4.3 Prevention Strategies for Offenders of Sexual Online Grooming

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The help-seeking behavior of individuals at risk of sexual offending is often influenced by various factors. In this context, prior studies consistently underscore the obstacles encountered by these individuals in their quest for assistance, such as stigma and confidentiality treatment issues. Simultaneously, there is a growing number of services addressing the needs of affected individuals, including non-offending persons with pedophilia, in diverse ways. Given the rising relevance of sexual online grooming (SOG), this chapter offers a succinct overview of both national and international resources. It encompasses formal, informal, semi-formal, and self-help sources specifically designed for the prevention and treatment of individuals at risk of (re)committing SOG offenses. The article meticulously documents the diverse array of existing programs in an exemplary manner. Moreover, it illuminates the challenges faced by individuals seeking assistance and by providers offering support in this context. It also proposes potential adjustments to address these challenges.
Keywords: sexual online grooming, offenders, prevention, sources of support, help-seeking

Introduction

The prevention of sexual online grooming (SOG), defined as contacting children online with the intent to groom them for online and/or offline sexual abuse, presents a significant societal challenge (in this volume, see section 4). Grooming itself is not a new phenomenon and it is also a component of offline child sexual abuse (overview see, Ringenberg et al., 2022; also see Stelzmann, Amelung, et al., 2020). However, the prevalence of online environments in children's lives, encompassing various platforms, has expanded the reach and opportunities for offenders (*Polizeiliche Kriminalstatistik (PKS)*, 2018). SOG can potentially occur on any online platform if interaction opportunities are given. Mainly, widely used online platforms like Twitch and YouTube, social networks such as Instagram, Facebook, or TikTok, and online gaming platforms like Fortnite, Minecraft, or Steam serve as initial contact points before offenders attempt to transition to

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more private communication channels with fewer security precautions (in this volume, see Kuhle & Stelzmann in chapter 3.5). Research underlines the high prevalence of offenders initiating sexual contact (e.g., Madigan et al., 2018; Schulz et al., 2016; Sklenarova et al., 2018), underscoring the critical need for preventive measures in conjunction with the identification and prosecution of SOG offenders. This chapter aims to provide a concise overview of secondary and tertiary prevention efforts targeting individuals at risk of initial or recurrent SOG offenses. Additionally, it addresses implementation issues and challenges, concluding with considerations for future directions.

Prevalence of sexual online grooming

In principle, accurately estimating the prevalence of child sexual abuse (in digital media) proves to be a challenge. To achieve this, two conditions must be met. Firstly, victims must recognize the interactions with offenders as sexually abusive behaviors or, at the very least, negative experiences. However, this recognition can be problematic, particularly in the context of grooming, which intertwines with various stages of general (online) relationship development (Bryce, 2014, 2015), potentially hindering the identification of abusive intentions or interactions. Secondly, victims who have recognized and experienced abuse must disclose their experiences to a confidential individual, who then reports the incident to the police (Bryce, 2014, 2015). Consequently, it is not surprising that both self-report data on SOG victimization and police reports are unlikely to yield reliable estimations (Wachs et al., 2016).

Moreover, obtaining a reliable prevalence estimate is complicated by the fact that some offenders engage with multiple victims simultaneously (e.g., Schulz et al., 2016). Additionally, SOG prevalences are influenced by national legislation, which varies in terms of penalized behaviors, age thresholds, and law enforcement activity. Despite the challenging circumstances described, there are studies that, through their surveys, have managed to capture trends in the extent of child sexual abuse in digital media.

Regarding minors who undergo online sexual initiation, survey findings from the European Union (EU Kids Online) indicate that 30% of the surveyed minors (aged 11 to 16) have engaged in communication with someone unknown online, 15% have received sexual messages online, and 9% have met an online contact face-to-face (Livingstone et al., 2011). A longitudinal

study in Germany revealed that 35% of respondents aged between 12 and 17 reported receiving sexualized messages in the year leading up to data collection, with an additional 30% receiving sexual requests that made them uncomfortable. In both instances, higher prevalence rates were observed among older teenagers aged 15 to 17, with over a fourth (27%) reporting at least one offline meeting with someone they had met online (compared to 12% of the entire sample; Hasebrink et al., 2019).

