

Association DIS NO

CHILD SEXUAL ABUSE

PREVENTION OF THE FIRST ACTING OUT EVENT

Inventory and analysis of the situation at the international level



Prospects for French-speaking Switzerland



OAK
FOUNDATION



Avec le soutien de la
Loterie Romande

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¹ See chapter 1.8

Report

CHILD SEXUAL ABUSE

PREVENTION OF THE FIRST ACTING OUT EVENT

Overview and analysis of the situation at the international level



Prospects for French-speaking Switzerland

Let us try to become « prospectors of the abyss », « discoverers of the future », « inventors of happiness ». Let us show our indignation! No more resignation! Let us report, analyse, reflect and make proposals! Something good will come out of all this.

Josiane Marie Regi

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Prefaces

Preface by Dr H.C. Jean Zermatten

Director of the International Institute for the Rights of the Child (Sion) and Chairman of the United Nations Committee on the Rights of the Child.

The delicate and sensitive issue of child sexual abuse has remained hidden for too long, or barely addressed in some extraordinary cases considered as exceptional events and not at all representative of reality, of our local, cantonal or national reality. Some high-profile cases, here and elsewhere, have put the spotlight on adult child predators, and have contributed not only to the media coverage of these monstrous facts, but also to the realisation that these events do not only happen to others.

The first Swiss study in this field, the study by Halperin, Wicky and Bouvier in 1997, which has become a reference in this regard, international meetings such as the World Congress against Commercial Sexual Exploitation of Children in Stockholm in 1996, as well as new international treaties, have helped open the eyes of professionals, magistrates and authorities. New laws have been adopted, protection mechanisms have been implemented and services have been developed to meet a growing demand and the disclosure of the obvious: that many children are victims of sexual abuse, and what is more, mostly by people who they know and who, for many, have a duty to protect them. Attention has thus naturally been directed towards the protection of children who are victims of these serious violations of their right to physical, mental and sexual integrity, as well as the neutralisation of the perpetrators. This has led, in practice, to an increase in the offer of protective services, or the creation of specialised units in the field to take care of the children; and on the other hand to ensure that these offences are criminalised comprehensively so that the perpetrators are punished in an exemplary manner. This interest in the child-victim and the desire to pursue the offender continue and have not, by far, exhausted the possibilities of the authorities to address these two concerns.

But it must be recognised that the question of how to deal with perpetrators other than by criminal law instruments has remained largely, if not entirely, in the background. Many public and private bodies have raised the question of therapeutic monitoring of perpetrators, but very few tangible achievements have emerged and the examples of good practices that can be cited come from abroad. If we go a step further and question the possibility of sexual abuse prevention with respect to potential perpetrators, it is as if we are entering into a desert area...

This is highlighted in the Report by the Association DIS NO which has conducted a large-scale study over two years to produce an overview of the situation at the international level (in terms of the literature, research and practical achievements) and draws some very useful insights for French-speaking Switzerland. We must acknowledge the courage of the initiators who took on this huge task consisting of several components (research, compilation and classification of all relevant information on prevention in this field; analysis and synthesis of information collected; identification of good practices). This ambitious report leads to proposals for preventive intervention in French-speaking Switzerland and a series of specific recommendations.

We believe that it would be useful to give attention, in our country, on how to manage potential perpetrators – adults and adolescents – so as to better protect children against abusers acting out. The great difficulty of this task is the identification of possible perpetrators and what answer to give to those who are sexually attracted by children and who seek help, help which they have much difficulty finding.

DIS NO makes a series of proposals at the end of this report. It is of great merit to not just offer an overview or inventory, and to not become disillusioned faced with the worrying situation in our country, but to want to offer to French-speaking Switzerland a feasible and realistic solution.

The Association DIS NO has set itself the goal of creating a network of professionals in the field, to develop synergies and partnerships and to establish, in French-speaking Switzerland, a structure specific to the field of prevention before the first acting out event. The courage of the initiators is commendable and we hope that this approach will be rewarded by a warm welcome from the public, and concerned experts and authorities!

It is hoped therefore that this large and very complete report will not become just one more report to file on a shelf, or to put under the pile of good intentions, but that it will serve to support concerted, rapid and effective action. This will allow for the prevention of a large number of acting out events, to respond to the suffering of those who fear to commit the irreparable and to ensure that children can live their childhood without having to endure the sufferings of this violation of their body and heart and the laying to waste of their future.

Jean Zermatten

Preface by Dr Philip D. Jaffé

Psychotherapist FSP, Professor and director of the Research and Teaching Unit in Children's Rights at the Kurt Bösch University Institute (IUKB), Bramois (Valais).

It is a truism to claim that, in Switzerland, the prevalence of child sexual abuse is far too high. How can we tolerate that the rates of victimisation with sexual contact affect 8.1% of boys and 21.7% of girls when these minors, around 15-16 years, finish their compulsory schooling? Yet these are the figures that emerge from the survey recently conducted by Optimus across Switzerland¹. How can a society that considers itself empathetic and civilised – terms often applied to Switzerland – tolerate such percentages and not urgently mobilise by integrating all the forces emanating from a real federal coordination of cantonal resources? These questions should lead to some soul-searching by the « interested parties » including the police and social, psychological and medical services. Not to mention the politicians, who frequently validate strident popular initiatives and surf the periodic waves of indignation, but do not carry out their duty of care to the thousands of future victims who could be saved if efforts to make prevention more effective were developed.

But in some sense, it is even more serious. The prevalence rates cited above correspond largely to the percentages noted already more than sixteen years ago, in a resounding study carried out in Geneva². As a reminder, this survey estimated that the rate of victimisation with sexual contact concerns 3.6% of boys (a percentage considered undervalued due to cultural difficulties for boys to self-report sexual abuse) and 19% of girls, a population comparable to that of the Optimus survey. The conclusion reached is harsh: preventive measures, however worthwhile and supported, have failed to significantly reduce the rates of victimisation.

Why then are Swiss children equally abused in 2012 than in 1996? Unfortunately, the honest answer is that we know nothing or very little as to the reason. To my mind, this « very little » speaks volumes. Follow the reasoning. Prevention of child sexual abuse has been focused on three main approaches. Firstly, a very impressive growing awareness by the general public of the reality and extent of child sexual abuse. While a generation ago, an awkward silence still reigned regarding criminally reprehensible behaviour towards children, there are few people today who can claim that they do not realise the risks inherent in the period of childhood. This evolution was accompanied by prevention work with children who were encouraged to disclose and report their experiences to various authorities, particularly academic, social and health services. In parallel, the police and legal justice system, supported by beneficial changes to the Federal Act on Assistance to Victims (dating back to 1992), have developed more efficient systems for collecting and exploiting the denunciations by minors alleging to have suffered sexual abuse.

Certainly, these preventive approaches are processes that are cause for optimism, and have made visible the issue of abuse, encouraging victims to come forward and establishing legal priorities as to how to treat them respectfully and optimise their testimonies in the justice system. Also to be noted is a significant tightening of punitive measures against identified, apprehended and convicted perpetrators. However, what has been cruelly ignored by the authorities is the need to consider and adopt effective prevention measures for sexual abusers, as well as preventive measures that target people who have not yet acted out and who therefore have not yet committed irreparable harm against children.

¹ Schmid, C. (2012). *Sexual victimization of children and adolescents in Switzerland*. Zurich: UBS Optimus Foundation (www.optimusstudy.org).

² Halpérin, D. S., Bouvier, P., D. Jaffé, Ph. D., Mounoud, R.-L., Pawlak C. H., Laederach, J., Rey Wicky, H. & Astié, F. (1996). Prevalence of child sexual abuse among adolescents in Geneva: Results of a cross sectional survey. *British Medical Journal*, 312, p. 1326 ss.

A few lone voices have periodically reported the asymmetry of resources invested in prevention, which is of course commendable, but essentially one-dimensional. It must be said that interest in perpetrators, whether proven or potential, is not an area that receives enthusiastic support, unless one appeals to lower revengeful and punitive instincts¹. It is nevertheless obvious that the prevention of acting out events by abusers who have already acted out or those at risk of doing so, could result in a verifiable number of fewer victims.

It should be taken into account, and rightly so, that it is the victims of abuse and all segments of the population at risk, primarily children, who should receive generous allocation of resources. But to ignore the potential to significantly reduce the prevalence of child sexual abuse and to not fund programmes, less popular but nevertheless efficient, aimed at the perpetrators themselves, in particular potential perpetrators, is indicative of a huge cognitive myopia of our society.

This challenge can now be taken up, based on the *Prevention of the First Acting Out Event* Project that positions itself from the outset as a convincing approach to increase the efficiency of the overall system already in place for the prevention of child sexual abuse.

For this, courageous decisions will need to be taken by the social and political actors who have the decision-making power to implement strategies. The potential victims do not have the luxury to wait.

At present, internationally, primarily in North America, victimisation rates are beginning to decline². Explanations for this are still somewhat mysterious. The much more pronounced attention given to perpetrators may play a significant role. The time has now come to rapidly complete our prevention models! The time has now come to invest resources in targeted prevention aimed at potential perpetrators! We owe it to the children to not leave Switzerland mired in a stagnation of prevention models which, attested by the frequency of victimisation, contribute to perpetuate the far too high rates of child sexual abuse. Let us dare take up the challenge!

Philip D. Jaffé

¹ One exception should be noted. This is a programme in Geneva which targeted adolescent perpetrators of child sexual abuse. Unfortunately, designed as experimental and short-term, and not having received the strong support given to those who offer resources to communities closer to the victims and populations at risk, this programme was discontinued.

² Jones, L. & Finkelhor, D. (2011). The decline in child sexual abuse cases. *Juvenile Justice Bulletin of the Office of Juvenile Justice and Delinquency Prevention*. 1-12. Access: www.ncjrs.gov/pdffiles1/ojjdp/184741.pdf (Consulted on 8th September 2012).

Preface by Cedric Eperon

Attached to the Staff of the Youth Protection Service of the Canton of Vaud, member of the Steering Committee.

The Association DIS NO has been active for many years in the prevention of maltreatment and sexual abuse of children. Their experience and reflections have led them to consider exploring other avenues of prevention than those currently in place.

Up until now, prevention has primarily been focused on children, actual or potential victims and, to prevent recidivism, on sex offenders... but to a much lesser extent where these are concerned, when we know that reported offenders represent only a fraction of these perpetrators... not to mention the even smaller number of persons convicted...

« And what if we imagined a preventive approach at the root cause, in other words with those at risk of sexually abusing a child for the first time? ». This was how the idea of researching prevention measures aimed at potential abusers was born. A bold challenge, because even if the existence of child sexual abuse has been recognised over the years, not without difficulties, as being a public health issue and a societal problem, to dare imagine a research project addressing persons who have sexual thoughts and attraction towards children and at risk of a first acting out event raises another taboo.

Yet the Association DIS NO and the members of the Steering Committee have dared! They went looking for answers to their questions!

« Are there, in other countries or other regions of Switzerland, structures, associations or services in contact with people at risk of a first acting out event? If they exist, what do they offer? Would it be conceivable to develop a similar approach in French-speaking Switzerland? »

This document gives an overview, analyses the international situation and presents prospects for French-speaking Switzerland. It is completed, as regards the research literature, by a systematic review conducted by the University of Lausanne.

This approach, aimed at preventing child sexual abuse by addressing people at risk of a first acting out event, is still in its infancy, even at the international level, but there are already promising and extremely encouraging results which challenge widespread preconceptions, such as a person who is sexually attracted to children is most likely not aware of his problem and would not seek assistance...

In presenting its project, the Association DIS NO succeeded in motivating associations and private foundations, as well as the government through the Youth Protection Service of the Canton of Vaud, to fund the research on this innovative approach. Will we be able to draw from this experience, adapt these approaches and implement them in French-speaking Switzerland, for the protection of children?

I very much hope so. May the reading of this research convince policy makers and funders to actively pursue this project.

Cedric Eperon

Preface by Monika Egli-Alge

Director of the Eastern Switzerland Forensic Institute (FORIO, Thurgau). Psychologist and psychotherapist FSP/ Forensic psychologist SGRP.

Child sexual abuse carries with it, and for all concerned, significant suffering [...]. For decades, possibilities for sustainable and effective treatments have been known, tested and scientifically studied, not only for the victims of such acts, but also for the perpetrators responsible for the suffering. [...]

In some countries, such as Germany with the campaign "Kein Täter werden" (*Translator's note, hereafter TN: "Don't become a perpetrator"*) [...], research and projects have shown that, for a certain group of people, it is possible to act in the field of prevention in a professional manner; or rather that we must act to ensure, before it is too late, that boundaries are not crossed, that sexual abuse is not committed. [...]

The therapeutic approaches and models tested and studied show that it is meaningful and useful to develop a general offer. In Switzerland, the introduction of the law on assistance to victims has led to widespread assistance to crime victims [...]. It now seems evident that we will also take the next logical step in the field of « perpetrator prevention » and that is why we should consider a general offer that would be proposed throughout the whole of Switzerland for potential perpetrators. Methods that have been proven in practice and which are scientifically valid are available. This is what this present report shows; we ought to make use of them. [...]

This Report shows how and under what conditions to best succeed. Only one question therefore remains: when, if not now?

Monika Egli-Alge

Foreword

This Report is the result of several years of research on a theme as yet little explored. This being so, its elaboration takes account of a long reflection, consisting of steps forward and redefining, based on consultations, choices and an increased awareness which brought about certain changes during its development.

Originally, the Project was driven by the idea of developing forms of prevention of child sexual abuse aimed at adults and adolescents, in order to dissuade or to prevent them from acting out, backed by the conviction that it is essential, but insufficient, to deal with the victims and the perpetrators once an abuse has occurred.

Based on this concept, three considerations gradually emerged, supplementing or modifying the formulation and initial orientation of the project.

One of these concerns the attention given not only to adults, but also to minors as individuals who can behave in a sexually abusive manner towards other children. A separate chapter is devoted to this particular and delicate topic to account for its characteristics compared to adults.

Due to the complexity of this area, which requires very specific skills, it was decided by the Steering Committee to restrict the recommendations to adults and adolescents from 12 years and older. Therefore, chapter 3 provides only a brief overview of the problem.

Another consideration led us to categorise the target groups mentioned in this report. Initially, the concept of prevention advocated included all persons at risk of sexually abusing a child, whether or not they had already committed abuse in the past, since any kind of acting out is a serious matter.

However, as the research and reflection progressed, it appeared necessary that a clear distinction between those who have already acted out and those who have never committed sexual abuse must be made for ethical, legal, practical and material reasons developed in this report.

The third consideration accompanied us throughout the development of the Project and focuses on the terminology. The expression « potential perpetrator » originally used is the origin of the first title of the Project: Potential Perpetrator-Oriented Prevention (POPA¹). During the course of its drafting, we decided to replace these terms, which we felt were no longer appropriate. This is why the Report has been renamed *Prevention of the First Acting Out Event*.

Indeed, what is a « potential perpetrator »? Failure to define this « potential » runs the risk of rendering it unusable and meaningless. And if this is not the case, how to determine the risk factors which, alone or together, would make a person a potential perpetrator? Many lists of these factors and contexts have been drawn up from studies but, as we progressed in our research, their usage seemed dangerous and stigmatising.

Any research needs however to develop an operational terminology, even if these definitions are still restrictive in relation to the complex realities they seek to describe. Thus, faced with the increasingly obvious impossibility to define the concept of « potential perpetrator », we opted for more neutral terms, such as « persons at risk of a first acting out event » (PRFAO) and « persons at risk of recidivism » (PRR). These terms do not completely solve the problem mentioned above. Nevertheless, they seem less deterministic, especially as we decided not to list the risk factors (these can only be evaluated on a case by case basis).

¹ POPA: *Prévention Orientée Potentiel Auteur*.

Exchanges with various specialists that we had throughout this project led us to an important consideration: even the most frequently mentioned risk factor, sexual attraction to children (paedophilia), is not sufficient in itself to determine whether a person is at risk of acting out.

This realisation led us to outline, in chapter 2.1, a new model, deontologically important, which allows for the differentiation between PRFAOs and persons who feel sexually attracted to children but who, due to personal resources, are not at risk of acting out as long as they do not cross the barriers that represent their internal inhibitors.

Together, these two groups represent those that we decided to call the Project priority Target Groups (PTG). The recommendations given in this report concern these people and their social circle.

Thus, the terminology in the title and body of the report reflects a continuous evolution, which is still not complete and which deserves further consideration in the future. This constant reorientation is also due to the fact that research on prevention before the first acting out event is still in its infancy.

Through this work, we hope to promote, by presenting methodological choices, overviews, experiences in Switzerland and internationally, testimonials as well as lines of thought that can be taken up, discussed, supplemented and materialised.

Hopefully further research and ideas will complete this work. We also hope that this research will attract interest and will contribute to a new way of thinking about prevention.

Lisa Ancona and François Boillat

Presentation of the Report

The report *Prevention of the First Acting Out Event* presents the collected data and findings developed during the Project and is the field-oriented research component. It is completed, in terms of the research literature, by the systematic review of the University of Lausanne.

The document has been written so that it is accessible and beneficial for both lay persons and specialists.

Part I

The first part is the body of the document and is designed to introduce, define, describe and analyse the issue of prevention before the first acting out event.

After outlining the evolution of the concepts of prevention of child sexual abuse (Introduction), a brief history of the project, its missions and collaborators are presented (chapter 1).

The next section (chapter 2) aims to clarify, through an exploratory model, the Project priority Target Groups (PTG). These include persons who have a motivation to sexually abuse children and those at risk of a first acting out event (PRFAO).

A separate section (chapter 3) is devoted to the specific theme of adolescents at risk of sexually abusing younger children, as well as children with sexual behaviour problems.

A synthesis of the research on preventive measures aimed at PTGs is presented, in table format, in the inventory (chapter 4). Various research, campaigns, structures and support materials for these specific populations are identified at the international and Swiss levels.

This inventory is followed by an analysis of the achievements and deficiencies in most of the countries studied in the field of prevention of a first acting out event (chapter 5). Although still rare, it should nevertheless be noted that initiatives, media campaigns and programmes have been carried out in Canada and the United States (on a regional basis), as well as in England and Germany (on a national level).

Different aspects of the various approaches are identified and compared in order to highlight the communication strategies used, the types of services, the response to the services offered, as well as the reasons that may have prevented some projects to be carried out or continued. Particular attention is paid to the situation in Switzerland in connection with the Lanzarote Convention (Council of Europe, 2007a) signed by the Confederation in 2010.

Recommendations regarding the continuation of the Project conclude the analysis. Thirteen measures are recommended for French-speaking Switzerland, which can be taken up and adapted in other regions or countries. They will be conducted or coordinated by a structure (resource centre) clearly profiled in the field of prevention before the first acting out event. This specificity is a first in Switzerland and internationally.

Part II

The second section presents the details of the field research (inventory) in respect of the services offered internationally (chapter 7) and in Switzerland (chapter 8). It can be consulted selectively depending on the area of interest of the reader.

To contextualise the issue of PTGs in the broader framework of secondary and tertiary prevention, an overview of the legal framework relating to child sexual abuse, as well as

statistics on the prevalence of victimisation, disclosures and denunciations, is provided in the appendix.

Note on the excerpts quoted in the Report

Italics were used by the authors to highlight words or passages in quoted excerpts. This does not always correspond to the original font.

Translator's note

This report was translated from French.

A number of citations from books, reports and websites are free translations, as some of the texts have never been translated into English. In addition, the translator did not always have access to the English versions when these are available and in this case the choice of free translations was made. The original authors are therefore thanked for their indulgence. The abbreviation "TN" refers to "Translator's note".

PART I

PROJECT REPORT

CHILD SEXUAL ABUSE: PREVENTION OF THE FIRST ACTING OUT EVENT

Introduction: Evolution of the concepts of prevention of child sexual abuse

In the context of French-speaking Switzerland, the issue of child sexual abuse began to be addressed publicly only in the 1980s. Growing awareness of the magnitude of the phenomenon led to the focus being primarily on the victims: structures and associations providing assistance and support were set up.

Furthermore, this awareness led to a rapid, and sometimes rather hasty, implementation of prevention programmes for children through school-based interventions. These programs were often based on Canadian initiatives, a country that is pioneer in combating sexual abuse.

The issue of child sexual abuse was therefore dealt with there « where it strikes, namely our children » (Van Gijseghem, 1999, p. 116), unlike other issues (e.g. domestic violence, road accidents, sexually transmitted diseases) where preventive strategies include both perpetrators and potential perpetrators, as well as potential victims.

We have in fact found no document from the 1980s that mentions prevention aimed at those who are at the root of the problem, in other words the abusers and – from a perspective of primary prevention – the potential abusers. In the 1990s, Swiss fundamental documents such as the *Rapport Enfance Maltraitée en Suisse* (1992) (TN: *Report on Child Abuse in Switzerland*), mention the abusers only vaguely, even elusively. Moreover, they refer only to the treatment of the minority of abusers who have fallen through the cracks of the criminal justice system:

Punishment of sexual offences alone does little to reduce the frequency of repeat offending, in other words the increase of offences by the same perpetrators. It is particularly important to offer treatment as soon as the sex offenders start their criminal behaviour, the vast majority of whom have been sexually abused and/or abused, deprived, during their youth. [...] These new methods include the introduction of therapies carried out while the sentence is being served and, in severe cases, the extension of the supervision of the delinquent (art. 47 CP) after the sentence has been carried out. (*Rapport Enfance maltraitée en Suisse. Avis du Conseil fédéral*, 1995, p. 164) (TN: *Report on Child Abuse in Switzerland. Opinion of the Federal Council*)

At the same time, the preventive approach based mainly on cautioning children began, in the 1990s, to give rise to questions and criticisms:

We believed that by informing our children of the perverse aspects of adult sexuality, they would be able to protect themselves and avoid the dangers. That the sooner they were forewarned, the better they could defend themselves against abusers. We did not however take into account their cognitive abilities or their inability to convert information when necessary into a behavioural response. And above all, we did not take into consideration the negative effects of this information which can, in some cases, hamper their psychosexual development. (Van Gijseghem, 1999, pp. 116-117).

On the other hand, it appears that not all children internalise the messages of these campaigns and, among those who find it hardest to acquire methods of self-defence, are those at highest risk of victimisation. Evaluations of these programs show that it is not possible to assert that they reduce the number of victims. (Finkelhor, 2009; Mousset-Libeau, 2005)

In addition, through the idea that it is up to children to protect themselves, there is a risk of over-responsibility:

Another limitation to the current prevention: it is directed only towards the child [...]. It is therefore up to the child to defend himself from the adult who has all the rights, including that of sexual assault. No reference to what is prohibited, no information is given, nothing is said to this faceless aggressor. Our prevention policy is a reflection of our criminal legislation and no mention is made of the illicitness of the act. It contains no message for the sexual abusers. (Porchy, 2003, p. 144)

It was not until the second half of the 1990s that certain texts started to include (known) perpetrators in the preventive discourse. Their inclusion began to appear as a necessary preventive measure to prevent acting out events.

In Quebec, the Working Group on Sexual Violence made the following observation already in 1995: « most prevention programmes are aimed primarily at "potential victims" and it would be wise to add elements which would also allow to reach out to the "potential aggressors" » (Lemieux, 1995, p. 153).

Switzerland

A pioneering Geneva study in this field (Halperin, Bouvier & Rey Wicky, 1997), conducted in schools and based on retrospective reporting of sexual victimisation, mentions the need to widen the fields of prevention:

Child sexual abuse constitutes a complex social phenomenon, the causes of which can be found at different levels of our human environment. Prevention requires a diversity of approaches, focused on children, families and victims, but also on the abusers and the factors associated with aggression, as well as society as a whole. (p. 153)

New forms of prevention must be developed that take into account the characteristics of the abusers, factors that may influence the occurrence of acting out event, and interactions between the child, the family and especially the social and cultural environment. (p. 164)

It should nevertheless be noted that in the report of this study, the section on « Information and education of children » takes up four pages, the « Role of the parents » one and a half pages, whereas « Dealing with abusers » takes up eight lines.

In 2005, an article issued by the Federal Social Insurance Office [OFAS¹] mentions only very briefly the need to deal with perpetrators:

If we need to primarily help the victims, we must not ignore the perpetrators of violence or abuse who, in the prospect of improving the situation, of a family reunification or of the prevention of repeated abuse, are in dire need of specific support, whether they be violent men, adolescent abusers or incestuous fathers. (OFAS, 2005, p. 116)

Opinions on the complex concept of *prevention* seem to be slowly evolving and the manner in which it should be addressed is viewed more critically. The following observations, made

¹ OFAS: *Office Fédéral des Assurances Sociales*.

by the OFAS (2005), are highly topical as regards the vagueness surrounding the prevention of child sexual abuse, the targets, strategies, resources and actual practices:

Prevention is appealing and it is on the agenda. However, it is clear that whoever attempts to transform declarations of intent into preventive measures faces a multitude of challenges and open questions. [...] Prevention is a major topic of discussion. But when it comes to implementing preventive measures and addressing specific issues, we are faced mostly with empty rhetoric. At the same time, numerous actions and measures are considered to be of a preventive nature. This suggests that the term "preventive" is a guarantee of a superior quality. Efforts to prevent abuse and all forms of violence against children show that this is not the case. (OFAS, 2005, p. 14)

Europe

In 2003, the book *Child sexual abuse in Europe* published by the Council of Europe [CoE] (May Chahal & Herczog, 2003) gives greater weight to overall prevention as well as being perpetrator-oriented. It introduces a more nuanced view on the identity of the abusers and the social reactions caused by child sexual abuse:

Providing assistance to perpetrators of sexual violence is self-evident, because without this the cycle of victimisation will continue and children will remain in danger in their own community. [...] When attention is paid mainly to paedophiles, the designated target of public condemnation, it is easy to forget that the majority of perpetrators of child sexual abuse are often known to their victims because they are friends, neighbours or family members. [...] Assistance for the victims and the prevention of sexual abuse necessarily implies implementation of a concerted action across Europe, so as to put in place services for the perpetrators, and in particular for young men, who make up one third of all perpetrators (Cawson, Wattam, Brooker & Kelly, 2000, as cited in May Chahal & Herczog, 2003, p. 38)

The treatment of this problem at the European level seems therefore to be at the forefront compared to the Swiss national situation. This is also reflected in legislation, because four years later, in 2007, the Council of Europe [CoE] Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CoE, 2007a), signed by Switzerland in 2010, takes up the issue of perpetrator-oriented prevention. Two articles are directly related to the Project: one concerns the perpetrators or potential perpetrators, the other concerns any minor who has committed sexual assault:

Article 7 – Preventive intervention programmes or measures

Each Party shall ensure that *persons who fear that they might commit* any of the offences established in accordance with this Convention *may have access*, where appropriate, *to effective intervention programmes or measures* designed to evaluate and prevent the risk of offences being committed. (CoE, 2007a, chap. 2)

Article 16, paragraph 3 – Recipients of intervention programmes and measures:

Each Party shall ensure, in accordance with its internal law, that intervention programmes or measures are developed or adapted to meet the developmental needs of *children who sexually offend, including those who are below the age of criminal responsibility*, with the aim of addressing their sexual behavioural problems. (CoE, 2007a, chap. 5)

The *Explanatory Report* (Council of Europe, 2007b) specifies that the negotiators wished to address both potential perpetrators (who have never acted out), as well as persons « who have committed such offences but have not been brought to the attention of the authorities »:

The provision, which applies to *people who are not being investigated* or prosecuted or serving a sentence, and is preventive in purpose, is best included in the chapter on preventive measures. [...] the negotiators did not wish to impose specific models on States Parties, which must simply "ensure" that these programmes or measures are available to the people referred to in Article 16, should they wish to take advantage of them, and assess, in each particular case, whether the person applying may benefit from them. (CoE, 2007b, chap. 5, art. 7)

This new perception of prevention, which seeks also to address the potential for abuse before the first acting out event, is thus translated into a recognized legal framework¹ (CoE, 2007b, chap. 5, art. 7, Commentary 64).

Precursory discourses

There is still a wide gap between the legislative framework and the reality of preventive practices in the field.

In theory, calls for new forms of prevention have been circulating since the second half of the 1990s, but struggle to find a practical implementation. Van Gijseghem (1999) suggested in particular that we

divert our efforts of prevention from the virtual victims to the potential abusers. Although this choice of a different target group does not necessarily guarantee a final victory, it is not impossible that through this we will achieve results that are more tangible and less harmful in terms of side effects. (Van Gijseghem, pp. 116-117)

In subsequent years, this new perspective gained ground and began to be addressed in different contexts (structures, research, conferences, media). We witnessed the beginnings of a growing awareness that, before a first acting out event, a person goes through a crucial period that could be used to advantage within a prevention programme.

In 2002, an article in the *Tribune de Genève* raised the question as to the actual possibilities of « downstream » prevention of abuse. According to Jaffé (as cited in Brouet),

it is indeed difficult to work with men who are potential abusers. However, there are various avenues that can be explored. One example is the creation of a framework in which people who feel vulnerable could express themselves and get help without feeling intimidated. But in the context of the witch hunt that exists today, these people are afraid².

Six years later, Gravier³ also highlighted the taboo surrounding sexual attraction towards children in the programme of the Swiss French Television Service, « 36,9 », entitled *Dans la tête d'un pédophile* (9th April 2008)⁴ (TN: *Inside the mind of a paedophile*):

¹ The application of this Convention by Switzerland is subject to further analysis in chapter 5.12.

² Seuls les pédophiles peuvent livrer les clefs de leur comportement. (TN: *Only paedophiles hold the key to their behaviour*) (2002, November 20th). *Tribune de Genève*.

³ Director of the prison medical and psychiatric division of the canton of Vaud.

⁴ <http://www.rts.ch/emissions/36-9/1004459-dans-la-tete-d-un-pedophile.html> (Consulted on 4th July 2012).

I think it is extremely important to realise that there is a certain number of people who are struggling with paedophilic thoughts and who have never acted out. A way must be found to help these people break out of the shame which condemns them to silence. I have known people who had undertaken several long-term therapies without being able to speak to their therapist about these images that haunt them [...]. Because it is there that we can help them erect barriers and signposts that will prevent them from acting out and which will allow them to address their real problems.

This increased attention to potential perpetrators goes hand in hand with the awareness that it is not a homogeneous target group. In particular there are differences in age and gender, as well as specific problems (paedophilia, intrafamilial abuse).

In the media

Just as approaches to the prevention of child sexual abuse have evolved in recent decades, programmes and articles in the media have started to reflect in turn this shift in perspective. In the 1980s, most of the reporting was based on testimonies of victims. But since the turn of the century, some media began to focus on other aspects related to child sexual abuse: recidivism, repression and treatment of the perpetrators.

For example, the programme *Temps Présent*, broadcast by the Swiss French-language television station in 2007¹, *Castrez-moi, je suis pédophile* (TN: *Castrate me, I'm a paedophile*), described the journey of five heavily convicted paedophiles in the United States, who opted for chemical castration or surgery. It also addressed the issue of social reintegration.

As mentioned above, the programme *Dans la tête d'un pédophile* (2008, April 9) was broadcast a year later by the same television channel. Filmed at the Philippe Pinel Institute in Montreal, a high security psychiatric hospital, this documentary follows the provision of treatment to several « sex offenders, rapists and paedophiles, all repeat offenders, sentenced mostly to heavy prison sentences. » It also raises the question of recovery, learning how to live in a community and impulse management.

It is only recently that testimonies of persons who have never acted out have begun to be collected and disassociated from the experiences of perpetrators.

This new focus was seen in the French television report *Pédophilie: de la pulsion à l'interdit* (TN: *Paedophilia: from impulse to prohibition*) (Deleu, 2011, September 28), which not only addresses the issue of lack of services for persons at risk of recidivism who seek help, but also points to the lack of care and services for people at risk of first acting out event:

Each year, many children are abused by repeat offenders, recidivism which is highly publicised. At the same time, thousands of other children are victims of a first acting out event that nobody talks about. Yet some of these assaults could be prevented. (Deleu, 2011, September 18)

The programme concludes by stressing the need to not restrict prevention to cases of repeat offending: « We take leave with a certainty: ultimately, it is less recidivism than the first acting out events that must be prevented. » (Deleu, 2011)

In a report produced in 2012 by the Swiss Italian-language television station, *Viaggio nella pedofilia* (TN: *Journey into paedophilia*) (Ferrari, 2012, June 14), the issue of persons at risk

¹ <http://www.rts.ch/emissions/temps-present/1336549-castrez-moi-je-suis-pedophile.html>
(Consulted on 5th July 2012).

of a first acting out event (adults and minors) is even more central, while being integrated into an overall picture of the problem. It includes testimonials from former victims, perpetrators, persons who have never acted out, various professionals as well as a representative of an association for the promotion of paedophilia.

A clear distinction is made between paedophiles and abstinent abusers, and chronicles the difficult experience endured when they discover their paedophilic attractions without knowing where to turn for listening or help.

Two observations emerge from this brief overview. The first concerns the exclusive focusing on paedophilia, a term that also appears in the titles of all these television reports on child sexual abuse. Other issues, such as incest, are not explicitly addressed or are not clearly defined.

Secondly, as a mirror of society, the media reflect the lack of attention given to prevention before the first acting out event. This seems obvious since, in both professional circles and in the general public, this topic is not addressed. The media have an important role to play in the future evolution of the collective consciousness related to this aspect of prevention. It is for this evolution that all the recent reports mentioned above have opened the door.

Discussion

This overview of the evolution of the concepts of prevention shows how, since the 1990s, first the perpetrator and then the potential perpetrator have gradually found a place. In the literature, some possible avenues for prevention targeting those at risk of acting out have been recommended. This new awareness among specialist circles has however not yet been translated, notably in Switzerland, into concrete actions.

Prevention aimed at avoiding the first acting out event raises two important points.

Firstly, it seems essential to undertake broad awareness-raising among the general public, professionals and politicians in order to implement prevention programmes, and reduce the possible resistance due to a lack of information and the taboo surrounding this problem.

On the other hand, it would be wrong to consider this approach as a panacea for the prevention of sexual abuse. There will always be a number of « unreachables », who will not be prepared to respond spontaneously to an offer nor to engage sincerely in a process in which they have been brought against their will. Therefore current measures as well as other avenues of prevention should be encouraged, brought up to date and explored in parallel.

While keeping in mind this global vision, we have focused in our research on *one* avenue of prevention, namely the one aimed at potential perpetrators, which we feel is essential to explore at present and which is the objective of this report. We hope that this will pave the way for further research into this area.

1. Origin of the Project *Child sexual abuse – Prevention of the First Acting Out Event*

1.1 Background

The Association DIS NO, founded in 1995, has as its main objective the prevention of maltreatment and sexual abuse of children. At its inception, the idea was to teach children to « say no », hence the name of the Association (*TN: “dis non” means “say no” in French*). After several years of activity, we realised that prevention should not rely solely on teaching children to protect themselves from potential dangers.

This reflection is supported by various studies on the effectiveness and relevance of interventions with children, which are subject to controversy in scientific circles.

Based on this observation, we felt it necessary to consider other avenues of prevention. It seemed to us that the one targeted at potential abusers¹ had been relatively unexplored and a project concept along these lines took shape in 2008 during a meeting of a working group convened by the Association DIS NO.

Initially, our idea was to set up a telephone line and a dedicated website for people at risk of acting out. We therefore put together a proposal, created a budget and started looking for the funds necessary for its realisation. The OAK Foundation² was interested in our approach, whilst drawing our attention to certain points. How could we be sure that the channels of communication we were planning to set up corresponded to a real need? Did similar approaches exist in French-speaking Switzerland or abroad? If so, were they effective and had they been evaluated?

These questions, among others, led us to design a new project. This is how the *Potential Perpetrator-Oriented Prevention Project (POPA)*, subsequently renamed *Prevention of the First Acting Out Event*, took shape in January 2010.

We present it below as it was proposed and accepted in 2010 by the different partners (OAK Foundation, politicians and scientists, steering committee, etc.), taking into account aspects that had evolved over the two years since its conception.

1.2 Purpose and objectives

The aim of the Project was to identify, through extensive research at Swiss and international levels, what already exists, what is planned or what still needs to be done in the field of primary prevention aimed at potential child sexual abusers in order to dissuade or prevent them from acting out. Its specificity is that it is aimed at persons struggling with deviant fantasies involving children or who have other risk factors for child sexual abuse.

The project, spread over two years, had three general objectives:

¹ The notion of « potential perpetrator » used when the project was initially designed has evolved and has been redefined following reflections made during the progress of the project, as well as discussions held with various professionals. This is why a more nuanced terminology is used in the following chapters.

² The OAK Foundation financially supports projects aimed at preventing child abuse.

Objective I

The first objective was to search, compile and classify all information collected in Switzerland and internationally that concerns primary prevention aimed at potential perpetrators of sexual acts against minors. This allowed for a maximum of information to be available in the relevant field. This information was listed according to criteria, taking into account several target groups: adults (men and women) and minors (boys and girls).

Main areas identified for the research:

- Structures and services active in primary prevention aimed at potential perpetrators
- Actions / projects / existing programmes
- Professionals working with this population
- Available training
- Communication methods and support materials (websites, telephone lines, brochures, etc.)

In order to centralise all the information collected nationally and internationally, we have created a database. Bearing in mind that this tool is of general interest, methods for its updating and dissemination are proposed in the recommendations.

Objective II

The second objective was to analyse and synthesise the information collected in order to obtain a global and objective vision of the most relevant and promising existing practices, both in Switzerland and internationally, in the field of primary prevention of child sexual abuse aimed at potential perpetrators. To achieve this goal, we had to prepare a Report after an analysis of the information collected, by presenting a summary of relevant information as well as recommendations, in particular for French-speaking Switzerland.

Objective III

The third objective was to identify the most effective means of intervention aimed at potential perpetrators of sexual acts against minors, in order to prevent the first acting out event and to examine what is feasible in French-speaking Switzerland.

To achieve this goal, we deepened our reflection with experts/consultants with a view to finalise the recommendations for French-speaking Switzerland.

1.3 Expected results

The results expected in 2010 were to have a final Report containing recommendations on the needs and means to be put in place in French-speaking Switzerland in order to prevent or dissuade potential perpetrators to act out.

As to the purpose of this pioneering project – provide information to structures, professionals as well as competent authorities in the field of primary prevention on what has already been attempted elsewhere, what works and what could be envisaged – this will be done following the release of this Report with its Recommendations, to the main partners concerned. For preventive actions to evolve, it is essential to have solid information and arguments as to the approaches which are worth undertaking, especially when a theme is neither "attractive" nor easy to communicate.

Well documented recommendations that avoid simplistic ideas are essential preconditions for a pilot experiment that will allow for the implementation in French-speaking Switzerland of programmes, actions and preventive measures aimed at potential perpetrators.

1.4 Implementation of the Project and methodology

In the first phase (early 2010), the Association DIS NO set up a working group in charge of organising and planning the Project in order to provide a framework, define its tasks, the timetable, as well as the human and financial needs. It therefore had to:

- Define the Project objectives and its content
- Design the framework documents necessary to carry it through
- Bring together experts in various fields to form the Steering Committee
- Prepare information files to seek funding for the expenses inherent to the Project
- Draw up the duties and responsibilities for the different defined sectors
- Look for and hire collaborators and associates; contact institutions who may wish to work in partnership with us

Following this preparatory phase, six different fields of activity were established:

The Finance sector

The Finance sector, focusing on fundraising, contributed to secure funding for the Project so as to enable its development and success.

The overall Project budget amounted to CHF 620'000.- for a period of two years. The resources allocated for its realisation were provided by cantonal subsidies, financial support from foundations, companies and private individuals as well as an investment by the Association DIS NO.

The Database sector

The Database sector, composed of a computer specialist and other collaborators, was in charge of designing and populating an IT platform (content and interface) for the storing of all relevant information using a standardised protocol and making the data searchable by different criteria (target groups, types of services, geographical location, etc.).

The Research sector

The purpose of the Research sector was to search and store in the database all relevant information, collected nationally and internationally, concerning prevention targeting potential perpetrators of sexual acts against minors in the five areas identified by the framework document: publications, programmes, structures, professionals and training.

It was composed of several collaborators: some responsible for research in the French, English, German and Italian linguistic regions, and others responsible for the translation.

Collaborators in this sector were responsible for the following:

- research useful information in the areas concerned by consulting websites, reading reports, studies and press articles. and obtaining other material (recordings, radio and television programmes, pedagogical tools, etc.)
- produce documents to facilitate communication and information gathering with professionals (questionnaire, phone call protocols)
- establish contacts in Switzerland and abroad in order to collect the experiences of structures and professionals already active in the field with potential perpetrators. These contacts were made via email, telephone, personal visits or meetings at professional gatherings
- gather information by participating in international congresses
- populate the database, by entering and categorising all relevant information according to criteria and target group

To complete the research, a mandate to conduct a comprehensive review of the national and international literature was given to the Institute of Criminology and Criminal Law of the University of Lausanne (UNIL) under the supervision of Professor Marcelo Aebi¹.

UNIL collaborators consulted the available databases in paper and electronic formats (in particular Criminal Justice Abstracts, PsychINFO, NCJRS Abstracts) as well as specialised libraries for documents not yet online. The languages selected for this research were French, English, German and Italian. After reading and analysing the relevant publications, the UNIL collaborators then entered these references into the database.

