Can pedophiles be reached for primary prevention of child sexual abuse? First results of the Berlin Prevention Project Dunkelfeld (PPD)

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ABSTRACT

The Berlin Prevention Project Dunkelfeld (PPD) aims to prevent child sexual abuse (CSA) by targeting men who fear they may sexually abuse children, and who seek help without being mandated to do so. This article aims to demonstrate that a pedophilic or hebephilic sexual preference is very common among these men, to show how these men can be reached, and to document their determination to find help. The target group was informed of the project and encouraged to respond via a media campaign. A telephone screening was conducted over the first 18 months. Of the 286 who completed the screening (60.1% of the respondents), 84.3% (N ¼ 241) were interviewed by a clinician. Of the interviewees, 57.7% (N ¼ 139) and 27.8% (N ¼ 67) expressed a sexual preference for prepubescent and pubescent minors, respectively, and 10.8% (N ¼ 26) for mature adults. The remaining 3.7% (N ¼ 9) could not be reliably categorized. As (potential) child molesters with a respective sexual preference can be reached via a media campaign, efforts to prevent CSA ought to be expanded to target this group.

INTRODUCTION

Child sexual abuse (CSA) defined as sexual contact between an adult (usually male) and a child has been experienced by up to 20% of women and up to 10% of men worldwide (Bolen & Scannapieco, 1999; Finkelhor, 1994; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). For various reasons, however, a significant number of cases are never reported to the authorities. One study, for example, in which a national probability sample of adult women was screened by telephone, found that 82.9% of victims of childhood rape (defined as having occurred before the age of 18 years) had never reported any of the rapes they experienced during childhood (Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999).

In the case of the victims, CSA can be connected with serious mental and physical health problems, substance abuse, victimization and criminality in adulthood (Putnam, 2003; Widom & Perez, 1994) and may play a role in the development of deficits in attachment, emotion regulation, and major stress response systems (De Bellis et al., 1994) – with enormous consequences for public health systems (Freyd et al., 2005). The relationships found between CSA and a wide variety of psychological symptoms remain valid even when relevant background variables are taken into consideration (Briere & Elliott, 2003). Therefore, it is of utmost interest to provide perspectives aimed at preventing CSA (Dube et al., 2005).

With respect to community-based (primary) prevention efforts, which are not directed at potential victims but at potential molesters, it seems plausible that focusing on pedophilic individuals may be the most effective approach. Before explaining this view, however, the inconsistent use of the term 'pedophilia' in the literature requires that the authors' use of this term be briefly addressed.

When speaking of CSA and pedophilia, it is important to remember that these terms describe two related but distinct phenomena. As very recently pointed out again, CSA is a legal term, and pedophilia is a medical term (Hall & Hall, 2007). Even more important to realize, an individual with pedophilia is not necessarily an abuser, and an individual who sexually abused a child does not necessarily have a pedophilic sexual preference. Though the lack of differentiation in the use of these two terms has long been criticized (e.g., Marshall, 1997), they are, nevertheless, still often used interchangeably. The latest version of the American Psychiatric Associa- tion's Diagnostic and Statistic Manual of Mental Disorders DMS-IV-TR (APA, 2000), unfortunately, does not help to resolve the confusion. According to its criteria the diagnosis of pedophilia may be given in the absence of CSA behavior as long as 'over a period of at least 6 months, recurrent, intense sexually arousing fantasies or sexual urges (. . .) involving sexual activity with a prepubescent child or children' (Criterion A) and related marked distress or interpersonal difficulty (Criterion B) are reported. However, the diagnosis may also be given in the absence of such urges or fantasies when 'over a period of at least 6 months, recurrent, intense sexually arousing (. . .) behaviors involving sexual activity with a prepubescent child or children', that is, CSA behavior

has occurred (Criterion A). Although an individual who has repeatedly sexually abused a child may, therefore, be diagnosed as pedophilic, the term pedophilia seems generally to be associated with a sexual attraction to prepubescent minors. Also, the so- called surrogate-type child molester is rather common: in these cases the offender uses the child as a surrogate partner because sexual contacts with the actually desired adult partner cannot be realized for whatever reasons (APA, 1999; Freund et al., 1991; Marshall, 1997; Schorsch, 1971; Wille, 1968).

