



Potential and Dunkelfeld offenders: Two neglected target groups for prevention of child sexual abuse

Gerard A. Schaefer^{a,*}, Ingrid A. Mundt^a, Steven Feelgood^b, Elena Hupp^a, Janina Neutze^a, Christoph J. Ahlers^a, David Goecker^a, Klaus M. Beier^a

^a Institute of Sexology and Sexual Medicine, Universitätsklinikum Charité Campus Mitte, Freie und Humboldt-Universität zu Berlin, Luisenstraße 57, 10117 Berlin, Germany

^b Clinical Psychology and Psychotherapy, Technical University, Dresden, Germany

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ABSTRACT

Little is known about men who have not yet committed child sexual abuse but may be at risk of doing so (*potential offenders*) and the factors that distinguish these men from undetected child sexual abuse offenders with a sexual interest in children (*Dunkelfeld offenders*).

The present study describes and compares potential and Dunkelfeld offenders, which can be viewed as ideal target groups for (primary) prevention efforts with respect to child sexual abuse. Also, this study seeks to demonstrate the feasibility of using a telephone screening procedure to conduct research with these groups. Using a computer assisted telephone interview (CATI), data on demographics, mental health, sexuality, criminal history, and victim characteristics were collected from respondents in a nation-wide media campaign, which informed potential (re-)offenders of child sexual abuse of a research and treatment project. Many participants reported recurrent sexual fantasies involving minors, as well as related distress, suggesting a high prevalence of pedophilia and hebephilia. More than half feared they would sexually abuse a minor, and Dunkelfeld offenders reported 3.2 victims on average. Group comparisons revealed that Dunkelfeld offenders were, for example, more likely to perceive themselves being at risk of offending, compared to potential offenders.

The results suggest that targeting potential and Dunkelfeld offenders could prove a worthwhile approach in the prevention of child sexual abuse.

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1. Introduction

Most cases of child sexual abuse remain undetected (Finkelhor, 1994) and subsequently so do most sexual abusers of minors. These undetected cases (of any offence) constitute what is referred to as “Dunkelfeld” in German (literally “dark field”), implying we know very little about them.

It may be assumed that some Dunkelfeld offenders have a sexual preference for minors. It appears unlikely, however, to ever know how this proportion compares with the 25 to 50% found amongst detected offenders of child sexual abuse (Marshall, 1997; Marshall & Fernandez, 2003; Seto, 2008). Typically, a sexual preference for minors is characterized by a sexual interest in prepubescent and/or pubescent children, and is associated with the terms pedophilia and/or hebephilia respectively (Blanchard et al., 2002). In this article the term *Dunkelfeld offenders* will refer to undetected child sexual abuse offenders with a sexual preference for minors.

Individuals with a sexual preference for minors who have not yet had any sexual contact with a minor generally remain unknown to official sources as well. In this article they will be referred to as *potential offenders*, because their sexual preference for minors arguably is associated with a greater risk to sexually abuse a minor compared to an individual without this sexual preference (Abel & Harlow, 2001).

With respect to preventing child sexual abuse, potential and Dunkelfeld offenders seem to have been ignored at large. Only recently, a study on “victimless pedophiles” was referred to as the first of its kind (Fedoroff, Smolewska, Selhi, Ng, & Bradford, 2001). Given the recidivism rate amongst detected pedophilic child sexual abuse offenders, the lack of attention paid to potential and Dunkelfeld offenders is rather disconcerting. For example, Beier (1998) interviewed 121 child sexual abuse offenders at an average 25 years after their first offence. All had been assessed by an expert in forensic sexual medicine at the time of their conviction. Beier found that of the pedophilic offenders ($N=52$) 63.5% had reoffended during the follow-up period, while only 10–25% of the non-pedophilic offenders had reoffended. Not surprisingly, a sexual interest in children has been established as one risk factor for recidivism amongst offenders of child sexual abuse (Hanson & Morton-Bourgon, 2005).

* Corresponding author. Tel.: +49 177 5878330 (mobile); fax: +49 30 450 529 992.
E-mail address: gerard.schaefer@charite.de (G.A. Schaefer).

Perhaps the apparent lack of attention paid to these two groups both in research and treatment projects is, in part, due to an assumption that they cannot be reached. Bearing in mind the social stigmatization associated with a sexual preference for minors as well as most legal systems having mandatory reporting laws, both potential and Dunkelfeld offenders would hardly be expected to give up their incognito status.

There are some, albeit few, empirical and clinical data strongly suggesting that these individuals indeed may be reached for prevention of child sexual abuse. For example, at one outpatient clinic for sexual medicine in Germany, over a period of several years, an average of 21 Dunkelfeld offenders per year sought professional help to avoid reoffending against children (K. M. Beier, Hearing at the Berlin Parliament, May 17, 2001). A Canadian outpatient clinic for men with paraphilic sexual disorders was contacted by 26 victimless and self-referred pedophiles (Fedoroff et al., 2001).

Arguably, these patients as well as some self-referred patients in another study (Bogaert, Bezeau, Kuban, & Blanchard, 1997) sought professional help because they experienced distress related to their sexual preference for minors. Regardless of whether these patients were distressed out of fear of society, or out of a sense of being sick or dangerous to society, their distress was clearly related to their sexual preference.

Sexual body age preference, for example, a preference for a prepubescent body, is generally assumed to manifest itself during adolescence and remain unchanged throughout life (APA, 2000; Beier, 1998; Schorsch, 1971; Wille, 1968). The same can be said for sexual preference with respect to gender and sexual practices. Thus, from their late teens or early twenties on, individuals sexually interested in minors have to cope with the ramifications of their unusual sexual preference. Facing these challenges time and again, the development of distress at some point would not be surprising. Finally, the occurrence of preference-related distress finds validation in both the DSM-IV (APA, 2000) and the ICD-10 (WHO, 1992), both of which explicitly list distress as a diagnostic criterion for pedophilia.

Hence, expecting distress amongst some of the Dunkelfeld offenders, the existence of treatment demand as well as the motivation and willingness to participate in research and treatment may be assumed, too. The results of the “Stop it Now!” child abuse prevention campaign virtually confirm such a demand, reporting numbers of up to 1763 self-identified potential or Dunkelfeld offenders voluntarily contacting the campaign-bureau. These results also demonstrate the possibility to reach potential offenders who are seeking help (Richard, 2003; Stop it Now, 2007; Tabachnick & Dawson, 2000). Thus, potential and Dunkelfeld offenders appear to be ideal target groups for prevention of child sexual abuse: they are at-risk individuals, some of whom are motivated for treatment due to distress and reachable.