In this context, a German survey conducted in 2021 found that 14.5% of girls and 13.6% of boys stated that they had been asked online by an adult to undress and turn on the camera of their smartphone (Landesanstalt für Medien NRW, 2021). To gather additional evidence, Madigan and colleagues (2018) conducted a meta-analysis, calculating prevalence rates ranging from 9.4% to 13.6% for minors experiencing any form of online solicitation. However, nearly all studies included in this meta-analysis failed to assess and report separate prevalence rates for solicitation by peers versus adults.

Concerning offenders engaging in sexual interactions with minors online, findings from an online survey conducted by Schulz and Schuhmann (in this volume, see chapter 3.4) revealed that 4.5% of adult Internet users engaged in the online sexual solicitation of adolescents aged 14 to 17. Additionally, 1.0% reported instances of online sexual solicitation involving children aged 13 or younger. Within this context, 10.9% indicated that the interactions extended over a prolonged period. Among the surveyed adults, nearly one-third were identified as female, and over half were recruited from websites focusing on pedophilia-related content (Schulz et al., 2016; in this volume, see Schulz & Schuhmann in chapter 3.4). In line with this, a study by Winters & Jeglic (2022), encompassing 115 victims of SOG, revealed that 11 individuals had been groomed by female offenders.

Characteristics of sexual online grooming offenders

There has been an ongoing debate regarding whether individuals who engage in online sexual solicitation and grooming constitute a distinct group of child sexual offenders in comparison to those who engage in contact offenses or if they are essentially traditional child sexual offenders leveraging new technology. The continuous evolution of technology contributes to a dynamic technological infrastructure in households, facilitating intercon-

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nectedness and enabling flexible, anonymous consumption and sharing of media.

A meta-analysis conducted by Babchishin et al. (2011) aimed to assess the distinctions between online and offline offenders. In terms of psychological factors, the results indicated that online offenders generally exhibited greater victim empathy, higher sexual deviancy, and lower impression management compared to their offline counterparts. Furthermore, online offenders were found to be more likely to be Caucasian, younger, single, and unemployed compared to the general population.

The existing body of research on SOG faces limitations arising from the sampling of online sexual offender groups that include individuals with diverse motivations and engaging in various online offending behaviors. Notably, previous studies often amalgamate child sexual abuse offenders with SOG offenders and mixed offenders (e.g., child sexual abuse and child sexual abuse image offender), overlooking the inherent heterogeneity within online sexual offender groups (Babchishin et al., 2011).

Another attempt to delineate online offenders involves distinguishing between different motivations for engaging in online offenses. A frequently referenced typology is the categorization of fantasy-driven and contact-driven online offenders proposed by Briggs et al. (2011). 1) Fantasy-driven offenders commit crimes to satisfy a sexual interest in children without an expressed intent to meet offline. 2) On the other hand, contact-driven offenders utilize the internet as part of a broader pattern of offending, encompassing child sexual abuse images (CSAI) and SOG offending to facilitate offline offenses. They engage victims in online sexual discussions as a means of desensitizing them to sexual content, preparing them for eventual offline sexual encounters.

A study conducted by DeHart et al. (2017) provided empirical support for the differentiation between fantasy- and contact-driven offenders; however, it introduced four distinct subgroups: cyber-sex-only offenders, cyber-sex/schedulers, schedulers, and buyers. 1) Cyber-sex-only offenders can be compared to the fantasy-driven individuals identified by Briggs et al. (2011); they engage in sexual chat, expose themselves online, and encourage reciprocal behavior from victims without specific plans to meet. 2) Cyber-sex/schedulers also partake in online sexual activities, such as explicit chat and the exchange of explicit images/videos, but they make explicit plans to meet victims offline. 3) Schedulers resemble contact-driven individuals, actively seeking what is described as a 'hook-up'. A smaller proportion of offenders in this category engage in online sexual behavior or attempt to

establish a relationship with their victims. 4) Buyers share similarities with schedulers in their motivation to seek offline contacts, but they also involve elements of negotiation and bribery (e.g., sexual favors or money).

