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Prevention Initiatives Report

Existing Prevention Initiatives and Opportunities

This report provides a broad overview of existing prevention initiatives and opportunities for collaboration with INHOPE hotlines.

Foreword

I am honoured to have been asked to offer a few words of introduction about this report.

Prevention has tended to be the Cinderella of safeguarding. Its results cannot easily be seen or measured, unlike arrests made, perpetrators imprisoned, images taken down, sites closed, and so forth. Prevention works, if it works, in subtle ways, without fanfare, without recognition, and without explicit rewards.

There is, however, a moral imperative at work that, once grasped, suggests well planned and well evidenced prevention activities are the hallmark of a civilised society that takes the welfare of children and vulnerable people seriously. We must, of course, arrest and punish offenders, remove sexually abusive imagery, and provide succour for victims of sexual crime and exploitation. We can, and must attempt to prevent harms before they occur, by strengthening the resilience and awareness of systems and societies and by tackling the causes and engines of sexual exploitation, be they ideological, systemic, or rooted in the individual psyche.

Most importantly, and most unpopularity, we must reach out to offenders and prospective offenders, since the actual and moral responsibility for both child sexual abuse and the consumption of child sexual abuse material rests with them. There can be no supply without demand, and our strategies for dealing with on line abuses must incorporate attempts to reduce both. INHOPE's work in coordinating attempts to restrict the supply of child sexual abuse material for over two decades is to be applauded. I am delighted, as someone working on the demand side of that horrific equation, to be associated with this document.

Michael Sheath,

Lucy Faithfull Foundation

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1 Introduction

INHOPE's network of hotlines work every day to get Child Sexual Abuse Material (CSAM) removed from the internet. Initiatives that attempt to prevent those with an existing sexual interest in children from offending by creating or consuming CSAM, or those which attempt to prevent individuals developing a sexual interest in children, are important complements to the work we do. These initiatives can take many forms. This report shall explain the broad distinctions which are used to categorise these different initiatives, as well as draw out some specific examples in detail. An appendix detailing all those initiatives known about at the time of writing this report is also included at the end of this report. Eradicating Child Sexual Abuse (ECSA) have also created an interventions database including a rating system which can be found [here](#).

In a second section, this report offers some evaluative comments gained through a survey completed by our members. The majority of our members had little involvement with existing initiatives, with many initiatives entirely unknown to them. Amongst those members who were aware of the existing initiatives, concerns were expressed regarding their lack of funding and public support. Despite this, and given their clearly complementary goals, many expressed enthusiasm for the prospect of collaborating in some way. The goal of this report is thus to better understand whether hotlines collaborating with any such prevention initiatives might be beneficial, and by looking at existing initiatives, lay some of the groundwork for some of our hotlines to learn from those already engaged in and researching prevention initiatives.

1.1 What is meant by Prevention?

Broadly speaking there are two ultimate goals of prevention efforts: reducing CSAM consumption and reducing contact offences. CSAM consumption is considered as the viewing or downloading of any images or videos that show a child engaged in or depicted as being engaged in explicit sexual activity. Contact offences are those which involve direct contact of a sexual nature with a child. These two offences are distinct, and it is not the case that viewing CSAM is necessarily a gateway to performing contact offences. While this is the case for some individuals, for others the opposite is true, and people begin with contact offences and later start to consume CSAM. For others, only one of these two behaviours is performed and they do not move from one to the other.¹

Prevention initiatives are defined according to three levels: primary, secondary, and tertiary.

- **Primary prevention:** Initiatives are directed at the population at large with the goal of preventing the development of sexually abusive norms developing in our communities or trying to tackle those which might exist.
- **Secondary Prevention:** Initiatives are directed towards groups who are at risk of consuming CSAM or performing contact offences. They detect problematic behaviours and offer opportunities for early intervention to prevent individuals from offending.
- **Tertiary Prevention:** Initiatives are directed at those individuals who have already offended and seek to prevent recidivism.

¹ Sheath, Michael (2018) "Deeper into Darkness: Does Viewing Images Lead to Contact Offending?" *New Psychotherapist* Spring 2018 (68)

2 Overview of Existing Initiatives

Numerous countries have dedicated website contact points for individuals that have a sexual interest in children. These websites are comprehensive resources that offer resource catalogues for potential offenders as well as a helpline or access to a consultation from a professional. These countries include [Austria](#), [Belgium](#), [Denmark](#), [Germany](#), [the Netherlands](#), [Sweden](#), and [the United Kingdom](#). There is also a dedicated violence prevention hotline for [Europe as a whole](#).

Other countries offer online resource catalogues for potential offenders with information on what they may be feeling and how to manage their attractions. This includes the [Czech Republic](#), [Finland](#), and [France](#).

Some countries offer access to consultations from psychologists, sexologists, or other relevant professionals. These include [Austria](#), [Denmark](#), [Estonia](#), and [Ireland](#). [France](#) and [Italy](#) also provide resource centres for those that work with perpetrators of sexual violence, including child sexual abuse.

A full table of initiatives known about at the time of writing is attached in the appendix. Police2Peer have also created a [list](#), organised by country name, of helplines which those experiencing sexual feelings for children can reach out to. This forms part of their campaign targeting Peer2Peer networks where individuals seeking CSAM, inadvertently download a picture of a police officer warning them of the repercussions of downloading CSAM. This download then invites the recipient to follow a link to the aforementioned list of helplines and services available for help in their country. The last database known about is one created by Eradicating Child Sexual Abuse (ECSA). This database is the most comprehensive and also includes a rating system. It can be found [here](#).

The rest of this section shall outline some examples of primary, secondary, and tertiary initiatives in detail.

2.1 Example of a Primary Initiative

ATSA: Association for the Treatment of Sexual Offenders (USA and Netherlands)

[ATSA](#) is an international, interdisciplinary, non-profit organization dedicated to making society safer by preventing sexual abuse. ATSA encourages sound research, effective practice, informed policy, and comprehensive prevention strategies, all designed to create safer communities.

ATSA:

- Represents more than 3,000 members from 20 countries.
- Has 24 “chapters”, most of which are in the United States of America and one of which is in the Netherlands. Each chapter meets regularly and offers peer networking opportunities.
- Sets practice standards and issues practice guidelines for individuals who treat adults and adolescents who have sexually offended or are at risk to offend.
- Produces a code of ethics for practitioners.
- Produces the highly ranked peer-reviewed journal, *Sexual Abuse*.
- Contributes to the development of sound public policy and evidence-informed legislation through amicus briefs, legislative responses, and educational efforts.

- Provides continuing education classes taught by internationally known experts to help practitioners gain and maintain up-to-date training on evidence-based best practices.
- Hosts the world's largest annual research and educational conference focused on issues related to the treatment and management of people who sexually offend.²

On their website is a huge database of resources: [infographics, handouts and publications](#) on a variety of topics relating to prevention. They also have a [newsletter](#), [research journal](#), and [blog](#) with the latest views and commentary on the field. Finally, and as shall be discussed in greater detail in section five of this report, they also have a number of [effective practice guidelines](#) based on their research.

2.2 Examples of a Secondary Initiative

Helplines e.g. Stop It Now!

Stop it Now! is an international prevention project that addresses sexual abuse through social awareness and a helpline. The helpline is for people with paedophilic feelings, or people who are concerned about their sexual feelings or behaviour towards minors, and their loved ones. The purpose of the helpline is to listen, offer advice on what to do or who to contact, and assess the risks and the steps available. The helpline operates on an anonymous basis in order to encourage access by the caller.

Stop it Now was founded in 1992 by the American Fran Henry to prevent child sexual abuse. Fran Henry was a victim herself and wanted to spare other children the suffering she experienced. Stop it Now! exists in the United States (1992), United Kingdom & Ireland (2002), the Netherlands (2012) and Belgium (2017).

United States

[Stop It Now!](#) in the US became an affiliate of Klingberg Family Centers in 2015, a private, nonprofit multi-service agency based in New Britain, CT. Stop It Now! US offer services according to four operational themes: help services, prevention education, technical assistance, and training (circles of safety) and prevention advocacy.

- Their help services, alongside the helpline, include email and chat services, an interactive Online Help Centre, and an "Ask Now!" advice column.
- Their prevention education develops, assesses, and distributes educational materials through their website, publications, trainings, events, and media campaigns.
- Their Technical Assistance and Training provide consulting and brings their Circles of Safety training services to professionals, youth-serving organizations, coalitions, and community-based programs on strategies, policies and practices for preventing child sexual abuse.

² All information quoted from their website: <https://www.atsa.com/meet-atsa> Accessed on 28/05/20

- Finally, their prevention advocacy advocates for the sexual abuse of children to be addressed as a public health priority, encourages increased investment in a full range of prevention strategies, and provides evidence-based information to media, policymakers, and advocacy groups.³

UK and Ireland

Since 2002, [Stop It Now! UK & Ireland](#) has been managed by the [Lucy Faithfull Foundation](#) who, alongside Stop It Now provide a range of services for organisations, professionals and the public including risk assessments and intervention; expert training; specialist consultancy, and public education.