In the authors' view, a dominant sexual attraction to prepubescent minors along with the desire to experience corresponding sexual intimacy should constitute the key feature of pedophilia. Thus, they speak of a pedophilic individual only if this particular preference has been clinically diagnosed following an interview. Note that this view is not in opposition to the understanding that the surrogate-type molester may well need treatment, too. Furthermore, it should be noted that the authors also consider individuals with a sexual preference toward pubescent minors eligible for a diagnosis within the group of the paraphilias. For lack of an appropriate diagnostic category in DSM-IV-TR, the term hebephilia is used when referring to a clinically diagnosed dominant sexual preference for (male and female) pubescent minors (Blanchard & Barbaree, 2005; Blanchard et al., 2000; Blanchard et al., 2008).

The rationale for focusing on pedophilic individuals within the Berlin prevention approach is based on both clinical experience and research findings. First, over the past decade, pedophilic men have regularly consulted the Charite´ 's Institute of Sexology and Sexual Medicine outpatient clinic in search of help in coming to terms with their sexuality. Acknowledging that sexual preference in general manifests itself during adolescence and remains unchanged through the lifetime (APA, 2000; Beier, Bosinski, & Loewit, 2005), pedophilic individuals would be expected to commonly experience clinically relevant distress due to the complex of problems associated with their sexual preference. It is, therefore, reasonable to assume that they are more likely to be inclined to seek treatment compared to the surrogate-type (potential) molester. Second, it appears that pedophilic individuals are at higher risk to re-offend: follow-up research conducted with previously expert-appraised child molesters found that

after an average follow-up period of 25 years 50–80% of the pedophilic offenders had re-offended compared to 10–30% among the surrogate-type offenders (Beier, 1998). It is obvious that effective primary prevention of CSA will have to focus on potential molesters with a pedophilic sexual preference, albeit ideally all potential molesters should be reached.

The pedophilic men, seen at the Institute's clinic since its opening in 1996, fall into different groups. For example, some allegedly have managed to restrict satisfaction of their desire for sexual contact with children to fantasies, and feel distressed about their preference without, however, fearing to commit a CSA offense; others have realized that fantasizing alone does not (any longer) satisfy their needs and fear that their impulses may (sooner or later) lead to CSA-behavior; some have already molested children and now want to avoid further incidences. The latter two groups, thus, comprise self-aware pedophilic men who wish to avoid the impulses overwhelming them and seek therapeutic help. Among the third group, some may have a corresponding criminal record. In the literature, however, potential offenders who seek (preventive) treatment are rarely mentioned (Pfäfflin & Ross, 2007), which explains why many clinicians and researchers appear to be unaware of this particular population. As for Germany, the institute and its clinic being affiliated with a non-forensic medical faculty suggests that the lack of such treatment facilities may pose a major obstacle in this respect. Concerning other countries, legislation regarding therapeutic confidentiality and mandatory reporting may pose an even greater obstacle for these individuals to come forth.

The Berlin Prevention Project Dunkelfeld (PPD) was initiated to reach these potential child molesters. Dunkelfeld literally means 'dark field'. Whereas Hellfeld ('light field') cases are reflected by official statistics, the Dunkelfeld consists of those cases not officially known (i.e., where offenses have been committed but not reported); the term Dunkelfeld was chosen because only individuals with no current legal obligations were eligible to participate in the treatment program. Potential participants were to be reached via an extensive media campaign and encouraged to contact the research team. In conceptualizing the media campaign one important aspect was to consider the high level of comorbidity in many pedophiles, which necessitated a sensitive

approach (Comer, 2001; Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999). For example, prevalence rates of 33.3%, 16.7%, and 21.3% were found for mood disorders, major depression, and dysthymia, respectively (Eher, Grünhut, Frühwald, & Hobl, 2001). In addition to mood disorders, several studies reported a high prevalence of anxiety disorders (Dunsieth et al., 2004; Galli et al., 1999; Kafka & Hennen, 2002; Leue, Borchard, & Hoyer, 2004; Stinson, Becker, & Tromp, 2005).

