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Research article

“Just dreaming of them”: The Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ)[☆]



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ABSTRACT

The Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ) offers diagnostic and therapeutic help to 12-to-18-year-old juveniles with a sexual preference for the prepubescent and/or early pubescent body of children and who apply for treatment on a voluntary basis. The project goal is to prevent primary or recurrent child sexual abuse as well as primary or recurrent use of child abuse images. Treatment aims to enable affected juveniles to obtain control over their conflictual sexual behaviors. In the present article, the origin of the PPJ; its main approach, including the conception of a media campaign; as well as results from the first year of a three-year study are presented. Further, initial characterizations of juveniles taking part in the project for the first 12 months are provided. The results confirmed that the group of 12-to-18-year-old juveniles with a sexual preference for prepubescent and/or early pubescent minors exists as a target group for primary preventive measures and that they can be assessed for their sexual preferences.

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Introduction

Child sexual abuse (CSA) and the sexual victimization of children by downloading, owning and/or disseminating child abuse images (CAI) are matters of utmost international urgency. In a representative survey conducted with children between the ages of 2 and 17 years in the U.S., 1 in 12 children reported to have been sexually victimized at least once within an examination period of 1 year (Finkelhor, Ormrod, Turner, & Hamby, 2005). The first representative investigation into the prevalence of CSA among the German general population (Wetzels, 1997) also revealed a high level of sexual traumatization: 8.6% of girls and 2.8% of boys under the age of 16 years have been sexually victimized through direct physical contact with an adult offender. In a recent meta-analysis of 331 samples from all over the world with almost 11 million participants, the prevalence of being sexually victimized before the age of 18 years was estimated to be 18% for girls and 7.6% for boys (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). In most cases, sexual abuse experiences in childhood and adolescence are accompanied by a variety of immediate and long-term psychic, social, physical and/or behavioral

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problems (see, among others, [Görge, Rauchert, & Fisch, 2012](#); [Maniglio, 2009](#)). Therefore, the need for measures to prevent CSA is beyond question.

With regard to suspects in cases of CSA, the high number of child and juvenile sexual offenders is remarkable. In 2013, children (in Germany defined as individuals below the age of 14 years) and juveniles (individuals between the age of 14 and 18 years) constituted just under one-quarter of suspects in cases of CSA in accordance with the German Criminal Code: Of 9,232 suspects in cases of CSA, 7.6% were under the age of 14 and 18.2% were between the age of 14 and 18 years ([Federal Criminal Police Office, 2014](#)). The use of CAI by children below the age of 14 was 1.5% and was 5.3% for juveniles between 14 and 18 years old ([Federal Criminal Police Office, 2014](#)). It can be assumed that the majority of sexual offenses committed by juveniles take place in the *Dunkelfeld* (literally: “dark field” – refers to all undetected criminal behavior) and are never reported to the authorities. First, the small age difference between the offender and victim makes it easier for the juvenile to act out his sexual preference toward children. Second, child victims often refrain from informing third parties about sexual victimization. Only with increasing age does it become more likely for victims of CSA to report their experiences to others ([McElvaney, 2013](#)). Therefore, the need for prevention directed specifically at juveniles is an urgent matter.

To conceptualize preventive treatment measures, an adequate understanding of factors underlying CSA and/or the regular use of CAI is necessary. In this regard, ten years of clinical experience in the Prevention Project *Dunkelfeld* (PPD) has revealed the presence of pedophilia (defined as the sexual preference for prepubescent bodies) and/or hebephilia (the sexual preference for early pubescent bodies) to be important risk factors for potential offending (see [Hanson & Bussière, 1998](#); [Hanson & Morton-Bourgon, 2004](#); [Seto, Cantor, & Blanchard, 2006](#)). Since 2005, the PPD has offered preventive treatment to pedophilic and hebephilic men of a minimum age of 18 years who voluntarily agree to participate in the research and treatment project. One central finding of the project has been that the majority of pedophilic and hebephilic adults participating in the PPD had already been aware of their sexual preference since adolescence and would have wished for earlier therapeutic support. Additionally, a high number of adult participants reported having already exhibited child abuse behaviors during adolescence. Therefore, it can be assumed that sexual preference manifests during adolescence and remains stable through the lifespan ([Beier et al., 2013](#)). In addition, recent meta-analyses showed that the largest group difference between male adolescent sex offenders and male adolescent non-sex offenders was in the sex offenders' atypical sexual interests ([Seto & Lalumière, 2010](#)). Also, sex-only offenders, compared to sex-plus offenders (i.e., male adolescents who had committed both sexual and non-sexual offenses), had more atypical sexual interests and were more likely to have deficits in intimate relationships ([Pullman, Leroux, Motayne, & Seto, 2014](#)). Thus, interventions that focus on the sexual preferences of adolescents who have sexually offended are crucial.

Clinical findings from the PPD have been confirmed in the relevant literature. As revealed by several studies, between 30% and 50% of CSA offenders reported already having been aware of their sexual preference for children since puberty ([Abel et al., 1987](#); [Elliott, Browne, & Kilcoyne, 1995](#); [Marshall, Barbaree, & Eccles, 1991](#)). Additionally, research revealed that 40–60% of adult sexual offenders already showed conspicuities in their sexual development and/or sexually deviant behaviors since childhood and adolescence ([Abel, Osborn, & Twigg, 1993](#); [Longo & Groth, 1983](#)). For example, 29% of 129 adult sexual offenders reported having had sexually deviant fantasies before the age of 20 years ([Marshall et al., 1991](#)). In another study, 34% of 91 men with a pedophilic preference reported to have been under the age of 16 when first becoming aware of their sexual arousal toward minors. The same amount of men in this sample had already committed primary CSA during adolescence ([Elliott et al., 1995](#)). Further, as revealed by [Abel et al. \(1987\)](#), the youngest among 561 interviewed child sexual offenders was only 13 years of age. Likewise, these exemplary studies are indicative of the need for therapeutic interventions starting during adolescence.

The present paper aims to describe a prevention project directed specifically at juveniles with a sexual preference for the pre- and/or early pubescent body of children. Thus, the need to focus on 12-to-18-year-old juveniles as a target group for preventive measures is emphasized. Further, the inception of the Prevention Project Juveniles (PPJ), its main approach, as well as a description of the PPJ main study will be presented.

Methods

The PPJ study is being carried out by the Institute of Sexology and Sexual Medicine of the Charité – Universitätsmedizin Berlin in cooperation with the Department for Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics at Vivantes Hospital in Friedrichshain, Berlin. The project is financed for three years (2014–2017) by the German Federal Ministry of Family Affairs, Senior Citizens, Women and Youth and approved by the ethics commission of the Charité – Universitätsmedizin Berlin.

With regard to the project design, two general findings from clinical experience in the cooperating institutions were central. First, the high quantity of comorbid psychiatric disorders in the assessed juveniles required a combination of sexual-medical and child and adolescent psychiatric expertise. Second, it was found that juveniles generally did not contact clinicians autonomously, but on the initiative of relatives or legal guardians. However, because a higher level of self-motivation is expected to result in a more successful treatment outcome, the development of a media campaign specifically directed at juveniles with a sexual preference for the pre- and/or early pubescent bodies of children was initiated.

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