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Child Abuse & Neglect



Brief communication

Encouraging self-identified pedophiles and hebephiles to seek professional help: First results of the Prevention Project Dunkelfeld (PPD)[☆]

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Introduction

There is international concern about the problem of child sexual exploitation in general and child sexual abuse (CSA) in particular: approximately 1 in 12 minors between the ages of 12 and 17 were found to be sexually abused within one year (Finkelhor, Omrod, Turner, & Hamby, 2005). With 10 national probability samples from Europe and USA, the average rate of recalled CSA was approximately 20% for women and 10% for men (Finkelhor, 1994).

For various reasons only few offenses are accounted for by official statistics, referred to as *Hellfeld* in German (literally “light field”), whereas a significant number of cases are never reported to the authorities and, thus, remain undetected in the *Dunkelfeld* (literally “dark field”). Consequently, relapse prevention efforts should in particular address offenders, who belong to the *Dunkelfeld*-category in the *Dunkelfeld* and are motivated to change their sexual behavior. In addition, “primary and secondary prevention” approaches should address potential victims as well as men, who are at risk to commit CSA or other forms of child sexual exploitation such as child pornography use (*Potential offenders*).

With respect to prevention approaches and regarding *Dunkelfeld* and potential offenders, men with pedophilia (denotes the erotic preference for prepubescent children) and/or hebephilia (denotes the erotic preference for pubescent children) are of particular interest: First, sexual preference in general seems to manifest itself during adolescence and remain

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unchanged through the lifespan (American Psychiatric Association, 2000; Beier, Bosinski, & Loewit, 2005). Thus, pedophiles and hebephiles could be expected to have a lifetime risk to offend. Secondly, pedophiles have been found at higher risk to reoffend. Follow-up research conducted with previously expert appraised child molesters demonstrated that after an average follow-up period of 25 years 50–80% of the pedophilic child molesters had reoffended compared to 10–30% among non-pedophilic child molesters (e.g., sexually unexperienced adolescents, mentally retarded perpetrators, or offenders with antisocial personality disorder) (Beier, 1998). Thirdly, as pedophiles have been found to display high levels of comorbidity (Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999; Stinson, Becker, & Tromp, 2005), it is reasonable to assume that they experience distress due to the problems associated with their sexual preference and, therefore, that they are more likely to be inclined to seek treatment. This latter assumption, of course, challenges the common notion that these men rarely seek help as self-referred patients concerned about their sexual desire.

Against this background, the present paper aims to describe a prevention approach, which attempts to recruit self-identified pedophilic and hebephilic men to participate in a research and treatment project. Thereby the article will focus on the assumption that self-referred Dunkelfeld offenders and potential offenders seek help in coming to terms with their sexuality and are likely to react upon a media campaign. Finally, first results of the media campaign will be presented, describing the target group with respect to socio-demographics, sexual preference, and help-seeking behavior.

Methods

Two main assumptions guided the methodology of the Prevention Project Dunkelfeld (PPD), which was approved by health professionals and jurists belonging to the appropriate Institutional Review Board (body of university clinic): (1) a media campaign may successfully reach self-identified pedophiles and hebephiles in the community, and (2) these individuals are interested in participating in further diagnostics.

Media campaign

The ongoing project was officially launched in 2004 with an extensive media campaign that informed about the opportunity to receive help. In conceptualizing the media campaign it was possible to refer to in-house research findings from a pilot study in which pedophiles already known to the research team were simply asked to identify features of a media campaign to which they most likely would have responded (Feelgood, Ahlers, Schaefer, & Ferrier, 2002). It was found that among participants a considerable amount of distress must be anticipated, and that they may only enroll in the project if the media campaign (1) shows empathy and an understanding of their peculiar situation, (2) distances itself from discrimination of any individual for their sexual preference, (3) reduces fear of penalty by the justice system, (4) assures confidentiality and anonymity regarding all collected data, and (5) reduces feelings of guilt and shame. As a result, the following message 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 absence of anything that may be associated with punishment also considers the finding that punishment demonstrably fails to motivate offenders to change (Hollin, 2002).

The media 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 headline plays with the German language and can be translated as: “do you like children more than you/they like?” The question suggests a double meaning: both the (potential) offender and the child do not want sexual molestation (www.kein-taeter-werden.de).

Procedure

Respondents to the media campaign were able to contact the research team anonymously (e.g., telephone), and staff was specifically trained for building a trustworthy and empathic relationship during initial contact. A personal identification number (PIN) was assigned to each respondent who (1) self identified as pedophile and/or hebephile, (2) expressed interest in the content of the project because of distress related to own sexual preference, and/or (3) expressed an interest in consulting a clinical expert.

Those respondents who were interested and able to attend a consultation (subsequently referred to as interviewees), were questioned about their criminal and sexual history as well as sexual fantasies and behaviors (90-min–semi-structured clinical interview). In addition, socio-demographic data (age, employment, status of relationship, years of education, children), former experiences with health professionals, and interviewees handling of information regarding their sexual preference were assessed.

Diagnostic criteria

Pedophilia was diagnosed if, over a period of at least 6 months, the respondent reported recurrent and intense sexual thoughts, fantasies, or urges involving prepubescent children as well as clinically significant distress or impairment as a result of their sexual interest in children; thus, all pedophiles in this sample would meet the diagnostic criteria of the DSM-IV-TR (American Psychiatric Association, 2000). In contrast to DSM-IV-TR, a history of sexual contacts with children without self-reported respective sexual thoughts, fantasies, or urges was not considered to be sufficient for the diagnosis of pedophilia.

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