To the authors' knowledge, the PPD constitutes the first methodologically valid study investigating the preventive treatment of (potential) child molesters. The treatment program is based on cognitive-behavioral therapy, since the superiority of such programs for treating sexual offenders has become more and more evident over the past years, if only with convicted sex offenders (cf. Marshall, 2006). In addition, the program follows specific concepts of sexual medicine. As the pedophile is not blamable for the existence of his sexual preference but rather for its behavioral consequences, life-long self-control is necessary. For this purpose, the treatment program integrates cognitive-behavioral options, sexological tools (e.g., including adult sexual partner if applicable), and medicinal options: all participants are offered additional medication and are informed about effects and side-effects of medication like SSRI and anti-androgens. The effectiveness of the intervention, which is being offered in both group and individual settings, can only be evaluated once enough participants have been enrolled. Note that the main objective of this paper is to demonstrate whether pedophilic men can be persuaded to enroll in a treatment program via a media campaign. Hence, neither the treatment program itself nor its effectiveness shall be further elucidated.

Similarly, elaborating on the various legal and ethical concerns associated with a treatment evaluation study involving potential sexual (re-) offenders would go beyond the focus of this paper, especially considering that participants could remain anonymous throughout the first stages of the project. For the moment, it should suffice to note that legislation in Germany requires that strict confidentiality be maintained regarding any CSA offenses disclosed to therapists. Furthermore, the legislation on mandatory reporting of planned offenses excludes CSA (unless associated with the most unlikely case of murder). Hence, a reported breach of confidentiality regarding a disclosed plan to commit

a CSA offense without murder, will almost certainly be penalized unless it clearly serves to avert imminent endangerment, that is, the potential victim must be identifiable based on the information provided by a participant. Those who were selected to participate in the treatment phase were informed about these regulations. The project has full approval of the Charité Hospital's Ethics Committee and is conducted in accordance with the requirements and regulations of the Federal Data Protection Law and Privacy Acts in Germany.

PPD was officially launched with the presentation of the media campaign during a press conference in 2005 on Universal Children's Day, 1 June. After that – and for the first 18 months only – a telephone screening was done. The results of this screening, which was designed for research purposes and not to establish treatment eligibility, are presented here.

METHODS

Two main assumptions guided the methodology: (1) a media campaign may successfully reach individuals sexually interested in children and (2) men with a genuine sexual interest in children are potentially motivated participants in a preventive treatment program.

In conceptualizing the media campaign, it was possible to refer to in-house research findings from a small pilot study in which pedophiles known to the institute were simply asked to identify features of a media campaign to which they most likely would have responded (Feelgood, Ahlers, Schaefer, & Ferrier, 2002). Bearing in mind these findings, particularly regarding the psychological needs of the target group, the following qualities were formulated as a guideline: participants may enroll in the project if the media campaign deals with the anticipated considerable distress of the men by (1) showing empathy and an understanding of their peculiar situation, (2) distancing itself from discrimination of any individual for their sexual preference, (3) reducing fear of penalty by the justice system, (4) assuring confidentiality and anonymity regarding all collected data, and (5) reducing feelings of guilt and shame by sending the following message: '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!' As a result, the media campaign bears nothing that may be associated with punishment; considering that punishment demonstrably fails to

motivate offenders to change (Hollin, 2002), this appears to be a favorable quality of the PPD's media campaign.

The media campaign's poster was placed in print media and on city billboards (cp. Figures 1–3), and a TV spot was broadcasted on several German TV channels and in cinemas.

The headline ("lieben sie kinder mehr als ihnen lieb ist?") 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.

With the pro bono support of the two official partners *Hänsel + Gretel Foundation,* a victim protection organization, and the *International Communication Group Scholz & Friends*, the media campaign and public relations were professionalized

Figure 1. Image from the Berlin Prevention Project's media Campaign.

Figure 2. The Berlin Prevention Project's advertisement on a city billboard.

Similarly, the project's website www.kein-taeter-werden.de (English: 'don't become an offender') was set up at no charge by professionals. The aims of the media campaign and public relations in general were to inform the public of the research project associated with the treatment program, and to clearly convey to the community the institute's standpoints: against any sexual contact between adults and children/ adolescents, and against protecting offenders. Thereby, it was particularly important to communicate that preventive therapy for potential offenders is proactive child protection and not 'perpetrator assistance'.

Figure 3. The Berlin Prevention Project's advertisement on a public pillar.

