

1.2. Media effects on victims and relatives

“Those who break the silence break the power of the perpetrators”

The media campaign of the first Independent Commissioner for the Investigation of Child Sexual Abuse in Germany 2010–2011

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In 2010, a media campaign in Germany encouraged victims/survivors of child sexual abuse (CSA) to tell their story and to make political demands by telephone or in writing. This chapter links results of quantitative analyses of the telephone calls with qualitative analyses of the writings. It can be shown that three levels of the campaign (personal, political-social, public) were perceived and addressed by victims/survivors. For the success of the campaign it was essential that it was linked to a specific person – the first Independent Commissioner for the Investigation of Child Sexual Abuse – who could credibly convey commitment to and solidarity with victims/survivors and could provide a trustworthy framework for telling their story. The chapter pursues the question which perception of the campaign can be reconstructed from the writings. Recommendations for future media campaigns were developed: a reflection on how to address victims/survivors and, in particular, the obligation to take ethical responsibility.

Keywords: multimedia campaign; Independent Commissioner for the Investigation of Child Sexual Abuse in Germany; contact point; Critical Incident Reporting System; Mixed Methods

In 2010, a nationwide media campaign was launched in Germany aimed at adult victims/survivors² of sexual violence in childhood and youth. The purpose of the campaign was to create opportunities for victims/survivors, by telling their stories through phone calls, letters and emails, to have a

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- 1 Cornelia Helfferich passed away on 23 November 2021, before the publication of this chapter.
 - 2 We use the expression victims/survivors, instead of the more common victim, to acknowledge a current debate in Germany about the proper naming of those individuals who have suffered from CSA. Many of them reject the victim label, do not want to be considered victims at all, and prefer instead to be referenced as having survived CSA or having been affected by CSA (Betroffene). Others find the reference to victim fitting and important.

public voice, become part of a political process for change, and experience some relief. It was the first time that the topic had this kind of presence in the media. The campaign was multimedia-based and included TV ads, posters in public spaces, postcard campaigns and interviews on TV and radio.

Sexual abuse and violence in childhood and youth had long been a highly taboo subject. Much suffering and injustice was caused by the fact that it could not be talked about (Kavemann et al., 2016). Despite some successes of the women's movement in the 1980s, silence and cover-ups persisted in Germany so that many victims/survivors were alone with their experiences, remained silent or were not heard, and found no help.

The campaign had been preceded by the fact that at the beginning of 2010 some victims/survivors had gone public and made a previously hidden scandal visible: the extent of CSA in institutions (Retkowski et al., 2018). This concerned CSA in socially respected educational institutions and, primarily, the sexual abuse of boys. The accusations were taken up by the public and a broad media discussion began, which was conducted under new auspices (Hoffmann, 2015). The Federal Government responded by setting up a Round Table on CSA (henceforth referred to as Round Table), in which three ministries were involved, and by appointing the former Minister for Family Affairs, Dr Christine Bergmann, as the first Independent Commissioner for the Investigation of Child Sexual Abuse (UBSKM). One of the tasks of this office was to raise public awareness of the problem, to process cases of CSA, and to develop recommendations for help for victims/survivors in both institutional and family CSA contexts (Independent Commissioner for the Investigation of Child Sexual Abuse, 2011). Victims/survivors were encouraged to tell their story and demand political change from politicians.³ A telephone contact point for victims/survivors was set up that eventually turned into a sexual abuse helpline. The media campaign was launched. Anyone who did not want to call by phone but still wanted to get in touch could contact the USBKM office by email or letter. The campaign was highly visible on TV and in other media and reached a diverse and large group of people, thus resulting in a high number of victims/survivors contacting the Commissioner and her team.

The campaign achieved its purpose: in the first year, more than 10,000 calls and around 3,000 letters and emails were received (Fegert et al.,

3 Wim and Donata Wenders and the photographer Alberto Venzago supported a TV spot as well as further information and print products pro bono.

2013, p. 114). The messages and concerns of victims/survivors, which these messages revealed, were a central element in the development of policy recommendations (Independent Commissioner for the Investigation of Child Sexual Abuse, 2011, p. 18).

