

Aus dem Institut für Sexualwissenschaft und Sexualmedizin  
der Medizinischen Fakultät Charité – Universitätsmedizin Berlin

DISSERTATION

The impact of criminogenic attitudes on child sexual offending  
behaviors in pedophilic and hebephilic men from the community

zur Erlangung des akademischen Grades  
Doctor rerum medicinalium (Dr. rer. medic.)

vorgelegt der Medizinischen Fakultät  
Charité – Universitätsmedizin Berlin

von

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Datum der Promotion: 02.03.2018

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### Druckexemplare der ausgewählten Publikationen

Konrad A, Kuhle LF, Amelung T, Beier KM. Is emotional congruence with children associated with sexual offending in pedophiles and hebephiles from the community? <i>Sexual Abuse: A Journal of Research and Treatment</i> , 2015	S. 25
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Kuhle LF, Schlinzig E, Kaiser G, Amelung T, Konrad A, Röhle R, Beier KM. The association of sexual preference and dynamic risk factors with undetected child pornography offending. <i>Journal of Sexual Aggression</i> , 2016	S. 45
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Beier KM, Grundmann D, Kuhle LF, Scherner G, Konrad A, Amelung T. The German Dunkelfeld project: a pilot study to prevent child sexual abuse and the use of child abusive images. <i>Journal of Sexual Medicine</i> , 2015	S. 61
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## **ZUSAMMENFASSUNG**

Hintergrund: Emotionale Kongruenz mit Kindern und missbrauchbegünstigende Einstellungen gelten als kriminogene Einstellungen und werden als bedeutsame Risikofaktoren für sexuellen Kindesmissbrauch erachtet. Insbesondere bei Personen mit devianten sexuellen Interessen sind kriminogene Einstellungen hoch ausgeprägt und sollten im Rahmen risikoreduzierender Therapieansätze adressiert werden. Untersuchungen haben allerdings gezeigt, dass sich das Ausmaß dieser Einstellungen in Bezug auf den Deliktstatus (sexueller Kindesmissbrauch, Nutzung von Missbrauchsabbildungen, beide Delikte) unterscheidet. Da diese Erkenntnisse aus primär forensischen Forschungskontexten stammen, soll die Bedeutsamkeit dieser kriminogenen Einstellungen für die Differenzierung von verschiedenen Typen von Missbrauchsverhalten bei pädophilen und hebephilen Männern außerhalb des forensischen Systems untersucht werden.

Vorgehen: Es wurde untersucht, ob emotionale Kongruenz mit Kindern ein mehrdimensionales Konstrukt ist, dessen Faktoren unterschiedlich mit dem Deliktverhalten pädophiler und hebephiler Männer assoziiert sind (1). Es wurde weiter untersucht, ob missbrauchbegünstigende Einstellungen pädophile und hebephile Männer hinsichtlich des Deliktstatus' differenzieren (2). Zuletzt wurde erforscht, ob emotionale Kongruenz mit Kindern und missbrauchbegünstigende Einstellungen durch die Teilnahme an einer manualisierten Gruppentherapie reduziert werden können (3).

Ergebnisse: Emotionale Kongruenz mit Kindern wurde als multidimensionales Konstrukt identifiziert, dessen Kernelement – die Bindung zu Kindern – bei hebephilen Männern das Übergriffsrisiko erhöht, nicht jedoch bei pädophilen Männern. Missbrauchbegünstigende Einstellungen trugen nicht zur Differenzierung des Deliktstatus' pädophiler und hebephiler Männer bei. Während sich keine Therapieeffekte für die emotionale Kongruenz mit Kindern fanden, konnten missbrauchbegünstigende Einstellungen durch eine Therapieteilnahme reduziert werden.

Schlussfolgerung: Anhand der Ergebnisse der vorliegenden Untersuchung lässt sich kein eindeutiger Zusammenhang zwischen den untersuchten Konstrukten und dem Deliktstatus herstellen. Möglicherweise spielen diese kriminogenen Einstellungen bei pädophilen und hebephilen Männern außerhalb des forensischen Kontextes eine untergeordnete Rolle für Missbrauchsverhalten. Die Ergebnisse können aber auch auf eine Kovariation mit der Sexualpräferenz oder auf eine unpräzise Operationalisierung und Erhebung der untersuchten Faktoren zurückzuführen sein. Weitere Untersuchungen zu kriminogenen Einstellungen sind erforderlich, um eine Fokussierung risikorelevanter Faktoren in der Therapie zu gewährleisten.

## **ENGLISH ABSTRACT**

Background: Emotional congruence with children (ECWC) and offense-supportive attitudes (OSA) are considered criminogenic attitudes which represent important risk factors for sexual offending against children. They have been found to be especially distinct in persons with deviant sexual interests and should be addressed within risk-reducing treatment. However, studies found these criminogenic attitudes to be differently distinct when it comes to offense status (child sexual abuse, use of child sexual abuse images, mixed offending). As these findings are mainly based on forensic research, their transferability to non-forensic settings has yet to be proven in order to meet the recommendation to base treatment on factors that contribute to sexual offending against children.

Method: Based on a sample of pedophilic and hebephilic men from the community it was assessed whether ECWC is a multidimensional construct whose subscales are differently associated with offense status (1). Further, it was assessed whether OSA differentiate pedophilic and hebephilic men with respect to offense status (2). Lastly, it was examined whether ECWC and OSA can be reduced through therapeutic intervention.

Results: ECWC was found to be a multidimensional construct whose main component – attachment to children – increased the risk to sexually offend in hebephilic men, though not in pedophilic men. It was further found that OSA did not contribute to the differentiation of offense status. While no post treatment changes were found for ECWC, OSA were significantly reduced in participants who underwent therapy. Overall, results could indicate that ECWC and OSA play a minor part in non-forensic pedophilic and hebephilic men when compared with forensic settings. The results could, however, be attributed to a covariance with the pedophilic sexual interests or to an imprecise operationalization of the examined constructs and unapt assessment instruments. Further research is warranted in order to meet the requirement to base treatment on risk relevant factors.