Support programs tailored for individuals at risk of engaging in sexual online grooming of children

According to Rickwood and Thomas (2012), help-seeking is an adaptive coping strategy wherein individuals seek external assistance to learn how to cope with their symptoms, specifically addressing problematic sexual experiences and behaviors related to SOG offenses. The help-seeking process generally encompasses multiple levels and can be facilitated by diverse sources of support. These sources and the assistance they provide vary in terms of professional expertise, the relationship with the person seeking help, and the medium through which the support is offered, including online platforms.

Following the conceptual measurement framework for seeking help for mental health problems proposed by Rickwood and Thomas (2012), sources are categorized based on where individuals seek help. This categorization includes 1) formal sources (e.g., psychiatrists and psychologists), 2) semi-formal sources (e.g., teachers and helplines), 3) informal sources (e.g., parents and friends), and 4) self-help (e.g., unguided use of informational websites). It is crucial to acknowledge that sources may overlap, for example, a website offering both formal help through psychotherapeutic treatment and informal help through the possibility of exchange with like-minded individuals.

Despite the plethora of available sources for mental health problems, help-seeking behavior is often influenced by factors such as stigma or a lack of mental health literacy. These challenges are particularly pertinent to individuals facing strong social stigmatization due to their sexual preference and/or sexual offending behavior. Studies repeatedly highlight the barriers that individuals with a sexual preference for children (and related groups such as relatives) encounter in their help-seeking process (Stelzmann, Jahnke, et al., 2020; Stelzmann et al., 2022). For instance, a scoping review by Montgomery-Farrer et al. (2023) identified internalized stigma, public and familial stigmatization, and professional stigma as factors influencing the help-seeking behavior of individuals with pedophilia. However, since help-seeking behavior remains an adaptive coping strategy, programs

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targeting these specific groups depend on the proactive engagement of those affected. Thus, it becomes increasingly important to ensure that help providers are easily accessible to those in need. Besides, comprehensive overviews like this serve to inform society that assistance is available for those affected and that engaging in offending behavior is not an inevitable outcome.

In 2018, the "Centre of Expertise on Child Sexual Abuse" published the first systematic overview listing and describing projects aimed at preventing online child sexual exploitation offenses (Perkins et al., 2018). Furthermore, prevention efforts have expanded in recent years, with the establishment of new providers focusing on accessible options such as online help and treatment platforms. Additionally, online self-management platforms have emerged, catering to individuals with, for instance, a sexual interest in children. For a comprehensive list of online platforms, please refer to the "PedoHelp" website (https://pedo.help/help/).

The following section provides an overview of help providers addressing (potential) SOG offenders with the aim of reducing risk and psychological distress. This overview is categorized into formal, semi-formal, informal, and self-help sources of assistance. Consistent with research on help-seeking behavior (e.g., Stelzmann et al., 2022), various contact options (preferably telephone and email addresses) for specialized assistance services will be provided.

Formal sources of support

Formal support refers to assistance provided by professionals who have undergone training and acquired expertise in offering counseling and treatment, such as psychotherapists, doctors, and counselors. In the subsequent paragraph, essential projects, organizations, and institutions that provide therapeutic support to individuals seeking help and at risk of (re)offending through SOG of children will be elaborated upon, with additional points of contact provided.

Prevention Network "Kein Täter werden"

The Prevention Network *"Kein Täter werden"* (meaning: don't offend) unites various project sites across Germany in cities including Bamberg, Berlin, Düsseldorf, Gießen, Hamburg, Hannover, Kiel, Leipzig, Mainz,

Regensburg, Stralsund, and Ulm. It offers on-site diagnostic, counseling, and treatment services to individuals aged 18 and above who meet the diagnostic criteria for a pedophilic and/or hebephilic sexual preference disorder (refer to DSM-5 (American Psychiatric Association, 2013) or ICD-11 (World Health Organization, 2019)) and are currently undetected without legal supervision (e.g., investigation procedures, imprisonment with relaxation of sentence, probation).