The calls made to the telephone contact point were documented, and the extent and number of calls as well as their content were evaluated (Ras-senhofer et al., 2013). When the Round Table and Dr Bergmann’s term in office ended (2011) and the final report was completed, accompanying research ended as well. The telephone contact point was turned into a sexual abuse helpline; its primary purpose changed from being a conduit of political expression to be a central helpline focusing on support. From 2019 to 2021, a research project conducted a more in-depth analysis of the emails and letters sent to Dr Bergmann from 2010 to 2011⁴. These emails and letters provide an answer to the question to what extent the campaign has reached victims/survivors. Furthermore, with this evidence the campaign can be viewed from the perspective of those who took the opportunity to speak for themselves. Therefore, this chapter can contribute answers to the following questions:

- How did this media campaign address the sensitive issue of sexual violence against children and adolescents and what was triggered by it?
- How could the goal of encouraging people to disclose their experiences be achieved and what was the impact on individual support needs and the political commitment of victims/survivors?
- What framework conditions are necessary for the success of such a campaign?

Framing of the campaign

The campaign of Commissioner Dr Bergmann was unique in two aspects: First, it was historically the first campaign on this topic in Germany that was directly addressed to victims/survivors of CSA. Second, although it focused on sexual violence in childhood and adolescence, it addressed adults who had experienced CSA, offering them a chance for disclosure and recognition. The focus was not primarily on the help needs of victims/survivors but on the fact that they had to remain silent for a long time or that, when they did speak, they had not been heard. The campaign aimed to

4 See the published brochure (in German): http://www.soffi-f.de/files/Briefeprojekt-Broschuere%20_final.pdf

encourage victims/survivors to articulate for politicians what kind of social and political change must happen.

Figure 1

Campaign posters "Speaking helps", UBSKM, photographer: Donata Wenders, 2010



The multimedia concept of the campaign consisted of several components: The contact point created in May 2010 offered the possibility to get in touch by phone, letter, email or fax. Television commercials invited adult victims/survivors to talk about the sexual violence they had experienced as children or youth. The ads showed a girl and a boy with a hand covering their mouths and how they become adults who push the hand away (Figure 1). The slogan was: "Those who break the silence break the power of the perpetrators." These images also appeared on posters nationwide and in a postcard action. At the same time, the Commissioner represented the interests of victims/survivors in television broadcasts and talk shows. Besides online visibility, Dr Bergmann contacted counselling centers and multipliers and gave around a hundred interviews to reach as many victims/survivors and professional helpers as possible. A general principle of the UBSKM was to communicate directly with the victims/survivors of

CSA, to learn from their experiences, and to include their concerns into the political process of improving protection and support for child sexual violence in childhood and in particular into the recommendations of the final report of the Round Table. Dr Bergmann and her team “have always considered [themselves] to be the ear for the victims” (Fegert et al., 2013, p. 11).

The workings of the contact point resembled a critical incident reporting system (CIRS), which has been described in previous articles (Fegert et al., 2010; Rassenhofer et al., 2013). In a CIRS, direct input from victims/survivors is solicited anonymously and analyzed, and findings are provided to victims/survivors by publishing interim results online or in the media. CIRS have their origins in aviation and are becoming more common in the areas of risk management and patient safety. Such a system can initiate a learning process and thus prevent similar incidents and errors in the future.

The participation of the victims/survivors was a unique characteristic of the German process of coming to terms with a difficult past. “Thinking from the perspective of the victims was a central principle” (Independent Commissioner for the Investigation of Child Sexual Abuse, 2011, p. 21). The process was two-dimensional: The contact point offered an ear to victims/survivors, and their disclosure and active participation strengthened political action.

Study 1: Contact point (2010–2011)

Methods

The contact point was accompanied from the beginning by the research team of Prof Dr Jörg M. Fegert at the University Hospital of Ulm. They evaluated the data, communicated results to the Commissioner, and posted findings and short quotations on the website of the UBSKM. In this way, victim/survivor concerns were heard and acted upon, and other victims/survivors could see that they are not alone with their experiences (Rassenhofer et al., 2013).