## INTRODUCTION

Child sexual abuse (CSA) and the use of child sexual abuse images (CSAI) constitute major social and mental health problems. A meta-analysis of 65 prevalence studies in 22 countries reported lifetime prevalence rates for self-reported experiences of child sexual abuse of 19.7% for women and 7.9% for men<sup>1</sup>. Beyond that, police statistics registered an increase of investigations for CSAI possession in Germany in the last years<sup>2</sup>, which holds true for other countries as well<sup>3</sup>. As the consequences for victims of CSA and CSAI are often severe<sup>4</sup>, preventive approaches aim at reducing the risk for CSA by either addressing individuals at risk to become victims of sexual abuse or by addressing individuals at risk to commit CSA offenses<sup>5</sup>. To date, approaches focusing on individuals at risk to sexually offend against children have primarily addressed sexually delinquent men in forensic institutions in order to decrease their risk to sexually reoffend against children when released. As a sexual interest in children (i.e. pedophilia or hebephilia) has been found to be one of the strongest risk factors for sexual reoffending against children<sup>6</sup>, prevention approaches have focused on pedophilic and hebephilic men as an important target group for prevention efforts. Recently, efforts to prevent initial sexual offending against children have been extended by addressing men with a sexual interest in children who have not yet offended against them or have not been detected by legal authorities for sexual offenses against children<sup>7,8</sup>.

### Treatment targets in preventive therapy approaches

The common ground of preventive treatment approaches is their aim to reduce the clients' risk to sexually offend against children. As for the efficacy of the risk reducing approaches, two meta-analyses examining the treatment of sexually delinquent men suggest that the risk to sexually reoffend could be reduced significantly through therapy<sup>9,10</sup>. Although these analyses have been criticized due to methodological shortcomings, it has been suggested to base treatment on the risk-need-responsivity (RNR) principles as they have as yet the strongest empirical support<sup>11,12</sup>. According to the RNR principle<sup>13</sup> treatment should be aligned to the questions of who needs intensive care (Risk), which problems need to be prioritized (Need) and how the treatment should be designed (Responsivity). The Need-principle should thereby be focused on those features that are statistically associated with future delinquency, the so-called dynamic risk factors (DRF)<sup>14,15</sup>. Currently, four dimensions of DRF are considered to be relevant for sexual recidivism: (1) criminogenic attitudes and cognitions, such as offense-supportive attitudes or emotional congruence with children, (2) self-regulation deficits, (3) relationship problems, and (4) sexual problems, such as pedophilic sexual interests or sexual preoccupation<sup>16</sup>.

Although these dimensions could be deemed the lowest common denominator with regard to treatment targets, ambiguities still remain. Despite being considered "the most appropriate

treatment targets"<sup>14</sup> (p.17), definition and operationalization of some of the factors lack clarity and it has not yet been fully established as to whether these factors can be applied to non-forensic populations<sup>17</sup>. Beyond that, a meta-analysis found some of these risk factors to be differently distinct when it comes to offense status (i.e., different types of child sexual offending behaviors: CSA only, CSAI only, and mixed (CSA and CSAI) offending)<sup>18</sup>. Further research is required to clarify these ambiguities and to determine whether these factors are appropriate treatment targets in non-forensic contexts and irrespective of offense status in order to optimize treatment efforts. Within the frame of treatment programs for individuals at risk to sexually offend, criminogenic attitudes play a decisive role. Most intervention programs for sexually delinquent men are based on cognitive behavioral therapy<sup>19</sup> whose interventions, among others, focus on the modification of dysfunctional cognitions. The present study therefore focuses on these attitudes and cognitions and their impact on offense status in pedophilic and hebephilic men.

#### Criminogenic attitudes: emotional congruence with children and offense-supportive attitudes and their association to offense status

Criminogenic attitudes refer to a general cognitive disposition that facilitates sexual offending behavior, with higher scores in measures of criminogenic attitudes being related to the persistence of sexual offending<sup>20</sup>. Among others, emotional congruence with children (ECWC) and offense-supportive attitudes (OSA) are considered criminogenic attitudes relevant for child sexual offending and have been found to be especially distinct in sexually deviant offenders, including pedophilic offenders<sup>21</sup>. However, when studying the meta-analytic findings on ECWC and OSA<sup>6</sup>, the association with child sexual offending behaviors seems inconsistent.

ECWC is defined as the perception according to which relationships with children are more emotionally satisfying than relationships with adults. However, some authors consider ECWC to be a pro-offending attitude<sup>16</sup>, while others operationalize it as an intimacy deficit<sup>22</sup> supporting Wilson's suggestion of ECWC to be a multidimensional construct<sup>23</sup>. Moreover, the meta-analysis by Hanson and Morton-Bourgon<sup>6</sup> included three studies for ECWC, two of which lacked a clear operationalization of ECWC<sup>24,25</sup> whereas one referred to unpublished raw data<sup>26</sup>. When reviewing the status of OSA as psychologically meaningful risk factor, Mann and colleagues point to ambiguous findings<sup>27</sup>. Although in a meta-analysis<sup>6</sup> Hanson and Morton-Bourgon found that OSA showed a small but statistically significant relationship with sexual recidivism, there is significant variability across the nine recidivism studies included in their analysis depending on the context of assessment<sup>27</sup>. While six studies examining OSA as part of the intake assessment for treatment found a significant relationship to sexual recidivism, three studies examining OSA in other contexts (e.g., community supervision, precourt) did not find any effects on recidivism.