A research office was set up and staffed by two psychologists specifically trained for the demanding and time-consuming task of building a trustworthy and empathic rapport with anxious and distressed individuals upon initial contact. Finally, the intake assessment was designed to take place over three stages involving a telephone screening (for the first 18 months only), a clinical interview, and a battery of questionnaires, all defined by a specified protocol (the details of these specifications would obviously go beyond the scope of this manuscript and will be dealt with in separate publications). Decisions regarding the inclusion of an individual into the treatment evaluation study were made following a clinical case conference. While all individuals who contacted the research team were invited to participate in the intake assessment, only the following were eligible to participate in the treatment:

- men who have not yet sexually abused a child but fear they could do so (i.e., potential offenders),
- men who have sexually abused a child but are unknown to the justice
- system (so-called Dunkelfeld offenders) and fear they may re-offend, and
- men with a respective criminal record who fear to re-offend, provided they were no longer under the supervision of the justice system (so- called Ex-Hellfeld offenders).

With respect to both Dunkelfeld and Ex-Hellfeld offenders, it may be assumed that their motivation to seek treatment is not related to pressure from the justice system.

RESULTS

Subsequent to the first press conference the media coverage included more than 50 television and radio spots and internet appearances as well as more than 160 references in regional, national, and international print media.

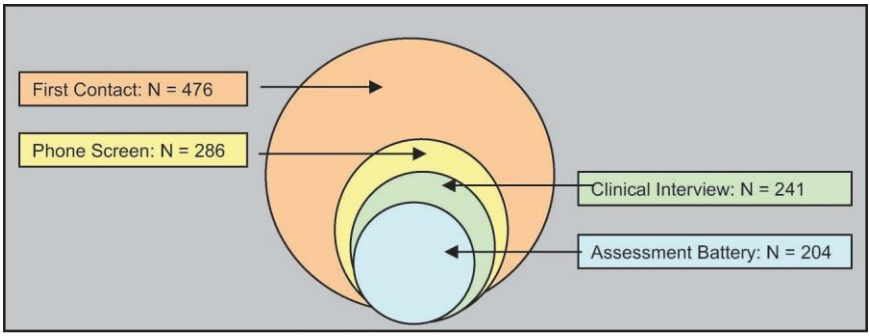
In the first 18 months after the project's official launch, a total of 476 individuals contacted the research office inquiring about the project and stating an interest in participating. A considerable number of these individuals (N ¼ 190) did not re-contact the research office for unknown reasons (note that anonymity was offered and frequently taken advantage of). Due to the multi-stage study design of the intake assessment, both the sample size and the amount of data collected from the respective samples were reduced in each step (cp. Figure 4). Of the 286 participants who completed the phone screening, 241 individuals traveled to Berlin for the clinical interview, and of these 204 completed the full assessment battery. Since then, 15 to 20 individuals per month have expressed their interest in participating. To reduce costs, they are no longer screened via telephone, but directly offered an appointment for the clinical interview and questionnaire assessment.

Sample characteristics

Potential participants inquiring about the project came mainly from Germany but also from Austria, Switzerland, and England; they came from communities ranging from 2000 to three million inhabitants (N ¼ 476, cp. Figure 4).

Those who participated in the phone screening (N ¼ 286, cp. Figure 4) were 39.2 years of age on average (range 17–69, SD 11.73), and had become aware of their sexual preference at the average age of 22.

Figure 4. Sample size (N) per stage of intake assessment of the Berlin Prevention Project Dunkelfeld (PPD) (2005/2006).