In agreement with the mandator and the Project Steering Committee, the UNIL team enlarged the scope of their research by obtaining from the Swiss Federal Statistical Office [OFS²] the national police statistical data for 2009-2010 period on cases of sexual offences against children in Switzerland.

The Scientific Committee sector

The task of the Scientific Committee, which was to provide advice and recommendations in their capacity as nationally and internationally recognised professionals, was carried out by various people contacted during the research.

These experts contributed their expertise and experience in their respective fields by recommending, if necessary, suitable lines of approach to achieve the objectives set out in the Project.

The Report and Development sector

The Report and Development sector's mission was to analyse and synthesise the information gathered, and to produce a final Report including recommendations. These, based on the observation and analysis of measures already taken, as well as the existing or still to be created network, must set forth what we feel is the most appropriate way for implementing, in French-speaking Switzerland, a system of prevention aimed at potential perpetrators of sexual acts against minors.

¹ Prof. M. Aebi, Deputy Director at the School of Criminal Sciences – University of Lausanne.

² OFS: *Office Fédéral de la Statistique*.

This work resulted therefore in the drafting of the present report, completed by the UNIL research (Volet, Courvoisier & Aebi, 2011). These documents, written in French, are also translated into English.

The Development sector, members of whom are Ms Lisa Ancona, Mr François Boillat and all the members of the Steering Committee, was responsible for defining and justifying the choice of the recommendations by comparing and challenging their respective analyses in order to map out a concept of prevention, to evaluate its feasibility and its cost.

The Communications sector

The Communications sector's role is to publicise the project and to explain the concept and motivations. It is today still composed of members involved in the Project.

Throughout the duration of the Project, the task of those active in this sector was, and will be, to provoke fresh thinking about the prevention of sexual abuse aimed at potential perpetrators. These messages will be modelled on the fundamental principles described in the Report.

This sector will also be responsible for sharing the first results with the various partners and put in place communication strategies to prepare the follow-up of the Project.

1.5 Project evaluation

Project evaluation was made throughout the process and a final report will be presented to the different partners to determine the level of achievement of the initial objectives.

1.6 People involved in the project

- ◆ Ancona Lisa – Research assistant, co-author of the present report
- ◆ Boillat François – Project Director, Chairman of the Association DIS NO, co-author of the present Report
- ◆ Cretton Fabian – Computer specialist, designer of the database
- ◆ Grüning Christophe – Collaborator for the development of the database
- ◆ Guillemin Monique – Research assistant and proofreader
- ◆ Laurent Françoise – Psychologist, consultant and facilitator in charge of the supervision and Resources
- ◆ Lopez Valérie – In charge of the English translation of the UNIL Report
- ◆ Meier-Crettenand Charlotte – Proofreader
- ◆ Reynolds Albane – Research assistant
- ◆ Sobolewska Diana – In charge of the English translation

1.7 University of Lausanne (UNIL) research team

The research team from the Institute of Criminology and Criminal Law at the UNIL served on the Steering Committee (CoPil) during its mandate. It is composed of:

- ◆ Aebi Marcelo – Deputy Director of the School of Criminal Sciences – University of Lausanne
- ◆ Courvoisier Julie – Graduate assistant
- ◆ Dobler Andreas – Research assistant for the German-speaking part
- ◆ Volet Pauline – Head of research

1.8 Project Steering Committee (CoPil)

A Steering Committee was constituted to bring together the interdisciplinary expertise and skills needed in the different areas (justice system, police, youth protection, research, care).

It guarantees the smooth operation and ultimate goal of the Project according to the established framework document (strategic vision, operational objectives).

The Committee is composed of:

- ◆ Boillat François – Project Director, Chairman of the Association DIS NO, Monthey (Valais)
- ◆ Egli-Alge Monika – Psychologist Psychotherapist FSP/Forensic psychologist SGRP – Medico-Legal Institute of Eastern Switzerland¹ Managing Director, Frauenfeld (Thurgau)
- ◆ Eperon Cedric – Attached to the general staff of the Youth Protection Service (SPJ) of the canton of Vaud (as of May 2011)²
- ◆ Favez Marc – Head of the Methodological Support Unit, representative of the Youth Protection Service (SPJ) of the canton of Vaud (Lausanne) (2010 to end April 2011)
- ◆ Guéniat Olivier – Police Commander of the Jura Cantonal Police
- ◆ Jaffé Philip D. – Psychotherapist FSP, Professor and Director of the Children's Rights Teaching and Research Unit of the University Institute Kurt Bösch (IUKB), Bramois (Valais)
- ◆ Laurent Françoise – Consultant and trainer, responsible for the Supervision and Resource sector of the Project (Vaud)
- ◆ Mikton Christopher – World Health Organisation (WHO), Geneva – Technical Officer, Prevention of Violence, Department of Violence and Injury Prevention and Disability, Noncommunicable Diseases and Mental Health
- ◆ Quéru Stéphane – Head of the Children and Young People's Unit, Fribourg

¹ FORIO: *Forensisches Institut Ostschweiz*.

² He replaces Mr Marc Favez who represented the SPJ from 2010 to April 2011.

- ◆ Veya Jean-Marc – Head of the Social Welfare Services, Delémont
- ◆ Zermatten Jean – United Nations (UN), Geneva – President of the UN Committee on the Rights of the Child. Founder and director of The International Institute for the Rights of the Child (IDE), Sion

2. How to define the persons concerned by prevention before the first acting out event?

Within a logic of prevention of child sexual abuse, we must take into account the situation of all persons at risk of committing abuse: those at risk of committing a first acting out event and those at risk of recidivism¹. This report focuses on the target groups who have never acted out.

It is important however to have a global vision of the problem, to keep in mind the socio-judicial background of the persons who have already committed abuse, once or several times, whether they have been discovered or not by the criminal justice system.

It is indeed impossible to understand the issue of prevention of child sexual abuse without also outlining the framework of the network which, via the victims, social circle, professionals and other social actors, leads the perpetrators to be confronted with the criminal justice system. It is therefore only by comparing the statistics of the criminal justice system with data from other perspectives (prevalence of victimisation, studies on the propensity to abuse, etc.) that we can establish the proportions between known perpetrators, perpetrators undiscovered by the justice system and persons at risk who have never acted out.

That is why we provide two appendices, one dealing with the process which leads a perpetrator of child sexual abuse to be discovered by the criminal justice system (Appendix 1), and the other giving an overview of the descriptive and statistical data on discovered and undiscovered perpetrators (Appendix 2).

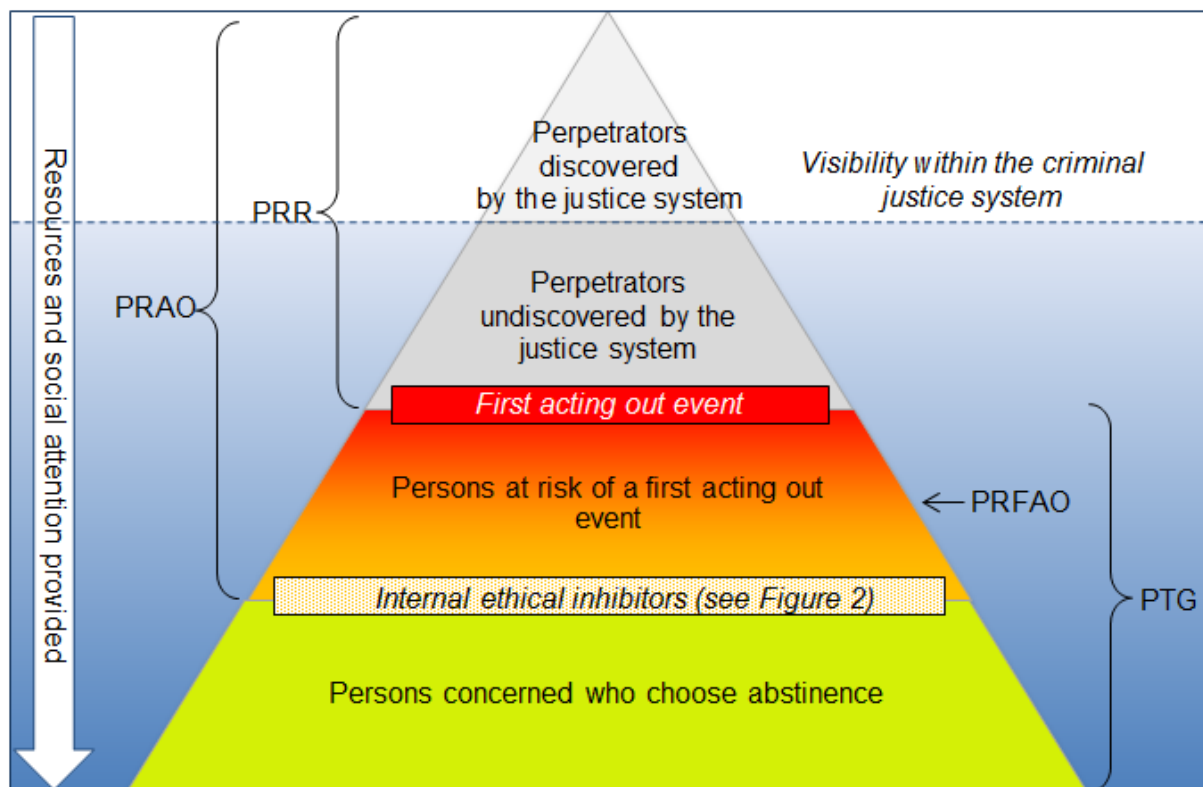


Figure 1: Overview of persons who show or have shown signs of a motivation to commit child sexual abuse, depending on the resources and social attention that they receive.

¹ The term “recidivism” is used here in the sense of a further acting out event, whether the previous ones have been discovered by the criminal justice system or not.

Figure 1 shows an overview, in the shape of an iceberg, of the different categories of persons concerned by prevention. The pyramidal shape is not representative of their numerical proportions, but their visibility to the criminal justice system (perpetrators) and society (undiscovered perpetrators and those who have never committed a reprehensible act).

Operational definitions chosen

Child:

Anyone aged 0-18 years, with reference to the United Nations *Convention on the Rights of the Child*. (CRC, 1989, art. 1)

Child sexual abuse:

For children aged 0 to 16 years, we refer to art. 187, par. 1 and 2 of the Swiss Criminal Code (Code pénal Suisse [CP], 2012, October 1)¹.

This report also covers sexual abuse by adults on minors between 16 and 18 years, excluding peer abuse.

Acting out:

Expression denoting the behavioural dimension of all sexual acts which are performed with children and punishable under the laws in force.

Person at Risk of Recidivism (PRR):

Person at risk of committing a further acting out event, whether or not the previous events have been discovered by the criminal justice system.

Person at Risk of a First Acting Out Event (PRFAO):

Person at risk of committing child sexual abuse who has never acted out, who has no internal ethical inhibitors or who has transgressed them (see model described in chapter 2.2).

Person at Risk of Acting Out (PRAO):

- PRR
- PRFAO

Project priority Target Groups (PTGs):

All persons concerned by prevention before the first acting out event:

- PRFAOs
- persons with the precondition of a motivation to sexually abuse children but, due to the presence of sufficient internal inhibitors which lead to choosing abstinence, are not at risk of acting out (see model described in chapter 2.1)

¹ 1. Any person who engages in a sexual act with a child under 16 years of age, or, incites a child to commit such an activity, or involves a child in a sexual act, shall be liable to a custodial sentence not exceeding five years or to a monetary penalty.

2. The act is not an offence if the difference in age between the persons involved is not more than three years.

2.1 The Project priority Target Groups (PTG)

How to define and characterise those at risk of a first acting out event of child sexual abuse (PRFAO)? Can we assume that anyone who has thoughts about sexual relations with children is at risk of acting out?

Since it is difficult to define the typologies of PTGs based on risk factors, we propose a more precise way of defining these populations by referring to the process leading to the acting out event.

The conditions, motivations and triggers in the chain of events leading a person to commit child sexual abuse has been the object of different studies. However, as in many other cases, this research focuses primarily on the study of the mechanisms that may lead to a relapse (recidivism), and not on those leading to a first acting out event, making it difficult to assess the representativity of the PTGs. As to the resources which allow certain people who have the motivation to abuse to intentionally never act out, they have never been the object of research. This could lead to valuable elements of understanding in the field of prevention.

These studies, of which we present a brief overview, nevertheless constitute an important basis for reflection for understanding what could lead to a first acting out event.

Finkelhor was the first to develop a multifactor model, reversing the misleading equation that assimilates all child sexual abuse to paedophilia and introducing new parameters. (Finkelhor & Russel, 1984)

Two years later, Finkelhor and Araji (1986) proposed a sequential model (temporal process leading to an acting out event), which includes four conditions: motivation to sexually abuse (the precondition), overcoming internal inhibitors, overcoming external inhibitors (barriers imposed by society) and overcoming the resistance of the child.

Other researchers have identified or reformulated additional factors to explain the occurrence of sexual assault. Marshall and Barbaree (1990, as cited in Paquette, 2010, pp. 5-8) developed a model based on biological, social, psychological, developmental and situational factors which could lead a person to act out. According to these authors, certain negative experiences in childhood prevent the development of suitable inhibitors of deviant sexual behaviour.

The Hall and Hirschman model (1991, 1992, as cited in Paquette, 2010, pp. 8-10), suggests that sexual assault is the result of four conditions: deviant sexual arousal, cognitive distortions, emotional dysregulation and personality disorders.

Other models incorporating the best elements of the previous theories were developed in 2002 by Ward and Siegert (as cited in Paquette, pp. 10-14), and in 2006 by Ward and Beech (as cited in Paquette, pp. 14-16). The first focus on four dysfunctional mechanisms: intimacy and social skills deficits, deviant sexual scripts, emotional dysregulation and cognitive distortions. According to Ward and Beech (2006), « the perpetration of sexual assault is caused by the dynamic interaction of multiple biological proximal and distal factors, as well as environmental and neuropsychological factors. » (as cited in Paquette, p. 14)

The development of these theories suggests that reflection on the prevention of the first acting out event is possible by integrating into the research the specificities of those persons who have never committed abuse.

In our case, these models validate the idea that within the process leading to an acting out event, there are preconditions (motivations for sexual abuse) as well as mechanisms for overcoming different barriers (various inhibitors). This distinction is important for refining the

notion of the risk of acting out because it allows to differentiate people according to their personal resources. Thus, a motivation to sexually abuse children (e.g. deviant thoughts) is not sufficient alone to diagnose a person at risk of acting out.

This differentiation is fundamental from different standpoints: ethical, theoretical and clinical, given the importance of providing assessments and monitoring adapted to the different scenarios.

From this observation, we propose an exploratory model (Figure 2) inspired by various multifactorial theories of sexual assault, in particular Finkelhor and Araj (1986). It aims to clarify the various populations concerned by this project, as PRFAOs represent only a portion. It also seeks to encourage reflection and research, and is a first step and a basis for discussion in this domain.

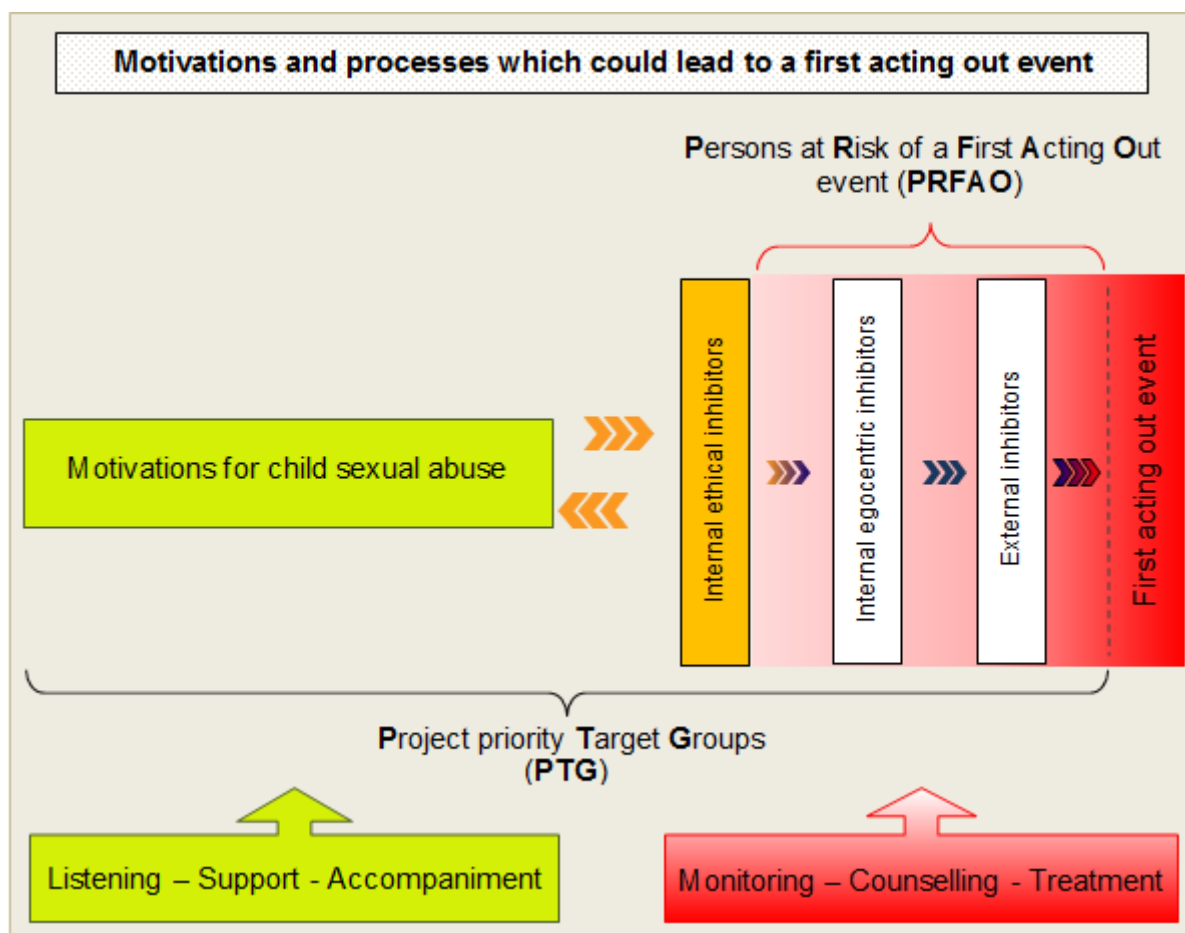


Figure 2: Motivations and processes which could lead to a first acting out event

Explanation of selected concepts:

Motivations for child sexual abuse

- Sexual attraction to children (paedophilia)
- Fantasies, impulses, thoughts, deviant behaviour
- Child pornography addiction
- Discovery, curiosity (e.g. among adolescents)
- Lack of affection, need for power and domination
- Other

Internal ethical inhibitors

This first type of internal barriers refers to all conscious awareness and recognition of the other, which prevents the person from considering to act out. Such inhibitors presuppose that the person has empathic abilities and appeals to a sense of responsibility in respect and adherence to social norms.

Internal egocentric inhibitors

This second type of inhibitors is associated with fears and misgivings that the person considering acting out has in relation to himself: fear of going to prison, rejection, loss of social position and employment, etc. Such barriers do not take into account the view point of the child: in the absence of the possible social consequences of acting out, it could be envisaged.

External inhibitors

These last obstacles to acting out consist of all the impediments which are exterior and independent of the PRFAO: social control systems, presence of protective figures, difficulties in creating opportunities and the possible resistance of the child.

This model shows that once deviant fantasies or other risk factors are developed (motivations for child sexual abuse), the person concerned faces a first obstacle consisting of self-responsibility and his capacity to take into account the perspective of the child (internal ethical inhibitors).

If he has sufficient personal resources, the person does not envisage acting out. Rather, he is faced with other issues, such as questioning, suffering or distress in relation to his situation and his relationships (fear of rejection, incomprehension). An example of persons belonging to this category is so-called abstinent paedophiles.

If, however, this first barrier is non-existent, insufficient or has been crossed, it is not, or is no longer possible, to rely solely on the person to not continue the process that could lead to acting out. It is at this point that the notion of PRFAOs could intervene.

In this category are, for example, passive and active paedophiles. For the former, « not acting out is not the result of a conscious choice but the result of factors beyond their control (relational inhibitors, fear of prison or exclusion...) ». As for active paedophiles, they « are ready to act out. They are waiting for, or actively seeking, an opportunity »¹.

It should also be remembered that in these cases, no acting out event has yet occurred.

Thus, a possible sexual assault is always the result of a process that can take months or even years. Except in certain less premeditated cases, the person who engages in sexual assault must first overcome his internal inhibitors, then select and/or create specific contexts (emotional, relational, professional, etc.) to approach potential victims. He will have already gone through different phases and, in most cases, devised a strategy to act out.

It is during this process that some of the persons concerned can be reached and, depending on the phase in which they find themselves, be informed or deterred by prevention campaigns.

Those who have sufficient internal resources and inhibitors deserve to be supported, accompanied and encouraged to strengthen their motivation to never act out. For those who have no ethical internal inhibitors or who no longer have access to these for various reasons (lack of empathy, addictions, cognitive distortions, mental disability, etc.), more drastic measures must be put in place to encourage them to undertake monitoring or treatment.

¹ <http://www.ange-bleu.com/pedophile.php> (Consulted on 8th October 2012).

Figure 2 shows that PRFAOs are only one of the target groups concerned by this project. It enables therefore to not stigmatise the entire population that we wish to reach out to and to differentiate the methods and services after the first contact, thus avoiding the immediate referral of persons who have sufficient personal resources to inadequate services (discussion groups for convicted offenders, psychiatric institutions, etc.). This would be a premature judgment as well as a deterrent.

It is also likely that these two target groups have different expectations and do not view in the same way the services available to them. This differentiation allows to adapt the messages, information channels, as well as the services.

This approach implies that it is necessary to intervene as soon as possible in the whole process, rather than taking emergency action just before the acting out event, when the person is less, or no longer reachable.

It therefore seems wise to consider which measures could be put in place to access all those affected by this problem (PTGs), taking into account those who voluntarily seek help and those who will not take any steps in this direction.

2.2 What do we know about the proportions of the Project priority Target Groups? (PTG)

These groups, the last in the pyramid, include men, women, boys and girls who have never abused, but who struggle with what we have called motivations for child sexual abuse or are at risk of a first acting out event.

Since these people have no reason to have faced the justice system, no inferential statistics exist on their numbers outside of the very few studies on deviant fantasies involving children or the propensity for child sexual abuse. However, these studies do provide ranges for a rough estimate of the proportion of this population.

In presenting these data, it is important to remember that the presence of a sexual attraction does not mean that the person concerned is at risk of acting out. Conversely, this risk can exist even in the absence of such fantasies.

- Research made by Bolen (2001) found evidence of the « propensity in males to sexually abuse children to be between 4% and 21% » (as cited in May-Chahal, 2003, p. 192).
- In a 1989 study, « In total, 21% of the individuals [in a group of 193 male students] reported sexual attraction to "little" children. » (Briere & Runtz, 1989, as cited in Becker-Blease, Friend & Freyd 2006, November).
- In a 1996 study on a sample of 180 women and 99 men, 22.2% of men admitted « some sexual attraction to little children. » Rates for women are much lower: 3% according to Smiljanich & Briere, 1996 (as cited in Becker-Blease *et al.*, 2006).
- In the study by Becker-Blease *et al.* (2006, November)¹ on a sample of 531 students (male), 7% of them admitted that « little children attracted them sexually. »
- Finally, the website of the *Dunkelfeld* treatment programme in Germany² mentions that up to 1% percent of all men have a partial or exclusive sexual attraction to children³.

Another aspect addressed in the three studies described by Becker-Blease *et al.* (2006) is the question: « How likely is it that you would have sex with a child ? » completed with « if there were no chance that anyone would ever find out? »:

- Briere and Runtz (1989): « 7% report some likelihood of having sex with a child if there was no chance they would be caught ».
- Smiljanich and Briere (1996): 3% (men and women).
- And that of Becker-Blease, *et al.* (2006): « 4% indicate some likelihood that they would have sex with a child ».

(Note that in the study of Becker-Blease *et al.*, it is mentioned that just over 2.5% « admitted to at least one sexually abusive act against a child ».)

According to the website of the « Kein Täter werden » project, there are around 250,000 people in Germany who feel (partially or exclusively) sexually attracted to children. This figure concerns only men aged 18 to 75³.

These different studies provide sometimes rather broad ranges (due also to different methodologies and populations taken into consideration): they do allow however to estimate that the number of people who feel sexually attracted to children or who are confronted with other risk factors, in a country like Switzerland, to be in the tens of thousands.

¹ This study of Becker-Blease (2006) presents a comparison table of its results with those of Briere and Runtz (1989) and Smiljanich and Briere (1996).

² www.kein-taeter-werden.de (Consulted on 12th December 2011).

³ <http://dont-offend.org/story/86/3886.html> (Consulted on 13th December 2011).

Switzerland

In the notes of the Swiss French-language television station used in the preparation of the programme « 36.9 » of 9th April 2008, « *Pédophilie: en savoir plus* » (TN: « *Know more about paedophilia* »), we read:

By extrapolating Canadian data to Switzerland, we can assume that approximately 50'000 adults (male and female) feel a sexual attraction towards children. Other studies, conducted in the Netherlands, report that one man out of twenty has sexual fantasies involving children. But fantasy or attraction does not necessarily imply that an acting out event will occur. (*Pédophilie: en savoir plus*, 2008, April 9)

Discussion

The scientific literature on this population is virtually nonexistent. Texts relating to the study of known perpetrators describe risk factors which – in retrospect and with the inherent limitations – put forward hypotheses regarding the propensity for child sexual abuse in some people.

Among these contexts and risk factors, the exposure of minors to hyper-sexualised environments and/or subjected to different forms of abuse and neglect is one element on which there is now consensus.

It would be hazardous however to list the risk factors. That is why we have refrained from doing so, although several authors have addressed this issue and have developed proposals and hypotheses. However, the study of known perpetrators suggests that PTGs can be found in all levels of the population, regardless of age and gender.

This wide range of target groups means that they cannot be addressed as a homogeneous group. This must be taken into account when it comes to devising and sending preventive messages or providing services to these people.

Furthermore, these people may have very different levels of self-awareness: they can identify, admit (to themselves), accept their deviant fantasies, or on the contrary claim or not realise that they are struggling with this particular problem.

Without being exhaustive, these observations provide some benchmarks and descriptive elements for a population that, up till now, seems to be non-existent – to the point of being almost ignored – in public discourse, the scientific community, the political arena and the collective consciousness.

2.3 Do the people concerned seek help?

A widespread belief suggests that people struggling with a sexual attraction to children or who have other motivations for child sexual abuse will not spontaneously seek help. Based on observations made during our research, it appears that this assumption does not correspond to reality. As we describe further on, as soon as services are set up, requests from persons belonging to the PTGs are regularly received, even though in most cases these services are not specifically geared towards them.

Some of the persons belonging to the PTGs seek information, listening and support. They are more or less aware of their problem as they wish to define themselves, to talk about it, to relieve their suffering, or to avoid acting out. This needs courage because, although they have committed no legally reprehensible act, it is very difficult for them to reveal their situation to others.

This difficulty shows that the judgement of society in general plays a crucial role. For many of these people, the weight of social rejection regarding their deviant feelings hinders considerably any possible voluntary measures. Further difficulties are added to this first obstacle: the lack of services, structures and professionals to meet their needs.

What is known about their requests?

It is difficult to answer this question, as this issue has never been subject to specific research focused on the needs of this population.

The experience of professionals in this field show that there are demands:

Generally speaking, men who realise that they feel a sexual attraction towards children or adolescents seek information from either social workers working in local community service centres (LCSCs) or via the internet to find answers to their questions. The professionals refer them to our organisation where these men then find information directly on our website. From there, they contact us to make an appointment.

In fact, they come to the interview in an extremely anxious state. They fear that they will be judged or threatened with criminal prosecution. Above all they want to know what is happening to them, to understand their attraction and to find means to not succumb to their fantasies.

However, as they have not breached the law, they tend to further minimise their problems, claiming that [they are] less dangerous than others [...] denying therefore the potential danger they represent. [...] This aspect is an important clinical challenge; for we wish to reinforce their capacity to channel their sexual impulses and at the same time raise awareness of the seriousness of their deviance.¹

According to the information gathered in our research (see Part II), we can put forward the hypothesis that if there were more services offered, there would be more requests.

The data from the Dunkelfeld campaign (Germany) indicate that before contacting the helpline, 54.7% of callers say that they have sought professional help. In addition, 54.2% had spoken about their situation to friends and 50.9% feared that they would commit child sexual abuse (Volet, Courvoisier & Aebi, 2011, p. 32).

The statistics of the largest active structure in the field, Stop It Now! UK & Ireland, are consistent with these findings. The data published in the Report of this *Helpline* for the 2005-

¹ Personal communication from the head of the Canadian community-based organisation Groupe Amorce (see chapter 7.3), 13th September 2011.

2009 period show that about one quarter of the adult callers concerned about their situation have never acted out (Stop It Now! UK & Ireland, 2009, pp. 18-22).

Another pioneering organisation, the association L'Ange Bleu (*TN: The Blue Angel Association*), was founded in France in 1998. In an excerpt from a report of 22nd February 2011 entitled « Ensemble, on travaille contre le passage à l'acte » (*TN: Together, we work against acting out*), we read:

Every day, Latifa Bennari [chairwoman of *L'Ange bleu*] receives dozens of emails through the website of L'Ange Bleu. « Help me to protect the children around me », asks one person. « I feel an attraction towards my twelve year old stepdaughter. I don't want to harm her », says another. « I want to stop downloading », a third confides [...]. (Milot, 2011, February 22)

We were unable to obtain official statistics on the number of requests, their source or other information regarding those making the requests. The head of L'Ange Bleu estimates however that they have « helped hundreds of abstinent paedophiles to not act out ». (Alaoui, 2006, May 20)

Govindama, Rosenblat and Sanson (1999) report that when their consultation structure for known perpetrators opened in 1993, people struggling with deviant fantasies contacted them spontaneously:

On 1st January 1993, the 5th section of the de Moisselles Hospital Centre opened an experimental Legal Psychiatric and Psychological consultation (criminology and victimology) at the Mental Health Centre of La Garenne-Colombes. This initiative was the result of an analysis by three expert psychiatrists (Dr. Hache, Dr. Coutanceau, Dr. Bornstein) on the absence of structured out-patient consultations for transgressive patients who were under legal constraints or probation (conditional release with long prison sentences). [...] Knowledge of the existence of such an infrastructure gave rise to requests from individuals seeking assistance: individuals expressing concern as regards ideas, desires, deviant fantasies (paedophilia, exhibitionism, sadism...). But also individuals who have already acted out and who have never been unmasked (paedophilia, incest...). (pp. 175-177)

Referring to this same structure sixteen years later, Roland Coutanceau¹ states in an interview (Lemoine, September 2009):

Since our consultation service gained media attention in about 1995, we have had visits from men who come of their own free will. They have discovered their attraction to children and are responsible enough to seek help to avoid acting out. For us, this is extremely interesting because their situation helps us understand what is lacking for those who do act out.

Given the difficulties in finding adequate institutions, requests for advice or referrals can be found on blogs or forums. This message, posted on 28th June 2011², is an example:

Hi, I'm 19 years old and I visit paedophile websites. I feel really bad about this and I'm fed up. I want these feelings to go away and I always try and resist but in vain. I want

¹ Psychiatrist, initiator of one of the first centres of victimology and care for violent men, the AFTVS (*Association française de thérapie du traumatisme des violences sexuelles et familiales et de prévention*) at La Garenne-Colombes, in the department of the Hauts-de-Seine.

² http://forum.doctissimo.fr/famille/Pedophilie/choisir-sujet_1250_1.htm
(Consulted on 28th September 2011).

to see a specialist but I don't know who to choose: a psychoanalyst, a psychotherapist, a psychologist, a psychiatrist... who to choose? Is there any financial assistance? Will my parents find out?

Requests and search for information from partners, parents and acquaintances who are worried about the situation of a person close to them are also found on the internet.

French-speaking Switzerland

According to information gathered through direct contacts during the preparation of this report, we learned that people belonging to the PTGs direct each other, among others, to therapists, psychologists, sex therapists, clergymen, or their social circle. Unfortunately, it is not possible at this stage of the research to estimate their numbers nor the exact nature of such requests.

An article published on the 21st April 2011 in the newspaper *24 Heures* (Bécherraz, 2011, April 21, p. 22) confirms the emergence of these requests. It relates the arrest of a paedophile who was active on the internet: « [...] A psychiatric evaluation carried out in 2010 noted that Luc (fictitious name) should be treated. That he is convinced that a youth or child who does not object is consenting [...] ». The psychotherapist and sex therapist who were treating Luc since February 2009 state in the article: « It is very common to receive visits from people who are afraid of acting out ».

These first studies constitute the point of departure for a more thorough investigation. They invalidate the widespread belief that a person at risk will not, of his own accord, seek outside support.

Discussion

At this stage, research shows that some of the people who belong to the category of PTGs do seek services or contact them when these are available. Some seek help from structures oriented towards the treatment or monitoring of known perpetrators.

We know very little about the motivations of people who make the first step to seek outside support. Although the fact of seeking help does not mean that they will all complete the process, one should not rule out the fact that some really want to find answers to their problem and avoid a first acting out event.

Finally, it should be noted that requests for assistance or information concerning PTGs also come from members of their social circle. These people's potential must be taken into consideration when devising messages of prevention.

These initial findings are corroborated by personal contacts listed in the inventory (Part II).

3. Minors and child sexual abuse

Child sexual abuse can be committed by other children (persons aged 0 to 18 years according to the United Nations *Convention on the Rights of the Child [CRC]*, 1989, art. 1). This is why prevention aimed at avoiding the first acting out event concerns not only adults but also teenagers and children under the age of 12.

Although most of the studies to which we refer are based on samples of boys and provide general information concerning both sexes, girls and adolescents are also concerned by this chapter, as developed, for example, by Tamimi (2011).

Despite the fact that the issue of sexually aggressive minors or minors at risk of committing a first acting out event of child sexual abuse is a particularly sensitive topic, the fact remains that this population is responsible for a large percentage of child sexual abuse: « According to different studies, between 30% and 50% of all child sexual abuse is committed by boys aged 18 and under. » (American Academy of Child and Adolescent Psychiatry, 2000, as cited in Van Gijseghem, 2008, p. 1)

As for children under 12 years,

According to Pithers and Gray (1998), children aged between 6 and 12 years are responsible, in a proportion of 13% to 18%, for aggressive sexual acts against other children. In Quebec, a study conducted by the Youth Protection Directorate (DPJ) on the incidence of sexual abuse by minors revealed that 11% of youth who had committed sexually aggressive acts were between 8 and 11 years (Quebec Youth Centres Association, 2000). Given these statistics, it is important to intervene early with these young people. (Gagnon, Tremblay & Bégin, 2005, p. 258)

These data prove that minors are an important target group for prevention before the first acting out event.

We have chosen, however, not to develop this chapter in depth because, on the one hand, the under 12 age group is not part of the age categories selected in the recommendations (chapter 6). On the other hand, propositions for prevention aimed at adolescents (12-18 years) will be explored when the Recommendations are implemented.

This is why we address here only some aspects so as to better understand this vast and complex issue, in addition to the overview provided in the UNIL research report (Volet, Courvoisier, & Aebi, 2011, pp. 16-22).

Impact and importance of terminology

Do these figures allow us to use the terms « juvenile sex offenders », « child perpetrators » and therefore « minors at risk of a first acting out event »?

If these terms are to be used with care for adults, it is even more delicate to use them, by default, for minors. Minors are entitled, by virtue of their status as persons who are still developing, to an educational and protective approach rather than repression (CRC, 1989, art. 40). This aspect however should not make us forget that acts committed by minors against other children (sometimes very much younger) can be violent and have serious consequences for the victims.

Several reasons require a different and specific approach towards minors as compared to adults.

Firstly, it can be very difficult to define what sexual abuse committed by a child actually is, and in many situations, to differentiate between sexually abusive behaviour, and normal exploratory sexual behaviour:

Much of the sexual behaviour of young people is part of the normal process of growing up and can sometimes just be a remnant of childhood sexual games. When they are called, depending on the case in hand, « assault », « abuse » « violence », or « sexually abusive behaviour », these behaviours can therefore cover very different realities depending on whether they take place in a context of sexual curiosity or are part of a repetitive process of abuse. (De Becker, 2009, p. 144)

That is why, for children aged 12 and under, we refer preferably to the presence of « sexual behaviour problems » (SBPs), some of which can be self-aggression or aggression towards other children.

Secondly, minors are persons who are still developing (CRC, 1989, art. 5), and it is important not to stigmatise them by giving them labels which can have serious personal, relational and social consequences, as well as being too simplistic when it comes to the overall personality of the child, his history and background:

These young children should not be systematically stigmatised as *abusers*, *aggressors* or *sex offenders*. For the rest of their lives, they will bear this indelible burden. As Hayez has indicated regarding *minors who commit unacceptable sexual transgressions* (1999, p. 5), « [...] they do all sorts of things: excellent, good, poor or bad; disqualifying their entire personality by reducing them to a single wrongful/sexual aspect is, socially, a knee-jerk and reckless reaction. To speak of *minor abusers* implies a chronic personality structure that perpetuates abuse. But nothing is less true: much abuse [...] remains occasional or isolated due to a *difficult life period*. Their personality is still being formed, changing in its structure, and in deep resonance with environmental factors themselves also subject to change ». (Haesevoets, 2001, pp. 479-480).

Thirdly, the issue of minors who are sexually aggressive towards children « lies between protection and at the same time self-accountability of these youth » (Haesevoets, 2001, pp. 478-480), and must take into account the fact that the sexually aggressive child is at the same time a person who is expressing discomfort, who has often experienced trauma of various kinds, and therefore requires assistance, a psycho-socio-educational or medical supervision adapted to their age and particular situation:

There are two terms used to describe the child engaged in aggressive sexual behaviour. From the « victim's » perspective, the term « reaction » is used, explaining that the child is usually reacting to his own sexual « victimisation » and that he should not prematurely be labelled as an abuser. From the abuser's perspective, the term « child perpetrator » is used. Here it is emphasised that the child must take responsibility for his behaviour and that it is dangerous to continue to excuse his abuses because he himself was a victim. (Horton, 1996, p. 542)

Finally, given that, in the context of this report, we focus on intervention before the first acting out event, and that very little has been written about minors, we refer with great caution to the research on minors who have committed sexual abuse or who have shown sexually aggressive behaviour towards other children. In effect, data on minors who have shown this kind of behaviour are not directly transferable to children and adolescents *at risk* (without having acted out).

Accepting the reality of facts

The theme of sexual assaults committed by minors is a taboo that is very difficult to address, since it challenges an idealised image of childhood:

When seeking to prevent violence against children, two aspects of prevention must be considered in primary prevention. The first aspect is to prevent the child from becoming a victim of an abuser. The second is to prevent a child from becoming an abuser. [...] Indeed, when bringing up this aspect, one remarks that a child is gradually moving towards being a future sex offender and that one accepts the hypothesis that a child is at risk, in the near future, at adolescence or later, of sexually abusing someone, and therefore one accepts to abandon the idea of an idealised childhood with the risks inherent in this approach in terms of personal projections, but by placing at the same time a very strong responsibility on adults. (Mousset-Libeu, 2004, pp. 157-158)

Thus, « as in the case of adolescent offenders, society has long denied the possibility that children may have sexually aggressive behaviours [...]. To this end, Bernard (1999) states that before 1985, the identification and reporting of child abusers were almost nonexistent. » (Dallaire, 2004, p. 4)

Since the 90s however, this topic has started to emerge from the trivialisation in which it was confined and has attracted the attention of experts:

Sexual behaviour problems exhibited by children give rise, socially, to misunderstanding and questioning. It is therefore not surprising that during the last decade, researchers and clinicians have focused their attention on this disturbing phenomenon. Indeed, before the end of the 80s, any sexual act made by children was perceived as sexual exploration and, therefore, as harmless (Johnson, 1988). However, the current state of knowledge indicates that the behaviour of these young people can be as aggressive and abusive as that of adolescents or adults (Araji, 1997; Chaffin, Letourneau & Silovsky, 2002; Cunningham & MacFarlane, 1996; Gray & Pithers, 1993; Hall & Mathews, 1996; Hall, Mathews & Pearce, 2002; Johnson, 2002). (Gagnon, Tremblay & Bégin, 2005, p. 257)

3.1 Children 12 years and under with sexual behaviour problems (SBPs)

As mentioned above, the notion of « potential child perpetrators » is neither adequate nor ethically legitimate. This terminology is all the more relevant as it can prove extremely difficult to interpret SBPs, especially in very young children: Are they real incidents? Or rather risk factors that can warn about the possible development of future abusive behaviour?

For these reasons, we chose not to refer to the notion of prevention before the first acting out event for children under the age of 12, and prefer a reflection and an overview of the issue of SBPs in children: their definition, prevalence, risk factors and their associated underlying factors¹.