The helpline at Stop It Now UK & Ireland, alongside the audience previously mentioned, also offers advice to parents and carers of young people displaying concerning sexual thoughts or behaviour towards a child, adults concerned about a young person who may have been abused, professionals working in the field, and adult survivors of child sexual abuse.

Their other work includes:

- Awareness sessions on a host of subjects to parents and carers across the country ([Stop It Now! Wales](#))
- Engaging with politicians, professionals, and members of the public to raise awareness of child sexual abuse and how to prevent it (Stop It Now! Wales)
- Developing services to better respond to the challenge of sexual offending and the Internet (Stop It Now! Scotland in collaboration with the police)
- A Parents Protect! website and associated learning resources that accompany the Police Sex Offender Disclosure Scheme across England, Wales and Scotland
- Online self-help resources for those concerned about their online behaviour and for those concerned about their thoughts and behaviour towards children
- A national communications campaign to deter online offending behaviour⁴

Netherlands

The [Dutch Stop It Now!](#) is run by EOKM (Expertise Bureau Online Child Abuse) who also run a hotline to report CSAM, and a helpline for victims of sexual abuse. Their prevention services are split according to those who are looking for help for their problem with watching CSAM, and those for their sexual feelings towards children.

Both branches offer similar services, with information on their website about what CSAM and paedophilia are, the social and legal consequences of watching CSAM, the relationship between paedophilia and sexually abusing children, and links to further resources, and the helpline.

³ All information quoted from their website: <https://www.stopitnow.org/> Accessed on 28/05/20

⁴ All information quoted from their website: <https://www.stopitnow.org.uk/> Accessed on 28/05/20

As well as the usual target audience of potential abusers and family thereof, the Dutch helpline also explicitly offers help to those who have viewed or downloaded CSAM and those who are inclined to watch it, as well as their relatives and professionals working in the field.⁵

Belgium:

[Stop it Now! Flanders](#) is an initiative of the University Forensic Centre (UFC) and ITER. It operates as an outpatient treatment centre for prevention, counselling and treatment of sexually transgressive behaviour, in collaboration with [Child Focus](#), [Sensoa](#), [Zorgnet Icuro](#) and [the CAW group](#). As well as the helpline, the Belgian Stop It Now! also have an online chat function and facility to email them.⁶

Forums e.g. Czechoslovakian Paedophile Community (ČEPEK)

The primary goal of the website is to present true and, if possible, objective information about paedophilia. The information on the site is intended primarily for young people who feel their sexuality is or could be, in part or in full, aimed at children, be they pre-adolescent or approaching puberty. The site should provide them with information on the manifestations of paedophilia, how it can be accepted, coped with and be consistent with living a happy life. Furthermore, the goal is to prevent its bearers causing unnecessary harm to themselves or their surroundings and violating social norms and laws. The website shares personal life stories and experiences, giving visitors not only evidence and examples that it is possible to live a happy life and not hurt anyone, but in some cases a warning and a demonstration of what happens when they do not manage their sexuality.

The website is also intended for people who want to learn more about this condition. Part of their goal is informing the general public of who and what a paedophile is, and more specifically to dispel the presumed association between experiencing sexual feelings towards children and sexually abusing children.

As well as sharing information on topics such as “coming out” and links for where to seek professional help, the website also offers a chat function where paedophiles have the opportunity to meet others with this sexuality, learn from their experiences of how to manage their sexuality, and feel less isolated. Participation in the forum is subject to a strict code of conduct, including strict confidentiality of the conversations shared, and a commitment not to use the chat to promote illegal activity or share illegal content.

There is also the possibility to arrange a visit to a sexologist or raise an anonymous question with sexologists through their Counselling Centre.⁷

⁵ All information taken from their website: <https://downloaders.stopitnow.nl/> Accessed on 28/05/20

⁶ All information taken from their website: <https://stopitnow.be/> Accessed on 28/05/20

⁷ All information taken and/or quoted from their website <https://www.pedofilie-info.cz/about-us/> Accessed on 03/06/20

2.3 Examples of a Tertiary Initiative

Group Therapy e.g. The Blue Angel Association (France)

[The Blue Angel Association](#), founded and run by Mrs Latifa Bennari, a victim of sexual abuse as a child, runs dialogue groups between victims and paedophiles. The groups consist of individuals with all kinds of different profiles (always chosen following compatibility criterion on a group by group basis), and meet in a convivial, respectful atmosphere with an absence of judgement. The dialogue groups allow abstinent or ex-offender paedophiles and adults who were victims of sex abuse as children to meet, talk about their personal history and feelings, and help each other out. The dialogue with victims allows for a true awareness of the potential damage acting out or reoffending can inflict. Valued as a revolutionary method with excellent results, it provides a powerful moral barrier for thousands of paedophiles.⁸

Individual Therapy e.g. Prevent it (based in Sweden, operating internationally online)

[Prevent it](#) uses a therapist-assisted online cognitive behavioural psychotherapy programme based on a new manual called Prevent it. Currently in its trial phase, the study compares the efficacy of this form of therapy compared to a similar program without CBT ingredients, a psychological placebo. This specific CBT program consists of eight short weekly modules. They are in video format or text, with associated worksheets, and weekly individual feedback from a therapist. There is a follow-up after four weeks. Most conversation is done via online chat or email within the platform. The main aim of Prevent It is to stop consumption of CSAM. Further aims are to prevent associated perpetrator behaviours such contact offences, and to identify ways to help reduce the anxiety provoking behaviour patterns and increase quality of life. The therapy is given on an anonymous basis, where only the continent the participant lives in is requested.⁹

The programme finds subjects by reaching out to people on online forums used by paedophiles offering them a programme of CBT. This is to reach their target group which is those who are watching some of the most extreme forms of CSAM for an average of 2-4 hours per day. Of those who have begun the treatment, nearly all of them have completed it. If all goes well, the principal investigator of the study hopes it will be possible to roll out the treatment within 18-24 months.¹⁰

Community Initiatives e.g. COSA – Circles of Support and Accountability (UK, Netherlands, Belgium, Catalonia, Latvia, Bulgaria, Ireland, and Italy)

[Circles of Support & Accountability \(COSA, or Circles\)](#) is a unique community justice initiative for support and monitoring of medium- and high-risk sex offenders in and by the community.

In COSA, a sex offender (the core member) after release from a custodial sentence is supported by three to six volunteers (the inner circle) from the local community. The inner circle assists the core member in his process of

⁸ All information taken and/or quoted from their website <http://ange-bleu.com/en/home> Accessed on 03/06/20

⁹ Information taken from the website <https://www.iterapi.se/sites/preventit/> Accessed on 03/06/20

¹⁰ Further information collected from a direct conversation with Christoffer Rahm, the principal investigator in the study. Held over Skype, on 14/02/20.

resettling in the community by providing moral support and practical help, and by encouraging pro-social behaviour. Volunteers are also trained to recognize behaviour that raises concerns.

If necessary, their circle coordinator will alert members of the so-called outer circle that consists of professionals, such as probation officer, therapist or police officer, and who can take whatever steps necessary to prevent further offending.

In 2002, COSA was first introduced in Europe, in the United Kingdom. Since then, COSA has been further implemented in the Netherlands, Belgium, Catalonia, Latvia, Bulgaria, Ireland, and Italy. Evaluations show that the recidivism rate of Circles participants is considerably less than when compared to those who have not received a circle.¹¹

3 Analysis of Existing Initiatives

As well as providing an overview, this report seeks to engage with some of the evaluative dialogue surrounding prevention services currently operating in countries in which we have a hotline. A survey was circulated amongst INHOPE members asking them to provide information and comment on the prevention services which they were aware of. 17 responses were collected out of a possible 46. This report shall go into detail on much of the information gathered in this survey, but the full survey is included as an appendix.

One section of the survey focussed on how well-regarded prevention initiatives were. This was asked in relation to people working at the hotline or in the sector, the service users themselves, and amongst the public. Of the 70% of responses which indicated that they were aware of preventative initiatives in their country, these initiatives were either well regarded or very well regarded (75%) amongst those working within the sector. Results for the public and service users were mixed.

The primary reasons which were selected to explain how well regarded these initiatives are, were (1) the possibility for those receiving treatment to do so anonymously and/or confidentially (90%); (2) the accessibility of the services, particularly regarding those who have not been previously convicted of a contact offence (82%); and (3) Concerns relating to the under-allocation of resources for preventive initiatives (55%). Far less prevalent amongst the responses were concerns over the efficacy of the services (36%).