1.1. Hellfeld research

Arguably, preventive treatment programs for potential and Dunkelfeld offenders would make use of the current knowledge about both child sexual abuse offenders and pedophiles. The research underlying this body of knowledge is largely based on detected child sexual abuse offenders in the “Hellfeld” (German, literally meaning “light field”), that is accounted for in official statistics. As Hellfeld offenders constitute “at most a very tiny and unrepresentative sample” of all pedophiles (Finkelhor, 1984), it remains to be established whether our knowledge is relevant for potential and Dunkelfeld offenders. Its relevance is questionable at least from a conceptual and diagnostic perspective.

Hellfeld research features an interchangeable use of the psychopathological term “pedophilia” and the sociolegal term “child molester”, which is conceptionally flawed (Ames & Houston, 1990; Okami & Goldberg, 1992). The conflation of these related but not

interchangeable terms is frequent, thus restricting severely the generalizability of research in this area, and is further complicated by the use of multiple constructs (Feelgood & Hoyer, 2008).

Hellfeld research also generally relies on samples of participants who have not been clinically assessed with respect to, for example, pedophilia, or on mixed samples of non-pedophilic and pedophilic child sexual abuse offenders. Legitimately comparing results from Hellfeld research with results from research on potential and Dunkelfeld offenders would require first establishing the proportion of Hellfeld samples studied that was comprised of pedophiles — a task worthy of a study in its own right. Even in studies conducted on detected child sexual abuse offenders explicitly diagnosed as pedophiles, it is often not clear how they were diagnosed (Abel & Harlow, 2001; APA, 2000; Carlstedt, Innala, Brimse, & Anckarsäter, 2005). Due to these shortcomings and other unresolved problems regarding the reliability and validity of diagnosing paraphilias in general (Marshall, 2007), a reported diagnosis of pedophilia alone (i.e., without specification of the diagnostic method used) does not suffice to assume comparability of samples.

1.1.1. Sociodemographics and mental health characteristics

The general picture that may be drawn from data regarding sociodemographics and mental health derived from Hellfeld research shows that detected child sexual abuse offenders typically have lower levels of education (Barsetti, Earls, Lalumière, & Bélanger, 1998; Feelgood, Cortoni, & Thompson, 2005), albeit a large sample of non-incarcerated offenders displayed relatively high levels of education (Abel et al., 1987). They also present with high levels of both psychiatric disturbance (Leue, Borchard, & Hoyer, 2004; McElroy, Soutullo, & Taylor, 1999; Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999; Salter et al., 2003) and drug and alcohol abuse (Abracen, Looman, & Anderson, 2000; Langevin & Lang, 1990).

1.1.2. Sexual preference

About half of them report the appearance of their sexual interest in children occurring before age 20 (Abel et al., 1987). Regarding the occurrence of sexual fantasies involving children, Hellfeld research reports rates ranging from 21% (Marshall, Barbaree, & Eccles, 1991) to 40% (Abel et al., 1987) before the onset of offending, and up to 80% when the time after the offence is included (Dandescu & Wolfe, 2003). Especially the lower rates may best be explained by the samples including many non-pedophilic child sexual abuse offenders and/or deniers. The connection between pedophilia and presence of respective sexual fantasies, however, is not always clear. Abel and Harlow (2001), for example, report of 3952 men who admitted to having sexually abused a child. While approximately two thirds of that sample met the diagnostic criterion that the behaviour must have continued for more than six months, only 41% admitted sexual fantasies involving prepubescent children.

1.1.3. Victim characteristics

The victims of detected child sexual abuse offenders tend to be female (Danni & Hampe, 2000; Finkelhor, 1994), which is not necessarily an indication of the offenders' sexual gender preference. The number of victims of detected child sexual abuse offenders was found to range from 1.4 for incest offenders to 4.7 for extra familial offenders in one study (Marshall et al., 1991). In another study, with perhaps a better guarantee of confidentiality, similar rates for incest offenders with a mean of 1.8 female victims and 1.7 male victims were found (Abel et al., 1987). In the same study, medians for female and male victims of pedophilic child sexual abuse offenders were 1.3 and 4.4 respectively. However, detected child sexual abuse offenders who admitted to sexual fantasies involving children reported an average of 15 victims (Abel & Harlow, 2001).

1.2. Research with potential or Dunkelfeld offenders

Regarding potential and Dunkelfeld offenders, only four studies were identified that provide information on their characteristics. Though pedophilia was explicitly diagnosed only in one study (Fedoroff et al., 2001), it seems reasonable to assume that pedophilia was present in the samples of the other three studies, when individuals reported many victims (Bernard, 1975), joined a support group for pedophiles (Wilson & Cox, 1983), or were part of a pedophile internet discussion group (Riegel, 2004). These factors suggest long-term and intense sexual interest in children in most if not all of the respondents as well as related distress or behaviour, that is having sexually abused a child. Therefore, they would probably fulfill the criteria for pedophilia. The four studies' main results are depicted in Table 1.

The data to date indicate that potential and Dunkelfeld offenders are most likely well educated homopedophiles with few mental health problems. Single findings suggest that many become aware of their sexual interest in children before age 20. With respect to actual offending behaviour and victim characteristics, studies provide little information. For instance, the number of victims could only be ascertained from Bernard (1975) who offered percentages, which indicated a little under a third of the sample had more than 10 victims. Similarly, the data on sexual gender preference may not be related to victim gender. Likewise, it remains unclear to which extent the data on preferred age refers to fantasized children rather than victims.

