

***The German Dunkelfeld Project:
Proactive Strategies to Prevent Child Sexual Abuse
and the Use of Child Abusive Images***

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The German Dunkelfeld Project: Proactive Strategies to Prevent Child Sexual Abuse and the Use of Child Abusive Images

Background

Official statistics account for only a fraction of all child sexual abuse (CSA) and the use of child abusive images (so called ‘child pornography offenses’ – CPO). Those cases not reported to the authorities constitute a large part of sexual offenses against children and are in German referred to as ‘Dunkelfeld’ (literally ‘dark field’). Consequently, preventive efforts must consider both primary prevention in the case of potential offenders as well as secondary prevention for self-referred offenders in the Dunkelfeld.

How to reach whom?

Two groups of those sexually offending against children can be distinguished:

- Those showing no sexual preference disorder, but who, for different reasons, sexually abuse children seeking a surrogate. This group comprises e.g. sexually inexperienced adolescents, mentally retarded persons, those with anti-social personality disorders and perpetrators within general traumatizing family constellations – and accounts for approximately 60% of officially known offenders;
- Those showing a sexual preference disorder, namely pedophilia (erotic preference for prepubescent minors, i.e. showing Tanner stage 1) or hebephilia (erotic preference for pubescent minors, i.e. showing Tanner stages 2 and 3). These account for approximately 40% of officially known offenders.

Sexual preference, in general, manifests itself during adolescence and remains unchanged thereafter. This is true for pedophilia and hebephilia, as well. Thus, pedophiles and hebephiles will always be at risk of offending and/or re-offending, mainly in the Dunkelfeld. Furthermore, empiric data suggests that pedophiles and hebephiles reveal high levels of co-morbidity and distress because of the problems associated with their sexual preference and that, as a result, they are more likely than other sexual offenders to seek treatment. However, community-based specialised diagnostic and therapeutic programs for these self-referred individuals remain scarce.

For that reason, at the Institute of Sexology and Sexual Medicine in Berlin, a prevention approach was developed by generating a media campaign to encourage self-identified (but officially not registered) pedophiles and hebephiles to seek professional help to avoid committing CSA and CPO.

Project Procedure

The ongoing Prevention Project Dunkelfeld (PPD) was officially launched in 2005 with an extensive media campaign which publicised the opportunity to get help. The media campaign was designed to communicate the following messages:

1. Empathy for the particular situation of the participants;
2. No discrimination because of sexual preference;
3. Confidentiality and anonymity regarding all collected data; and
4. No augmentation of feelings of guilt and shame.

The following slogan 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 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 translated headline of the poster was ‘Do you like children in ways you shouldn’t?’

In 2009 the media campaign was extended to include potential and undetected child pornography offenders. The message was: ‘Child pornography is sexual abuse. You are not to blame for your sexual responsiveness to child pornography, but you are responsible for your own behavior. It is your choice whether you click on it or not. Help is available! Don’t become an offender. Not even online!’

Since July 2012, with the help of Google adwords, potential consumers of child abusive images are guided to the therapeutic offer of the PPD by common search keywords. Respondents to the media campaign can contact the research team anonymously (e.g. by telephone), and the staff are specifically trained to build a trustworthy and empathetic relationship during the initial contact. A personal identification number (PIN) is assigned to each respondent who:

1. self-identifies as a pedophile and/or hebephile;
2. expresses interest in the content of the project because of distress related to his sexual preference; and/or
3. expresses an interest in consulting a clinical expert.

Those respondents interested and able to attend a consultation are questioned about their criminal and sexual history as well as their sexual fantasies and behaviours. In addition, socio-demographic data (age, education, employment, family status, number of children), former experiences with health professionals, and the interviewees’ handling of information regarding their sexual preference are assessed.

Outcomes

From the beginning of the project in 2005, on average, 15–20 individuals per month contacted the research office in Berlin, so that, as of March 2014, there have been 1959 applications, 845 assessments and treatment offers to 412 individuals.

The decrease from applications to treatment offers is mainly due to geographical distances – the applicants came from all over Germany. As expected, the vast majority were either pedophiles or hebephiles. Half of them had already committed child sexual abuse and three quarters admitted to child pornography offenses in the Dunkelfeld.

In a specialized one-year treatment program the participants learn to ensure impulse control by using cognitive-behavioural techniques, sexological tools (integrating the attachment dimension in terms of an increase of social functioning), as well as pharmaceutical options (mostly androgene deprivation therapy). The evaluation of the PPD was done in a non-randomized waiting list–control design with multiple assessments for 75 participants. It revealed that the primary prevention approach:

- reduces risk factors for child sexual abuse;
- prevents sexual offending against minors and reduces the number of contact offenses;
- reduces the frequency and severity of child pornography offences.

