



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

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# **PEDOHEBEPHILES AS TARGET GROUP FOR PREVENTIVE INTERVENTION**

# Prevalence of child sexual abuse

## Prevalence of self-reported sexual victimization

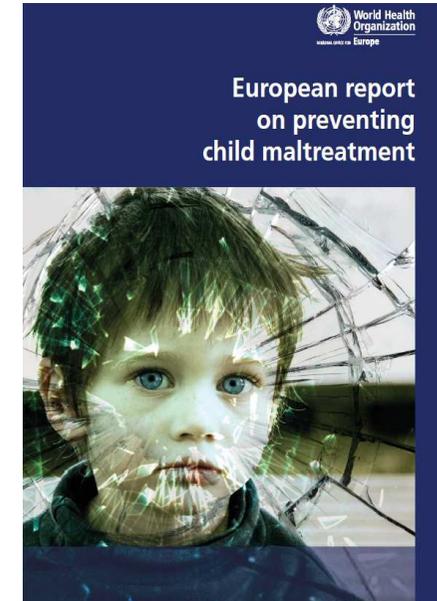
9.6% of all children and juveniles became victims of child sexual abuse (13.4% of the girls and 5.7% of the boys)

- 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

Police Crime Statistic Federal Republic of Germany – Reporting Year 2014, World Health Organization, 2013

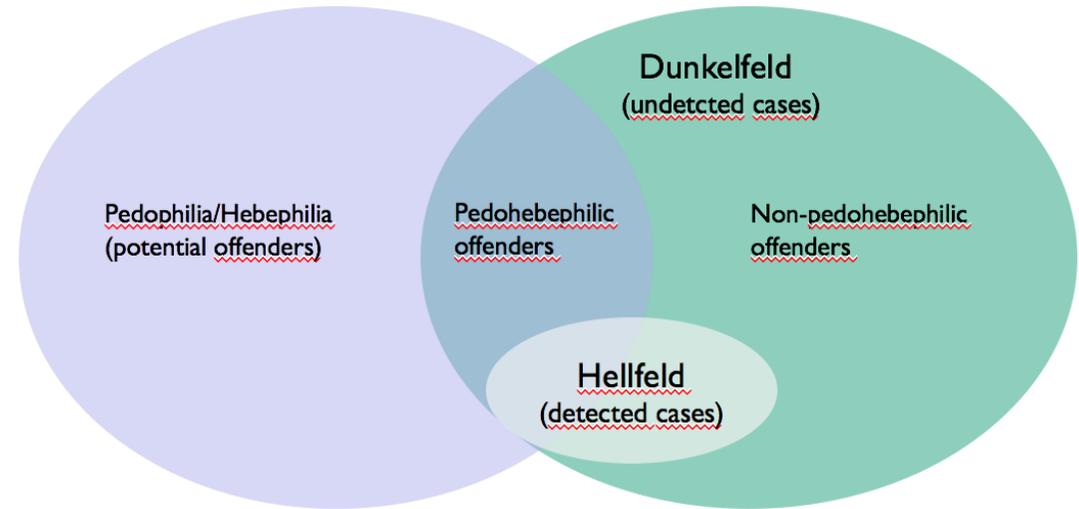
# Association of sexual preference and sexual behavior - *conceptual*



