child abusive images is an indicator for a pedophilic inclination and therefore the user is an important target for prevention. The PPD shows that it is possible to reach pedophiles and hebephiles in the community and to encourage these men to change their habit of using child abusive images. Furthermore it indicates the probability of preventing crossover to child sexual abuse – which would be a promising primary prevention approach for this cause. But, of course, it will only work, if trust is achieved and confidentiality guaranteed.

Literature

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