Don't Offend ('Kein Täter werden')





Type of intervention



Group work

Individual work

Target group/s, level/s of prevention and sub-group/s:



Individual Work, Group Work | German | English

Target population

Don't Offend is targeted at both individuals who have not committed an offline or online sexual offence against a child, but who are worried about doing so, as well as people who have already offended but have not come to the attention of the authorities. It is also targeted at people who have been charged and/or convicted of a sexual offence against a child and have fully served their sentence, but are worried about committing further offences. Participants of Don't Offend must be aware of the problematic nature of their sexual impulses directed at children/early adolescents, and self-motivated to engage in therapeutic help of their own accord.

Delivery organisation

The project began in Berlin in 2005 and now involves 10 clinical partners throughout Germany. Common quality standards are guaranteed by the Prevention Network 'Kein Täter werden', based at the Institute of Sexology and Sexual Medicine at the Charité at the Universitätsmedizin Berlin.

Mode and context of delivery

The basic framework for therapy is fixed. Therapy takes place in a group setting, as well as individually and with the participation of partners or relatives when necessary. Don't Offend is delivered within the establishment of the relevant clinical partner.

Level/Nature of staff expertise required

Staff delivering Don't Offend are Registered Psychologists of medical Doctors. Professionals are required to have previous psychotherapeutic experience, as well as training in sexology.

Intensity/extent of engagement with target group(s)

Group therapy takes place once a week and individual therapy every one to two weeks. All sessions are conducted on an outpatient basis; inpatient therapy is not possible. The requirements for successful therapy on the part of the participants are, primarily, openness, the bringing in of relevant problems, regular participation and effort as well as the will to not commit any sexual offenses against children and/or consume child sexual abuse images.

Description of intervention

Therapy is confidential and free of charge. The goal of therapy is to overcome problems in connection with their sexual preference. Especially important is for the individual to develop an ability to control their behaviour in such a way that sexual offences against children are completely avoided.

The therapeutic focal points are orientated toward areas of life that have been identified in research as decisive for the prevention (or recurrence) of sexual offences. These include, in particular:

- Working on problems of self-esteem
- Strengthening of resources
- Development of future perspectives
- Taking responsibility for one's own behavior
- Development of social and cognitive abilities necessary to avoid committing sexual offending
- Strengthening of the motivation to be able to control one's behavior in the long run
- Increasing the ability to control sexual impulses by better coping with emotions and problems
- Recognition and mastery of risky situations
- Improving interpersonal skills (e.g. strengthening the social network; strengthening the capacity for intimacy)
 The treatment follows a structured therapy plan, yet takes into account the individual needs of and in consultation with the participants. It integrates psychotherapeutic, sexology, medical, and psychological approaches as well as the option of additional pharmaceutical support.

The treatment manual called 'Berlin Dissexuality Therapy' is published in German and will be available in English from January 2020.

Evaluation

An evaluation project was created in collaboration with the Berlin agency called 'Dark Horse' and was triggered by the question of how best to reach those who suffer from their sexual fantasies or who have fears and/or apprehensions about contacting the Prevention Network "Kein Täter werden".

This was an opportunity to hear from individuals who feel sexually drawn to children and/or early adolescents in their own words. All of the quotations came from individuals who had either successfully completed a course of therapy within the Prevention Network, or who were having ongoing therapy at the time of the interview. They speak anonymously about their experiences and relay how they are learning or have learned to live with their sexual preference and their fantasies. The statements are divided into four blocks:

Desiring children

"It was irritating and I didn't feel entirely normal, always just put it to the side and thought that maybe it's just a phase that I'll get through and it will change at some point."

"It really became clear to me when I was consuming child pornography on a regular basis and couldn't resist the need. On the one hand, it was very arousing to see this material, but at the same time I was full of fear, as I thought I would be caught at any time. Then there was always the uncertainty of a relapse. and the fear of landing in prison for it, losing social contacts, being expelled."

Pre-therapy

"The catalyst for my coming here is an assault I made on a girl over the internet. I asked her to send me pictures and that was the point that made me think, no, that's enough, it can't go on like this."

"It had actually always been clear to me that I needed help. In spite of that, for the longest time I was unable to work up the nerve to talk to someone about it. The topic was simply too great a taboo. I first sent an email to the "Kein Täter Werden" project, and then came a telephone conversation, and then about two weeks later an in-person discussion with a therapist."