Individuals experiencing psychological distress due to their inclination and/or fear of sexually (re)offending against children (e.g., using CSAI, committing direct sexual abuse/SOG) can seek help from the *"Kein Täter werden"* Prevention Network project. The National Association of Statutory Health Insurance Funds (GKV-SV) finances the work of the prevention network as part of a pilot project under §65d SGB-V.

People can contact the project anonymously via telephone or email (refer to the list of contacts for each project site: https://www.kein-taeter-werden.de/kontakt/standorte/) to schedule a personal assessment and intake. For anonymization, a personal identification number (PIN) is assigned to each individual seeking help. The subsequent on-site appointment involves a multi-stage, multi-method diagnosis, including a semi-structured clinical interview and a questionnaire assessment. This diagnosis aims to provide a general psychological intake assessment and a specific diagnosis of the pedophilic and/or hebephilic sexual preference disorder to determine inclusion and exclusion criteria for participation in the treatment program.

Therapeutic interventions are recommended and tailored to the needs of the patients by specialists and clinical experts. Depending on personnel resources, projects offer a wide range of interventions, including psychoeducational sessions, psychotherapy in individual and/or group settings, after-care, medical treatment of sexual impulses, counseling for relatives and acquaintances, and couples counseling. The therapy focuses on reducing psychological distress, improving mental health, and establishing complete behavioral control concerning the sexual abuse of children, both direct and indirect, online and offline. The preventive treatment of SOG offending is part of the prevention program.

Additional projects associated with the Prevention Network *"Kein Täter werden"* or single sites of the network providing assistance to those at risk of (re)offending against children will be briefly mentioned:

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Associated partners of the Prevention Network "Kein Täter werden":

- the project site of the prevention network in Munich, which is currently not funded by the GKV-SV – https://www.kein-taeter-werden.de/kontakt/standorte/muenchen/
- "Prevention through remote treatment – causer-related prevention of child sexual abuse in Saxony-Anhalt through a telemedical diagnosis and therapy service" provides online diagnostic and treatment for people living in Saxony-Anhalt (federal state of Germany) at the Institute for Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin – https://sexualmedizin.charite.de/forschung/praevention_durch_fernbehandlung/
- "forio" is an independent forensic institute in Swiss that deals with all forensic-psychological and psychiatric issues and also provides on-site treatment to people with a pedophilic sexual preference disorder and people that have committed sexual offense – https://www.forio.ch/
- "Don't Offend – India" is an initiative that provides on-site treatment in Pune and Mumbai to people with a sexual attraction towards children and/or early adolescents – https://dontoffendindia.org/
- The prevention project "Just dreaming of them" provides diagnostic analysis, counseling, and treatment for juveniles aged 12 to 18 years with sexual fantasies for children at the Institute for Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin – https://sexualmedizin.charite.de/en/research/just_dreaming_of_them/
- "180 Grad" is a treatment and research project for juveniles aged 14 to 18 years to prevent and treat dysregulated sexuality in adolescents at the specialist area Clinical Psychology and Sexual Medicine, Medizinische Hochschule Hannover – https://www.180grad-praevention.de/
- "STOP-CSAM" is a complimentary and confidential online intervention platform that offers real-time text-based chat sessions (in German, Spanish, Portuguese, English, and Czech) with professional therapists for people engaging in problematic online behavior and accessing child sexual abuse material – https://stop-csam.charite.de/en/
- "Prevent it" is a free and anonymous online program (in German, Swedish, and Portuguese) based on cognitive behavioral therapy that lasts nine weeks and addresses people worried about their sexual interest in children and their risk to (re)offend against children (e.g., CSA or use of CSAI) – https://www.iterapi.se/sites/preventit/

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"Stop it Now! UK and Ireland"

"Stop it Now! UK and Ireland" provides self-help, information, and (for-mal) support for individuals aiming to cease viewing CSAI or engaging in sexual conversations with children. This assistance is accessible through their website, a confidential helpline, and live chat.