When asked for further comment on improvements which could be made to existing initiatives, one of the most prominent responses was the need for increased public awareness of the phenomenon of child sexual abuse and the impact prevention initiatives can have on long term reduction in victims. A second subject which featured prominently was the need for increased resources and funding, specifically in the need for funding to be made available for several years, rather than annually. It was also suggested that this increased funding could be paired with (i) increased use of technology to generate data that could identify patterns of offending, and (ii) greater government accountability for promises made, with specific examples as those associated with WeProtect and the ASEAN declaration on the protection of children from all forms of online child sexual exploitation and abuse.

¹¹ All information taken and/or quoted from their website <http://www.circleseurope.eu/> Accessed on 03/06/20

This response is very encouraging in terms of the perceived value of prevention services amongst hotlines and suggests a strong potential for collaboration. While the next section will discuss this in greater detail, the key areas for improvement which this section of the survey drew out were the importance of funding, and increased public awareness of the impact of prevention initiatives. Sourcing funding for services which seek to prevent problems rather than fix them is all too often a struggle, but the greater public awareness there is of the potential prevention services have in reducing the numbers of victims of child sexual exploitation, the more likely they are to receive funding. Furthermore, raising public awareness is a hugely important aspect of the work we do in the INHOPE network in encouraging people to report CSAM. It is also an area which many of our hotlines excel in. Given the complementary nature of the goals of prevention and CSAM removal, this report suggests there could be ample space for collaboration in terms of public awareness campaigns.

4 The Appetite for Collaboration

One of the purposes of this report is to scope out some of the possible benefits and risks of helplines collaborating with prevention initiatives. As well as the evaluative comments previously mentioned, one section of the survey focussed specifically on hotlines' experiences of and feelings towards collaborating with prevention services.

Of those who responded to the survey, just over half of the hotlines were already collaborating with prevention services. It must be acknowledged that a selection bias might be present given that those already involved with prevention initiatives may have been more likely to respond to a survey about preventions initiatives. Nevertheless, at least 9 of the 46 hotlines are currently collaborating with prevention initiatives operating in their country. The form of this collaboration exhibited a real range and includes those which act as knowledge partners (including sometimes making direct referrals to prevention services and vice versa in terms of CSAM reports) and collaborate on events and awareness raising campaigns, and one example which has staff from prevention services standing on the hotline advisory board. Some have more active collaborations, such as two hotlines which participate together in working groups and contribute to the development of policy and legislation on the topic, those which operated helplines or had created self-help programmes and those in which hotlines comprise of sister organisations to those operating prevention services.

Of those which had experience working with prevention initiatives, the large majority had not encountered any major obstacles. One hotline mentioned the challenge of advocacy work for funding, and another mentioned the lack of data and information available to understand the scope and nature of OCSE; lacking capacity and resources within the responsible institutions and a lack of legislation addressing OCSE and its manifestations. These concerns largely mirrored those discussed in the previous section whose root causes are largely accountable to a lack of funding and public awareness for the need for these services and sufficient legislation.

When asked whether they were willing to increase their collaboration with prevention initiatives, no one said they would not be open to collaboration, although again this answer may be subject to bias given the tendency of those open to prevention initiatives to participate in the survey. 47% said they would like to increase their collaboration, 53% indicated it would depend on the nature of the initiative.

Amongst the reasons people provided for their willingness to collaborate were: the importance of the issue and its complementary nature to hotlines' work in decreasing demand for CSAM, the value of having a broad expertise within the field and the presence of this expertise within the hotlines, the value of there being a network of prevention initiatives across the EU and the potential of collaboration to scale-up the capacity of existing initiatives.

Amongst those who expressed conditional interest, one hotline specified the need for correct sharing of information and good cooperation with determine roles and responsibilities. Another commented that given the radical changes in internet usage and the new challenges that this is bringing for hotlines, a new model of collaboration might be valuable. A huge amount of work on this matter is being done by ESCA and will be discussed in the next session. As a preliminary conclusion, these findings suggest that a focus group amongst those working in hotlines and prevention services could be hugely valuable in working out what such a model should take.

5 Working Towards a Collaborative Model of Prevention

Although, as always, more is needed, a huge amount of research is being done on the causes of child sexual abuse and viewing and downloading CSAM, and the relationship between the two. It is important to recognise that those that commit contact offences and who view CSAM are not all the same – they have different motives, directions of travel and risk profiles.¹² There is not space in this report to engage in the range of research and theories on this subject matter. Nevertheless, it is important to recognise that the methods used in prevention initiatives must be reflective of this diverse target group. A one-size-fits-all approach is likely to miss all but a minority of those who could be benefited by such services.

A second important point that emerged in the research conducted for this report is the need for the methods which are used in prevention initiatives to be backed up by scientific research. This is a point which was stressed by Christoffer Rahm in an interview conducted for the purpose of this report in early 2020, and is the motivating force for his work in the Prevent It Study (previously discussed). We have several cases within similar fields, such as in the treatment of psychopaths, or ROS (risk-oriented execution of sanctions) for Swedish prisoners, where we have found that preventative efforts have either had no impact or even a negative impact. As is iterated by Michael Sheath, there are lots of ways of delivering ineffective or even harmful interventions¹³ so we need to be rigorous in ensuring we are modelling services on well-researched, effective strategies.

Those who are planning on increasing their involvement in prevention services need not feel like they are going out alone, however. As well as the various and many hugely successful services already being offered around the world and as are described in this report, several organisations have developed tips or strategies for setting up prevention initiatives.

¹² As described in a presentation given by Michael Sheath to INHOPE members at a Hotline Training Meeting in Dublin, 2019. Please contact Samantha.woolfe@inhope.org for access to the full PowerPoint deck.

¹³ Ibid.

As stated on their website, “ATSA supports the use of research-based and evidence-informed treatment known to reduce the likelihood of someone sexually offending. ATSA encourages those involved in addressing the problem of sexual abuse to adopt practices consistent with the best available evidence, and to adapt their approaches as new research and data emerge”.

They have produced [sets of guidelines](#) on adult and juvenile practice and a professional code of ethics. The key topics in the document targeting adult practice are assessments; treatment interventions; and risk reduction and risk management in the community. Members of ATSA can download these guidelines as a PDF for free, or non members can order a copy for \$40.

Another [highly comprehensive toolkit](#) has been developed and made available by ECSA. The key topics covered include introductions to child sexual abuse and preventing abuse theory; steps for implementing a prevention strategy; and a range of examples and templates. Their “steps for implementing a prevention strategy” section breaks the process down step by step, beginning with Planning a Meeting, and then moving on to Developing Your Strategy. This step is complemented by an ECSA Working Tool and is followed by a detailed process for Implementing Interventions, and finally followed with a method for Evaluating Prevention.

6 Key Takeaways

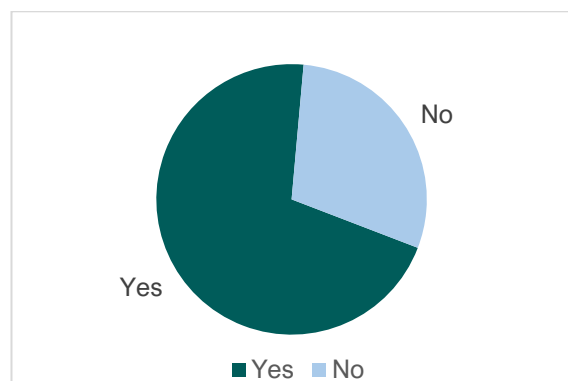
- Exhaustive databases of existing prevention initiatives are difficult to create, but highly comprehensive catalogues are produced and made available (1) by ECSA [here](#) and (2) included as an appendix at the end of this report.
- An appetite exists within the INHOPE network to increase their collaboration with prevention services.
- One especially fruitful area for collaboration may be in running combined public awareness campaigns.
- The form of prevention services must reflect the diverse population which they seek to help
- Prevention initiatives must be developed according to scientifically tested methodologies, instead of according to a “something is better than nothing” ideology.
- Hotlines hoping to increase their work in the area of prevention need not feel like they’re going it alone. Resources which provide a guide for how to set-up and organise prevention initiatives are available via [ATSA](#) and [ECSA](#).
- A focus group amongst those working in hotlines and prevention services could be hugely valuable in working out what a collaborative model of prevention should take.

7 Appendix

7.1 Survey sent to all INHOPE Member Hotlines

Are you aware of any preventive initiatives currently operating in your country?