When it comes to the association of criminogenic attitudes and offending behaviors, child sexual offenders and mixed offenders have been found to display higher levels of OSA when compared with CSAI only offenders<sup>18,28-35</sup>. Moreover, Babchishin and colleagues found CSA offenders to display higher levels of ECWC than CSAI offenders, while no differences were found between CSAI and mixed offenders<sup>18</sup>. The unambiguous results with respect to ECWC could be a consequence of the suggested multidimensionality of the construct<sup>23</sup>. Both, ECWC and OSA seem to be differently distinct in subgroups of sexual offenders against children, thus possibly constituting differently important treatment targets.

### The present study

The present study investigates the impact of criminogenic attitudes on sexual offending behaviors in pedophilic and hebephilic men in a community setting by examining three hypotheses: (1) ECWC is a multidimensional construct whose facets are differently associated with offense status in pedophilic and hebephilic men<sup>36</sup>. (2) OSA differentiate pedophilic and hebephilic men with respect to offense status<sup>37</sup>. (3) ECWC and OSA can be reduced through therapeutic intervention<sup>38</sup>.

## **METHODS**

### Procedure

The partly overlapping samples were recruited from participants in the *Prevention Project Dunkelfeld* (PPD). The PPD offers diagnostic and therapeutic help outside the forensic context to self-aware pedophilic and hebephilic men who see themselves at risk to sexually offend against children or to use CSAI. The procedure was approved by the Institutional Review Board of the Charité University Clinic (Charité EK-Vorg.Nr.: 1754/Si. 251).

Potential participants were addressed via a media campaign and invited to contact the PPD anonymously<sup>8</sup>. All men who contacted the project because they felt a risk to sexually offend against children or to use CSAI and who took part in an on-site multi-methodological diagnostic evaluation were included in the examination. Participants who were under the age of 18 years, who reported substance abuse, had developmental disabilities, were diagnosed with additional mental disorders requiring acute treatment (e.g. psychosis or severe depression and suicidality), or who faced current legal charges for CSA or CSAI offenses were excluded from the project.

As part of the multi-methodological diagnostic process participants took part in a clinical interview to assess their sexual history including lifetime CSA and CSAI offending behaviors. Furthermore, participants completed several questionnaires to collect information on sociodemographic data, sexual preference, recent (within the last six months) and lifetime sexual offending behavior, and

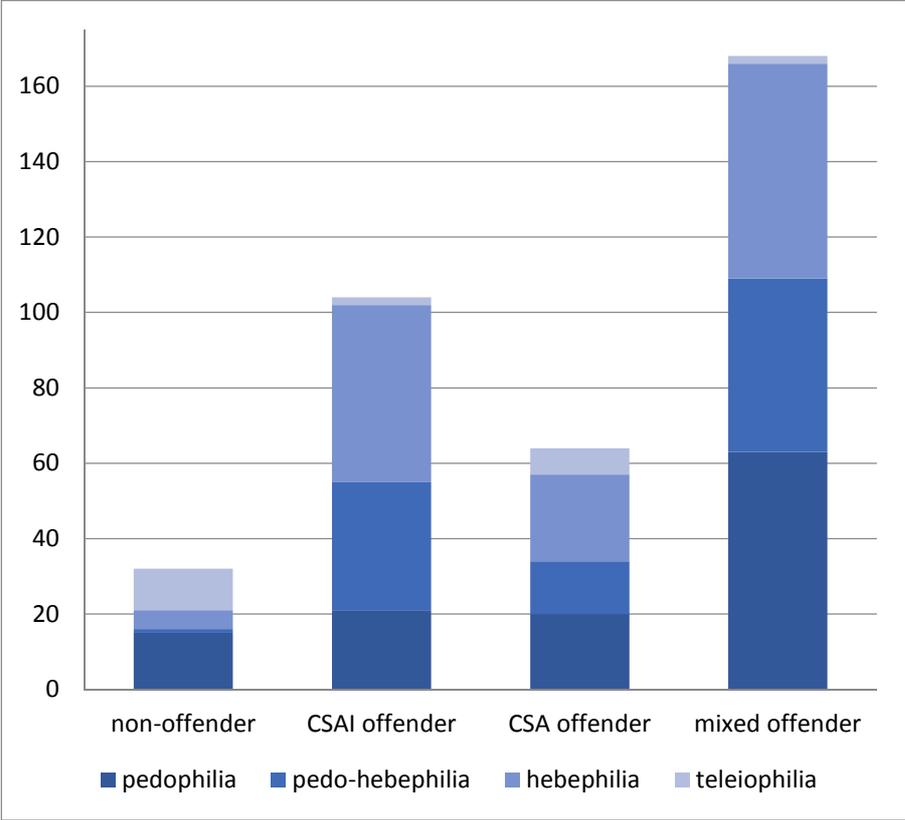
dynamic risk factors. Pedophilia was diagnosed according to the DSM-IV-TR criteria if the participant reported recurrent and intense sexual thoughts, fantasies, or urges involving prepubescent children (Tanner stage 1<sup>39,40</sup>) over a period of at least six months and clinically significant distress or impairment as a result of this sexual interest in children. As hebephilia is not included as a distinct diagnostic category in the DSM-IV-TR, it was coded separately under the category “paraphilia not otherwise specified”. Consequently, a hebephilic preference was diagnosed if the participant reported that early pubescent children (Tanner stages 2-3<sup>39,40</sup>) rather than prepubescent children were the focus of sexual thoughts, fantasies or urges, and concomitant distress or impairment. Teleiophilia (i.e., a sexual interest in adults) was coded if the person reported only adults with a postpubescent body scheme (Tanner stages 4-5<sup>39,40</sup>) to occur in their sexual fantasies. The participant’s sexual orientation was coded according to the gender predominantly figuring in the person’s sexual fantasies, independent of sexual age preference. An exclusive type pedophilia or hebephilia was coded if a person denied fantasies involving adults and reported recurrent and intense sexual thoughts, fantasies, or urges exclusively involving prepubescent children (i.e. exclusive pedophiles), early pubescent children (i.e., exclusive hebephiles) or both, prepubescent and early pubescent children (i.e., exclusive pedohebephiles). All participants who were diagnosed with either pedophilia and/or hebephilia and did not fulfill any of the exclusion criteria were offered treatment in terms of a manualized therapy program<sup>41</sup>.