A specialized offering from "Stop it Now! UK and Ireland" is a preventa-tive program designed for individuals who have been arrested, cautioned, or convicted for internet offenses involving SOG (https://www.lucyfaith full.org.uk/help-to-stop-offending-online.htm). "Engage Plus" delivers therapeutic assistance to discontinue online sexual communication with children, providing participants with the opportunity to explore their on-line sexual offending in a non-judgmental and supportive environment. The program, led by specialists and experienced staff, assists participants in understanding their behavior, managing difficult thoughts and emotions, and avoiding reoffending.

"Engage Plus" comprises ten sessions, each lasting 2.5 hours, conducted in groups with 6 to 10 participants. Individual treatment on a one-to-one basis, tailored to individual needs, is also available. The program extends emotional and practical support to partners, friends, and family of indi-viduals who have been arrested, convicted, or are under investigation for online sexual offenses against children.

For contact, individuals can reach out to the project via the confidential helpline (phone: 0808 1000 900), live chat (https://www.stopitnow.org.uk/helpline/live-chat/), or secure email (https://contactus.stopitnow.org.uk/).

Subsequently, additional projects will be outlined, offering further formal assistance to individuals at risk of SOG:

- Austria: Männerberatung Wien – https://www.maenner.at/
- Austria: Pro Mente Plus – https://promenteplus.at/
- Czech Republik: Projekt Parafilik – https://parafilik.cz/
- Denmark: BrydCirklen – https://www.psykiatri-regionh.dk/bryd-cirklen /behandlingsmuligheder/sider/default.aspx
- Denmark: JanusCentret – https://www.januscentret.dk/
- Germany: Beratungsstelle Zweite Chance – https://www.beratungsstelle -zweitechance.de/)
- Germany: Behandlungsinitiative Opferschutz (BIOS-BW) e. V. – https:// www.bios-bw.com/praevention
- Germany: Fachstelle für Gewaltprävention, Niedersachen, Bremen, Bremerhaven – https://fgp-bremen.de/
- Germany: Kind im Zentrum – https://www.ejf.de/einrichtungen/beratu ngsstellen/kind-im-zentrum-kiz.html
- Germany: Präventionsambulanz, Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, University Medical Center Hamburg-Eppendorf (UKE) – https://www.uke.de/english/departments-institutes/ institutes/sex-research-and-forensic-psychiatry/index.html
- Netherland: De Forensische Zorgspecialisten (DFZS) – https://dfzs.nl/o ver-ons/
- Norway: Det Finnes Hjelp – https://www.helsenorge.no/sykdom/psykis ke-lidelser/pedofili/det-finnes-hjelp/
- Netherland: Plegerhulp – https://www.plegerhulp.nl/
- United Kingdom: The Aurora Project by the Safer Living Foundation – https://www.saferlivingfoundation.org/what-we-do/adult-projects/au rora-project/
- Swiss: Beforemore – Fachstelle für Prävention und Beratung bei Pädophilie und sexuellem Kindesmissbrauch – https://beforemore.ch/
- Swiss: DisNo – https://www.disno.ch/
- International: MAP friendly – https://www.mapfriendly.com/

Informal sources of support

Informal support is characterized as assistance provided by the social environment, including friends, partners, or like-minded peers. The subsequent paragraph will detail key projects, institutions, and organizations offering

informal support to individuals seeking help, particularly those at risk of (re)offending through SOG of children. Additional points of contact will also be provided.