In therapy

"The group sessions start with an opening up exercise. Then there is a topic that sometimes stems from something someone brought up during the opening round. At the end of the two hours there's a closing round, where you reflect on what you can take with you from the two hours. And then the session comes to a close, sometimes with an assignment for something to do on your own in the course of the week, like writing a diary, for example."

"The topics are varied and don't all have to do with the sexual preference alone. I receive a lot of encouragement and strength from the group so I can master my life with more confidence and stability. Each person is a part of the whole, and all discussions are held in absolute confidence."

Post-therapy

"I can feel my sexual preference just as before, but it's no longer horrifying and has lost a large amount of its significance. Since I'm now aware of my responsibility, I feel a lot more certain in my interactions with young people

and know where to get help if I have the feeling that I'm losing control. But that sort of situation hasn't come up again, as my urge for sex with young people has let up enormously as a result of my newly won convictions."

"I spoke with my ex-girlfriend and a few close friends about this therapy. Their reactions were very surprising to me, as they didn't react negatively at all. Of course it bothered them and they weren't sure how to handle it. Some of them have children of their own. At the same time, I noticed that they trust me. That they know that I would never do something to their kids. All my friends who I've spoken to about it – close friends – remain my friends."

References

Amelung, T., Kuhle, L. F., Konrad, A., Pauls, A., & Beier, K. M. (2012). Androgen deprivation therapy of self-identifying, help-seeking pedophiles in the Dunkelfeld. *International journal of law and psychiatry*, 35(3), 176-184. Beier, K. M., Ahlers, C. J., Goecker, D., Neutze, J., Mundt, I. A., Hupp, E., & Schaefer, G. A. (2009). Can pedophiles be reached for primary prevention of child sexual abuse? First results of the Berlin Prevention Project Dunkelfeld (PPD). *The journal of forensic psychiatry & psychology*, 20(6), 851-867.

Beier, K. M., Amelung, T., Kuhle, L., Grundmann, D., Scherner, G., & Neutze, J. (2015). Hebephilia as a sexual disorder. *Fortschritte der Neurologie*· *Psychiatrie*, *83*(02), e1-e9.

Beier, K. M., Grundmann, D., Kuhle, L. F., Scherner, G., Konrad, A., & Amelung, T. (2015). The German Dunkelfeld Project: A pilot study to prevent child sexual abuse and the use of child abusive images. *The journal of sexual medicine*, 12(2), 529-542.

Beier, K. M., Neutze, J., Mundt, I. A., Ahlers, C. J., Goecker, D., Konrad, A., & Schaefer, G. A. (2009). Encouraging self-identified pedophiles and hebephiles to seek professional help: First results of the Prevention Project Dunkelfeld (PPD). *Child Abuse and Neglect-the International Journal*, *33*(8), 545.

Grundmann, D., Krupp, J., Scherner, G., Amelung, T., & Beier, K. M. (2016). Stability of self-reported arousal to sexual fantasies involving children in a clinical sample of pedophiles and hebephiles. *Archives of Sexual Behavior*, 45(5), 1153-1162.

Konrad, A., Amelung, T., & Beier, K. M. (2018). Misuse of child sexual abuse images: treatment course of a self-identified pedophilic pastor. *Journal of sex & marital therapy*, 44(3), 281-294.

Kuhle, L. F., Schlinzig, E., Kaiser, G., Amelung, T., Konrad, A., Röhle, R., & Beier, K. M. (2017). The association of sexual preference and dynamic risk factors with undetected child pornography offending. *Journal of sexual aggression*, 23(1), 3-18.

Neutze, J., Grundmann, D., Scherner, G., & Beier, K. M. (2012). Undetected and detected child sexual abuse and child pornography offenders. *International journal of law and psychiatry*, 35(3), 168-175.

Neutze, J., Seto, M. C., Schaefer, G. A., Mundt, I. A., & Beier, K. M. (2011). Predictors of child pornography offenses and child sexual abuse in a community sample of pedophiles and hebephiles. *Sexual Abuse*, 23(2), 212-242.

Tozdan, S., & Briken, P. (2015). The earlier, the worse? Age of onset of sexual interest in children. *The journal of sexual medicine*, 12(7), 1602-1608.

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