In general, the reviewed studies on potential and Dunkelfeld offenders are hampered by a number of problems: (1) In the reviewed studies (Bernard, 1975; Wilson & Cox, 1983), the political activism of some participants regarding their sexuality might be problematic, as it could, for example, explain the high levels of education. Individuals who are politically active are usually better educated (Schlozman, Verba, & Brady, 1999). (2) Regarding mental health problems, the results may be due to a focus on non-clinical samples. The Bernard (1975) study is also problematic as it was not specified whether treatment was for pedophilia or other psychiatric disorders. In this respect it remains unclear if psychiatric comorbidity is a significant issue in these samples. (3) The preponderance of participants with a sexual interest in male children is naturally related to the target audience of the websites or internet discussion groups, that is “boy-lovers”. Some members and leaders of the interest groups related to the samples (e.g. Wilson & Cox, 1983) used the gay liberation movement and its cause as a comparison for the social isolation and

rejection of their own sexuality. In this context, only one of the reviewed studies specified the proportion of homosexual offenders (Bernard, 1975), but failed to report sexual orientation for the subgroups. (5) Considering all participants self-identified as pedophiles, it may be argued that almost all had sexual fantasies involving children, though this was not specified in two of the reviewed studies (Fedoroff et al., 2001; Riegel, 2004). Interestingly, Wilson and Cox (1983) reported a fifth of their sample had denied any such fantasies. Finally (6), in the reviewed studies, it was not always clear whether the individuals were Dunkelfeld offenders. For instance, Wilson and Cox (1983) report no data on whether the participants were ever convicted of sexual offences. Bernard (1975) noted that 46% of his sample had never been convicted, but in only one instance compared data from this group with those who had ever been convicted. Thus, the data from the reviewed studies on potential and Dunkelfeld offenders may in many cases only refer to individuals who were assessed in a non-clinical and non-forensic setting. With the focus on pedophile interest groups, the findings are certainly not representative for pedophiles in general, nor do they indicate that there are many more pedophilic than non-pedophilic child sexual abuse offenders in the Dunkelfeld.

1.3. The present study

In order to increase our understanding of the nature of both pedophilia and child sexual abuse, and to improve preventive treatment strategies for potential and Dunkelfeld offenders, more light needs to be shed onto this “dark field”. Therefore, the present study set out to describe self-identified pedophiles and hebephiles along a variety of variables, such as age, education, and mental health problems. Specifically of interest was the proportion of sexual fantasies involving minors, number, gender, and age of victims as well as the relationship between offender and victim, and current legal status. The study may also help to ascertain the feasibility of conducting research on such sensitive topics as, for example, sexual body age preference and respective behaviour, using the rather economic approach of computer assisted telephone interviewing. Should it be found suitable, continued research using this method could help estimate the number of individuals seeking respective treatment and, thus, inform health politics.

Group comparisons were conducted in order to identify differences between potential and Dunkelfeld offenders. As the research on this population is limited in methodology and in number, and the

Table 1
Selected findings of studies on potential offenders (PO) and Dunkelfeld offenders (DO) of child sexual abuse (CSA).

Study by	Sample	N (PO/DO)	Variables				
			Age	Education level	Sexual preference for ...		Other variables
					Gender	Age	
Bernard (1975)	Working group on pedophilia (Holland)	50 (3/47)	≤40: 60%	54% graduated from High School or higher educational institutions	Male: 96%	11–12	90% were never married 90% had no children 20% of those never convicted received treatment for mental health problems ^a 74% aware of sexual preference by age 20 64% committed first CSA by age 20 24% had 1–10 victims, 28% 10–50 victims
Wilson and Cox (1983)	Working group on pedophilia (UK)	77 (?/?)	35–40 ^b	86% were employed (38% professionals, 34% white collar)	Male: 71% both: 17%	12–14 for boys 8–10 for girls	
Fedoroff et al. (2001)	Self-referred patients (Canada)	316 (26/290 ^c)	35–40 ^b	PO more educated than offenders	PO less likely to be hetero-sexual	–	PO more likely sexually inexperienced PO more likely to have inhibited orgasm
Riegel (2004)	Internet survey (North America, Europe, Australia, NZ)	290 (?/?)	18–60	77% at least some college	“Attracted to boys”	–	Only few mental health problems 78% never subjected to law enforcement

^a Lifetime prevalence.

^b Modal age group.

^c Detected CSA offenders referred to clinic.

research on incarcerated child sexual abuse offenders may not be relevant, the current authors felt the development of hypotheses was extremely premature. Based on the few data available as well as on the authors' clinical experience, however, respondents were expected to be of middle age, well educated, report an onset of fantasies involving minors before the end of adolescence, have more mental health problems than the general public, and experience distress related to their preference. Many of them were expected to have never sexually abused a child, and many of them to be in fear of (re-)offending. Regarding group differences, potential offenders were expected to prefer a) prepubescent and b) male minors in their fantasies, compared to Dunkelfeld offenders. Dunkelfeld offenders were expected to report a higher proportion of fantasies involving minors, compared to potential offenders.

2. Method

2.1. Procedure

The present study was conducted within an ongoing research project that specifically targets problem-conscious individuals living in the community who are troubled by their sexual preference involving prepubescent and/or pubescent children. All of the participants had responded to an extensive mass media campaign in Germany (Beier et al., 2009; Seto, 2008). Choosing this approach for attracting attention was recommended by preliminary research findings with potential and Dunkelfeld offenders (Feelgood, Ahlers, Schaefer, & Ferrier, 2002). Using the message "Don't become an offender!", a campaign was developed to inform potential participants of the opportunity to receive help, and encourage them to respond. The research office's phone number and website, which contained full contact details, was provided to enable responses by phone, e-mail, letter, or in person.

Due to both the sensitive nature of the topic as well as the peculiarities of the target sample, respondents were expected to be rather anxious with respect to anonymity and confidentiality as well as rather fearful of social stigmatization and losing their incognito status. It was thus reasoned that a low threshold for contacting offered the most favourable conditions to facilitate their participation; an assumption underlined by the experience of the Stop it Now! campaign (Tabachnick & Dawson, 2000). With the telephone interview qualifying as an adequate method for several reasons (Fournier, Lesage, Toupin, & Cyr, 1997; Goyder, 1987; Lepkowski, 1988; Midanik & Greenfield, 2003; Pridemore, Damphousse, & Moore, 2005; Rohde, Lewinsohn, & Seeley, 1997), a computer assisted telephone interview (CATI) was conducted by two specifically trained psychologists at the beginning of the multi-method intake assessment, which continued to include a clinical interview and a battery of questionnaires. The telephone interview will subsequently be referred to as "screening" because in its process respondents were also screened with respect to the presence of exclusion criteria regarding the treatment phase of the project.

The current study investigated a subgroup of screened participants. Results from the other phases of the intake assessment are reported elsewhere (Beier et al., 2009; Mundt, Schaefer, Neutze, & Beier, 2009; Neutze, Seto, Schaefer, Mundt, & Beier, in press; Schaefer, Neutze, Mundt, Goecker, & Beier, 2008).