Pedophilia/Hebephilia ≠ Child sexual abuse

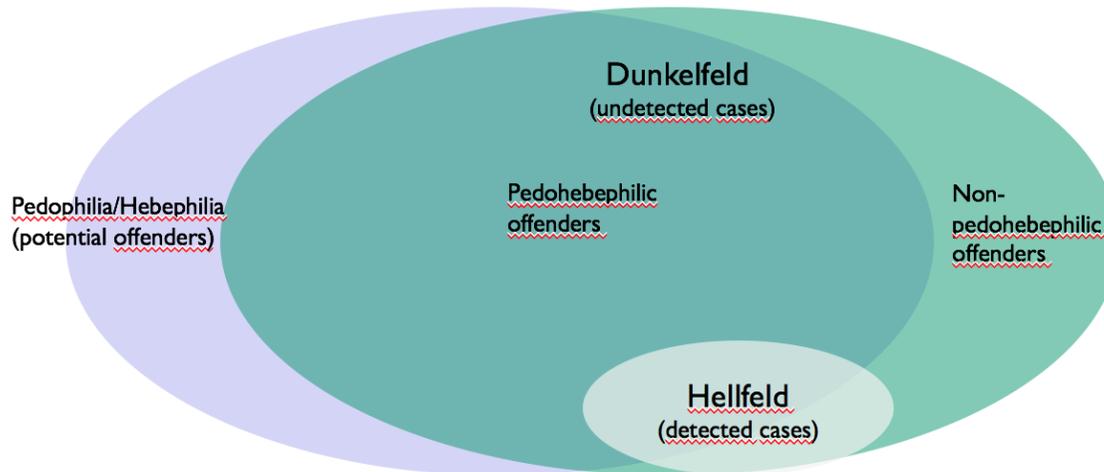
**Sexual preference**  
(Pedophilia/Hebephilia)

**Sexual behavior**  
(child sexual abuse)



**Sexual preference**  
(Pedophilia/Hebephilia)

**Sexual behavior**  
(consuming child abuse images)



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
  - 43% sexually offended against children
  - 71% used child abuse images
- For both offenses the vast majority remained undetected by the judicial system
  - 83% of child sexual abuse offenders were undetected
  - 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 categorially stable
- sexual preference = destiny and not choice!
- sexual preference  $\neq$  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
  - Primary prevention for non-offenders
  - 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



Prevention Project Dunkelfeld  
was founded 2005 in Berlin



HÄNSEL GRETEL  
Damit Kinder nicht verloren gehen.