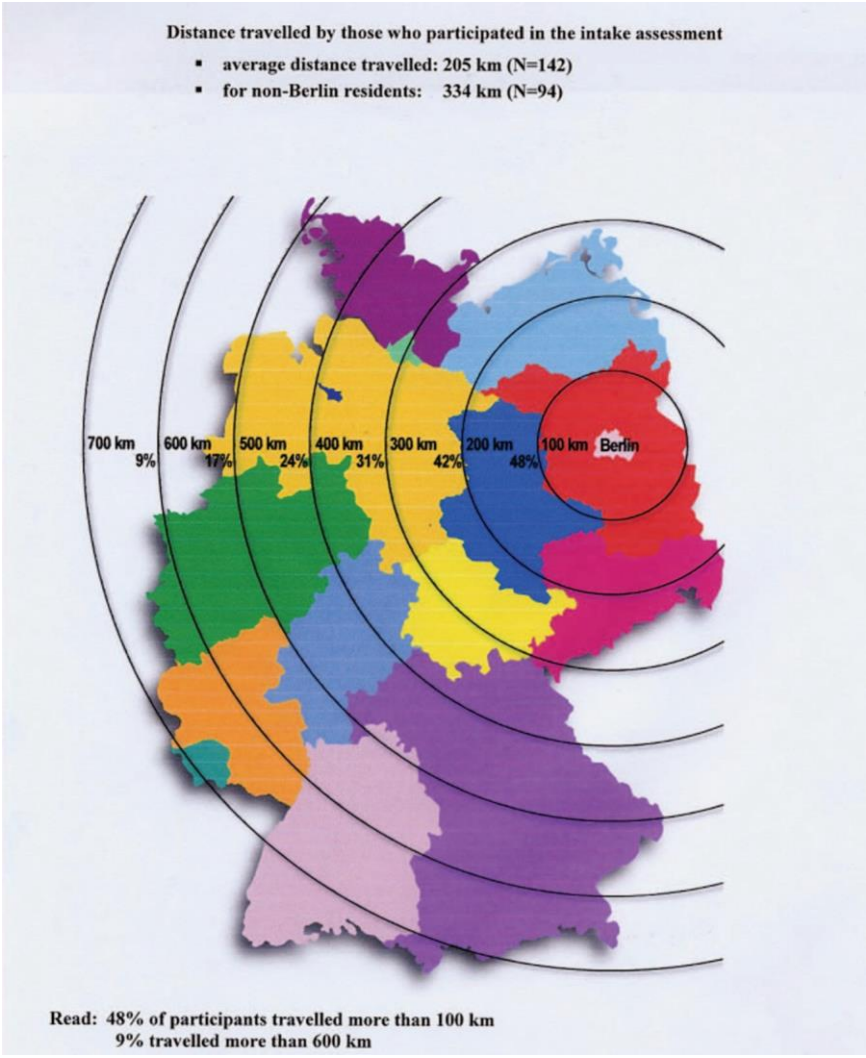


From this sample (as shown in Table 1), more than one-third (38.8%) had completed a minimum of 11 years of school, almost two-thirds (64.3%) were single, one- third (34.3%) had children, half of the sample (52.8%) lived by themselves, and 60.5% were (self-) employed. Also, approximately half the sample had inquired about professional help before (54.7%), had turned to friends for help (54.2%), and feared they might engage in sexual contact with a minor (50.9%). Fifty-eight percent had never been charged or involved with the justice system in regard to child sexual abuse, 53.4% had had sexual contact with a minor and of those, 62% confided in somebody about their offense. This coincides with the percentage of those, whose sexual fantasies involving prepubescent or pubescent minors arose before the age of 20 (58.4%) and those who experienced distress strongly (26.3%) or very strongly (43.3%).

Data regarding ‘distance travelled’ were available from 142 of the

241 who participated in the clinical interview. The average distance traveled was 205 km (N ¼ 142). For those who lived outside the 100 km radius the average distance was 334 km (N ¼ 94, cp. Figure 5).

Figure 5. Travel distance of participants of intake assessment.



For unknown reasons (again: anonymity was guaranteed) only 241 of
286 phone-screened individuals came to the interview, which was

the most important assessment step to achieve detailed diagnosis. Of these 241 interviewees, 57.7% (N ¼ 139) expressed a sexual preference for prepubescent minors and, thus, were diagnosed as pedophiles, which could be differentiated into the exclusive type (N ¼ 90) and the non-exclusive type (N ¼ 49) according to DSM-IV-TR. 27.8% (N ¼ 67) reported a preference for pubescent minors. For 10.8% (N ¼ 26) a sexual preference toward mature adults could be established following the clinical interview. Finally, 3.7% (N ¼ 9) could not be reliably categorized regarding their sexual preference.

Among the exclusive type pedophiles (N ¼ 90) 53.3% were homo-pedophiles, 41.1% hetero-pedophiles, and 5.6% were sexually oriented toward both male and female prepubescents. Among the non-exclusive type pedophiles (N ¼ 49) the proportions were 20.4%, 49.0%, and 30.6%, respectively.

Among those with an exclusive preference for pubescent minors (N ¼ 30), which are per definition hebephelic, 60.0% were orientated toward males, and 40.0% toward females. Among the non-exclusive type hebephiles (N ¼ 37), 29.7% were orientated toward males, 64.9% toward females, and 5.4% toward both sexes.

Among those with a sexual preference toward mature adults 26.9% (N ¼ 7) were homosexual, 65.4% (N ¼ 17) were heterosexual, and 3.8% (N ¼ 1) bisexual; one interviewee could not be categorized reliably.

