

European Crime Prevention Award (ECPA)

Annex I – new version 2014

Please complete the template in English in compliance with the ECPA criteria contained in the RoP (Par.2 §3).

General information

1. Please specify your country.

Federal Republic of Germany

2. Is this your country's ECPA entry or an additional project?

We cannot tell whether other German projects have been entered for the ECPA. This is our first entry.

3. What is the title of the project?

"Kein Täter werden" (meaning: "Don't Offend")

4. Who is responsible for the project? Contact details.

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5. Start date of the project (dd/mm/yyyy)? Is the project still running (Yes/No)?
If not, please provide the end date of the project.

01/07/2004 – Pilot study at the Institute of Sexology and Sexual Medicine
(Charité University Clinic in Berlin).

The main project officially started on 01/06/2005.

The project is still running.

6. Where can we find more information about the project? Please provide links to the project's website or online reports or publications (preferably in English).

www.dont-offend.org

Results: <https://www.dont-offend.org/story/results-publications.html>

www.kein-taeter-werden.de

<https://www.sexualmedizin.charite.de>

<https://www.just-dreaming-of-them.org/>

7. Please give a **one page** description of the project (**Max. 600 words**)

The "Prevention Project Dunkelfeld" (www.dont-offend.org) was established at the Institute of Sexology and Sexual Medicine at the Charité University Clinic in Berlin in 2005.

The Prevention Network "Kein Täter Werden" (Don't Offend!) was founded in 2011. At all 11 sites of the Prevention Network in Germany, the project offers a free and confidential treatment option for people seeking therapeutic help with regard to their sexual preference for children and/or early adolescents. In the course of the therapy, the affected persons receive support in order to prevent sexual offending in the form of either direct contact or indirectly via the consumption or production of child sexual abuse images (child pornography) on the internet. The Prevention Network has common quality standards. Its goal is to establish a comprehensive, nationwide therapeutic offering.

Since 2014, the Institute of Sexology and Sexual Medicine has offered a similar project for juveniles (www.just-dreaming-of-them.org).

The initial and globally unprecedented evaluations of the therapy (Beier et al. [2009 a], Beier et al. [2009 b]; Berlin Institute of Sexology and Sexual Medicine [2013]; Beier et al. [2015]) confirmed that the offered treatment program is effective in reducing known risk factors for child sexual abuse and in establishing successful behavioral control among those affected.

The Prevention Network engages in numerous activities (especially online) to prevent the sexual abuse of children. These activities are aimed at the (potential) consumers of child abuse images. In addition to classic public relations, the focus is particularly on the following areas:

Data evaluation and first-hand experience with participants have shown that the project's target group can best be **reached via the internet**; various measures have thus been implemented online. As the most important communications tool, the **project's website** (www.kein-taeter-werden.de; www.dont-offend.org) provides information aimed specifically at potential project participants, but also at the media and the wider public for awareness-raising. The effectiveness of the online presence was affirmed in an evaluation of the website by Bähr et al. (2013), in which the website was positively assessed in terms of graphics and content by the majority of users. The website operates a news blog and is linked to the Prevention Network's Twitter account, where the latest news items are posted. Since its launch in 2011, the website has registered more than 1,000,000 page views.

Since January 2012, the Prevention Network has been part of the **Google Grants Program** and can therefore place free-of-charge Google AdWords - advertising text worth 329 dollars per day. By entering specific keywords, potential users of child abuse images are guided to Google AdWords texts from the prevention project and are thereby made aware of the project's therapeutic service. So far, ads have been placed more than 40,000,000 times, resulting in more than 600,000 clicks on the website.

Overall, the videos on the Prevention Network's **YouTube channel** (spots, FAQ etc.) have been accessed more than 430,000 times since their production in 2010. Since spring 2017 – with the generous support of **Facebook** and **Instagram** – the Prevention Network has reached more than 450,000 people through campaigns, specifically targeting various sociodemographic groups.