CHARITÉ CAMPUS MITTE

VolkswagenStiftung

LZ & FRIENDS AGENDA

LZ & FRIENDS HAMBURG

# Project partners of the prevention network



a total of 5828 contacts

## *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

# Communication aims and media campaign

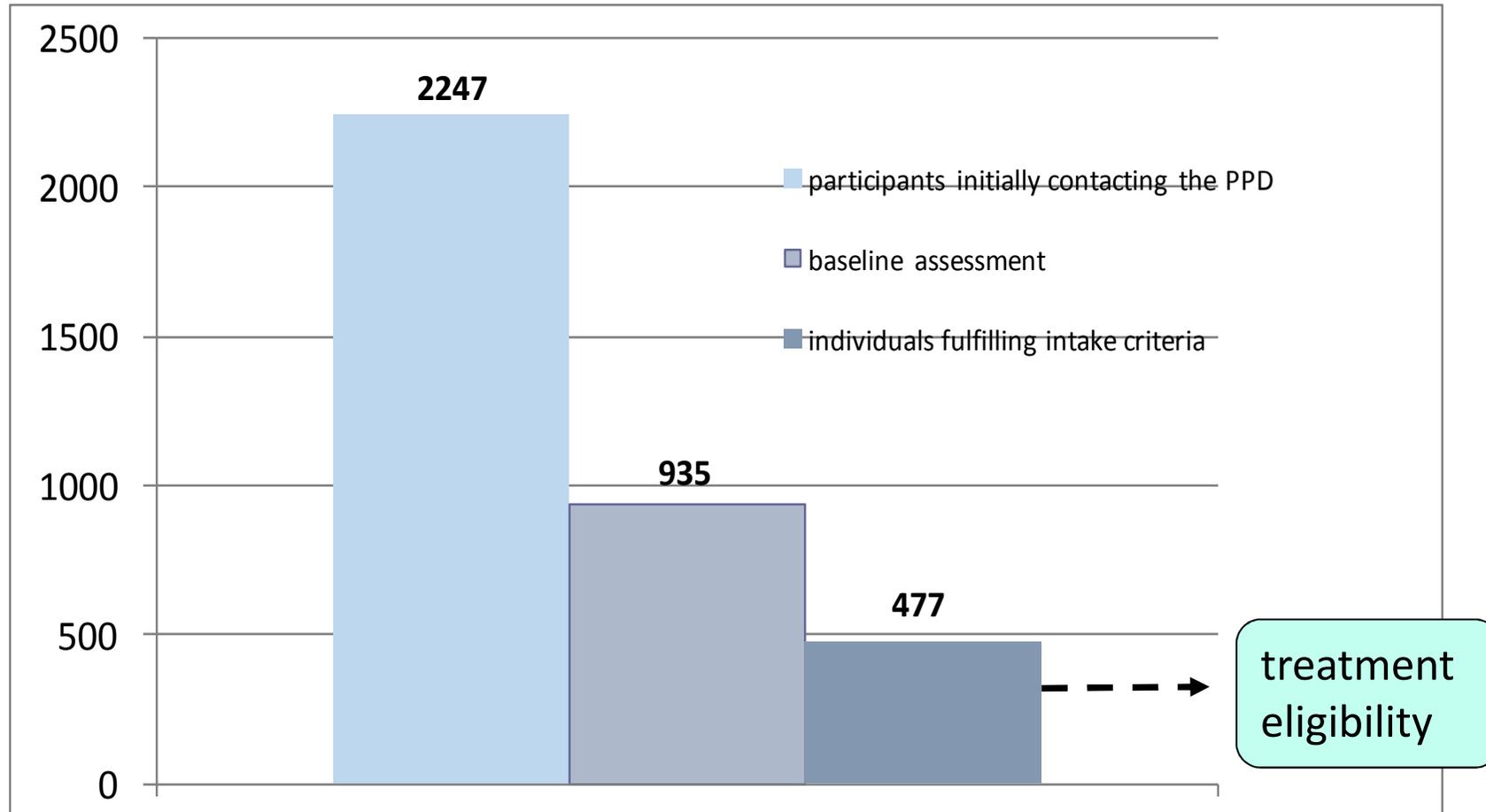


„You are not guilty because of your sexual desire, but you are responsible for your sexual behavior!“