About 10.2% (N ¼ 21) of the pedophiles or hebephiles reported sexual arousal to other paraphilic scenarios (e.g., fetishism, sadism, masochism, voyeurism).

Of all participants suitable for the treatment evaluation study, that is, those with a sexual preference for prepubescent or pubescent minors (N ¼ 206), 41.3% (N ¼ 85) fulfilled exclusion criteria (multi-referencing possible): current Hellfeld status (25.2%), psychopathology (11.7%), lack of motivation (8.3%), and alcohol abuse (2.4%). This reveals that the main exclusion criteria – namely in two-thirds of the cases – was the Hellfeld status. Keeping in mind that in the group of the phone-screened participants (n ¼ 286), only 12.2% stated to be currently under the supervision by the justice system (cf. Table 1); this makes obvious that a face-to-face interview is more suitable for collecting reliable data, even

concerning problematic issues, which verifies the fact that the personal interview is an indispensable tool within the diagnostic assessment. A more detailed breakdown of the clinically relevant data will be provided in further publications, which will deal with issues relevant to assessment and treatment evaluation.

DISCUSSION

This study has demonstrated that potential offenders of CSA may be reached for primary prevention via a media campaign. The success of the media campaign is believed to be founded on the combination of scientific respectability, the general media alertness regarding child abuse, and professional public relations. Furthermore, the favorable legislation in Germany regarding mandatory reporting of CSA offenses must be considered crucial for its success: According to German law it would be a breach of confidentiality to report either a committed or a planned CSA offense. The relevance of the first results of the Berlin PPD to current policy is that a significant number of pedophilic or hebephilic individuals who are not under supervision of the legal system are motivated and willing to participate in a treatment program aiming to prevent child sexual abuse if they can trust on the pledge of confidentiality by experts specialized in assessment and therapy of their disorder.

Inquiries about the project came from all over Germany as well as from the German-speaking countries Austria and Switzerland, indicating not only that news regarding a treatment facility for pedophiles was perceived outside of Berlin, but also the apparent lack of facilities elsewhere for concerned individuals.

Bearing this in mind, willingness to travel where treatment is offered may not be surprising. However, the average distance of 205 km traveled by 142 individuals hoping to become participants, represents an impressive document of their motivation to find help.

As expected, the media campaign successfully reached individuals sexually interested in children (i.e., prepubescent minors) and/or adolescents (i.e., pubescent minors). Almost all participants met the criteria for a diagnosis of this particular paraphilia. In this respect, it must be pointed out that hebephilia (sexually attracted to pubescent minors) is not listed as a specific category in DSM-IV-TR. From a

sexological point of view, however, this is an important category because puberty can very often begin before the age of 14. Therefore, including hebephilia in DSM-V seems warranted (Blanchard et al., 2008). Legally, a physically mature 13-year old is a minor. Con- sequently, in most jurisdictions any sexual contact between an adult and an adolescent would be categorized as sexual contact with a minor, thus constituting a criminal offense. This makes the suffering of men with a hebephilic preference understandable. Arguably, pedophilic and hebephilic potential child molesters are burdened to a greater extent compared to the surrogate-type potential offender, because they renounce intimate contact and relationships, and /or because they live in greater social isolation due to their sexual preference. This most likely explains why predominantly men with an erotic preference for prepubescent (i.e., pedophilia) or pubescent children (i.e., hebephilia) contacted the research team. Various reasons were given as the primary motivation to seek professional help. Some feared (another) prosecution by the legal system, some were urged by friends, relatives, or spouses to get treatment, some were referred to the project by their GPs or other therapists, who felt inadequately trained to treat pedophilic patients, others wanted to prevent CSA, because they have empathy enough to understand what harm they would cause a child if they acted upon their impulses. Others again were looking for help, because they hope to be cured of pedophilia, to finally be sexually attracted to adults, and to have a family and children of their own, which of course is unrealistic. Finally, the small number of non-pedophilic and non-hebephilic individuals (i.e., the 26 men who were attracted to adults) responded to the campaign generally because they assumed they may be pedophilic or hebephilic. This concern was based on them either feeling insecure toward potential adult partners, or by the specific nature of their sexual preference, for example, exhibitionism or fetishism.