17 responses:

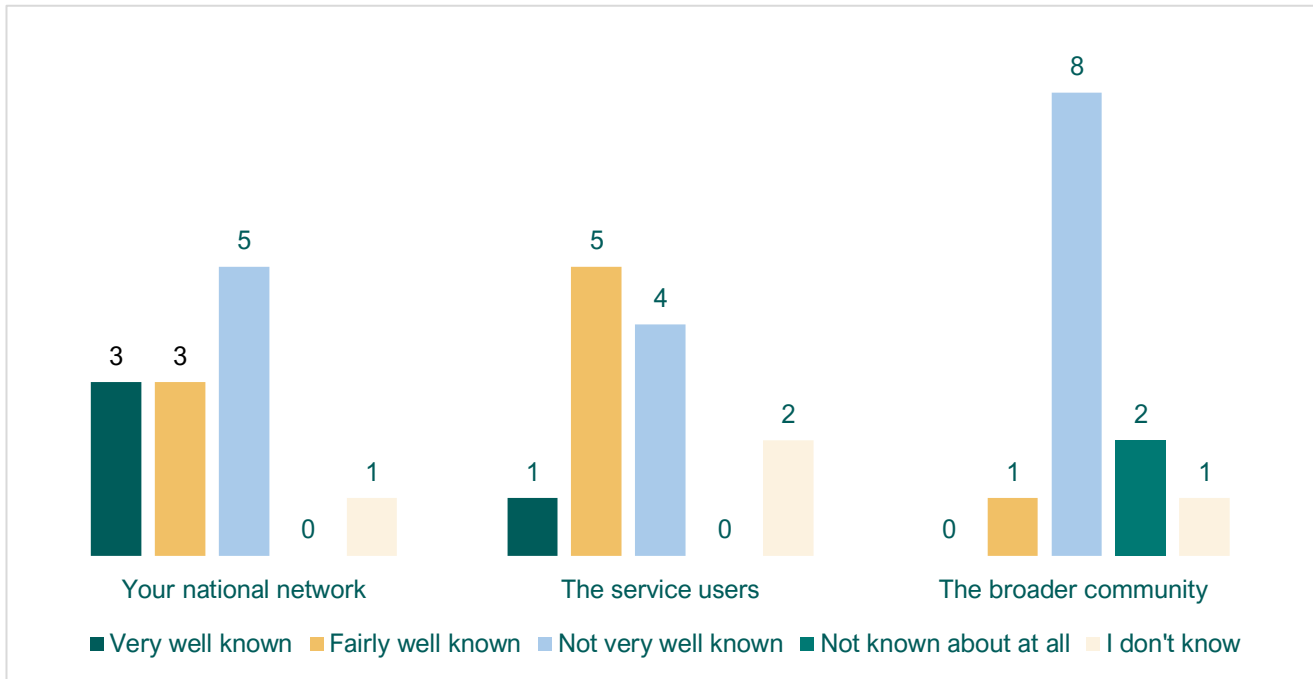


Please provide the name and a short description of the initiative below.

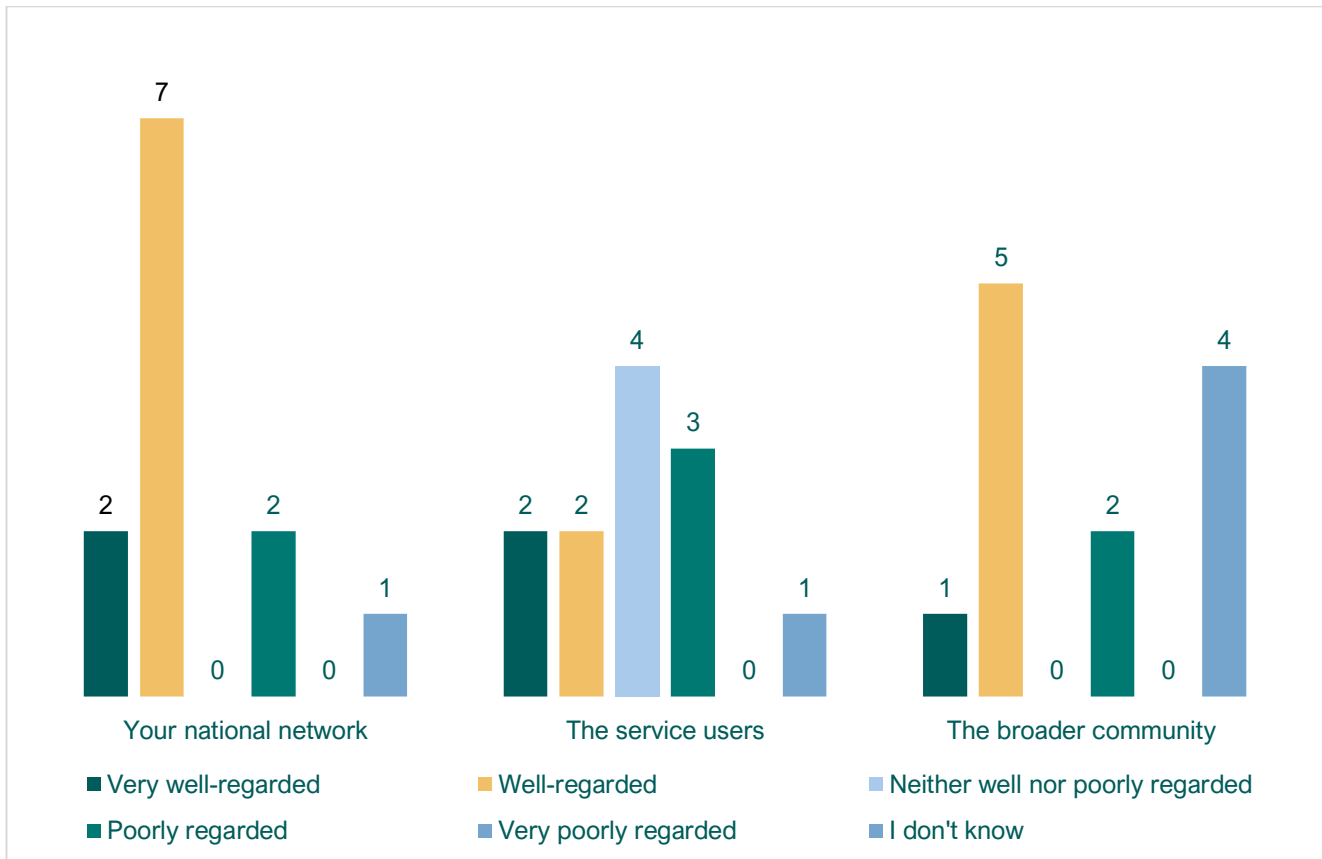
12 responses:

1. IATSO, Männerberatung, Courage Beratungsstelle, and pro mente Plus
2. Sexologisk Klinik, Kobenhavn
3. Forensic Psychiatry Hospital Vrapce
4. Legislation: Greek Penal Code has been changed and strict penalties are in place to fight CSAM.
5. Finland have produced a self help programme. You may find it here:
<https://www.mielenterveystalo.fi/aikuiset/itsehoito-ja-oppaat/itsehoito/sexual-interest-in-children/Pages/default.aspx>
6. The Blue Angel Association, Psylegale
7. ECPAT Taiwan also operate a helpline-web885 which provide anonymous online counseling,including suspicious paedophile. We invite professional consultants from different fields, such as lawyer, youth counselor, psychologist and psychiatrist.
8. Stop It Now UK and StopSo
9. Stop it Now!, I.T.E.R., St Amandus
10. Viljandi haigla Psühhiaatrikliinik
11. PrevenTell and PreventIT and other parts of research i
12. Awareness raising on Internet safety organised by APLE in collaboration with the Ministry of Education, Youth and Sports and the National Committee for Counter Trafficking; Safer Internet Day convened annually by APLE and the government partners; Ongoing development of textbooks for primary and secondary school students, including the topics of online safety; and Internet Hotline run by APLE for the public to report CSAM.

To your knowledge, how well known are the preventive initiative(s) previously mentioned within your national network (the sector fighting CSAM), the service users, and the broader community?



To your knowledge, and if applicable, how are the initiative(s) regarded within your national network, the service users, and the broader community?



Which of these factors contribute to your answers to the question above? (please highlight all that apply)

- The possibility for those receiving treatment to do so anonymously and/or confidentially (10 votes)
- The accessibility of the services, particularly regarding those who have not been previously convicted of a contact offence (9 votes)
- The efficacy of the treatment (4 votes)
- Concerns relating to the over-allocation of resources which could be better spent elsewhere (2 votes)
- Concerns relating to the under-allocation of resources for preventive initiatives (6 votes)
- Other:

Struggle with publicity as the public do not understand the impact stopping an offender can have on long term reduction in victims

Please provide further details, including any links to relevant articles or further resources, below

6 responses:

1. [Brydcirklen.dk](http://brydcirklen.dk)
2. http://www.astynomia.gr/index.php?option=ozo_content&perform=view&id=8194&Itemid=378&lang=
<http://www.safeline.gr/> <https://www.hamogelo.gr/> <https://www.synigoros.gr/?i=childrens-rights.el>
3. <https://www.mielenterveystalo.fi/aikuiset/itsehoito-ja-oppaat/itsehoito/sexual-interest-in-children/Pages/default.aspx>
4. <https://stopso.org.uk/>
5. <https://www.just.ee/et/seksuaalse-vaarkohtlemise-vastane-paev>
<https://tarkvanem.ee/seksuaalkasvatus/seksuaalne-vaarkohtlemine/>
https://www.terviseinfo.ee/images/LSVK_infomaterjal.pdf
https://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/seksuaalkaitumisalane_noustamine_2018.pdf
6. Currently, OCSE is not so well known in the country and there have not been substantial resources available to educate the public or raise awareness about the problem, thus limiting the government's capacity to respond. Slowly researched are being developed and in the future, I hope government's commitment and actions will be informed by research evidence.