"B4U-ACT"

B4U-ACT, established as a non-profit organization in 2003, is dedicated to preventing CSA through collaboration with diverse target groups, including mental health professionals, researchers, and individuals with pedophilia, also known as minor-attracted persons (MAPs). B4U-ACT extends various forms of help and referral services for individuals with pedophilia, such as a therapist directory and testimonials from affected individuals. As an informal resource, B4U-ACT provides an online forum for those affected to exchange experiences and thoughts with like-minded individuals, discussing topics like stigma, keeping the sexual interest for children hidden, and seeking help from therapists. The forum, which requires prior registration with B4U-ACT, is confidential and private.

Beyond aiding individuals with pedophilia, B4U-ACT also offers informal support for the social environment of those individuals, including family and friends. Through a private mail group, individuals can share information, discuss support options, and address topics like the fear of prejudice. For detailed information, visit https://www.b4uact.org.

"Virtuous Pedophiles"

"Virtuous Pedophiles" is an informal online forum for individuals with pedophilia, founded in 2012 by Ethan Edwards and Nick Devin (both pseudonyms). The platform's goal is to provide mutual support for those affected, assisting them in leading a responsible life. One of the forum's objectives is to educate people about pedophilia, pedophilic disorders, and CSA, breaking down existing social stigmas against non-offending individuals with pedophilia. The forum administrators explicitly condemn CSA on the website, emphasizing this stance in the group rules. With around 7000 users (as of September 2021), the forum aims to foster understanding and support among its community. For more detailed information, visit https://www.virped.org.

Additional initiatives that extend further informal support for individuals susceptible to SOG are:

- Belgium/Netherlands: Pedofilie – https://pedofilie.be and https://pedofilie.nl/
- Czech Republic: Pedofili CZ CEPEK – https://pedofilie-info.cz/
- Germany: P-Punkte – Moderated self-help chat on the topic of pedophilia and hebephilia – https://p-punkte.de
- USA: The Global Prevention Network – https://theglobalpreventionproject.org

Semi-formal sources of support

Semi-formal support refers to assistance provided by service providers and healthcare practitioners who do not hold specialized roles in the mental healthcare system, such as social workers, teachers, or chaplains. The subsequent paragraph will elaborate on essential projects, institutions, and organizations offering semi-formal support to individuals at risk of (re)offending through SOG of children, along with additional points of contact.

"Association for Sexual Abuse Prevention"

The "Association for Sexual Abuse Prevention" (ASAP) is a non-profit organization established in 2015 in the USA (Oregon), with a focus on the prevention of CSA. ASAP provides various support services (formal, semi-formal, and informal) for individuals with pedophilia. The organization not only aims to prevent CSA by offering specialized therapy for those seeking help but also attempts to raise awareness regarding CSA as a societal problem among therapists and the public. This includes reducing stigma towards individuals with pedophilia without a criminal record, generating funding for treatment programs, promoting or conducting research on the risks of CSA, and networking non-offending individuals with pedophilia. Additionally, ASAP operates an anonymous 24-hour helpline (phone: 567-772-ASAP (2727)) for individuals with pedophilia in urgent need of assistance. For more information, visit https//asapinternational.org/

"PrevenTell"

"PrevenTell" is an anonymous helpline (phone: 020-66 77 88) for individuals (and their social circles) concerned about losing control over their sexual behavior, acting out sexual fantasies, and potentially causing harm to others. Launched by ANOVA, formerly the Center for Andrology and Sexual Medicine in Stockholm, "PrevenTell" is staffed by both semi-formal (e.g., nurses) and formal support providers (e.g., psychiatrists, endocrinologists/andrologists, urologists, psychologists, psychotherapists). Apart from helpline assistance, affected individuals can also access therapeutic help on-site. For detailed information, visit https://asapinternational.org/.