As most child sexual abuse material is shared via peer-to-peer file sharing networks, the Prevention Network has **started a project** to analyze the most prominent ones and to put files into circulation which initially look like child sexual abuse material but which instead contain video or image files advertising the Prevention Network and encouraging people to participate in the therapy project.

I. The project shall focus on prevention and/or reduction of everyday crime and fear of crime within the theme.

8. How does the project contribute to crime prevention and/or to the reduction of crime or the fear of crime? (**Max. 150 words**)

The Prevention Project prevents child sexual abuse and the consumption or production of child sexual abuse images (child pornography) on the internet.

The main strategy is behavioral therapy, by using the free will of the clients to seek help and support.

The main goals are the identification and avoidance of risk situations, the integration of sexual preference into the client's self-image, and the strengthening of the client's self-confidence.

Furthermore, the project provides a more objective, fact-based societal discussion about the issues of pedophilia and child sexual abuse. This helps to reduce social prejudice and anxiety.

9. How is the project contributing to raising citizens' awareness of crime prevention? (**Max. 150 words**)

By using strategic media work, the project raises awareness about the issues of pedophilia and sexual abuse of children. The main goal is to reach pedophiles and motivate them to make use of the therapeutic offering.

The slogan "Do you like children in ways you shouldn't?" is part of an extended media campaign. The message is: "You are not guilty because of your sexual desire, but you are responsible for your behavior. There is help! Don't become an offender!"

This corresponds to the project's major goals: no (pre-)judgment and condemnation of sexual preferences, but full responsibility for (sexual) behaviors. Individuals with a sexual preference disorder can learn to behave in responsible ways if they receive appropriate guidance and treatment.

Since 2005, thousands of articles have been published in national and international media (ARD, SPIEGEL, BBC, The Guardian, TIMES etc.).

II. The project shall have been evaluated and have achieved most or all of its objectives.¹

10. What was the reason for setting up the project? What problem(s) did it aim to tackle?

Child sexual abuse and child pornography offenses involve acute and persistent harm toward the victims and there is a general consensus that the prevention of sexual offenses against children is a critical public health issue. Sexual interest in prepubescent and pubescent minors – distinctive features of pedophilia and hebephilia respectively – constitutes a major risk factor for any kind of sexual offense against children. Furthermore, there is no clinical or empirical evidence

¹ For more information on evaluation, see Guidelines on the evaluation of crime prevention initiatives (EUCPN Toolbox No.3): <http://www.eucpn.org/library/results.asp?category=32&pubdate>

that sexual preference structures can be changed during a person's lifetime. Research and treatment options that deal with these sexual preferences are thus of special interest within the overall context of preventing child sexual abuse and exploitation.

The majority of cases of child sexual abuse and exploitation are not officially known and cannot be prosecuted by law enforcement authorities. This field of unreported cases is known in German as the "Dunkelfeld" (literally "dark field").

Clinical experience and empirical evidence have shown that some pedophiles and hebephiles are self-motivated to seek professional help and support in abstaining from initial or future offending. In a nutshell, the rationale behind the Berlin-based "Prevention Project Dunkelfeld" (PPD) and the Prevention Network "Kein Täter Werden" (Don't Offend!) is to offer assessment and treatment to this target group, aiming to reach those individuals who fear that they might sexually (re-)offend against children and who are prepared to take on the responsibility for avoiding this.

11. Was the context analysed **before** the project was initiated? How, and by whom? Which data were used? (**Max. 150 words**)

From clinical experience with patients in the Charité Sexual Medicine Outpatient University Clinic and from an epidemiological study – the Berlin Men's Study (I3 + II4) – the sexologists knew that many men have sexual fantasies involving children. Some of these men revealed problem-awareness.

They sought help even though they were not (yet) under pressure from law enforcement agencies.

Methods for reaching potential and actual offenders in the "Dunkelfeld" were discussed with patients who were being treated at the institute with a diagnosis of pedophilia. The result was a specific media campaign which was awarded a prize in Vienna in 2002 at the Conference of the International Association for the Treatment of Sexual Offenders (IATSO).

The pilot study was approved by the ethics commission of the Charité University Clinic in Berlin and was carried out in accordance with the standards and provisions of the German Data Protection Act.