### Participants

The overall study sample consisted of  $N = 368$  men who had contacted the prevention project between 2005 and 2014, did not fulfill any of the exclusion criteria, and offered data on the relevant measures on sexual preference, sexual offending history, and criminogenic attitudes. Figure 1 depicts the frequency distribution of the participants’ sexual preferences and offense histories. Of the 368 men, 132 (35.9%) were diagnosed with hebephilia, followed by 119 men (32.3%) diagnosed with pedophilia and 95 men (25.9%) diagnosed with pedohebephilia. Only 22 participants (6.0%) neither fulfilled the criteria for pedophilia nor hebephilia, and were subsequently coded as exclusive teleiophiles. Among the hebephilic group, 39 men (29.5%) were coded as exclusive type hebephiles, as they denied any attraction to prepubescent children (Tanner stage 1) and to adults. Among the pedophilic group 90 men (75.6%) were considered exclusive type pedophiles as they denied any attraction to early pubescent children (Tanner stages 2-3) and to adults. Among the pedohebephilic group, 21 men (22.1%) were coded as exclusive type pedohebephiles as they reported no additional sexual attraction to adults. As for the sample’s lifetime offense history, 168 men (45.7%) reported CSA and CSAI offending in the past and were coded as mixed offenders, followed by 104 men (28.3%) who were coded as CSAI only offenders, 64 men (17.4%) who were considered CSA only offenders and 32 men (8.7%) who were considered non-offenders. When it comes to the legal prosecution of sexual offenses,

however, only 91 of these men (24.7%) reported to have ever been prosecuted for their sexual offenses.

**Figure 1:** Frequency distribution of sexual preference and offense status in the overall study sample (N = 368).



Based on the respective research questions the three studies differed with respect to the included samples.

**Study 1:** The study investigating the association of ECWC and its subscales with offense status included data of participants who took part in the diagnostic process between 2005 and 2010 and offered data on the relevant measures<sup>36</sup>. The sample included participants irrespective of their sexual preference as long as they did not fulfill any of the exclusion criteria. The final sample consisted of N = 239 participants. Among the sample, 151 (63.2%) men were diagnosed with pedophilia, 65 (27.2%) with hebephilia, and 22 (9.2%) were coded as teleiophiles. In terms of lifetime offense status, 30 (12.6%) men negated any offending behavior, 37 (15.5%) reported CSAI only offending, 56 (23.4%) CSA only, and 116 (48.5%) mixed offending.

Study 2: The study examining the impact of OSA on offense status was conducted using data of participants who took part in the diagnostic process between 2005 and 2014<sup>37</sup>. Participants who were diagnosed with pedophilia and/or hebephilia were included if they reported recent or lifetime CSAI offending or if they reported to be non-offenders. The final sample consisted of  $N=190$  participants who did not fulfill any of the exclusion criteria and offered data on the relevant measures. Forty-five (23.6%) of these men were diagnosed as pedophiles, 90 (47.3%) as hebephiles, and 55 (28.9%) as pedohebephiles with about one third (34.2%) reporting their preference to be exclusive for pre- and/or early-pubescent children. With respect to their offense status in the last six months, 44 (23.2%) men reported to be non-offenders, 102 (53.7%) reported to be CSAI only offenders, and 44 (23.2%) men reported mixed offending.

Study 3: The study assessing the effects of the manualized treatment program on ECWC and OSA in a waiting list control design included pedophilic and/or hebephilic participants who had completed the therapy program between 2005 and 2011 and offered repeated data on the relevant measures at the beginning and at the end of treatment<sup>38</sup>. The sample consisted of  $N=75$  participants. Among the sample, 53 (70.7%) men were diagnosed with pedophilia and 22 (29.3%) with hebephilia. In terms of offending behavior, 16 (21.3%) men reported to be non-offenders, ten (13.3%) men reported CSA only, 21 (28.0%) reported CSAI only offending, and 28 (37.3%) reported mixed offending. In order to assess treatment effects, 53 men who had completed the treatment were compared with 22 men who were waiting for treatment.

### Measures

Different questionnaires were administered in order to measure the relevant criminogenic attitudes and recent offending behavior.

ECWC was measured using the *Child Identification Scale – Revised* (CIS-R<sup>23</sup>). The 40-item scale assesses statements like “I feel closer to children than to adults” in a yes/no format. Higher scores indicate greater ECWC (Cronbach's  $\alpha = .82$ <sup>36</sup>).

OSA were measured using the *Bumby Molest Scale* (BMS<sup>42</sup>), a 38-item scale assessing cognitions in favor of CSA (e.g., “Some children can act very seductively”) on a 4-point Likert scale, ranging from 0 (strongly disagree) to 4 (strongly agree). Overall scores range from 38 to 152, with higher scores indicating more OSA (Cronbach's  $\alpha = .96$ <sup>37</sup>).

The recent offense status was operationalized in terms of sexual offending behavior within the past six months using the *Sexual Behavior Involving Minors Scale* (SBIMS<sup>43</sup>) and the *Questionnaire for Sexually Explicit and Non-Explicit Images of Children* (Q-SENICA). The SBIMS is a 3-item inventory assessing the frequency of non-corporeal sexual interactions, sexual

activities in the presence of a minor, and sexual contacts with a minor on a 5-point Likert scale, ranging from 1 (never) to 5 (daily). Values range from 3 to 15, occurrence of CSA within the last six months was coded starting at a value of 4 (Cronbach's  $\alpha = .66^{38}$  and  $\alpha = .99^{37}$ ). The Q-SENICA is an unpublished instrument that assesses, among others, the use of CSAI with 20 items on the consumption frequency coded on a 5-point Likert scale ranging from 1 (never) to 5 (daily) (Cronbach's  $\alpha = .93^{38}$  and  $\alpha = .94^{37}$ ).