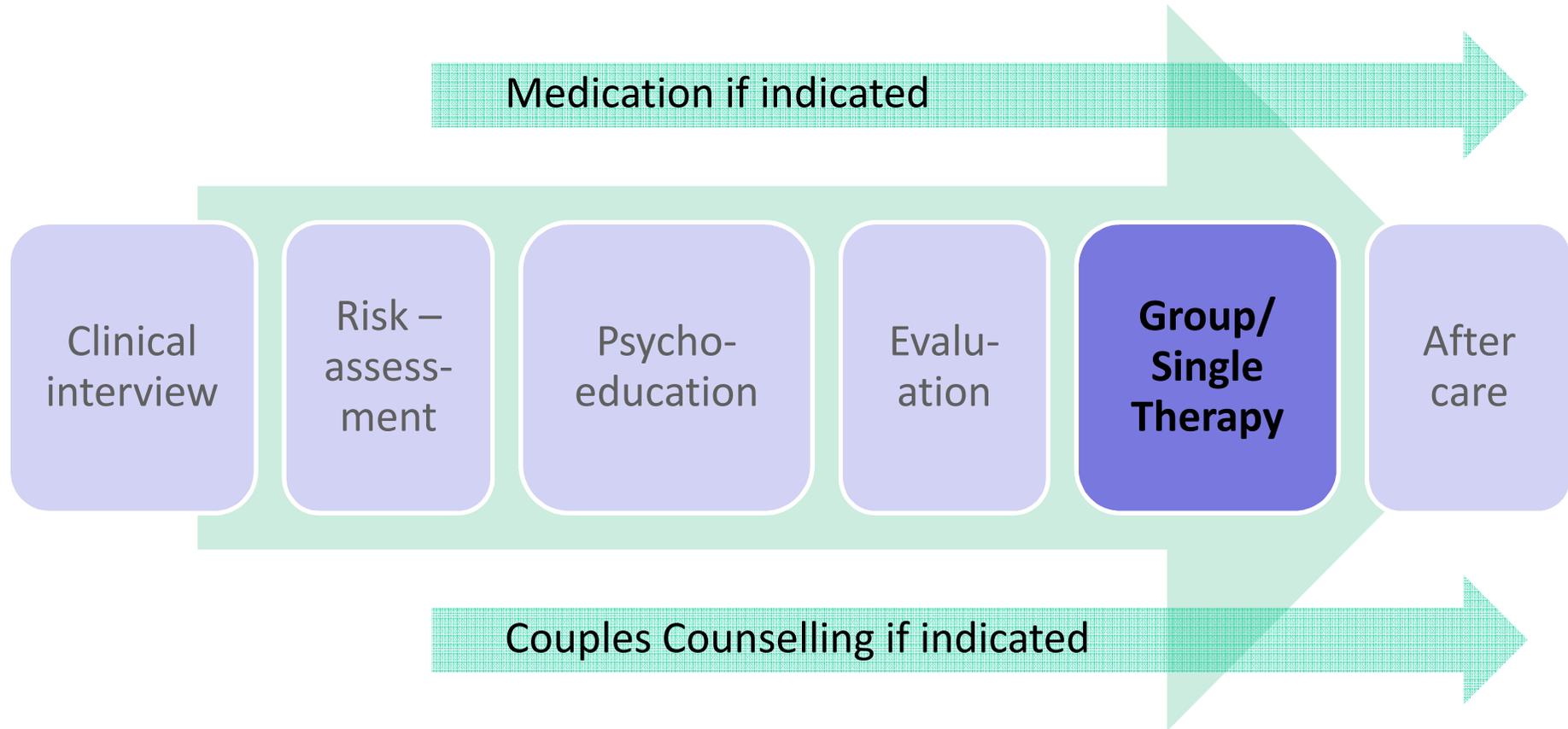


„Do not offend. Not even online!“

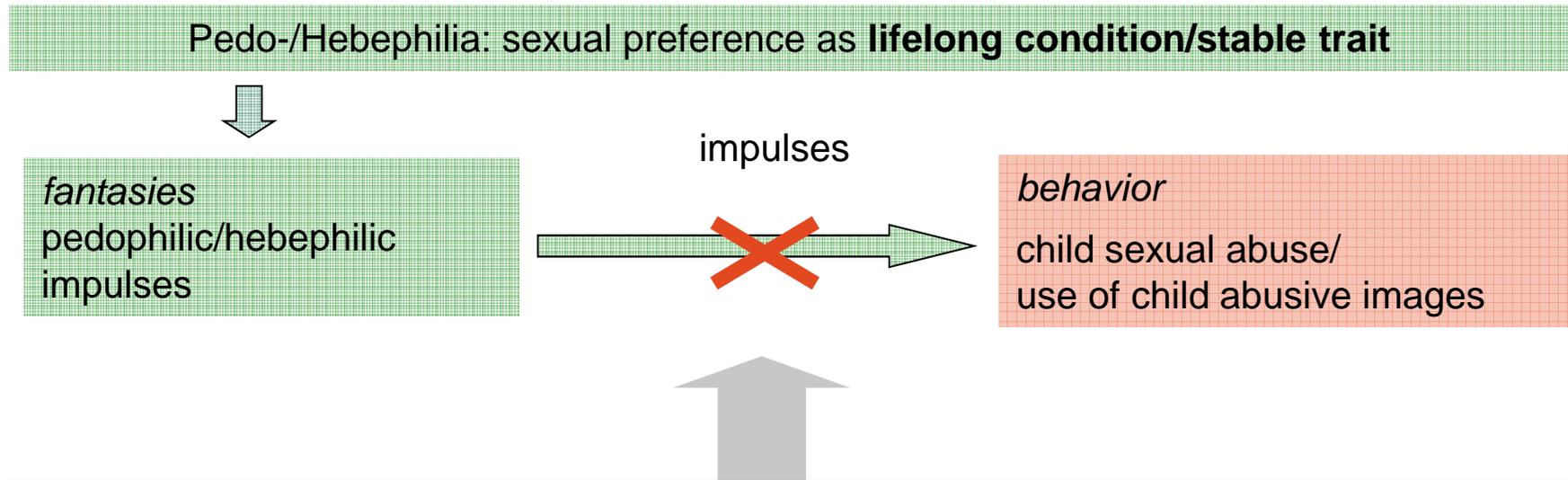
# Project Participants at the Berlin site July 2005 – September 2015