The contact point aimed to hear from adult victims/survivors of CSA, from their relatives, and from other social network members as well as professionals. They could provide any information they wished, e.g., share an experience, ask questions, get information, or leave a political demand, via email, letter or telephone. Emails and letters were read by Dr Bergmann and answered by her team. Around sixty counsellors and psychologists

were recruited and trained to answer the calls. All counsellors were experienced in working with victims of CSA. The training focused thus on the documentation in the data grid. During the call, the counsellors documented the content of a conversation only if the caller consented. Documentation included sociodemographic data (e.g., gender, age, federal state), but the focus was on political statements and the conversations themselves. There was no guideline for an interview; counsellors used broad, open questions, because the callers should decide on the content of the conversation and be able to talk freely. The information was documented by the counsellors in a secure web-based data grid, where they entered the information given by the caller in mainly free text boxes. This constituted a balancing act between collecting information suited to inform the Commissioner's recommendations, on the one hand, and the desire to give callers free reign and not constrain them too much, on the other.

From May 2010 to October 2011, around 3,000 letters and emails reached the contact point, and there were 20,000 calls, of which about 10,000 led to an actual conversation that was documented. Altogether, 11,426 datasets could be documented, of which 6,754 datasets were analyzable. Others were not given consent to analyze by the caller. About one fourth of these contained written messages (letters, emails; $n = 1,575$) and about three fourth from oral messages at the telephone contact point ($n = 5,179$) were documented. Below, an overview is given about the whole sample (for a more detailed description of the sample see Fegert et al., 2013). The analysis of the calls answers the question which victims/survivors reacted to the campaign by contacting the UBSKM.

Results

Users of the contact point were victims/survivors, professionals, personal contacts of victims/survivors, perpetrators, or personal contacts of perpetrators. Most of the people using the contact point were women and girls (66%). The mean age of all users was 46 years with a range of six to 89 years. Of all users, 64% lived in an urban region, which corresponds approximately to the information provided by the federal statistical office in 2010 on the urban-rural distribution of the total population of Germany (German Federal Statistical Office, 2010). However, there was a difference between the general population and users of the contact point regarding family status: Users were more likely to be single or divorced and less likely to be married.

The topics addressed by the users were assigned to seven categories: abolition of the statute of limitations, compensation claims, mandatory notification, expansion of therapy and counselling services, basic and advanced training for professionals, working through the past (individually and for society as a whole), and other topics. When the contact point began its work, the topic addressed most often was claiming compensation (19 % of messages); subsequently, the frequency with which this topic was mentioned decreased somewhat (16 %). Concurrently, the demand for an expansion of therapy and counselling services kept growing, from 15 % at the beginning to 20 % towards the end. Mandatory notification of cases of CSA was demanded least often.

Most users of the contact point were victims/survivors (68 %; $n = 4,570$). Other users were personal contacts of victims/survivors (15 %), perpetrators (1 %), personal contacts of perpetrators (< 1 %), and users who did not report a case of CSA but gave political statements or asked for information (16 %). Regarding only the victims/survivors, 67 % were female and the mean age was 46 years with a range from six to 89 years. When comparing different age groups, results showed that the share of female victims/survivors was larger in groups of younger victims/survivors.

Most victims/survivors reported that they had experienced CSA in the past (94 %) and had experienced it regularly (91 %). Most cases included hands-on CSA (96 %), about a quarter included penetration (24 %). Almost half (44 %) of the CSA cases occurred within the family, about a quarter (28 %) occurred in institutional contexts. Considering the gender of the victim, results showed that men were more likely to have experienced CSA in institutions, while women were more likely to have experienced CSA within family. However, there are generally more males in institutions (German Federal Statistical Office, 2011), such that these results do not necessarily indicate a higher risk for boys to be sexually abused in institutions compared to girls.

After the disclosures of CSA in state institutions and in the church in the beginning of 2010, it had been mainly victims/survivors of institutional CSA who came forward. The media campaign not only encouraged more people to contact the UBSKM, but the campaign also reached a wider segment of the population. After the start of the campaign, in September 2010, the share of victims/survivors of intra-familial CSA increased (Fegert et al., 2013, p. 123).

The analysis of the reports to the Commissioner shows the range of concerns with which people came forward. Victims/survivors reporting their case of CSA often described psychosocial and psychiatric consequences of

the CSA⁵, such as depression (52.7%), post-traumatic stress disorder (32.6%), and anxiety disorders (26.7%) as well as somatization (42.0%), relationship problems (40.5%), and impaired performance in their job or education (30.1%). There were no differences in reported consequences between age groups or genders. It turned out that people who had suffered significant health impacts were particularly likely to turn to the contact point.

