

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 the United States, 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 address in particular offenders, who are in the *Dunkelfeld* and 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 unchanged through the lifetime (APA, 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% amongst non-pedophilic child molesters (e.g. sexually inexperienced 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* and potential offenders search for help in coming to terms with their sexuality and can be reached via a media campaign. Finally, first results of the media campaign will be presented, describing the target group with respect to sociodemographics, 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 amongst 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 could 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-minute semi-structured clinical interview). In addition, sociodemographic data (age, employment, single status, 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 six 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. Hebephilia was diagnosed if the interviewee reported that pubescent children rather than prepubescent children were the focus of sexual thoughts, fantasies, or urges, in addition to clinically significant distress or impairment as a result. Though hebephilia is not specifically listed as a

paraphilia in DSM-IV-TR, a growing body of research suggests hebephilia is a distinct paraphilia (Blanchard, Lykens, Wherret, Kuban, Cantor, Blak, Dickey, Klassen, 2008).

Individuals were further classified according to the exclusiveness of their sexual fantasies during masturbation. Exclusive pedophiles and hebephiles reported feeling exclusively aroused by fantasies with prepubescent and pubescent children respectively. Nonexclusive pedophiles reported also to have sexual fantasies regarding pubescent children and/or adults, and nonexclusive hebephiles reported also to have sexual fantasies regarding prepubescent children and/or adults. Sexual orientation was coded according to the gender of the persons who figured predominantly in sexual fantasies.

Results

All of the data presented here are self-reported and were collected between June 2005 and August 2008. Subsequent to the 1st press conference the media coverage included more than 80 contributions in TV, on radio, and in the internet as well as more than 200 in regional, national, and international print media.

Media campaign

In the 38 months after the project's official launch, a total of 808 respondents contacted the research office inquiring about the project and stating an interest in participating. About forty-five per cent (N=358) of the respondents travelled to the outpatient clinic for full assessment. Figure 1 shows in summary the number of respondents and interviewees per quarter. The respondents inquiring about the project came mainly from Germany but also from Austria, Switzerland, and England; data regarding "distance travelled" were available from 142 of the interviewees. The average distance travelled was 205 km. For those who lived outside the 100 km radius the average distance was 334 km (n=94).

Interviewee Characteristics

Of the 358 interviewees who were fully assessed, 12.3% (n=44) neither met the diagnostic criteria of pedophilia nor hebephilia; 60.1% met the diagnostic criteria for pedophilia, and 27.7% for hebephilia. Further data on this sample is presented in Table 1. Of all interviewees, 8.6% (n= 27) reported sexual arousal to one further paraphilic scenario (e.g. 6x fetishism, 6x sadism, 2x voyeurism, 3x exhibitionism, 2x urophilia, and 5x masochism), and 5.4% (n=17) to two or more other paraphilias.

Regarding help seeking behavior, data of a subsample of 247 pedophiles and hebephiles indicate, that the majority had already turned to someone (i.e. friends, family members, partners), disclosing their sexual preference for minors (85.7%; n=234). Of 273 pedophiles and hebephiles, approximately half (46.5%; n=127) had recently (within the last six month) consulted their GP or a mental health professional. Only a minority of them (18.1%) did not disclose their sexual preference for minors at this occasion. Of the remaining individuals (n=146), 26% (n=38) reported that they wished to consult a respective professional. However, only 8.2% (n=12) of these had recently inquired about professional help.

With respect to criminal history, 74.5% (n=234) of the total sample of pedophiles and hebephiles reported to have committed CSA or other forms of child sexual exploitation once in their live. Approximately 34% of these offenders reported currently being under investigation, facing charges, or still serving a sentence related to contact or child pornography offenses, i.e. having current Hellfeld status. A respective criminal record (i.e.

past Hellfeld status) was admitted by 7.3%. In contrast, 41% reported to be Dunkelfeld offenders. Only few participants (2.5%) did not provide information regarding CSA offenses (n=31).

Discussion

The present paper reports first results of a prevention approach, which aims at recruiting self-identified pedophiles and hebephiles in the community.

As expected during the first three years of the project a sizeable proportion of men admit to being attracted to minors and could be successfully reached via a media campaign (N=808). In contrast, "Stop it now!" UK and Ireland received within a comparable period approximately twice as many calls from self identified CSA, child pornography or potential offenders seeking help. During the first four years of the American "Stop it Now!" campaign (1995-1999) a total of 99 self identified molesters made calls to the helpline (Tabachnick & Dawson, 2000; www.stopitnow.org; Richard, 2003).

However, up to 45% of the present sample of self identified pedophiles and hebephiles could be encouraged to participate in clinical diagnostics, even though they were not mandated to seek treatment. The majority of these men (66%) indeed met the diagnostic criteria of pedophilia and/or hebephilia. Interestingly, approximately half the interviewees made prior efforts to get professional help, and some travelled a long distance to take part in the project, suggesting greater distress. In addition, the majority of pedophiles and hebephiles had already disclosed their sexual interest to confidants in general and professionals in particular. This forthrightness could further indicate that unusual sexual fantasies, impulses, and behaviors seem to cause trouble, and eventually to seek help. However, it can not be specified, whether these self-referred patients seek help because of their sexual desire, risk awareness for committing CSA, or because their behavior has already caused them trouble (e.g. with society or an adult sexual partner).