It is difficult to provide a clear definition of sexual behaviour problems (SBPs), because they can encompass very different realities. Nevertheless, we can indicate the main criteria that characterise them²:

- use of coercion, intimidation, force, threats or manipulation;
- emotional distress (fear, anxiety, shame, anger, sadness) or physical pain associated with sexual behaviour;

¹ This observation does not exclude that, for some of the authors cited, other terms are used.

² Elements taken and adapted from the following sources:

<http://www.chu-sainte-justine.org/documents/pro/pdf/jeux-sexuels-enfants.pdf> and
http://www.fss.ulaval.ca/cms_recherche/upload/jefar/fichiers/annick_stamand_cpt_sexuels_problematiques.pdf (Consulted on 5th November 2012).

- involvement of children whose age or developmental skills differ;
- sexual behaviour directed toward one or more adults;
- sexualisation of objects or interactions with others;
- developed sexual behaviour, becoming more intense and intrusive over time;
- continuation of problematic behaviour despite adequate adult intervention;
- reproduction of sexual behaviours of adults (back and forth movements, fellatio, etc.).
- involvement of children who do not know each other well

Among these behaviours, some are more aggressive towards other children and can be described as « behaviours involving sexual body parts, initiated by children 12 years and under, that are developmentally inappropriate » and « harmful to [...] other [children] » (Chaffin *et al.*, 2008, p. 200)

Several risk factors are associated with SBPs, the most important being the child who is exposed to an environment that is dysfunctional, structurally abusive and/or highly sexualised (access or exposure to pornography, to sexual activities of the parents, lack of boundaries within the family, domestic violence, child victimisation or victimisation of other family members).

However, we must emphasise that the paths which can lead to the development of SBPs are complex and diverse. It is the intersection of four areas which increases the risk of developing SBPs: the intrinsic vulnerability of the child, family adversity, exposure to hypersexuality, as well as a generally abusive environment¹.

For example, a study of a treatment group of young perpetrators of the Pinel Institute (Montreal) states:

Boys we meet have often experienced early sexualisation associated with sexual abuse that they experienced as well as sexual models to which they were exposed. We can speak here of sexual overstimulation at an early age. These children are very confused about their sexuality. Sexuality sometimes takes a disproportionate place to the detriment of other areas of their lives. (Jacob, 2001, [n.p.])

This research also highlights that « a significant percentage (45%) of these children were sexually assaulted at an average age of 7 years. Also, 40% of those who were victimised were subject to repeated assaults (more than four events). » (Jacob, 2001, [n.p.])

Another study conducted in 1997 (Burton, Nesmith & Badten) on parents of children with SBPs shows that out a sample of 287 children aged 12 years or less,

- 70% have at least one parent/responsible adult with an addiction (drugs, alcohol, medication)
- 48% have at least one parent who was sexually abused
- 72% were themselves sexually abused

These authors also reported that abused children make their first sexual gestures earlier than those who have not been abused.

As to the characterisation of these children, the study conducted at the Pinel Institute highlights two profiles:

¹ Annick St-Amand, Professor at the UQTR (Quebec), during the workshop on *Children with sexually problematic behaviour* at the Sixth International Francophone Congress on Sexual Assault (CIFAS). Montreux (2011).

The first consists of young people who describe themselves or are described by their social circle as withdrawn, shy, having only solitary activities. Having only few friends, they stay at home, in need of parental attention, or spend their time with their siblings who are often significantly younger.

The second consists of children who also have relational difficulties which are, however, due to the fact that they are aggressive, agitated and in opposition. Constantly in conflict with their surroundings, they can no longer be part of a peer group. Problems at school, both academic and behavioural, are also very present in our group. (Jacob, 2001, [n.p.])

Thus, 50% of them do not have a social network, 40% have a social network limited to school and 80% experience academic difficulties. Only 10% of these children show satisfactory sociability, and 20% take part in organised leisure activities. (Jacob, 2001, [n.p.])

Finally it is important not to lose sight of the fact that « the children are still in the developing stage and their behavioural problems are an expression of difficulties experienced, often in their home environment and that they are in urgent need of assistance. » (Young & Durocher, 2010, p. 67)

3.2 (Pre)adolescents at risk of engaging in sexual abuse of younger children

During adolescence, the development of awareness and responsibility for actions, as well as the ability to consider the consequences, are reflected at the age of criminal liability, set at 10 years in Switzerland.

At this stage, we can begin to discuss the concept of a person at risk of a first acting out event in relation to some (pre)adolescents.

Meanwhile, it should be noted that there are also (pre)adolescents who discover in this phase of their development paedophile sexual attractions, but this does not automatically imply that they are at risk of abusing younger children.

Various reasons prevent further characterisation of these preadolescents and adolescents at risk:

- The available studies concern sexually aggressive (pre)adolescents. We do not know to what extent data on youth who commit sexual assault are transferable to those who have never acted out.
- Numerous studies on adolescents who are perpetrators of sexual abuse are based in turn on retrospective accounts of adult perpetrators, which do not allow to automatically apply these data to minors who have never acted out. « In fact, research has shown that more than half of adult sex offenders admit to having developed deviant sexual fantasies during adolescence (Fanniff & Becker, 2006) and 50 to 80% of them committed their first abusive sexual acts during adolescence (Reitzel & Carbonell, 2006) ». (Viens, Tourigny, Lagueux & Etienne, 2011, p. 308).
- Although about 50% of adult sex offenders « mention having committed their first offence during adolescence (Abel, Mittelman & Becker, 1985; Freeman-Longo, 1983; McConaghy, Blaszczyński, Armstrong & Kidson, 1989) », we know at the same time that only a minority of adolescent sex offenders « will commit further sexual assaults in adulthood [...] : 6% to 20% ». (Tardif, Hébert & Béliveau, 2005, p. 151).

Discussion

A few decades ago, the perpetrator of sexual abuse was widely described as a stranger offering candy. This portrait of the perpetrator was not representative of real situations, at a time when research on this subject was in its infancy.

Studies on convicted perpetrators have shown that the profiles of the abuser are much more complex. From the stranger of whom one must be wary, the fact that abuses are committed in the majority of cases by a person close to the child is now accepted. These persons are: the stepfather, father, uncle, workers in recreational centres, etc. We spoke then of the last taboo: sexual assaults by women. Adolescents and children with SBPs were added to this list which is now much closer to reality.

In terms of prevention, a new threshold could be crossed by recognising that there are minors, teenagers and children, at risk of committing sexual assault and that it would be desirable, given the acquired and existing knowledge, to anticipate and intervene in order to avoid the first acting out event.

4. Summary of the inventory

The inventory is summarised in this chapter in the form of tables and presented in detail in the second part of the report. It stems from a pragmatic search for any preventive approach taking into account the PTGs. The idea is that any measure, even of a pilot nature, deserves to be examined.

In an area where evaluations and research of best practices are still extremely rare, it seems essential to study what has already been done. With this in mind, we identified different kinds of structures and approaches, still active or abandoned, conducted by state agencies, universities, hospitals or through private initiatives. The purpose of the inventory is to present an overview of the activities in this area, without involving the criteria of relevance or scientific validation.

In order to comply with the framework defined by this project, we first sought for information (programmes, structures, websites, etc.) aimed at the PTGs or which clearly concern them. Regarding publications, we list the brochures and books that are addressed to this population as preventive tools, whereas for the review of the scientific literature we refer to the research report from the University of Lausanne (Volet, Courvoisier & Aebi, 2011).

4.1 Summary table of the international inventory

Element	Denomination	Page
Surveys and research	Survey « Medical and Psychological Methods for Preventing Sexual Offences Against Children » (Sweden) (Enebrink, 2011)	89
Information campaigns	Dunkelfeld (Charité Hospital, Berlin)	90
Structures, resources and welcome centres	Institute for sexology and sexual medicine ¹ – University Clinic of the Charité (Berlin, Germany)	91
	Stop It Now! (England and Ireland; United States)	91
	L'Ange Bleu (TN: <i>The Blue Angel</i>) – National association for prevention and information regarding paedophilia (ANPACP ² , France)	91
	Centre for Intervention in Sexual Delinquency (CISD, Laval, Canada)	92
	Groupe Amorice (Montreal, Canada)	93
	Ex-Equo (Saint-Romuald, Quebec, Canada)	94
	Violence and sexual assault intervention centre (CIVAS ³ , Estrie/Montérégie, Canada)	95
	Association for the Treatment of Sexual Abusers (ATSA, Beaverton, US)	95
	Sexual behaviour disorders – Evaluation and treatment Clinic of the Mental Health University Institute of Quebec ⁴ (Quebec City, Canada)	96

¹ Institut für Sexualwissenschaft und Sexualmedizin.

² ANPACP: Association Nationale de Prévention et d'Information Concernant la Pédophilie.

³ CIVAS: Centre d'Intervention en Violence et Aggressions Sexuelles.

⁴ Clinique d'évaluation et de traitement des troubles du comportement sexuel de l'Institut Universitaire en Santé Mentale de Québec (IUMSQ).

Element	Denomination	Page
	Support and sexual assault treatment centre (CETAS ¹ , Saint-Jérôme, Quebec, Canada)	97
Telephone helplines	Stop It Now!	98
Websites	trouble.consultations-online.com – « Pédophilie: lutte, soins, écoute » (TN: <i>Paedophilia: combat, care, listening</i>) (France)	98
	sexoffenderresource.com – « Help, Support, Understanding » (United States)	99
	« Pédophiles virtuels. Que faire de la cyber pédopornographie? » (TN: <i>Online paedophiles. How to deal with cyber child pornography?</i>)	99
	« Tell the experts! » – Website of the AlterHeros Association (Montreal, Canada)	100
Materials (brochures, publications, games, manuels)	Family Services of Greater Vancouver (2008). « When Males Have Been Sexually Abused as Children: A Guide for Men » (Canada)	101
	Frederick Mathews (1995). « Breaking Silence, Creating Hope. Help for Adults who Molest Children » (Canada)	101
	Family Services of Greater Vancouver (2008). « Sibling Sexual Abuse. A Guide for Parents » (Canada)	102
	Family Services of Greater Vancouver (2008). « When Children act out Sexually: A Guide for Parents and Teachers » (Canada)	102
	« Propos de pédophiles » (TN: <i>In the words of paedophiles</i>) – Audiovisual support of the Association je.tu.il (TN: <i>Me, you, him</i>) (Paris, France)	103
Programmes	Management and treatment of sex offenders sexual deviance (GTDS ²) – Maison Radisson (Quebec, Canada)	104
	Clinical psychology and sexology [programme] – Montreal General Hospital, Human Sexuality Unit (Montreal, Canada)	105
	Programme « Un P.A.S » – Violence and sexual assault intervention centre (CIVAS ³ , Estrie, Canada)	105
	Crime prevention programmes that can serve as models for programmes targeted at PTGs	106
	SNAP (Stop Now and Plan)	106
Training for professionals	« Trainer Training. Primary, Secondary & Tertiary Prevention of Sexually Abusive Behaviors In Childhood and Adolescence » – Kempe Centre (Denver, US)	107
	« Pédophiles : qui sont-ils ? Typologies des agresseurs d'enfants » (TN: <i>Paedophiles: who are they? Typologies of child molesters</i>) – Association criminoNET (France)	108

¹ CETAS: Centre d'Entraide et de Traitement des Agressions Sexuelles.

² GTDS: Gestion et Traitement des Déviances Sexuelles.

³ CIVAS: Centre d'Intervention en Violence et Agressions Sexuelles.

Element	Denomination	Page
Ongoing or abandoned proposals	Telephone helpline – Violence and sexual assault intervention centre (CIVAS ¹ , Québec, Canada)	109
	« Treatment program for sexual offenders and those at risk of offending sexually: a program proposal » – Cornwall Community Hospital (Ontario, Canada)	110
	Proposal for a telephone helpline for potential sex offenders (Sweden)	111
	Proposal of the Working Group « Programme de lutte contre la pédophilie » (TN: <i>Programme for the fight against paedophilia</i>) (Belgium)	111
	« Treatment service for adults who pose a sexual risk to children » – Good Practice Guide of the National Society for the Prevention of Cruelty to Children (NSPCC, United Kingdom)	112
Structures, programmes and support materials for adolescents and children with SBPs	Centre for sexual abuse in the family (CIASF ² , Outaouais, Canada)	113
	Frederick Mathews and Jean-Yves Frappier (1995). « Making the Decision to Care: Guys and Sexual Assault » (Canada)	114
	Support guide for sexual abuse and sexually problematic behaviour in children aged 0-11 – Montreal Youth Centre – Research Institute (CJM-IU, Canada)	115
	« Le qu'en dit-on? » (TN: <i>What do they say?</i>) – Support for group expression (Angers, France)	116
	« Early intervention for sexual behaviour problems among young offenders » (Prince Edward Island, Canada)	117
	« A la croisée des chemins » (TN: <i>At the crossroads</i>) – Intervention programme for children exhibiting inappropriate or sexual behaviour problems (Canada)	118
Innovative practices for PRRs, their social circle or former victims	The sex offender and therapy – Support manual (original in Dutch)	119
	Services offered by the CIASF ² (Canada) and Kaléidos (Belgium)	120-121
	Offence Prevention Line (United Kingdom)	120
	Circles of support and accountability (CSR ³ , Canada)	120
	VISA Programme – <i>Violence Interdite sur Autrui</i> (TN: <i>No violence on others</i>) (Canada)	120
	Restorative Justice: victim-offender encounters (Canada)	121
	Parents of children with aggressive sexual behaviour: <i>Parents-Unis Repentigny-Lanaudière</i> (Canada)	121

¹ CIVAS: *Centre d'Intervention en Violence et Agressions Sexuelles*.

² CIASF: *Centre d'Intervention en Abus Sexuel pour la Famille*.

³ CSR: *Cercles de Soutien et de Responsabilité*.

4.2 Summary table of the Swiss inventory

Element	Denomination	Page
Surveys and research	<i>No element found</i>	
Information campaigns	« Stop pornographie enfantine sur internet. Campagne contre la pédocriminalité 2005-2007 » (TN: <i>Stop child pornography on the internet. Campaign against paeodocriminality 2005-2007</i>) - Swiss Agency for Crime Prevention (PSC ¹)	124
Structures, resources and welcome centres	Eastern Switzerland forensic Institute (FORIO ² , Frauenfeld, Thurgovie)	125
	Correctional Medical and Psychiatric Service (SMPP ³ , Prilly, Vaud)	126
	Association MIRA / Swiss French-speaking branch (Lausanne, Vaud)	127
Telephone helplines	<i>No element found</i>	
Websites	oserprevenir.ch (French-speaking Switzerland)	128
Support materials (brochures, publications, games, manuels)	Oser prévenir, Dialogue Rencontre & Osez dire (2009). « Mieux connaître, mieux comprendre, pour mieux prévenir! » (TN: <i>Prevention, Dialogue Meeting and Speaking Up!</i> (2009). "Understand, learn, to better prevent!") (French-speaking Switzerland)	130
	Brochure of the Correctional Medical and Psychiatric Service (SMPP ³ , Prilly, Vaud)	129
Programmes	<i>No element found</i>	
Training for professionals	Paedocriminality on the internet – Weaning off of internet addiction, pornography and cybersex ⁴ (Rorschach, St. Gallen)	129
Ongoing or abandoned proposals	Low-threshold counselling centre for paeodophiles (Schaffhausen)	131
	L'Ange Bleu Switzerland (French-speaking Switzerland)	131
	« Un pas vers l'autre » – (TN: <i>A step towards the other</i>) Association ASADE ⁵ (Fribourg)	132
Structures, programmes and support materials for adolescents and children with SBPs	<i>No element found</i>	
Innovative practices for PRRs, their social circle or former victims	See examples in chapter 8.12 (<i>Familles Solidaires, Faire le pas, MIRA, Les Boréales, ATEMA</i>)	

¹ PSC: *Prévention Suisse de la Criminalité*.² FORIO: *Forensisches Institut Ostschweiz*.³ SMPP: *Service de Médecine et Psychiatrie Pénitentiaires*.⁴ « Pédocriminalité sur Internet – Travail de sevrage dans le domaine de la dépendance à Internet, à la pornographie et au cybersexe »⁵ ASADE: *Adultes Sexuellement Abusés Durant l'Enfance* (TN: *Association for adults sexually abused during their childhood*).

4.3 Distribution of the different measures aimed at PTGs, by type and country

	BE	CA	DE	FR	IR	NL	SE	UK	US		CH	CH ¹	CH ¹	CH ¹	Total by object
Surveys and research							1								1
Information campaigns			1								1				2
Structures, resources and welcome centres		5	1	1	1			1	2		1	1	1		14
Telephone hotlines					1			1	1						3
Websites		1		2					1			1			5
Materials (brochures, publications, games, manuels)		1		1								2			4
Programmes		3													3
Training for professionals				1					1				1		3
Ongoing or abandoned proposals	1	2					1	1				4	1		10
Structures, programmes and support materials for adolescents and children with SBPs		5													5
Total by country	1	17	2	5	2	0	2	3	5		2	8	3	0	50

Observations

- This table shows only the measures listed during our research and therefore does not purport to be exhaustive.
It should be noted that in this table we list services, organisations and propositions which differ greatly in their magnitude, resources and their adaptation to the PTGs. Given these limitations, it nevertheless gives an overview of the distribution of these measures in the main Western countries who have addressed this issue.
- Compared to the international situation, Canada is often a precursor for social services and innovative approaches in public health. In the area we are interested in, this country has a higher number of structures, programmes and services for PTGs when compared to the international average.
It should however be noted that, unlike Stop It Now! in England and the United States or Kein Täter werden in Germany, Canada distinguishes itself by a number of community, support and small-scale initiatives, rather than by national programmes.
- Compared to other countries, and given its size, we identified five projects or initiatives in Switzerland that have never been carried out or have been abandoned. This high proportion is due to the fact that we were able to expand our research in the different linguistic regions of Switzerland.
- The table shows a particularly glaring deficiency in services for minors belonging to the PTGs. The only country that seems, according to our research, to have developed programmes and other measures targeting these groups is Canada.

¹ CHr: French-speaking Switzerland; CHa: German-speaking Switzerland; Chi: Italian-speaking Switzerland.

5. Analysis and discussion of the inventory

5.1 Surveys and research

Analysis

We identified only one kind of meta-analytical survey relating to PTGs, i.e. the survey of the SBU¹ (Swedish Council on Health Technology Assessment) which aims to assess the impact of the different treatments for PRRs as well as the PTGs. However, it appears that the number of reliable studies on which this survey was based is extremely low (two). This raises the question of the difficulty in drawing up highly specialised research hypotheses in a field where, at the empirical level, very little has been done. The other epidemiological studies presented in chapter 2.2 are mainly focused on prevalence rates and are carried out on small samples (size or type).

The review of the literature conducted by the University of Lausanne confirms the absence of publications concerning PTGs and mentions only a few authors who, in articles on other topics, have issued opinions regarding the direction that should be taken in the future for primary prevention.

This shortcoming is particularly evident when compared to the extremely high number of studies concerning perpetrators (adults and minors), their characteristics and typologies, treatment options, recidivism, etc. This disproportion in the attention given to these populations is partly explained by the fact that PRRs, in particular those that have been discovered, have a much higher visibility and raise major social and political issues. On the other hand, PTGs constitute an invisible population, difficult to identify and define. They are therefore not subject to reflection, study and research.

This invisibility, which is also reflected in the lack of terminology and concepts concerning PTGs, makes it extremely difficult to prepare reviews of the literature and meta-analyses. It is difficult to find appropriate, identifiable and consensual keywords, which are not necessarily found in the titles of the publications. The few studies selected by the researchers of the SBU based on the analysis of titles illustrate this fact, and this is also apparent in the keywords used by the research team at the University of Lausanne.

Discussion

In this context, it is not easy to conduct scientific studies on PTGs, especially since very few structures and programmes exist in the field and consequently very few empirical data have been produced to date. This explains why the two reviews of the literature mentioned above refer to the activity reports of the organisation Stop It Now! and the program « Kein Täter werden » of the Charité Hospital in Berlin, who provide the first systematic and official data on PTGs. These allow for at least one clear observation: as soon as targeted services are offered by an organisation that makes its services known to the general public, persons belonging to the PTGs come forward with requests for assistance.

This observation, along with the lack of literature concerning PTGs, raises the question of scientific proof often required by the donors and political authorities in order to support a project (setting up and financing a structure or programme). The request for proof is legitimate. However, in a field where so little has been done, it is inevitable that any new project is a step into the unknown for it to be better understood: to start addressing this population and developing services for them would enable to obtain information and experiences which could be used for future research.

¹ SBU: *Statens Beredning för medicinsk Utvärdering*.

Accepting the challenges of an avant-garde approach would provide the opportunity to refer not only to data gathered from surveys on PRRs, data which, despite the parallel that is often made, are not directly transferable to the PTGs.

The lack of studies and research highlighted by the inventory raises some questions which remain unanswered: why is the PTGs population nonexistent in the scientific literature? Why do the few epidemiological data on this population, which are disturbing, seem to go unnoticed? What are the challenges as well as the risks in giving greater visibility to these people in scientific and social fields?

5.2 Information campaigns

Analysis

Three major campaigns can be retained: the campaign carried out by Stop It Now! (England), that of Dunkelfeld (Germany), and the information campaign « Stop Child Pornography on the Internet¹ » in Switzerland.

The media campaign designed by Stop It Now! has been evaluated for its effectiveness (Chasan-Taber & Tabachnick, 1999). This study, conducted on a sample of 200 people in Vermont (USA) before the media campaign began (1995) and two years after its launch (1997), showed that general knowledge of sexual abuse (definition of child sexual abuse, profile of the abuser) had improved among the survey respondents (Volet, Courvoisier & Aebi, 2011, p. 36).

The Dunkelfeld campaign allowed for a study which showed that

potential perpetrators of child sexual abuse can be reached by primary prevention via a media campaign. Indeed, a significant number of paedophiles and hebephiles² who have never had dealings with the justice system are motivated to undertake such steps and want to participate in treatment designed to prevent child sexual abuse » (Volet, Courvoisier & Aebi, 2011, p. 32)

The large number of requests generated by this campaign was unexpected and the initiators were unable to respond to all the requests.

As to the information campaign « Stop Child Pornography on the Internet », it has not been assessed due to lack of funds.

The campaigns identified are very different in some respects: the target groups (PRRs, PTGs, child pornography consumers, general public, social circle, victims and, for the Swiss campaign, police, professionals, teachers and children); the means of communication employed (posters, TV spots, websites, self-assessment surveys, brochures and magazines); the messages disseminated.

They share the concepts of self-accountability, non-stigmatisation, transparency (explanations on the conditions for a possible denunciation), anonymity and encouragement to establish contact.

¹ *Stop pornographie enfantine sur internet. Campagne contre la pédocriminalité 2005-2007.*

² Persons sexually attracted to adolescents.

The identified campaigns contain two kinds of messages:

- General messages targeting the population as a whole, to promote a gradual shift in the perception of the problem. This can help to anticipate reactions of denial, nuance the attitudes of rejection and put fear reactions into perspective. The aim of the approach, i.e. the reduction of the number of victims, is emphasised.
- Specific messages are addressed to the different target groups. Persons belonging to the PTGs are encouraged to take steps and not to remain isolated with their problems. The following messages illustrate what was communicated in the campaigns mentioned above: « Are you concerned about your thoughts or behaviour towards children? »¹; « Do you like children more than they like you? »²; « Do not become an abuser, not even on the internet »³.

Discussion

The three campaigns in question provide valuable information and set standards, and have paved the way for prevention in this field. From the observation of their impact, their long-term monitoring, as well as their strategies, several elements of reflection can be identified:

- Addressing several target groups makes the process more complex to design and its messages and goals more difficult to grasp for the public.
- The amount of responses to informational messages varies considerably depending, among others, on their tone and manner, their adaptation to a particular target group, their visibility in the media or in public places, as well as the duration of the campaign.
- Having a network ready to meet the demands raised by the campaign is a necessity.
- By broadening too much the theme of the campaign, monitoring becomes more difficult, the measures to be put in place greater, and the coordination with other services (particularly the justice system) more complex.
- The same goes for the evaluation of the campaign, for which it is also necessary to have data on the situation *before* the campaign is conducted in order to provide comparative elements at a later stage.

When an information process is not closely linked to specific objectives and does not allow, or does not clearly encourage, the targeted persons to establish contact via specific addresses, its impact may be smaller and it is not possible to evaluate, manage and control the consequences. This is all the more regrettable as any information campaign generates reactions, whether they are immediately visible or not.

The next example shows how information which could have reached a wide audience did not lead to any request. The Swiss French-language television aired, in 2008, a programme that reached a large audience because of its wide distribution (*Pédophilie: en savoir plus*⁴, 2008,

¹ http://www.stopitnow.org.uk/concerned_about_your_behaviour.htm (Consulted on 3rd May 2012).

² Original text: « Lieben Sie Kinder mehr als Ihnen lieb ist? » <http://www.kein-taeter-werden.de/> (Consulted on 3rd May 2012).

³ Texte original: « Kein Täter werden. Auch nicht im Netz ». <http://www.kein-taeter-werden.de/> (Consulted on 3rd May 2012).

⁴ TN: *Paedophilia: to know more about it.*

Avril 9). Even if it was not actually designed as an awareness campaign, its preparation was very thorough.

On the webpage of the television service referring to this programme, a selection of useful addresses provided by SantéRomande.ch and the Foundation Health On the Net was provided. It also contained the following text, which was designed specifically for PTGs:

If you experience sexual feelings towards a child or minors under 16 years, or if you feel you are at risk of committing sexual acts on a child under 16, you can contact the outpatient department of the Correctional Medical and Psychiatric Service (SMPP¹). The SMPP is a unit of the Department of Psychiatry of the University Hospital Centre of the Canton of Vaud (CHUV) and belongs to the public health institutions. (*Pédophilie: en savoir plus*)

Asked whether requests or reactions had followed the broadcast of the programme, the SMPP told us that: « unfortunately, there were absolutely none in this particular area. »²

5.3 Structures, resources and reception facilities

Analysis

We found no structure specifically or mostly active with PTGs. Most of the organisations we report on work primarily in adjacent areas (support for perpetrators, sexual behaviour disorders, child internet pornography, internet addiction) and have opened their services to PTGs in response to requests that were received spontaneously. Other structures (Stop It Now!, Groupe Amorce, Ex-Equo, etc.) mention on their website services for people who have not yet acted out, without this occupying a central place.

The few active structures provide services only to adults.

The inventory has allowed us to identify two types of structures. On one side, the two most widely known projects and which work on a national or even international level (Stop It Now! and Dunkelfeld); on the other, different organisations active on a regional basis. These are mainly associations and/or support structures, community organisations, university clinics specialising in sexual behaviour disorders and in the field of mental health.

These regional structures, often non-governmental, are located primarily in Canada. They do not always enjoy official recognition and are sometimes closely related to the activity or project of one person. They are however pioneers in launching new programmes or models to assist persons belonging to the PTGs.

Lack of specific planned services

Most of the structures provide services to PTGs in response to spontaneous requests and offer individual interviews and assessments. Some of these, who have no specific programme for PTGs, recommend that they join groups for sex offenders under judicial control.

The lack of facilities providing services to PTGs is flagrant if we refer to the campaign launched in Germany. « Calls were received not only from Germany but also from neighbouring countries within a radius of about 800 kms. [...] People from Austria, Switzerland and England came to Germany to follow the programme. » (Volet, Courvoisier & Aebi, 2011, p. 31)

¹ SMPP: *Service de Médecine et Psychiatrie Pénitentiaires*.

² Personal communication from the chief physician of the service, 28th April 2012.

Lack of visibility

We had great difficulty in finding structures offering services to PTGs. This is also apparent in the report of the University of Lausanne where very little information on this topic was found in its systematic review of the literature.

Very few requests to the structures

According to information collected through our contacts, PTGs who make spontaneous requests are a minority. Most of the clients are PRRs referred by other services (justice system, probation services, doctors).

Very few women at risk of acting out consult these structures. Apart from Stop It Now! and Dunkelfeld, their presence is never mentioned.

Given the low visibility of the scarce resources available, some persons belonging to the PTGs make requests for help in settings that are unsuitable or unable to provide adequate support. This is the case of persons communicating via blogs/forums, or who go to lawyers or the police. In the latter case, no assistance can be given since they have not committed a reprehensible act.

The fact that few requests are made to the structures must however be nuanced:

- on the one hand, it should be noted that we do not know how many requests are made in private practices (therapists, sexologists, doctors, etc.).
- on the other, data provided by Dunkelfeld show that a large percentage of PRAOs who reacted to this campaign had already spoken about this problem before contacting the helpline: « some had already sought professional help (54.7%) or had spoken about their problem to friends (54.2%) » (Volet, Courvoisier & Aebi, 2011, p. 32). These data, although applying only to PRAOs having reacted to the campaign, show that over half of them had actively sought help several times.

Lack of a common and consensual terminology

As the topic of upstream prevention of the first acting out event is not subject to collective and scientific thinking, there is a lack of concepts and therefore a terminology which would allow for discussion.

We found no structure that uses the concept of « potential perpetrator », initially chosen for this research¹. The structures we identified view the theme of potential perpetrator-oriented prevention and PTG-oriented prevention in sometimes very different ways: some (such as l'Ange Bleu) address only persons who feel an *attraction* towards children and refer only to paedophilia. Others speak of incest and sexual deviance in relation to children (Amorce), the fear of committing child sexual abuse (Ex·Equo). Overall, however, the notion of paedophilia is mentioned much more frequently than other problems (psychopathology, internet addiction, incest, etc.).

A comparison of the terms used in the various messages highlights the lack of a common terminology and concepts in this area, which reflects the current state of thinking on

¹ We found only one reference to this concept in the recommendations issued in 1993 by the working group « Programme for the fight against paedophilia » established by the Belgian General Delegate for the Rights of the Child.

upstream prevention of acting out. Examples of terms used are: paedophiles; abstinent paedophiles; persons with sexual behaviour disorders at the fantasy level; persons who fear committing child sexual abuse; consumers of child pornography; persons at risk of transgressive sexual behaviour.

Lack of coordination and synergies

During our contacts with the different structures, we systematically asked whether they knew of any other organisations, services or professionals who are able to respond to requests from persons belonging to the PTGs. Contrary to our initial expectations, this did not allow us to gather information other than that already in our possession.

Some of our contacts mentioned Stop It Now!, Dunkelfeld, clinical and legal services in their area or specific professionals (psychiatrists, sexologists, etc.). They do not appear to work closely together, share best practices or therapeutic tools for PTGs, whether by choice or by lack of time, even if they are in the same country or the same region.

Currently, there are no groups of professionals in this specific area, compared to what exists in the evaluation and treatment of sex offenders (e.g. RIMAS, CRIAVS, ARTAAS, CIFAS, CICC¹).

Minors completely overlooked

No structure active in the area of listening, prevention or information aimed at adolescents exists. This is unfortunate since many studies have confirmed that nearly half of child sex abusers confess having committed their first act in their teens.

Experts² believe that « deviant interests » develop at the same time as « normal interests », in other words in early adolescence, when they gain awareness of their sexual orientation. « Deviant sexual interests are already in place at this age, but they will not necessarily be acted upon; they can remain dormant for 20 or 30 years, » according to Katia Lavallée. (*Peut-on soigner la pédophilie?*, (TN: *Can paedophilia be treated?*) 2009, Septembre 10)

Discussion

Lack of planned specific services

Why are there so few structures offering services to PTGs? This fundamental issue has been one of our concerns since the launch of the Project, and is the result of the interaction of several factors, which we have tried to identify, either as hypotheses or from feedback from agencies and professionals who we contacted:

Concerning professionals:

- The structures identified do not receive sufficient spontaneous requests to set up groups or specific programmes. Consequently, and perhaps related to the

¹ RIMAS: *Regroupement des Intervenants en Matière d'Agression Sexuelle*; CRIAVS: *Centres de Ressources pour les Intervenants auprès des Auteurs de Violences Sexuelles*; ARTAAS: *Association pour la Recherche et le Traitement des Auteurs d'Agressions Sexuelles*; CIFAS: *Congrès International Francophone sur l'Agression Sexuelle*; ICC: *International Centre for Comparative Criminology*.

² These professionals work at the CETAS (*Centre d'Entraide et de Traitement des Agressions Sexuelles*).

widespread assumption that PTGs do not respond to offers of assistance¹ (Alaoui, 2006, Mai 20), they do not advertise these particular services and therefore do not attract any attention.

- Structures and professionals, specialising in the follow-up of perpetrators who have been convicted, and faced with spontaneous requests for assistance from PTGs, are usually absorbed with their core mission. They cannot get involved in this area, due to lack of time and human and financial resources.
- Persons belonging to PTGs are often treated as (potential) abusers, which has the effect that some professionals, for various reasons, are reluctant to support them. The lack of specific tools and training in this area corroborates the feeling, expressed by different professionals contacted, that they are unprepared when it comes to these requests.
- Involvement with PTGs prevention can be perceived as less rewarding than providing direct assistance to victims or children in need. Devising strategies to try to reduce the number of acting out events is less gratifying and the difficulty in obtaining guarantees of a result can be discouraging and make efforts to convince funders more complicated.

Concerning authorities and the general public:

- Information conveyed by the media, as well as the reactions and fears aroused by dramatic situations (Dutroux, Outreau, etc.) draw all the attention. Therefore, most of the envisaged measures relate to repression and the prevention of recidivism.
- Currently, PTGs incur no directly visible and measurable costs. Putting the spotlight on this population and offering them services will generate costs and raise issues such as insurance coverage. The tendency is often to take into account only the direct short term costs without regard to long term savings, both financially and in terms of the human suffering avoided.
- Given the invisibility of PTGs, they are not a source of anxiety for society and do not appear in the debates. Therefore, there is no demand from the general public for research and the development of new avenues of prevention in this area. However, when opportunities for exchanges about the Project with non-specialist audiences took place, people sensitised to the potential impact of this approach view it as an obvious need.

Lack of visibility

Regular information aimed at the general public and professionals via the media seems to be a key factor in encouraging PTGs to ask for help.

For example, the head of l'Ange Bleu in France, an association which profiles itself clearly as a support for abstinent paedophiles or former sex offenders, appears regularly in the media. This has most likely allowed her to become known and has motivated hundreds of abstinent paedophiles to contact her. In comparison, the website trouble.consultations-online.com is rarely spoken about in the media, and has, through its section « Paedophilia: protecting our

¹ In an article in the *Matin.ma* (Alaoui, 2006, May 20), the head of l'Ange Bleu pointed out that this novel approach « was a real challenge as many psychiatrists [told her] that it is impossible for a paedophile to reveal his paedophilia before acting out. »

children. Denounce to save – Consult to heal » received only three requests from paedophiles in three years.

These elements, as well as the feedback received during targeted campaigns suggest that when structures profile themselves and publicise their services for PTGs, requests will follow.

We can make some assumptions about this lack of visibility based on the contacts we have had with various structures:

- Some structures are reluctant to communicate the fact that they offer « assistance » to PTGs, fearing possible hostile reactions.
- Most of the structures contacted depend – at least partially – on their own fundraising and prefer not to profile themselves in an area which could have a negative impact on their image.
- Some structures fear being overwhelmed by requests outside of their domain, which would require support which they cannot give.
- In other cases (FORIO, SMPP), services specifically addressed to PTGs are provided by the structure, but are not (yet) published on their website, or are only communicated via leaflets with a small distribution and in very specific places.

The following comments received during our contacts, illustrate this reluctance¹:

« We have a website [...]. We also have a leaflet. However, we do not advertise specifically at the population level (medical practices or other) as we currently have a waiting list of about eight months. We would be unable to meet demand. »

« We do not want to give too much publicity to our consultations so as not to attract too much unhealthy interest or public mistrust. »

Low number of requests to the structures

The low number of requests from PTGs (apart from the campaigns launched by the Charité Hospital and Stop It Now!) can be explained by different hypotheses:

- There are very few campaigns, and in some countries, none at all, encouraging PTGs to seek help.
- Certain factors or conditions of admission can hinder or prevent persons belonging to the PTGs from receiving assistance: obligation to be referred by other services, age, presence of psychiatric disorders or other problems, cost, obligation to commit themselves to measures perceived to be lengthy and cumbersome with the signing of a contract.
- Some medical services offering targeted services are linked to mental health which, for PTGs seeking help, means having to identify themselves from the outset as a person with psychological problems. The comments of the Swiss Agency for Crime Prevention (PSC²) following its campaign against paedocriminality on the internet confirms this reluctance: for those « who wish to have therapy because [they] are

¹ We chose not to mention by name the people and structures concerned in this paragraph, respectively contacted in June/July 2011, May 2012 and December 2011.

² PSC: *Prévention Suisse de la Criminalité*.

afraid to cross the line that separates them from offending, the mere idea of seeking help in a psychiatric clinic terrifies them. » (PSC, 2008, p. 37)

- Fear of being stigmatised or being considered automatically as criminals can prevent some persons belonging to the PTGs from seeking assistance. For some, this fear is reinforced by the fact that they have already had experiences of speaking about their problems (e.g. with a therapist or their social circle) and met with negative reactions, judgment or shunning which discourages them from undertaking new initiatives. Other persons belonging to the PTGs, though never having taken any steps, are convinced that no one can help them.
- Some persons belonging to the PTGs do not have a capacity for understanding and/or sufficient maturity to realise they have problems and that it is possible to ask for help.
- Others do not consider their situation as problematic and/or do not suffer, and some even claim their right to a deviant sexuality.
- The social circle of the persons concerned, especially those unreachable by public information campaigns, is not encouraged to contact specific services.
- Long commuting can be a disincentive to begin and/ or continue treatment, which requires regular trips to follow a weekly or other programme¹.

Lack of a common and consensual terminology

Extensive research, reading, sorting and verification of the various messages and descriptions were necessary in order to understand which target groups the structures really address.

Some presentation texts suggest that PTGs would qualify for support, although the organisation in question actually does not provide this kind of service (either they address them to other services or they have never received any such requests).

Several professionals have noted that the presence of deviant fantasies involving children cannot, by itself, predict an increased risk of acting out, which makes this terminology problematic and stigmatising.

This applies also to the concepts of « violence », « abuse » or « sexual assault », used by professionals and researchers in relation to PTGs (as in the notion of prevention of sexual violence). Yet some persons belonging to the PTGs do not, and rightly so, see themselves as potentially violent. Indeed, the fear of acting out is not always the reason or a predominant factor for taking steps. According to our contacts, among the fundamental motivations is the need to understand, to be better informed and to break out of the social isolation which is often extremely distressing. One should keep in mind that many people do not look for information or assistance from services related to violence.

It should also be noted that others are unable or unwilling to identify themselves as « paedophiles » or « incestuous » as they equate these terms to extreme cases reported by the media. They could more easily accept these terms if they conveyed an image other than that of a monster (Dutroux, etc.), which would be more nuanced, representative and realistic.

¹ For example, in Germany, the Charité Hospital, which was originally the only reference structure for the Dunkelfeld campaign, has increased its offer and its programmes are at present provided by six structures covering the national territory.

Lack of coordination and synergies

The theme of PTGs is not addressed in the literature, and therefore does not lend itself to discussion or an exchange of ideas. No workshop on this subject has been organised to date. The few initiatives that do exist are often not communicated and are made in isolation.

Paradoxes observed

Firstly, the dilemma regarding requests is a constant and in many ways contradictory: some structures decide not to make known their services for fear of being overwhelmed; others do not offer services starting from the assumption that there will be no requests. However, the many calls to structures such as Stop It Now! or Dunkelfeld show that there is real and large demand.

Secondly, PTGs are often treated as PRRs, which limits their opportunities to be heard. However, there is no reason for them to be linked in any way with judicial and penal institutions. The benefits and risks associated with their integration into groups of perpetrators is an on-going discussion.

Another aspect is the fact that PTGs are a population distinct to that of PRRs, but are far from being homogeneous. The need for a *specific* approach to this population runs up against the need to recognise that the problems of these people may fall under different areas (inappropriate discovery of their sexuality in childhood or adolescence, paedophilia, addiction, psychological problems, etc.), which require different approaches and sometimes already developed in other fields (low-threshold or systemic assistance, cognitive-behavioural treatment, sexology, psychiatry, etc.).

Finally, there is a huge gap between the perception of the danger posed by PTGs (treated as PRRs) and the little attention that society gives to considering prevention aimed towards them.

5.4 Telephone helplines*Analysis*

The only helpline explicitly addressing *also* PTGs is that of Stop It Now! which offers « the only “proactive” helpline in this area. All the others refer the callers to other practitioners » (Volet, Courvoisier & Aebi, 2011, p. i).

There are some helplines, such as La Main Tendue (*TN: The Open Hand, similar to the UK Samaritans*) in Switzerland, which are not specialised in specific areas and which, *a priori*, PTGs could use. To date, these organisations are not able to quantify the requests received from PTGs, given that this population does not match any of the terms used in their statistics.

Regarding the helpline Stop It Now!, we can highlight the following features:

- Emphasis on the possibility of anonymity and confidentiality (while informing from the outset that any information voluntarily supplied which can lead to personal identification would be used if the integrity of a child is endangered).
- Opening hours voluntarily restricted to avoid being used as an emergency aid service, but as a service for planned follow-up.
- Low-threshold assistance at the time of first contact: the respondents are not recruited solely among psychologists/psychiatrists. This work is also « carried out by

probation officers, former police inspectors, social workers, people working for other helplines, etc. » (Volet, Courvoisier & Aebi, p. i). At the second contact, the caller is directed to a more specialised professional.