Additional projects providing informal support for individuals at risk of SOG are:

- Netherlands: StopItNow (phone: 0800 266 64 36) – www.stopitnow.nl
- Spain: AngelBlau/Ange Bleu – https://angelblau.com

Sources for self-help

Self-help primarily involves the independent utilization of publicly available information and informational sources such as webpages, flyers, books, etc. These resources and tools can significantly enhance self-awareness, elaborate on healthier coping strategies, and improve emotional and mental well-being by offering informational and emotional support. Additionally, self-help provides advice and strategies to better comprehend how thoughts, emotions, and behaviors contribute to overall mental health and well-being. Below, we describe exemplary resources for self-help tailored to individuals with problematic sexual (online) behavior and/or a sexual preference for children:

"Troubled Desire"

"Troubled Desire" (https://troubled-desire.com/en/) is a global support resource designed for individuals troubled by sexual thoughts involving children and/or related behaviors, encompassing committing CSA or using CSAI. A distinctive feature of the platform is the diagnostic self-test, offering rapid feedback on sexual preferences and identifying problematic sexual behavior. Targeting individuals at risk, the ultimate goal is the prevention of CSA and the use of CSAI.

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"Troubled Desire" is scalable and accessible in 20 languages. The predominantly text-based self-help modules are complemented by a series of short fiction films, and the visual design incorporates artwork in a hand-made illustration style, narrating small stories depicting a life with a sexual preference for children.

The modules are based on the BEDIT treatment manual (Berlin Dissexuality Therapy) and can be accessed individually or as a series. Users can receive an introduction to concepts of sexual preference and behavior, dispel myths on CSA, conduct behavioral analysis, challenge their own thoughts and perceptions, and work on empathy and their "good lives model". All usage and functions adhere to the highest privacy standards, ensuring entirely anonymous and confidential engagement. The program is hosted on the Charité – Universitätsmedizin Berlin infrastructure.

"Help Wanted"

"HelpWanted" is an anonymous online course designed to provide assistance to individuals attracted to younger children (https://www.helpwantedprevention.org/index.html). The project aims to equip individuals with tools to support their commitment to living a safe, healthy, and non-offending life. Developed by faculty and staff at the Moore Center for the Prevention of Child Sexual Abuse, Johns Hopkins Bloomberg School of Public Health, the training course comprises five short psychoeducational video modules to help better manage one's sexual attraction to younger children. The resources page shares links to transcripts, websites, materials, and videos providing additional support. The webpage takes specific precautions to protect user anonymity, ensuring no record of IP address or geographic location, no persistent or cross-site cookies, and no browser fingerprinting.

For additional self-help resources, please refer to the following links:

- Blog: "Celibate Pedophiles" by Ethan Edwards – https://celibatepedos.virped.org/
- Blog and Podcast: The Global Prevention Network – https://theglobalpreventionproject.org/realstoriesaboutmaps
- Blog: "Not a Monster" by Todd Nickerson – https://notamonsterblog.wordpress.com/

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- Podcast: "Ist das normal? – Nicht jeder mit einer Pädophilie begeht sexuellen Kindesmissbrauch" – https://www.zeit.de/wissen/gesundheit/2020-07/paedophilie-therapie-kindesmissbrauch-praevention-sexpodcast

Challenges and future directions

Focusing on prevention providers, this article gives an overview of the current prevention landscape. Although the featured prevention providers share similarities in terms of their client focus (adult males), scope (providing information and addressing psychological risk factors for SOG), and funding approach (payment by clients, court-ordered/mandatory intervention, limited research funding), they exhibit a high degree of diversity and heterogeneity. However, these providers collectively face common challenges and needs (see also Perkins et al., 2018):

1. *Digital dynamics:* The primary challenge in preventing SOG lies in the ever-evolving landscape of the internet. Ensuring the safety of children becomes increasingly complex as they access continually advancing technology at younger ages, often without adequate supervision. This trend is accompanied by expanding opportunities and technological capabilities for criminal activities, as discussed by Merdian et al. (2023). Addressing these challenges necessitates the ability to respond to the constantly changing technological landscape that impacts all facets of SOG from both the victim's and offender's perspectives. Consequently, it is crucial to analyze the adaptation of offender strategies and incorporate these insights to continually tailor appropriate measures and prevention services for SOG offenders.