Lifetime offense status was operationalized in terms of all past sexual offending behaviors using information of the clinical interview<sup>36,38</sup>.

### Statistical Analyses

All analyses were set at the .05 level of significance. Overall group comparisons of non-normally distributed variables were conducted using non-parametric Wilcoxon signed-rank, Mann-Whitney, Kruskal-Wallis, and chi-square tests. Comparisons on normally distributed variables were conducted using analysis of variance for multiple and Student's t-test for two-sided comparisons. In cases of multiple comparisons, Bonferroni-Holm procedure was applied in order to control the familywise error rate. Omega squared ( $\omega^2$ ) was used as a measure of effect size, with values of .01, .06 and .14 being considered small, medium, and large effects, respectively<sup>44</sup>.

In the first study, a principal component analysis (PCA) was conducted to analyze the latent structure of the CIS-R<sup>36</sup>. The overall CIS-R score and the identified factors of the PCA were included in a multinomial logistic regression with a stepwise entry method to assess the association between the different components of ECWC with the lifetime offense status. In the second study multinomial logistic regressions were performed using a stepwise backwards selection in order to analyze the association of OSA with the outcome variable of the recent offense status<sup>37</sup>. In the third study both within- and between-group comparisons for control group (CG) and therapy group (TG) were used in order to ascertain treatment specific change<sup>38</sup>. All statistical analyses were conducted using SPSS (V 19; Armonk, NY: IBM Corp., 2010) and R (V 3.2.2; Core Team, 2015).

## **RESULTS**

Study 1<sup>36</sup>: The exploratory PCA found three factors for the CIS-R, which accounted for a variance of 30.7%. The factors were labeled: (1) *attachment to children* with items reflecting emotional identification with the child's world or feeling comfortable around children; (2) *discontent with adult life* with items reflecting a wish to start life over or a reluctance to take responsibility; and (3) *clinging to childhood* with items reflecting trouble in letting go of one's own childhood. In a next step the association between ECWC and lifetime offense status was examined by running group

comparisons. The results for the association of ECWC and offense status are presented in table 1. While the offender groups did not show any differences in scores on the three identified factors, the overall CIS-R score was found to differ between CSAI only and mixed offenders, with the latter being more emotionally congruent with children ( $F(3, 235) = 4.16, p = .01, \omega^2 = .04$ ). The results for the multinomial regression are presented in table 2. The parameter estimates show that having a pedophilic sexual preference increases the likelihood of being a mixed offender ( $b = 3.38$ ), Wald  $\chi^2(1) = 4.33, p = .04$ ) and that the interaction of a hebephilic preference and factor 1 of the CIS-R predicts any type of sexual offending ( $b = 2.81$ ), Wald  $\chi^2(1) = 5.85, p = .02$  for CSAI only offending; ( $b = 2.36$ ), Wald  $\chi^2(1) = 5.15, p = .02$  for CSA only offending; and ( $b = 2.47$ ), Wald  $\chi^2(1) = 5.23, p = .02$  for mixed offending).

Study 2<sup>37</sup>: When assessing the impact of OSA on the recent offense status, OSA did not differentiate between subtypes of offenders (odds ratio (OR) = 0.99; 95%-CI: 0.97-1.02;  $p = .57$  for CSAI only vs. non-offending; OR = 1.01; 95%-CI: 0.98-1.04;  $p = .49$  for mixed vs. non-offending; OR = 0.98; 95%-CI: 0.96-1.00;  $p = .11$  for CSAI only vs. mixed offending).

Study 3<sup>38</sup>: The results for the within- and between group comparisons on ECWC and OSA and offense type in the TG and CG are presented in table 3. Before treatment, no differences were found between TG and CG when it comes to ECWC and OSA. After therapy, the treated participants reported reductions in OSA ( $Z = -4.47, p < .01$ ) when compared with the non-treated subjects of the CG. However, changes in OSA differed with respect to lifetime offending behavior (see table 4). While non-offenders did not show any changes on the level of OSA, CSAI only offenders, CSA only offenders, and mixed offenders showed fewer OSA after treatment. With respect to ECWC, no differences were found between the TG and the CG, thus ECWC could not be reduced with treatment.

**Table 1:** Group comparisons on CIS-R by lifetime offense status ( $N = 239$ ).

	No offense ( $n = 30$ ) <i>M(SD)</i>	CSAI only ( $n = 37$ ) <i>M(SD)</i>	CSA only ( $n = 56$ ) <i>M(SD)</i>	Mixed offenses <sup>1</sup> ( $n = 116$ ) <i>M(SD)</i>	$F(3)$
CIS-R Overall	17.30 (5.40)	16.65 (4.77)	18.61 (6.44)	20.16 (6.31)	4.16**
CIS-R Factor 1	4.33 (2.75)	4.51 (2.38)	5.11 (2.71)	5.49 (2.95)	1.91
CIS-R Factor 2	2.53 (1.25)	2.51 (1.28)	2.93 (1.40)	3.07 (1.28)	2.50
CIS-R Factor 3	2.90 (1.37)	2.81 (1.71)	2.88 (1.36)	3.36 (1.57)	2.17

Notes: <sup>1</sup>Sexual offending against children in terms of CSA and CSAI behaviors. \*\*  $p < .01$ .