2.2. Variables

The self-report data collected during the screening pertained, amongst others, to socio-demographic variables (age, education, level of vocational/academic training, employment status, and relationship status), fatherhood (defined as being a psychological parent), and indicators of mental health problems (psychiatric, psychotherapeutic, and/or drug and alcohol rehabilitation treatment).

Next, the frequency and proportion of sexual fantasies relating to prepubescent and pubescent minors as well as to adults was assessed, as was sex and age of the fantasy subjects (as a proxy to physical developmental status, i.e., body age), recalled age at onset of awareness of sexual interest in minors, and related distress. For example, regarding prepubescent minors (defined and referred to as "child" as opposed to "adolescent"), the questions were "How often do children occur in your sexual fantasies?" (never, rarely, sometimes, often, always), "In percent, what is the proportion of your sexual fantasies, in which children occur?", "Since when are you aware that children sexually arouse you?", and "How much distress does your sexual interest in children cause you?" (none, little, moderate, severe, very severe; note that "severe" and "very severe" were combined prior to data analysis). The information given regarding frequency and proportion of sexual fantasies determined which category (child, adolescent, or adult) predominated sexual fantasy. A category was rated as predominant, if it was named as the category occurring most frequent in sexual fantasy or if it made up the biggest proportion in percent.

It was made clear that information on fantasy content was irrespective of masturbation coinciding with fantasy activity, and that "child" referred to a prepubescent minor, that is no pubic hair, no breast development, small male genitalia. Likewise, "adolescent" was defined as a pubescent minor, that is some pubic hair and visible growth of male/female genitalia, and "adult" implied a fully developed and mature body.

Data regarding lifetime number of sexual contacts and partners (child, adolescent, and adult) were assessed in 7 categories (0 = none/no contact, 1 = 1 individual/contact, 2 = less than 5 individuals/contacts, 3 = less than 10 individuals/contacts, 4 = less than 20 individuals/contacts, 5 = less than 50 individuals/contacts, 6 = less than 100 individuals/contacts, 7 = more than 100 individuals/contacts). When possible, absolute numbers of sexual partners and contacts were recorded. Sexual contact with a minor was recorded as having occurred when participants affirmed sexually motivated body contact. Also, perceived risk of sexually (re)offending against a minor was assessed (yes, no).

Further information collected pertained to help seeking behaviour, that is whether sexual fantasies involving minors ever led to seeking professional or non-professional help, and whether sexual contacts with minors ever led to confiding in others. Relation to victims was assessed and categorized into intrafamilial (father, brother, grandfather, and other relatives), acquaintance (neighbour, friends of family, and "friends" of the minor), special relation (teacher, coach, priest, and custodian), stranger, and other.

Finally, information was gathered on previous and current contact with the police/justice system related to sexual offences involving minors. In this context, three groups were differentiated: potential offenders who had never acted out their respective sexual fantasies in a socio-sexual context, Dunkelfeld offenders who reported sexual contacts with minors without these offences ever having become known or recorded officially (note that in Germany there are no mandatory reporting laws in non-forensic settings), and finally Hellfeld offenders who had a criminal record and/or were currently involved with the legal authorities regarding such an offence.

2.3. Sample

The project's media campaign and extensive coverage (Ahlers, Feelgood, Schaefer, & Beier, 2006) had 556 potential participants respond between June 2005 and July 2007. Of these, 325 were screened. The majority of those not screened were respondents who opted not to provide the information assessed in the screening.

For the purpose of this study, and in order to minimize sampling bias, screened participants were excluded if they had been clinically interviewed prior to the screening ($N = 24$), for replying both "never" and "0%" to the two questions assessing frequency and proportion of sexual fantasies involving children ($N = 7$), for fulfilling Hellfeld status ($N = 124$), and/or for missing data with respect to the variables

“sexual fantasies involving children” and/or “ever being reported to the authorities for a sexual offence involving children” ($N = 10$). The Hellfeld offenders were excluded because they would not have been suitable for comparison with other Hellfeld research samples, because many of them were currently facing charges but not (yet) convicted, and few were actually incarcerated.

The sample of the current study comprised the remaining 160 participants who were screened by two staff in equal shares (52.2% and 47.8%). The majority learnt about the project through media coverage, either by print media, television, or radio (41.0%), or via the Internet (15.5%). For 23.6% referral was by colleagues of the social welfare and health systems, and 3.7% reported relatives and friends as source of information; for 16.1% the source of information could not be ascertained. They made initial contact with the research office predominantly by telephone (60.2%), or by sending an e-mail (34.8%). Few wrote a letter (4.3%), and one individual showed up in person (0.6%). With 3.1% remaining anonymous, data on place of residence shows that 56.5% lived outside of the City of Berlin and the State of Brandenburg, which surrounds Berlin.

3. Results

Results were computed by using SPSS 14.0. Between groups comparisons were tested for significance using the Chi-Square test for nominal data and T -test for metric data. Due to missing data, sample size varies for different analyses. At times participants refused or were unable to answer some of the questions.

Over a third (39.4%; $N = 63$) reported sexual contacts with prepubescent or pubescent minors in the past (i.e., were Dunkelfeld offenders). The remaining 60.6% ($N = 97$) were potential offenders.

3.1. Sample characteristic

Table 2 shows participants' demographics. Demographics and descriptive data are listed for both subgroups and total sample. The mean age at which participants had become aware of their sexual preference for minors was recalled to be 20.5 ($SD = 9.067$; range 6–57; median 17). Being aware of their sexual interest in minors by age 20 was reported by 64.6%, and by age 30 by an additional 22.8%. As Table 2 shows, potential offenders were less likely to have any children of their own compared to Dunkelfeld offenders ($p = 0.009$).

Table 2
Characteristics of the study population ($N = 160$)*.

