Prevention Project Dunkelfeld: Strategies to prevent child sexual abuse and child abuse image offending in pedophiles and hebephiles

Dipl.-Psych. Laura F. Kuhle
Institute for Sexology and Sexual Medicine
Charité – Universitätsmedizin Berlin
Laura.Kuhle@charite.de
PEDOHEBEPHILES AS TARGET GROUP FOR PREVENTIVE INTERVENTION
Prevalence of child sexual abuse

Prevalence of self-reported sexual victimization

9.6% of all children and juveniles became victims of child sexual abuse (13.4% of the girls and 5.7% of the boys)

→ Europe: 18 million children and juveniles
→ Germany: 1 million children and juveniles

Number of detected cases in Germany, 2014

12,134 cases of child sexual abuse offenses (CSA)
4,804 cases of dissemination, acquisition, and ownership of child pornography (CP)

most of the offenses remain undetected

Pedophilia/Hebephilia ≠ Child sexual abuse

Pedophilia/Hebephilia ≠ Use of child abuse images
Association of sexual preference and sexual behavior – *Hellfeld (detected cases)*

Research of convicted child sexual offenders in forensic settings:

- a sexual preference for children show
  - about 40% to 71% of CSA offenders
  - about 61% of CP offenders

- pedophilia is one of the most important risk factors for relapsing child sexual abuse offenses (recidivism)

- Of those who relapse, 50%-80% are pedophiles and only 10-30% are non-pedophiles

As Pedo-/Hebephilia is supposed to subsist during lifetime, behavioral impulses and clinically relevant distress are more likely to be expected than in non-preferential offenders

Beier, 1998; Kingston et al., 2007; Mann, Hanson, Thornton, 2010; Seto, 2006, 2008; Seto et al., 2006
Association of sexual preference and sexual behavior – Prevention Project Dunkelfeld

Description of intake sample of the Prevention Project Dunkelfeld:

• Pedophiles and hebephiles show high prevalence rates of former child sexual victimization
  o 43% sexually offended against children
  o 71% used child abuse images

• For both offenses the vast majority remained undetected by the judicial system
  o 83% of child sexual abuse offenders were undetected
  o 89% of child abuse image offenders were undetected

High prevalence rates of undetected former child sexual victimization underline the importance of treatment efforts for undetected pedohebephiles
Pedophilia & Hebephilia

Pedophilia: sexual preference for a prepubertal body scheme (DSM-V: 302.2)

Hebephilia: sexual preference for the early pubertal body scheme (DSM-V: 302.9 NOS)

• comes along with sexually arousing fantasies, urges and behavioral impulses
• manifests in late puberty/early adulthood as (non-)exclusive type and remains categorically stable
• sexual preference = destiny and not choice!
• sexual preference ≠ sexual behavior
• prevalence: 1% - 5%

Ahlers et al., 2009; Beier et al., 2005; Cohen & Galynker, 2002; Dombert et al., 2015; Seto, 2008
Clinical implications

undetected pedohebephiles as important target group for therapeutic interventions in order to prevent:

• child sexual abuse and child abuse image (re-)offending
  o Primary prevention for non-offenders
  o Secondary prevention for undetected offenders not known to the legal system or under supervision / probation

• treatment motivation based on fear of acting on impulses, distress and resulting psychiatric comorbidities

BUT:

• only very little qualified and willing therapeutic treatment offers
• mandatory reporting laws create environment in which at-risk individuals/concerned undetected offenders are unlikely to be seen voluntarily
TREATMENT IN THE PREVENTION NETWORK “DON´T OFFEND“
Prevention Project Dunkelfeld was founded 2005 in Berlin
Project partners of the prevention network

Present project partners in Germany (03/16)
- 07/2005 Berlin (Charité - Universitätsmedizin Berlin)
- 03/2009 Kiel (Center for Integrative Psychiatry)
- 09/2010 Regensburg (Sexological Clinic, University Regensburg)
- 10/2011 Leipzig (University Medicine Leipzig)
- 03/2012 Hannover (Medical University)
- 04/2012 Hamburg (University Hospital – Prevention Ambulance Altona)
- 01/2013 Stralsund (Competence Center Sexual Medicine)
- 12/2013 Gießen (University Hospital)
- 06/2014 Düsseldorf (University Clinic Düsseldorf)
- 07/2014 Ulm (University Clinic Ulm)
- 05/2015 Mainz (University Hospital Mainz)

Planned
- Saarland
- Thüringen
- Sachsen-Anhalt

Aims
- nationwide supply
- development and evaluation of standards in diagnostic & treatment

a total of 5828 contacts
Communication aims and media campaign

„You are not guilty because of your sexual desire, but you are responsible for your sexual behavior!“

„Do not offend. Not even online!“
Project Participants at the Berlin site
July 2005 – September 2015

- Participants initially contacting the PPD: 2247
- Baseline assessment: 935
- Individuals fulfilling intake criteria: 477
- Treatment eligibility:
Treatment - Setting

Clinical interview → Risk – assessment → Psycho-education → Evaluation → Group/Single Therapy → After care

Medication if indicated

Couples Counselling if indicated
Pedo-/Hebephilia: sexual preference as lifelong condition/stable trait

 Fantasies
 pedophilic/hebephilic impulses

 Impulses

 Behavior
 child sexual abuse/use of child abusive images

 Gradual development of self-regulation skills & full behavior control
 (actual control as primary endpoint)

 Medical inhibition of sexual impulses

 Treatment of relevant risk factors

 Involvement of significant others
PRELIMINARY TREATMENT EVALUATION

Beier et al., 2015; Kuhle et al., 2013
Successfull modification of dynamic risk factors for child sexual offending:

 Decrease of:
  - Loneliness
  - Emotion-oriented coping
  - Frequency of masturbation fantasies related to children
  - Offense-supportive attitudes

 Increase of:
  - Sexual coping efficacy
  - Emotional and cognitive victim empathy

changes were stable at one-year follow up
25 of 53 treatment participants were CSA offenders:

- sparse previous offending at intake
- no initial sexual offense during treatment
- 5 participants (20%) showed persisting offending behavior
  - reduced frequency and severity – mainly voyeuristic offenses
  - no legal recidivism
Treatment change in child abuse image offending

Treatment of CAI offenders reduced CAI offending

- 1/3 desisted from using CAI, 2/3 persisted but reduced the frequency and severity of their consumption
- Desistance increases with image severity, persistence of CAI mainly in category Explicit Erotic Posing
- Most often used at pre- and post-treatment: 1) Nudity + Erotic Posing 2) Explicit Erotic Posing

One-way repeated measure analysis; Cochran’s Q test; *p < .05, **p < .001
Synopsis

- treatment:
  - decreases dynamic risk factors for child sexual offending
  - reduces offending behavior, especially CP

- successful treatment of pedohebephiles should begin at an early stage to:
  - reduce time at risk
  - allow for the experience of self-efficacy when controlling behavior and
  - therewith enhance motivation for sexual self-regulation

- prevention should take place on various levels:
  - Treatment of the individual (including medical options, couples counselling, circles of support and chronic programs with differing levels of intensity according to the risk)
  - Enhancing external inhibitors (e.g., limited accessibility, successful prosecution, appropriate sentencing, integration of the social environment, avoiding stigmatization)
Supporting institutions

Please contact me for further questions: Laura.Kuhle@charite.de