**Table 2:** Selected results of the multinomial regression analysis ( $N = 239$ ).

	<i>B (SE)</i>	<i>95% CI for Odds Ratio</i>		
		<i>Lower</i>	<i>Odds Ratio</i>	<i>Upper</i>
<i>CSAI vs. non-offending</i>				
Intercept	-.599 (1.74)			
Pedophilic preference	1.98 (1.81)	.21	7.27	250.44
Hebephilic preference X CIS-R factor 1	2.81 (1.16)*	1.71	16.65	162.53
<i>CSA vs. non-offending</i>				
Intercept	-1.25 (1.10)			
Pedophilic preference	2.18 (1.22)	.82	8.84	95.83
Hebephilic preference X CIS-R factor 1	2.36 (1.04)*	1.38	10.62	81.83
<i>Mixed offending vs. non-offending</i>				
Intercept	-2.53 (1.57)			
Pedophilic preference	3.38 (1.63)*	1.22	29.47	712.89
Hebephilic preference X CIS-R factor 1	2.47 (1.10)*	1.42	11.80	97.76

Note:  $R^2 = .24$  (Cox & Snell),  $.26$  (Nagelkerke). Model  $\chi^2 (21) = 65.56$ ,  $p < .001$ . \*  $p < .05$ .

**Table 3:** Within- and between-group comparisons on OSA and ECWC in TG and CG at pre- and post-assessments ( $N = 75$ ).

Dynamic Risk Factors	Treatment Group (n=53)			Control Group (n=22)			Pre	Post
	pre <i>M (SD)</i>	post <i>M (SD)</i>	$Z^a$	pre <i>M (SD)</i>	post <i>M (SD)</i>	$Z^a$	$Z^b$	$Z^b$
Emotional congruence (ECWC)	17.98 (6.48)	17.92 (6.90)	-0.61	18.46 (5.58)	18.33 (8.68)	-0.65	-0.28	-0.29
Offense-supportive attitudes (OSA)	70.88 (17.11)	63.30 (16.68)	-4.47**	74.73 (19.33)	72.50 (19.50)	-0.10	-0.46	-1.80

Notes: Higher scores reflect greater deficits, desired changes are towards lower values.

<sup>a</sup> Within-group comparison: Wilcoxon signed-rank tests, Z-values based on negative or positive ranks, asymptotic significances (2-tailed) are significant at \*\*  $p < .01$  for each Z-value. <sup>b</sup> Between-group comparison between TG vs. CG at pre- and post-assessment respectively: Mann-Whitney U-Tests.

**Table 4:** Change in treatment group on OSA and ECWC by lifetime offense type ( $N = 53$ ).

Dynamic Risk Factors	No offenses (n=12)			CSAI only (n=16)			CSA only (n=9)			Mixed offenses (n=16)		
	pre	post	$Z$	pre	post	$Z$	pre	post	$Z$	pre	post	$Z$
Emotional congruence (ECWC)	18.14 (6.72)	19.10 (4.63)	-0.98	18.47 (4.81)	18.67 (6.50)	-1.22	16.78 (8.07)	15.56 (6.91)	-.28	19.12 (6.50)	18.00 (8.96)	-.56
Offense-supportive attitudes (OSA)	66.79 (12.94)	64.38 (19.92)	-1.89	70.96 (15.54)	64.96 (14.75)	-2.55*	73.56 (23.32)	61.30 (20.77)	-2.38*	77.15 (20.65)	68.58 (17.67)	-2.12*

Notes: Higher scores reflect greater deficits, desired changes are towards lower values.

Wilcoxon Signed Ranks Test, Z-values based on negative or positive ranks, asymptotic significances (2-tailed) are significant at \*  $p < .05$  for each Z-value.

## DISCUSSION

The present study investigated the impact of criminogenic attitudes on child sexual offending behaviors in pedophilic and hebephilic men in a non-forensic community setting. Although some results were supportive of the hypotheses, overall no clear association between ECWC, OSA, and offense status was found.

The presented data of non-forensic pedophilic and hebephilic men from the community allow for the possibility to examine risk relevant constructs in a sample with an increased risk to sexually (re-)offend against children. In opposition to forensic settings, the data on the measures of sexual interest could be collected in a less coercive environment as the participants had not to fear negative consequences for admitting past offending behaviors. This procedure provides the possibility to examine associations of risk factors and offending behaviors that are less blurred by circumstantial factors (e.g., effects of prosecution or incarceration, fear of consequences).

So far, studies found self-referred pedophilic men from the community to show more similarities than differences with forensic samples<sup>45,46</sup>. The results of the present study, however, seem to contradict previous research that found ECWC and OSA to differentiate offenders with respect to offense status<sup>6,18,28-35</sup>. The presented data do not support a clear association of ECWC and OSA with child sexual abuse behaviors. Corresponding to the assumptions of other authors<sup>27</sup>, participants of different contexts may exhibit immanent differences that could explain the lack of clear-cut support for the hypotheses. Despite the significant relationship of OSA with sexual recidivism, there was significant variability across the included recidivism studies with respect to the context of assessment<sup>6</sup>. Thus, OSA might be less distinct in community samples and the context should be considered when examining OSA and their impact on offending behavior. This could also apply to ECWC that due to its multidimensionality has been suggested to comprise offense-relevant as well as offense-irrelevant aspects and to be partly connected to the sexual preference for children itself<sup>47,48</sup>. This in turn might lead to less variance in a preference-homogenous sample of pedophilic and hebephilic men<sup>36</sup>. Taking into account the differences in sample composition between forensic research and the present community sample, the presented results could indicate that the impact of these criminogenic attitudes on offending behaviors is differently significant depending on respective settings. ECWC and OSA could play a minor part in non-forensic pedophilic and hebephilic men when compared with forensic settings.

Another explanation for the lack of a clear association of ECWC and OSA with offense status might be other determining factors that underlie sexual offending behaviors. In accordance with previous research<sup>6,18,20,49</sup>, the sexual preference itself or sexual self-regulation deficits including sexual pre-occupation were found to be significantly associated with offending behaviors<sup>36,37</sup>.