		1. PO ($N = 97$)	2. DO ($N = 63$)	3. All	p -value
• Age at screening	mean (SD)	34.15 (9.917)	37.63 (9.915)	35.52 (9.903)	0.029 ^a
	Range	18–64	20–63	18–64	
• Recalled age at onset of sexual fantasies	mean (SD)	21.21 (9.890)	19.32 (7.596)	20.46 (9.067)	
	Range	6–57	6–43	6–57	
• Awareness of sexual fantasies by age 20		59 (62.1)	43 (68.3)	102 (64.6)	
• Years of education > 10		42 (43.3)	32 (50.8)	74 (64.3)	
• Qualification “professional”		24 (24.7)	23 (36.5)	47 (29.4)	
• Employed		70 (72.2)	43 (68.3)	113 (70.6)	
• Relationship status “single”		70 (72.2)	38 (60.3)	108 (67.5)	
• Living alone		52 (53.6)	28 (44.4)	80 (50.0)	
• Fatherhood		19 (19.6)	24 (38.1)	43 (26.9)	0.009 ^b
• Number of children	mean (SD)	1.74 (0.806)	2.0 (0.834)	1.88 (0.823)	
	Range	1–3	1–3	1–3	

*If not specified otherwise, cases (%) are presented for potential offenders (PO), Dunkelfeld offenders (DO), and the entire sample.

^a $t = 2.798$; $df = 158$.

^b $\chi^2 = 6.657$, $df = 1$.

3.2. Mental health

As shown in Table 3, 31.3% of the sample had at least once been admitted to a psychiatric hospital, and 55.0% had at least once received psychotherapy as an outpatient. Drug and alcohol rehabilitation treatment was reported by 7.5%. Of those who had been in-patients ($N = 50$), 42.0% were admitted to a psychiatric hospital more than once. Overall, 65% ($N = 104$) had ever been under professional supervision due to psychiatric problems.

Moderate and severe/very severe distress as a direct consequence of their sexual interest in minors was reported by 12.5% and 73.8% respectively. Only 7.5% reported no experience of distress related to their sexual fantasies. Regarding perceived risk of sexually abusing a minor, Dunkelfeld offenders were significantly more likely to perceive themselves at risk than potential offenders ($p < 0.000$). With respect to their sexual fantasizing about minors, help was sought from non-professionals and professionals by 56.3% and 45.0% of participants respectively. Dunkelfeld offenders sought professional help at a higher rate than potential offenders ($p = 0.023$). Due to multiple answers being possible, the proportion of help seekers was 71.3%.

Table 3
Mental health problems, distress relating to sexual fantasies, and perceived risk of (re)offending by group ($N = 160$)*.

	4. PO ($N = 97$)	5. DO ($N = 63$)	6. All	p -value
• Psychiatric in-patient ^a	31 (32.0)	19 (30.2)	50 (31.3)	
• Psychotherapy ^a	51 (52.6)	37 (58.7)	89 (55.0)	
• Drug and alcohol rehabilitation ^a	6 (6.2)	6 (9.5)	12 (7.5)	
• Distress related to sex. fantasies				
None	8 (8.2)	4 (6.3)	12 (7.5)	
Little	6 (6.2)	4 (6.3)	10 (6.2)	
Moderate	9 (9.3)	11 (17.5)	20 (12.5)	
Severe/very severe	74 (76.3)	44 (70.0)	118 (73.8)	
• Perceived risk of (re)offending	44 (45.4)	45 (71.4)	89 (55.6)	0.000 ^b
• Private help sought (ever)	50 (51.5)	40 (63.1)	90 (56.3)	
• Professional help sought (ever)	37 (38.1)	35 (55.5)	72 (45.0)	0.023 ^c

*If not specified otherwise, cases (%) are presented for potential offenders (PO), Dunkelfeld offenders (DO), and the entire sample.

^a Lifetime data (ever and/or current).

^b $\chi^2 = 11.857$, $df = 1$.

^c $\chi^2 = 4.678$, $df = 1$.

3.3. Sexual fantasy

Overall, 84.3% reported adults occurring in their sexual fantasies. Adults occurred often and always in 28.8% and 4.4% of cases respectively. Almost two thirds (63.4%) reported a sexual gender preference towards females in their fantasies, 12.7% towards males, and 23.9% towards both. For 35.8% adults dominated the sexual fantasies (i.e., made up the largest proportion).

Sexually arousing fantasies involving prepubescents and pubescents were reported by 65.0% and 89.4% of the sample respectively. Prepubescents occurred often and always in 24.4% and 8.8% of cases respectively. Regarding sexual gender preference in their fantasies, 41.3% preferred females, 32.7% males, and 26.0% both. For 36.5% of the participants prepubescents dominated their sexual fantasies. Pubescents occurred often and always in 36.2% and 5.0% of cases respectively. With respect to their fantasies, 52.4% preferred females, 23.8% males, and 23.8% both. For 39.2% of the participants pubescents dominated the sexual fantasies. Overall, male children occurred in sexual fantasies of 52.5%. Amongst those reporting pubescents in their fantasies, Dunkelfeld offenders report a higher amount of these fantasies compared to potential offenders ($t(137) = 2.176$, $p = 0.0155$). No further significant differences were found between

potential offenders and Dunkelfeld offenders when differentiating between prepubescent and pubescent fantasy subjects (see Tables 4 and 5). However, when combining both categories, Dunkelfeld offenders reported more sexual fantasies involving prepubescents and pubescents than potential offenders (Dunkelfeld offenders: $M = 72.8$, $SD = 26.988$; potential offenders: $M = 59.40$, $SD = 30.065$; $t(151) = -2.800$, $p = 0.006$). No significant relationship was found between the Dunkelfeld or potential status of a participant and the preponderance of prepubescents compared to a preponderance of pubescents ($p = 0.929$, $\chi^2(2) = 0.147$), and no significant difference was found regarding sexual gender preference in fantasies ($p = 0.147$, $\chi^2(2) = 4.997$).

Table 4
Sexual fantasies involving prepubescent children ($N = 105$).

	7. PO ($N = 64$)	8. DO ($N = 41$)	9. All	<i>p</i> -value
• Proportion of fantasy mean % (SD)	38.6 (29.097)	45.00 (31.043)	41.11 (29.888)	
• Proportion is predominant	22 (34.4)	16 (39.0)	38 (36.2)	
• Prepubescents always in fantasies	6 (9.4)	8 (13.1)	14 (13.7)	
• Age preference mean age (SD)				
• Youngest male	7.26 (2.683)	7.28 (2.821)	7.27 (2.718)	
• Oldest male	12.12 (0.946)	11.60 (2.062)	11.90 (1.528)	
• Youngest female	6.76 (2.835)	6.60 (2.027)	6.69 (2.511)	
• Oldest female	11.42 (1.394)	11.60 (1.453)	11.50 (1.412)	
• Sexual orientation in dominant group ^a				
• Towards females	6 (27.3)	5 (31.3)	11 (28.9)	
• Towards males	3 (13.6)	6 (37.4)	9 (23.7)	
• Towards both	13 (59.1)	5 (31.3)	18 (47.4)	

^a Sexual gender preference: cases included, if prepubescent children were reported to be dominant in sexual fantasies.