- Motivational work based on individual accountability. Planning of subsequent calls (an average of two calls per person) and joint decision regarding goals and objectives.
- Personalised and concrete advice. Implementation of specific strategies to reduce risk situations and to strengthen the barriers and the resources of the person.
- A reassuring side to the follow-up (possibility to call again at any time if things are bad), which may already be a significant protective factor.

Discussion

We can identify some specific advantages of helplines, whether they are for listening, helping or advising:

- easy access: no travelling, no appointments, no waiting times other than the opening hours
- possibility to remain anonymous
- inexpensive or free of charge
- low-threshold service connotation which can facilitate the first contact
- a virtual aspect which encourages speaking out, especially in a crisis and for people who would be reluctant to immediately meet with a professional
- respondents who are ready and trained to hear and listen to any request without passing judgment

5.5 Websites

Analysis

In this section, we refer only to websites offering online services, and not websites which present the different structures.

The majority of websites listed highlight several target groups (PRRs, victims, etc.), including PTGs, which, in most cases do not occupy a central place. An example is the homepage of the Ange Bleu website:

Together, let us break the silence:

- You were sexually abused during your childhood?
- You once had sexual relations with an adult and you don't know what to make of it?
- You have romantic or sexual attractions to children without being able to speak about these?
- Someone close to you was a victim, someone around you is a paedophile?
- L'Ange Bleu is here to help you. »¹

We had some difficulty in finding relevant websites for the Project. Often, we found the mentioned websites after several months of research, sometimes by indirect means (by researching other issues, personal contacts, links posted by other websites, etc.).

¹ <http://www.ange-bleu.com/> (Consulted on 22nd May 2012).

The lack of a harmonised terminology, a desire for visibility and clear communication makes finding information on the internet very arduous. Firstly, web surfers do not know the appropriate keywords and, secondly, the designers of the websites do not necessarily provide lists of different words and expressions that may be used by PTGs or their social circle.

Discussion

Some websites listed limit themselves to providing information related to paedophilia without providing any contact or communication details (email address, forum, etc.). It is questionable and even harmful to address PTGs and not to offer any contact address.

In addition, the failure to clearly identify who is responsible for the website can, in an area where the internet lends itself to prevention as well as to committing offences, give rise to suspicions.

On the other hand, a website can have several advantages:

- Possibility to communicate and have remote counselling sessions
- Possibility to avoid a face-to-face meeting from the outset which could be acted as a deterrent
- Accessible anytime, discreetly and without constraints
- Vector for exchange between professionals, practitioners and researchers internationally
- Possibility for interactive components (tests; “smart” address listings; chats and forums, etc.)
- High visibility and access to information as well as to various tools (videos, downloadable support materials, etc.)
- Possibility to collect data on the number of visits, pages visited most often, the « behaviour» of web surfers, etc. These data can be used as a basis for evaluations and provide valuable information.

5.6 Support materials (brochures, publications, games, manuals)

Analysis

Internationally, we found no support materials specifically targeting PTGs, although a brochure for adults aimed at PRRs does include messages that could also apply to PTGs:

If you are having sexual thoughts about children and feel you might initiate sexual contact with a child – stop! It may not feel like it, but you can learn to control your impulses and desires and avoid harming a child and yourself! (Mathews, 1995)

The fact that it was published in 1995 shows that thought about this issue was already being given at the time. This initiative came from Canada, a country very often at the vanguard in the field of prevention and support related to child sexual abuse. It seems, however, not to have triggered further reflection, and practically no documentation based on this concept of prevention exists.

In Switzerland, we found one brochure and one flyer which are rarely distributed. As for the brochures distributed by the Swiss Agency for Crime Prevention (PSC¹), they concern themselves mostly with consumers of child pornography on the internet. The scarcity of support materials goes hand in hand with the absence of other approaches, mentioned earlier, to which they are normally related (information campaigns, services offered by structures).

Discussion

The documents presented in the inventory are designed for other target audiences (PRRs, former victims, parents). The type of messages they convey (information, awareness, accountability, motivation to break the silence and to stop minimising the problem, etc.) are however of great interest and could be adapted to the PTGs.

5.7 Programmes

Analysis

No specific program, neither in Switzerland nor internationally, has been identified. Due to this, and during our research, we asked the professionals we contacted whether they knew of any.

The two Canadian programmes which could also apply to the PTGs (« Un P.A.S. » and the GTDS² programmes) are primarily designed for a population of perpetrators. According to our contacts, persons belonging to the PTGs participating in the GTDS programme are only a small minority.

Along with the lack of specific programmes for PTGs, or at least open to this target group, one also finds a lack of evaluations. It is therefore more difficult to make an assessment of the good practices in this area.

Discussion

Nevertheless, the discussions we had with various professionals do allow for highlighting certain points:

- Some structures provide the possibility of external long-term (or even lifetime) support for persons who have completed a programme³, in order to maintain what has been gained and to remain a resource in case of difficulty.
- There is no consensus as to the benefits or harms of integrating persons belonging to the PTGs in groups designed for PRRs. According to some professionals, the testimonies of PRRs can help PTGs to realise the adverse consequences of acting out; for others, PRRs could instead be seen as « models » or else deter some persons belonging to the PTGs from participating in the groups, since they do not want to be treated in the same way as known perpetrators.

¹ PSC: *Prévention Suisse de la Criminalité*.

² GTDS: *Gestion et Traitement de la Déviance Sexuelle*.

³ GTDS, FORIO, NSPCC programmes. (NSPCC: National Society for the Prevention of Cruelty to Children).

- For some professionals, the very idea of designing programs for PTGs is questionable. They argue instead for an analytical individual approach (case by case).

5.8 Training for professionals

Analysis

We have identified three training courses specific to the theme of PTGs: USA, France and Switzerland. Each raises specific aspects of this problem (minors belong to the PTGs, paedophilia/paedosexuality, breaking the addiction to internet paedocriminality), which highlights once more the diversity of problems relating to PTGs.

Training courses at the international level are the result of the personal initiative of two specialists in the field of prevention of risk behaviour and crime. They have therefore the advantage of capitalising on the field experience and knowledge of these practitioners, who have worked in this field for many years. They have travelled to different regions and even countries to deliver these modules, proving that a real demand for training exists, and that there are very few trainers who are able to deliver.

Discussion

The personal aspect of these initiatives highlights the fact that at the international level specific modules are not developed in institutional settings. On the other hand, some facets of the problem of PTGs, generally related to paedophiles disorders, are sometimes incorporated in various courses (social work, police, psychology, etc.).

For example, a personal communication from a psychiatrist and sex therapist has allowed us to observe that the evaluation and treatment of certain paedophile disorders are addressed in workshops during their training courses:

During our Sexocorporel training courses, we address the evaluation and treatment of persons with paedophile/paedosexual disorders, including compulsive disorders in this area. Note however that the Sexocorporel is not appropriate at present for patients with an antisocial personality disorder (psychopathy). We generally spend one day during the course addressing this issue. The Sexocorporel offers effective tools to solve compulsivity problems (in a patient who is of course motivated), and thereby encouraging changes in sexual attraction codes allowing for the evolution of the child or adolescent to more adult behaviour. We have specific tools which allow for a real psychosexual maturation of the patient. Of course, we also use, if necessary, the usual techniques offered by cognitive behavioural therapies, according to their appropriateness in each specific situation.

Clearly, our courses cover all major sexual disorders, their evaluation and treatment, and not only paedophilia/paedosexuality. A more targeted specific module would also probably be useful, and in my opinion, preferably for interested therapists who have been trained in the Sexocorporel¹.

Another observation concerns the question of matching supply with regard to the training demands and needs of professionals. If indeed a gap does exist in the field of training addressing the theme of PTGs, this aspect is rarely considered and we can make the following assumptions:

¹ Personal contact, 30th April 2012.

- There is little demand from professionals as some are not sensitised to this problem and others may be reticent, preferring to specialise in other areas (victim assistance, treatment of known perpetrators, etc.).
- Professionals who deal with PTGs as part of their work feel they have sufficient tools acquired during their specific training.
- It may be difficult to find specialists able to develop and teach these courses, given the scarcity of field practices.
- Institutions may be reluctant to address and incorporate this issue.

5.9 Professionals active in the field

Analysis

Very few professionals profile themselves in this domain and publicise this specialisation. Among professionals treating PTGs, some have noted the difficulty of managing the perceived low social status associated with having to deal with perpetrators or potential perpetrators. Others do not put forward this specificity and address these problems in the same way and with the same analytical tools than for other patients, as a sexoanalytic therapist explained:

it is important to know that fantasies are not always a need, a desire or a rehearsal for acting out. They can be other than what they may appear to be at first sight and it is along these lines that sexoanalysis works¹.

The professionals we contacted who offer services to PTGs usually do so because they receive unsolicited requests. They are however specialised in other areas (addiction, work with perpetrators, victims, etc.). During these exchanges, the need for skills and solid and specialised tools to address this field of prevention was often brought up. However, we noted that among those who receive the most unsolicited requests from this target groups, the issue of specialisation does not play a fundamental role, unlike other aspects (media coverage, low-threshold reception services, absence of “psychiatric” connotations). Among the professionals who actively reflect on this preventive approach, we found a lack of contacts and synergies. Some stated they would like to strengthen collaboration, but find it difficult to develop a network (lack of time, financial resources and support).

During our research in the field, we found, among professionals, different attitudes towards the theme of prevention oriented towards these PTGs.

Regarding the reactions of scepticism and reticence, an initiative taken by the team at the University of Lausanne to search for structures capable of responding to requests from PTGs in Switzerland also illustrates the circumspection of many professionals, still ill at ease vis-à-vis this issue which is often likened to that of PRRs:

Eleven different associations and emergency numbers, active in the field of child sexual abuse, were contacted. Almost all calls began with a brief presentation and explanation of the purpose of this research. The main objective was to find out to what extent, in the case of persons sexually attracted to children and who fear acting out, it would be possible for them to get immediate help and if this were the case, what kind. [...] We observed that this is a delicate issue, receiving little attention, even among professionals. (Volet, Courvoisier & Aebi, 2011, p. 28).

¹ Personal communication with a sexoanalytical specialist, 27th April 2012.

In a description of the reactions among professionals to court ordered treatment for paedophiles or other convicted perverts, a psychoanalyst explained one aspect of this reticence:

Just asking the question, considering whether or not to accept patients of this kind, already created a problem and caused discomfort. When these issues were discussed, everyone first considered their own capacities or limitations, their wanting or not wanting to receive such patients. This also meant that everyone had to consider the possibility of the patient acting out during the treatment, recidivism, the validation by the psychiatrist of the "good mental health" of the patient [...]. The theme of treatment for paedophile patients, similar to that of patients who are rapists, addressed in a clinical group, always provoked, beyond mere emotion, a powerful and steady movement of rejection. So I found myself, by default, very much alone in receiving patients who were under court order for treatment. (Guillemin, 2011, May 19)

Although these reactions are related to the follow-up of known perpetrators, they are indicative of the barriers, reluctance and reservations of many professionals in the field.

However, the documents we sent out explaining the purpose of the Project triggered, in most cases, positive reactions, requests for further reflection as well as encouragement. This suggests that thoughtful and substantiated information could overcome the preconceptions and resistance mentioned above.

Examples of comments received¹:

« This theme of prevention for those at risk of a first acting out event is for me fundamental and indeed still very undeveloped. » (Switzerland)

« I hope your research will highlight the need to support these men who are potential perpetrators of child sexual abuse, since this problem occurs well before any acting out. So why wait? I would appreciate being kept informed of the development of your project, as it could certainly give me food for thought about the work we do here. » (Canada)

It « is important to offer help before the acting out occurs, especially since, in this area, people are extremely stigmatised and this does not encourage them to seek assistance. » (Switzerland)

« I find your project very interesting. Too few people focus on the management of potential abusers and their different typologies that would allow to differentiate their acts. » (France)

« Firstly, allow me to congratulate you and your associates for undertaking such a venture. All efforts to reduce the risk of child abuse are really commendable. » (United States)

« We hope to remain in contact with this project which is very important to us! » (Switzerland)

« I think that your project, although limited [to PTGs], is obviously going in the right direction when it comes to prevention and is probably more easy to accept for everyone. » (Switzerland)

¹ We have chosen to not mention by name the professionals and structures concerned in this paragraph, but only the country.

Discussion

The lack of visibility of professionals able and motivated to receive persons belonging to the PTGs is most likely a major deterrent for a person who would like to seek help. It can exacerbate the feeling (right or wrong) that nobody will be able to help.

Certain categories of professionals, such as sex therapists, therapists or general practitioners, receive requests from PTGs. In the absence of a survey with these kind of professionals, it is however impossible to assess the frequency and content.

5.10 Ongoing or abandoned proposals*Analysis*

At the international level, we identified five proposals for prevention targeting the PTGs, including a proposal for a clinical programme in a hospital (Cornwall, Canada) and four proposals for telephone helplines (by the RSFU in Sweden, the CIVAS in Estrie, Quebec, a commission to the Belgian Delegate for the Rights of the Child, the NSPCC in the UK).

In Switzerland, the rare experiments carried out in the years 2004-2010 (the Swiss branch of l'Ange Bleu, the project « Un pas vers l'autre » of the ASADE) did not last. Only one approach, really innovative for its time, the low-threshold counselling centre for paedophiles in Schaffhausen, operated for fifteen years and was abandoned due to the death of the person who initiated the project.

Discussion

These initiatives ran into several obstacles, which may help explain the difficulties encountered in their implementation. It should however be noted that the number of experiments identified is too small to make generalisations, especially since the obstacles can be diverse and depend on the type of proposal and the context:

- Society in general was not prepared for such measures. The innovative aspect of these initiatives came too early and other measures seemed more urgent or more acceptable (including the setting up of support structures for victims).
- As to the proposals which were never followed up, they have in common being the result of dramatic and highly publicised « affairs ». This is the case for the proposal of the Belgian Commission (Dutroux affair¹), that of the RSFU (brutal murder of a ten year old girl) as well as the Cornwall recommendations (disclosures of child abuse within the Church). The strong reactions by the public² to these tragedies systematically trigger debates on measures that could have prevented them. Proposals are then often made in an emergency situation (tighter law enforcement, preventive services, support, etc.), but the implementation of concrete measures, which requires reflection and structured planning, is not pursued.
- On the international level, most proposals identified concern telephone helplines. In fact, this recommendation is the most frequent, often in reference to the Stop It Now! helpline. This service requires, however, considerable organisation, the establishment of a network to which any requests for follow-up can be referred, the implementation

¹ The Dutroux affair which took place in Belgium in the 1990s had a worldwide impact. At the time, the miscarriages of justice and the police rivalries exposed by this affair created considerable upheaval.

² The White March, organised in Brussels after the Dutroux affair, drew a crowd of approximately 615'000 persons.

of appropriate training for respondents, and significant financial and human resources. These elements, if they are not properly anticipated and addressed, may hinder or impede the setting up of such services or cause them to fail.

- Some of the organisations which developed these proposals were initially oriented towards helping victims and have gradually expanded their scope to other target groups (PRAOs), which can create tension among the staff and even resignations or the dissolution of the structure in question (e.g. ASADE).
- Some projects or proposals lacked clarity and precision (e.g. the programme recommended by the Cornwall Hospital does not seem to distinguish between the prevention of child sexual abuse and peer sexual abuse). Others seem not to have planned and coordinated their projects with existing services.

5.11 Structures, programmes and support materials for adolescents and children with sexual behaviour problems (SBPs)

In our inventory, there are currently very few structures, programmes and support materials for minors addressing the prevention of the first acting out event, while considerable resources are devoted to the treatment of those who have acted out:

The development of several treatment programs for adolescent offenders in the United States during this period also explains this scientific proliferation. Between 1977 and 1982, 211 treatment programmes were set up (internal or external, closed or open) addressing this population (Knoop, 1982). In the early 1990s, there were about 700 (Ryan & Lane, 1991). Through their publications, these centres rapidly made important scientific contributions to the understanding of these behaviours. (Jacob & McKibben, 1993, p. 3)

Furthermore, many prevention programmes exist in different areas of violence (couples, romantic relationships and communication).

In Switzerland, two programmes were designed on the theme: « Sortir ensemble et se respecter » (*TN: Going out together and respecting each other*) (De Puy, Monnier & Hamby, 2009) and « N'insiste pas! – Où commence la violence sexuelle? Information, réflexion, prévention » (*TN: Don't insist! – Where does sexual violence begin? Information, reflection, prevention*) (PLANeS¹, 2011), translated from the interactive manual in German « Mit mir nicht. Mit dir nicht » (*TN: Not with me. Not with you*) (Bueno, Dahinden & Güntert, 2008).

Prevention of abuse among peers is widely discussed, but no information is given regarding child sexual abuse committed by adolescents on children significantly younger than themselves.

5.12 Concluding remarks: the situation in Switzerland

To conclude the analysis of what is offered on the international level regarding prevention before the first acting out event of child sexual abuse, we propose to focus on the situation in Switzerland. It takes into account the specificities of the Swiss context in relation to treaties and commitments vis-à-vis the Council of Europe.

¹ *Fondation suisse pour la santé sexuelle et reproductive (TN: Swiss foundation for sexual and reproductive health).*

Sexual abuse affects a large number of children and this reality is now widely accepted and documented in numerous international studies. In Switzerland, these high prevalence rates were corroborated by a survey conducted in Geneva in the 1990s (Halperin, Rey Wicky & Bouvier, 1997), the study by Haas in 2001¹ and recently confirmed by the Optimus study (Schmid, 2012). Thus, if for a long time the priority was to establish, demonstrate and quantify the existence of such abuse, today it focuses on the need of prevention.

The role of the Confederation in the prevention of child abuse has been recognised and ruled on in June 1995 by the *Opinion of the Federal Council on the Child Abuse in Switzerland Report of 1992*:

It should [...] be emphasised that the recommendations made by the working group are aimed at the Confederation, cantons, municipalities and private organisations, that they are *primarily preventive in nature* and that they play a crucial role in the fight against abuse. (*Rapport Enfance maltraitée*, 1995, p. 5)

However, a lack of resources is mentioned implying that new structures related to prevention cannot be set up:

The proposals contained in this opinion relate to domains that are within the competence of the Confederation. Their realisation presupposes financial and human resources which, for now, are completely or partially lacking. For this reason, it is difficult to create new structures, and measures taken will be directed to strengthen those that already exist. (*Rapport Enfance maltraitée*, 1995, p. 5)

Fifteen years later, on 16th June 2010, Switzerland signed the Council of Europe [CoE] Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention of 25th October 2007) (CoE, 2007a). Among the measures recommended in this text, art. 7 explicitly mentions the duty to implement a policy of prevention aimed at persons at risk of acting out:

Each Party shall ensure that *persons who fear that they might commit any of the offences* established in accordance with this Convention may have access, where appropriate, to effective *intervention programmes or measures* designed to *evaluate and prevent the risk of offences being committed*. (CoE, 2007a, art. 7)

Following the signature of the treaty, an explanatory report had to be prepared to determine the situation in Switzerland in relation with the different articles. A draft of this report for the approval and implementation of the Convention was put before the cantons, political parties and various organisations², for consultation until 30th November 2011, by the Federal Department of Justice and Police.

According to the preliminary draft, the requirements of art. 7 concerning the persons at risk of acting out are satisfied because services are already available to them:

The umbrella association of counselling centres for perpetrators of violence was founded in June 2010. *The association "Vivre sans violence" (TN: Live without violence)*, in which various institutions specialised in violence among couples cooperate at the inter-cantonal level, runs a consulting service via the internet for adults, children and youth. *The Swiss Agency for Crime Prevention [PSC]³* regularly updates a list of services for perpetrators in the field of child pornography. In addition,

¹ Study conducted among a sample of over 20'000 recruits.

² i.e. the political parties represented in the Federal Assembly, as well as various Swiss umbrella organisations, associations and institutions active in the social, economic and legal fields.

³ PSC: *Prévention Suisse de la Criminalité*.

it offers to all persons the possibility to *consult at any time with a psychiatrist, a psychologist or a therapist*.

In view of the foregoing, Switzerland meets the requirements of art. 7 of the Convention. (Département fédéral de justice et police, 2011, Août, p. 22)

In the light of these indications, we contacted the two structures mentioned in the preliminary draft, as well as the person in charge of the follow-up of the consultation, in order to obtain the contact details of the psychiatrists, psychologists and therapists who can provide services to the PTGs as mentioned in the preliminary draft. Following this, three more additional resources were suggested to us: the 147 (a Swiss national helpline for children and youth), the contact person for the Child Protection sector of the Federal Social Insurance Office (OFAS¹) and the contact details of a psychotherapist.

We made enquiries with each of the resources reported in order to find out more precisely what they offer to PTGs or the contact details they have at their disposal for these target groups. However, after examination, the structures cited do not provide services specific to this population:

- The Association “Vivre Sans Violence”: « Our Association unfortunately does not offer services to people who fear acting out. Our website, violencequefaire.ch, is designed for people experiencing violence within couples and does not offer support to perpetrators of violence against children. »²
- The Swiss Agency for Crime Prevention, « we unfortunately cannot, as yet (!), provide a list of the network [recommended as part of the campaign Stop Child Pornography on the Internet]. But we hope to be able to continue the project [...] »³
- The person contacted at the OFAS referred us to the PSC as well as to a list of consulting services for violent men and women⁴. This list is available on the website of the Federal Office for Gender Equality (BFEG⁵), in the section Domestic Violence⁶. Except for the FORIO, the addresses provided are for those who have already resorted to violence within the couple and the family. Organisations mentioning the preventive aspect of their missions (Ex-expression, ViFA, VIRES, Vivre sans violence) were already taken into account in our inventory of Switzerland, and we found that they do not offer services to PTGs.
- The telephone counselling and assistance service of Pro Juventute, the 147, is certainly open to any request for help from children and young callers. The website ww.147.ch (consulted on 21st June 2012) does not however mention the topic of sexual attraction of minors towards younger children⁷.
We contacted this service to find out if it receives requests for help from young people concerned and to obtain the addresses they provide in such cases. The contact

¹ OFAS: *Office Fédéral des Assurances Sociales*.

² Personal communication with the head of the VsV, 27th March 2012.

³ Personal communication with a person in charge at the PSC, 21st March 2012.

⁴ Personal communication with a staff member of the OFAS, 30th April 2012.

⁵ BFEG: *Bureau Fédéral de l'Égalité entre hommes et femmes*.

⁶ Since 2003, this domain has been mandated by the « Federal Council to support and develop measures to prevent violence, in particular violence against women »:

<http://www.ebg.admin.ch/themen/00466/index.html?lang=en> (Consulted on 21st June 2012).

⁷ The only reference concerns paedophilia, in the section « Sex trade and human trafficking ».

person told us that the 147 « almost never receives calls from adolescents/youth who are worried about their sexual attraction towards younger children. »¹

- The psychotherapist who we were told about is indeed aware of the theme of prevention before the first acting out event and has a private practice. His web site does not however mention this topic and does not address any message to PTGs.

Our investigations confirm the observation made in the Swiss inventory (chapter 4.2) that there is a lack of structures, reception centres, specialised professionals and support materials for PTGs.

This fact is corroborated by the different responses of the organisations we consulted in the preparation of the explanatory report mentioned above. For example, the Swiss Foundation for the Protection of Children (FSPE²) positions itself on art. 7 as follows:

This provision requires that individuals who believe that they may act out must have access to programmes and specific prevention measures. Specialised programmes of this kind are not well developed in Switzerland, whether it be for people who feel attracted to children but who have not committed any offense, or for recidivists. It is correct in principle to note that it is possible to consult at any time with a psychiatrist, a psychologist and a therapist, but the needs in terms of specialised professional and low-threshold reception centres are far from being met.

[...] The explanatory report unfortunately does not mention these deficiencies and ignores the existing needs. Contrary to the explanatory report, the Swiss Foundation for the Protection of Children considers that the requirements of art. 7 of the Convention are not satisfied. (FSPE, 2011, November 16)

The lack of services in the field of internet child pornography addiction was already noted in 2008 by the PSC, in relation to the requests of PTGs who responded to its campaign:

Since launching the campaign “Stop Child Pornography on the Internet” in autumn 2005, the PSC has received frequent phone calls from people who, after receiving information on various aspects of internet addiction through our documentation, our website or other materials, wish to be informed about the low-threshold counselling centres. It should be noted that their number is still insufficient in Switzerland and that psychiatric clinics provide care mainly for persons who have a strong internet addiction. (PSC, 2008, p. 37)

If Switzerland does not meet the requirements of art. 7 of the Convention, this is true of most of the countries who have signed the Convention of the Council of Europe. Ignoring that there are deficiencies in this area by stating that « Switzerland meets the requirements of art 7 », means closing the door to any reflection on new ways of prevention and the needs of services for PTGs.

Becoming aware of this means that measures are possible and must be taken in this specific area.

Personal contact

Following these observations, we got in touch with the contact person in charge of the application of the Convention of Lanzarote at the Federal Office of Justice, explaining our approach. We communicated the results of our research collected from the organisations which had been indicated to us in order to know whether, « given these elements, [...] will

¹ Personal communication with a collaborator of the 147, 2nd July 2012. The only two addresses that were provided are of two institutes of criminology in the Swiss German part of Switzerland, in Bern and Zurich.

² FSPE: *Fondation Suisse de Protection de l'Enfant*.

changes be made to the Report on the Federal Decree as regards the approval and implementation of the Convention of Lanzarote, and if so, which ones? »¹.

In response to our inquiry, we were informed that

the Federal Council took a decision yesterday on the matter in question and forwarded the draft revision of the Penal Code to the federal chambers.

Switzerland fulfils the conditions of the Lanzarote Convention. It is clear that each country can go further in their domestic law. Furthermore the vast majority of those consulted agreed with the explanatory report and the draft amendment to the Swiss Penal Code².

¹ Email from the Association DIS NO, sent 22nd June 2012.

² Communication with the contact person, 5th July 2012.

6. Next stage of the Project: Recommendations and implementation by the Association DIS NO

The aim of the Report *Prevention of the First Acting Out Event* was to identify, through extensive international research, what is already in place, planned or still needs to be done in the field of prevention for persons at risk of acting out for the first time.

The expected results were to allow us to have sufficient elements to assess the needs in this area and to define a feasible strategy action in French-speaking Switzerland so as to develop, promote and provide services for the PTGs.

Taking into account the analysis made and in order to pursue the project, the Association DIS NO will continue its work by implementing the recommendations, based on four principles, validated by the Project Steering Committee.

Principle 1 – Well defined target groups

Prevention being the main motivation of the Project, the PTGs (PRFAOs as well as any other person showing a motivation for child sexual abuse) were selected for the next stage of the Project. **This approach is innovative on the international level.**

The age categories retained are adults as well as minors over 12 years old, in reference to early adolescence based on the *DSM-IV Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2005). Differentiated concepts will be developed for persons under the age of 16 and for 16-18 year old (age of sexual consent).

Several factors explain this choice and will facilitate the future measures:

- Ethical aspect: this choice avoids the confusion between persons who have never acted out (PTGs) and actual perpetrators. Moreover, many persons belonging to the PTGs emphasise, and rightly so, this fundamental difference and do not want to be treated as abusers.
- Legal aspects (reporting, denunciation): whereas PTGs can be helped through exchanges and extrajudicial support, working with PRRs requires agreement and coordination with the justice system and/or with the probation supervision, as well as the management of possible denunciations. This radically changes the approach and leeway of those working with this population.
- Technical and material aspect: limiting the scope and objectives to a preventive approach focused on a single target group facilitates actions at different levels: clearer and more specific messages, better control of time and costs for the design of the network and the support materials, the training of respondents, the creation of structures and programmes, etc.

Principle 2 – A structure specific to the field of prevention before the first acting out event

Based on the research and analysis of the information collected on the international level, we found that there is currently no structure clearly profiling itself, solely and specifically, on prevention for PTGs. This structure will also work as a resource centre for anyone concerned by this approach, in particular the social circle and professionals.

The establishment of a structure of this kind will serve as a pilot project and this concept could be replicated in other parts of Switzerland or abroad. Moreover, such a structure does not encroach on any existing services.

Principle 3 – Implementation in two successive phases

According to the inventory we made, we would currently be unable to meet the demands that could result from promoting this approach to the general public. Therefore it seems a priority, before the launch of such an approach, to prepare the ground at the professional, infrastructure and training levels in order to create a network capable of meeting the demands of future solicitations.

The following recommendations are therefore divided into two phases: a *preparatory phase* and a *pro-active phase*.

The preparatory phase will involve professionals only. No direct offers to PTGs will be introduced at this stage. Once the network and offer of services is operational, services will be promoted to the general public, in particular the launch of an information campaign (pro-active phase).

In summary, the pro-active phase should not occur until:

- objectives are clearly defined
- there is a structure ready to respond to requests and direct, if needed, follow-up requests to a network of prepared professionals
- the monitoring of the possible impacts is organised
- a network of professionals is available
- training is offered to professionals interested in joining the network
- communication tools are available (website, brochures, database, etc.)
- a helpline is operational
- messages and methods of communication tailored to the different target groups and objectives are available
- an opinion poll has been conducted
- monitoring and evaluation measures are planned

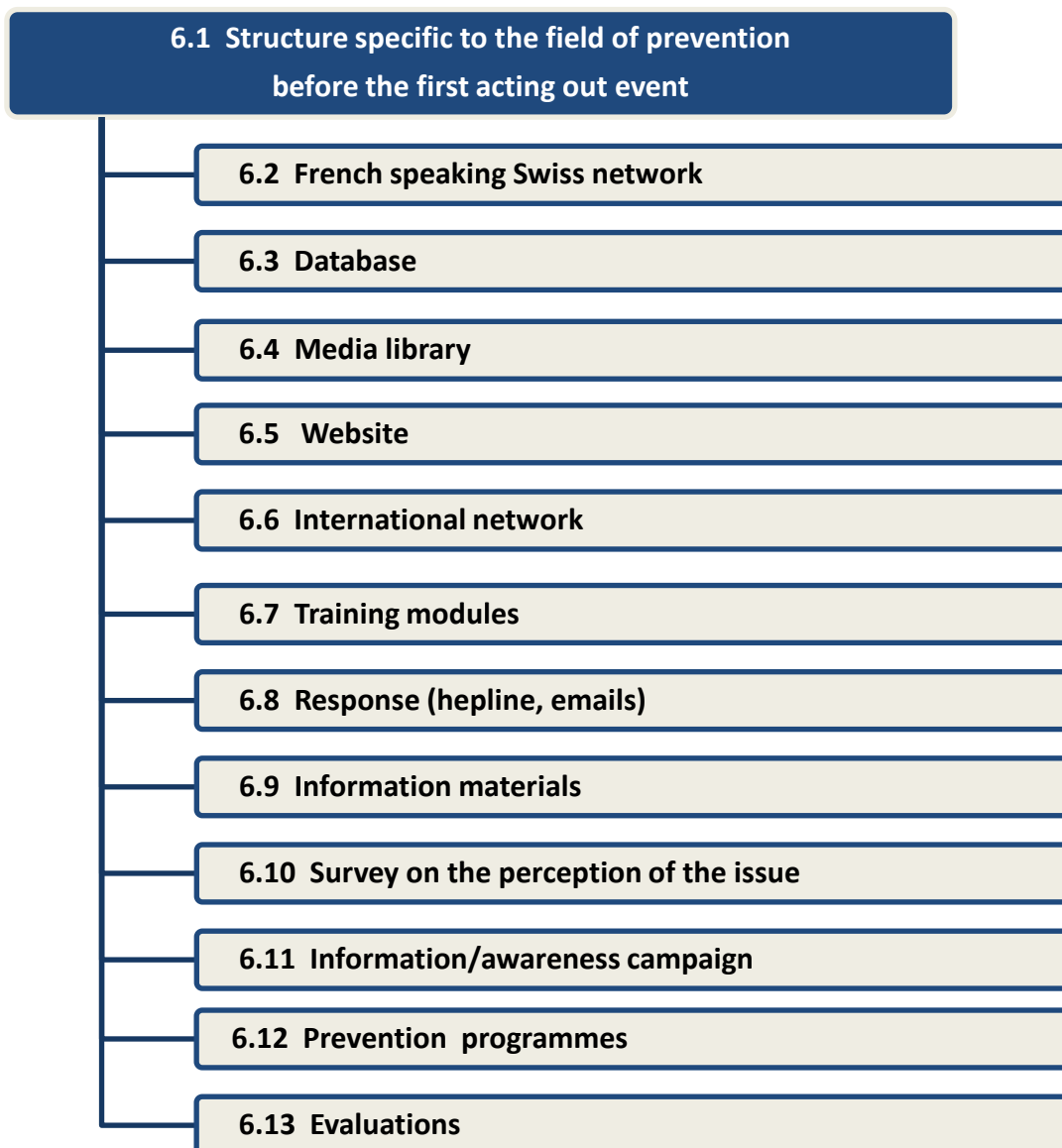
Principle 4 – Collaboration and synergies

Finally, the implementation of the recommendations made will be driven by a spirit of openness and taking into account the following principles:

- Build on the experience already gained
- Build on existing support materials to adapt them to the context of French-speaking Switzerland and the PTGs
- Develop synergies and partnerships to capitalise on the different experiences and areas of expertise

For example, standardised protocols could be developed in partnership and on the basis of already existing documents in order to compare the information collected on the international level and to analyse them on a common basis. This would provide for valuable information, such as: comparing the impact of the different campaigns, the differences between countries, the messages disseminated, etc.

Consistent with the principle of the two phases described above, the recommended measures will first be designed and developed internally (preparatory phase). Their promotion to the general public will take place when they are all ready (pro-active phase).

Set of Recommendations for French-speaking Switzerland

The above diagram illustrates all the recommendations made, the main one being to create a specific structure in the field of prevention for PTGs (resource centre). It is around this central organisation that the other recommendations will be developed. They will be made directly by this structure or through partnerships mandated and coordinated by it.

6.1 Structure specific to the field of prevention before the first acting out event

Definition

Resource centre specialising in the field of prevention of child sexual abuse before the first acting out event, open to anyone concerned with this specific approach: PTGs, social circle, professionals, researchers, general public.

This structure will not directly provide support for care or treatment, but will position itself as a centre of documentation, a first point of contact and referral to other network services.

It will not profile itself in a specific sector, such as medical, psychiatric or legal system services, so as to not stigmatise those who may abstain from making contact from the outset. Therefore, it will not join any organisation that is already operational. Furthermore, this choice also reflects the belief that prevention does not concern a specific profession: it requires the commitment of all sectors, multidisciplinary work and the cross-fertilisation of multiple skills (not only medical and legal but also social and human). This option will allow for more room for manoeuvre and greater freedom of action.

Role and missions

The resource centre's role will be to:

- coordinate all activities related to prevention among PTGs
- give visibility to this innovative approach, explore and develop it
- ensure the credibility of this approach based on theoretical and empirical bases
- ensure the sustainability of the approach over the long term by capitalising on stable human and financial resources
- serve as a reference and exchange platform for professionals
- collect and disseminate information about events, training, new structures, etc. via methods to be defined (mailing list, website home page, online journal, etc.).

Its mission will be to implement the recommendations described in the following subchapters (6.2 to 6.13), according to a budget and a clearly defined timetable.

Some tasks will be undertaken in partnership with experts, universities, services or associations. Others will be delegated to professionals in the form of mandates, particularly in the areas of training, communication and evaluation.

Visibility and communication

For PTGs to seek help or exchanges in the current environment, they need motivation and courage. If a structure wishes to help them, it must lead by example and also show courage. For this, it must communicate openly to the general public its goals and objectives, with the risk of being faced with incomprehension, rejection, difficulties in raising funds, etc.

Information campaigns for the cantons, Confederation and politicians should also be undertaken to raise awareness about this new approach.

This communication effort would mark the beginnings of a change in the general perception of the issue of sexual abuse prevention.

6.2 French-speaking Swiss network

Objective

In order to be ready to respond to various requests arising from the information and awareness initiatives contained in the recommendations, it is essential to prepare the ground and to create and coordinate a network of structures and professionals prepared to collaborate.

Requests and solicitations can come from PTGs or anyone else concerned with this issue (family, social circle, confidants, professionals, etc.). It seems essential to be able to respond promptly and adequately¹, as it is not necessarily easy to awaken and sustain the motivation of some of the persons belonging to the PTGs, and it could prove detrimental to encourage requests without being able to respond.

Description

This network will consist initially of at least one resource or one professional per canton, and will be developed gradually.

The location of the structure(s) chosen to meet the demands, as well as that of the professionals in the network, is a determining factor. People will hesitate to engage in a process or will be more ready to abandon it if they have to travel a long way each week or, on the contrary, if the lack of services does not allow them to travel far enough in order to guarantee their anonymity.

Methodology and availability

A wide range of professionals (sexologists, psychologists, gynaecologists, therapists, etc.) will be solicited through a general consultation of these categories of professionals (questionnaires, focus groups, surveys or other tools to be defined) in order to list the professionals who are aware of the problem and willing to receive PTGs, in each French-speaking canton.

The coordinates of these professionals as well as their specialisations could be grouped and made available to the general public via an online search engine. This list could be based on the model of Canadian websites which allow searches based on various specific criteria such as region, type of problem, etc.

Impacts

This work will also allow for the following:

- raise awareness and inform professionals on this issue by sending them the final Report of the Project
- give them access to the database
- encourage them to position themselves in relation to the issue and collect their views through *focus groups* or other means to be defined
- identify and take into account their needs and expectations

¹ « In this area, the priority for the PSC [*Prévention Suisse de la Criminalité*] is to ensure that they recommend only recognised professionals specialised in this particular area. » (PSC, 2008, p. 37)

- gather skills and find partners willing to establish collaborations in the areas of care, communication, ethics, training, reflection and the creation of support materials and programmes.

6.3 Database

Description

The database developed as part of the Project lists all information relevant to the theme of prevention aimed at PTGs (publications, structures, programmes, support materials, training, databases, websites, etc.). It offers a system of research options that allows to search and sort information according to specific criteria.

Management and updates

This database was populated during the elaboration of the Project and lists all the information mentioned in this report as well as the UNIL report (Volet, Courvoisier & Aebi, 2011).

As part of the resource centre, it will be maintained and expanded to include any new programme, structure, support material and training related to the PTGs.

Availability

Initially, its access will be communicated to professionals contacted during the development of the French-speaking Swiss network (see recommendation 6.2); after which, it will be made available to any interested user and to the general public via the website (see recommendation 6.5).

6.4 Media library

Description

Within the structure mentioned in section 6.1, a media library will contain all relevant documentation collected during the course of the Project, as well as any support materials and tools developed during the implementation of these recommendations (brochures, documents, etc.).

Availability

The media library will be open to all interested persons, individuals and professionals.

6.5 Website

Objective

A website dedicated specifically to the issue of PTGs will be designed in order to anchor the existence of a new concept while giving it high visibility. This website will be a first tool of reference in the field of prevention targeting this population.

Description

It will be developed according to the progress of the activities, taking into account the feedback and suggestions from its visitors. Ultimately, it could contain: coordinates of the specialised structure and a description of its mission and services, information, useful addresses, bibliographic references, announcements concerning current events, downloadable materials (brochures, reports, etc.), access to the database, this report, a possibility to make contact via e-mail address, etc.

6.6 International network*Description*

During the inventory, several contacts were made on the international level with different experts, professionals, associations, services and organisations. They will be maintained and developed to facilitate the exchange of experiences, tools, support materials and ideas for prevention before the first acting out event of child sexual abuse.

Objective

The network will allow for the continuation and development of collaborations and synergies as regards the different practices targeting the PTGs and to link the Swiss French-speaking experience with what is taking place internationally. Collaborations or partnerships may also be recommended for the implementation of other recommendations.

6.7 Training modules*Description*

Different types of training courses on the issue of the PTGs could be designed according to the identified needs, such as continuing education, modules to be integrated into other courses, conferences, discussion days, seminars, etc.

Objective

These training courses will strengthen and support the network of specialised professionals who are ready to respond to requests from PTGs or their social circle.

Methodology

A working group will be established to discuss to what extent the management of PTGs requires specific training and what the needs of the professionals are. Depending on the identified requirements, training modules and/or exchanges of good practices will be developed.

6.8 Response (helpline, emails)

Description

Different ways of contacting the specialised structure will be put in place: via the website (email address), phone or mail. People will be trained to respond and call protocols will be developed.

Objective

The structure will provide a first contact, inform about its services and will be able to direct requests to the various specialised services.

Moreover, the fact that it will profile itself clearly in the field of prevention before the first acting out event will not hinder the target groups who do not correspond exactly to the services offered from making contact: these people will be directed, if necessary, to other competent structures.

Helpline

The idea of opening a telephone helpline is often one of the first suggestions and recommendations when the subject of prevention oriented towards PTGs is envisaged. But we need to pay particular attention to the implications of this approach and realise that a helpline should not be presented as a project in itself. It is a tool through which people can get in touch with a structure and which should enable them to receive monitoring, care or referrals to other services. As mentioned before, this role requires significant advance preparation and organisation (establishment of a network, support materials, programmes, etc.).