Thus, these factors might account for the largest part of variance. Beyond that, ECWC and OSA might not have contributed significantly to the prediction of offense status.

Some of the results, however, were pointing in the direction of the hypotheses. Pre-treatment scores of OSA differed with respect to offense status, and all offender-groups (CSA, CSAI, mixed) reported significantly less OSA after treatment. Moreover, the interaction of a hebephilic preference and a wish to attach to children, which has been found to be a major component of ECWC, was positively associated with any type of sexual offending. Furthermore, ECWC did differentiate mixed offenders from CSAI only offenders. Possibly the contribution of ECWC and OSA on the prediction of offense status is not insignificant, but methodological restrictions such as a vague operationalization and assessment of the constructs conceal statistic effects. As for the BMS (i.e., the measure used for assessing OSA), the language used in the instrument appears rather stigmatizing applying terms such as “molester” or “assault”<sup>42</sup>. It could therefore be assumed that participants who had not formally been involved with the criminal justice system have difficulties referring these questions to their past offending behaviors or perceiving themselves as “molesters”. As for the CIS-R (i.e., the measure for assessing ECWC), the instrument covers a wide range of aspects and the data at hand support the proposed multidimensionality<sup>23</sup>. A wish to attach to children was found to be a main component of the measure thus suggesting closeness to intimacy concepts rather than a cognitive concept. However, given the multidimensionality of the measure, an imprecise operationalization and possible covariance with sexual preference could be argued<sup>36</sup>. If, as proposed<sup>36,47,48</sup>, ECWC was partly connected to the sexual preference for children, the absent treatment effect could be explained as the manualized therapy did not aim at the modification of the sexual preference itself<sup>41</sup>.

### Limitations

The findings and consequent interpretations are limited by several restrictions. First, only two constructs considered criminogenic attitudes were examined in the study, while other aspects of criminogenic attitudes (e.g., antisocial attitudes or hostile views of women) have not been included. Thus, the interpretation of the results has to be restricted to ECWC and OSA and cannot be generalized to all criminogenic attitudes. Second, the retrospective design of the included studies only allows for the investigation of correlative relationships. In order to examine a causal relationship of criminogenic attitudes on offense status a prospective design would be needed. Furthermore, the lack of independent normal or forensic control samples in the studies considerably limits the interpretations and hinders the deduction of more general conclusions. Moreover, the global lifetime offender group classification in the presented studies is to be considered an important limitation to the interpretation of the results as the offender groups cover

a variety of past behaviors ranging from onetime CSAI or CSA behavior several years ago to regular offending behaviors. Finally, the small sample size and retrospective waiting-list control design of the therapy pilot study restricts interpretations.

### Conclusion

Although some of the presented data indicate a link of ECWC and OSA to offense status, the clear association of these criminogenic attitudes with child sexual offending behaviors suggested by previous forensic research could not be supported. In contrast, the results seem to underline the finding that the association of offense-supportive attitudes and sexual offending differs with respect to the context of the assessment<sup>27</sup>. The alleged contradictions, however, could as well be a result of a covariance with other factors, such as the sexual preference itself or sexual self-regulation deficits. These factors could be more strongly associated with offense status and account for the largest part of variance thus covering the effects of ECWC and OSA. Furthermore, a vague operationalization of ECWC and insufficient assessment instruments for ECWC and OSA might aggravate the finding of actual effects of these criminogenic attitudes on sexual offending behaviors. Available assessment instruments for these factors should be put under close scrutiny with respect to their usefulness for non-forensic settings. Overall, the findings of the present examination do not allow for general inferences about the impact of criminogenic attitudes on child sexual offending behaviors in pedophilic men. The results, however, point to the importance of further research focusing on the relevance of ECWC and OSA for offending behaviors in order to follow the recommendation to base treatment on factors that contribute to sexual offending against children.

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## INDEX OF ABBREVIATIONS

<b>BMS</b>	Bumby Molest Scale
<b>CG</b>	Control Group
<b>CSAI</b>	Child Sexual Abuse Images
<b>CIS-R</b>	Child Identification Scale – Revised
<b>CSA</b>	Child Sexual Abuse
<b>DRF</b>	Dynamic Risk Factors
<b>DSM-IV-TR</b>	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text-Revision
<b>ECWC</b>	Emotional Congruence With Children
<b>OR</b>	Odd's Ratio
<b>OSA</b>	Offense-Supportive Attitudes
<b>PCA</b>	Principal Component Analysis
<b>PPD</b>	Prevention Project Dunkelfeld
<b>Q-SENICA</b>	Questionnaire for Sexually Explicit and Non-Explicit Images of Children and Adults
<b>RNR</b>	Risk Need Responsivity
<b>SBIMS</b>	Sexual Behavior Involving Minors Scale
<b>TG</b>	Treatment Group

## **EIDESSTATTLICHE VERSICHERUNG**

„Ich, Anna Konrad, versichere an Eides statt durch meine eigenhändige Unterschrift, dass ich die vorgelegte Dissertation mit dem Thema: „The impact of criminogenic attitudes on child sexual offending behaviors in pedophilic and hebephilic men from the community“ selbstständig und ohne nicht offengelegte Hilfe Dritter verfasst und keine anderen als die angegebenen Quellen und Hilfsmittel genutzt habe.

Alle Stellen, die wörtlich oder dem Sinne nach auf Publikationen oder Vorträgen anderer Autoren beruhen, sind als solche in korrekter Zitierung (siehe „Uniform Requirements for Manuscripts (URM)“ des ICMJE -[www.icmje.org](http://www.icmje.org)) kenntlich gemacht. Die Abschnitte zu Methodik (insbesondere praktische Arbeiten, Laborbestimmungen, statistische Aufarbeitung) und Resultaten (insbesondere Abbildungen, Graphiken und Tabellen) entsprechen den URM (s.o) und werden von mir verantwortet.