More women (50%) than men (33%) reported any kind of treatment or therapy. Moreover, the type of treatment differed, such that women more often reported psychotherapy treatment, while men reported medical or psychiatric treatment. Besides psychotherapy, many victims/survivors named counselling services as an important support. However, they stressed that these services are often not sufficiently financed to provide enough support for all victims/survivors of CSA. Moreover, victims/survivors demanded more training for professionals or more specialized counselling services. In rural regions, in particular, counselling services are insufficient.

Study 2: In-depth analysis of the written documents (2019–2021)

Methods

A more detailed qualitative analysis was based on the letters and emails which people sent to the UBSKM. From 2019 to 2021, document analysis (qualitative analysis of the documents as “self-contained methodological and situationally embedded performance of their authors”; Wolff, 2000, p. 504) was used to analyze the written data with the goal to find out which aspects of the campaign prompted written communication, in what emotional state and with what concerns letters or emails were written, and what these messages told about the writer’s personal life. Considering what is known about the difficulty of disclosing experiences of CSA (Kavemann et al., 2016), it is important to ask what the process of writing meant for the writers and if – perhaps for the first time – experiences of CSA were disclosed to a person or institution known only from the media.

5 Psychiatric diagnoses were reported by $N = 1,132$ callers and psychosocial consequences were reported by $N = 2,081$ callers. The following percentages are in regard to these basic populations.

Dr Bergmann’s successor, the current Independent Commissioner Johannes-Wilhelm Rörig, enabled this more in-depth qualitative analysis of the documents, which is reported below. The research project was carried out in cooperation between the KJP Ulm and the Social Science Research Institute on Gender Issues / FIVE Freiburg (SoFFI F.). The quantitative analysis was carried out by the research team of the KJP Ulm and the qualitative analysis by SoFFI F. Ethics approval for the research project was obtained from the ethics committee of the University of Ulm. The participatory procedure included a group of seven victims/survivors (four women, three men), who met at regular research workshops to discuss, on the basis of their own experiences, the research questions and the results of the analysis. The final database for the project consists of 335 written messages from 229 writers: 89 letters and 140 emails.

Before analyzing the documents, writers were asked for consent, and documents were only included when informed consent was given. Not all letters and emails received in 2010 had usable addresses; about 900 persons were contacted. In order to maintain confidentiality, only addresses that were recognizable as private addresses could be written to. The majority of those who replied agreed to the use of their letters for research purposes. Of those who refused, some stated that their life situation had improved and that they no longer agreed with what they had described at the time. Some were upset because their situation remained precarious and they felt that they had not received sufficient compensation or support.

An access-protected database and an “inventory” (Lucius-Hoene & Depermann, 2002, p. 307) were set up. The inventory was used to form sub-samples for the different research questions. In order to answer the research questions pursued in this chapter, content analysis (Kuckartz, 2016) was used according to thematic areas based on the research questions. Category systems were created with few deductive specifications and were inductively expanded and refined on the basis of the documents.

Results

The results are presented in the following sections and refer to the dimensions of the campaign that were perceived and addressed by the writers, the political demands of the writers, and their perception and criticism of the campaign.

Sample

Sociodemographic details of the writers are presented in table 1.

Almost all writers described a case of CSA that happened in the past ($n = 207$; 90.4 %), while only four wrote about a case happening during the time of the letter or email ($n = 4$; 1.7 %). The context of the CSA was mainly the family (51.5 %; $n = 118$), followed by institutions (38.4 %; $n = 88$). CSA by social network members was named nine times (3.9 %); CSA in a digital context was never mentioned, and 23 (10.0 %) writers did not mention the context of the CSA at all.

Table 1
Sociodemographic information of the writers

		<i>n</i>	%
Writers	Only survivors/victims	149	65.1
	Survivors/victims and contact person	50	21.8
	Only contact person	17	7.4
	Not reported	13	5.7
Gender	Male	69	30.1
	Female	156	68.1
	Diverse	2	0.9
	Not reported	2	0.9
Age	26 to 45	42	18.3
	46 to 65	98	42.8
	66 and older	22	9.6
	Not reported	67	29.3
Place of residence	Former West Germany	150	65.5
	Former East Germany	32	14.0
	Foreign country	7	3.1
	Not reported	40	17.5

The campaign’s personal and political aims as reflected in the written documents

A first look at the documents showed that they were very heterogeneous in terms of formal characteristics (including length, degree of elaboration, and handling of salutatory and closing formulas), content, and concerns.