6.9 Information materials

Description

Information and communication materials (brochures, press releases, audio-visual materials, books, games, etc.), for professionals, PTGs or their social circle will be created or adapted from already existing material.

Objective

Creating specific information materials addressing the issue of prevention targeted towards PTGs will allow to explain the approach clearly using various means and adapted by their form and language to the different target groups concerned.

Methodology

This considerable work requires the creation of working groups of people with different fields of competencies (listening, care, communication, graphics, etc.).

6.10 Survey on the perception of the issue

Description

A survey is planned as a precursor to an information campaign in order to assess its impact. It will be made with the general public prior to the launch.

Objective

The impact of an awareness campaign can be assessed only with comparative data on prior perceptions of the issue¹. Moreover, a survey would allow to anticipate the perception and the possible reluctance of the general public to a media campaign, to identify the causes (stereotypes, fears, lack of objective information, etc.) and to prepare adequate communication.

6.11 Information/awareness campaign

Description

An information and awareness campaign will be designed for the general public and widely disseminated by various media. It will mark the transition from the preparatory phase and the pro-active phase by informing the population as a whole and by encouraging those concerned to contact the specialised structure.

The choice of raising public awareness stems from the desire to not specifically target PTGs, so that they do not feel stigmatised. They will receive the message as members of the society.

Information and awareness campaigns will be conducted in parallel on different levels and with different networks: politicians, funders, cantons, Confederation.

Objective

The main objective of this campaign will be to encourage PTGs to contact the resource centre in order to break out of their isolation and gain access to someone who listens to them, to information, advice, care, programmes, etc. The campaign could also interest anyone affected directly or indirectly by this issue (social circle, professionals).

At the same time, it will aim to inform the general public and allow them to form an opinion as to what is at stake and the challenges related to prevention aimed at PTGs. This campaign will be accompanied by different support materials: brochures, information on the website, posters, advertisements in the media, broadcasts and TV spots, etc.

This campaign could also accompany an evolution of the general perception of prevention of child sexual abuse. The intention of addressing PTGs must be clearly explained so that future publicised efforts do not immediately face rejection or misunderstanding due to a preconception that could have been mitigated by adequate information.

¹ This was done for the media campaign launched by Stop it now! targeting all Vermont residents (Chasan-Taber & Tabachnick, 1999, as cited in Volet, Courvoisier & Aebi, 2011, p. 36). This assessment showed that an evolution in the awareness of the problem among the population took place.

Methodology

Since a campaign requires a large investment of time and resources, and that the achievability and clarity of the messages are fundamental to its success, professionals in the fields of ethics, communication, care and listening should be involved in this process.

6.12 Prevention programmes*Description*

Prevention programmes for different target groups (adults and minors belonging to the PTGs, as well as their social circle) will be created or adapted on the basis of materials and experience already operational.

The design of programmes for PTGs must reflect the diversity of the issues and their needs. Specific programmes must be designed and different types of approaches considered (group or individual, psychoanalytic, systemic, etc.), so as to avoid giving the same kind of treatment for all and to reflect the specificity of each situation.

Methodology

As the creation of these programmes requires different kinds of competencies, working groups will be created. Ethical, legal, educational and communication aspects will be considered and adapted according to different criteria (target groups, age).

6.13 Evaluations*Objective*

Evaluation is a fundamental stage and procedure in all the steps described in these recommendations. It will allow for the assessment of some of the impacts of the actions taken and provide a basis for analysis and reflection vital to adapt and improve the services offered, as well as the communication strategies.

Description

Some evaluations will be carried out on an ad hoc basis after a specific recommendation (e.g. evaluation of an awareness campaign), while others will be ongoing and conducted in the long term (e.g. the operation of the helpline).

External services may be mandated, especially regarding the evaluation of the specialised centre.

Limits and perspectives

Although necessary, the evaluation process requires reflection as to what is measurable and what is not, in order to take into account the limitations, mainly regarding the number of abuses avoided:

It will never be possible to know if potential perpetrators seeking help would have acted out or not [...] because the only way to do this would be to have two study populations,

one with access to a support structure for potential perpetrators and the other without such access. One would then have to evaluate in the long term if these two populations have committed the same proportion of sexual acts against children or whether the proportion of such acts decreases in the population with access to a support structure. (Volet, Courvoisier & Aebi, 2011, p. 50)

Moreover, even when studying the data of victimisation in the long term, too many factors come into play, and do not allow to estimate accurately the effect of a prevention campaign oriented towards PTGs.

These limits do not prevent some statistical data from estimating the impact of a preventive approach targeting PTGs, such as statistics on the number of calls to a helpline, types of requests, their frequency, the profile of the callers, etc.

This aspect implies that certain measures must be anticipated in view of an evaluation, such as the definition of criteria and protocols for data collection, which must take place throughout the various processes. At the same time, it is necessary to provide funding for the evaluation in each separate budget.

PART II

INVENTORY

DESCRIPTION OF THE RESULTS IN THE FIELD RESEARCH

Preliminary remarks on the inventory

Reminder: we have identified structures and processes of different magnitudes, still active or abandoned, conducted by state agencies, universities, hospitals or through private initiatives. The purpose of the inventory is to present an overview of the different actions in this area, without involving the criteria of relevance or scientific validation (see chapter 4).

The following inventory cannot be considered as exhaustive due to the search criteria defined in the framework document of the project (languages, geographical areas) and the difficulty in identifying practices that often have no visibility.

We must also keep in mind the importance of the private network (sexologists, psychiatrists, psychologists, therapists, doctors, social workers, etc.), to which some of the requests by PTGs are referred. Whilst these professionals are potentially among the first points of contact, it was not possible to carry out systematic and representative surveys to assess their role within this population, especially since these professionals are generally not specialised in this specific area.

In order to go further than just a simple listing, we contacted each structure or professional, and excerpts from these exchanges complete the presentations whenever it was possible to communicate these.

We have noted that the structures mentioned deal generally with known perpetrators referred to them by other services and which are not necessarily specialised in services for PTGs, but, having been confronted with unsolicited requests from them, integrate them into their programmes or groups.

We had hypothesised that certain structures would be able to provide the contact details of other resources active in this field. This was generally not the case and we reached the opposite conclusion, namely that the structures we contacted do not necessarily know the other actors in the field.

Finally, the target groups concerned are highlighted in each presentation when adults are concerned, whereas the structures, programmes and support materials targeted at minors are grouped in specific sections (7.11 and 8.11).

7. International level

7.1 Surveys and research

Apart from the prevalence studies cited in chapter 2.2, we know of only one other survey taking into account the PTGs.

Survey « Medical and Psychological Methods for Preventing Sexual Offences Against Children » (Sweden)

The Swedish government mandated the SBU¹ to conduct research on the effectiveness of psychological and pharmacological therapies aimed at preventing sexual assault against children. A systematic review of the literature was conducted, leading to a report (Enebrink, Gustafsson, Laurén, Lindblom, Långström, Rahmqvist, & Werkö, 2011).

This survey took into consideration various preventive therapies aimed at three target groups: known perpetrators, **persons at risk who have never acted out** and **children with sexual behaviour problems**. The PTGs are described as follows:

Some people with a sexual interest in children might have sufficient protective factors that prevent them from actually committing an offence. However, certain circumstances might increase their risk of “crossing the line”. This category includes individuals who have recurrent sexual fantasies about children (e.g. paedophilia) or who watch child pornography. Many suffer from their situation, and they often have concurrent mental illness and an elevated risk of suicide. The difficulty in seeking help from health and social services is apparent, given fears for condemnation and stigmatisation. (Enebrink *et al.*, p. 26)

The review of the literature concludes that « No scientific evidence is available to determine if either psychological or pharmacological treatment modalities can prevent sexual offending among adults who have not sexually abused a child, but are at risk of doing so (lack of studies). » (Enebrink *et al.*, p. 63). There is the same absence of studies and scientific evidence concerning children with SBPs (p. 63) and adolescents at risk who have never acted out (p. 77).

However, field experience shows that PTGs can be reached:

In Great Britain and Germany, among other nations, telephone-based helplines have been organised. People at risk of committing sexual offences against children can call into these anonymously and receive counselling and referral to appropriate treatment services. [...] Sweden currently has no programmes aimed at reaching **self-identified individuals at risk** of child sexual abuse.» (Enebrink *et al.*, p. 26)

Thus

since we cannot say which methods successfully prevent offences against children, the question is: How can we manage help-seeking individuals at risk? More research is necessary. In the absence of specific guidelines for treating individuals at risk, the most ethically defensible position would be to assess the presence of treatable risk factors for child sexual offences including concurrent psychiatric disorder, and offer individualised treatment. » (Enebrink *et al.*, p. 26)

¹ SBU: Statens Beredning för medicinsk Utvärdering (TN: Swedish Council on Health Technology Assessment).

Personal contact

We contacted the SBU to find out whether a follow-up to this report is planned: « As our main findings unfortunately report the lack of evidence for these methods, our recommendations to the government are to initiate and support research in this area. [...] The SBU does not directly implement the recommendations; in Sweden, it is the Committee on Health and Welfare that is in charge of this. »¹

7.2 Information campaigns**Dunkelfeld campaign – Charité Hospital (Berlin, Germany)**

To our knowledge, this is the only media campaign clearly directed at PTGs, apart from messages also aimed at the general public by Stop It Now!. This important campaign is described in detail in the research report of the University of Lausanne (Volet, Courvoisier & Aebi, 2011, pp. 31-33). It led to the creation of four therapeutic centres in Germany described in Section 7.3.

The Dunkelfeld campaign was conducted in 2005 by the Institute for Sexual Medicine of the Charité Hospital. It included explicit TV spots broadcast on major television channels in Germany, as well as advertising posters clearly addressed to PRAOs. A telephone number and the internet address www.kein-täter-werden.de were given on these advertisements.

This approach generated about 550 calls from men and two women « who wished to consult in order to avoid giving in to their sexual urges² », requests for which the Institute for Sexual Medicine was not prepared. Therefore only 20 callers were able to benefit from treatment. The duration of this treatment was three years, without hospitalisation, was free of charge and confidential. The goal of the treatment was to develop empathy among the PRAOs vis-à-vis their potential victim through individual sessions, group exercises, role plays and other exercises³.

The most recent publication on this campaign⁴ (Schaefer *et al.*, 2010) describes and compares two groups of people having responded to the media campaign: individuals who had never acted out, and perpetrators undetected by the authorities. It appears that the latter are more likely to perceive themselves at risk of abusing children than potential perpetrators.

The two categories combined, more than half of the individuals feared committing child sexual abuse. Most are concerned about a problem of paedophilia or hebephilia.

¹ Personal communications with the contact person, 22nd October 2011, 3rd February 2012, 12th March 2012 and 20th August 2012.

² http://www.lexpress.fr/actualite/societe/allemande-la-television-tend-la-main-aux-pedophiles_466140.html (Consulted on 13th December 2011).

³ <http://www.fredi.org/index.php/Lutte-contre-la-criminalite/therapie-preventive-contre-les-crimes-sexuels-sur-enfants.html> (Consulted on 13th December 2011).

⁴ Conducted at the Institute of sexology and sexual medicine of the University Clinic of the Charité.

7.3 Structures, resources and welcome centres

Institute for sexology and sexual medicine¹ – University Clinic of the Charité (Berlin, Germany)

The Dunkelfeld media campaign, presented above, revealed the existence of an unsuspected demand by « self-identified and help-seeking pedophilic/hebephilic men in the community »².

A free and confidential treatment program (Prevention Project Dunkelfeld) was therefore developed at the Institute of Sexology and Sexual Medicine at the University Clinic of the Charité in Berlin.

Given the number of requests, three other university medical structures joined the project, which is currently offered in Kiel, Regensburg and Leipzig as a pilot experiment. Two new structures will be set up during 2012 in Hannover and Hamburg².

Stop It Now! (England and Ireland; United States)

Stop It Now! is an organisation active in England, Ireland and the United States³.

Its online help centre is active 24 hours a day and its telephone helpline is for **anyone concerned** by a situation of child sexual abuse or for **those at risk of acting out**. These resources therefore receive requests for assistance from PRAOs, with the possibility for anonymity.

The offer of counselling and support for PRAOs is emphasised on the UK website (the first section is entitled: « Concerned about your behaviour? » although this is not clear on the American website.

For the presentation of this important structure, the only one having developed an anonymous service specifically designed for PRAOs and having been evaluated after several years in operation, we refer to the research report of the University of Lausanne (Volet, Courvoisier & Aebi, 2011, pp. 33-37).

L'Ange Bleu (TN: *The Blue Angel*) – National association for prevention and information regarding paedophilia (ANPACP⁴, France)

The aim of the Association L'Ange Bleu (TN: *National Association for Prevention and Information Regarding Paedophilia*), founded in 1998, is to « develop the prevention of child sexual abuse and information about paedophilia »⁵ through networking with concerned professionals, the publication of educational materials and the opening of offices on the national territory.

It targets former victims as well as their social circle and families, but mostly, as far as we are concerned, **individuals « who are romantically or sexually attracted to children** without being able to speak about it »⁶.

Great importance is placed on understanding the phenomenon of paedophilia by proposing different categories of **paedophiles (abstinent, passive or active)** and the differentiation of

¹ Institut für Sexualwissenschaft und Sexualmedizin.

² <http://dont-offend.org/story/14/3914.html> (Consulted on 11th January 2012).

³ <http://www.stopitnow.org.uk>; <http://www.stopitnow.org/help> (Consulted on 7th December 2011).

⁴ ANPACP: Association Nationale de Prévention et d'Information Concernant la Pédophilie.

⁵ <http://www.ange-bleu.com/objectifs.php> (Consulted on 15th November 2011).

⁶ <http://www.ange-bleu.com/index.php> (Consulted on 3rd November 2011).

child sexual abusers (who have acted out). Thus, « [a] paedophile is not necessarily a child sexual abuser and all child sexual abusers are not necessarily paedophiles. »¹.

This innovative approach focusing on sexual attraction, which is not synonymous with abuse and is not necessarily a choice, led l'Ange Bleu to work against the stigmatisation of paedophiles and for individual accountability.

The services offered are a welcome and a personalised dialogue (by phone, mail, email or face-to-face), legal advice, discussion groups (for victims, abstinent paedophiles or former sex offenders) and, in some situations, meetings between victims and perpetrators.

In the case of « **individuals struggling with paedophile fantasies** », l'Ange Bleu offers a « helping relationship that is both humane and personalised, aimed at establishing the difference between fantasy and reality so as to help the person manage his attractions in a socially acceptable manner. »².

No statistics on the number of requests from these individuals could be found. In press articles, the head of the structure notes however that they have « helped hundreds of abstinent paedophiles to not act out. » (Alaoui, 2006, May 20)

Personal contact

The particularity of l'Ange bleu is that the services offered are not based on academic research but on the personal experience of its founder as well as the observation that, in France, there is nothing in place to help individuals struggling with paedophile attractions to avoid acting out. Therefore, this association can be viewed as a pioneering structure:

there is no structure in the world that offers the same approach as mine [...] Regarding the Charité Hospital in Berlin [...], the approach is close to mine even if it is reserved for a medical setting³.

Centre for Intervention in Sexual Delinquency (CIDS, Laval, Canada)

The Centre for Intervention in Sexual Delinquency (CIDS) of Laval (Quebec) has been offering, since 1997, treatment for individuals struggling with sexual delinquency problems against minors.

Treatment programmes and services, designed for both French and English speakers, **male and female**, affordable also to those with low income, are based on five different approaches (cognitive-behavioural, schema therapy, impact therapy, the motivational approach and behavioural therapy).

Treatments are aimed primarily at PRRs (subject to judicial control or not), but also at « **adults and adolescents who are struggling with deviant sexual fantasies and who have not acted out** »⁴, as well as their **spouses, families and friends**. Moreover,

the CIDS [...] receives more and more clients struggling with online sexual abuse problems »⁵ and is developing a specialised therapy for **internet sex addicts**, as well as « advice for various professionals, youth and their parents⁶.

¹ <http://www.ange-bleu.com/pedophile.php> (Consulted on 9th November 2011).

² <http://www.ange-bleu.com/presentation.php> (Consulted on 15th November 2011).

³ Personal communication from the head of l'Ange bleu, 10th November 2011.

⁴ <http://www.cidslaval.com/cids-cisd/?q=node/7> (Consulted on 13th June 2012).

⁵ <http://www.cidslaval.com/cids-cisd/?q=node/2> (Consulted on 13th June 2012).

⁶ <http://www.cidslaval.com/cids-cisd/?q=node/2> (Consulted on 13th June 2012).

The centre also promotes research and training projects.

The CIDS website provides a number of information documents on various topics related to sexual delinquency and tailored to different target groups (youth, parents, professionals, PRRs, PTGs). In the document designed for youth on the appropriate use of the internet, the issue of sexual abuse by minors against younger children is discussed in connection with

the possible consequences of viewing pornography on the internet [...]: some adults or **adolescents** can also **reproduce the behaviour viewed** in pornography with younger people, who are more easily controlled or more vulnerable, such as **children** [...]. (Centre d'Intervention en Sélinquance Sexuelle [CIDS], 2011, p. 6)

Personal contact

We did not receive additional information in response to our request¹.

Groupe Amorce (Montreal, Canada)

Established in 1992 within the [support group] *l'Entraide pour hommes* de Montréal, the Groupe Amorce became an autonomous community organisation in 1998 and is a rare example of a structure clearly addressing PRAOs as well as PTGs.

Its aim is « to provide support to **men** struggling with paedophilia, incest or any other deviant sexual behaviour toward minors ». The involvement and self-accountability of the participants underpin the approach of Amorce, as is the development of healthy and respectful interpersonal relationships with adults and children.

The target groups of Amorce are:

Men who have fantasies and deviant sexual behaviour towards minors. Adult volunteers who are not subject to judicial control (no legal charges). Adults referred by social or medical services (psychologist, CLSC [local community service centres], etc..). Adults under correctional supervision in Quebec (criminal charge). **Adults with fantasies who have not acted out** (no touching)².

As to the services offered,

Amorce offers weekly support group meetings, contact with other individuals, and professional support to encourage the client to become self-responsible and overcome the social stigma, while breaking their isolation. This original approach takes place within a structured framework in which various issues are addressed under the supervision of qualified personnel. Amorce's therapeutic approach is also a recognised approach for the control of sexual deviance².

Personal contact

Asked whether a specific program is offered to people who spontaneously contact them before acting out:

Every year 15% of our clientele consists of male volunteers, who have no legal obligation to follow a therapeutic process. These are the clients who drop out the

¹ Email sent on 14th June 2012.

² <http://www.groupeamorce.com/services/clientele.php> (Consulted on 2nd November 2011).

most, as soon as the sessions become more confrontational. However we manage to retain 50% of them¹.

We don't have a program tailored specifically for these clients, due to a lack of financial resources. However, we have a support group composed of former and new clients and during the meetings of this group, potential perpetrators have the opportunity to hear everyone's story and learn the difficulties, suffering and evolution of the other participants. These meetings are usually beneficial, because it reinforces their desire to not commit sex offenses.

They also have access to therapeutic components (cycle of abuse, sexuality, masculinity, empathy), because several of these elements are also problematic in their lives.

Men who we receive at our centre who have not committed sexual assault have the same relationship difficulties, self-esteem issues, or problems with their romantic or sexual competencies as sex offenders¹.

Ex·Equo (Saint-Romuald, Quebec, Canada)

The Ex·Equo Centre's mission is « to help men who are struggling with a problem of violent behaviour in a marital and family context, and to provide other services related to this problem », as well as « to offer support services to **adult men and women** of the Chaudière-Appalaches region who are or are not subject to judicial control, having committed or **fearing to commit a sexual assault** ».

The PRAO population is specifically concerned:

A therapy programme is offered to any adult who has a sexual behavioural disorder. Some of these disorders have been followed through by an offense of a sexual nature, **others remain at the fantasy level** and warrant our consideration to prevent a possible acting out event.

The goals of the therapy are to identify predisposing factors which precipitate and perpetuate the sexual problem, so as to try and reduce the intensity of these factors and improve the quality of life of the individual.

Personal contact

In the experience of Ex·Equo, few PRAOs make contact spontaneously:

The vast majority of the people we meet who have a deviant fantasy and who are not subject to judicial control are referred to us by their family doctor or a CSSS (CLSC)². It is very rare that someone gets in touch directly with our services. [...] Over the past three years, voluntary clients represent between 4 to 9% of the references and they are all men with an average age of 48 years³.

When they are referred to us, their request is to understand what leads them to be overwhelmed by these fantasies and find tools to stop this invasion. Some also fear that they may act out for real³.

¹ Personal communication from the department head, 1st July 2011.

² Health and Social Services Centre (CSSS); Local Community Service Centre (CLSC).

³ Personal communication from a staff member of the Centre Ex·Equo, 14th November 2011.

Individual meetings are proposed, after which they can join the regular group therapy, given that « the problem of these individuals is much the same as those subject to judicial control, in other words an invasion of their sexuality that impairs their social functioning. »¹ Thus,

at present, the treatment offered to people who have deviant fantasies without acting out is not different than that offered to individuals subject to judicial control. [...] Even if our actuarial tools cannot be used with people who have not committed a crime, we use the elements of the Stable-2007 [Hanson, Harris, Scott & Helmus, 2007] to establish the targets for treatment. We base our assessment of the client's progress on these items (Stable-2007) and on the verbalisations of the individuals regarding the decrease of their fantasies².

Violence and sexual assault intervention centre (CIVAS², Estrie/Montérégie, Canada)

Along with the Groupe Amorce and Ex-Equo, the CIVAS structures are among the few services directed specifically at PRAOs:

Our two community organisations³ provide services to **any person** who has committed or is **afraid of committing sexual assault**, regardless of whether the event is recent or not.

PTGs consultations are a minority but nevertheless significant: « it should be noted that although the majority of clients have made deviant sexual gestures, some use our resources in order to prevent a first sexual offense. » (Huot, 2011, p. 102)

As to the services offered, « through structured therapeutic activities carried out as part of an individual and group follow-up, the participant gains knowledge about his sexual problems and learns to satisfy his needs by adopting new appropriate behaviours. »⁴

Personal contact

We contacted the CIVAS to obtain more information on the number and requests of the PRAOs who get in touch with this structure:

Both resources deal mostly with sex offenders, but we also welcome people (and hope to welcome more) who are afraid they may act out! Currently, several have already viewed child pornography or have deviant sexual fantasies. Overall, the topics addressed in the therapy correspond to them in the vast majority⁵.

Association for the Treatment of Sexual Abusers (ATSA, Beaverton, United States)

The ATSA Association was founded in 1984 in Oregon under the name « Association for the Behavioral Treatment of Sexual Aggressives » (ABTSA). Its aim is to promote research and the use of evidence-based practice in the **treatment of sex offenders** (note however that the age of victims is not specified).

¹ Personal communication from a staff member of the Centre Ex-Equo, 14th November 2011.

² CIVAS: *Centre d'Intervention en Violence et Agressions Sexuelles*.

³ The first centre was opened in 1992 in the Estrie region; the second in 2006 in Montérégie.

⁴ <http://www.civas.ca/#> (Consulted on 23rd November 2011).

⁵ Personal communication from the Executive Director of CIVAS, 27th June 2011.

ATSA aims to prevent sexual abuse and to expand the network of exchanges between professionals working in this field. To this end, it organises conferences, supports research, translates studies describing validated practices, promotes ongoing training and reflection on the evolution of preventive strategies.

It is here that ATSA, although primarily focused on the treatment of PRRs, is also interested in and contributes to the debate on prevention aimed at PTGs:

Although the majority of our work has focused on research, management, and treatment of those individuals who have already abused, ATSA members have a clear dedication to increasing our understanding and influence of those **factors that increase the risk of sexual abuse happening before an offence is ever perpetrated**¹.

Having noted that the sharing of best practices among professionals is at present largely insufficient and that working expertise is not always given due consideration by professionals, the association founded the « ATSA Prevention Committee » in 2010. This committee aims to implement networking and cooperation locally and internationally and especially in our case, to « advocate for evidence informed research, policy and management of individual at risk to sexually abuse or who have perpetrated a sexual offence. »¹

Personal contact

The head of this structure confirmed that prevention aimed at avoiding the first acting out event as well as networking between existing resources are among the priorities of ATSA, since

primary prevention is the hope of most prevention organizations. [...] ATSA intends to become the 'go to' resource. [...] Until quite recently, ATSA has not reached out to work with other organizations or the media to share our knowledge and perspective. [...] An incredible job has [been] done to begin to turn this around².

Sexual behaviour disorders – Evaluation and treatment Clinic of the Mental Health University Institute of Quebec³ (Quebec City, Canada)

The Sexual behaviour disorders Clinic of the IUSMQ provides services to people aged 18 and over « displaying **inappropriate sexual behaviour, such as paedophilia, viewing of child pornography, exhibitionism.** »⁴

Since January 2008, the services offered have been extended to **persons who are not subject to judicial control**. Since this is a « third-line service (highly specialised) service, individuals who are not necessarily subject to judicial control **must be referred** by a medical practitioner, or by a person authorised by the Department of Youth Protection »⁵.

As for persons subject to judicial control, they must be referred by the correctional services, the Youth Division or the Court of Quebec.

¹ <http://www.atsa.com/prevention> (Consulted on 8th December 2011).

² Personal communication from the head of ATSA. 23rd November 2011.

³ *Clinique d'évaluation et de traitement des troubles du comportement sexuel de l'Institut Universitaire en Santé Mentale de Québec (IUSMQ).*

⁴ <http://www.institutsmq.qc.ca/soins-et-services/cliniques-centres-de-traitements/clinique-devaluation-et-de-traitement-des-troubles-du-comportement-sexuel/index.html> (Consulted on 17th February 2012).

⁵ Personal communication from a staff member of the Clinic, 1st February 2012.

The Clinic provides psychiatric, psychological and sexological evaluations, as well as various kinds of therapy (hormone therapy; individual, group and couple therapy). Workshops are also organised around different themes, most of which concern both PRRs and PTGs:

- Emotion and stress management
- Prevention of recidivism
- Cognitive restructuring
- Sexual development
- Social skills
- Conflict resolution¹

The therapies offered aim, in addition to prevention of recidivism, to « prevent inappropriate sexual acts » and to « improve the quality of life, especially as regards sexuality »¹. They can be combined with a social follow-up.

Personal contact

Communications with a staff member of this structure have confirmed that they receive persons belonging to the PTGs. Their requests concern mainly recurrent deviant fantasies as well as problems of sexual compulsivity and/or addictive internet use. Their requests « converge mostly towards a desire to regain control over their lives and ensure that their sexual problems no longer hamper the different spheres of their lives (e.g. social, family, professional) »².

Support and sexual assault treatment centre (CETAS³, Saint-Jérôme, Quebec, Canada)

Opened in Saint-Jérôme in 1991, the Support and Sexual Assault Treatment Centre is a non-governmental structure designed to assist adult victims as well offering treatment to child sex **offenders (adult and adolescent)**. They also receive parents of the victims and spouses of adult offenders, and offer them specialised professional services.

Discussion groups are organised for these different target groups. The services are provided by a multidisciplinary team of over ten professionals including trained sexologists, social workers, criminologists, as well as psychoeducators and psychologists⁴.

CETAS is of particular interest to us due to its broad public messages highlighting the importance of dealing with « **pedophiles in the making** » and the addressing of the difficulties that these individuals encounter when seeking specialised assistance. (*Peut-on soigner la pédophilie*, 2009, September 10)

Personal contact

An exchange with the head of the Centre has confirmed that « the [CETAS] does sometimes receive requests from people who have never acted out. Some of them do however view child pornography ».

Regarding their requests, they are « mostly for assistance to avoid acting out and to rid themselves of deviant sexual obsessions »¹.

¹ <http://www.institutsmq.qc.ca/soins-et-services/cliniques-centres-de-traitements/clinique-devaluation-et-de-traitement-des-troubles-du-comportement-sexuel/index.html> (Consulted on 17th February 2012).

² Personal communication from a staff member of the Clinic, 1st February 2012.

³ CETAS: *Centre d'Entraide et de Traitement des Agressions Sexuelles*.

⁴ <http://www.journalaccs.ca/Actualite/2009-03-27/article-1865569/On-traite-les-pedophiles%26hellip%3Ba-Saint-Jerome/1> (Consulted on 20th February 2012).

Unlike the treatment groups for abusers, an individual follow-up of PTGs is generally preferred at CETAS in order to not equate these two populations. As part of this individual care, elements are taken into account including « deviant sexual interests, identification of risk situations, developing a healthier sexuality and a more satisfying lifestyle »¹.

7.4 Telephone helplines

Stop It Now!

See chapter 7.3

Apart from the Stop It Now! helpline, we found that, in these kind of services for PTGs, some of the measures are still just propositions and others have been abandoned (see chapter 7.10).

7.5 Websites

trouble.consultations-online.com – Pédophilie: lutte, soins, écoute (TN: *Paedophilia: combat, care, listening*) (France)

This website was set up seven years ago and the society that runs it is legally based in Lyon, although it has no physical headquarters. Ten professionals, specialising in different areas provide remote consultations (by phone, webcam and chat room), 24 hours a day. Face-to-face meetings are not provided, except by therapists who have a private practice².

The section « Pédophilie: protéger nos enfants. Dénoncer pour sauver – Consulter pour guérir » (TN: *Paedophilia: protect our children. Denounce to save – Consult to cure*) provides public information on the theme of child sexual abuse, as well as its prevention. It also offers the possibility to consult with experts, by email, phone or chat room, every day from 9am to 8pm without making an appointment, and from 9pm to 1am by appointment. A consultant has been hosting this section for six years.

Information is provided regarding the definition of paedophilia and the personality traits of paedophiles, as well as the different types of attraction and how they are experienced.

Regarding prevention, the aim of this platform is « the **prevention and [the] follow-up of persons at risk of acting out**, as well as known perpetrators »³.

This website addresses these two target groups in the following terms: « You have an addiction, you have a behaviour you would like to change, you feel the need to recover from an addiction, understand why it is happening to you, find a way to rid yourselves from it or attenuate it »⁴.

The host of this section highlights the crucial role of this type of prevention:

Real prevention must be aimed at abstinent paedophiles to help them live in an acceptable and manageable manner and offer assistance. We must help those who ask for assistance if we really want to protect children effectively⁵.

¹ Personal communication from the head of the Centre, 25th January 2012.

² Telephone conversation with the consultant dealing with the paedophilia section, 24th January 2012.

³ <http://troubles.consultations-online.com/pedophilie-lutte-soutien-psychologique-denoncer.htm>
(Consulted on 15th November 2011).

⁴ <http://trouble.consultations-online.com> (Consulted on 5th July .2011).

⁵ <http://trouble.consultations-online.com> (Consulted on 5th July 2011).

This platform therefore offers specific « assistance to individuals struggling with paedophilic attractions ». It is designed so that the person feels at ease, to give him the feeling that « yes, it is possible » as well as the desire to get in contact again, to consider some form of therapy. In addition, telephone calls are not recorded¹.

Personal contact

In July 2011, a conversation with the consultant who hosts this section² revealed that, within a two year period, only one person consulted as a PRAO. This man wanted to ask questions, in particular whether drug treatment could be prescribed.

During a second telephone interview, on 24th January 2012, the same consultant informed us that they had received two new inquiries from paedophiles. These men were in an emergency situation, saying that they were planning on acting out. Their request was to receive drug treatment to reduce their impulses; they did not want therapy.

sexoffenderresource.com – « Help, Support, Understanding » (United States)

This US website has been designed to assist registered sex offenders (national register available to the general public) on their release from prison. An address list is provided to help them find housing, work, social and psychological support, etc.

With regard to this Report, it is important to note that this platform is at present extending its assistance to any PRAO and this is visible on their homepage: « This website is for **the person who may be thinking of committing a sexual offense** as well as a place for **an individual looking for help in preventing himself/herself from committing a sexual offense**. »³

Personal contact

A professional from the Sex Offender Resource who deals with requests informed us that requests from PTGs are not very frequent, « but from time to time someone emails me looking for help finding a therapist before they act out in a manner that would be considered wrong or criminal »⁴.

Most requests addressed to this platform are from the social circle of registered PRRs.

« Pédophiles virtuels. Que faire de la cyber pédopornographie? » (TN: Online paedophiles. What can be done about cyber-pedopornography?) (France)

Within the framework of the « Media Lab » laboratory of the Paris Institute of Political Studies⁵, whose aim is to « to contribute to a renewal in social science research, its sources, methods and manner of approaching its subjects »⁶, a team of students from the School of Communication thematised and published online the issues related to cyber-pedopornography.

¹ Conversation with the website's host, by chat, 4th July.2011.

² Conversation via chat room, 5th July 2011.

³ <http://www.sexoffenderresource.com> (Consulted on 15th November 2011).

⁴ Personal communication from a professional of the Sex Offender Resource, 14th December 2011.

⁵ « The medialab is a laboratory of digital resources focussing on all new means of communication and data production arising from new information and communication technologies. »

<http://www.medialab.sciences-po.fr/en/about/> (Consulted on 28th March 2012).

⁶ <http://www.medialab.sciences-po.fr/en/about/> (Consulted on 28th March.2012).

This research, entitled « *Pédophiles virtuels. Que faire de la cyber pédopornographie?* » (TN: *Online paedophiles. What can be done about cyber-pedopornography?*), explores several issues related to this theme including the boundaries between the real and the virtual, the link between consumption of child pornography and actual acting out, the issues associated with prevention, and the strategies to combat child pornography networks.

Conflicting opinions of various authors are presented and compared, allowing a perspective of different positions. This map of studies also includes expert opinions gathered through interviews and an analysis of the social issues related to the topic of paedophilia, such as the construction of the « personality of the paedophile », his social function, as well as the role of the media and spectators.

This socio-political analysis of the theme of pedopornography seems important to us, in particular regarding its complementarity with criminological or psychological contributions. (*Pédophiles virtuels*, n.d.)

« Tell the Experts! » – Community site of the AlterHeros Association (Montreal, Canada)

The AlterHeros Association's aim is to combat homophobia and to encourage « the development of all individuals in relation to their sexual orientation, gender identity and sexuality »¹. To this end, it runs a bilingual forum (English/French) that offers users the opportunity to ask questions and seek advice from experts in the areas related to sexuality and sexual orientation.

Although AlterHeros is primarily concerned with the information and awareness-raising concerning LGBT (lesbian, gay, bisexual and transgendered people), its experts also provide specialised advice to both adults and minors belonging to the PTGs who contact the forum. Their requests concern mainly their fear of being paedophiles².

Opinions and counselling given at AlterHeros are low-threshold and provide guidance and very specific elements for reflection. These include theoretical explanations of paedophilia and the possible therapies, encouragement and preparation for consultation with a specialist, links to websites and useful addresses, practical advice as well as a reminder of the law and individual responsibilities.

7.6 Support materials (brochures, publications, games, manuals)

Although the support materials presented in this chapter are designed primarily for PRRs, some of their messages may apply or be adapted also to PTGs. It is from this perspective that we have chosen extracts of interest also to target groups who have not yet acted out, or who could constitute a basis for the design of new specific materials.

Family Services of Greater Vancouver (2008). « When Males Have Been Sexually Abused as Children: A Guide for Men » (Canada)

Distributed by the NCFV (TN: *National Clearinghouse on Family Violence*) and available on the internet³, this booklet is addressed « to the thousands of men in Canada **who were sexually abused as young children or as teenagers**. It is also addressed to the people

¹ <http://www.alterheros.com/org/?lang=en> (Consulted on 2nd April .2012).

² <http://www.alterheros.com/experts/en/> (Consulted on 2nd April 2012).

³ http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-visac-males_e.pdf (Consulted on 21st November 2011).

who help these men face each new day with courage: **their partners, friends and families** ». (Napier-Hemy, 2008c, p. 2)

Although it deals primarily with the theme of victimisation, what this means specifically for men, its consequences and the opportunities to get help, this pamphlet is of particular interest in that it also raises the issue of a possible re-enactment of abuse.

This is a question frequently asked to therapists: « So if I was sexually abused when I was a child, will I also end up abusing children? ». The proposed response takes this risk seriously into account, but without falling into widespread stigma:

You might have disturbing feelings about children from time to time and sexual fantasies about children are a warning sign. It is important that you keep your feelings and fantasies conscious and discuss them with a counsellor who is trained to work in this area to ensure that you do not act them out by offending. Many convicted adolescent and adult sex offenders were themselves sexually abused as children. It does not follow from this that all boys who have been sexually abused grow up to be abusers. (Napier-Hemy, 2008c, p. 11)

Innovative support materials designed for other target audiences

We present hereafter some brochures not designed for PTGs, but for PRRs, as well as for parents and adults who are concerned by aggression between siblings or children with sexual behaviour problems. Given that these materials were published in the 1990s, we consider them to be forward-thinking.

Frederick Mathews (1995). « Breaking Silence. Creating Hope. Help for Adults Who Molest Children» (Booklet, Canada)

Originally distributed by the NCFV in Canada, this booklet is now available only on the internet¹. After defining the phenomenon, it addresses its effects on the victim, the reasons and the triggers that lead to an adult sexually abusing a child, the transgenerational cycle of abuse, as well as the search for treatment and follow-up support.

Given the scarcity of documents that are addressed directly to the abusers, the following extracts seem to us to be of interest:

This booklet is written for **adults who have committed a sexual offence against a child**. It contains information that may help you understand why you molest children and what you can do about it. [...]

You may be experiencing strong feelings of guilt or remorse. Sometimes the reactions of other people can make the process of seeking treatment difficult. But it is important to break the silence around what happened. The silence you thought protected you and guarded your secret will continue to harm you and your victim. The sexual abuse of children grows in silence and secrecy and keeps those who abuse from getting the support and help they need to avoid harming children. [...]

If you are having sexual thoughts about children and feel you might initiate sexual contact with a child – stop! It may not feel like it, but you can learn to control your impulses and desires and avoid harming a child and yourself! (Mathews, 1995, p. 1)

Seeking help for personal problems can be difficult, especially for persons who have led lives filled with secrecy. It is important to stop judging yourself and start taking control. You need to be honest with yourself, your victim, and your therapist. Nothing

¹ <http://www.csudh.edu/dearhabermas/silence.pdf> (Consulted on 18th November 2011).

can happen until you care enough about yourself to make a commitment to change your behaviour. The first few steps may be difficult, maybe even a bit scary. But just remember, the long-term goal you are working towards is keeping children, your community and yourself safe. With sincere effort and honest hard work you can again become a full and productive member of your community. (Mathews, p. 8)

Family Services of Greater Vancouver (2008). « Sibling Sexual Abuse. A Guide for Parents » (Canada)

Also distributed by the NCFV, this booklet is available on the internet¹ and is written « **for parents** who know or suspect there is sibling abuse in their family and want to do something about it. It's also written for parents who want to understand and **prevent sibling sexual abuse.** » (Napier-Hemy, 2008a, p. 2), with the aim of helping them cope with a hitherto unthinkable situation for many of them.

After addressing the particularly damaging consequences² of this kind of incest and the difference between normal and abusive sexual curiosity, the authors examine the risk factors and the detection of this type of aggression which is particularly difficult to detect. Emphasis is then placed on the appropriate intervention, prevention as well as the resilience of these families.

Family Services of Greater Vancouver (2008). « When Children Act Out Sexually: A Guide for Parents and Teachers » (Canada)

A theme adjacent to sibling sexual abuse is that of sexually aggressive children, also addressed by the NCFV in a booklet available on the internet³ and written for **parents, teachers** and **day-care staff**, for whom there are « few problems as difficult [...] as deciding how to deal with children in their care who are imposing sexual behaviour on other children. » (Napier-Hemy, 2008b, p. 2)

Taking as the starting point a normal or disrupted sexual development and the taboo that still surrounds this issue, the authors address the issue of aggressive children from the angle of the reproduction of victimisation: « Why do abused children act out sexually? », how can one understand their personal situation and how to respond in order to help both *all* the children who are involved and the parents? (Napier-Hemy, p. 5).

Extracts:

How should you respond to children who act out sexually with other children?

Children who act out sexually should always be viewed with compassion. If their behaviour is upsetting to us, we may recoil and scapegoat them by calling them « offenders » or « abusers ». These children need help just as much as their victims and you should explore ways to offer support and intervention. [...] (Napier-Hemy, p. 6)

¹ http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-visac-sib_e.pdf (Consulted on 18th November 2011).

² Sibling sexual abuse (incest) often causes more damage than abuse by a stranger. This is because children are dependent on their families and parents to keep them safe. Studies of convicted teenage sexual abuse offenders show that the sibling offenders commit more serious abuse over a longer period of time than other teenage offenders. This is because the victims (brothers or sisters) are more readily available, they are available for a longer period of time and the abuse is protected by family secrecy. (Napier-Hemy, 2008a, p. 4)

³ http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-visac-nfntsxact_e.pdf (Consulted on 21st November 2011).

