



## Potential and Dunkelfeld offenders: Two neglected target groups for prevention of child sexual abuse

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### ABSTRACT

Little is known about men who have not yet committed child sexual abuse but may be at risk of doing so (*potential offenders*) and the factors that distinguish these men from undetected child sexual abuse offenders with a sexual interest in children (*Dunkelfeld offenders*).

The present study describes and compares potential and Dunkelfeld offenders, which can be viewed as ideal target groups for (primary) prevention efforts with respect to child sexual abuse. Also, this study seeks to demonstrate the feasibility of using a telephone screening procedure to conduct research with these groups. Using a computer assisted telephone interview (CATI), data on demographics, mental health, sexuality, criminal history, and victim characteristics were collected from respondents in a nation-wide media campaign, which informed potential (re-)offenders of child sexual abuse of a research and treatment project. Many participants reported recurrent sexual fantasies involving minors, as well as related distress, suggesting a high prevalence of pedophilia and hebephilia. More than half feared they would sexually abuse a minor, and Dunkelfeld offenders reported 3.2 victims on average. Group comparisons revealed that Dunkelfeld offenders were, for example, more likely to perceive themselves being at risk of offending, compared to potential offenders.

The results suggest that targeting potential and Dunkelfeld offenders could prove a worthwhile approach in the prevention of child sexual abuse.

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### 1. Introduction

Most cases of child sexual abuse remain undetected (Finkelhor, 1994) and subsequently so do most sexual abusers of minors. These undetected cases (of any offence) constitute what is referred to as “Dunkelfeld” in German (literally “dark field”), implying we know very little about them.

It may be assumed that some Dunkelfeld offenders have a sexual preference for minors. It appears unlikely, however, to ever know how this proportion compares with the 25 to 50% found amongst detected offenders of child sexual abuse (Marshall, 1997; Marshall & Fernandez, 2003; Seto, 2008). Typically, a sexual preference for minors is characterized by a sexual interest in prepubescent and/or pubescent children, and is associated with the terms pedophilia and/or hebephilia respectively (Blanchard et al., 2002). In this article the term *Dunkelfeld offenders* will refer to undetected child sexual abuse offenders with a sexual preference for minors.

Individuals with a sexual preference for minors who have not yet had any sexual contact with a minor generally remain unknown to official sources as well. In this article they will be referred to as *potential offenders*, because their sexual preference for minors arguably is associated with a greater risk to sexually abuse a minor compared to an individual without this sexual preference (Abel & Harlow, 2001).

With respect to preventing child sexual abuse, potential and Dunkelfeld offenders seem to have been ignored at large. Only recently, a study on “victimless pedophiles” was referred to as the first of its kind (Fedoroff, Smolewska, Selhi, Ng, & Bradford, 2001). Given the recidivism rate amongst detected pedophilic child sexual abuse offenders, the lack of attention paid to potential and Dunkelfeld offenders is rather disconcerting. For example, Beier (1998) interviewed 121 child sexual abuse offenders at an average 25 years after their first offence. All had been assessed by an expert in forensic sexual medicine at the time of their conviction. Beier found that of the pedophilic offenders ( $N=52$ ) 63.5% had reoffended during the follow-up period, while only 10–25% of the non-pedophilic offenders had reoffended. Not surprisingly, a sexual interest in children has been established as one risk factor for recidivism amongst offenders of child sexual abuse (Hanson & Morton-Bourgon, 2005).

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Perhaps the apparent lack of attention paid to these two groups both in research and treatment projects is, in part, due to an assumption that they cannot be reached. Bearing in mind the social stigmatization associated with a sexual preference for minors as well as most legal systems having mandatory reporting laws, both potential and Dunkelfeld offenders would hardly be expected to give up their incognito status.

There are some, albeit few, empirical and clinical data strongly suggesting that these individuals indeed may be reached for prevention of child sexual abuse. For example, at one outpatient clinic for sexual medicine in Germany, over a period of several years, an average of 21 Dunkelfeld offenders per year sought professional help to avoid reoffending against children (K. M. Beier, Hearing at the Berlin Parliament, May 17, 2001). A Canadian outpatient clinic for men with paraphilic sexual disorders was contacted by 26 victimless and self-referred pedophiles (Fedoroff et al., 2001).

Arguably, these patients as well as some self-referred patients in another study (Bogaert, Bezeau, Kuban, & Blanchard, 1997) sought professional help because they experienced distress related to their sexual preference for minors. Regardless of whether these patients were distressed out of fear of society, or out of a sense of being sick or dangerous to society, their distress was clearly related to their sexual preference.

Sexual body age preference, for example, a preference for a prepubescent body, is generally assumed to manifest itself during adolescence and remain unchanged throughout life (APA, 2000; Beier, 1998; Schorsch, 1971; Wille, 1968). The same can be said for sexual preference with respect to gender and sexual practices. Thus, from their late teens or early twenties on, individuals sexually interested in minors have to cope with the ramifications of their unusual sexual preference. Facing these challenges time and again, the development of distress at some point would not be surprising. Finally, the occurrence of preference-related distress finds validation in both the DSM-IV (APA, 2000) and the ICD-10 (WHO, 1992), both of which explicitly list distress as a diagnostic criterion for pedophilia.