Some documents were very personal, revealing experiences of CSA and talking about feelings, while others were written in a formal style and articulated political concerns. The messages contain requests for support in various areas as well as offers to support the Commissioner in her work. Most of the writers addressed Dr Bergmann directly (e.g., “Dear Ms Bergmann ...”; $n = 120$; 52.4 %) and most of the documents contain demands.

The personal dimension. Some of the writers took up the campaign as an offer of personal connection and personal communication and expressed implicitly or explicitly messages of understanding, trust, and personal support and help. In this way, the writers responded to the personal appeal of the campaign and to the “face” of the campaign as the face of Dr Bergmann to whom one can turn on a personal level.

The analysis of the letters shows that, for some writers, the possibility of establishing a personal relationship was a prerequisite for writing. Writers addressed the Commissioner as “*empathetic*”, “*compassionate*”, “*appreciative*”, “*understanding*” and as a person with a humane side. The letters impressively document the importance of the personal level. They contain personal greetings, wishes, formulas of thanks and expressions of hope for a response and for further mutual communication.

In terms of content, there are two focal points on this personal level. One, writers addressed Dr Bergmann as a listener and as someone they can “*entrust*” their own history. Trust was central: “*This is my story, I entrust it to you, you take it seriously, dear Ms Bergmann*”. Some commented explicitly on the efforts, troubles and hurdles of writing about personal experiences and breaking the taboo. The second focus is the thanks to Dr Bergmann for her personal commitment, patience, understanding, sympathy, and perseverance; for her work and for reading the letters, answering them and sharing the burdens of the writers.

The political-social dimension. In addition to the personal-private dimension, the campaign also implies a political-social dimension in that it could and should make a difference. Letters that express political and personal levels of communication took two forms: First, the offer made in the campaign was understood as an invitation to participate in the struggle for social recognition and concurrent support for victims/survivors and thus as a “*contribution to something greater*”: “*To the 1,000 and more reported cases so far I would like to add mine.*” These writers saw themselves as persons who, on the basis of their special experience, can give something to society and can act and be effective within the framework provided. Second, writers responded to the personal appeal of the campaign by addressing requests and demands to Dr Bergmann (see below). The statements in the

documents refer primarily to the needs, burdens, and demands for support that victims/survivors have.

The public dimension. The campaign was public and made the problem of CSA public. The aims were to create publicity for the taboo topic of CSA and thus to make the private political, which was reflected in some of the writings: *“And it is important for me to become visible/public a little with my story, because that was (and actually still is) taboo for so long.”* The message of the campaign sent a strong signal that secrecy, taboo, and stigmatization should no longer apply. More than that, the expectation was raised that speaking up is an effective instrument in the fight against sexual violence. This also raised hope for a lasting improvement for future generations: *“I certainly believe that a society that deals with the injustice of 30 or 40 years ago is more likely to establish a culture of looking after the vulnerable and protecting them.”* On the political level it is useful because the voice of victims/survivors makes CSA visible and allows demands to be made.

The invitation to write. The documents indicate that difficulty specific to the disclosure of CSA converged with communication barriers specific to writing. In comments on the writing process itself, the documents show that writing can be part of a coping process in a different way than speaking. For example, it could be that certain people find it easier to write about experiences of CSA than to talk about them on the phone – according to the motto *“writing is louder than thinking, quieter than speaking”*.⁶ The writing process can be controlled by the writers – e.g., by interrupting it when it becomes too stressful or by revising what has been written. There are also reflections on the emotional state or on difficulties during the writing. Here the focus shifts from the past to the present and to the current writing, and the person writing watches himself/herself writing, which enables a meta-level of reflection and thus a distancing from past experiences of CSA.