12. What were the objective(s) of the project? Please, if applicable, distinguish between main and secondary objectives. (**Max. 150 words**)

The main objective of the research project was to find out whether there are self-motivated, help-seeking offenders (potential or actual) in the "Dunkelfeld" who could be reached by preventive measures. The secondary objectives were to find out whether the necessary assessments could be conducted in an appropriate manner and whether the treatment tools were capable of showing positive results.

Those treatment tools came from sexology research institutes, existing forensic treatment programs for convicted sex offenders, and knowledge about pharmaceutical options for reducing sexual urges. The focus was on self-

motivated behavioral control. The goal was complete abstinence from child sexual abuse and the use of child abuse images. The first evaluation of the program showed that the target group is reachable, that the applicable assessments could be carried out appropriately, and that risk factors for sexual offending are reduced in the treatment group compared with the waiting list group.

13. Did you build in internal goals to measure the performance of the project? If so, please describe at what stage of the project and how you measured whether the project was moving in the planned direction. (**Max. 150 words**)

The project's performance has always been regularly checked internally against so-called milestones. Furthermore, these milestones were – and still are – part of the regular interim and final reports submitted to the respective funders (including the Federal Ministry of Justice and Consumer Protection). All the reports confirmed to the Federal Ministry of Justice and Consumer Protection that the project was developing in the planned direction. There was very little need for readjustment.

14. Has there been a process evaluation? Who conducted the evaluation (internally or externally?) and what were the main results? (**max. 300 words**) - for more information on process evaluation, see EUCPN Toolbox No.3, p.9-10 & part 2 - section 2A

Within the project, process evaluation is carried out via regular reports to the respective funders. These reports contain information on the number of patient contacts, as well as on the progress and results of diagnostic assessments, therapy and aftercare. The various routes by which the patients came to the project (especially those via the internet) are constantly examined. The basis of the process evaluation is the detailed and careful documentation – beginning from the initial contact with the patient, via diagnostics and the possible course of therapy, through to aftercare (where applicable). Last but not least, regular supervision of the therapists, frequent case meetings, and the sharing of ideas/experiences with colleagues and cooperation partners also contribute to continuous project monitoring. The project manager is responsible for the evaluation.

15. Has there been an outcome or impact evaluation? Who conducted the evaluation (internally or externally?), which data and evaluation method were used and what were the main results? (**Max. 300 words**) - for more information on outcome or impact evaluation, see EUCPN Toolbox No.3, p.7-9 & part 2 - section 2A

For financial reasons, the project cannot commission an external evaluation. Nonetheless, an external evaluation of the project website took place in its initial phase by Bähr et al. (2013). In particular, the accessibility and effectiveness were evaluated with regard to both the target group and interested members of the public. The result was that the provided information enjoyed high levels of acceptance and relevance. Additionally, the usage of the project's website and the performance of online advertisement activities are constantly monitored (Google

AdWords; Facebook etc.).

The results of the work have been summarized in regular reports to the respective funders since the beginning of the project. These reports provide detailed and comprehensive data about patient contacts, diagnoses, therapies and therapeutic procedures, effectiveness of therapy and medication (where applicable), results of follow-up care, etc.

At the same time, a standardized system of data collection, data processing and analysis ensures that the results are easily comparable.

The project manager is responsible for the evaluation.

III. The project shall, as far as possible, be innovative, involving new methods or new approaches.

16. How is the project innovative in its methods and/or approaches? (**Max. 150 words**)

The project was already unique as a pilot study. Even now, after more than a decade of successful work, there is nothing comparable anywhere in the world.

The basic idea of our project is preventive child protection, intervening before any sexual abusive behavior or any use of child sexual abuse images on the internet takes place. From the start, the project's research (beginning with the pilot study) confirmed that individuals with a sexual preference towards children are reachable and willing to accept help from experts offering special therapy for impulse and behavioral control.