Sexual abuse of any kind thrives on secrecy; breaking secrecy is the first step towards helping everyone involved. Children who abuse must be interviewed by social services or police for two reasons: to help them admit to what they have done, and to provide insights as to why they are doing it. Once they admit to abusing, they are much less likely to continue. As long as they deny what they are doing, and deny their own probable victimization, they are much more likely to continue acting out in this way. (Napier-Hemy, p. 8)

« Propos de pédophiles » (TN: *In the words of paedophiles*) – **Audiovisual material of the Association je.tu.il** (TN: *Me, you, him*) (Paris, France)

This film was made in 1994 by the Association je.tu.il, based in Paris and active in promoting the rights of the child and healthy relationships, especially with regard to the prevention of risk behaviours and abuse between youth as well as between adults and children.

Its three main areas of activity are interventions with youth, providing training for adults as well as the design and distribution of educational and preventive programmes. Training modules and accompanying booklets are also designed to train facilitators in the use of these materials which require pedagogic supervision.

The creation of the film started out from the observation that abuse takes place primarily in environments where children live.

It is addressed « to health professionals, teachers, educators, facilitators, to all people who, in the associative or institutional sectors, the medical, educational, entertainment and leisure domains, take care of children »¹ so as to help them identify paedophile behaviours and prevent acting out events.

This film provides facilitators with « raw » teaching materials in the form of first-hand accounts² of three paedophiles followed by the association.

By giving them an opportunity to express themselves by voice-over, this method allows them to explain how they experience their paedophilia and their perceptions, views and feelings regarding their problem.

These sources have been designed as a basis for reflection and exchange between the facilitator and the public.

The film is also interesting in that it stems from a reflection about the target groups towards which prevention must be addressed:

If the prevention of sexual abuse must of course be directed towards children, it is obvious that a reflection on what a paedophile actually is, on the need to put a distance between a child's body and oneself, must be made by all groups of adults responsible for children³.

¹ <http://www.jetuil.asso.fr/index.php?id=programmepropos> (Consulted on 24th January 2012).

² « At no time does the film show any pedophile act but, to some extent, one can "hear" the vision of a paedophile to try and explain his perception of reality and that of the child. »

<http://www.jetuil.asso.fr/index.php?id=programmepropos> (Consulted on 24th January 2012).

³ <http://www.jetuil.asso.fr/index.php?id=programmepropos> (Consulted on 24th January 2012).

Personal contact

The head of this structure as well as the film's author have confirmed that the film has not been re-edited. A copy of the DVD can be bought by writing to the association.

7.7 Programmes

Management and treatment of sex offenders (GTDS¹) – Maison Radisson (Quebec, Canada)

The GTDS programme was developed in 1992 and is part of the services offered by the Specialised Consultation Centre of the Maison Radisson². This centre was founded in 1994 in collaboration with the Correctional Service of Canada and aims to provide specialised services in clinical sexology and sexual abuse³.

Although the GTDS is aimed primarily at an adult male population subject to judicial control and referred by the correctional services, this programme is also open to « **anyone struggling with a sexual deviancy and who wishes to overcome it** »⁴, **subject to judicial control or not**.

Two weekly treatment groups for 5 to 12 people are offered simultaneously over a period of 9 months. Meanwhile, participants are followed-up individually twice a month.

The aim of this programme is to « teach what triggers deviant behaviour and the actions and attitudes required in order to distance oneself from the deviant *pattern* and protect the victims »⁴.

Once the sexological therapy has been completed, an external support group offers a free long-term follow-up to reinforce what has been learned.

Personal contact

A contact with the Maison Radisson confirmed that

there are people who are attracted [by children] and who request assistance from the GTDS programme, without necessarily having actually acted out. However, this is a minority, as on average there is only one person per year who represents this category.

They wish to understand their attraction problems and consult only when faced with early warning signs of acting out⁴.

As for the type of follow-up offered to these persons belonging to the PTGs, « this typology of persons who are moving towards sexual assault is followed-up first on an individual basis and then integrated into our therapy groups »⁵.

¹ GTDS: *Gestion et Traitement de la Déviance Sexuelle*.

² Community residential centre opened in 1975 in order to « promote social reintegration by offering services and programmes adapted for persons subject to judicial control or not, to reduce human suffering and allow these people to regain their dignity. »

<http://www.mradisson.ca/mission.html> (Consulted on 19th March 2012).

³ http://www.mradisson.ca/PDF/livret_publicite_gt_2010-2.pdf (Consulted on 19th March 2012).

⁴ Personal communication of 16th March 2012.

Clinical psychology and sexology [programme] – Montreal General Hospital, Human Sexuality Unit (Montreal, Canada)

A clinical psychology and sexology programme targeting **sexual deviants**, professionals who have committed sexual misconduct, [and] **persons with sexual behaviour problems and sexual compulsions** is listed in the National Inventory of Treatment Programs for Child Sexual Abuse Offenders (Government of Canada, 2002, p. 12).

Personal contact

We contacted the clinical psychologist and sexologist responsible for this service, who confirmed having received some PRAOs:

They are **men** (with or without a criminal record) with problems [linked] to the viewing/collecting of child pornography, but **who have never committed sexual acts against children**. Although rare (as I deal mainly with persons who have a criminal record), there are also men who consult who admit to having paedophile or incest fantasies and **who fear that they may act out**. They wish to gain a better understanding of themselves and change¹.

The therapeutic approach that is offered based on a structured and holistic programme addressing various facets including awareness of the moral, social and clinical problems associated with sexual abuse of children, self-recognition of their problem and its psycho-affective and psycho-relational causes, the prevention of possible abuse, the development of self-esteem and confidence in sexual relations with adults, accepting responsibility for their sexual condition, reduction and management of the obsessive-compulsive aspects, psycho-sexual maturity, development of social and relational skills, as well as improved lifestyle¹.

Programme « Un P.A.S » – Violence and sexual assault intervention centre (CIVAS², Estrie, Canada)

The Centre d'intervention en violence et agressions sexuelles (CIVAS) of Estrie (see chapter 7.3) has offered, since 2005, a therapeutic programme entitled « Un P.A.S. », for « **persons** who have committed or **are afraid of committing** a sexual offence »³. This programme was developed in partnership with the CIVAS of Montérégie, and seems to have evolved considerably since it was launched.

According to the centre's Activity Report of 2010-2011, « the request for assistance is increasing both in the number and the urgency of the situations » (CIVAS of Montérégie, 2011, p. 6), although we were unable to find sufficient information to determine whether the requests came from perpetrators and PTGs alike.

Personal contact

We did not receive additional information in response to our request⁴.

¹ Personal communication from the clinician responsible for the programme, 16th December 2011.

² CIVAS: *Centre d'Intervention en Violence et Agressions Sexuelles*.

³ CIVAS de l'Estrie, *Rapport d'activités. Année 2010-2011*, p. 5.

http://www.civas.ca/PDF/rap_act_1011_mon.pdf (Consulted on 14th March 2012).

⁴ Email sent on 23rd January 2012.

Crime prevention programmes that can serve as models for programmes targeted at PTGs

Several websites such as that of Public Safety Canada¹ or the National Registry of Evidenced-based Programs and Practices² (USA) report on programmes in the field of crime prevention. One can find topics related to delinquency or violence in general. But no programme specifically targeting potential perpetrators of child sexual abuse was found. While these sites say they do not claim to provide comprehensive listings, this observation seems to confirm the result of our research showing that this topic is almost completely disregarded.

As an example, we present the programme Stop Now and Plan (SNAP) aimed at children who have problems similar to the subject of our research. It is listed in the first volume³ of « Promising and Model Crime Prevention Programs » of the National Crime Prevention Centre (NCPC), which implements the prevention programmes « based on proven scientific knowledge »¹. (NCPC, 2008, pp. 1-2)

SNAP (Stop Now and Plan)

The SNAP community based programme is aimed at **boys and girls between the ages of 6 and 12** who

have come into contact or **are at risk of coming into contact** with the criminal justice and **display early signs of antisocial or aggressive behaviour**. The program uses behaviour modification techniques to **decrease the risks of the children engaging in future delinquent behaviour**.

The main goals of SNAP are to:

- reduce aggressive and anti-social behaviour;
- prevent future delinquency;
- teach anger and impulse control in both children and their parents;
- teach children effective behavioural skills for reducing aggressive and delinquent behaviour.

Evaluation:

Results show that SNAP is effective in treating children with conduct problems. Studies have shown that children who participate in the programme are twice as likely not to have a criminal record by their 18th birthday. 60% of the high-risk children that participate in the programme do not have a criminal record by the age of 18¹.

7.8 Professional training

We found only two training courses that address the area of PTGs as a population distinct from perpetrators of child sexual abuse. It is a module for clinicians working with minors who are at risk of acting out, and offers also an information day focused on the topic of paedophilia.

¹ <http://www.publicsafety.gc.ca/res/cp/res/2011-pcpp-eng.aspx> (Consulted on 13th December 2011).

² <http://nrepp.samhsa.gov/Search.aspx> (Consulted on 13th December 2011).

³ The first volume dates back to 2008.

Other courses listed are more concerned with the emergency response in case of trauma (Vitra¹, University of Liege) or the management, treatment and sharing of practices with regard to known perpetrators, as proposed by the RIMAS² (Québec) or the Nantes University Hospital.

Also to be noted are the CRIAVS³ (France) who propose that professionals confronted with perpetrators of sexual violence inform them of their **specific training requests**, which will be reviewed in order to « co-build a personalised project »⁴.

There is a lack of training even in Canada, a country renowned for being in the forefront when it comes to the prevention of child sexual abuse, but where, as the professionals we contacted confirmed that « at present no specific training in this area exists »⁵.

« Trainer Training. Primary, Secondary & Tertiary Prevention of Sexually Abusive Behaviors In Childhood and Adolescence » – Kempe Center (Denver, US)

This training programme was developed under the leadership of Dr. Gail Ryan within the framework of the Kempe Center's⁶ Perpetration Prevention Program, based in Colorado (USA).

It offers five different modules, two of which are specifically focused on **children and youth at risk of developing sexually aggressive behaviour**.

These courses are designed for **professionals who can reasonably provide training for others**, in particular early childhood educators, caregivers, mental health and child welfare providers, and those working with juveniles who have sexually offended. The objective is to prepare them to lead workshops on these topics within their community.⁷

The topics related to the problem of youth belonging to the PTGs are the following:

The problem of juvenile sexual offending: goal oriented prevention and intervention. What is the problem? Why does it happen? What can be done about it? Goals and roles of specialized interventions. Outcomes: observable evidence of decreased risk and increased health. Implications for primary and secondary perpetration prevention.

Understanding and responding to the sexual behavior of children. Distinguishing normal, problematic and abusive behaviors. Developing universal goals to promote health and prevent perpetration of abuse [...]⁷.

Personal contact

Ms Gail Ryan has been giving this training since 2002 to « hundreds of trainers in 19 States and Australia ». This specialist has been involved in abuse prevention for 30 years « with a

¹ Vitra: Centre Violence et Traumatisme (TN: Violence and trauma centre).

² RIMAS: Regroupement des Intervenants en Matière d'Aggression Sexuelle (TN: Alliance of professionals in the field of sexual assault).

³ CRIAVS: Centres de Ressources pour les Intervenants auprès des Auteurs de Violences Sexuelles (TN: Resource centers for professionals working with sexual offenders).

⁴ <http://www.criavs.org/spip.php?rubrique7> (Consulted on 14th November 2011).

⁵ Personal communication with the Centre Ex-Equo (CA), 14th November 2011.

⁶ Kempe Center, Dept. of Pediatrics; University of Colorado School of Medicine; Denver, Colorado.

⁷ http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/2010%20KPPP%203%20day%20Trainer%20Training%20flier%20.pdf (Consulted on 14th December 2011).

focus on preventing or reducing the risk of children being abusive: as children, as adolescents, and ultimately as adults »¹.

Prevention oriented towards youth belonging to the PTGs is at the heart of the development of these modules: « Years of study with many colleagues have supported the development of well grounded hypotheses concerning **prevention of risk factors for the initiation of perpetration** ».

Ms Gail affirms that her « primary interest has been to learn from our experience with the youth who begin perpetrating, and from all the relevant research, **what might be done to prevent the development of abusive behaviors.** »¹

« Pédophiles : qui sont-ils ? Typologies des agresseurs d'enfants » (TN: *Paedophiles: who are they ? Typologies of child abusers*) – **Association criminoNET (France)**

This training, given by professionals working with CriminoNET in the Paris region, « offers an in-depth analysis of the personality of child abusers. The two main objectives are to understand the nature of paedophiles and to apprehend the perpetrators more rapidly »².

The training covers the following topics: paedophilia, victimology, acting out, the modus operandi of cyber pedophiles and paedophiles, typologies of child abusers, audio interviews and statistics on therapeutic results.

The differentiation between potential perpetrators and known perpetrators is addressed during this training, in particular in the following subthemes:

- « Psychiatric definition of paraphilias »
- « From fantasy to premeditation up to the acting out: four phases »
- « Difference between paedophilia and paedosexuality »
- « 4 paedophile profiles » and « 4 paedosexual profiles »

The topics of incest, psychopathy, perpetrators of minor acts of abuse as well as female perpetrators are also discussed.

It is a one-day training session targeted at researchers. It also relies on audio-visual material.

Personal contact

The criminologist and lecturer at CriminoNET who we contacted confirmed the need to broaden the information on child sexual abuse to a wider audience:

The conference on typologies of child abusers is for a professional audience [...]. However, a conference aimed at a wider audience to better « understand » paedophilia does exist. Information promotes prevention and understanding but also serves to protect the perpetrator's family and the potential victims and can also sensitise the perpetrator himself [...] Many people who are sexually attracted to minors suffer from their attraction. Who can they confide in? Where to turn for treatment? In our society, we wait until an acting out event has taken place before providing treatment. This should not be so. [...] In France, [...] it is only when an acting out event takes place that counselling is offered³.

Facilitating dialogue about paedophilia, especially at the family level, also constitutes a protective factor:

¹ Personal communication with Ms Gail Ryan on 12th December 2011.

² www.criminonet.com (Consulted on 30th June 2011).

³ Personal communication on 22nd July 2011.

People have confessed to their families that they are physically attracted to children. Many have been rejected. Even if the admission is not easy to hear and can be a heavy load to carry, rejection can play a significant role in acting out. To speak and to be listened to relieves tension and can prevent the worst from happening, at least for a while¹.

As to whether PTGs can be reached by identifying risk factors, the person contacted mentioned the importance of differentiating between adults and minors at risk. While the former have developed strategies to go unnoticed, teens and pre-adolescents with sexually abusive behaviours are easier to identify and should be supported in a comprehensive manner (prevention, treatment or even punishment) to prevent them from developing a delinquent career.

7.9 Professionals active in the field

The majority of professionals with an interest in prevention among PTGs deal primarily with perpetrators. They work largely within structures, programmes and other approaches presented in previous sections, and for this reason we do not mention them here by name.

7.10 Ongoing or abandoned proposals

Project proposals specifically targeting PTGs exist or have been proposed in the past, but have been abandoned or are currently being updated.

In a field where so little exists, we think it is of interest to analyse the reasons that motivated these proposals and why they were abandoned (lack of visibility, human or financial resources, applications, preparation, networking, etc.). We think that any observation or action, even of a pilot nature, deserves to be studied.

Telephone helpline – Violence and sexual assault intervention centre (CIVAS¹, Quebec, Canada)

The CIVAS was founded in 1993 to provide therapeutic services to sex offenders and to assist their families.

At the sixth international francophone conference on sexual aggression (CIFAS²), the former Director of the CIVAS Estrie, now Executive Director of the RIMAS³, informed us that a telephone helpline for offenders and potential offenders had been opened in Quebec, but that this project had to be discontinued.

Personal contact

In 1995, « having observed that some people were experiencing difficulties without knowing who to turn to », a telephone helpline open outside the office hours of the CIVAS therapy centre was set up: « We wanted to reach those who were not within the correctional system and who were ready to seek help. »⁴

¹ CIVAS: *Centre d'Intervention en Violence et Agressions Sexuelles*.

² CIFAS: *Congrès International Francophone sur l'Agression Sexuelle*. This conference took place in Montreux, on the 12th, 13th and 14th September 2011.

³ RIMAS: *Regroupement des Intervenants en Matière d'Agression Sexuelle (TN: Alliance of professionals in the field of sexual assault)*.

⁴ Personal communication from the Executive Director of RIMAS, 6th June 2012.

Under the slogan « *Tu as mal quand tu fais mal?* », (TN: « *Does it hurt when you hurt?* », this helpline was intended for both **youth and adults** « who had committed sexual offenses or **who had fantasies of aggression**. [...] One of the main responses was to reinforce the person as regards their call for help and in the majority of cases, we referred to our therapy centre. »¹

This service ran for two and a half years, receiving about fifteen calls per month, most of which were requests for effective assistance. Its closure was due to a lack of volunteers, thereby creating a work overload for the CIVAS employees who were already fully occupied and who did not have the needed availabilities.

« Treatment program for sexual offenders and those at risk of offending sexually: A program proposal » – Community Hospital of Cornwall (Ontario, Canada)

As revealed by *Le Journal de Cornwall* (15th December 2009),

in the 90s, allegations of sexual assaults against children, which reportedly took place over several decades, were publicly exposed in Cornwall (Ontario, Canada). The accused were influential members of the community, including priests, probation officers and lawyers.

To establish the facts, a public inquiry in the City of Cornwall was opened on 14th April 2005 by the Government of Ontario. It led, in 2009, to a voluminous report of over 2,000 pages, covering four years of investigation and costing more than 50 million dollars.

This document contains over 200 recommendations and a proposal by the Community Hospital of Cornwall for a « **Treatment program for sexual offenders and those at risk of offending sexually – A program proposal** ».

This proposal was supported by a consultation with professionals, highlighting that « there is relatively little offered to adult offenders or those at risk of offending in the Cornwall area » (Glaude, 2009, p. 128).

Indeed,

our consultations clearly outlined the need for a treatment program operated in Cornwall for sex offenders and individuals at risk of offending. It is necessary to include those who have not committed a crime since, as Dr. Federoff explains, “Not all paraphilic interests are criminal, and even among people with criminal sexual interests, not all act on their criminal interests” (Levine, 2003:354). (Lynch & Kaplan, 2009, p. 7)¹

Moreover, a study of the « barriers to individuals wanting treatment but scared of the criminal repercussions [...] »² supports the validity of this project.

Although this proposal seems to concern both the abuse of adults and minors, it has innovative aspects in the prevention targeting PTGs, such as the fact that this service

[...] **would also accept self-referrals** – those who have not offended but who want help before they do offend. This is consistent with programs like Stop It Now! in the United States and could be an important preventive measure. (Glaude, p. 129)

The promoters of the project point out that

¹http://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/report/research_papers/Action_RP/1_Cornwall_Community_Hospital_Assault_and_Sexual_Abuse_Program_en.pdf (Consulted on 17th February 2012).

[we] should not shy away from addressing services for offenders or potential offenders because of distaste for what they have done or might do. As a society we cannot afford to overlook promising prevention options. » (Glaude, p. 130)

Personal contact

We did not receive additional information in response to our request¹.

Proposal for a telephone helpline for potential sexual offenders (Sweden)

In April 2008, the online Swedish newspaper *The Local* reported the **proposal**, supported by the RFSU, the Swedish Association for Sexuality Education (Riksförbundet för Sexuell Upplysning) in collaboration with the Karolinska Institute (Stockholm), for a **national telephone helpline for potential sex offenders**². This proposal arose due to the overload which the Clinic for Sexual Medicine (Huddinge Hospital) and the RFSU's telephone helpline face, an overload which prevents them from processing all the requests.

This telephone helpline would be for « presumptive sex offenders that feel obsessive thoughts and want to prevent their thoughts from turning into compulsive actions. This way children and women could be better protected from potential offenders. »²

In this article, the remarks of Secretary General and other professionals at the RFSU emphasise the importance of prevention and the possibility of preventing acting out events through the management of impulses sometimes qualified as compulsive or obsessive.

Such an approach requires solid preparation and resources, as stated already in 2008 by the Secretary General of the RFSU:

[this line] should be national and staffed 24/7 by people who are trained to handle these kinds of issues. They could give emergency assistance and also refer callers for further help, depending on where in the country they live².

Personal contact

We did not received a response to our inquiry as to whether this proposal led to concrete measures, and if not why³.

Proposal of the Working Group « Programme de lutte contre la pédophilie » (TN: Programme for the fight against paedophilia) (Belgium)

Among the proposals made in 1993 by the Belgian General Delegate for the Rights of the Child within the working group « Programme for the fight against paedophilia," one of the measures was aimed at « preventing a paedophile from acting out »:

A number of **paedophiles struggle constantly between wanting to act out and compliance with social norms**. A permanent support helpline could be made available to **potential abusers seeking assistance**. These people would be listened to and directed towards the appropriate treatment services⁴.

¹ Email sent on 23rd January 2012.

² <http://www.thelocal.se/11222/20080420/#> (Consulted on 8th November 2011).

³ Email sent on 7th December 2011.

⁴ General Delegate of the French Community for the Rights of the Child, Working Groups (1993). *Programme de lutte contre la pédophilie. Conclusions*. <http://www2.cfwb.be/dgde/gt> (Consulted on 8th November 2008; this page is no longer available).

It is interesting to note that **this proposal dates back twenty years** and referred, already in 1993, to the concept of « potential abuser. »

Personal contact

We contacted the current General Delegate to the Rights of the Child in February 2011 to ask whether this proposal led to the creation of a service or, if this is not the case, why. We received the following response:

Let me clarify that this working group was an initiative of my predecessor [...].
I inform you that I cannot support this recommendation as I believe it to be inadequate when faced with the acting out of perpetrators of sexual offences, or at least when dealing with people who refrain from sexually abusing a child in accordance with social norms.
I have also had confirmation of this from several recognised professionals in the treatment of perpetrators of sexual offences. To make such a recommendation is to misunderstand the complexity of the personality of sex offenders: no « avowed » sex offender has ever suggested that he would not have acted out if had had access to such a service [...]¹.

« Treatment service for adults who pose a sexual risk to children. Good Practice Guide » National Society for the Prevention of Cruelty to (NSPCC, United Kingdom)

The National Society for the Prevention of Cruelty to Children (NSPCC) in the United Kingdom, in collaboration with the Newcastle Sexual Behaviour Unit, has produced a guide for the assessment of **adult men who pose a sexual risk to children**. This guide has been listed since 24th October 2011 in the compendium of best practices for the protection of children against sexual abuse compiled by the European Economic and Social Committee². The Guide is a supplement to the new assessment and treatment service that the NSPCC is setting up: the assessment service has been operational since June 2011 and will be evaluated for three years. The treatment service is still being developed.

It is a

newly developed assessment and treatment service **for adults not in the criminal justice system, who pose a sexual risk to children**. The men will be referred to us by children's services. They will be **living with or intending to live with families** where there are children, and may have been accused of a sexual assault, may have an historic conviction or may be concerned about their own behaviour. They will not be facing court proceedings and may not even have been arrested or cautioned by the police. They will attend meetings with an NSPCC worker, who will look closely at the way they think and behave. [...] They will be followed up after three and five years to check the guide has achieved lasting success in preventing sexual abuse³.

¹ Personal communication on 21st February 2011.

² <http://www.eesc.europa.eu/?i=portal.en.protection-children-against-sexual-abuse>
(Consulted on 21st February 2012).

³ <http://www.eesc.europa.eu/?i=portal.en.children-prevent-child-abuse-database&itemCode=20172>
(Consulted on 21st February 2012).

Personal contact

We contacted a person in charge of developing this service who told us that it is not designed for unsolicited requests from PTGs, but will treat men referred by youth protection services. The risk assessment will include both an analysis of the man in question and the partner's ability to protect the child, as well as what the child has to say.

The main scenarios concern men who are « joining a new family as in-laws, or who will become parents themselves »¹.

7.11 Structures, programmes and support materials for adolescents and children with sexual behaviour problems (SBPs)

Structures

Centre for Sexual Abuse in the Family (CIASF², Outaouais, Canada)

Active since 1987 to support parents and children, the Centre for Sexual Abuse in the Family is a regional community organisation that developed, during the 1990s, a wide range of individual and group support methods for all those involved in situations of sexual abuse of children (victims, perpetrators, non-abusive parents, children at risk or with intrusive sexual behaviours, adolescent offenders, persons at risk of a relapse as well as their spouses).

Consistent with its overall mission, which is « to offer specialised services to families and individuals confronted with child sexual abuse »³, the CIASF develops services tailored to different target groups taking into account their interactions, in a family and systemic approach to prevention and care.

We are particularly interested in this structure because, in addition to its wide offer, it has conducted a systematic evaluation⁴ of the different target clientele, and « mainly children with intrusive sexual behaviours », their parents, as well as non-abusive parents of child victims, so as to determine their needs and the effectiveness of the services offered (CIASF, 2010, p. 38).

Concerning the services offered to minors, we have selected three services whose approach we find interesting:

- The « therapeutic services for **children aged 7 to 11 who have intrusive sexual behaviour towards other children and their families** ». This group aims to increase the accountability of these children by working on the recognition of sexual behaviour problems, improved self-esteem and self-control, social skills and previous experiences of victimisation. Two aspects are noteworthy in this program. First, during the years 2008-2009, the **integration of parents** into the groups has proven to be an effective strategy for all involved. Secondly, this therapeutic offer has been assessed leading to the restructuring of the service (2009): there are now 25 weeks of follow-up for the children and their parents, in groups and individually. (CIASF, 2010, p. 20).

- The « **systemic family intervention** therapeutic services for children with intrusive sexual behaviour towards other children ». This offer reflects the conviction that « systemic family intervention in complementarity with individual and group intervention programmes using

¹ Personal communication with a professional at the NSPCC, 9th February.2012.

² CIASF: *Centre d'Intervention en Abus Sexuel pour la Famille*.

³ <http://www.ciasf.org/Impact> (Consulted on 23rd November).

⁴ In collaboration with a team of researchers from the CRIPCAS (*Centre de Recherche Interdisciplinaire sur les Problèmes Conjugaux et les Agressions Sexuelles*).

psycho-educational and cognitive-behavioral approaches allows for more effective preventive and curative results » (Zankman & Bonomo, 2004) (CIASF, 2010, p. 22).

- The « group for the prevention of child sexual abuse for **children aged 3 to 5 years in risk environments** », developed in 1994. Its purpose is to assist child victims or children at risk. The objective of the programme, adapted to the expressive skills of these children, is primarily to clarify problematic family situations, to equip these children against possible abuse, to treat, but also to prevent further abuse.

It should be noted that the CIASF also offers services to **adolescents who have committed sexual abuse** (but not specifically to those who have abused younger children), as well as parents **of teens who have committed abuse**. The family environment seems to be among the main risk factors for these behaviours among adolescents but at the same time, « is also a key factor in the reduction or even the non-repetition of such behaviours ». (CIASF, 2010, p. 30)

Personal contact

We did not receive additional information in response to our request¹.

Support materials

Frederick Mathews and Jean-Yves Frappier (1995). « Making the Decision to Care: Guys and Sexual Assault » (Canada)

Distributed by the National Clearinghouse on Family Violence (NCFV) via the internet² or hard copies on request, this booklet is no longer distributed.

It was not replaced by any other material or update. No evaluation is available regarding how it was received or the impact of this document at the time of its release.

Although this booklet is intended primarily for **adolescents** (mainly boys) **who have committed sexual assault**, many of its messages could be adapted for **adolescents who are thinking of committing sexual assault**.

The information is intended to help young people understand what sexual assault is and the misconceptions surrounding this issue, the possible causes, motivations, dynamics (cycle of violence, reproduction), the mechanisms for self-justification, the consequences for the victim and for the person concerned. The booklet then addresses the topic of therapy and how to cope, as well as a reminder of the law regarding sexual assault.

Extracts:

The sexual offense cycle

Regardless of the reason why you offended or the victim you chose, it is very important to understand that your illegal sexual behaviour was not just an « accident », it did not « just happen ». It may not seem like it at the time but there are a number of steps you have to take before you can commit a sexual offense [...]

It is normal for a guy to have sexual thoughts and urges or to fantasize about sex. Sex is a normal and healthy part of life. The problem is that you have crossed a line

¹ Email sent on 23rd January 2012.

² <http://publications.gc.ca/collections/Collection/H72-21-87-1995E.pdf> (Consulted on 16th November 2011).

between healthy and harmful sex and consequently hurt someone. [...] (Mathews & Frappier, 1995, p. 4)

Making the decision to offend.

No matter what you may believe about why you offended, no sexual offense can take place unless you decide to do it. After being caught some guys say that they did not mean to harm their victim in any way and simply got carried away. But even if that were true *you still made a decision not to stop!*

Think about it! If you say you did not make a decision to commit a sexual offense and that it « just happened » you are really admitting that you are « out of control ». That should make you even more concerned about your behaviour! [...]

Overcoming personal and social obstacles.

In order for you to commit a sexual offense you have to get past some obstacles that would prevent most people from doing what you did. These things include ignoring your conscience and the feelings or pain of your victim, having no fear of the law and getting caught, or not caring about your responsibility towards those younger, smaller, or weaker than yourself. [...] (Mathews & Frappier, 1995, p. 5)

Making the decision to care

Reading this booklet will give you a lot of things to think about and perhaps some guidance to help you decide what your next step will be. Admitting you have a problem takes courage. Just remember, asking for help is a sign of strength! (Mathews & Frappier, 1995, p. 10)

Personal contact

We contacted the National Clearinghouse on 4th February 2011 to obtain additional information as to what the future plans are for this booklet. The answers were that the booklet has not been reprinted and is no longer available because publications older than ten years are not archived.

We did not receive an answer to the questions « Why was it abandoned? What were the reactions to the booklet when it was distributed? Has it been evaluated? »

Support guide for sexual abuse and sexually problematic behaviour in children aged 0-11 – Centre Jeunesse Montréal – Institut Universitaire (CJM-IU, Canada)

This support guide (Young & Durocher, 2010) for interventions with children with SBPs was published in 2010 by the CJM-IU in collaboration with the Centre d'expertise Marie-Vincent. It treats the theme of psychosexual development in children as well as various associated issues, contexts and risk factors.

It is aimed at « **professionals who accompany children and their families struggling with issues of sexual abuse or problematic sexual behaviour** » (Young & Durocher, 2010, p. 90), to ensure an adequate and specific response to these behaviours which may include self-aggression or aggression towards other children.

This guide is of particular interest because of the paucity of tools focused on intervention and the comprehensive vision that it formulates:

whatever their age, children need to feel secure, valued and informed. Adults close to the child should be sensitive to the changes that occur at the physical, cognitive and emotional levels. Although we discussed sexual development briefly in this section, it is important to take into account all the spheres of development in order to provide proper support, and to contribute to the development of the child as a whole person. » (Young & Durocher, 2010, p. 14)

Great importance is given to understanding the motivations and needs expressed by SBPs and the necessity to take into account all the parties involved: the child, parents and social circle but also siblings, who may be confronted with the SBPs and may therefore also be disturbed.

This document contributes to the discussion and development of good practices in one field, « the educational intervention on sexuality [which] is a necessity for these children and is completed with more general interventions as well as others that are more specific ». This necessity is supported by the fact that « scientific and clinical evidence suggests that children with problematic sexual behaviour are at very low risk of committing future sexual offenses, especially if given adequate treatment ». (Young & Durocher, p. 85)

« Le qu'en dit-on? » – Support for group expression (Angers, France)

This educational tool. (TN: loosely translated as “What do they say?”) was not designed specifically for youth belonging to the PTGs, but is a good example of support material that could address the issue of prevention of child abuse.

Created by the medical team at the prison of Angers, this educational tool « which lies between the therapeutical and the educational » is aimed at **young people aged 16 and over** « who have committed sexual offenses, **or youth who have not committed abuse but who have a history of violent behaviour** », related or not to drug use.

Composed of six series of themed cards (addictions, violence, sexuality, etc.) and supplemented by a legal booklet, *Le qu'en dit-on* aims to encourage young people to « access [their] own representations of their relations to others and to the law », to confront them with those of the group, and to reframe their attitudes by linking them to their personal history¹.

This « expression support material »¹, facilitating dialogue and group dynamics, requires prior preparation of the facilitators since there are no predefined answers to the situations described. These situations are realistic and are therefore able to mobilise the involvement and experiences of the participants, while allowing them to express themselves in the third person, making it easier to reflect on their own values, the law, the notion of otherness and conflicts.

Although this tool has not yet been subject to a long-term evaluation, we can report the opinion of the PIPSa² experts:

This support material is relevant and powerful, but difficult to handle due to its highly evocative nature [...] No ethical or moral answer is provided, which has a certain advantage in terms of non-orientation or stigmatisation, but requires prior preparation of the facilitator (the accompanying booklet provides only the legal framework). [...] This material, situated between the therapeutic and the educational requires a very

¹ <http://www.pipsa.be/outils/detail-1058863449/le-qu-en-dit-on.html> (Consulted on 10th November 2011).

² PIPSa: *Pédagogie Interactive en Promotion de la Santé* (TN: *Interactive Pedagogy for Health Promotion*).

strict control by the facilitator, especially as debate between participants is encouraged¹.

Programmes

We found very few programmes specifically aimed at minors belonging to the PTGs or children with aggressive sexual behaviour. The range of prevention programs addressed to adolescents is nevertheless a highly developed field, whether it be in the field of violence or that of consumption, addiction, relationships and risk behaviours (including sexual).

« Early intervention for sexual behaviour problems among young offenders » (Prince Edward Island, Canada)

This Sexual Deviance Assessment and Treatment Program was developed in 1995 by the Prince Edward Island Correctional Services (CA). The purpose of this program is

to provide skilled assessment and treatment to adults or **adolescents** who have engaged in, or who are **at risk of engaging in sexually deviant behaviour**. Services are made available regardless of whether or not the behaviour has resulted in a conviction under the Criminal Code of Canada¹.

This was complemented by the guide « The Touching Problem », for **children 6 to 12 years** and run by two professionals (one male and one female) of the Kings County Family and Children's Services.

The different methods of intervention were selected based on thorough evaluations, taking into account the different target audiences¹. (Fletcher, 1999, May)

Although this programme is offered by the correctional services, it is aimed at both **PRRs and PTGs**:

the best time to intervene in problems with deviant sexual fantasies or urges is **before they lead to criminal behaviour**. Even when behaviour that would qualify as an offence takes place, treatment should not be restricted to those that result in a criminal conviction. (Fletcher, 1999, May)

This program follows a logic of early detection and management of problematic and aggressive sexual behaviour, for both children and adults:

Current initiatives in Prince Edward Island focus on primary prevention. This includes identifying opportunities to educate segments of the population that are likely to have higher levels of risk for sexually offending. In many cases, being aware that specific circumstances may lead to deviant sexual urges and being armed with awareness of its consequences and alternative responses may be enough to prevent an offense from occurring¹. (Fletcher, 1999, May)

Personal contact

We were unable to obtain further information.

¹ <http://www.csc-scc.gc.ca/text/pblct/forum/e112/e112g-eng.shtml> (Consulted on 13th December 2011).

« A la croisée des chemins » (TN: At the crossroads) – Intervention programme for children exhibiting inappropriate or sexual behaviour problems (Canada)

Developed by Tremblay and Gagnon in 2000, this intervention programme is for **boys and girls aged 6 to 12 years** exhibiting sexual behaviour problems, as well as for their parents:

In a perspective of prevention, this programme allows children and parents to distinguish between healthy sexual exploration and sexual behaviour problems, and to reduce problematic sexual behaviour by promoting the acquisition of appropriate personal, social and family skills. (Gagnon, Tremblay & Bégin, 2005, pp. 261-262).

It is a weekly programme and lasts 23 weeks. The children are put in specific groups according to their gender and age (6-9 years, 10-12 years), and there is just one group that brings together parents and any resident educators (Gagnon, Tremblay & Bégin, p. 262).

The theoretical framework of the programme is

eclectic, but draws heavily on cognitive behavioural approaches. [T]he [proposed] activities allow the children to: (a) recognise their problematic sexual behaviour, (b) identify the triggering mechanisms and the consequences of problematic sexual behaviour, (c) gain knowledge about healthy sexuality, (d) become aware of their personal limitations and those of others, (e) improve their social skills, (f) develop skills to promote self-control and (g) strengthen their self-esteem. (Gagnon, Tremblay & Bégin, p. 262)

Awareness, accountability and the acquisition of parenting skills, carried out in parallel in the group of parents, are essential so that the child feels supported in his evolutionary process and enjoys a healthier lifestyle. It is now a recognised fact that

the functioning of the families of these children [...] is very problematic. [...] A significant percentage of the parents have substance abuse problems (49.2%), alcoholism (32.3%), mental health problems (30.8%) or criminal issues (21.5%), and a lack of social support (10.8%). (Gagnon & Tremblay, 2007)

The programme *A la croisée des Chemins* is of particular interest due to the fact that « as far as [the authors] know, is the **first intervention program in Quebec** designed for children with sexual behaviour problems **that has been evaluated**. » (Gagnon, Tremblay & Bégin, 2005, pp. 262-263)

In 2005,

76 children accompanied by a parent or significant adult participated in the intervention programme. This group [was] composed of 58 boys and 18 girls aged 6 to 12 years [...]. Nearly one in three children (32.8%) had psychiatric problems, particularly attention deficit hyperactivity disorder, and 55.8% [were] on medication (mostly Ritalin). At the behavioural level, the majority of these children (47.8%) present[ed] behaviour problems with conflictual and aggressive relations with others. [...]. Besides these difficulties, many of these children had a history of victimisation: psychological abuse (78.6%), physical abuse (72.5%), sexual abuse (68.1%) and neglect (58.6%). (Gagnon, Tremblay & Bégin, p. 532)

These data support the need to develop and offer specific programmes to these minors, adapted to their individual needs and abilities, given the « high level of vulnerability present in these children (presence of clinical problems in different degrees). There is therefore no

doubt that early intervention is essential to **prevent a worsening of sexual behaviour** and future victimisation. » (Gagnon, Tremblay & Bégin, pp. 272-273)

Personal contact

According to our contacts, the programme is still available and is used by the organisation Parents-Unis Repentigny (Lanaudière, QC), « but it is no longer used systematically as it was before in some Youth Centres in Quebec (due to a lack of resources) »¹.

A similar programme, but used mostly on an individual basis with SBPs children aged 3 to 12 years, was developed at the Centre d'expertise Marie-Vincent and is part of an evaluation project¹.

7.12 Innovative practices for PRRs, their social circle or former victims

This section of our inventory ends with examples of different methods that are not directly aimed at PTGs, but which we think important to mention due to their innovative approach and because they contribute to addressing holistically the issue of prevention of sexual abuse against children:

The sex offender and therapy – Support manual (original in Dutch)

This manual (Vanhoeck, Van Daele & Naulaerts, 2005) is innovative in that it speaks directly to abusers in an accessible and targeted manner, offering them assistance and practical support in twenty lessons and as many personal assignments.

Whether they have been in therapy or not, the PRRs addressed are both perpetrators in prison as well as those who have not been discovered, to help them in a process of self-accountability: « This book [...] is written in the second person singular: the « you » that we are addressing is the abuser himself. It is he who must get to work to prepare for therapy. » (Vanhoeck *et al.*, 2005, p. 11)

The target audience are mainly adult perpetrators, although the manual could also be of benefit to minors if they are adequately supervised in the reading and understanding of the text. An external follow-up for the application of the manual is also recommended for all PRRs.

The aim of the book is to inform and prepare the PRRs for therapy, by accompanying him in his understanding of his motivations, aspirations and expectations, as well as those of society towards him.

PRRs and their spouses

The CIASF² (Canada)

This centre organises a **relapse prevention** group, open to men **who have committed child sexual abuse**. In this context, services are also offered to their spouses, in order to inform them and to promote healthy sexuality and communication within the couple.

Another group of « intervention for **spouse(s) of adults** who have committed **extrafamilial** child sexual abuse » is also offered by this organisation, on the basis of 20 weekly meetings.

¹ Personal communication with one of the authors of the programme, 14th April 2012.

² CIASF: *Centre d'Intervention en Abus Sexuel pour la Famille*.

Kaléidos (Belgium)

In the area of **intrafamilial sexual abuse**, Kaléidos has also refined its services to fit in with the needs of the different target groups affected.

A specific offer is designed for **parents who are not abusers** as well as **abusive parents**, provided that « they admit the facts at least minimally »¹.

Services are also offered to « **parents victims of childhood sexual abuse** who experience difficulties in their parenting skills due to this traumatic experience»³, as well as **adolescent sex offenders**.

Offence Prevention Line (United Kingdom)

In 2011, the NSPCC (National Society for the Prevention of Cruelty to Children) set up a 24-hour telephone line for **PRRs under probation service supervision** operational as from 2012.

They offer subsidiary assistance to « sex offenders [...] when they fear they might commit another offence » when their probation officer is unavailable. About 80 counsellors staff the hotline. They already work for the NSPCC helpline service for child protection² and have been trained to meet the needs of this specific clientele. The inclusion of this service within a pre-existing structure has allowed for a significant cost reduction³.

The Offence Prevention Line is a pilot project which will last two years or more. It will be evaluated by the NSPCC and will be published¹. 400 sex offenders, some of whom have already registered, can call and receive immediate assistance, but only on the condition that « they are considered fit to use this service by their probation officer »¹.

The information exchanged is routinely made available to the probation officers concerned, as opposed to the Stop It Now! helpline service which is confidential.