To some extent, the messages of the campaign initiated processes through which writing (to Dr Bergmann) became an integral part of situating CSA experiences of the past in one’s present life. That said, for some writers writing may have been a previously established way of dealing with their experiences. Documents in which questions were asked as to who will read the letter and what will become of it also point to another difference from telephone contacts: The moment the document is sent, the

6 Quote from an email consultation, presented at the BKSF symposium on 30.01.2020: Digitization and specialized advice on sexualized violence in childhood and youth.

person writing loses control over it and the sending of the letter becomes a moment of great vulnerability. The great importance of trust in the addressee and the desire to receive a reply and feedback can be understood from the nature of written disclosure of CSA within the context of the campaign.

The writers' demands

The campaign invited the public to articulate political demands. Some of the writers took this up. The messages of victims/survivors could be used to generate political pressure and to act. Indeed, looking back to the beginnings of the campaign, there have been improvements in some of the points addressed by the writers. The substantive concerns in the documents essentially relate to three areas: financial and administrative support ($n = 36$; 15.7 %); therapy and counselling ($n = 51$; 22.3 %); and, finally, CSA prevention and the abolition of taboos ($n = 55$; 24.0 %).

Financial and administrative support. In terms of financial support, the central demands relate to compensation and compensatory benefits in the event of occupational disability or old-age poverty due to the violence suffered. A recurring proposal in this context is the establishment of a fund to compensate victims/survivors for the financial losses they incurred due to violence and to enable self-determined choices of assistance not financed by health insurance like bodywork. In addition, writers expected the UB-SKM to provide unbureaucratic assistance and simplified procedures in the application process, for example under the Victims' Compensation Act.⁷

Therapy and counselling. Most writers suggested various improvements to the provision of therapy and counselling. The central points of criticism here relate to lack of access to therapy, insufficient qualification or specialization of professionals, and lack of recognition and credibility in assessments and formal procedures. Based on both positive and negative experiences, writers made demands aimed at the following policy goals: the expansion of nationwide provision of therapy and counselling; an expansion of permits and financing of (needs-based) specialized help and trauma therapy for therapists; and the awareness rising of professional helpers to topics of CSA.

Prevention and child protection. Making political demands on the UB-SKM can be seen as an attempt to exert political influence. In doing so,

7 Changes in this area can be observed in the last ten years, see below.

writers looked to the future and called for improvements in the prevention of CSA, offering specific proposals for how to go about it. Retrospectively, one's own experiences of help denied can become an influential motive for action; a desire becomes apparent to productively turn one's own negative experiences "*into a contribution to something greater*" (i.e., the fight against sexual violence). The demands range from increasing the number of staff in youth welfare offices to strengthening children's knowledge of their personal rights and to establishing child protection plans and codes of ethics in institutions that serve children and youth. Another demand, related to both prevention and justice, was to abolish the statute of limitations in civil and criminal law and to introduce more severe penalties.

The writers expressed concerns for the needs of victims/survivors, both in terms of their commonalities and their heterogeneity, and especially in terms of their socio-historical specificity. The public debate about CSA, which at the beginning of the campaign had only just begun, and the precarious health care provision at the time were reflected in the messages of the writers. Against this background, the writers made good use of the opportunity provided by the campaign to draw attention to existing abuses and to suggest improvements. The campaign created a forum in which writers were empowered to participate in the public debate based on their personal expertise. The hope for the expansion and improvement of preventive, curative and rehabilitative services became clear. In the meantime, some of the desired changes have been implemented, while criticism of shortcomings remains.

Reception, criticism and limits of the campaign

Overall, the documents indicate a predominantly positive perception of the campaign ($n = 56$ positive responses of a total of $N = 61$ responses about the campaign). It should be noted that such feedback is available only from people who had decided to write. It can be shown that such a campaign, given the previous negative experiences of victims/survivors, must credibly convey that this time the perspectives of victims/survivors are in the foreground and are of lasting interest.

Praise and criticism. The campaign's posters, flyers, and postcards were mentioned only sporadically, but whenever they were mentioned, the comments were positive. The TV spots elicited more feedback, with both positive and critical comments. The ads were praised because, from the perspective of some writers, they "*bit the nail on the head*" and were appropriate to the subject of CSA: "[T]he trauma of the child and the sub-

sequent post-traumatic life of the adult until the silence is broken cannot be portrayed in a better way.” More specifically, on one hand, writers evaluated messages about the nature of CSA and its consequences. On the other, writers commented on the emotional appeal to victims/survivors and their feelings: The ads could inspire and provoke “goose bumps of the finest kind”, but they also could frighten, because something was said in public that always had to be kept quiet (“*My heart stopped!*”), and trigger feelings of being threatened that reminded viewers of past incidences (“... *and during the broadcast I was already afraid that someone might be watching me*”).