Do you have any comments regarding improvements which could be made to existing initiatives, or specific recommendations for an ideal prevention model?

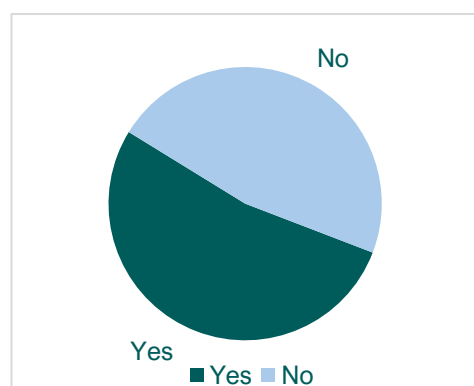
9 responses:

1. Focus on young people with sexual interest in children/ counseling and information before treatment.
2. Notice and Takedown: Changes on legislation would help the takedown procedure. At the moment, to takedown content, prior we need the Public prosecutor's order. Otherwise, it is not possible to immediately and quickly remove CSAM content.
3. Hello, I am not really aware of the prevention initiatives in France. I have heard of the organisations you have cited but I have no idea of their actions and impact. My colleague being on leave, I am afraid I cannot be of any further help. If the survey remains available online, I could share it with our SIF partners, that are better placed to give input.
4. It is important to raise public awareness effectively. Beside, Sex education in Taiwan still needs improvement. So, talk with children about healthy sexuality, relationships and encourage them to ask for help.
5. More resources and increased use of technology to generate data that could identify patterns of offending.

6. The preventive measures only exist in Flanders. Child Focus has been very helpful to launch this hotline. Cf is doing exactly the same thing for the frenchspeaking part of the country
7. There still need to raise awareness about the phenomenna and about the prevention activities among public.
8. Even though the help phone PrevenTell is available nationally, clinical help should be as well. Since PrevenTell is actually reaching its target clients, funding should be for several years, not annual.
9. Increase resources and priority over OCSE in the country and hold government responsible to what they have promised to protect children online (e.g. WeProtect pathfinding country, ASEAN declaration on the protection of children from all forms of online child sexual exploitation and abuse)

Do you currently collaborate with any of the prevention initiatives previously mentioned?

17 responses:



Please specify which initiative and describe the nature of your collaboration below.

9 responses:

1. Forskningsnetværket mod overgreb mod børn
2. There is close collaboration with the Cyber Crime Unit of the Greek Police. The rest of initiatives are members of our advisory board and if necessary, they forward to us CSAM reports. Moreover, in the past, we have participated in mutual informative events in Greece.
3. Self help programme we have created together with other organisations. The self-help programme is also available in other websites, than ours.
4. ECPAT Taiwan operate the helpline.
5. Lucy Faithful Foundation (LFF)
6. See answer above. CF refers to stop it now when a potential offender calls our hotline
7. We provide information about whom to turn to get counselling and assistance in case of concerns.
8. Anova, which runs PrevenTell, sharing knowledge. PreventIT, in which ECPAT is a knowledge partner, bringing knowledge on offenders online environments and child rights, as well as participating in a PPI work group (Patient Public Involvement).
9. We organise, collaborate and support the annual Safer Internet Day event; we provide awareness raising and Hotline service in cooperation with the government; we support the development of textbook on online safety; we contribute to development of policy and legislation to address OCSE as a member of the working group; and we collaborate with the police to takedown CSAM and investigate OCSE cases.

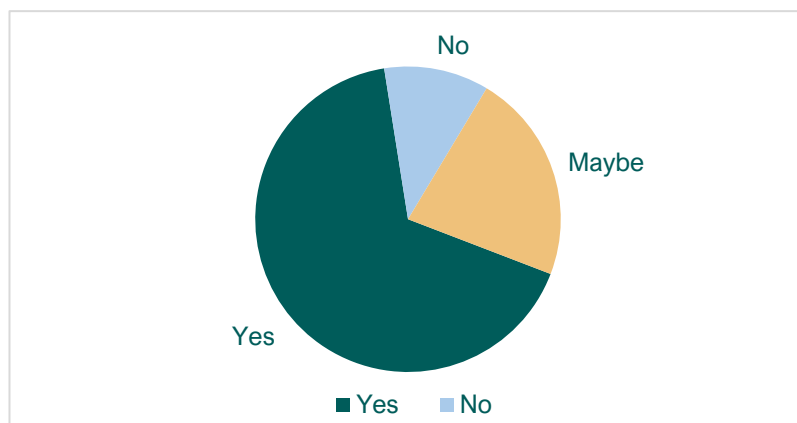
Have you encountered many obstacles in either establishing this collaboration or during this collaboration that might be relevant to others? Please provide details below.

6 responses:

1. no
2. None
3. no. the collaboration is very good with the existing services
4. Not particularly.
5. This could be a very long answer, but advocacy work for funding is one thing.
6. Lack of data and information available to understand the scope and nature of OCSE; lacking capacity and resources within the responsible institutions; and lack of legislation addressing OCSE and its manifestations.

Would you be interested in increasing your collaboration with this initiative, with others that you are aware of but currently not collaborating with, or in setting one up based on another model?

11 responses:

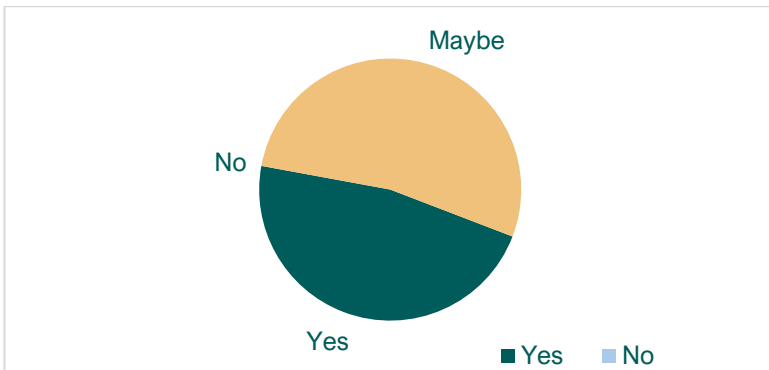


Please give a reason for your answer below

6 responses:

1. It is always better to increase the collaboration within your country for such and important issue.
2. We are collaborating on a project that we feel could in time benefit all INHOPE hotlines/stakeholders
3. Very important for cf to have a broad expertise and to know the other initiatives in the EU
4. We are participating in the network. Prevention needs expertise as well as resources (human and financial), to have a good cooperation swift and correct sharing of information is vital. Cooperation means also dtermined roles and responsibilities.
5. Decreasing demand is one of many steps that is needed in the work against sexual exploitation and abuse of Children.
6. To accelerate response to OCSE and escalate all the prevention initiatives

Would you be interested in either collaborating with one of the initiatives previously mentioned, or in setting one up based on another model?

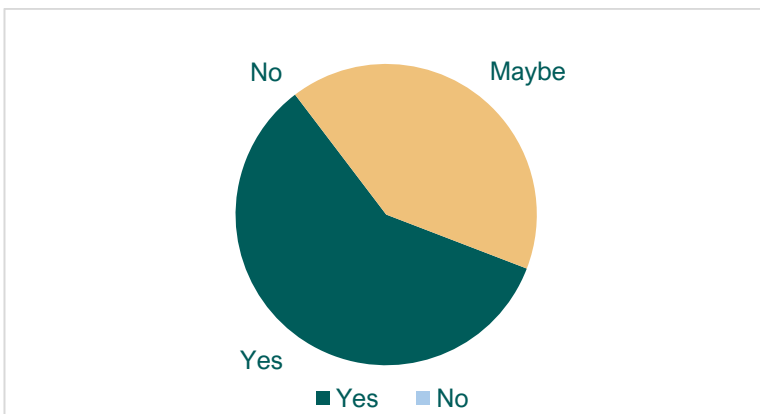


Please give a reason for your answer below.