Regarding a respective criminal history, about half of the interviewees state that they never had sexual contact with a minor. More than 70% of the sample committed child sexual exploitation through either child pornography and/or CSA offenses in the past. Only one third of these offenders have currently hellfeld status. However, because the sample was help-seeking, one might expect few self-identified pedophiles or hebephiles to come forward if they had not engaged in any behavior that put them at risk of criminal prosecution. On the other hand, it remains unclear to what extend the remaining individuals deny acting on their sexual interests, even if anonymity is guaranteed.

A limitation of this study is its reliance on self-report; thus, official information regarding an interviewee's criminal history was not obtained. Because it is more likely that a participant would deny sexual contacts with children that actually occurred rather than admit to sexual contacts that had not occurred, a tendency to minimize sexual offense history would be expected. Furthermore, in this study no other method was used to confirm diagnosis regarding pedophilia and hebephilia.

Further research is needed on what predicts the motivation of responders, interviewees, participants in treatment, and treatment outcome, in order to ascertain the extent to which facilities providing treatment will be successful.

Tables and Figures

Figure 1: Number of respondents and interviewees per quarter

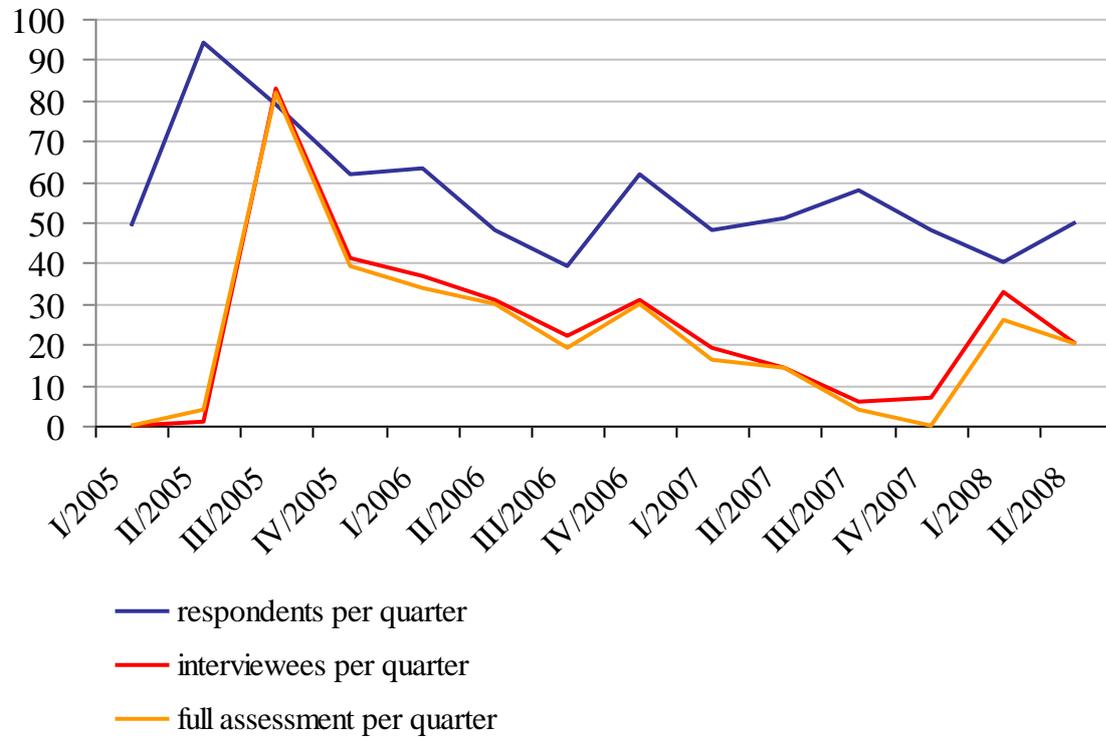


Table 1: First Results of the Prevention Project Dunkelfeld (PPD), N=358

Age	Pedophilia			Hebephilia			Teleiophilia		
	M = 38.8 SD = 11.8 range 17-67			M = 38.7 SD = 9.9 range 19-65			M = 48.8 SD = 12.4 range 21-69		
	N	#	%	N	#	%	N	#	%
Sexual Orientation									
female	215	97	45.1	99	57	57.6	44	43	97.7
male	215	96	44.7	99	37	37.4	44	1	2.3
female and male	215	22	10.2	99	5	5.1	44	0	0.0
Exclusive vs. non-exclusive									
exclusive	215	132	61.4	99	41	41.4	44	44	100.0
non-exclusive	215	83	38.6	99	58	58.6	44	--	--
Socio-demographics									
relationship status „Single“	201	135	67.2	89	48	53.9	32	19	59.4
living alone	198	103	52.0	89	36	40.4	33	16	48.5
own children	194	71	36.6	86	28	32.6	32	9	28.1
minimum 11 years of school	212	88	41.5	98	45	45.9	41	13	31.7
employed	200	128	64.0	89	60	67.4	32	22	68.8
Mental disorders (untreated)	213	20	9.4	96	14	14.6	43	7	16.3
Hellfeld status	213	57	26.8	96	24	25.0	43	13	30.2
Other PASAP*	213	31	14.6	95	13	13.7	43	11	25.6
Child sexual exploitation***	215	155	72.1	99	79	79.8	44	20	45.54
Professional help	190	91	47.9	83	36	43.4	28	11	39.3
Interest in professional help**	99	23	23.2	47	15	31.9	17	3	17.6

* PASAP: Paraphilia associated sexual arousal pattern

** If not already in contact with a professional

*** Summarizes CSA and child pornography use

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