Besides the praise, there is also criticism of the ads. This refers to the fact that “*talking about sexual violence can be quite dangerous, the attitude of silence can be rational*”, which was glossed over in the video clips. Some viewers felt that the call to speak passed responsibility for change to victims/survivors: “*Is it your own fault if you don’t finally do it?*” In addition, there was criticism of the portrayal of victims/survivors as powerless victims who are silenced by the perpetrators.

General skepticism about change. On one hand, writers attributed high potential for social change to the campaign (see section “The campaign’s personal and political aims as reflected in the written documents”), while on the other hand part of the feedback shows a general distrust that improvements for victims/survivors would be possible – even if only in a small number in the present sample. Concern is expressed that the campaign might not produce satisfactory results. This is linked to past experiences that public attention to the issue only leads to “*kicking the can down the road*”, that there is still no lobby for victims/survivors, and that the feeling of not being taken seriously persists. These concerns emphasize the wider societal context on the campaign and remind us that its very existence has not yet broken the silence of society as a whole. One writer points out that the slogan “*Those who break the silence break the power of the perpetrators*” can only be redeemed “*if there is someone who listens and offers the necessary protection and support. And so far, there are far too few of these ... To break the power of the perpetrators, however, there is also a need for appropriate legal action.*”

One difficulty that no publicity activities can avoid remains: the potential shock of being confronted with texts and images of CSA that can trigger unwanted memories and lead to psychological distress for victims/survivors.

Conclusions

The campaign aimed to mobilize the public, bring the messages of victims/survivors to politics and society at large, and chart a path for change. Victims/survivors had not been protected as children; social institutions had failed, had not fulfilled their duty. This was the starting point of the campaign. It was developed and implemented in a special historical moment as part of wider upheaval in the discussion of CSA in Germany, and it made a significant contribution to the process of overcoming the prevailing taboo. For the framing of the campaign, it was essential that it was given a face, namely that of Dr Bergmann, the first Commissioner, who as a former government minister could exert political influence in this newly created position of special political responsibility. The system of data collection and evaluation at the contact point was modelled on a Critical Incident Reporting System (CIRS) (Fegert et al., 2013, p. 107). The data from the monitoring of the contact point was continuously evaluated and made available in aggregated form to the Round Table and the UBSKM. Victims/survivors could refer to the published results, and thus the desired feedback loop of a CIRS was created. In this way, the campaign offered recognition to victims/survivors and at the same time the many voices of victims/survivors strengthened the political fight against CSA.

The CIRS⁸ elements included

- an adequate anonymous reporting system – during the campaign this was the contact point;
- appropriate responses to the notifications received – letters and emails were read and personally answered, research results were published continuously, the involvement of victims/survivors was made publicly visible;
- flexibility – it was possible to get in touch by telephone as well as by letter, email or fax. An unpredictable number of calls and letters was handled with limited resources, and different media formats were used;
- finally, the ability to learn from experiences – the campaign was accompanied by research; the current telephone helpline for CSA and the help portal were developed from the telephone contact point. The demands of victims/survivors were brought into the discussion at the Round Table and several of them were implemented.

8 <https://www.kh-cirs.de/>

The analysis showed that the campaign was effective and successful in many respects. Many individuals took up the invitation to speak, as shown by the large number of phone calls, letters, and emails. Making contact as a victim/survivor by writing means something different than making contact by telephone. The formal aspects of writing can be practiced to some extent, and the writing process is more under one’s own control than a conversation. A moment of great vulnerability, revealed in the documents, was the sending of written messages, and writers accordingly expressed their need for reassurance about what would happen to the document after it had been sent. Nevertheless only the voices of those who had decided to write could be picked up. A limitation of the presented study is that it does not include feedback from victims/survivors who did not want to express themselves, who had not noticed the campaign, or for whom the campaign was meaningless or had negative effects.

