Human sexuality is characterized by a wide variety of sexual preferences. Each individual has specific erotic particularities that are realized first as fantasies and sometimes later as urges that develop into behaviours. Sexual preference of any kind is pre-determined and not chosen; nobody gets to decide his or her own sexual orientation. Specific erotic arousal patterns result in a sexual preference for the body age of prepubescent children and/or early pubescent teenagers. According to data from Germany, approximately one percent of the male population is characterized by a sexual preference of this kind, named "paedophilia" by the World Health Organisation. As long as sexual interest in children remains on the fantasy level no harm has occurred. However, if these fantasies are acted upon it can have severe long-term consequences for the child.

Due to societal taboo, being a paedophile can cause serious personal distress. This may cause symptoms associated with depression, anxiety and social isolation, which in turn can actually enhance the probability of acting on impulses. This could result in problematic sexual behaviour manifesting either as child sexual abuse or as consumption of child sexual abuse images (child pornography). It is important to ensure that these offences never occur and to help affected persons prevent urges from becoming problematic sexual behaviour. There are strategies to improve the symptoms associated with distress and ways to integrate sexual interests without acting them out.
TROUBLED DESIRE
WEB-ASSISTED PREVENTION OF CHILD SEXUAL ABUSE.

TROUBLED DESIRE is an internet-assisted self-management tool for people who feel attracted to children and early adolescents. The goal is ultimately to prevent child sexual abuse and the use of child abuse images and to alleviate the distress experienced by those with pedophilic inclinations.

The online-program not only aims at making information, assessment and treatment available online, but also at providing contact to healthcare professionals who provide preventive treatment on site in that particular country. In Germany preventive treatment for pedophiles and hebephiles can be done through personal counselling because the law allows those with pedo- and/or hebephilic inclinations, even those who have already offended, to obtain treatment without legal consequences (doctor-patient confidentiality). In many other countries, such as India, Canada or the United States, there are mandatory reporting laws which make it difficult to work with patients in a live setting on a personal basis.

As the sexual preference for children and child sexual abuse are internationally relevant phenomena, we are supporting the establishment of a supply system by building an international network of treatment providers with each national network operating in accordance to its national mandatory reporting law (for example, reported previous use of child sexual abuse images does not need to be reported according to American mandatory reporting laws).

COLLABORATION
INTERNATIONAL NETWORK OF TREATMENT PROVIDERS

We would gladly cooperate with you if you are a healthcare professional interested in contributing to helping people with a sexual preference for children and by doing so preventing future child sexual abuse and child sexual abuse image offenses.

Why a collaboration with troubled desire and the Prevention Project Dunkelfeld would be beneficial:

• There is access to a longstanding expertise in the diagnostics, assessment and treatment of self-referring people with a sexual preference for children with and without previous undetected hands-on child sexual abuse and child sexual abuse image offending

• Participants would be part of the established Prevention Project Dunkelfeld network.

• There is direct allocation of patients via the troubled desire webpage, as well as

• Support and assistance in raising funds and

• Support and assistance in strategies of public relations.

• Last not least: Supervision.

Please note:
We will strongly support any efforts of fundraising in your country in any way we can.

What would be needed for a successful collaboration?

• Healthcare professionals need to advocate the idea of preventive treatment as active child protection; they need to differentiate between sexual preference for children and an actual child sexual abuse; and they should aim at preventing severe personal distress and comorbidities in troubled pedophiles.

• The treatment aim is not to change a sexual preference but to establish behavioral control. As long as sexual interest in children remains on the fantasy level no harm is done. Only if these fantasies are acted upon causing an actual abuse, a child will be sexually victimized.

• Efforts to raise funding for the establishment of the national network.

• Collaboration in a national and international network of treatment providers.

• Acquired qualification to work with people with a sexual preference for children with and without previous undetected child sexual abuse and child sexual abuse image offenses. This qualification will be provided in an extensive training by experts of the Prevention Project Dunkelfeld.

• Agreement on a standardized assessment.