6 responses

1. We have to get to know the initiatives first before being able to consider a collaboration.
2. We have enough experts to work on this field.
3. It would be excellent if the existing stakeholders/initiatives could find a new model of collaboration. We are now in front of new challenges and things have been radically changed in internet. An old model of collaboration maybe is not enough to address current challenges
4. Prevention is as important as fight. If the organisations you have mentioned are efficient or need our help to become more efficient, we could collaborate.
5. As it was said before we are continuing to participate in the network and support other actors by sharing our knowlwdge and expertise.
6. Depends on the initiative, who's running it etc

Would you be interested in participating in a focus group with experts in the field to discuss how to develop preventive initiatives or improve existing ones?



7.2 Summary Table of Existing Prevention Initiatives

Table given overleaf

Country	Prevention Initiative	Description of General Services	Description of CSA Specific Services	Level	Contact Details	Additional info
Australia	Australian Centre to Counter Child Exploitation	Have a huge range of projects and events spanning four strands of child exploitation: Prepare, Prevent, Protect, Pursue	As part of their strategy for 2019-2021: <ul style="list-style-type: none"> - The ACCCE will provide a location for partners to collaborate and coordinate prevention initiatives. - The ACCCE will educate the public to 'target harden' potential victims. - The ACCCE will target child sex offenders through online and offline deterrence strategies. - The ACCCE will create and garner opportunities to engage the private sector and the community to prevent future child exploitation. - The ACCCE will facilitate early intervention of child exploitation through increased intelligence collection and sharing, and targeted disruption strategies. - The ACCCE will lead national prevention strategies to counter the exploitation of children. 	Primary, secondary, and tertiary		
Austria	Männerberatung	A general men's counselling service offering a range of psychological, psychotherapeutic, social and legal help, as well as information and further training on a range of topics that concern men today e.g. masculinity, abuse, fatherhood, sexuality, unemployment...	WSPS – Viennese Social Therapy Program for Sex Offenders The focus is on the perpetrator's dealing with the crime and serves to protect victims. It uses psychotherapeutic, psychological-diagnostic and social work knowledge to sensitize clients and their social environment in the perception of the dynamics of abuse. In the therapy program, the therapists use cognitive-behavior-modifying, systemic, group dynamic, psychodramatic and psychodynamic therapy elements, use psychoeducational methods, but are also concerned with victim protection, hold helpers' conferences and prepare confrontation or apology sessions. Attendance is on both a voluntary and a non-voluntary (prison-referred) basis.	Tertiary, could be secondary too	Mag. Jonni Brem, clinical and health psychologist Email: brem@maenner.at Alex Seppelt, psychotherapist Email: seppelt@maenner.at Raoul Biltgen, psychotherapist Email: biltgen@maenner.at	Only for men. Don't know about intake/success rates etc.

	Courage Beratungsstelle	A partner, family and sexual counselling centre, available to those seeking advice and help in the areas of relationships and sexuality as well as violence and sexual assault.	Works through individual consultation where people can then receive counselling, legal advice, medical advice practical support and mediation to psychosocial care facilities	Secondary or tertiary	by phone 585 69 66 by email: info@courage-beratung.at	anonymous & confidential
	Pro mente plus	pro mente Plus is a non-profit organization and offers treatment, advice, assistance and housing for people with mental illness who have violated the law due to the illness. Their primary goal is the stabilizing of those affected in psychological, social and economic terms.		Tertiary	Online form: https://promenteplus.at/kontakt/	Only for those who have violated the law already
	IATSO	The International Association for the Treatment of Sexual Offenders (IATSO) is an international non-profit organization committed to the promotion of research of and treatment for sexual offenders throughout the world.	The sponsorship of biennial International Conferences on the Treatment of Sexual Offenders for the dissemination of new research, treatment methods and to provide continuing education and networking opportunities The promotion of international, regional and local conferences on the Treatment of Sexual Offenders Updating the IATSO Standards of Care for the Treatment of Adult Sexual Offenders and the IATSO Standards of Care for the Treatment of Juvenile Sexual Offenders consistent with advances in knowledge of the treatment of sexual offenders Advocacy of humane, dignified, comprehensive, ethical and effective treatment of sexual offenders throughout the world	Primary	Phone:+43-1-2706553 Fax:+43-1-2706553 Mail office@iatso.org	Focus is on offenders Published two documents on standards of care for adults https://www.iatso.org/images/stories/pdfs/iatso_standard_sofcare_adult_so.pdf and for juveniles https://www.iatso.org/images/stories/pdfs/minersot3-06.pdf

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Belgium	Stop it Now!		Stop it now! offers anonymous, confidential and free telephone assistance to people who experience sexual feelings for minors, or people who suspect these feelings in someone around them.	Secondary	Online form Email: info@stopitnow.nl Phone: 0800 266 64 36 / 020 - 261 5232.	
	I.T.E.R	I.T.E.R is a member of Circles of Support and Association (COSA)	Upon their release, sex offenders are designated an "inner circle" of around 6 volunteers from the local community who offer moral and practical support to help the offender resettle into the community, and an "outer circle" of professionals and the probation officer who can be contacted in cases of suspected/high risk of reoffending	Tertiary		Active in Belgium, Netherlands, France, England
	CAW - COSA	CAW is a member of Circles of Support and Association (COSA)		Tertiary	Email: cosa@cawantwerpen.be	Accounts for considerably lower recidivism rates but only those who have already offended are eligible Participating countries are: UK, Netherlands, Italy, Belgium, Barcelona Catalonia, and Ireland
	APZ St. Lucia	Clinic for Forensic Psychiatry (KFP)	In the Clinic for Forensic Psychiatry (KFP) they focus on adult male perpetrators of sexual offenses - such as sexual child abuse, exhibitionism, rape or other forms of sexual cross-border behaviour - who are referred by a judicial service (psychosocial service prison, justice house). They have thirty treatment beds, divided into separate living groups with an adapted therapy program. The emphasis is mainly on a more visual, creative and repetitive approach. In addition, the KFP offers five places for day treatment,	Tertiary	Telephone: 03 760 07 00 E-mail: info.alg@apzst-lucia.be Web: www.apzst-lucia.be	Only for offenders

	Asster		<p>The treatment takes place within a sociotherapeutic environment to make behavioural change possible. The content of the treatment is based on the RNR model, the Good Lives Model and the behavioural therapeutic relapse prevention model. The treatment is primarily a group treatment. In addition, individual objectives are also used so that the patient can identify with his treatment.</p>	Tertiary	<p>Head of department: Erwin Reyskens, 011 78 85 30, erwin.reyskens@asster.be // Psychiatrist: Dr. I. Jeandarme, 011 78 80 11, inge.jeandarme@asster.be // Psychologist: S. Vanderstraeten, 011 78 85 51, sarah.vanderstraeten@asster.be // Social worker: M. Vanderstukken, 011 78 85 62, marleen.vanderstukken@asster.be</p>	
	St Amandus Psychiatrisch Centrum		<p>FIDES has outpatient operation (FIDES-A), and a residential operation (FIDES-R). FIDES-A is located within the non-profit organization Prisma and is located in the CGG Prisma in Beernem.</p> <p>FIDES-R is embedded in the PC Sint-Amandus and is a closed ward of 16 beds with an intensive treatment program. This program evolves according to the progress and commitment of the client from strict to less and less strict.</p> <p>FIDES-R is a forensic department: all clients have a judicial past and are therefore followed by the judiciary; in that sense the legal conditions help guide the treatment.</p> <p>The purpose of treatment is relapse prevention. Precisely because there is a fear that cross-border events may repeat themselves, these clients are asked to go through a therapeutic program and gradually regain their place in society.</p> <p>In addition to relapse prevention, damage reduction can also be the goal of the treatment. Recognition of the facts and the consequences of the behaviour of the client for victims and their environment is paramount. Taking this into account means that the client's actions are attuned to this.</p>	Tertiary	<p>Bert Decavel (department head): 050 81 97 67 Karen Ryckewaert(social worker): 050 81 97 43</p>	Only for offenders