The letters to UBSKM Commissioner Dr Bergmann reveal the perspectives of the victims/survivors, who the campaign tried to reach. The campaign was multimedia-based and multi-dimensional, and in the person of Dr Bergmann different elements of the campaign were united. Significantly, through Dr Bergmann the campaign offered trustworthy communication in a protected environment, which writers saw as an expression of personal solidarity and used for disclosure. Moreover, the design of the campaign and Dr Bergmann’s participation strengthened the political dimension and encouraged writers to articulate concerns and demands with the hope that the political clout of the UBSKM would help bring about social change. As the analysis of the documents shows, the campaign was able to collect the voices of victims/survivors and treat them as sensitive and worthy of protection while at the same time ensuring that these private voices could grow into a powerful public voice.

This is of particular importance in so far as the majority of the writers during the campaign were people who suffered greatly from the health and social consequences of the violence they had experienced and from the surrounding taboo, who had made bad experiences with the health service and with the authorities, who were in part full of mistrust, and who thus represented a particularly vulnerable group for whom access to political power is often denied.

A further characteristic of the campaign was that it addressed persons who suffered sexual violence in childhood not only as victims but as survivors, thus being entitled to make a contribution to the process of overcoming their difficult situation. The campaign addressed victims/survivors as competent persons, as experts from experience, who can make an active contribution to a common cause. The campaign did not reinforce

victim stereotypes but instead offered a framework for linking individual coping with socio-political action (Busch et al., 2020).

From the reactions of victims/survivors, we can derive quality criteria and requirements that a campaign on a sensitive topic such as sexual violence in childhood and youth should meet:

- (1) Making the issue public and encouraging victims/survivors to speak out means taking ethical responsibility. A campaign must be clearly linked from the outset to a low-threshold, easily accessible offer of personal contact, because media activities can trigger memories, cause psychological distress and, in the worst case, have a re-traumatizing effect. If a helpline is available on a national or regional level, it may be sufficient if it is clearly communicated. However, this does not replace the personal accessibility of those responsible for the campaign.
- (2) Anyone campaign can always reach only some victims/survivors, never all at once. Children and young people, for example, must be addressed differently than adults. Victims/survivors must be seen in their diversity and not only as victims but as survivors who were not protected as children and had to live with the impact. The helpline or contact point must be well staffed to avoid long waiting times. Support offered must not be narrow but open to the needs of victims/survivors so they can decide whether they want to seek help, express their anger, or articulate political demands.
- (3) A campaign always holds a promise of change or improvement. Care must be taken here. Hopes that have been raised must be balanced with realistic potential for change so that victims/survivors do not get disappointed again. The goal of a campaign should be the empowerment of victims/survivors and the promotion of self-determined activities, not resignation.
- (4) A media campaign is a temporary activity. It must be continued by long-term measures and actions that mobilize the political forces necessary to lift the burden on victims/survivors and implement the changes they demand. A campaign that calls on victims/survivors to “break the silence” – and thus “the power of the perpetrators” – must have consequences, such as improved access to therapy or appropriate sanctions for perpetrators. Here, those who run a campaign – and victims/survivors, too – are faced with a fundamental dilemma: Without the active participation of victims/survivors, the campaign will come to nothing and will not develop the clout needed to demand change. At the same time, the makers of the campaign cannot guaran-

tee that they will achieve the desired results, even if a large number of victims/survivors participate. This can lead to disappointment.

The demands that victims/survivors put into writing revealed the political urgency of the campaign: Systematic deficits in adequate victim rehabilitation and CSA prevention were identified. The voices of the writers have added weight to several initiatives aimed to remedy matters and improve the situation of victims/survivors of CSA. The Act to Strengthen the Rights of Victims of CSA (StORMG) was adopted, and the statute of limitations was extended to 30 years. A fund has been set up to provide financial support for victims/survivors; however, the fund’s decision-making practice has been criticized vehemently. The Victims’ Compensation Act was finally amended, but some very important demands were not implemented. Therapy and counselling have not yet been improved. It takes more than a media campaign to bring about change. After the campaign of the first Commissioner had ended, other campaigns followed.⁹ In 2020, a new TV spot was launched with the slogan “Calling helps!”¹⁰ and was aimed at anyone who suspects that a child they know is being sexually abused to call the helpline.

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9 <https://www.trau-dich.de/>; <https://www.kein-raum-fuer-missbrauch.de/>; <https://www.missbrauch-verhindern.de/>

10 <https://www.anrufen-hilft.de>

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