Having become aware of their pedophilic inclination at the age of 22 on average, the participants' age when entering the study (mean 39.2 y.o.a.) reveals the important fact that they had had to cope with their pedophilic impulses for 17 years without qualified therapeutic counseling. This seems a rather extreme challenge

especially for those who had searched for appropriate treatment and a definite achievement for those who according to their self-report managed to remain free of offense. At the same time, with almost half the sample having committed a CSA offense, and half the sample fearing to lose control over their impulses, the risk level to (re-)offend among this sample must not be underestimated. By no means are these men well controlled, especially in a situation of temptation (try imagining the level of behavioral control for a man sexually attracted to mature women would have to exercise, if he suddenly, after 17 years of unfulfilled sexual desire, gained access to adult women limited in their capacity of objecting to sexual contact attempts). Whether this sample is representative for pedophiles, or rather represents an unusual sample, cannot be estimated at present, because an empirically based description of the general pedophile sample has yet to be described in the literature.

Based on the experiences gathered over the past 40 months with the PPD, one can assume a general acceptance of the Primary Prevention approach within the community, as social acceptance is believed to help reduce potential participants' fear of crossing thresholds, thereby reducing their reluctance to take advantage of the therapeutic offer.

Many colleagues refer patients to the PPD, which is already perceived as institutionalized. Also, the opposition within pedophiles' online-discussion groups (i.e., internet forums) is less strong than at the beginning of the project – a direct result of the open and transparent communication strategy adopted by the project team. This is important, as many help-seeking pedophiles that are unsure about the project turn to these online discussion groups for initial orientation.

In aiming at further reducing CSA, it appears to be both feasible as well as worthwhile to offer preventive treatment to pedophilic potential offenders who voluntarily seek help, and to continuously evaluate and improve this treatment.

CONCLUSIONS

This project focused on a subgroup of individuals with a pedophilic or hebephilic sexual preference, namely those who are aware of

their pedophilic or hebephilic impulses and the dangers involved, and who are willing to take responsibility for their behavior. Ultimately, its objective is to investigate the effectiveness of treatment offered to potential sexual abusers of children.

These men can be reached by a media campaign if they are not exposed to moral evaluation concerning their sexual preference. Once they gain trust and comply with treatment, they may learn how to permanently exercise self-control over their impulses. Obtaining this ability would be the most effective means of preventing CSA. This trust is, of course, enhanced by the favorable German legislation regarding confidentiality, which does not allow therapists to report committed or planned CSA offenses.

Within the community, there is an obvious lack of qualified treatment options for pedophiles seeking help. Meanwhile, despite the fact that the evaluation of the treatment's effectiveness is not complete, psychiatrists and psychotherapists from all over Germany, even from specialized institutions, refer their patients to the PPD, requesting advice regarding diagnosis and treatment services.

Tables

Table 1. Phone screening data of the Prevention Project Dunkelfeld (PPD) (2005/2006).

	N	Frequency	%
Socio-demographics			
Relationship status "Single"	286	184	64.3
Living alone	286	151	52.8
Own children	286	98	34.3
Minimum 11 years of school	286	111	38.8
Employed	286	173	60.5
*Substance Abuse and Psychiatric/Psychotherapeutic Treatment**			
Current illicit drug consumption	286	26	9.1
Detox-treatment (ever)	285	25	8.8
Psychiatric treatment as in-patient (ever)	285	90	31.6
Psychotherapy (ever)	286	174	60.8
Psychiatric treatment or psychotherapy (ever)	285	195	68.4
Psychotropics use (ever)	286	61	21.3
Sexual Fantasies involving children/adolescents			
Appeared first before age 20	269	157	58.4
Appeared first between 21 and 30 y.o.a.	269	65	24.2
Awareness of problematic nature of sexual	270	228	84.4
Level and Onset of experienced distress			
None experienced	270	27	10.0
Some/medium	270	55	20.3
Strong	270	71	26.3
Very strong	270	117	43.3
Onset before age 20	227	80	35.2
Onset between 21–30 y.o.a.	227	69	30.4
Help Sought			
Private (friends and family)*	274	150	54.7
Professional*	275	149	54.2
Fear of offending			
No	273	134	49.1
Some/medium	273	82	30.0
Strong/very strong	273	57	20.9
*Sexual Contacts**			
With adults	280	243	86.8
With children/adolescents	279	149	53.4
Confided in so. regarding CSA**	150	93	62.0
*Under supervision by the justice system**			
Ever	283	121	42.3
Currently	279	34	12.2

*"yes" answers are listed; **"Child Sexual Abuse".

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