Table 5
Sexual fantasies involving pubescent children ($N = 143$).

	10. PO ($N = 87$)	11. DO ($N = 56$)	12. All	<i>p</i> -value
• Proportion of fantasy mean % (SD)	38.06 (25.555)	48.24 (28.991)	42.09 (27.324)	0.0155 ^a
• Proportion is predominant	30 (34.5)	26 (46.4)	56 (39.2)	
• Pubescents always in fantasies	2 (2.3)	6 (10.9)	8 (5.7)	
• Age preference mean age (SD)				
• Youngest male	12.90 (1.076)	12.84 (1.128)	12.87 (1.094)	
• Oldest male	15.64 (1.966)	15.65 (1.924)	15.64 (1.930)	
• Youngest female	12.92 (1.484)	12.42 (0.844)	12.73 (1.292)	
• Oldest female	16.39 (1.822)	15.66 (1.892)	16.11 (1.875)	
• Sexual orientation in dominant group ^b				
• Towards females	15 (50.0)	7 (26.9)	22 (39.3)	
• Towards males	7 (23.3)	9 (34.6)	18 (32.1)	
• Towards both	8 (26.7)	10 (38.5)	16 (28.6)	

^a $t = 2.176$, $df = 137$; one-tailed.

^b Sexual gender preference: cases included, if pubescent children were reported to be dominant in sexual fantasies.

3.4. Sexual contact and child sexual abuse

Potential and Dunkelfeld offenders reported similar levels of being socio-sexually inexperienced with adults (potential offenders = 12.5%; Dunkelfeld offenders = 5.6%; $p = 0.310$; $\chi^2(1) = 1.032$). Regarding the Dunkelfeld offenders' sexual contacts with minors, Table 6 lists a selection of data. For example, having one victim only was reported by 42.9%, and one contact only by 19.0%. The numbers in the diagonal of Table 6 show the same category of reported victims and offences. Almost a third (31.7%; $n = 20$) reported similar numbers of victims and offences (highest category not included). Regarding victims, 62 participants reported absolute numbers. The mean

number of victims was 3.2 ($SD = 4.987$; median = 2). Absolute numbers of offences were reported by only 40 individuals. An average of 10.1 sexual contacts with minors was reported ($SD = 17.056$; median = 3).

Table 7 shows that 67.2% ($N = 42$) reported sexual contacts with minors estimated to be aged 7–13, and 21.9% ($N = 13$) had sexual contacts with minors reportedly younger than 7 years of age. Minors aged 14 and older were reported in 30 cases (46.9%).

Regarding the nature of relationship between offender and victim, 37.5% ($N = 24$) of cases were committed within the family, and 45.3% ($N = 30$) by acquaintances. Stranger offenders were represented by 17.2% ($N = 11$), and 9.4% ($N = 6$) had a special relation to the victim such as teacher or coach (note that due to different relationships with multiple victims percentages do not add up to 100%). Few significant relations were found between the age group of the victims and the reported relationship to victims. The majority of sexual offences involving minors younger than seven years of age were reported by men who reported an intrafamilial relationship to the victim(s) ($p = 0.000$; $\chi^2(1) = 17.774$). In contrast, the majority of sexual offences against minors older than 13 years of age were reported by men who stated not to be in an intrafamilial relationship to a victim ($p = 0.007$; $\chi^2(1) = 7.379$). Men who reported to be acquainted with the victim(s), reported less frequently victims aged 7 to 13 ($p = 0.001$; $\chi^2(1) = 11.360$).

4. Discussion

This study investigated demographic characteristics, indicators of mental health problems (e.g., psychiatric and psychotherapeutic treatment, drug and alcohol rehabilitation, distress related to sexual fantasies), occurrence of children in sexual fantasies (proportion, age, and gender), and, if applicable, victim characteristics (number, age, gender, and relationship) in a non-forensic sample of self-identified pedophiles and hebephiles. In addition, men who never had any sexual contact with minors (potential offenders) were compared with men who had, but remained undetected (Dunkelfeld offenders). All data was self-reported and collected during a computer assisted telephone interview (CATI). As participants had responded to an offer of treatment in this regard, the study was conducted to shed more light on a population that may be reached for prevention of child sexual abuse (Ahlers et al., 2006; Beier et al., 2009). As all previous research on Dunkelfeld offenders (Bernard, 1975; Riegel, 2004; Wilson & Cox, 1983) is based on samples that were not actively seeking treatment, this study provides some of the first information on the features of men who are at risk of sexually abusing a minor, but also seek information and advice to remain offence-free.

The current study suggests, as expected, that potential and Dunkelfeld offenders are middle aged, better educated, and –based on work qualification– have a higher socio-demographic status than detected child sexual abuse offenders (Barsetti et al., 1998; Feelgood et al., 2005; Simon, Sales, Kaszniak, & Kahn, 1992). It is noted however, that the unemployment rate was much higher than the national average in Germany at the time of the data collection. Interestingly, a study of detected child sexual abuse offenders including a large number of non-incarcerated treatment-volunteers also found higher levels of both education and socio-demographic status than in other studies (Abel et al., 1987). The results of the current study and that of Abel and colleagues (1987) indicate that the higher level of education in potential and Dunkelfeld offenders may be more due to the volunteer status of the samples. Perhaps those interested in psychological treatment, independent of Dunkelfeld status or disorder, are more likely to come from better educated subgroups of the population and, thus, are more able to recognize the potential benefit of treatment.

Mental health problems appear to have been quite low in some of the reviewed studies of Dunkelfeld offenders (Bernard, 1975; Riegel,

Table 6
Number of victims and offences reported by Dunkelfeld offenders ($N=63$).