Conclusions

First results of the Berlin Prevention Project Dunkelfeld can be summarized as follows:

1. A significant number of pedophiles and hebephiles in the community are not known to the justice system and have no contact with preventive services. These pedophilic and hebephilic men are either potential offenders or real offenders. However, they remain undetected in the Dunkelfeld;
2. Many pedophiles and hebephiles who are not known to the authorities would be willing to participate in a treatment program aiming to prevent child sexual abuse and the use of child abusive images, provided they know how to access it and feel they can trust the pledge of confidentiality by experts specialized in assessment and therapy of their disorder;
3. A specially designed media campaign is able to communicate these goals;
4. The success of this preventive program is based on German legislation regarding the reporting of CSA and CPO; according to German law, it is considered a breach of confidentiality for the treating therapist to report either committed or planned CSA or CPO;
5. The current situation in other countries – even those with mandatory report laws – would allow at least a focus on potential or real users of child abusive images in the Dunkelfeld for preventive purposes. It is a fact that the use of child abu-

sive images is an indicator for a pedophilic inclination and therefore every user is an important target for prevention. The PPD has proved that it is possible to reach pedophiles and hebephiles in the community and to encourage these men to change their habit of consuming child abusive images. Furthermore it indicates the likelihood of preventing crossover to child sexual abuse – which is a promising primary prevention approach for this cause. But, of course, this will only work if trust is achieved and confidentiality guaranteed.

Prevention Network “Kein Täter werden” (Don’t offend)

By now, the Prevention Project Dunkelfeld (PPD) is established in 9 further German states. These contact points constitute the Prevention Network ‘Kein Täter werden’ (literally ‘don’t become an offender’) which is coordinated at the Berlin Institute of Sexology and Sexual Medicine. Next to the one in Berlin, there are outpatient clinics of the project in Kiel (since 2009), Regensburg (2010), Leipzig (2011), Hannover (2012), Hamburg (2012), Stralsund (2013), Giessen (2013), Düsseldorf (2014) and Ulm (2014). The therapeutic services offered by these contact points are, as expected, in fact called on by affected persons. Until summer 2014, far more than 4.000 people seeking help reached out to the Prevention Network ‘Kein Täter werden’. There are more contact points of the project being planned. Expanding the Prevention Network to establish nationwide primary prevention in order to avoid sexual traumatization of children and adolescents is the target. This primary prevention is recommended by the final report of the ‘Runder Tisch Sexueller Kindesmissbrauch’ (Round Table for Sexual Abuse), a committee installed by the German government to prevent child sexual abuse, consisting of politicians and representatives from science and relevant social groups. The experience of the Prevention Network shows that attitudes supporting abusive behavior can be reduced significantly by therapeutic means and medication support. This makes , originator-related prevention of sexual assaults work.

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Content

Introduction	5
Lectures and Documents from the 8th Annual International Forum	
WIEBKE STEFFEN	
Report for the 19 th German Congress of Crime Prevention	9
ERICH MARKS	
The 19 th German Congress on Crime Prevention.....	99
CLAUDIA HEINZELMANN / DANIELA KÖNTOPP	
Prevention Work in Germany in the Face of the Exhibiton Accompanying the German Congress on Crime Prevention (GCOCP).....	109
FRANK BUCHHEIT	
Prevention connects! The Twinning-light Project ‘Strengthening Capacities of the Ministry of Interior for Crime Prevention’	135
JÖRG ZIERCKE	
Cybercrime - the darker side of the digital society	145
WOLFGANG KAHL	
Developmental support and violence prevention for young people: Prerequisites for success and sustainability.....	159
HARRIE JONKMAN	
What do we know and what can we achieve regarding prevention work for youths?	179
RITA HAVERKAMP	
Barometer of Security in Germany	185
KLAUS BEIER	
The German Dunkelfeld Project: Proactive Strategies to Prevent Child Sexual Abuse and the Use of Child Abusive Images	195
PETRA GUDER	
Child Friendly Justice – Wishful Thinking?!	201

DAVID STUCKI	
The Role of the National Council of Juvenile and Family Court Judges (NCJFCJ) in the Current Reform Process	213
PATRICIA MARTIN	
From First Court Model to Model Court: The history of the Cook County Juvenile Court	219
RICHARD ROSS	
Juvenile in Justice.....	229
GERMAN CONGRESS ON CRIME PREVENTION AND CONGRESS PARTNERS	
Karlsruhe Declaration of the 19 th German Congress on Crime Prevention	243
Program of the 8th Annual International Forum	249
Authors	253