Circles of support and accountability (CSR⁴, Canada)

Created in 1994 at the release of a sex offender after a long term of imprisonment, the CSR are now present in 19 Canadian cities, with more than 150 units. They are run by specially trained volunteers who receive sex offenders who have deliberately chosen to take part in order to **prevent recidivism**. They are given both emotional and practical support in order to promote social reintegration as a preventive factor.

This innovative programme has been adopted by five other countries including the United States, England, Latvia, Norway, the Netherlands and Italy⁵. Its effectiveness has been proven by the fact that « no-one with whom they [the CSR] have worked has relapsed. » (Glaude, 2009, p. 150)

VISA Programme – *Violence Interdite sur Autrui* (TN: No violence on others) (Canada)

Created in 1991, this programme is unique for its treatment of **intrafamilial sexual abusers** and the importance it attaches to the experience of the family and victims. It has three different components: a welcome phase for **incestuous men**, who can be sponsored by former participants who have successfully completed the programme; individual and group

¹ <http://servicekaleidos.blogspot.com> (Consulted on 9th December 2011).

² This service has been active for several years and offers assistance and advice to anyone concerned about the situation of a child in danger.

³ Personal communication from a staff member of the NSPCC, 5th December 2011.

⁴ CSR: *Cercles de Soutien et de Responsabilité*.

⁵ http://www.asrsq.ca/fr/reinsertion/reinsertion_cer.php (Consulted on 1st December 2011).

therapy meetings for twelve weeks; followed by monitoring conducted either within prison facilities or, in most cases, as part of parole.

Restorative Justice: victim-offender encounters (Canada)

Meetings held between **offenders and victims of related crimes** who do not know each other is an innovative approach, explored in restorative justice. As an example, we refer to the **Center for Services in Restorative Justice** (Montreal, Quebec) which offers encounters during which offenders and victims can « meet in a secure environment so that a dialogue can be initiated between them »¹. These meetings can take place in groups, in the presence of representatives from the community or face-to-face.

Parents of sexually aggressive minors: Parents-Unis Repentigny-Lanaudière (Canada)

Like the CIASF, this community organisation, active since 1983, also offers assessment and monitoring for **parents of children and adolescents with sexual behaviour problems**.

7.13 Summary of the elements identified in chapter 7²

COUNTRY	ORGANISATION CONTACTED	MEASURE CONCERNING PTGs
BE	General Delegate for the Rights of the Child	Proposal « Programme for the fight against paedophilia »
CA	CIDS – Centre for intervention in sexual delinquency	Treatments
CA	Groupe Amorce	Support groups
CA	Ex-Equo	Therapy programme
CA	CIVAS – Violence and sexual assault intervention centre	- Individual and group follow-ups - Programme « Un P.A.S » - Telephone helpline (<i>project abandoned</i>)
CA	Sexual behaviours consultation unit (IUSMQ – Mental Health University Institute of Quebec)	Evaluations, therapies
CA	CETAS – Support and sexual assault treatment centre	Individual monitoring
CA	AlterHéros	« Tell the experts! » – Support website
CA	Family Services of Greater Vancouver; National Clearinghouse; NCFV – National Clearinghouse on Family Violence	Booklets « When Males Have Been Sexually Abused as Children: A Guide for Men » and « When Children Act Out Sexually: A Guide for Parents and Teachers »; booklets for other target audiences
CA	Maison Radisson	Programme GTDS – Management and treatment of sex offenders
CA	Montreal General Hospital, Human sexuality unit	Psychology and clinical sexology programme

¹ <http://www.csjr.org/rencontres-detenus-victimes> (Consulted on 7th November 2011).

² Except 7.12. Appendix 4 lists all the organisations and professionals taken into account and/or contacted for the international inventory.

COUNTRY	ORGANISATION CONTACTED	MEASURE CONCERNING PTGs
CA	Cornwall Community Hospital	- Cornwall preliminary study - « Treatment program for sexual offenders and those at risk of offending sexually: a program proposal »
CA	CIASF – Centre for sexual abuse in the family	Therapeutic services for children with SBPs or in risk environments, for adolescent sexual abusers and their parents; systemic interventions
CA	CJM-IU – Montreal youth centre – University Institute	« Support guide for sexual abuse and sexually problematic behaviour in children aged 0-11 »
CA	Prince Edward Island Correctional Services	« Early intervention for sexual behaviour problems among young offenders »
CA	(personal contact)	Programme « At the Crossroads »
DE	Charité Hospital	Dunkelfeld Campaign
DE	University Charité Clinic	Dunkelfeld Prevention Project
FR	L'Ange Bleu	Listening, counselling, referrals
FR	trouble.consultations-online.com	Section « Paedophilia: protecting our children. Denounce to save – consult to heal »
FR	Paris Institute of political studies « media lab »	Section « Online paedophiles. What can be done about cyber-pedopornography? »
FR	Association je.tu.il	« In the words of paedophiles »
FR	Association CriminoNET	Training « Paedophiles: who are they? Typologies of child abusers »
IR	Stop It Now!	Support centre and telephone helpline
SE	Swedish Council on Health Technology Assessment	Survey « Medical and Psychological Methods for Preventing Sexual Offences Against Children »
SE	Karolinska Institute and RFSU – Swedish Association for sexuality education	Proposal for a telephone helpline for potential sexual offenders
UK	Stop It Now!	Support centre and telephone helpline
UK	NSPCC – National Society for the Prevention of Cruelty to Children	« Treatment service for adults who pose a sexual risk to children » National Society for the Prevention of Cruelty to Children » – Good Practice Guide
US	Stop It Now!	Support centre and telephone helpline
US	ATSA – Association for the Treatment of Sexual Abusers	ATSA Prevention Committee
US	sexoffenderresource.com	Conselling, referrals, support
US	Kempe Center	Training « Trainer Training. Primary, Secondary & Tertiary Prevention of Sexually Abusive Behaviors In Childhood and Adolescence »

8. Switzerland

To determine whether any measures targeting PTGs exist in Switzerland, different approaches which could, *a priori*, be relevant were considered. We took into account a wider range of organisations than for the international inventory, since the Swiss context (francophone) will be the framework for the future project.

We researched and/or contacted the main French, Italian and Swiss-German structures working in the field of prevention of child sexual abuse, promotion of sexual health, prevention of different forms of violence and recidivism with perpetrators, or who position themselves as a support service for various personal problems.

As an example of this research, we can quote an association which, on its website, offers « specialised services to prevent physical, psychological, sexual and moral violence » as well as a telephone helpline « open to all », particularly those who « feel uneasy about some of [their] behaviours »¹. We therefore contacted and met with the head of this structure to see if they provide or could provide services to PTGs, as their description could suggest. The information we received showed that this organisation does not meet our research criteria.

We conducted this investigative field survey for each organisation to verify whether they offer services to PTGs. At the end, we were able to retain only a small minority of structures.

Given that research in Ticino did not allow us to identify any organisation offering services to PTGs, it is therefore absent in the inventory and is described in Appendix 3.

Appendix 5 lists the structures, services or professionals contacted who offer services potentially close to the area of prevention focused on potential perpetrators without specifically targeting this population. We feel that they are important in view of the creation of a future network, particularly the possibility of expanding their range of services by capitalising on their resources and experience.

8.1 Surveys and research

No surveys or research concerning PTGs have been published in Switzerland.

Rare but important research on the regional level (Halpérin, Rey Wicky & Bouvier, 1997) and the national level (*Rapport Enfance maltraitée en Suisse*², 1992; OFAS³, 2005; Schmid, 2012) has been conducted over the past twenty years in Switzerland, but the focus has been mainly on the epidemiology of victimisation (sexual or abuse in general). It does not specifically address the issue of prevention with PTGs.

8.2 Information campaigns

We identified one information campaign which falls within the scope of our research.

¹ <http://www.ex-pression.ch/5155/index.html> (Consulted on 27th March 2012).

² TN: *Child Abuse in Switzerland Report*.

³ OFAS: *Office Fédéral des Assurances Sociales*.

« **Stop pornographie enfantine sur internet. Campagne contre la pédocriminalité 2005-2007** » (TN: *Stop child pornography on the internet. Campaign against paedocriminality 2005-2007*) - **Prévention Suisse de la Criminalité (PSC)**

This campaign was developed in 2003 by the Swiss Agency for Crime Prevention (PSC), at the request of the Conference of Cantonal Justice and Police Directors (CCDJP¹).

Its focuses on several target groups (general public, potential victims, parents, educators) as well as PTGs:

To inform **potential offenders (consumers of child pornography)** as well as those around them of the danger of moving towards active paedophilia, driven by their consumption, to address the subject of assistance to people suffering from their addiction to sex or the internet. (PSC, 2006, p. 35)

The campaign « deliberately places the personal responsibility of potential offenders at the heart of prevention », considering that « it is not up to the potential victims to ensure that they are not threatened » (PSC, p. 7) and that any consumer is already an offender who « should be defined as a sex offender, guilty and in need of assistance » (p. 25), given the addictive nature of cybersex (p. 37).

The preventive strategy adopted for the consumers relies on strengthening their capacity for empathy and accountability:

We must encourage them to take responsibility for their paedosexual desires, to learn the mechanisms that personally lead to offending, to implement efficient safeguards (restraint, dialogue with people they trust as well as therapists) and to find strategies to contain the pressure of the urge when it increases. (PSC, p. 6)

Various information materials were developed as part of this campaign. One of the brochures is intended for adults with an unspecified interest on the subject and provides « basic information on the risk of addiction [...] and the dangers faced by children/adolescents on the internet. » One of the publications provides additional information for adults who have a specific interest in the subject².

The creation of a website to accompany the campaign and publication of the addresses of support organisations are also part of the project. Specific training for professionals was also put in place in order to create a low-threshold network (see chapter 8.8).

The campaign was planned to last for three years, with a budget of 600,000 Swiss Francs for the first two years. In 2005, the fundamental messages of the campaign were publicised through brochures, posters and on the internet. In 2006, these key elements were further developed through specific campaigns for different target groups. In 2007, the campaign continued « on the basis of the experiences of the first two years » and « other campaigns specific to the target groups, aimed at **potential offenders** were developed. » (PSC, p. 39)

Personal contact

We contacted the PSC to ask how this campaign has evolved since 2007 and if a network of professionals specialising in the care of consumers of child pornography has been established. We were told that the list of professionals is not yet available and that the PSC hopes to pursue this initiative³.

¹ CCDJP: *Conférence des directrices et directeurs des départements cantonaux de justice et police.*

² Prévention Suisse de la Criminalité (2005). *Stop pornographie enfantine sur Internet. CyberInfos.* Neuchâtel: PSC.

³ Personal communication with a staff member, 21st March 2012.

As to the reactions to the campaign, so far about twenty people have contacted the PSC by phone or mail (anonymously) mainly for information about the low-threshold counselling centres¹.

No evaluation of this campaign has been conducted due to a lack of resources. We do however have data on the number of visitors and page views for some of the sections during the period from late August 2005 to early April 2012. For the home page « Campaign against paedocriminality »² and its appendices, the number of visitors was 168'741 (392'540 page views). The test « Addiction to cybersex. Am I in danger? »³ received 18'553 visits (48'504 page views)⁴. It is however important to note that although this test is available in the section « Paedocriminality », it concerns cybersex addiction in general (and not specifically child pornography).

8.3 Structures, resources and welcome centres

We identified two structures which fall within the scope of our research.

Eastern Switzerland forensic Institute (FORIO⁵, Frauenfeld, Thurgau)

The Eastern Switzerland Forensic Institute promotes the prevention of abuse of different types of violence. It offers several services including the assessment of children and young people struggling with various problems (delinquency, physical and sexual violence, addictions, mental disorders and disability associated with violence); credibility assessments in cases of suspected sexual abuse; treatment and mediations for children, adolescents and couples; supervision services (for professionals and other institutions) as well as crisis intervention. It also promotes research and education through various training courses for professionals in the social and legal fields.

The FORIO has been working with young sexual offenders for twenty years. For eight years, it has also assisted adult perpetrators.

The project « Beratungen und Therapie für Männer mit pädophiler Neigung » (*TN: Counseling and therapy for men with paedophile inclinations*) was initiated by the FORIO in 2009, two years after coming into contact with the program "Kein Täter werden" in Berlin (see chapters 7.2 and 7.3), on which it is based. As part of this project, group therapy for adult paedophiles who have never committed sexual abuse have been offered since 2010⁶.

These services were originally not mentioned or promoted on the FORIO website or by other means. A website specifically dedicated to this project was put online recently (keinmissbrauch.ch, consulted on 25th June 2012), addressed both to « people who have

¹ Personal communication with a staff member, 20th April 2012.

² <http://www.skppsc.ch/10/fr/1internet/3kinderpornographie/100index.php> (Consulted on 23rd April 2012).

³ http://www.skppsc.ch/10/fr/1internet/3kinderpornographie/2vorbeugen/230dependance_a_la_pornographie.php (Consulted on 23rd April 2012).

⁴ Data provided by a staff member on 20th April 2012. The page « Campagne contre la pédocriminalité » was visited by German speakers 114'425 times, by French speakers 39'162 times, and by Italian speakers 15'154 times. The test was viewed by German speakers 14'513 times, French speakers 2'634 times and by Italian speakers 1'406 times.

⁵ FORIO: *Forensisches Institut Ostschweiz*.

⁶ Following the experience of a young perpetrator of violence who, at the last meeting, confessed that he was a paedophile. Since then, different target groups who could abuse children and the various risk factors (including psychopathology and disability) were taken into consideration in order to develop specific treatments.

not committed any abuse, but are afraid of committing child sexual assault »¹ and those who have already acted out or who view child pornography on the internet. It is reported that there are approximately 20'000 people affected in Switzerland, « some of whom [...] are aware of the problem and open to professional help. However, until recently, there were no specific treatment services in Switzerland »².

The goal of the group therapy is, on the one hand, « the control of sexual impulses and thus to protect children from sexual abuse. On the other hand, a desire to support the preventive commitment of men who have paedophile attractions and who do not want to commit assault. »³

Personal contact

We went to the FORIO premises in Frauenfeld to visit this structure and learn more about the services offered to PTGs, since these services were not mentioned on the website at the time of our visit (January 2012).

A group of **ten paedophiles who have never acted out** meets each week in Zurich. The location of meetings changes each time in order to ensure confidentiality.

The group therapy lasts two years, is separate from that of perpetrators and always led by two therapists, one male and one female. The topics addressed have three components:

- identification of individual risk factors
- establishment of internal controls (e.g. avoiding places frequented by children)
- establishment of external control mechanisms (e.g. be accompanied in these places by a person of trust who is aware the problem)

These people are suffering and are actively looking for help. They are therefore highly motivated to follow the treatment and no-one has discontinued. In cases of crisis, a toll-free telephone number is provided 24h/24, although this service is not systematically organised. A regional or Swiss information campaign on PTGs, modelled on the Dunkelfeld campaign in Germany, is currently under development⁴.

Correctional Medical and Psychiatric Service (SMPP⁵, Prilly, Vaud)

The Prison Medicine and Psychiatry Service is attached to the Department of Psychiatry of the Vaud Cantonal University Hospital. It provides specialised psychiatric follow-ups in the prisons of the canton as well as outpatient care. Its services are intended for adults only.

Personal contact

The SMPP receives a few requests from PTGs and can respond rapidly by offering individual interviews, assessments of the situation as well as possible referrals. Currently no discussion

¹ « Personen, die bisher keine Übergriffe begangen haben, aber befürchten, sexuelle Übergriffe auf Kinder begehen zu können. » <http://www.keinmissbrauch.ch/indikationen.html> (Consulted on 5th July 2012).

² « Ein Teil der Betroffenen verfügt über ein Problembewusstsein und ist offen für professionelle Hilfe. Allerdings fehlten bis vor einiger Zeit spezifische Therapieangebote in der Schweiz. » <http://www.keinmissbrauch.ch/therapie.html> (Consulted on 5th July 2012).

³ « Ziel dieser Angebote ist einerseits die Kontrolle der sexuellen Impulse und damit der Schutz von Kindern vor sexuellen Übergriffen. Andererseits sollen Männer mit pädophilen Neigungen, die keine Übergriffe begehen wollen, in ihrem präventiven Engagement gestärkt werden. » <http://www.keinmissbrauch.ch/therapie.html> (Consulted on 5th July 2012).

⁴ Personal communication with the head of FORIO, 18th January 2012.

⁵ SMPP: *Service de Médecine et Psychiatrie Pénitentiaires*.

group for this target group is organised due to low demand. However, according to the physician in charge of the service, this could be feasible.

The consultation services at the SMPP are not advertised to the general public. They are presented to the different partners of the service (Psychiatric Department of the canton, judges, police, etc.).

Association Mira / Swiss French-speaking branch (Lausanne, Vaud)

The Mira Association was created in Zurich in 1998 and opened a branch in French-speaking Switzerland in 2007. Its mission is to inform and advise Swiss organisations, clubs and leisure associations (sports, music, church...) on the prevention of sexual abuse of children and youth.

The Mira service, staffed by a team of qualified experts, aims to « draw the attention of adults to the concepts of the rights to privacy, the risks incurred when these are transgressed as well as the risks of sexual abuse [...]; support their prevention efforts; accompany the associations in cases of suspected or proven abuse »¹.

To this end, various training courses, as well as workshops and conferences are organised depending on the needs of the different organisations. They are aimed at « **people in charge of leisure associations, instructors, trainers, other personnel in contact with children and adolescents (including volunteers)** »² as well as any other interested person.

Mira also trains members of associations who organise awareness campaigns within their structures, as well as the « preferred contacts within the organisation for all matters relating to sexual abuse. »³

The Mira counselling service is a reference and an important partner in primary prevention for adults and the promotion of healthy relationships, and can be contacted by « anyone seeking answers [to obtain] information or to be directed to other structures »⁴.

Personal contact

We contacted Mira to find out whether persons belonging to the PTGs contact the service: « we respond primarily to persons in charge of the associations who have adult members (trainers/instructors) who have inappropriate behaviour [...] in the perspective of primary prevention. »⁵

8.4 Telephone helplines

No telephone helplines specifically aimed at PTGs exist in Switzerland.

We did however contact la Main Tendue to ask whether their helpline 143, which provides anonymous telephone help and support for all kinds of personal problems, receives calls from persons belonging to the PTGs.

¹ <http://www.mira.ch/index.php?id=81&L=2> (Consulted on 26th March 2012).

² <http://www.mira.ch/index.php?id=139&L=2> (Consulted on 12th September 2012).

³ <http://www.mira.ch/index.php?id=141&L=2> (Consulted on 12th September).

⁴ <http://www.mira.ch/index.php?id=80&L=2> (Consulted on 12th September 2012).

⁵ Personal communication from a Mira staff member, 27th April 2011.

Personal contact

We were told that that these kinds of calls are extremely rare or even anecdotal compared to the 200'000 calls they receive annually. Moreover, it is not possible to identify them in the statistics, since they can be listed under different sections (« depressive state », « sexual violence », « sexuality », « suicide risk », etc.).

No procedure or address list exists for this particular target group, given the specificity of each call and the priority which is on listening. In some cases, callers are encouraged to contact their family doctor or a psychologist¹.

8.5 Websites

We identified one website which falls within the scope of our research.

oserprevenir.ch (French-speaking Switzerland)

The website oserprevenir.ch was created in 2009 by the head of the Swiss branch of the l'Ange Bleu (see chapter 8.10) when this branch closed down and in collaboration with the association Dialogue Rencontre in Nancy/Toul².

It is presented as a platform for promoting the prevention of child sexual abuse and focuses on information and the understanding of persons sexually attracted to children:

We fully understand that « people who have a sexual attraction to children » and who are viewed so negatively are human beings who suffer and in great need of receiving consideration in order to avoid acting out and to cope with their attractions. This is in any case what the vast majority of these people are striving for »³.

This approach is presented as « a philosophy [...] which has proven itself for many years: careful listening without judgment, without bias, and with utmost discretion⁴.

Special attention is paid to the definition of terms as regards this issue, in particular the distinction between paedophilia (sexual attraction to children without acting out) and paedosexuality (characterised by acting out). A brochure addressing these clarifications and the need to provide opportunities to listen to paedophiles is also available (see chapter 8.6).

Contact details or links to other structures are currently not listed on this website⁵.

Personal contact

Data on the number of website visits indicate that sixty hits a month are made from different countries. However, no request for assistance has been recorded since it went online (addresses were originally listed).

The contents of the website were scaled down due to criticisms levelled against this approach. The idea of creating a listening centre and of establishing a team of volunteers has also been put on hold⁶.

¹ Telephone call with a collaborator of the Main Tendue, 31st May.2012.

² « DIRE » (*Dialogue Rencontre*) is a French association which assists sexual abusers on their release from prison.

³ <http://www.oserprevenir.ch/index.php?/Presentation/Historique> (Consulted on 16th April 2012).

⁴ <http://www.oserprevenir.ch/index.php?> (Consulted on 20th March 2012).

⁵ Consulted on 16th April 2012.

⁶ Personal communication during a meeting with the website coordinator, 14th June 2011.

8.6 Support materials (brochures, publications, games, manuals)

We identified two publications which fall within the scope of our research.

Oser prévenir, Dialogue Rencontre & Osez dire (2009). « Mieux connaître, mieux comprendre, pour mieux prévenir! » (French-speaking Switzerland)

This brochure (*TN: Act to prevent, Dialogue, Contact & Speaking Out (2009)*). « *Better know, better understand, to better prevent!* ») is targeted at the general public and describes paedophilia as a sexual attraction towards children, while differentiating it from paedosexuality. It also provides firsthand accounts from paedophiles and paedosexuals and challenges the public with the following questions: « How does one become a paedophile? How to live with this attraction [...]? How can one start up a dialogue and meet the people involved? [...] Condemn who and why? »¹.

Overcoming the prejudice against paedophiles and paedosexuals is presented as the key component for preventing child sexual abuse:

People suffering from paedophilia and/or people who have committed abuse are human beings: if we dehumanise them by denying them respect, consideration, the ability to be responsible, what are the real possibilities for preventing child sexual abuse? »¹

Personal contact

Approximately 200 copies of the brochure « Mieux connaître, mieux comprendre, pour mieux prévenir! » were distributed through personal contacts, in particular medical facilities. It did not generate any requests from PTGs or any other persons concerned².

Brochure of the Correctional Medical and Psychiatric Service (SMPP³, Prilly, Vaud)

The SMPP (see chapter 8.3) has published a brochure describing the outpatient consultations in which they specify that these are aimed at people with transgressive **sexual behaviour** or at **risk of transgressive behaviour** as well as those under judicial control for sexual offenses ».

Personal contact

A few hundred copies of this brochure were distributed, mainly in prison, psychiatric and medical services. Its impact appears to have been « minimal »⁴.

8.7 Programmes

No prevention programmes aimed at PTGs were identified in French-speaking Switzerland.

¹ « Mieux connaître, mieux comprendre, pour mieux prévenir ! », pp. 13-14.

Access: <http://www.oserprevenir.ch/index.php?/Media/Files/plaquette-op> (Consulted on 21st March 2012).

² Personal communication during a meeting with the website coordinator, 14th June 2011.

³ SMPP: *Service de Médecine et Psychiatrie Pénitentiaires*.

⁴ Personal communication with the person responsible for this service, 27th April 2011.

8.8 Training for professionals

We identified one training course which falls within the scope of our research.

Paedocriminality on the internet – Weaning off of internet addiction, pornography and cybersex¹ (Rorschach, St. Gallen)

This training course, currently integrated into courses offered by the University of Applied Sciences St. Gallen in Rorschach, was developed by the Swiss Crime Prevention Centre as part of its campaign « Stop child pornography on the internet »². As a result, requests for help and advice were received from PRAOs and it appeared necessary to set up a network of low-threshold consultants trained specifically in this area.

The training, the aim of which is « to reinforce and to ensure that **counselling of potential offenders** is more effective » is fundamental, since the first contact between PRAOs and professionals is crucial, the challenge being to create « a vital link between the first intervention or low-threshold assistance and possible long-term therapy ». (PSC, 2008, p. 38)

The objective of the training, which is aimed at people of **different professions in the social field**, is to acquire « basic and specific knowledge regarding sexual deviances », to learn « to assess the problems and therapeutic needs of the paedophiles who contact them, and to acquire the « basic knowledge necessary for a personalised recommendation. ». (PSC, p. 38)

The training is comprised of six modules. These address the contents and reactions to the campaign « Stop child pornography on the internet », the social boundaries and the legal framework regarding in particular new technologies, sexual disorders, sexual and gender violence, male internet and sex addiction, as well as the goals and practical challenges associated with withdrawal.

Personal contact

Initially designed as an independent training course « for professionals in the social field to **create a low-threshold network for potential perpetrators** », this training has been partially integrated into other courses after observing « that there was no demand from professionals to be trained in the field »³. We do not yet know to what extent and how this training was promoted.

According to the collaborator we contacted, several hypotheses could explain this lack of demand: a discrepancy between the targeted professionals because « on-line pornography addiction problems are addressed by addiction specialists »; the fact that « the problem mentioned was not yet “popular” »; and the realisation that many professionals in the social field « do not really want to work with perpetrators, whether they are potential or not »⁴.

¹ « Pédocriminalité sur Internet – Travail de sevrage dans le domaine de la dépendance à Internet, à la pornographie et au cybersexe ».

² <http://www.skppsc.ch/10/fr/1internet/3kinderpornographie/100index.php> (Consulted on 4th April 2012).

³ Personal communication personnelle with a collaborator of the PSC, 21st March 2012.

⁴ Personal communication personnelle with a collaborator of the PSC, 28th March 2012.

8.9 Professionals active in the field

There are some professionals in Switzerland, working mainly in private practice, who are able to receive persons belonging to the PTGs. Since they rarely publicise themselves as such, we choose not to mention them by name in this report.

The work required to establish a network, provided for in the recommendations of this report, will be made at a later stage.

8.10 Ongoing or abandoned proposals

There have been some attempts by associations or individuals in French-speaking Switzerland which specifically target PTGs. None lasted for more than a few years, but we think it is interesting, given their rarity, to mention them and where possible to give reasons as to why they were abandoned.

Low-threshold counselling centre for paedophiles (Schaffhausen)

This counselling centre for **paedophiles**, the only private facility ever run by a non-specialist in Switzerland, was opened in 1994 in Schaffhausen. Its purpose was to prevent sexual abuse by addressing paedophiles directly, to raise awareness about paedophilia and to break the taboo on this issue which prevents these people from seeking assistance¹.

Having faced a tragic event related to paedophilia, the person responsible for the centre decided to accept requests from paedophiles in order to offer them the opportunity to interact anonymously, without having to first consult with professionals in the field of psychiatry.

Discussion groups for paedophiles were also organised in a private setting.

From its inception, this project received strong opposition from the neighbourhood. But after much perseverance in informing and communicating on the objectives of this approach, the resistance slowly gave way to different kinds of support and solidarity. Over fifteen years, the person responsible came into contact with about 2000 paedophiles and gained particular expertise in this domain².

This experiment ended in 2010 due to her death.

L'Ange Bleu Suisse (French-speaking Switzerland)

A Swiss branch of L'Ange Bleu Association (France) was founded in 2006. It was independent although based on the French model. Its website remained online for three years.

Personal contact

Despite the media coverage of the person responsible, the Swiss branch received only three requests for assistance during its three years of activity (2006-2009). There are no statistics on the number of visitors to the website of the Swiss l'Ange Bleu, which has now been closed.

¹ « Peu de prévention contre la pédophilie en Suisse (TN: *Not much paedophilia prevention in Switzerland*) ». (2008, February 18th). *20 Minutes*.

<http://www.20min.ch/ro/news/suisse/story/18626291> (Consulted on 26th April 2012).

² These details were gathered by cross-checking various information collected through personal contacts with the person in charge of the centre and other concerned individuals.

The services offered included listening to callers as well as a proposal for a long term follow-up by telephone or face-to-face interviews (with the head of the structure or a sex therapist). These opportunities were however not used by the callers.

The lack of requests as well as coordination problems led to the closure of the branch in 2009.

According to the person responsible, this approach had to face a social taboo which prevented people sexually attracted to children from seeking help.

« Un pas vers l'autre » (TN: *A step towards the other*) – Association ASADE (Fribourg)

The programme « Un pas vers l'autre » was formalised in 2004 as part of the ASADE¹ at a meeting between the committee, the public and paedophiles interested in sharing their difficulties and support needs. It was planned as a three-year programme (January 2006-December 2008).

Largely based on the approach of l'Ange Bleu (see chapter 7.3), its main target group were « **adults of all ages who feel a sexual attraction to children** », who were « **abstinent or definitely wishing to become so** » and ready to take action to prevent acting out. It was also addressed to victims, relatives and different professionals in the field².

Having observed that « currently, [...] abstinent paedophiles are denied psychological assistance because they have not yet acted out », the main objectives of this programme were to « offer these people the possibility to be viewed as other than psychopaths », to « recognise, strengthen and encourage their desire to avoid acting out », as well as to « help them feel less guilty when they realise that they have these impulses and to strengthen their self-responsibility regarding what they do with these feelings »³. Work with different specialised therapists was intended to help the PRAOs find « simple and effective ways to relieve the tension without harming others or having to make superhuman efforts to control themselves », and to make gradual changes in their sexual orientation⁴.

The plans were to create a website allowing PRAOs to make contact anonymously, the establishment of a bi-monthly support group (4-6 people) and a monthly sexotherapy group (4-7 people). Possible individual follow-ups were also envisaged.

A dossier describing the project was submitted to the Department of Public Health of the Canton of Fribourg in 2005.

Personal contact

We were unable to contact the person who was behind the creation of this project.

Following an exchange with a former collaborator of the ASADE, we learned that the project « Un pas vers l'autre » should have accompanied the opening of a branch of l'Ange Bleu in Switzerland (see chapter 8.10). This project created dissent within the Association and especially among the victims, and it was decided that it should be managed by an external commission. This however did not prevent many actors withdrawing from the project, leading to the dissolution of the Association in 2007-2008. The project « Un pas vers l'autre » was also abandoned⁵.

¹ ASADE: *Adultes Sexuellement Abusés Durant l'Enfance* (TN: *Association for adults sexually abused during their childhood*).

² ASADE (2004). *Project « Un pas vers l'autre »*. Dossier submitted to the Public Health Department, p. 11.

³ ASADE (2004). *Project « Un pas vers l'autre »*. Dossier submitted to the Public Health Department, p. 8.

⁴ ASADE (2004). *Project « Un pas vers l'autre »*. Dossier submitted to the Public Health Department, p. 7.

⁵ Personal communication with an ex-staff member of the ASADE, 20th April 2012.

8.11 Structures, programmes and support materials for adolescents and children with sexual behaviour problems (SBPs)

We did not find any structure, programme or support material for children and adolescents focusing on prevention before the first acting out event.

8.12 Innovative practices for PRRs, their social circles or former victims

In Switzerland there are some innovative preventive or support practices modelled on Canadian, American or German programmes (see chapter 7.11). They concern known perpetrators, their families, parents of adolescent offenders, victims who fear reproducing the abuse suffered, etc.

In French-speaking Switzerland, organisations such as Familles Solidaires, Faire le Pas, MIRA, Les Boréales, l'Unité d'accueil et traitement de l'enfant maltraité et abusé (ATEMA), etc., have expanded their offer to these target groups and have developed innovative services in these areas.

Services (pilot projects) are also offered in prisons (e.g. discussion groups). Support or follow-ups following release from prison are also offered by the probation services.

8.13 Summary of elements identified in chapter 8

Region (CH)	ORGANISATION CONTACTED	MEASURES CONCERNING PTGs
(Switzerland)	PSC ¹ – Swiss Agency for Crime Prevention	- Information campaign « Stop child pornography on the internet ». Campaign against paedocriminality - Training « Cyber-pedocriminality – Withdrawal from internet, pornography and cybersex addiction » (University of Applied Sciences St. Gallen in Rorschach)
Frauenfeld (TG) / Zurich	FORIO ² – Eastern Switzerland Forensic Institute	Therapy groups
Prilly (VD)	SMPP ³ – Prison Medicine and Psychiatry Service	- Individual interviews, evaluations, orientation - Information leaflet
(Switzerland)	La Main Tendue	Telephone helpline (143)
(French-speaking Switzerland)	oserprevenir.ch	Information website
(French-speaking Switzerland)	Oser prévenir, Dialogue Rencontre & Osez dire	Brochure « Mieux connaître, mieux comprendre, pour mieux prévenir! » (TN: <i>Better know, better understand, to better prevent!</i>)

Abandoned projects:

Schaffhausen (SH)	Low-threshold counselling centre for paedophiles	Low-threshold counselling
French-speaking Switzerland	L'Ange bleu Switzerland	Proposal for listening, interviews, follow-ups
Lausanne	Mira Association / French-speaking Swiss branch	« Prevention for perpetrators »
Fribourg	ASADE ⁴ Association	Programme « Un pas vers l'autre » (TN: <i>A step towards the other</i>)
Diocese of Lausanne, Genève, Fribourg	Commission « SOS Prevention »	Proposal for a telephone helpline for perpetrators

¹ PSC: *Prévention Suisse de la Criminalité*.² FORIO: *Forensisches Institut Ostschweiz*.³ SMPP: *Service de Médecine et Psychiatrie Pénitentiaires*.⁴ ASADE: *Adultes Sexuellement Abusés Durant l'Enfance* (TN: *Association for adults sexually abused during their childhood*).

Conclusion

The report *Child Sexual Abuse: Prevention of the First Acting Out Event* has allowed us to highlight the fact that reflection on prevention before the first acting out event is taking place, and that this aspect of prevention is more necessary than ever. This is a real public health problem, the consequences of which are far-reaching and costly – humanly and socially – for both the children and the future adults they represent.

The extensive research, exchanges and reflection that served as the basis for drafting the Report allowed us to highlight several observations and develop different aspects of this issue:

▷ *Prevention before the first acting out event of child sexual abuse is an area that is little explored. Its emergence is part of the evolution of concepts of prevention of child sexual abuse, which has progressed from denial, to victim support, and now perpetrator support.*

▷ *Few structures and services exist for people belonging to the PTGs. Their visibility in the public space is often limited. In most cases, PTGs are not the primary targets of these structures.*

▷ *No common and consensual terminology exists for these target groups, which reflects the current thinking in this area. Developing an exploratory model to better define the target groups concerned by prevention is a first step towards opening a scientific debate in this area.*

▷ *Services aimed at PTGs are a real need. This is corroborated by the evidence that requests from these people are made to different professionals or organisations.*

▷ *The few statistical markers for these populations show that their number is high, in contrast to their invisibility in the social and scientific fields.*

▷ *Children with SBPs and adolescents at risk of a first acting out event of sexual abuse of significantly younger children are important target groups for prevention, requiring specific approaches and specialised expertise.*

▷ *Recommendations allowing to continue the reflection initiated by this report and to offer targeted services to PTGs and their social circle are achievable with reasonable means.*

Although still rare, the actions implemented are very promising. We hope that the results presented and the resulting recommendations will encourage people from different fields in other linguistic regions in Switzerland or abroad to continue the work and develop new structures for these target groups still rarely taken into account.

This avenue of prevention of child sexual abuse before the first acting out event is, for all the contributors to this report, an approach that we have an ethical duty to explore.

At this stage, to not consider avenues of prevention other than those that already exist, would mean accepting and resigning ourselves to the fact that, faced with the problem of child sexual abuse, there is nothing else to do than wait until the abuse has occurred before taking action.

Our recommendations for French-speaking Switzerland are achievable in the short term and without excessive financial commitments. The reliance on an existing network and the creation of a structure to coordinate all the work are fundamental elements.

This report contains strong arguments which no longer allow to put in doubt the need to implement measures for the prevention of a first acting out event.

Experience will help us refine the tools to reach the people concerned and to have an impact on the reduction of the number of first acting out events, which would, *de facto*, reduce the number of child victims.

Appendices

Appendix 1: Process leading a child sexual abuser to be discovered by the justice system

What actually happens during the process leading up to the reporting and/or denunciation? To fully understand the process, we have observed the different possible stages, starting with the disclosure.

In order to clarify what follows, it is important to remember the difference between disclosure, reporting and denunciation:

- Disclosure requires that a third person be informed of the assault.
- Reporting requires that child protection professionals are informed that there is a suspicion of abuse or a risk of abuse.
- Denunciation requires that a judicial authority be informed of the alleged assault.

For a situation of child sexual abuse to be brought to the knowledge of the judicial authorities, the victim or someone from his/her social circle can use different methods. Except in rare cases, the main trigger is a disclosure. Frequently however, this does not go any further (the victim asks to keep it secret, the confidant takes no action). Other disclosures can lead to reporting (which may or may not lead to a denunciation) or directly to a denunciation.

Studies of the general adult population show the wide gap between the actual situations, those disclosed to third parties and those brought to the attention of the authorities.

Comparing studies is often difficult due to a frequent bias, the absence of distinction between "disclosure" which is the act of informing a third party of the assault and the "denunciation" which means that the assault was brought to the attention of judicial authorities. (Ciavaldini, 2002, pp. 66-67)

Disclosure

A large number of situations of sexual abuse have not been disclosed. This can be explained by the fact that disclosure

is a dangerous process to be undertaken by the victims, and difficult for the confidants to assume. This fundamental act is most often what leads to the discovery and diagnosis of sexual abuse. In practice, except in rare cases where the abuse is reported by an eyewitness, and fewer still where it is discovered by medical occurrences having the value of forensic evidence (pregnancy, evident rape injuries, sexually transmitted disease), support for the victim and the prevention of trauma due to the abuse, as well as possible legal proceedings against the abuser, rest entirely on the disclosure of the facts by the child him/herself.

[...] Although disclosure is encouraged by most prevention programs for youth which are based on the threefold precept: say « no », leave and speak out, victims do not often follow this advice and confidants do not necessarily follow up in an appropriate manner, as revealed in the Geneva study on the prevalence of child sexual abuse. (Halpérin, Bouvier & Wicky, 1997, p. 131)

It is worth clarifying at this stage that a disclosure can be made by a child, but that a victim who has reached adulthood can also speak of abuses suffered, even years after they occurred. The fact that these may fall under a statute of limitations does not prevent a victim from revealing what happened.

It should also be noted that during a disclosure, the identity of the alleged perpetrator is not always revealed and sometimes, but this is rare, the victim does not know who the perpetrator is. In this situation, even if he is denounced, the procedure will be abandoned because the suspect has not been identified.

What do we know about the rates of disclosure?

Various studies and research are presented below in order to provide quantitative benchmarks. We are aware of the risk that by making a brief summary of such data, they can sometimes appear contradictory. It should be borne in mind however that these rates depend on many factors, including the different methodologies used and populations included, which explains why the ranges can be very wide.

The fact that a child or a victim who has reached adulthood reveals their situation or not depends on several factors. Key factors include the severity of the assault, the type of abuse, the age of the abuser and that of the victim, the context of his or her development and his or her relationship to the abuser (parental, fraternal, non-existent, etc.), the persistence of victimisation over time or the fact that the perpetrator is female.

According to Van Gijsegheem, whether it be men or women, 40% of them speak out soon after the incident, 20% speak out at a later stage. The remaining 40% never speak about it to anyone. (1998, p. 3).

According to other sources, many of the adult « survivors » (42% of men and 33% of women) would never have spoken about the abuse before the study (Finkelhor, Hotaling, Lewis & Smith, 1990, as cited in Paine & Hansen, 2002, p. 278). According to Borde, about 90% of rapes or paedophile activity remain secret (Borde, 2002).

When rape or a tentative rape occurred in childhood, non-disclosure rates vary between 30% (AS <18 years) and 72% (AS <15 years) [...] Such figures indicate that when a rape was committed on a minor female victim, almost 3 times out of 4, she will never talk about it! (Ciavaldini, 2002, p. 67)

As to the gender of the offender, « when the abuser is a woman in a position of parenthood, the rate of disclosure is between 1 and 20% » (Finkelhor & Russell, 1984, as cited in Ciavaldini, 2002, p. 67)

Some types of abuse are less reported than others. In the case of incest, for example, « it is estimated that only 2% to 23% of cases have been disclosed or have resulted in requests for help. » (Van Gijsegheem, 1999, p. 239)

As to the age of the perpetrator, a study reported by Lamb & Coakley (1993), shows that children who have been abused by adults are more likely to reveal the facts at some point (approx. 50%), than those who have been abused by another child or an adolescent (14%). This difference is explained by the fact that in the second case, it is more difficult for the victim to recognise the abusive nature of what happened which could be viewed as « sexual games », especially since the victim may have played a more or less active role.

A child does not necessarily have the same motivation to remain silent than a victim who has reached adulthood. Paine and Hansen (2002) cite various sources concerning disclosures

made by children. About half of the children do not disclose the abuse (54% according to Gomes-Schwartz, Horowitz & Cardarelli, 1990, as cited in Paine & Hansen, p. 273), and even among those who do, there is an average of three years between the acts and the disclosure (Oxman-Martinez, Rowe, Straka & Thibault, 1997, as cited in Paine & Hansen, p. 278). Less than 25% of children disclose the abuse immediately (Kelley, Brant & Waterman, 1993, as cited in Paine & Hansen, p. 278). The same order of magnitude is found in a Canadian study (Robins, 2000, as cited in the National Clearinghouse on Family Violence [NCFV], 2006, p. 2), according to which 30% of children disclose abuse suffered during their childhood.