	IATSO	The International Association for the Treatment of Sexual Offenders (IATSO) is an international non-profit organization committed to the promotion of research and treatment for sexual offenders throughout the world.	<p>The sponsorship of biennial International Conferences on the Treatment of Sexual Offenders for the dissemination of new research, treatment methods and to provide continuing education and networking opportunities</p> <p>The promotion of international, regional and local conferences on the Treatment of Sexual Offenders</p> <p>Updating the IATSO Standards of Care for the Treatment of Adult Sexual Offenders and the IATSO Standards of Care for the Treatment of Juvenile Sexual Offenders consistent with advances in knowledge of the treatment of sexual offenders</p> <p>Advocacy of humane, dignified, comprehensive, ethical and effective treatment of sexual offenders throughout the world</p>	Primary	<p>Phone: +43-1-2706553</p> <p>Fax: +43-1-2706553</p> <p>Mail: office@iatso.org</p>	
Bosnia and Herzegovina	Security Internet Centre	Have an information centre, a helpline, and a hotline	Has online information and a helpline directed at teaching children (and parents and educators) to use the internet safely and to report it if someone is bothering them	Primary & Secondary	<p>TEL: +387 33 26 33 85</p> <p>FAX: +387 33 26 33 86</p> <p>info@sigurnodijete.ba</p>	For children
	Link on Police2Peer to UNICEF	Lots of reports and articles on child sexual abuse but no obvious preventative services as such		Tertiary		
Cambodia	APLE	Hotline for reporting CSAM	They work on awareness raising initiatives in collaboration with the Ministry of Education, Youth and Sports and the National Committee for Counter Trafficking			
Croatia	Forensic Psychiatry Hospital Vrapce		In Croatia potential offenders that have not committed a criminal, sexual offence can contact Sexual Disorders Ambulance in Forensic Psychiatry Hospital Vrapce.	Secondary	The Ambulance doesn't have it's own webpage, but can be contacted through the main University Hospital webpage or by phone: 38513780666	
Czech Republic	Czechoslovakian Paedophile community		A website which allows people feeling paedophilic desires to share stories, ask questions which are answered by professionals and received advice about counselling etc. available	Secondary	redakce@pedofilie-info.cz	

Denmark	Sexologisk Klinik, København	Psychiatric centre - both treatment and research	Has information and example stories on the website and a number to receive counselling from sexologists, with a possibility to be referred for either group therapy or private treatment	Secondary	Phone: 3864 7150 E-mail: psychiatri@regionh.dk	Provide stats on their website : 80% of callers are men. The average age of those calling was 35 years (15-72 years), four were under 18 years. Almost 20% have called the counselling earlier. Well over half call from Zealand, the rest from the rest of Denmark (40%). There have been a total of 343 calls since the consultation was established in April 2006. The last three years have averaged 65 calls. In Denmark, about 2500 sexual assaults are reported annually. 400 - 500 are about specific child abuse, but there are also addictions and cybercrime.
	Forskningsnetværket mod overgreb mod børn (The Research Network on Sexual Abuse of Children)	Cannot find a website but seems to be part of the psychology faculty of the University of Copenhagen		Primary	For the general faculty: psychology@psy.ku.dk Tel: +45 35 32 48 00	
Estonia	Eestl Seksuaalteenistus Liit (Estonian Association for Sexual Health)	Part of the general sexual health and services association offering advice on contraception, relations, STDs etc	CSA not specifically mentioned on their website but is an online form to submit questions which are then answered by professionals	Secondary	Form for requesting advice	

	Brochure of different psychotherapy centres	All general psychotherapy centres	No specific mention of CSA	Secondary		
	Vijandi haigla Psühhiaatrikliinik	Hospital	Adults who are concerned about their sexual thoughts or behaviour or who have lost control of their sexual behaviour are welcome. We provide psychological and psychiatric help in the form of counselling and medication. Place of provision of the service by agreement.	Secondary	Registration at NR tel. 5343 1551 or by e-mail: skan@vmh.ee	
EU	ENGAGE	ENGAGE was a 2-year project (Jan 2018-Dec 2019) co-funded by the European Commission under the Daphne Programme, which aims to increase the potential of perpetrator programmes to prevent and reduce domestic violence against women and children by improving the quantity and quality of (self-) referrals to these programmes through a coordinated multi-agency response that prioritizes victim safety.	ENGAGE performed 32 trainings in the three implementation countries, France, Italy and Spain, including 5 pilot trainings for diverse groups of frontline professionals including social workers, police officers, child protection services.	Secondary		Main focus is gender-based violence rather than CSA
France	The Blue Angel Association		Holds group sessions between both victims and paedophiles after close character analysis	Tertiary	contact@ange-bleu.com	Main argument is that treatment needs to be appropriate to individual and most common methods of antidepressants and chemical castration is too blunt for such a diverse population

Resource Centres for Interveners with Authors of Sexual Violence (CRIAVS)	Resource centre for those working with perpetrators of sexual violence. Hold conferences and give taught modules and trainings Also claim to increase links between different people trying to fight SA	Not specific to child sexual abuse, but to sexual abuse and violence generally Do offer some focus groups and consultations open to all	Primary	Online contact form	
Enfants Victimes de Violences Sexuelles (Children Victims of Sexual Violence)		Informative Website and campaign space	Primary	Online contact form	
French Association for the Trauma Therapy of Sexual and Family Violence and Prevention Psylegale	Offer support to both perpetrators and victims of violence, and trainings of experts in the field as well as symposia	Free consultation and individual, couples or group counselling as well as psycho-criminological inspiration groups targeted at preventing recidivism	Tertiary and Primary	tel: 01.56.47.03.49 fax: 01.56.47.03.68 mail: contact@psylegale.com Or on their website	
l'Association Stop aux Violences Sexuelles (Association Stop Sexual Violence) (SVS)	Try and fight sexual violence broadly speaking, use the metaphor of sexual violence as a virus that infects people, hold annual conferences and offer victim support workshops	Offer an educational game to children which promotes the idea that they have a bubble of personal space which should not be invaded Do not offer therapy but list people who do	Primary	Online contact form For Training "Knowledge bases in matters of sexual violence", email: formation.bases@stopauxviolencessexuelles.com For Training "prevention in school age" and any subject concerning minors in school, email: formation.scolaire@stopauxviolencessexuelles.com	Aimed at teaching children what is appropriate and inappropriate behaviour, not adults with paedophilic desires

	Le Monde à Travers un Regard (The World Through a Look)	Aim to support victims of paedophilic abuse and incest	Preventative efforts through workshops/exhibitions/events and screenings, conferences and trainings	Primary and Tertiary	Online contact form	Mainly aimed at children and parents or victims
Germany	Kein Täter werden The Prevention Network		<p>Run promotional campaigns, and have personal accounts of their website. Also offer therapy sessions aimed at gaining:</p> <ul style="list-style-type: none"> • an appropriate perception and evaluation of their sexual desires and needs • the ability to identify and cope with dangerous developments • strategies for preventing sexual offending <p>The therapy takes place weekly in a group setting, as well as individually and with the participation of partners or relatives when necessary. The treatment follows a structured therapy plan, yet takes into account the individual needs of and in consultation with the participants. It integrates psychotherapeutic, sexological, medical, and psychological approaches as well as the option of additional pharmaceutical support.</p>	Secondary	Email: maximilian.von-heyden@charite.de	All free of charge and confidential (unusual) Quite a well-established centre Previously known as the Dunkelfeld Instituut
	Just Dreaming of Them		Hotline and counselling services	Secondary	Email: ppj-internet@charite.de Phone: +49 (030) 450 529 529	

Schicksal und Herausforderung		Website/forum providing well-founded information on paedophilia: dimensions, experiences and treatment options	Secondary	Email: mailbox@schicksal-und-herausforder.de	
Praksys Bremen	Offers counselling and therapy related to adolescence, families, violence etc		Secondary and Tertiary	Telephone: 0421- 578 28178 Fax: 0421-172 309 84 Email: info@praksys-bremen.de	
Praxis für Paarberatung und Sexualtherapie	Offers therapy and counselling relating to all kinds of sexual problems		Secondary	Phone: 030 - 51 64 55 41 Fax: 030 - 51 64 55 39 Web: sexualtherapie-berlin.de Mail: dr.ahlers@berlin.de	Only specifically mentions legal counselling when caught in legal proceedings related to CSA
Dr med. David Goeker		Counselling and therapy	Secondary	030 - 347 617 79 Email: praxis@goecker.de Web: http://www.goecker.de	
Prevention of Sexual Abuse (PsM)			Unknown	Telephone: 0551-4022116 (Mrs. I. Müller) Email: psm.goettingen@asklepios.com Fax: 0551-4022110	Website under renovation so minimal info available

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	Man-o-mann	Men's counselling		Secondary	Phone: 0521. 68676 Email: maennerberatung@web.de	Receive funding for helping the perpetrators of sexual violence - less support if they haven't committed a crime yet
	University Clinic Leipzig	Clinic and polyclinic for psychosomatic medicine and psychotherapy Provide treatment, conduct research, and train students	Psychosomatic therapy	Unknown	Treating therapist Priv-Doz. Dr. rer. nat. Kurt Seikowski phone 0341 - 97 188 63 Email: kurt.seikowski@medizin.uni-leipzig.de	
	Praxis fur SexualMedizin		Website lists articles and published academic papers, and offers therapy		Tel. 0431/ 570 86-740 Email: bosinski@sexualmedizin-kiel.de	Can be done anonymously and does not file a criminal complaint Only explicitly offers services to those who have committed abuse, not those who are struggling with the sexual desires
	Evangelische Jugend- und Fürsorgewerk Hilfe Schaffen (EJF Create Help)		Kind im Zentrum Offers counselling services for people who have committed sexual abuse on someone but main focus is on the subjects of sexual abuse - doesn't specifically list services to those who have no committed a crime but suffer from attraction to children Do individual counselling at beginning but focus is on group - grouped by age or those with intellectual disabilities or subject of abuse e.g. within family	Tertiary, maybe secondary too	Telephone 030 - 28 28 077 Fax 030 - 282 93 90 Email: kiz@ejf.de	