Number of offences	Number of victims																
	1	2–4		5–9		10–19		20–49		50–99		min. 100		Sum			
1	12	(19.0)		–		–		–		–		–		12	(19.0)		
2–4	6	(9.5)		5 (7.9)		–		–		–		–		11	(17.5)		
5–9	1	(1.6)		5 (7.9)		2 (3.2)		–		–		–		8	(12.7)		
10–19	4	(6.3)		6 (9.5)		2 (3.2)		0 (0.0)		–		–		12	(19.0)		
20–49	2	(3.2)		3 (4.8)		4 (6.3)		0 (0.0)		1 (1.6)		–		10	(15.9)		
50–99	0	(0.0)		5 (7.9)		1 (1.6)		0 (0.0)		1 (1.6)		0 (0.0)		7	(11.1)		
min. 100	2	(3.2)		0 (0.0)		0 (0.0)		0 (0.0)		0 (0.0)		1 (1.6)		3	(4.8)		
Sum	27	(42.9)		24 (38.1)		9 (14.3)		0 (0.0)		2 (3.2)		0 (0.0)		1	(1.6)	63	(100.0)

2004). However, there had also been little direct focus on this issue in these studies. In the current study, self-reports of psychological treatment as an outpatient, or psychiatric inpatient treatment, indicated fewer disturbances than in incarcerated samples of child sexual abuse offenders. Even the highest proportion, which is 55.0% for having received treatment as an outpatient, is considerably less than the 70 to almost 80% reported in studies of detected child sexual abuse offenders (Galli et al., 1999; Leue et al., 2004; Raymond et al., 1999). It is, however, slightly higher than the approximately 40% for lifetime diagnoses in the general population in Germany (Jacobi et al., 2004).

Concerning drug and alcohol abuse as measured by admissions to drug and alcohol rehabilitation centers, comparisons with studies of incarcerated child sexual abuse offenders that used diagnostic measures indicate that the level in the current study (7.5%) is about half of that in these other samples, which found approximately 18% for drug abuse, and 40 to 55% for alcohol abuse (Abracen et al., 2000; Langevin & Lang, 1990). However, admissions to drug and alcohol rehabilitation centers may underestimate the level of disturbance, as diagnoses do not necessarily lead to admissions for treatment. A similar problem exists for admission to outpatient or inpatient treatment for mental health problems.

As expected, participants recalled that it was during adolescence when they became aware of their sexual fantasies involving minors (median age = 17). The higher average age (20.5) might be due to some participants actually reporting their age when they could no longer deny their attraction to minors.

The current study found no significant difference between the two subgroups regarding sexual interest in minors, with one exception. Men, whose sexual fantasies include pubescents, show a higher proportion of these fantasies if they already have had a sexual contact with a minor. The level of sexual fantasies involving minors compares well with the reviewed literature on Dunkelfeld offenders, and is slightly higher than some studies of detected child sexual abuse offenders (Dandescu & Wolfe, 2003). Of further interest is the marked distress experienced by the participants in the current study. They believe themselves that their sexual fantasies can influence their behaviour, presumably because they recognize their fantasies being an expression of their sexual preference.

Dunkelfeld offenders have multiple victims and, thus, they do not represent a less mild form of offender. The number of victims reported

by the Dunkelfeld offenders in this study is similar to that reported for pedophilic child sexual abuse offenders or extrafamilial offenders in some studies (Marshall et al., 1991) but considerably lower than in others (Abel et al., 1987). Although the data from Abel et al. (1987) does indicate a higher number of victims, the mean scores appear to have been skewed by very few extreme outliers. The median scores may be a better indication of the true size of victim number. Another study found slightly higher numbers than the current study for reported victims (Smallbone & Wortley, 2004). Clearly, assessing the mean number of victims varies somewhat between samples. Considering the different means of classification of the offenders, this is perhaps to be expected.

Unlike in the review of the Dunkelfeld studies (Bernard, 1975; Riegel, 2004; Wilson & Cox, 1983), the current study found no overrepresentation of offenders against male minors. The suggested bias in the selection of the participants in the previous studies may well explain this. In studies concerning detected child sexual abuse offenders there is a tendency to find more female victims but perhaps this reflects more the reluctance of boys to disclose sexual abuse. Although the current study indicates that boys and girls may be almost equally at risk of abuse from pedophilic child sexual abuse offenders, the subtle shift from girls being at a higher risk in younger years to lower risk at an older age may bear some value for prevention efforts, if this finding is replicated in further studies.

To conclude, the current study found only few differences between potential and Dunkelfeld offenders on the one hand, and between these two subgroups and Hellfeld offenders on the other.

What we know from the first limited data on potential offenders is that they are younger than Dunkelfeld offenders. Hence, at the time they responded to the campaign, they might not have had to cope with their sexual urges for as long as Dunkelfeld offenders. Likewise, with the experience of having offended, a higher proportion of Dunkelfeld offenders fear that they will reoffend compared to potential offenders who managed to control their urges successfully up to the present. Finally, seeking professional help is more common amongst Dunkelfeld offenders than amongst potential offenders.

The failure to find more differences between potential and Dunkelfeld offenders in this study suggests that other variables need to be focussed on. These may include measures of dynamic risk factors, which are thought to be related to sexual offending. These variables include offence supportive attitudes and beliefs (i.e., cognitive distortions, victim empathy), coping strategies, and hostility (Beech, 1998; Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005). To date, offence supportive attitudes and beliefs as well as a variety of dynamic risk factors of child sexual abuse and child pornography offences have been investigated in potential and Dunkelfeld offenders (Neutze et al., in press; Schaefer & Feelgood, 2006). Potential child sexual abuse offenders endorsed less cognitive distortions and reported more empathy for victims of child sexual abuse (Schaefer & Feelgood, 2006).

Comparing the findings with Hellfeld research, there appeared to be some differences related to mental health and the extent of sexual

Table 7
Victim characteristics: gender and age*.

Gender of victims	Age 0–6 ($N=13$) ^a	Age 7–13 ($N=42$) ^a	Age 14–17 ($N=30$) ^a
• Female	7 (53.8)	20 (47.6)	12 (40.0)
• Male	3 (23.0)	16 (38.1)	15 (50.0)
• Female and male	3 (23.0)	6 (14.3)	3 (10.0)
	13 (100.0)	42 (100.0)	30 (100.0)

*Note that these figures do not present the absolute number of offences.

^a Sample size refers to the number of Dunkelfeld molesters (DO) who provided data. Note that some had multiple victims.

fantasies. These differences may, however, be due to the motivation to seek treatment of the present sample, and the incarceration of detected child sexual abuse offenders in other studies. For instance, in such an environment, where respective sexual fantasies are seen as repugnant or an indication of greater risk of reoffending, participants may be less likely to report them. In the current study, the non-justice and confidential environment may have facilitated the reporting of these fantasies.