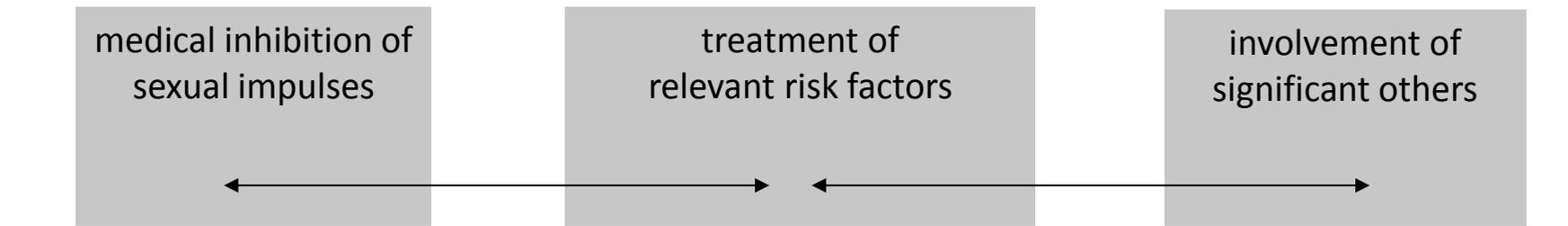
# Treatment - Setting



# Therapy rationale



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





# PRELIMINARY TREATMENT EVALUATION

Beier et al., 2015; Kuhle et al., 2013

# Treatment change in dynamic risk factors

## Successful 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

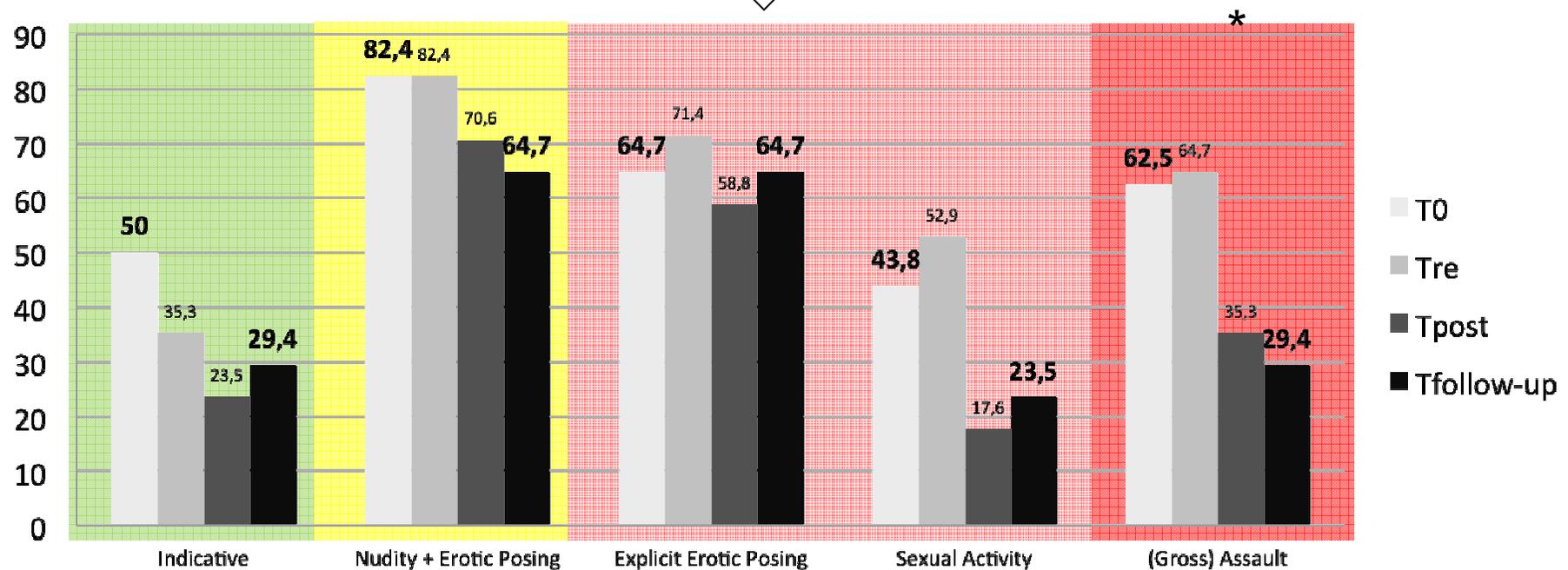
# Treatment change in CSA offending behavior

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



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