French-speaking Switzerland

A study led by Halperin *et al.* (1997) was conducted on students in the last year of compulsory education (14-16 years), and based on a highly representative population. The theme of disclosure was addressed and valuable insights were gained. Of the 1'116 participants in the study, 192 girls (33.8%) and 60 boys (10.9%) reported at least one case of sexual abuse. Among them, 122 girls (63.5%) and 25 boys (41.7%) had talked to someone about them ($p \leq 0.01$). These rates did not vary significantly between the different types of abuse. (Halperin *et al.*, p. 134).

Figure 3¹ shows that some of the victims demand secrecy when they disclose the abuse. This proportion varies depending on the type of abuse and the gender of the victim: for boys, it is 25% in the case of non-contact abuse, 16.7% for touching and even reaches 100% for abuse with penetration. For girls, these rates are respectively 22.7%, 64.9% and 47.6%.

Group	Disclosure/effects*		Type of abuse			
			Without contact	Touching	Pene-tration	All
Boys abused		N	42	12	6	60
Boys abused who have spoken to someone		N	16	6	3	25
		%	38.1	50.0	50.0	41.7
	Have been helped	%	25.0	50.0	0.0	28.0
	Have asked to do nothing	%	25.0	0.0	0.0	16.0
	Have asked for secrecy	%	25.0	16.7	100.0	32.0
	Speaking about it has had no effect	%	43.8	0.0	33.3	32.0
	Were not believed	%	0.0	0.0	0.0	0.0
Girls abused		N	76	84	32	192
Girls abused who have spoken to someone		N	44	57	21	122
		%	57.9	67.9	65.6	63.5
	Have been helped	%	38.6	15.8	33.3	27.0
	Have asked to do nothing	%	6.8	15.8	19.0	13.1
	Have asked for secrecy	%	22.7	64.9	47.6	46.7
	Speaking about it has had no effect	%	31.8	19.3	23.8	24.6
	Were not believed	%	9.1	3.5	4.8	5.7

* Multiple reponses allowed

Figure 3: Proportion of victims of sexual abuse having disclosed the abuse and effects of the disclosure, by type of abuse (Source: Halperin *et al.*, 1997, p. 134)

Knowing that the confidant's reaction has a significant impact on the course of events or the abandonment of any proceedings arising from a disclosure, it is interesting to know in whom the victims confide.

¹ Original graph in French.

For young people who have been sexually abused, friends are the preferred confidants (23.3% of boys and 44.8% of girls), followed by mothers (21.7% of boys and 27.6% girls) then fathers and siblings [...]. Other parties, including professionals, were less frequently called upon. (Halperin, *et al.*, 1997, p. 135)

The victims confided first in professionals in only 8% of cases: 5.2% in a doctor, nurse or psychologist, 1.6% in a teacher or instructor, 0.8% in the police and 0.4% phoned toll-free numbers.

What happens to these disclosures?

Reporting and denunciation

According to some surveys on victims of crime, sexual offences are among the least likely crimes to be reported (Kong, Johnson, Beatti & Cardillo, 2002).

As with disclosure, the reporting or withholding depend on various parameters, some of which are common to disclosure and others specific to this phase. According to a retrospective study of students conducted in Germany (Raupp & Eggers, 1993, as cited in May-Chahal & Herczog, 2003, p. 91) it appears that if sexual violence is committed within the family, about 3.3% of cases are reported to youth public services or to the police. This rate is about 4.3% for abuse occurring outside the family but by a perpetrator known to the child. A higher ratio (approx. 16.7%) is observed when the perpetrator is unknown to the child.

In many cases we find a great reluctance to report, whether by victims, confidants or services who are aware of a situation or who suspect sexual abuse. This is the withholding of reporting, a phenomenon that hinders the denunciation of violations by both private individuals and professionals.

One study (Dhooper, Royce & Wolfe, 1991, as cited in Paine & Hansen, 2002, p. 272), which details the literature in this area, mentions that a third of the professionals who are aware of a situation of abuse inform the competent authorities.

If, a few decades ago, one could explain this phenomenon by the silence surrounding the whole issue, why is it so difficult in this day and age to report an alleged abuser?

The withholding of reporting depends on a range of factors, the main ones being described below.

Subjective factors:

- « professionals who are in contact with children (e.g. teachers) are afraid to report cases because they feel obliged to provide proof;
- some professionals respect the wish of a family who do not want to lodge a complaint;
- the professional (or any other person who suspects or has knowledge of the abuse) ignores that they have a duty to report;
- some professionals (or any other person making the complaint) fear of being publicly quoted in the media if the case reaches the next level;
- the victim may feel a sense of shame and fear. [...] The affection [that they may] feel for the abuser sometimes leads children to want to avoid causing problems for him, in spite of the anger that they feel towards him for the act he has committed. [...];
- professionals (or any other person making the complaint) may fear for their own safety if they lodge a complaint;

- professionals feel that the law will not protect them if the person they have denounced decides to prosecute them. » (May-Chahal & Herczog, 2003, pp. 163-164)

Objective factors:

- slow pace of court proceedings;
- possible consequences, including the risk of further victimisation;
- threats that the suspect may make against plaintiffs, especially during lulls in the procedure;
- repeated interrogation, particularly harmful to child victims;
- absence of an incentive policy on the part of the justice system, which does nothing to change the views of the citizens who perceive it as a source of problems. (May-Chahal & Herczog, pp. 164-165)

All these factors deserve attention, because they help to partly explain why so few offenders are held accountable. Any policy which encourages reporting or denunciation should address the obstacles of the system mentioned above and propose changes before encouraging the public to take legal action.

Incentive measures

Faced with the phenomenon of the withholding of reporting, of which we are increasingly aware, the legislature and some governments have developed new measures to encourage individuals and professionals to report or denounce more often.

The withholding of reporting and denunciations is a worldwide problem. In Quebec, a government campaign to raise awareness of sexual abuse, planned for the period 2008 to 2013 (Government of Quebec, 2008), includes hundreds of measures. In its fourth phase, launched in March 2011 with a budget of 800'000 CAD, a scheme was developed to encourage the denunciation of sexual assault with the aim to convince more victims to denounce their aggressor. For this purpose, advertisements on this theme were broadcast on television, the radio, displayed in public places and online advertising on the internet (Government of Quebec, 2011, March 25).

Switzerland

In French-speaking Switzerland, for example, the Canton of Vaud introduced mandatory reporting for professionals working with children through the revision of the old Youth Protection Act (LPJ¹) of 29th November 1978, renamed Minors' Protection Act (LProMin²) dated 4th May 2004:

Any person who, in the exercise of their profession, office or function in relation to minors, whether exercised as a principal, accessory or auxiliary activity, becomes aware of a situation where the development of a minor is in danger and which could justify the intervention of the department, has the duty to report the situation. (art. 26, para. 2.)

¹ LPJ: *Loi sur la Protection de la Jeunesse*.

² LProMin: *Loi sur la Protection des Mineurs*.

The statistics of the Department of Youth Protection (SPJ¹) of the Canton of Vaud show that the number of reported cases of sexual abuse did not increase despite the expectations due to the introduction of the LProMin. On the contrary, the number of cases assessed (reports) decreased significantly between 2005 and 2010. The same situation can be found regarding denunciations and convictions, as shown in the table below².

Year	Number of cases evaluated	Number of cases denounced	Type of alleged offense										Court ruling			
			Offenses against sexual integrity		Offenses against physical integrity						Duty to assist or educator violations		Convictions	Case dismissal	Cases referred to the Tribunal	Case refusal
					serious		simple		assaults							
			F	M	F	M	F	M	F	M	F	M				
2005	277	235	70	28	3	4	32	25	26	37	24	15	37	89	16	14
2006	242	177	64	29	1	3	18	28	17	27	11	5	26	72	11	15
2007	161	110	35	4	1	0	25	22	13	7	0	1	22	29	12	5
2008	177	138	29	9	1	1	28	26	17	13	3	2	28	52	9	6
2009	182	128	43	2	0	0	25	31	17	17	3	3	24	45	12	6
2010	158	81	22	9	1	0	18	16	10	6	1	0	6	20	0	1

Figure 4: Evolution of criminal offences denounced by the SPJ since the entry into force of the law of 4 May 2004 on the protection of minors (Source: SPJ, 2010, p. 14)

Figure 4 shows that out of the 81 cases denounced in 2010 by the Department of Youth Protection (Vaud), 31 concern sexual abuse. These data however do now allow to determine how many of the six convictions for abuse of minors are specific to sexual abuse.

The obligation to report should be extended to the federal level following the adoption by the National Council of a motion by Josiane Aubert in 2011 (*Protection de l'enfant*, 2011, March 2). From now on, « anyone in frequent contact with youth – teachers, psychologists, instructors, educators » will have the obligation « to report to the cantonal authority any suspicion of ill-treatment or sexual abuse of children in their charge. » (Favrod, 2010, December 6)

Discussion

Several points emerge clearly from this chapter.

Firstly, sexual abuses are not all disclosed and some of them are disclosed years after the fact.

It is tempting to infer that a possible recommendation would be, as has been made in Quebec, to conduct a campaign to encourage all victims to denounce each situation. However, before undertaking such a course of action, should we not seek to understand and influence the elements that are responsible for the withholding of reporting? As long as we have not dealt with the causes, it is questionable whether a campaign to encourage denunciation is likely to convince those who, for various reasons, decide to remain silent.

¹ SPJ: *Service de Protection de la Jeunesse*.

² Original graph in French.

Today, in French-speaking Switzerland, the duty to report concerns mainly professionals (teachers, psychologists, instructors, educators ...), although they are rarely approached by children who are victims of sexual abuse (8% of cases according to the study of Halperin *et al.*, 1997).

However, private individuals, who are the recipients of the majority of the disclosures, are not obliged to report. Does this not remove responsibility from adults in these situations where children close to them may be implicated? Although we regularly hear « if someone touches my children, I'll kill him », it is often quite different when the facts are revealed. « We'll solve this problem in the family.... »; « we don't want any trouble with the law ... »; « if we talk to the police, we'll lose control of the situation and our child will be even more disturbed ... ». All these reactions, mixed with fear and many other issues are understandable and sometimes even justifiable. They contribute however, and to a large extent, to the withholding of reporting by the victim's family and social circle.

When the victims reach adulthood, they are hardly ever informed of the importance of disclosure. Only rarely do they hear the message stressing the importance of taking this step. An example is found in a brochure published by the Neuchâtel police force concerning sexual violence in general: « By breaking the silence and by filing a complaint, the victims show solidarity with other women. *Each sexual assault that is not denounced gives the aggressor the opportunity to reoffend.* » (*Guide de la police*, 1999, p. 25)

One must also recognise that a victim (or her/his representative) who denounces an aggressor runs the risk that the alleged perpetrator be acquitted for lack of evidence. In these situations, nothing prevents the defendant to file a complaint for defamation or libel and thus setting in motion distressing and costly procedures for the person who made the denunciation¹.

However, for the justice system to intervene, the state of affairs must necessarily be brought to its attention. « In most cases, offences committed under the Criminal Code are reported to the police by the victims. The number of registered denunciations therefore depends largely on the willingness of the victims to lodge a complaint. » (OFS, 2011)

Secondly, only a small number of the situations that are denounced result in a report, denunciations are few and criminal sentencing difficult, often due to a lack of evidence. On the other hand, it is important to remember that

Whatever measures are taken to encourage reporting or denunciation, however important they are, one must keep in mind that we are no longer in the field of prevention. [...] Prevention cannot be assimilated with the repression that is the mark of its failure. » (Boegli, 1990)

As long as we have not acted on the causes hindering reporting and denunciations, it will be difficult for the number of convictions to increase. Criminal sentencing is also a strong signal from society regarding respect for standards and laws in effect. When this procedure cannot take place, there is a great risk that the victims will no longer trust the justice system and that the offenders will have a sense of impunity. For this, all they need to do is to get the victims to remain silent through various means which have been widely studied. « It's our secret! »:

¹ In theory, we are currently in a situation that could be described as paradoxical. There are situations now where it can cost more not to denounce a suspected child abuser ! The law in the Canton of Vaud, for example, can provide for a fine of up to CHF 20'000.- for those who do not report a case. At the same time, a person who had committed sexual acts with a child was sentenced, in 2003, after admitting the facts, to a fine of CHF 1,500.-

is there a single child molester who has not, at some point, said these words? By all accounts, this strategy works in far too many cases.

One should however also consider whether the police and the justice system would be able to deal with an influx of denunciations. If this were not the case, the necessary structures and training for the personnel would have to be set up.

Finally, regardless of the percentage of cases resulting in a denunciation, the problem of proof will remain paramount. Currently, in most situations of child sexual abuse, the word of the child is the only element that can prompt criminal proceedings. Following a disclosure, the word of the child must be corroborated by the alleged perpetrator. In case of denial, only conclusive evidence will result in a conviction. According to Van Gijseghem (1998),

there is reliable medical evidence, that is to say absolutely, in only one case out a thousand, such as a sexually transmitted disease or the presence of body substances. Other reliable evidence is very rare, such as a credible eyewitness or material evidence. » (Van Gijseghem, p. 3)

In view of this fact, we should ask ourselves if we should not consider other approaches regarding disclosures. What risk is there, for example, in trying to bring the alleged perpetrator to denounce himself whilst accompanying him at the same time?

Appendix 2: Perpetrators discovered or not by the justice system

According to the World Health Organization (WHO, 2010) approximately 20% of women and 5 to 10% of men say that they have been sexually abused in their childhood. These figures take into account all kinds of abuse and coincide with numerous international studies.

On 31st December 2010, the adult Swiss population was nearly six million (OFS, 2010). Keeping in mind that 20% of women and 5% of men say that they have experienced sexual violence (all kinds) in childhood, there are today in Switzerland approximately 640'000 women and 150'000 men concerned.

Faced with such a large number of people claiming that they have been victims of sexual abuse, the number of offenders must be considerable. Even bearing in mind that there can be several victims for one single offender, it must be recognised that the number of aggressors must amount to several tens of thousands.

What happens to these individuals?

One specific target group, that of offenders who have been discovered and convicted by the justice system, currently holds almost all the attention. Many studies, discourses and proposed actions in the area of child sexual abusers focus on these people, their treatment and the prevention of recidivism. This population is the only one for which we have accurate information. In Switzerland, in 2009, there were 1'526 denunciations (OFS, 2009b) resulting in 438 convictions, i.e. 366 adults (OFS, 2009a) and 72 minors.

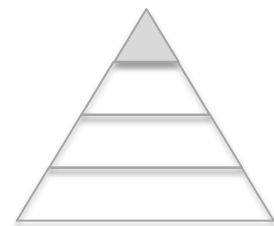
Compared to the estimated tens of thousands of offenders, the question arises as to what happens to those who are not discovered by the justice system. This population seems hidden from view, as if there were only victims.

Based on these considerations, we felt it necessary to observe the entire process leading to a denunciation in the Swiss system, in order to try and understand why so few perpetrators of child sexual abuse are denounced.

Offenders discovered by the judicial system: the tip of the iceberg

Offenders discovered by the police and justice system are the only category for which we have systematic statistics. They are therefore a source of information on the phase that precedes the acting out event.

The figures available concern three stages of the legal proceedings: denunciation, conviction and incarceration. The number of violations discovered is less than the number of indictments as the alleged perpetrator may be unknown or the procedure abandoned.



To better situate these different scenarios in the judicial *iter*, the diagram below from the Swiss Federal Statistical Office illustrates the different stages of the criminal prosecution:

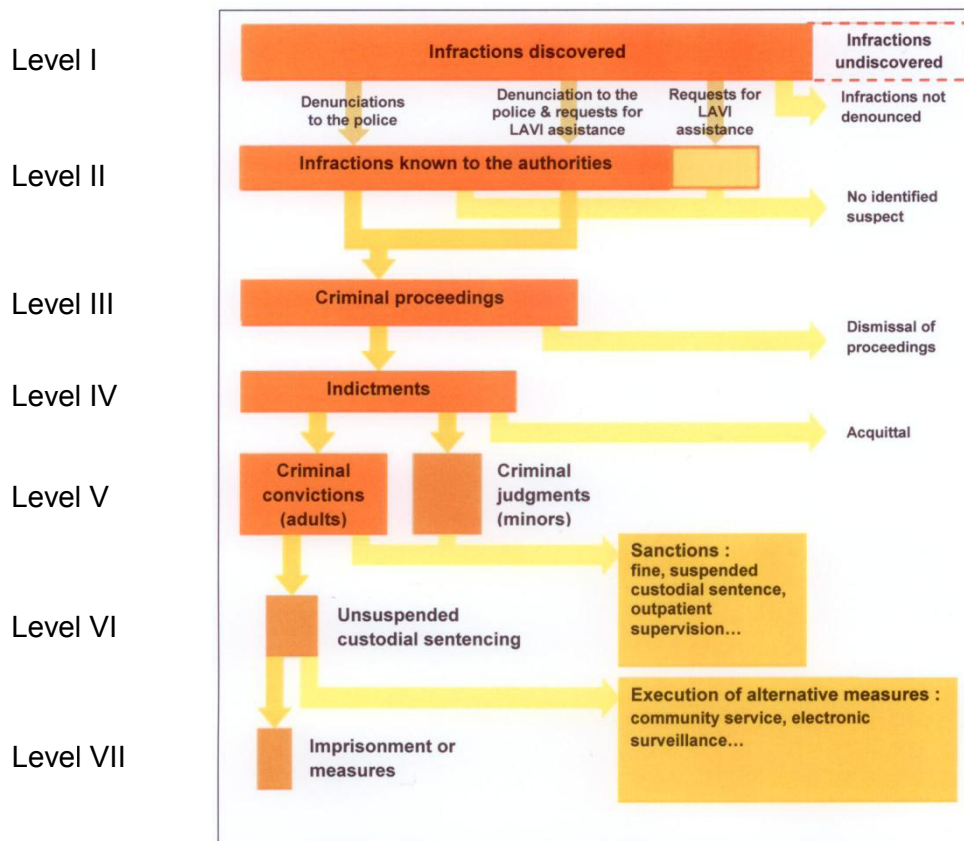


Figure 5: Stages of the criminal prosecution (Source: OFS, 2011)

The seven levels of the procedure show a model in the shape of a funnel since some of the defendants are released, at one time or another, from the criminal proceedings.

Levels I and II: infractions discovered and known to the authorities

The infractions discovered and known to the authorities are the result of denunciations to a competent authority, with or without the assistance of the law on assistance to victims (LAVI¹) (level 2). Only some of these infractions can be linked to an identified alleged perpetrator: this person may be unknown on the one hand; and on the other hand, the LAVI has a duty of confidentiality, unless the person agrees to lift it (LAVI, 2007, March 23rd, art.11, para 1 and 2).

Levels III and IV: criminal proceedings and indictments

During the criminal proceedings and indictment, other defendants are released from the judicial proceedings for lack of evidence (dismissal of proceedings, level III) or lack of accountability (acquittal, level IV).

¹ LAVI: Loi fédérale sur l'Aide aux Victimes d'Infraction.

Level V: criminal convictions (adults)

Situations that reach the stage of criminal convictions can be further divided by type of conviction. Unsuspended custodial sentences are only part of the sanctions imposed, which can include suspended custodial sentences, fines, outpatient supervision and/or measures of internment.

In juvenile criminal law (DPM¹) educational, protection and care measures (such as personal assistance, ambulatory treatment, institutional placements) are preferred, by law, to deprivation of liberty. According to the principles set out in art. 2 DPM,

1. The protection and education of minors shall be the decisive factors in the application of this law.
2. Special attention should be paid to the minors' living conditions and family environment, as well as the development of their personality. (*Loi fédérale*, 2011, January 1)

This educational perspective allows the child's best interests to be taken into account (*Convention on the Rights of the Child*, 1989, Art. 3), consistent with international treaties and to the detriment of punitive measures.

Level VI: Unsuspended custodial sentencing

At this point, the judge may rule on either imprisonment or deprivation of liberty with execution of alternative measures. These may include community service or electronic surveillance.

Level VII: Imprisonment or other measures

Finally, actual imprisonment concerns only a small percentage of the offenders (mainly adults, since minors are governed by a separate criminal justice system):

During each stage, the number of people accused decreases, because the suspects have not all actually committed the act in question or because there is no proof that they committed it. In addition, those convicted do not all serve their sentences. (OFS, 2011)

In concrete terms

Taking the example of Switzerland, in 2009, infractions recorded by the police under art. 187 CP² (sexual acts with children) amount to 1'526. Convictions (level V) for the same article, amount to 438 of which 366 are adults and 72 are minors.

It is interesting to note that out of the 366 adults involved, there were 14 women. Over the ten year period (2000-2009), 91 women were sentenced according to art.187 CP out of a total of 3'774 convictions (equivalent to 2.41% of the cases).

Regarding the 72 minors (all of them boys in 2009), deprivation of liberty was pronounced six times (five times with suspended sentence and one without suspended sentence or partial

¹ DPM: *Droit pénal des mineurs*.

² CP: *Code pénal suisse* (TN: *Swiss Criminal Code*).

suspended sentence). The other sanctions are divided into remedial actions, fines or other measures.

Again, it is interesting to note that over the 2000-2009 period, 19 girls were sentenced according to art.187 CP out of a total of 802 convictions (equivalent to 2.36% of the cases).

These convictions resulted, for the adults, in various penalties as indicated by Figure 6:

Criminal convictions of adults according to the main penalty¹	Adults (N=366)
Deprivation of liberty without suspended sentence	81
Deprivation of liberty with suspended sentence	82
Monetary penalty without suspended sentence	14
Monetary penalty with suspended sentence	168
Community service without suspended sentence	8
Community service with suspended sentence	11
Fine only	2

Figure 6: Criminal convictions of adults for art. 187 CP in 2009 according to the main penalty

In summary, in 2009, out of 1'526 infractions recorded by the police, 438 convictions (adults and minors) were secured, i.e. about 28% of cases, and 82 cases resulted in a deprivation of liberty².

According to the latest available statistics, the number of recorded infractions decreased further in 2010, since it amounts to 1'133.

Discussion

This purpose of this chapter is not to suggest that more incarcerations would solve the problem of sexual abuse, although this idea is common in public opinion, « criminal law is probably the only area where it is thought that one can "treat" ills as diverse as theft and rape by a single "cure": prison » (Kuhn, 2005, p. 20).

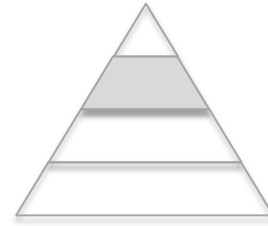
However, taking into account the above, the data show that very few cases of abuse are denounced and that among these, a significant number do not result in a conviction.

¹ Table prepared using data from the OFS for art. 187 CP in 2009. (Source: OFS, 2011).

² 81 adults (deprivation of liberty without suspended sentence) and one minor (without suspended sentence or partially suspended sentence).

Perpetrators undiscovered by the justice system

What we know about perpetrators of child sexual abuse is based mainly on studies of individuals in prison or in healthcare facilities. It is difficult to obtain solid information about those who have not been exposed or brought to the attention of public authorities. (May-Chahal & Herczog, 2003, p. 192)



In the few studies addressing the topic of the prevalence among this population, Finkelhor and Lewis (1988) estimated that « 4 to 17% of men in a North American urban agglomeration had admitted having committed child sexual abuse, however it is impossible to determine with certainty whether these figures can be generalised to the whole population. » (as cited in May-Chahal, 2003, p. 192).

In Switzerland, the study of Haas (2001) was conducted in 1997 with 22'474 young men of 19 years, most of whom were recruits (a comparison sample consisting of non-recruits was also taken into account). According to this research, 2'557 young men reported having committed one or more transgressions against sexual integrity. Of these, 1% said they had abused a child.

If we group the studies made by Bagdley (1984), Finkelhor (1986) and Russell (1980) mentioned by Tourigny (1993, 1995), only 10 to 25% of sexual assaults are reported to child protection agencies.

According to more recent studies, this rate is even lower. Although child sexual abuse has been the subject of increased public attention in recent decades, a Canadian study (MacMillan *et al.*, 2003, as cited in Tardif, 2011, p. 2) mentions that only 8% of victims have reported the abuse to child protection agencies.

The Canadian Ministry of Culture and Communications¹ noted that « these criminal offences are those that are the least reported to the police, with a rate of disclosure of 10%. »

Discussion

We can assume that 75 to 92% of perpetrators are not discovered by the justice system. These very high percentages are sobering and indicate that action in this area should be taken, as this state of affairs has serious consequences.

Failure to report cases in general and the lack of formal complaints in particular are obstacles to the reintegration of victims and offenders. [...] The absence of reported incidents deprives offenders of the possibility to break their cycle of violent behaviour and reinforces their state of cognitive distortions which justify their behaviour, increasing the risk of further infractions. (May-Chahal & Herczog, 2003, p. 162)

Regarding the offenders who have never been reported, it seems undeniable that the elements mentioned, i.e. the risk that the cycle of abuse against the child or against other victims will continue, as well as the impression of impunity that reinforces the cognitive

¹ *Une campagne pour encourager la dénonciation des agressions sexuelles (TN: Campaign to encourage the denunciation of sexual assault)*. Updated on Friday 25th March 2011. La Presse canadienne. [Web page]. Access: <http://www.radio-canada.ca/nouvelles/societe/2011/03/25/001-quebec-campagne-agressions.shtml> (Consulted on 13th September 2011).

distortions which justify this behaviour, are factors that are sufficiently important to raise awareness of the impact of withholding of reporting in terms of the prevention of recidivism.

Appendix 3: Ticino – Research of services aimed at PTGs*Description of the consultation*

Thirteen organisations in Ticino, active in the field of sexual abuse, prevention of violence, sexual health, protection of minors, psycho-social follow-up, as well as the justice system, were contacted between December 2010 and June 2011.

These structures, associations and services are, *a priori*, capable of offering services to PTGs, to receive spontaneous requests from this target group or who know of active resources involved in this specific field.

The structures were contacted by email and/or telephone. In cases where an email address was available, the Project framework document was sent¹.

Questions were asked to the department heads and other professionals based on the following reference questionnaire, adapted to the specificities of each organisation:

<p>1. Have you ever been contacted by persons belonging to the PTGs? (For example someone worried about his fantasies featuring children)</p> <p>If yes:</p> <ul style="list-style-type: none"> - What are their requests? - What are the kind of problems / situations? - How old are the applicants? - What do you offer them? / How do you orient these requests? <p>If not, what would you do in these cases?</p> <p>2. Do you ever receive calls or requests from the social circle of PTGs (family, friends, relatives)? If yes, what kind of requests are they?</p> <p>3. Do you know of any organisations, programmes or professionals specialised in this field in Ticino, Switzerland or abroad?</p> <p>4. Do you have any comments or suggestions concerning the Project?</p>
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List of structures contacted

Date	Structure	Location (TI)
16.12.2010	Association Demetra	Bellinzona
21.12.2010	Counselling centre for women ²	Lugano-Viganello
21.12.2010	Cantonal social psychiatric organisation, Social psychiatric service (OSC SPS) ³	Locarno
05.01.2011	Centre PRISMA	Massagno
05.01.2011	Association l'Ancora	Lugano
23.02.2011	Couple and family centre ⁴	Locarno
01.03.2011	Cantonal social psychiatric organisation, Medical psychological services (OSC SMP) ¹	Viganello

¹ The framework document (translated into Italian) was sent to seven organisations, and not to structures who instantly discounted their relevance in this field at the outset.

² *Consulterio delle donne.*

³ OSC SPS: *Organizzazione sociopsichiatrica cantonale, Servizio psico-sociale*

⁴ *Centro Coppia e famiglia.*

01.03.2011	L'Oasi Yo-Yo (reinforcement of parent/children relationships)	Locarno
07.03.2011	Swiss Italian foundation for Support, Aid and Child Protection (ASPI) ²	Breganzona
07.03.2011/ 17.03.2011	Family Planning Centres (CPF) ³	Locarno (Regional hospital)
24.03.2011/ 11.04.2011	Family and minors office (UFAM) ⁴	Bellinzona
30.03.2011	Department of Psychiatry and Medical Psychology (SPPM) ⁵	Savosa (Civic hospital)
30.03.2011/ 28.04.2011/ 21.06.2011	Juvenile court ⁶	Lugano

With the exception of « L'Oasi Yo-Yo » and the Department of Psychiatry and Medical Psychology (SPPM)⁷, all the structures responded to the consultation.

Feedback summary and comments

According to the information collected, none of the organisations contacted provides services specifically addressed to PTGs. Apart from one structure, none have ever received requests from this target group or their social circle.

Only one structure, the ASPI Foundation « informed us that « two/three cases of persons who think that they are paedophiles » were received, either in the form of spontaneous requests or through their physician. They were directed toward psychotherapists.

The question of whether persons belonging to the PTGs had already contacted these structures prompted comments concerning cases of sexual abusers. Six out of thirteen respondents said they had been faced, always anecdotally⁸, with situations involving PRRs or suspicions of abuse. In three of these cases, the perpetrator was a teenager who had abused children at least three years younger than himself. One of the other structures contacted organises meetings between the perpetrators and the victims.

Thus, very little information directly related to PTGs was able to be collected. Only two structures, active in the promotion of healthy relationships and the prevention of sexual abuse (ASPI and the Family Planning Centres) noted that some of the messages they give in schools do refer to prevention aimed at PTGs:

- « Our prevention messages are always bidirectional: to not accept abuse, but also to not touch others in a disrespectful manner »⁹
- « We refer to deviant sexuality, which can lead to criminal activity and denunciations, but otherwise we do not address this issue, due also to lack of time. [...] This could however be included in our concept, but this would require trained personnel. »¹

¹ OSC SMP: *Organizzazione sociopsichiatrica cantonale, Servizi medico-psicologici.*

² ASPI: *Fondazione della Svizzera italiana per l'Aiuto, il Sostegno e la Protezione dell'Infanzia.*

³ CPF: *Centri di pianificazione familiare.*

⁴ UFAM: *Ufficio Famiglie e Minori.*

⁵ SPPM: *Servizio di psichiatria e psicologia medica.*

⁶ *Magistratura dei minorenni.*

⁷ The coordinates of "L'Oasi Yo-Yo" are no longer valid; the SPPM asked to consult the documentation of the Project before responding and did not follow-up.

⁸ Once or twice, « a few cases ».

⁹ Personal communication with the head of ASPI, 9th March 2011.

When asked how they would respond to requests from PTGs, two organisations contacted said they would direct them to the Cantonal social psychiatric service; in three other cases the possibility of getting help from a psychotherapist, a social worker or the family doctor was mentioned.

This consultation also allowed to measure the reactions to the project from various professionals. The overall perception of the theme of prevention oriented towards PTGs seems positive, half of the participants having expressed interest and enthusiasm for this preventive approach, some noting that it is a necessity. In one case only, it was greeted with suspicion, while the remaining five organisations were less concerned with this issue because of their field of intervention (assistance to victims, domestic violence, etc.).

Finally, it is to be noted that in 2012, a working group was convened to develop measures to prevent sexual abuse aimed at persons in contact with children in academic and sporting fields, as well as associations in Ticino. This process being ongoing, it seemed premature to include this in the inventory.

¹ Personal communication with the coordinator of the CPFs in Ticino, 17th March 2011.

Appendix 4: Summary of all the organisations observed for the international inventory

Organisations and programmes (in alphabetical order)	Country	Mentioned in the Report (X)
A la croisée des chemins (Intervention programme)	CA	X
Agence de la santé et des services sociaux de Montréal	CA	
Ange Bleu – Association nationale de prévention et d'information concernant la pédophilie (ANPICP)	FR	X
Association AlterHeros	CA	X
Association CriminoNET	FR	X
Association for the Treatment of Sexual Abusers (ATSA)	US	X
Association Française de Psychiatrie et Psychologie Légales (AFPPL)	FR	
Association française de thérapie du traumatisme des violences sexuelles et familiales et de prévention (AFTVS)	FR	X
Association je.tu.il	FR	X
Association pour la Recherche et le Traitement des Auteurs d'Agressions Sexuelles (ARTAAS)	FR	
Australian and New Zealand Association for the treatment of sexual abuse	AU/NZ	
British Association for the Study & Prevention of Child Abuse and Neglect (BASPCAN)	UK	
Center for Healthy Sexuality	US	
Center for sex offender management (CSOM)	US	
Centre d'aide et de lutte contre les agressions à caractère sexuel (CALACS)/ Lumière Boréale	CA	X
Centre d'Entraide et de Traitement des Agressions Sexuelles (CETAS)	CA	X
Centre d'intervention en abus sexuels pour la famille (CIASF)	CA	X
Centre d'Intervention en Délinquance Sexuelle (CIDS)	CA	X
Centre d'Intervention en Violence et Agressions Sexuelles (CIVAS)	CA	X
Centre de Recherche-Action en Sexo-Criminologie (CRASC)	BE	
Centre de recherche interdisciplinaire sur les problèmes conjugaux et les agressions sexuelles (CRIPCAS)	CA	X
Centre jeunesse de Montréal - Institut universitaire [CJM-IU]	CA	X
Centre Violence et Traumatisme (VITRA)	BE	
Centres de Ressources pour les Intervenants auprès des Auteurs de Violences Sexuelles (CRIAVS)	FR	X
Cercles de Soutien et de Responsabilité (CSR)	CA	X
Children and Family Research Center (CFRC)	US	
Clinique d'évaluation et de traitement des troubles du comportement sexuel (Institut universitaire en santé mentale de Québec)	CA	X
Community Hospital of Cornwall	CA	X
Congrès International Francophone sur l'Agression Sexuelle (CIFAS)	INT.	X
Dispositif Expert Régional Pour Adolescents en Difficulté (DERPAD)	FR	
Dunkelfeld (Campaign, Institut für Sexualwissenschaft und Sexualmedizin)	DE	X
Elearning-childprotection.com (Pontifical Gregorian University)	I/DE	

Organisations and programmes (in alphabetical order)	Country	Mentioned in the Report (X)
European Society working with Sexually Abusive Youth (ESSAY)	EU	
Ex·Equo	CA	X
Family Services of Greater Vancouver	CA	X
General Delegate for the Rights of the Child	BE	X
Groupe Amorce	CA	X
Groupe de recherche sur les inadaptations sociales de l'enfance de l'Université de Sherbrooke (GRISE)	CA	
Homme Youth and Family Programs	US	
Innocence en danger	INT.	
International Institute for Trauma and Addiction Professionals (IITAP)	US	
International Institute of Sexoanalysis	INT.	
International Penal and Penitentiary Foundation	INT.	
Janus Project	DK	
Kaléidos	BE	X
Kein Täter werden (Institut für Sexualwissenschaft und Sexualmedizin)	DE	X
Kempe Center	US	X
LEGACY	US	
Leslie Center	NZ	
Lucy Faithfull Foundation	UK	X
Maison Radisson	CA	X
Ministère des Affaires Sociales et de la Santé du Gouvernement français	FR	
National Clearinghouse on Family Violence (NCFV)	CA	X
National Organization for the Treatment of Abusers (NOTA)	UK	
National Sexual Violence Resource Center (NSVRC)	US	
National Society of Prevention of Cruelty to Children (NSPCC)	UK	X
Observatoire national de l'enfance en danger (ONED)	FR	
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	US	
Parents-Unis Repentigny-Lanaudière	CA	X
Parole d'Enfants	BE	
Philippe Pinel Institute	CA	X
Prince Edward Island Correctional Services	CA	X
Psychologie et sexologie clinique (Hôpital général de Montréal, Unité de la sexualité humaine)	CA	X
Red Top Meadows	US	
Regroupement des Intervenants en Matière d'Aggression Sexuelle (RIMAS)	CA	X
Rutgers Nisso Groep (Educational programmes for young sex offenders)	NL	
Sexoffenderresource.com	US	X
Stop it Now!	IR	X
Stop it Now!	UK	X
Stop it Now!	US	X
Swedish Association for Sexuality Education (RSFU)	SE	X
Swedish Council on Health Technology Assessment (SBU)	SE	X
Triangle (Programme, Forensic Psychopathology Unit, UPPL)	BE	
trouble.consultations-online.com	FR	X
Turn a new Leaf	US	

Organisations and programmes (in alphabetical order)	Country	Mentioned in the Report (X)
Université de Sciences Po, Paris, Laboratoire medialab	FR	X
Violence Interdite sur Autrui (VISA Programme)	CA	X
Viraj and Passaj (Programmes, Université de Laval)	CA	
World Health Organization (WHO/OMS)	INT.	X

Appendix 5: Summary of all the organisations observed for the Swiss inventory

Organisations and programmes (in alphabetical order)	Canton/region of intervention	Mentioned in the report (X)
147 (Telephone helpline of ProJuventute)	Switzerland	X
Accueil et Traitement de l'Enfant Maltraité et Abusé (ATEMA)	Vaud	X
Action Innocence	Geneva	
Agapa	French-speaking Switzerland	
Ange Bleu – Swiss branch	French-speaking Switzerland	X
Arip (Campagne « Nom de code: Respect pour toutes et tous! »)	Switzerland	
ASADE	Fribourg	X
Association Jeunesse Parents Conseils (AJPC)	Valais	
Associazione Demetra	Ticino	X
Associazione L'Ancora	Ticino	X
Asvalis	Valais	
Boréales	Vaud	X
Centre de consultation spécialisé pour les personnes victimes d'abus sexuels durant l'enfance et l'adolescence (CTAS)	Geneva	
Centre d'Expertises psychiatriques (CE) of the CHUV	Vaud	
Centre de Psychologie Institut Lilly E. Schorr	Valais	
Centre de recherches familiales et systémiques (Cerfasy)	Neuchâtel	
Centres d'entraînement aux méthodes d'éducation active (CEMEA)	Switzerland	
Centro Coppia e famiglia	Ticino	X
Centri di pianificazione familiare (CPF)	Ticino	X
Centro PRISMA	Ticino	X
Ciao	French-speaking Switzerland	X
Comeva.ch	French-speaking Switzerland	
Commission « SOS Prévention » of the Diocese of Lausanne, Geneva, Fribourg	French-speaking Switzerland	X
Consultation Interdisciplinaire de la Maltraitance Intrafamiliale (CIMI)	Vaud	
Consultation interdisciplinaire de médecine et de prévention de la violence (CIMPV)	Geneva	
Consultorio delle donne	Ticino	X
Ethos	Vaud	
Ex-Pression	Fribourg	X
Face à face	Geneva	
Familles Solidaires	Vaud	X
Fondation suisse de protection de l'enfant (FSPE)	Switzerland	X
Fondation Suisse pour la santé sexuelle et reproductive (PLANeS)	Switzerland	

Organisations and programmes (in alphabetical order)	Canton/region of intervention	Mentioned in the report (X)
Fondazione della Svizzera italiana per l'Aiuto, il Sostegno e la Protezione dell'infanzia (ASPI)	Italian-speaking Switzerland	X
Forensische Institut Östschweiz (FORIO)	Thurgau	X
Grimabu	Fribourg	
Hôpital psychiatrique de Malévoz	Valais	
Institut d'études du couple et de la famille (IECF)	Geneva	
Intervention de Crise et Prévention (ICP)	Vaud	
La Main Tendue (143)	Switzerland	X
L'Oasi Yo-Yo	Ticino	X
Magistratura dei minorenni	Ticino	X
Maison de la famille	Valais	
Mira	French-speaking Switzerland	X
Low-threshold counselling centre for paedophiles	Schaffhausen	X
Observatoire de la maltraitance envers les enfants (OME) of the University of Lausanne	Vaud	
Office fédéral des assurances sociales (OFAS)	Switzerland	X
Organizzazione sociopsichiatrica cantonale, Servizi medico-psicologici (OSC SMP)	Ticino	X
Organizzazione sociopsichiatrica cantonale, Servizio psico-sociale (OSC SPS)	Ticino	X
Oser prévenir	French-speaking Switzerland	X
Patouch	French-speaking Switzerland	
Prévention Suisse de la Criminalité (PSC)	Switzerland	X
Profa	Vaud	
Psy-maxx	Vaud/Valais	
Service d'Information spécialisée et de Formation (SIFor) des Institutions psychiatriques du Valais romand	Valais	
Service de médecine et psychiatrie pénitentiaires (SMPP)	Vaud	X
Service de Protection de la Jeunesse	Vaud	X
Services de probation	French-speaking Switzerland	X
Servizio di psichiatria e psicologia medica (SPPM)	Ticino	X
Sortir Ensemble & Se Respecter (Programme SE&SR) de l'Association Pro-jet	French-speaking Switzerland	X
SOS-Jeunesse	Valais	
Swiss Scout Movement (MSdS)	Switzerland	
Telme	French-speaking Switzerland	
Ufficio Famiglie e Minori (UFAM)	Ticino	X
Unions Chrésiennes Suisses	Switzerland	
University of Zurich, Optimus Study	Switzerland	X
Violence et Famille (ViFa)	Vaud	X
Violencequefaire.ch	French-speaking Switzerland	X
VIRES	Geneva	X
Vivre sans Violence (VsV)	French-speaking Switzerland	X

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