

## ORIGINAL RESEARCH—PARAPHILIAS

# The German Dunkelfeld Project: A Pilot Study to Prevent Child Sexual Abuse and the Use of Child Abusive Images

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### ABSTRACT

**Introduction.** Sexual interest toward prepubescents and pubescents (pedophilia and hebephilia) constitutes a major risk factor for child sexual abuse (CSA) and viewing of child abusive images, i.e., child pornography offenses (CPO). Most child sexual exploitation involving CSA and CPO are undetected and unprosecuted in the “Dunkelfeld” (German: “dark field”).

**Aim.** This study assesses a treatment program to enhance behavioral control and reduce associated dynamic risk factors (DRF) in self-motivated pedophiles/hebephiles in the Dunkelfeld.

**Methods.** Between 2005 and 2011, 319 undetected help-seeking pedophiles and hebephiles expressed interest in taking part in an anonymous and confidential 1-year-treatment program using broad cognitive behavioral methodology in the Prevention Project Dunkelfeld. Therapy was assessed using nonrandomized waiting list control design (n = 53 treated group [TG]; n = 22 untreated control group [CG]).

**Main Outcome Measures.** Self-reported pre-/posttreatment DRF changes were assessed and compared with CG. Offending behavior characteristics were also assessed via self-reporting.

**Results.** No pre-/postassessment changes occurred in the control group. Emotional deficits and offense-supportive cognitions decreased in the TG; posttherapy sexual self-regulation increased. Treatment-related changes were distributed unequally across offender groups. None of the offending behavior reported for the TG was identified as such by the legal authorities. However, five of 25 CSA offenders and 29 of 32 CPO offenders reported ongoing behaviors under therapy.

**Conclusions.** Therapy for pedophiles/hebephiles in the Dunkelfeld can alter child sexual offending DRF and reduce-related behaviors. Unidentified, unlawful child sexual exploitative behaviors are more prevalent in this population than in officially reported recidivism. Further research into factors predictive of problematic sexual behaviors in the Dunkelfeld is warranted. **Beier KM, Grundmann D, Kuhle LF, Scherner G, Konrad A, and Amelung T. The German Dunkelfeld Project: A pilot study to prevent child sexual abuse and the use of child abusive images. J Sex Med 2015;12:529–542.**

**Key Words.** Pedophilia; Prevention; Therapy; Child Sexual Abuse; Child Abusive Images

### Introduction

#### Child Sexual Exploitation and Pedophilia

Child sexual exploitation, child sexual abuse (CSA), and the production and use of child abusive images, i.e., child pornography offenses (CPO) may constitute acute and persistent harm for the victims [1]. Results of a representative

survey within the general public in Germany suggest that 2.8% of men and 8.6% of women are sexually traumatized due to contact offences prior to the age of 16 years [2]. A review of 38 prevalence studies in 21 countries resulted in prevalence rates of recalled childhood sexual victimization of approximately 20% for women and 10% for men [3]. These high prevalence rates of child sexual

exploitation go along with a growing understanding that the prevention of CSA and CPO is a critical public health issue [4]. It was concluded that for every reported case of CSA, at least five remained unreported [5]. In a U.S. study, 91% of victims of CSA had not reported their abuse [6]. According to the U.S. Department of Justice, over 56,000 cases of CSA were documented and substantiated in the United States in 2007, but only about 30% of cases were reported to authorities [7]. As a consequence, most known incidents involving sexual abuse of children are never reported to the police and are thus not registered by the judiciary and criminal prosecution authorities, and therefore do not emerge from the *Dunkelfeld* (“dark field” of undetected offenses).

There is strong evidence that deviant sexual interests are a major risk factor for child sexual exploitation [8,9]. Offenders committing CSA differ from other men (sex offenders with adult victims, nonsex offenders, and nonoffending volunteers) in their sexual responses to visual stimuli depicting prepubescent or pubescent children in the laboratory [10,11]. In addition, indicators of sexual interest in children are strong predictors for sexual recidivism among identified sex offenders in clinical or correctional samples [12]. With respect to child pornography (CP), its use is regarded as a valid indicator of pedophilia [13].

The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria characterize pedophilia as recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activities with a prepubescent child or children persisting for a period of at least 6 months. Such fantasies or behaviors cause either clinically significant distress, interpersonal difficulties, or functional impairment [14]. The International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) specifically integrates hebephilia as a sexual preference for pubescent minors into the concept of pedophilia [15]. In DSM-5, hebephilia is classified under the diagnosis “other specified paraphilic disorder.”

#### **Dynamic Risk Factors (DRF) and Treatment**

Although the relation between general psychopathology and risk for sexual offending remains unclear, so-called DRF have been described as being associated with the likelihood of reoffending and potentially responsive to interventions [16,17]. A number of meta-analyses have shown the importance of addressing DRF in the treatment of sexual

offenders [8,9,12]. Other factors such as denial, minimization, poor victim empathy, or low self-esteem were found to have no empirical relation to reoffense risk. As regards victim empathy deficits, no clear understanding of their relation to general empathic abilities exists [18]. Clinicians consider them to be core elements of sex offender treatment nevertheless [19]. These factors might enhance treatment responsivity by motivating the subject to seek treatment and encouraging a therapeutic alliance [20].

DRF are included in contemporary theories of sexual offending against children or pathological Internet use and are considered important targets in the treatment of detected sex offenders [16,20–27]. A set of DRF has been identified in existing research concerning CSA offenders [4,28,29]. It has been suggested that sexual reoffending can be predicted on the basis of three major types of DRF: (i) emotional or intimacy deficits; (ii) offense-supportive cognitions such as the belief that children benefit from sex with adults; and (iii) problems with sexual and general self-regulation (e.g., sexual preoccupation, poor cognitive problem-solving skills, and impulsivity) [29]. However, the extent to which identified recidivism risk factors might apply to pedophiles prone to initially offend or to undetected pedophile offenders has not yet been established [30].

#### **The Prevention Project Dunkelfeld (PPD)**

In 2005, the PPD was launched for the purpose of preventing sexual offenses against children by way of therapy. A media campaign was initiated to encourage self-identified, judicially unknown pedophiles and hebephiles to seek professional help with a view to avoiding CSA and CPO infractions [31]. A treatment program was elaborated entitled the *Berlin Dissexuality Therapy* (BEDIT) [32]. According to the integrated theory of sexual offending, a group-based treatment program featuring a broad cognitive-behavioral approach was expanded into a multimodal program that utilizes pharmacological, psychological, and sexological intervention strategies to prevent child sexual offending behavior in pedophiles and hebephiles [24,33]. Cognitive-behavioral interventions include aspects of the relapse prevention, self-regulation, and Good Lives models [34–37]. Treatment targets include motivation for change, self-efficacy, self-monitoring (including sexual fantasies and interests), sexualized vs. adequate coping strategies, emotional and sexual self-regulation, social functioning, attachment and sexuality,

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