2. *Enhanced funding and expanded access:* The majority of prevention providers operate without state funding, functioning at a non-governmental level, and often facing unstable financial support. Conversely, there is a pressing need for additional financial resources to effectively manage and broaden existing services, ensuring access for low-income clients and diverse population groups (such as women, juveniles, and relatives). Furthermore, there is a necessity to increase the number of qualified professionals and staff members in this field.

3. *Evidence-based research:* There is a crucial need for the generation and dissemination of scientific knowledge regarding SOG, with the goal of establishing a "stronger evidence base for current practices and grounding existing services in psychological theory and research," along with

collaboration with non-academic institutions (Perkins et al., 2018). Funding should be allocated to research initiatives focusing on victims of SOG offenses, individuals at risk of SOG (re)offending, and the effectiveness of treatments related to crime and mental health prevention, emphasizing the implementation of controlled studies.

4. *Transition to prevention and public education:* It is paramount to prioritize a) educating children and adolescents about the risks associated with digital media use (e.g., social media use) and general sexuality, including intimacy and pornography; b) providing parents with education on SOG and technical prevention methods and fostering their awareness of their children's online behavior; c) offering anonymous interventions and support for individuals seeking help before or after engaging in SOG offenses, prior to police involvement; d) destigmatizing non-offending individuals with pedophilia; and e) enhancing general public awareness of existing prevention services and their effectiveness.

5. *Legal clarification:* There is a necessity for legal clarification, encompassing the criminal classification of SOG within criminal law. This entails the implementation of flexibility and consistency in court processes and sentencing, with a focus on assessing the harm caused by an offense and the individual risk level of the offender (in this volume, see Büchner in chapter 4.1).

6. *Mandatory reporting laws:* Internationally, therapeutic confidentiality laws vary, directly impacting potential preventive care services. In some countries, therapeutic help can only be provided to individuals who have never offended before, which severely limits the number of people eligible for preventive efforts. This restriction prevents therapeutic work with offenders or offenders at risk as some international legislations would demand a report to prosecution authorities. Simultaneously, studies suggest that the number of unreported cases of CSA may be up to 30 times higher than the reported cases to prosecution authorities (Stoltenborgh et al., 2011), highlighting the importance of treatment for undetected offenders.

Conclusion

To address the intricate issue of SOG, a comprehensive strategy involving prevention, intervention, and support is imperative. The widespread prevalence of SOG, intensified by the extensive reach of online platforms, under-

scores the urgency of effective preventive measures for both (potential) offenders and victims. Therefore, this chapter aims to provide an exemplary overview of the diverse landscape of CSA prevention providers for (potential) offenders, shedding light on shared characteristics and challenges. The evolving dynamics of the Internet pose one of the most significant challenges for providers, necessitating constant adaptation to technological advancements within their respective offerings. Simultaneously, many providers grapple with financing their therapeutic services, making evidence-based research crucial to justify sustainable funding models.

Besides, the transition to prevention and public education takes precedence, emphasizing comprehensive initiatives for the enlightenment of children, parents, and the public, destigmatizing non-offending individuals with pedophilia, and raising awareness about existing prevention services for (potential) offenders. Legal clarification is indispensable, with a focus on flexible court procedures, harm assessment, and individual risk levels. Addressing diverse laws regarding therapeutic confidentiality on an international level is crucial to ensuring prevention services are not constrained and acknowledging the significant treatment gap for undetected offenders. A compelling prevention landscape requires a holistic approach encompassing technological challenges, financial needs, research gaps, educational priorities, legal clarity, and international variations in therapeutic confidentiality laws.

Disclaimer

While this chapter aims to delineate various sources of help, it acknowledges the impossibility of naming or describing all existing offerings. There may be additional untapped sources of assistance for affected individuals beyond the scope of this chapter. Furthermore, by offering links or references, the authors do not assume responsibility or liability for the content, utilization, relevance, or accessibility of these websites. The accuracy, appropriateness, reliability, and completeness of the information on these websites have not been verified by the authors. All the provided information was retrieved in December 2023.

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