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Hungary	The Budapest Szocialis Forraskozpont	The Budapest Szocialis Forraskozpont provides advising activities in this field. This organisation is a unit of a public foundation. They work with preventive and reintegration consultancy concerning sexual deviancy for those with a paedophilic interest.		Tertiary	There is no online resource but they can be reached at +36303543747	Specifically developed "the phoenix programme" to deal with the gap of paedophiles who haven't offended
Ireland	One in Four	Provide counselling, advocacy and legal advice, support families and have an intervention programme	Have the phoenix programme - a whole programme specifically designed to deal with this.	Secondary	Phone: 01 66 24070 Email info@oneinfour.ie	
Italy	I Centri di Ascolto Uomini Maltrattanti (CAM - The Abusing Men Centre)	General counselling etc services for men struggling with violent behaviour	No specific mention of CSA but presumably can get treatment through them	Tertiary or Secondary	Option on their website to email them or email addresses and phone numbers for each office	
Latvia	Psihosomatika Medicinas		No specific programme but general counselling etc. services	Secondary		
	euline.eu		Hotline for people with problems with violence	Secondary	Online contact form	Eupax and euline are linked

<p>Luxembourg</p>	<p>eupax.eu</p>	<p>The eupax ® connects people and institutions who are professionally concerned with the topics of violence, relationship violence, sexual abuse, boy work and man work, communication and conflict competence.</p> <p>The aim of eupax ® is to disseminate our basic therapeutic approach and our methodological approaches in organizations, professional fields and the (professional) public and to provide support to people who feel connected to this approach in a variety of ways.</p>	<p>Perpetrator specific therapy</p>	<p>Tertiary</p>		
<p>Netherlands</p>	<p>NL-ATSA</p>		<p>NL-ATSA aims to spread international knowledge and experience in the field of sex offenses and sex offenders in the Dutch-speaking area, both in the Netherlands and in Belgium. It does this by organizing conferences, symposia, training courses, work and advisory groups and maintaining a website. In addition, NL-ATSA encourages the feedback of knowledge and experience that has been built up in the Dutch-speaking area to the international field, through presentations and workshops at international conferences and participation in international partnerships.</p>	<p>Primary</p>	<p>Prevention Work Group: minne.deboeck@uza.be</p>	<p>Have specific site for those struggling with feelings, and a specific site with those struggling with watching CSAM</p>
	<p>Stop It Now!</p>	<p>The Online Child Abuse Expertise Agency (EOKM) is an independent foundation whose programs consist of: Meldpunt Kinderporno (a reporting hotline), Stop it Now!, and Helpwanted.</p>	<p>Stop it now! offers anonymous, confidential and free telephone assistance to people who experience sexual feelings for minors, or people who suspect these feelings in someone around them.</p>	<p>Secondary</p>	<p>Online form Email: info@stopitnow.nl Phone: 0800 266 64 36 / 020 - 261 5232.</p>	

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<p>Slovenia</p>	<p>Lots of links on Police2Peer of places to get psychiatric support but no known centralized national service</p>					
<p>Sweden</p>	<p>PrevenTell</p>		<p>PrevenTell is a national guideline for those who feel that you have lost control of your sexuality, who may be worried about thoughts and actions, or are afraid to hurt yourself or others. With us you get the opportunity to talk anonymously to someone who has extensive experience with similar issues. Someone who can give you support and advice, and then help you on treatment if you want and need. Offers individual or group therapy</p>	<p>Secondary</p>	<p>Telephone, helpline: 020-66 77 88 Telephone, ANOVA: 08-517 732 00 Email: info@preventell.se</p>	<p>Calls can be anonymous but treatment etc is linked to social security number Centre for Andrology and Sexual Medicine - increases the possibility of getting help and treatment on time. ANOVA is a multidisciplinary business with multidisciplinary profiling. Since April 2006, we have been investigating, diagnosing and treating patients with, for example, sexual dysfunction, sexual abnormalities and so-called hypersexual disorders (sex abuse). We who work at ANOVA are psychiatrists, forensic psychiatrists, endocrinologists / andrologists, urologists, psychologists, sociognomists and nurses. As a patient, you come to the reception by making your own contact, or on referral from among other outpatient psychiatry.</p>

	PreventIT Sweden		Research study (by Anova) looking into the impacts of CBT for minimising harm caused by sexual feelings towards to children	Secondary	Project Coordinator: Charlotte Sparre charlotte.sparre@ki.se	
Taiwan	Helpline-web885		Provide anonymous online counselling, including suspicious paedophile. We invite professional consultants from different fields, such as lawyer, youth counsellor, psychologist and psychiatrist.	Secondary		They have reports on impact and generally thought to have an overwhelmingly positive impact on reducing child abuse Confidential but pass on details of crimes to authorities
United Kingdom	Stop It Now UK		Do a range of things including running a helpline, offering follow-up support, and running campaigns	Secondary and Primary	01372 847160 contact@stopitnow.org.uk	
	StopSo		<p>StopSO provides specialist therapy across the UK to sex offenders and those who have yet to act on their 'troubling thoughts'. They also work with families, helping them come to terms with being related to a sex offender.</p> <p>They provide: UK wide network of experienced therapists trained and willing to work with this client group</p> <p>Comprehensive assessment Inc. risk, physical, relational, psychological, spiritual, & social aspects</p> <p>Individual therapy for the offender</p> <p>Individual therapy for the partner</p> <p>Couple work, for both to see the therapist together, including communication training</p> <p>Training for the therapists</p> <p>Supervision</p> <p>Online support network for therapists to work with sex offenders</p> <p>Online support network for the families of offenders</p> <p>Effective research</p>	Secondary		

	Lucy Faithfull Foundation	<p>The Lucy Faithfull Foundation is the only UK-wide charity dedicated solely to tackling child sexual abuse. They work to prevent abuse from happening in the first place - and to prevent it from happening again if it already has. Where abuse has already taken place, they work with all those affected including adult male and female abusers; young people with harmful sexual behaviour; children with concerning sexual behaviours; victims of abuse and other family members. But we also work in families and with adults and young people where there has been no abuse, to help them keep themselves and others as safe as possible.</p>	<p>Their services include risk assessments and intervention, expert training, specialist consultancy, Stop it Now! Helpline (see above), Inform Plus - for internet offenders, Inform - for those who know someone who has offended online, Inform Young - for young people who have got into trouble online, Get Help - for those seeking help to stop looking at sexual images of children online, and their families, Get Support - for those seeking help with inappropriate sexual thoughts, The Eradicating Child Sexual Abuse (ECSA) project, Public Education Seminars, and Parent protection - information on how parents can protect their children</p>	<p>Primary, secondary, and tertiary</p>	<p>Webpage with info for research purposes. Tel: 01527 591 922 Fax: 01527 575 939 Email: contact@lucyfaithfull.org.uk</p>	<p>Aimed at children, not adults</p>
	NSPCC - Talk PANTS	<p>NSPCC - National Society for the Prevention of Cruelty to Children</p>	<p>A campaign encouraging parents to talk to their children about sexual abuse and safety - works on the acronym of PANTS</p>	<p>Primary</p>		<p>No longer in operation. Lots of interesting articles on their website</p>
<p>USA</p>	<p>The Centre for Effective Public Policy - Centre for Sex Offender Management (CSOM)</p>	<p>Policy-oriented Think-tank</p>	<p>Centre for Sex Offender Management (CSOM) was a national clearinghouse and technical assistance centre that supported state and local jurisdictions in the effective management of sex offenders. CSOM provided those responsible for managing sex offenders with ready access to the most current knowledge by synthesizing and disseminating research and effective practices to the field and by offering specialized training and technical assistance on a wide variety of issues related to sex offender management. CSOM also operated a website up until 2019, when the most recent funding stream that supported its operation concluded.</p>	<p>Primary</p>	<p>Leilah Gilligan at lgilligan@cepp.com or (301) 589-9383 x805. but project is over so maybe not still be in operation</p>	<p>Research and dissemination organisation National Plan</p>

	ATSA		The Association for the Treatment of Sexual Abusers is an international, multi-disciplinary organization dedicated to making society safer by preventing sexual abuse. ATSA promotes sound research, effective evidence-based practice, informed public policy, and collaborative community strategies that lead to the effective assessment, treatment, and management of individuals who have sexually abused or are at risk to abuse.	Primary	-	
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