Hence, expecting distress amongst some of the Dunkelfeld offenders, the existence of treatment demand as well as the motivation and willingness to participate in research and treatment may be assumed, too. The results of the “Stop it Now!” child abuse prevention campaign virtually confirm such a demand, reporting numbers of up to 1763 self-identified potential or Dunkelfeld offenders voluntarily contacting the campaign-bureau. These results also demonstrate the possibility to reach potential offenders who are seeking help (Richard, 2003; Stop it Now, 2007; Tabachnick & Dawson, 2000). Thus, potential and Dunkelfeld offenders appear to be ideal target groups for prevention of child sexual abuse: they are at-risk individuals, some of whom are motivated for treatment due to distress and reachable.

### 1.1. Hellfeld research

Arguably, preventive treatment programs for potential and Dunkelfeld offenders would make use of the current knowledge about both child sexual abuse offenders and pedophiles. The research underlying this body of knowledge is largely based on detected child sexual abuse offenders in the “Hellfeld” (German, literally meaning “light field”), that is accounted for in official statistics. As Hellfeld offenders constitute “at most a very tiny and unrepresentative sample” of all pedophiles (Finkelhor, 1984), it remains to be established whether our knowledge is relevant for potential and Dunkelfeld offenders. Its relevance is questionable at least from a conceptual and diagnostic perspective.

Hellfeld research features an interchangeable use of the psychopathological term “pedophilia” and the sociolegal term “child molester”, which is conceptionally flawed (Ames & Houston, 1990; Okami & Goldberg, 1992). The conflation of these related but not

interchangeable terms is frequent, thus restricting severely the generalizability of research in this area, and is further complicated by the use of multiple constructs (Feelgood & Hoyer, 2008).

Hellfeld research also generally relies on samples of participants who have not been clinically assessed with respect to, for example, pedophilia, or on mixed samples of non-pedophilic and pedophilic child sexual abuse offenders. Legitimately comparing results from Hellfeld research with results from research on potential and Dunkelfeld offenders would require first establishing the proportion of Hellfeld samples studied that was comprised of pedophiles – a task worthy of a study in its own right. Even in studies conducted on detected child sexual abuse offenders explicitly diagnosed as pedophiles, it is often not clear how they were diagnosed (Abel & Harlow, 2001; APA, 2000; Carlstedt, Innala, Brimse, & Anckarsäter, 2005). Due to these shortcomings and other unresolved problems regarding the reliability and validity of diagnosing paraphilias in general (Marshall, 2007), a reported diagnosis of pedophilia alone (i.e., without specification of the diagnostic method used) does not suffice to assume comparability of samples.

#### 1.1.1. Sociodemographics and mental health characteristics

The general picture that may be drawn from data regarding sociodemographics and mental health derived from Hellfeld research shows that detected child sexual abuse offenders typically have lower levels of education (Barsetti, Earls, Lalumière, & Bélanger, 1998; Feelgood, Cortoni, & Thompson, 2005), albeit a large sample of non-incarcerated offenders displayed relatively high levels of education (Abel et al., 1987). They also present with high levels of both psychiatric disturbance (Leue, Borchard, & Hoyer, 2004; McElroy, Soutullo, & Taylor, 1999; Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999; Salter et al., 2003) and drug and alcohol abuse (Abracen, Looman, & Anderson, 2000; Langevin & Lang, 1990).

#### 1.1.2. Sexual preference

About half of them report the appearance of their sexual interest in children occurring before age 20 (Abel et al., 1987). Regarding the occurrence of sexual fantasies involving children, Hellfeld research reports rates ranging from 21% (Marshall, Barbaree, & Eccles, 1991) to 40% (Abel et al., 1987) before the onset of offending, and up to 80% when the time after the offence is included (Dandescu & Wolfe, 2003). Especially the lower rates may best be explained by the samples including many non-pedophilic child sexual abuse offenders and/or deniers. The connection between pedophilia and presence of respective sexual fantasies, however, is not always clear. Abel and Harlow (2001), for example, report of 3952 men who admitted to having sexually abused a child. While approximately two thirds of that sample met the diagnostic criterion that the behaviour must have continued for more than six months, only 41% admitted sexual fantasies involving prepubescent children.

#### 1.1.3. Victim characteristics

The victims of detected child sexual abuse offenders tend to be female (Danni & Hampe, 2000; Finkelhor, 1994), which is not necessarily an indication of the offenders' sexual gender preference. The number of victims of detected child sexual abuse offenders was found to range from 1.4 for incest offenders to 4.7 for extra familial offenders in one study (Marshall et al., 1991). In another study, with perhaps a better guarantee of confidentiality, similar rates for incest offenders with a mean of 1.8 female victims and 1.7 male victims were found (Abel et al., 1987). In the same study, medians for female and male victims of pedophilic child sexual abuse offenders were 1.3 and 4.4 respectively. However, detected child sexual abuse offenders who admitted to sexual fantasies involving children reported an average of 15 victims (Abel & Harlow, 2001).

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