Meine Anteile an den ausgewählten Publikationen entsprechen denen, die in der untenstehenden gemeinsamen Erklärung mit dem/der Betreuer/in, angegeben sind. Sämtliche Publikationen, die aus dieser Dissertation hervorgegangen sind und bei denen ich Autor bin, entsprechen den URM (s.o) und werden von mir verantwortet.

Die Bedeutung dieser eidesstattlichen Versicherung und die strafrechtlichen Folgen einer unwahren eidesstattlichen Versicherung (§156,161 des Strafgesetzbuches) sind mir bekannt und bewusst.“

Datum

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Unterschrift

## **ANTEILSERKLÄRUNG AN DEN ERFOLGTEN PUBLIKATIONEN**

Anna Konrad hatte folgenden Anteil an den folgenden Publikationen:

Publikation 1: **Konrad A**, Kuhle LF, Amelung T, Beier KM. Is emotional congruence with children associated with sexual offending in pedophiles and hebephiles from the community? Sex Abuse, 2015

Beitrag im Einzelnen: Anna Konrad war hauptverantwortlich für die Konzeption und das Design der Studie. Sämtliche Datenanalysen wurden von A. Konrad in enger Absprache mit der Zweitautorin durchgeführt. Die Interpretation der Ergebnisse, die inhaltliche Ausgestaltung und das Verfassen des Manuskripts sowie dessen Revisionen wurden primär von A. Konrad übernommen und mit den Co-Autoren besprochen.

Publikation 2: Kuhle LF, Schlinzig E, Kaiser G, Amelung T, **Konrad A**, Röhle R, Beier KM. The association of sexual preference and dynamic risk factors with undetected child pornography offending. J Sexual Aggr, 2016

Beitrag im Einzelnen: Anna Konrad war maßgeblich an der Datenerhebung und Interpretation der Ergebnisse beteiligt. Sie war neben den anderen Co-Autoren gleichermaßen an der inhaltlichen Ausgestaltung und Verfassung der Publikation sowie an deren Revision beteiligt.

Publikation 3: Beier KM, Grundmann D, Kuhle LF, Scherner G, **Konrad A**, Amelung T. The German Dunkelfeld project: a pilot study to prevent child sexual abuse and the use of child abusive images. J Sex Med, 2015

Beitrag im Einzelnen: Anna Konrad war mitverantwortlich für die Konzeption der Studie und für die Datenerhebung. Sie war neben den anderen Co-Autoren gleichermaßen an der Interpretation der Ergebnisse, der inhaltlichen Ausgestaltung und Verfassung der Publikation sowie an deren Revisionen beteiligt.

Unterschrift, Datum und Stempel des betreuenden Hochschullehrers

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Unterschrift des Doktoranden/der Doktorandin

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Konrad A, Kuhle LF, Amelung T, Beier KM. Is Emotional Congruence With Children Associated With Sexual Offending in Pedophiles and Hebephiles From the Community? *Sex Abuse* 2018;30(1):3-22.

<http://dx.doi.org/10.1177/1079063215620397>

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<http://dx.doi.org/10.1111/jsm.12785>

## **LEBENS LAUF VON ANNA KONRAD**

Mein Lebenslauf wird aus datenschutzrechtlichen Gründen in der elektronischen Version meiner Arbeit nicht veröffentlicht.

## **PUBLIKATIONSLISTE** (chronologisch)

Kuhle LF, Schlinzig E, Kaiser G, Amelung T, **Konrad A**, Röhle R, Beier KM. The association of sexual preference and dynamic risk factors with undetected child pornography offending. *J Sex Aggress* 2016;23:3-18.

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## **DANKSAGUNG**

Für seine Betreuung dieser Arbeit und die Möglichkeit, im „spannendsten Fach des Universums“ arbeiten zu können, möchte ich Professor Dr. med. Dr. phil. Klaus M. Beier danken.

Besonderer Dank gilt den Teilnehmern des Präventionsprojektes „Kein Täter werden“. Sie haben den Mut aufgebracht, sich an das Projekt zu wenden und sich mit ihrem Risiko auseinanderzusetzen, sexuellen Kindesmissbrauch zu begehen. Erst dadurch wurde es uns möglich, verschiedenen Forschungsfragen nachzugehen, um die präventive Therapie für Menschen mit einem Risiko, sexuellen Kindesmissbrauch zu begehen, stetig zu verbessern.

Finanziert wurde das Präventionsprojekt „Kein Täter werden“ von 2005 bis 2016 von der Volkswagen Stiftung, dem Bundesministerium für Familie, Senioren, Frauen und Jugend, dem Bundesjustizministerium der Justiz und darüber hinaus pro bono unterstützt von der Hänsel & Gretel Stiftung und Scholz & Friends. Diese Förderung ermöglichte den Aufbau des Präventionsprojektes und damit auch die Anfertigung dieser Arbeit.

Herzlicher Dank gilt meinen Kolleginnen und Kollegen Till Amelung, Hannes Gieseler, Dorit Grundmann, Stephanie Kossow, Laura Kuhle, Umut Özdemir, Gerold Scherner, Stefan Siegel und Jens Wagner. Es ist wunderbar, mit Freunden zusammenarbeiten zu können.

Ausdrücklich möchte Christoph J. Ahlers danken, der mich seit meinen ersten Tagen am Institut für Sexualwissenschaft 2003 gelehrt, begeistert und unterstützt hat.

Besonderer Dank gilt Fritjof von Franqué, der seit den Statistik-Vorlesungen bei Frau Krolak-Schwerdt während des Grundstudiums in Saarbrücken und einem legendären Fischmob-Konzert mein guter Freund und auch beruflicher Wegbegleiter ist.

Für ihren Rückhalt danke ich Greta Konrad und ganz besonders Hans-Martin Konrad.

Anna Konrad