Obviously, irrespective of any differences found between the potential and Dunkelfeld offenders investigated in the current study and detected child sexual abuse offenders as portrayed in the literature, it is too soon to determine to which extent research on detected child sexual abuse offenders is relevant to the wider population of (potential) child sexual abuse offenders.

4.1. Study limitations

This study's data was drawn from a telephone screening procedure, which was only the first of several methodological approaches within a project with much wider scope, that is obtaining participants for a treatment program (Beier et al., 2009). As a result, the interview necessarily had restrictions regarding the number of questions and depth of assessment, severely hampering, for example, the ability to establish presumed diagnoses. Likewise, the media campaigns' focus on a potential treatment sample will have resulted in a preselected, quasi clinical sample. In many samples of detected child sexual abuse offenders treatment was mandated and participants incarcerated, which may explain some of the apparent differences in education, socioeconomic status, and mental health problems.

A further limitation may be seen in the study relying on self-report data only, especially with respect to the potential child sexual abuse offenders, that is those participants who reported not to have had any sexual contacts with children. Though deniers in the present sample seem expectable, their proportion is believed to be rather small. One reason for this assumption is the media campaign specifically having addressed non-offenders. A second reason is the non-threatening atmosphere in which the research project has been set up, with the opportunity of full anonymity and the absence of mandatory reporting laws regarding past child sexual abuse offences.

Finally, the current sample is as unrepresentative as other samples studied to date. It thus neither reflects the rest of the pedophilic community, nor of the Dunkelfeld. The proportion of those who never responded to the media campaign must remain unknown. The problem of generalizability, it seems, can only be reduced through studies that have no focus on treatment, but are focussed on collecting epidemiological data (Ahlers et al., 2009).

4.2. Outlook

Interestingly, and in common with the experience made in the "Stop it Now" child abuse prevention campaign (Richard, 2003; Stop it Now, 2007; Tabachnick & Dawson, 2000), potential and Dunkelfeld offenders are interested in treatment and preventing future child sexual abuse. The distressing nature of the fantasies, and the ramifications of the sexual preference apparently being immutable, suggest that treatment motivation is not only due to fear of possible incarceration, or of (re)offending. This notion of intrinsic treatment motivation is further supported by potential offenders having sought treatment even in jurisdictions with mandatory reporting laws (Fedoroff et al., 2001). Certainly, replicating research results may strengthen the scientific basis of any conclusions drawn from the findings discussed here and elsewhere (Fedoroff et al., 2001; Stop it Now, 2007). However, too much seems at stake to wait any longer before undertaking further prevention efforts aimed at these target groups.

Of particular interest was that Dunkelfeld offenders themselves noted that their fantasies are distressing and are linked to their offending. It may well be that sexual fantasies and the associated distress can be focussed on in treatment. Rather than assuming that fantasies are only rewarding, the distressing aspect could be used for intervention and empathy building with the client himself. The beginning of this empathy building could begin with media campaigns and extend into treatment.

Sexual fantasies, though, are of significance not only with respect to distress. Previous research findings suggest a link between sexual fantasy and behaviour in general (Leitenberg & Henning, 1995), and between deviant fantasy and sexual offending in particular (Abel et al., 1987). For example, with an average of 15 victims, child sexual abuse offenders with sexual fantasies involving children have more than three times the number of child victims, and with an average of 73 acts committed have more than double the number of acts compared to child sexual abuse offenders without such fantasies (Abel & Harlow, 2001). When assessing sexual preference for appraising risk to (re)offend, then, it is important to investigate the nature and content of sexual fantasies. After all, characteristics of known sex partners, victims or otherwise, might not correspond to sexual preference (Heil, Ahlmeyer, & Simons, 2003). Likewise, sexual responses in socio-sexual interactions (i.e., reported sexual behaviour involving others) might not correspond to sexual preference. If the same may be assumed for responses to other external stimuli, then sexual fantasies promise to be the most reliable indicator for sexual preference. The downside, obviously, is the problem of true reports on these internal stimuli.

Bearing in mind the sheer size of the Dunkelfeld of child sexual abuse, the expected proportion of undetected pedophilic child sexual abuse offenders, the likelihood of treatment demand amongst this group, and the level of self perceived risk to offend amongst potential offenders, one obvious consequence would be to establish more facilities that provide specialized treatment to these target groups. Fortunately, within the federal system of Germany, the Berlin Prevention Project Dunkelfeld has triggered one further state (out of 16) to establish a respective community-based center, and three further states are planning to do so. For the interventions to be empirically based, more research on these subgroups of pedophiles and hebephiles is needed.

In doing this research, having highly skilled staff conduct computer assisted telephone interviews seems promising. Of 155 men who were found to have a sexual preference for either prepubescent or pubescent minors following a clinical interview (Neutze et al., *in press*), 43% ($N=67$) had also participated in the screening prior to the clinical interview. Analyzing their screening data, the authors found that all 67 men had reported their sexual fantasies to be dominated by minors. While 100% of those who reported in the screening that prepubescent minors dominate their sexual fantasies ($N=28$) were subsequently diagnosed with pedophilia, the proportion of self-identified hebephiles ($N=39$) that was later confirmed as having hebephilia was 44% ($N=17$). Some of the remaining 22 self-identified hebephiles who were diagnosed with pedophilia following the clinical interview may have understated the proportion of prepubescent minors in their fantasies when interviewed over the phone, because they were too reluctant or not ready yet to admit the true proportion of respective fantasies at that early stage in the research project. Likewise, during the clinical interview some may have reported their distress to be related (more) to the (minority of) prepubescent minors in their fantasy, thus being diagnosed with pedophilia. Overall, however, these findings suggest that assessing respective fantasy proportions using a CATI yields fairly good presumed diagnoses amongst self-identified pedophiles and hebephiles. Further research is needed to see whether the method is also both feasible and reliable enough to conduct respective epidemiological research.

Irrespective of the methodological approach, research in this area may best be achieved once the general public has come to learn and accept that a sexual preference for minors is not a crime, and that helping those interested in remaining offence-free is a form of active child protection. To what extent mandatory reporting laws may do more harm than protect children needs further discussion, as these laws are likely to keep treatment seeking Dunkelfeld offenders in the dark.

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