IV. The project shall be based on cooperation between partners, where possible.

18. Which partners or stakeholders were involved in the project and what was their involvement? (**Max. 200 words**)

The project was established with the help of start-up funding from the VolkswagenStiftung (<https://www.volkswagenstiftung.de/en.html>). Further support has also come from the Hänsel + Gretel Foundation (<http://haensel-gretel.de/>), which has been involved in the project from the beginning. There has also been a collaboration with the advertising agency Scholz & Friends (<https://s-f.com>). The project's work to date has been secured by financial support from the Federal Ministry of Justice and Consumer Protection, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, and the Berlin Senate. The project would not be able to function without the cooperation within the network "Kein Täter Werden / Don't offend!" which currently unites 11 sites in Germany in offering and implementing the successful therapy on the basis of uniform standards. Furthermore, there is cooperation with various associations which are committed to helping the victims of sexual abuse.

V. The project shall be capable of replication in other Member States.

19. How and by whom is the project funded? (**Max. 150 words**)

From 2008 to 2016, the project was funded by the Federal Ministry of Justice and

Consumer Protection. For the year 2017, the project is receiving funding from the Berlin Senate and partly from the Federal Ministry of Justice and Consumer Protection.

20. What were the costs of the project in terms of finances, material and human resources? (**Max. 150 words**)

In the last reporting year of 2016, the costs for personnel were approx. €555,000 while the non-personnel costs were approx. €71,000.

21. Has a cost-benefit analysis been carried out? If so, describe the analysis, including how and by whom it was carried out and list the main findings of the analysis. (**Max. 150 words**)

A classic cost-benefit analysis has not been carried out.

The regular reports include a so-called "human resources cost workflow". This lists the performed working hours and input per patient.

In 2014, the project was successfully audited by the Bundesrechnungshof (Federal Court of Auditors).

22. Are there adjustments to be made to the project to ensure a successful replication in another Member State?

The project is based on the fundamental principles of scientific exchange and dialogue with all stakeholders who have committed themselves to protecting children from sexual abuse. To this end, the project's staff use international congresses, symposia, expert talks, etc. in order to discuss and communicate best practices.

The fact that the project is designed to make the therapy accessible to as many people as possible means that it has an essentially expansive character. From the beginning, it has developed measures to encourage and/or train other therapists in offering this particular therapy in their own communities.

This led to the establishment of the network which is now operational at 11 sites and is well-known both in Germany ("Kein Täter werden") and internationally ("Don't offend!"). In addition, the project also receives regular inquiries from affected persons and therapists from abroad, especially from the English-speaking world, primarily the USA and Great Britain, Canada and Australia. Upgrade training courses for foreign therapists are continually organized in order to enable them to build capacities in their own countries.

There is also support work to build capacities in India and train professional staff with the aim of protecting against sexualized violence.

Furthermore, the project's members are working intensively to create innovative online consulting services based on the therapy in order to offer self-help to all those people who cannot directly benefit from the project's offering, either because of geographical obstacles or for other reasons such as feelings of shame – despite being essentially willing to accept help.

23. How is the project relevant for other Member States? Please explain the European dimension of your project.

Child sexual abuse and the consumption or production of child sexual abuse images are a global problem and phenomenon. This low-threshold therapy is therefore relevant worldwide.

Please provide a short general description of the project (abstract for inclusion in the conference booklet – **max. 150 words**).

The German Prevention Network "Kein Täter Werden" ("Don't offend!") offers a free and confidential treatment option at all of its sites, designed for people who have a sexual preference for children and are seeking therapeutic help. In the context of the therapy, the affected persons receive support so as to prevent sexual offending in the form of both direct contact (hands-on CSA) and indirectly via the consumption or production of child sexual abuse images (child pornography) on the internet.

The goal of the therapy is to prevent sexual offending against minors as well as to prevent the consumption of child sexual abuse images.

The project began at the Institute for Sexology and Sexual Medicine at the Charité University Clinic Berlin in 2005 and now encompasses 11 different sites across Germany, with common quality standards guaranteed by the Prevention Network "Kein Täter werden". The goal is the establishment of a comprehensive, nationwide therapeutic offering.